Title:
Failure to Maintain: Missed Care and Hospital-Acquired Pneumonia

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Session Title:
Hospital-Acquired Infections
Slot:
H 03: Monday, 30 October 2017: 2:45 PM-3:30 PM
Scheduled Time:
2:45 PM

Keywords:
fundamental nursing care, interprofessional partnerships and non-ventilator hospital-acquired pneumonia

References:


Abstract Summary:
Please join us to discover the #1 infectious disease related hidden patient harm in hospitals and determine its impact. This session will cover interprofessional solutions and partnerships to improve fundamental nursing care aimed at pneumonia prevention.

Learning Activity:

<table>
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<tr>
<th>LEARNING OBJECTIVES</th>
<th>EXPANDED CONTENT OUTLINE</th>
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<tr>
<td>Explain the hidden harm from non-ventilator hospital-acquired pneumonia</td>
<td>1. Overview of incidence data from two national studies 2. Explain impact of NV-HAP on patients and families 3. Examine hospital costs and fiscal impacts related to missed nursing care</td>
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<tr>
<td>Describe components for interprofessional partnerships to enhance and improve oral care for patients in acute care hospitals.</td>
<td>1. Explain the role and function of several interprofessional roles, including dentists, in addressing improvements in oral care for patients</td>
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<td>Describe the steps in implementation, monitoring, and dissemination of a patient-safety measures aimed at pneumonia</td>
<td>1. Present evidence from successful quality improvements and nursing research projects</td>
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Abstract Text:

**Purpose:** Recent studies indicate that non-ventilator hospital-acquired pneumonia (i.e., non-device related) is now a leading cause of hospital-acquired infections. The prevention of hospital-acquired pneumonia is a primary nursing function. Failure to maintain basic homeostasis in patients may contribute to the incidence of hospital-acquired pneumonia. In our 2014 study, we found that enhanced basic nursing care, with an emphasis on oral care, reduced non-ventilator hospital-acquired pneumonia by 70%, with a cost savings of $5.9 million. As a result of our findings, we sought to find out in a national sample of 21 US hospital the (1) incidence of non-ventilator hospital-acquired pneumonia, and (2) incidence of failure to maintain (i.e., missed care) in patients who developed non-ventilator hospital-acquired pneumonia. **Background:** Hospital-acquired pneumonia is the leading cause of sepsis in hospital around the globe. Studies in the US, Europe, and Asia indicate that the most common association of hospital-acquired pneumonia and sepsis is for patients not on a ventilator. Currently, non-ventilator hospital-acquired pneumonia is an understudied disease, with potential for improved health and fiscal impacts. Because it is not required by regulatory agencies, most hospitals do not monitor non-ventilator hospital-acquired pneumonia. We mined the US Healthcare Utilization Project data set and found a NV-HAP rate of 4.3% (284,601/6,567,271). We found that patients who acquire non-ventilator hospital-acquired pneumonia have a statistical significant higher rate of mortality, hospital costs, length of stay, and 30-day readmission rates when compared to equally ill patients and patients admitted with pneumonia. Due to the severity and incidence of non-ventilator hospital-acquired pneumonia factors related to nursing care and pneumonia should be investigated. **Methods:** This was a retrospective, descriptive study using a convenience sample of US hospitals. We partnered with 21 hospitals and nursing investigators to determine the incidence non-ventilator hospital-acquired pneumonia and related preventive nursing care. **Results:** We captured 1,300 cases of non-ventilator hospital-acquired pneumonia. Initial analysis demonstrated rates between 0.2 to 2.4/1,000 adult patient discharges and cases occurred on all type of hospital units. The overall mortality rate was 18.4%; 34% admitted from home were discharged to a higher level of care; 26% patient transferred to ICU; and 20% were readmitted within 30 days. In the 24 hours prior to development of pneumonia, basic pneumonia-preventing nursing activities were frequently missed. **Implications:** This was a unique study as it the first national study that examined the relationship between pneumonia and missed nursing care. Our study aligned with other studies demonstrating the devastating nature of this hospital-acquired infection. Nurses around the globe require education, support, policies, and equipment to provide basic nursing care to reduce patient harm from non-ventilator hospital-acquired pneumonia. Non-ventilator hospital-acquired pneumonia should be raised to same level of concern as sepsis and other patient harm in hospitals and nurses should led the way.