

Clinical Attributes of Non-Ventilator Associated Hospital-Acquired Pneumonia (NV-HAP)

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Introduction

Multiple studies demonstrate the incidence of ventilator associated pneumonia and the effectiveness of a ventilator bundle for prevention

However, there are no requirements to monitor or report NV-HAP

Limited NV-HAP studies indicate that it is an emerging factor in hospital-acquired infections

NV-HAP may result in increased morbidity and increased costs up to \$40,000/ case

Design/Sample

Observational, descriptive study

NV-HAP data obtained from a large, urban hospital's electronic database

Adult discharges in 2010 ICD coded pneumonia-not present on admission (n= 194)

Cases were then screened using the CDC HAP definition (n=115)

Initial Findings

In 2010 data 24,482 patients with a total of 94,247 patient days were analyzed

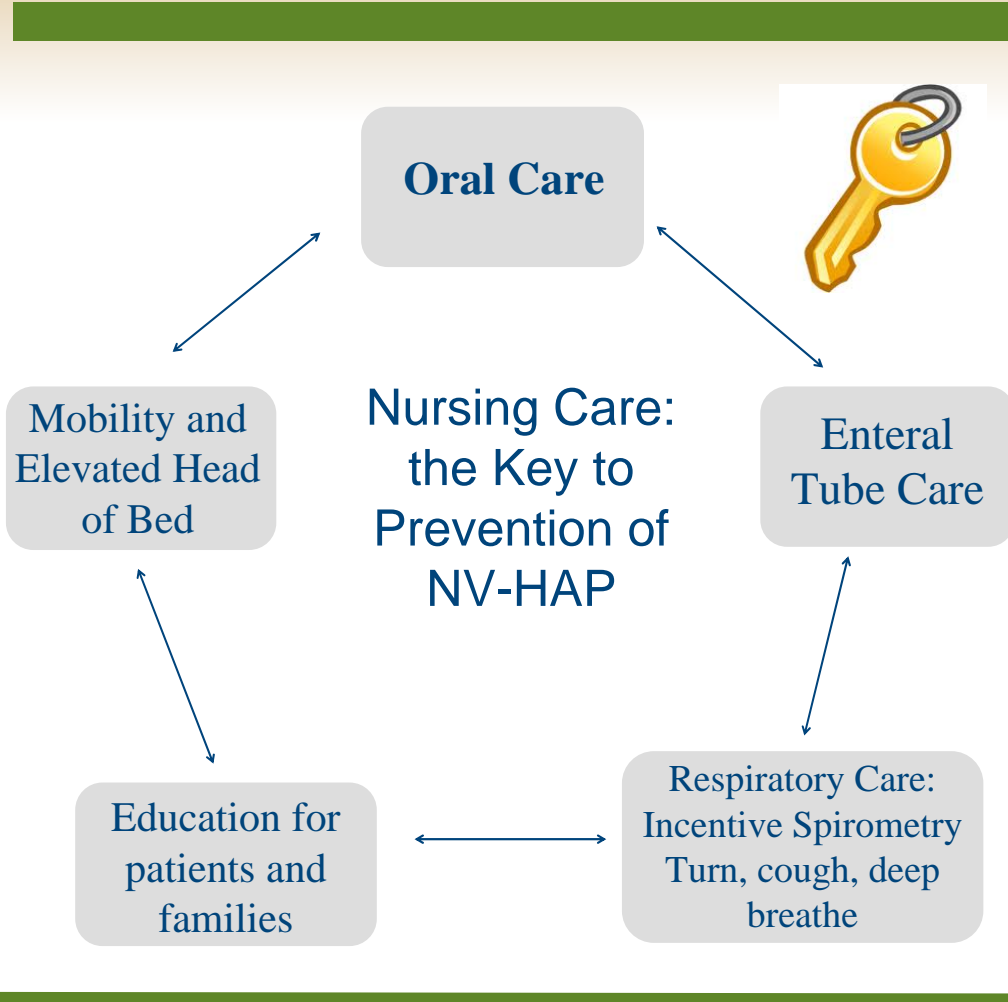
NV-HAP infection rate per 100 pt and 1000 pt days = 0.47, 1.22, respectively

Average excess length of stay = 9 days

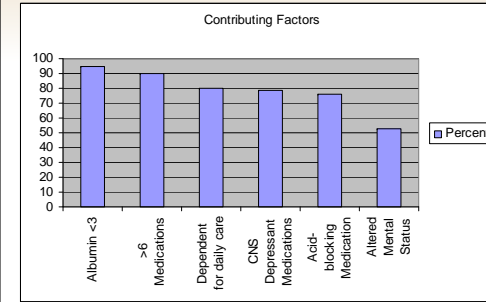
Conclusions/Further Study

NV-HAP is occurring and needs to be monitored.

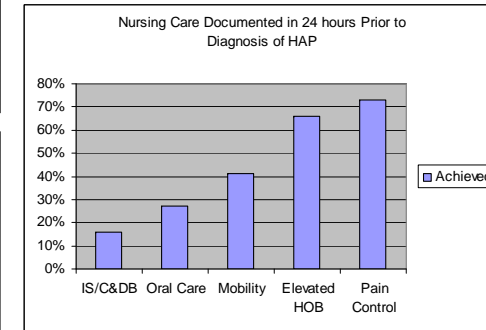
NV-HAP is costly in terms of lives and healthcare dollars



Contributing Factors



Notable chronic co-morbidities:
 •cardiac disease (37%),
 •chronic pulmonary disease (30%)
 •diabetes (27%).



More research is needed:

- To understand and design nursing interventions to prevent NV-HAP.
- To develop an accurate method of surveillance and measurement of NV-HAP.

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