Hospital-acquired pneumonia (HAP)

In a multistate prevalence study, HAP was found to be one of the most prevalent healthcare-acquired infections (HAIs), accounting for 22% of HAIs. Of those HAIs, 61% were non-ventilator HAP (NV-HAP).¹

80% hospital admissions may be at a higher risk for HAP²

48 hours of admission, the normal oral flora changes to include respiratory pathogens not normally found in healthy individuals³

Every 4–6 hours 20 billion bacteria duplicate in the oral cavity⁴

Areas in the hospital where patients are most likely to acquire non-vent pneumonia⁵:

1. Medical surgical
2. Intensive care
3. Telemetry
4. Progressive care
5. Oncology

43% of NV-HAP cases are acquired in medical surgical departments⁶

Patients with NV-HAP:

5x more likely to require a ventilator⁶

16% average mortality rate⁵

The cost of NV-HAP:

19.3% of patients are readmitted for pneumonia within 30 days⁵

$39,879 estimated Acute Care cost per case⁷
**Continuum of care: HAP reduction initiative**

One hospital’s findings in 1 year:⁴
- **49%** less likely to acquire NV-HAP
- **60 NV-HAP cases avoided**
- **$2.28M** Return on investment (ROI)

More than 2 years of data:⁵
- **70%↓** in NV-HAP cases
- **31 lives saved**
- **$5.9M** Return on investment (ROI)

Post-op pneumonia outcomes in 1 year:⁶
- **75%↓** in post-op pneumonia cases
- **86 cases avoided**
- **$3.4M saved on post-op pneumonia treatment**

All hospital patients are at risk⁵

Address the risk factors associated with pneumonia throughout the continuum of care:

**Pre-surgical**

**Ventilated**

**Dependent**

**Independent**

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**References**

8. Baker D, Quinn B. Interprofessional Partnerships to Prevent Non-ventilator Hospital-acquired Pneumonia. Poster presented at: AORN Global Surgical Conference and Expos; April 1-5, 2017; Boston, MA.

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