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**Evidence Based Practice Project Implementation**

**Executive Summary**

***The Critical Care CEG presents Vent Bundle and VAP Prevention EBP Projects for Implementation:***

1. **Project Description:**

Currently, Centura Health lacks standardized approaches for ventilator and sedation management, for adult patients requiring mechanical ventilation, and the prevention of ventilator-associated pneumonia.  Because of this lack of standardization, we currently are unable to build support for these practices in MEDITECH or to measure, monitor, and improve these practices systematically across all Centura ICUs.

1. **Project Goals and Objectives:**

**Goals**

* **Develop order set and associated protocol for ventilator management, sedation of patients, and prevention of ventilator-associated pneumonia**
* **Build order sets and protocols into MEDITECH**
* **Implement ventilator bundles system-wide**

**Metrics Identified**

* **Monthly vent days totals (vent days per ICU, Vent days per vented Pt)**
* **VAP rates (number of VAPs per 1000 vent days)**
* **Mortality rates for ventilated patients**
* **ARDS incidence per vented patient (subclass for patients w/ > 8 cc/kg tidal Volume)**
* **ICU and overall hospital Length of Stay**
* **Compliance with EBP guidelines, as indicated by consistent use of order sets and protocols**
* **VAP rates (risk stratification for Trauma & Neurosurgery patients)**

1. **Implementation plan:**
   * + The vent bundle orderset and protocol is for adult ICU patients and ED patients awaiting transfer.
   * Communication and education plan: The completed LINK project provided education on the philosophy and evidence based research behind the vent bundle changes that we are making, so the education and communication will use some of the LINK material and also highlight the major changes of the standardized vent bundle orderset and protocol.

The most notable changes are in the sedation strategy’s and sedation management, using boluses rather than continuous drips whenever possible, going away from propofol, using Precedex sooner when indicated and using the RASS score to evaluate sedation and to identify when patient’s need more/less sedating medication

* + We have piloted the protocol / orderset at LAH. We have been unable to pilot at SAH or PEN due to lack of PCA pumps, which limits the ability to appropriately and safely provide and document sedation meds. We have tweaked the sedation protocol to work with titrating IV drips, if a facility does not have PCA pumps. It is required to have the delirium screening implemented prior to implementing the vent bundle.
* Toolkit to EITs: Nov 1st
* Training and Communication: Nov 1st
* Implement vent bundle and VAP prevention Prior to April 1st 2013

**Facility Champions**

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| --- | --- | --- | --- |
| Avista | Annie Oakley, Kimberly Rinehart | St Anthony | Cathy Froning, Deb Culter, Scott Reistad |
| Littleton | Kim Hegemann, Lorna Prang | St Anthony North | Emy Basham, Cindy Leathers |
| Mercy | Jennifer Kuenzel | St Francis | Patrick Fisher, Stephanie Quirk |
| Parker | Gary Schroeder, Susie Pfeiffer | St Mary Corwin | Nicole Martinez, Brooke Strawn, Tana Trujillo, Leanne Ropp |
| Penrose | Larry Benner, Stephanie Quirk | St Thomas More | Shawn Saiz and Barb Sheriff |
| Porter | Jill Wapelhorst, Lee Ludwigson, Luanne Netzel | Summit | Jonas Tavares |
| Ortho | Not applicable |  |  |