Pneumonia and Ventilator-Associated Pneumonia Surveillance

Last Updated 2017

Basics of Infection Prevention
Healthcare-Associated Infections Program
Center for Health Care Quality
California Department of Public Health



Objectives

- Describe surveillance definitions for pneumonia (PNEU), ventilator associated events (VAE), and ventilator associated pneumonia (VAP)
- Demonstrate how to use the NHSN VAE Calculator
- Review importance of feedback of HAI results to staff



Pneumonia (PNEU) Surveillance Definition

- PNEU definition used for non-ventilated patients
- Surveillance definition can be met by 3 different criteria using combinations of imaging, signs/ symptoms of infection, and laboratory results
 - Clinically defined pneumonia (PNU1)
 - Pneumonia with specific laboratory findings (PNU2)
 - Pneumonia in immuno-compromised patients (PNU3)
- Used frequently for CLABSI surveillance to determine if BSI is primary or secondary to pneumonia
 - Candida and other yeast are not considered causative pathogens of pneumonia

Identifying Ventilator-Associated Events (VAE) and Pneumonia (VAP)

- Follow NHSN surveillance protocols
- Work with ICU and respiratory therapy staff to develop alerting process
- Monitor ventilated patient for
 - Positive cultures
 - Changes in WBC
 - Patient temperature chart/log
 - Pharmacy reports of antimicrobial use
 - Change in respiratory secretions





Defining VAE and VAP

- Pneumonia definition is subjective and complex
- Surveillance definition algorithm detects a broad range of conditions/complications that occur in mechanically ventilated patients
- Ventilator-associated event (VAE) defines
 - Ventilator-associated conditions (VAC)
 - Infection-related ventilator-associated complications (IVAC)
 - Possible ventilator-associated pneumonia (PVAP)



Applying VAE and Pneumonia Surveillance Definitions

- VAE definition is used for all ventilated patients in <u>adult</u> <u>locations</u> regardless of age (excludes high frequency ventilated and extracorporeal life support patients)
 - IVAC is an infection-related VAE
 - IVAC/PVAP is pneumonia that occurs in patients intubated and on mechanical ventilation
- VAP/PNEU definition is used for <u>pediatric locations</u>
 - Includes pediatric locations (e.g., PICU)
 - Excludes NICU

VAE/VAP Surveillance Definition

- Patient must be ventilated >2 calendar days
- Patient must have >3 calendar days of stability or improvement of oxygenation followed by >2 calendar days of worsening oxygenation
- Earliest date of event for VAE is mechanical ventilation day
 3 (first day of worsening oxygenation)
- First possible day that VAC criteria can be fulfilled is mechanical ventilation day 4
- For VAE surveillance, PEEP values between 0 5 cmH2O will be considered equivalent



Ventilator Associated Event (VAE)

- Daily minimum PEEP and FiO₂ values are defined as the lowest value set on the ventilator during a calendar day (and maintained for at least 1 hour)
 - If there is <u>no value</u> documented to have been maintained for at least 1 hour, the daily minimum value is the lowest value set on the ventilator during the calendar day
- VAE optional denominator episodes of mechanical ventilation (EMV)
 - An episode of mechanical ventilation is a period of days during which the patient was mechanically ventilated for some portion of each consecutive day

VAC Criteria

- A baseline period of stability or improvement on the ventilator, defined by >2 calendar days of stable or decreasing daily minimum FiO₂ or PEEP
- The baseline period is defined as the 2 calendar days immediately preceding the first day of increased daily minimum PEEP or FiO₂

AND

- After the period of stability At least 1 of the following 2 criteria sustained for >2 calendar days:
 - □ 1. Increase in daily minimum FiO_2 of ≥ 20 points over the daily minimum FiO_2 in the baseline period
 - \square 2. Increase in daily minimum PEEP of \ge 3 cmH₂O



IVAC Criteria

Meets VAE criteria for VAC

AND

- On or after calendar day 3 on ventilator and within 2 calendar days before or after onset worsening oxygenation:
- BOTH of the following 2 criteria are met:
 - □ 1. Temp >38°C or <36°C
 OR
 WBC>12,000 cells/mm³ or <4,000 cells/mm³
 - □ 2. A new antimicrobial agent(s) is started, and is continued for >4 calendar days



