Results

<table>
<thead>
<tr>
<th>Variable</th>
<th>Time Period</th>
<th>Pretreatment (n = 44)</th>
<th>Posttreatment (n = 39)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Readmissions</td>
<td>Yes</td>
<td>10 (29%)</td>
<td>8 (21%)</td>
</tr>
<tr>
<td></td>
<td>No</td>
<td>34 (61%)</td>
<td>31 (74%)</td>
</tr>
</tbody>
</table>

Chi Square Test (1,83) = 0.06, \( \text{p} < 0.001 \)

Summary of Findings

- Readmission rate was slightly lower but not statistically significant.
- Post implementation ALOS and ALOS index were significantly lower than pre-implementation, thus findings were significantly significant.
- Did not have enough power for the decreasing readmission rate to reach statistical significance.

Practice Recommendations

- Although the concept of high-risk MDR pathogen pneumonia is still not clearly defined, the most recent literature reviewed indicated that the benefit of implementing such a pathway does have positive outcomes.
- Previously, under the HCAP guidelines, patients received a blanket diagnosis with a blanket treatment allowing for increased anti-microbial resistance, increased LOS due to little de-escalation, prolonged antimicrobial treatment, or inappropriate antimicrobial treatment.
- This study demonstrated that implementing a pathway/guideline results in some improvement in quality and consistency of care, helping to reduce the need to keep patients in an acute care setting for an extended period of time.
- These interventions may eventually reduce 30-day readmissions with improved adherence to the clinical pathway, lower costs, and lower morbidity from short stays.