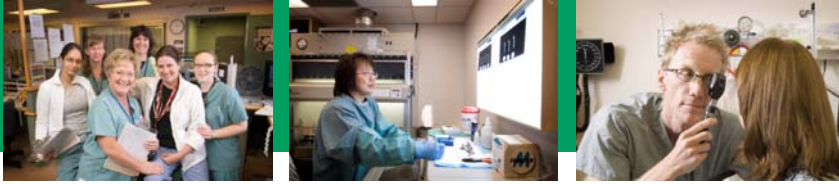


# Patient Safety Indicators



## Ventilator Associated Pneumonia (VAP)

Ventilator Associated Pneumonia (VAP) is defined as a serious lung infection that may occur in patients, specifically in Intensive Care Units (ICU), who need assistance breathing with a mechanical ventilator, for more than 48 hours. A ventilator is an external mechanical breathing device that is connected to the patient via a breathing tube.

Ventilator Associated Pneumonia can develop in patients for many reasons. Patients who are on a ventilator are very sick to begin with and are more prone to infection. Since they are relying on an external machine to breathe, the patient's normal ability to cough, yawn, and breathe deeply are reduced. They may also have a depressed immune system, making them more prone to infection.

VAP is caused by a bacterial infection in the lungs and is treated using antibiotics.

### VAP Indicator

The number of VAP cases and rates are being publicly reported on a quarterly basis by each eligible hospital site. Georgetown Hospital does not ventilate patients in the ICU for more than 24 hours. Therefore, Georgetown Hospital is not eligible.

## Rates of Ventilator Associated Pneumonia at HHS

### VAP Cases

Includes only VAPs that develop 48 hours after the patient was placed on a ventilator in a hospital's ICU.

Includes only ICU patients, 18 year and older, who are mechanically ventilated.

### VAP Rate

The VAP Rate is the number of ICU patients (18 years and older) with new VAP per 1,000 ventilator days. Ventilator days are the number of days spent on a ventilator for all patients in the ICU 18 years and older.

	Oct. - Dec. 2009		Jan. - Mar. 2010		Apr. - June 2010	
	Number	Rate	Number	Rate	Number	Rate
Georgetown Hospital	0	0.00	0	0.00	0	0.00
Milton District Hospital	0	0.00	0	0.00	0	0.00
Oakville-Trafalgar Memorial Hospital	1	1.97	0	0.00	0	0.00

### Preventing VAP

At Halton Healthcare Services, our healthcare teams use a set of 'best practices' to help prevent VAP. These include:

- Using sterile equipment and sterile techniques to insert the breathing tube and taking extra care to keep the area around the breathing tube as clean as possible.
- Raising the head of the patient's bed so the patient is in a partially upright position.
- Discontinuing mechanical ventilation as soon as possible when patients can breathe on their own.
- Using oral instead of nasal tubes.
- Practicing proper hand hygiene techniques.

Updated: July 2010