PVAP Criteria

Meets VAE criteria for IVAC

AND

 On or after calendar day 3 on ventilator and within 2 calendar days before or after onset of worsening oxygenation:

One of the following three criteria is met:

- □ 1. Positive culture (see list) without requirement for purulent respiratory secretions*
- □ 2. Purulent respiratory secretions <u>plus</u> specified positive respiratory culture*
- □ 3. Positive pleural culture, lung histopathology, or diagnostic test for Legionella, or specified virus*

*Consult VAE protocol for organism exclusions NHSN Patient Safety Module: Chapter 10

NHSN VAE Calculator Version 4.0 Calc

Enter ventilator data, follow instructions

Ventilator Associated Condition (VAC), based on FIO2 values occurred on 9/10/2017 Click on the Go to IVAC button to move to the next part of

the protocol

culate VAC		Start Over C		So to IVAC	Explain
	MV Day	Date	Min. PEEP (cmH ₂ O)	Min. FiO ₂ (20 - 100)	VAE
	1	9/7/2017	5	80	
	2	9/8/2017	5	80	
	3	9/9/2017	5	80	
	4	9/10/2017	5	100	‡ VAC
	5	9/11/2017	8	100	
	6	9/12/2017	8	100	Meets VAC Criteria. "Go
	7	9/13/2017	8	80	to IVAC"
	8	9/14/2017			
	9	9/15/2017			

Legend: †-VAE Window ‡-VAE Date ¶-Qualifying Antimicrobial Day (QAE

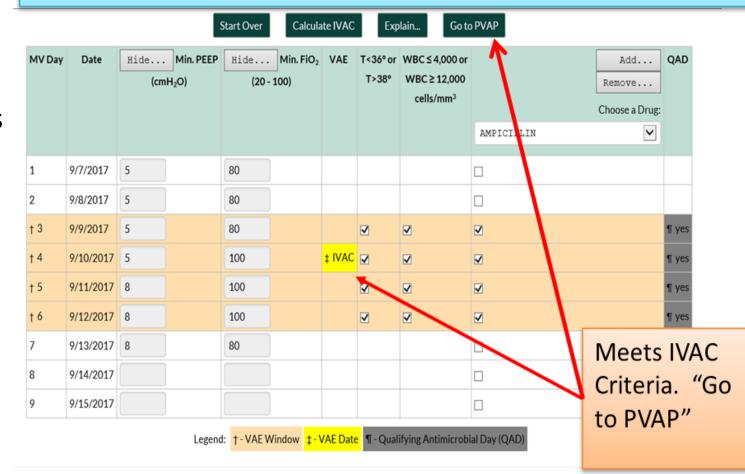
NHSN VAE Calculator Version 4.0

https://www.cdc.gov/nhsn/vae-calculator/index.html



- Enter
 temperat
 ure, WBC
 count,
 antibiotics
- 3. Click "Calculate IVAC"

An IVAC was found for this patient. Click on the "Go To PVAP" button to go to the next part of the definition or click on the "Explain..." button for an explanation of how this determination was made.





NHSN PVAP

1. Check off criteria in table, then "Calculate PVAP"

The event on 9/10/2017 conforms to a Possible Ventilator-Associated Pneumonia (PVAP) definition. For a discussion of why, click on the Explain button.

PVAP Determination

For the IVAC on 9/10/2017, did the patient have documentation of any of the following findings during the VAE Window: 9/9/2017 to 9/12/2017.

Question

Criterion 1. Positive culture of one of the following (without requirement for purulent respiratory secretions):

- Endotracheal aspirate ≥ 10^s cfu/ml*
- Bronchoalveolar lavage ≥ 10⁴ cfu/ml^{*}
- Lung tiesue z 10° ctu/ml
- Protected specimen brush ≥ 10³ cfu/ml*

*or corresponding semi-quantitative result

Criterion 2. Positive culture of one of the following (qualitative or quantitative/semi-quantitative culture without sufficient growth to meet Criterion 1).

- Sputum
- · Endotracheal aspirate
- Bronchoalveolar lavage
- Lung tissue
- Protected specimen brush

AND

Evidence of purulent respiratory secretions (defined as secretions from lungs, bronchi or trachea that contain ≥ 25 neutrophils and ≤ 10 squamous epithelial cells).

