

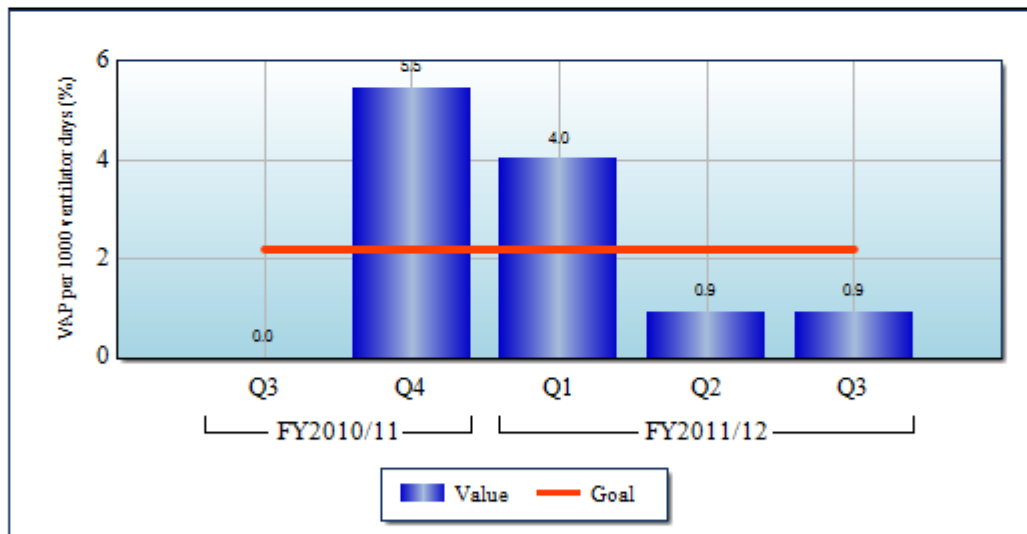
Ventilator-Associated Pneumonia (VAP)

Ventilator-associated pneumonia (VAP) is defined as a serious pneumonia (lung infection) occurring in patients, in an intensive care unit (ICU), who require external mechanical breathing support (a ventilator) through a breathing tube for more than 48 hours.

Ventilator-associated pneumonia can develop in patients for many reasons. The breathing tube (that pumps life-saving air into the patient's lungs) can become contaminated and act as a pathway for bacteria or secretions to enter the respiratory tract. Because the patient is relying on an external machine to breath, their normal coughing, yawning, and deep breath reflexes are suppressed and the patient may also have a depressed immune system, making them more vulnerable to infection.

ICU teams have many ways to try to prevent patients from developing pneumonia, including elevating the head of the patient's bed and providing good mouth care.

Rate of Ventilator Associated Pneumonias (VAP)



Q3 - FY 2011/12

| | |
|-------------------------------|------|
| Rate per 1000 Ventilator Days | 0.93 |
| Case Count | <5 |

Interpretation:

We continue with our target of 2.2 from the National Healthcare Safety Network (2009 US report for Medical/Surgical Critical Care Units). Our VAP rate for Q3 2011-12 is lower than our target goal. Our partnership with our Infection Prevention and Control Department led to improved surveillance and identification methods of this hospital acquired infection and a review of current practice over the last three quarters. We employ up-to date, evidence-based Critical Care practices to protect our patients from this hospital acquired infection. We continue to monitor our progress, as well as the literature, to make sure that we stay at the cutting edge of Critical Care practices.