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.
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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