Criterion 3. One of the following positive tests (as outlined in the protocol):

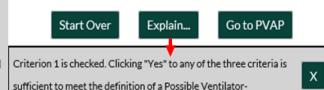
- Pleural fluid culture
- Lung histopathology
- Diagnostic test for Legionella species
- Diagnostic test for influenza virus, respiratory syncytial virus, adenovirus, parainfluenza virus, rhinovirus, human metapneumovirus or corona virus.

Calculate PVAP

2. Result:

Yes

- After calculating PVAP, a pop up will appear verifying the type of event.
- Select Explain for information on the criteria used.



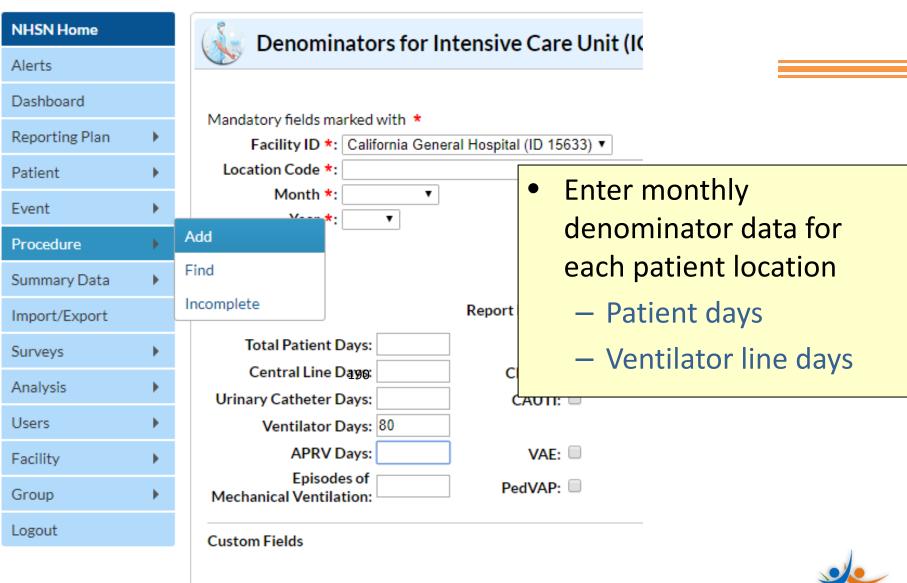
Associated Pneumonia (PVAP) for the event on 9/10/2017.



(Hint: this box is movable by dragging with your mouse. If you move it to one side and leave it open, the explanation will automatically update itself as things change.)

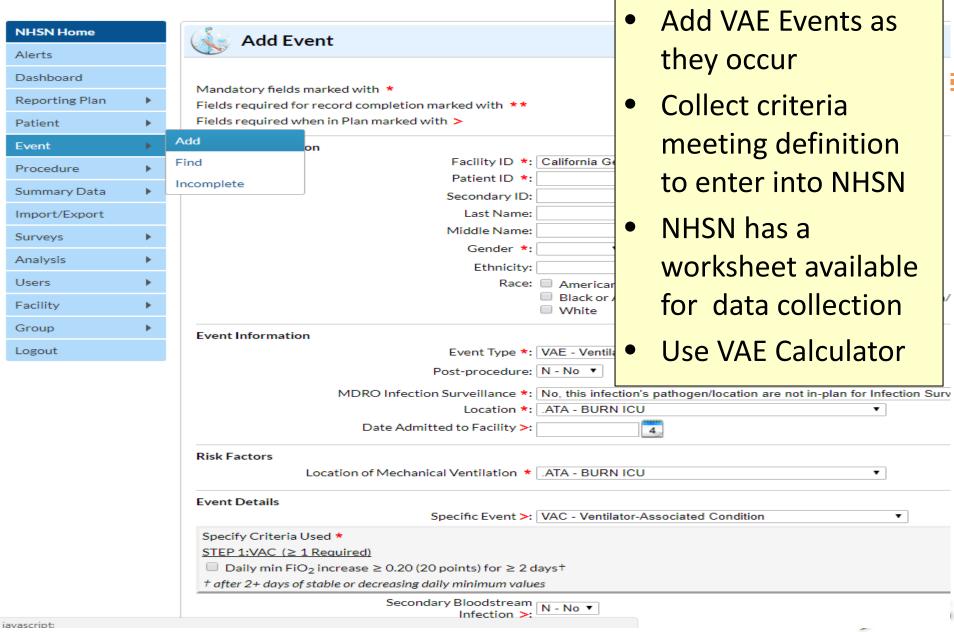


Report Monthly VAE Summary Data

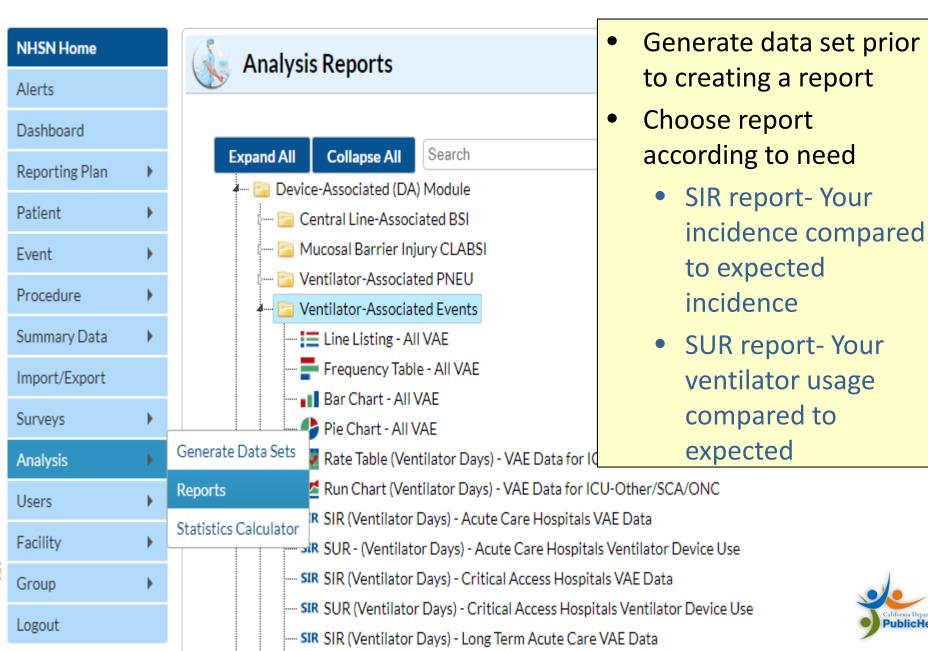




Enter VAE Event



NHSN VAE Analysis



Feedback VAE Results

- Share VAE SIR and SUR progress results with
 - ICU staff
 - ICU Committee
 - Infection Control Committee
 - Leadership
- Analysis of your data helps identify areas for further education and prevention activities



Pneumonia Surveillance Summary

- Surveillance for pneumonia and VAP challenging
- VAE definitions reduce variability
 - Used only in adult locations
- Consistent use of standard surveillance methods and PNEU/VAE/VAP definitions are essential for accurate case finding
- Analysis and feedback of VAE/VAP data is necessary to review progress in VAE/VAP reduction



References for VAP Prevention and Bundles

- Institute for Healthcare Improvement (IHI)
 http://www.ihi.org/resources/Pages/Tools/HowtoGuidePreventVA
 P.aspx
- SHEA Compendium: Strategies to Prevent Ventilator-Associated Pneumonia in Acute Care Hospitals: 2014 Update https://www.shea-online.org/index.php/practice-resources/priority-topics/compendium-of-strategies-to-prevent-hais



References and Resources

- Coffin, S, et al. (2008). Strategies to Prevent Ventilator-Associated Pneumonia in Acute Care Hospitals. *Infect Control Hosp Epidemiol*, 29:S31-S40.
- Greene LR, Sposato K, Farber MR, Fulton TM, Garcia RA. (2009). Guide to the Elimination of Ventilator Associated Pneumonia. Washington, D.C.: APIC.
- Greene LR, Sposato K, Farber MR, Fulton TM, Garcia RA. (2009) Guide to the Elimination of Ventilator Associated Pneumonia, APIC.
- Hidron AI, et.al., (2008) Infect Control Hosp Epidemiol, 29:996-1011
- NHSN Patient Safety Module: Chapter 6 (PNEU/VAP)
 http://www.cdc.gov/nhsn/PDFs/pscManual/6pscVAPcurrent.pdf
- Chapter 10(VAE) http://www.cdc.gov/nhsn/PDFs/pscManual/10-VAE_FINAL.pdf



Questions?

For more information, please contact any HAI Liaison IP Team member

Or email HAIProgram@cdph.ca.gov

