Pneumonia and Ventilator-Associated Pneumonia Prevention

Last Updated 2018
Objectives

• Review the epidemiology and pathogenesis of pneumonia (PNEU) and ventilator-associated pneumonia (VAP)
• Discuss evidence-based prevention practices for PNEU, ventilator associated events (VAE), and VAP
• Describe adherence monitoring of prevention practices
Pneumonia and Ventilator-Associated Pneumonia Prevention – What works?

Best sources for evidence-based pneumonia prevention practice recommendations

- **CDC/HICPAC** Pneumonia Prevention Guideline, 2003
- **SHEA/IDSA** Strategies to Prevent Healthcare Associated Pneumonia in Acute Care Hospitals, 2014
Healthcare-Associated Pneumonia

- Hospital-associated pneumonia
  - 15% of all HAI
  - 24%-27% of all HAI in medical ICUs
  - 20-33% mortality rate
- VAP account for 60% of all deaths due to healthcare associated infections (HAI)

CDC/HICPAC Guidelines for Preventing Health-Care Associated Pneumonia, 2003
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm
Common Pneumonia Pathogens

- Gram negative bacilli
  - *Pseudomonas aeruginosa*
  - *Proteus* spp
  - *Acinetobacter* spp
  - *Staphylococcus aureus*

CDC/HICPAC Guidelines for Preventing Health-Care Associated Pneumonia, 2003
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm
Pathogenesis of HAI Pneumonia

Bacteria may invade the lower respiratory tract by:

• Aspiration
  • Persons with abnormal swallowing
    – Depressed consciousness
    – Ventilator patients
    – Postoperative patients
• Inhalation of aerosols containing bacteria
• Hematogenous spread from a distant body site
Risk Factors for HAI Pneumonia

1. Factors enhancing colonization of oropharynx or stomach
   • Antimicrobials
   • Admission to ICU
   • Underlying chronic lung disease

2. Patients at risk for aspiration
   • Initial or repeat endotracheal intubation
   • Nasogastric tube insertion
   • Supine positon, coma, post-surgery, immobilization

3. Prolonged mechanical ventilation

4. Host factor extremes
   • Age, malnutrition, severe underlying conditions
Preventing Pneumonia

• Educate staff on pneumonia prevention
• Provide pneumococcal vaccination
• Provide annual influenza vaccination to patients and HCP
• Prevent aspiration
• Ensure regular oral care with an antiseptic agent
• Encourage post operative coughing, deep breathing, and early ambulation

CDC/HICPAC Guidelines for Preventing Health-Care Associated Pneumonia, 2003
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm
Preventing Pneumonia - 2

- Clean respiratory equipment and devices before sterilization or disinfection
  - Clean shortly after use
  - Ensure appropriate rinsing, drying and packaging

CDC/HICPAC Guidelines for Preventing Health-Care Associated Pneumonia, 2003
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm
Preventing Pneumonia - 3

• Use standard precautions – consistently!
  • Hand hygiene before and after patient care
  • Wear gloves when handling respiratory secretions
  • Change gloves and perform hand hygiene between patients and after touching contaminated equipment

CDC/HICPAC Guidelines for Preventing Health-Care Associated Pneumonia, 2003
https://www.cdc.gov/mmwr/preview/mmwrhtml/rr5303a1.htm
Ventilator-Associated Pneumonia (VAP)

- Up to 46% of patients with VAP die
  - Varies with patient population and organism type
  - Highest mortality occurs in patients with severe illness and infection with non-fermentative gram-negative bacilli (e.g., Acinetobacter or Burkholderia species)
- Increases ICU length of stay >6 days
  - $40,000 estimated cost

Institute for Healthcare Improvement (IHI)(2012)
http://www.ihi.org/resources/Pages/Tools/HowtoGuidePreventVAP.aspx
Etiology of VAP

Early onset

• Occurs in first four days of hospitalization
• More likely associated with non-multidrug-resistant organisms such as *E. coli*, *Klebsiella spp.*, *Proteus spp.*, *S. pneumoniae*, *H. influenzae*, and *S. aureus*

Late onset

• Occurs five or more days into hospitalization
• More often associated with gram-negative bacilli, multidrug resistant *Pseudomonas aeruginosa*, MRSA, *Acinetobacter spp.*

Common VAP Pathogens

- *Staphylococcus aureus* - 24.7%
- *Pseudomonas aeruginosa* - 16.5%
- *Klebsiella pneumoniae/oxy* - 10.2%
- *Enterobacter* spp. - 8.3%
- *Acinetobacter* spp. - 6.1%

NHSN Antimicrobial Resistance Report: Distribution of all Pathogens Reported by HAI Type, Appendix to Table 4, 2011-2014

Vap Pathogenesis

Results from

- Aspiration of secretions
- Colonization of aero-digestive tract
- Contaminated respiratory or other medical equipment

Endotracheal tube (ET)

Impaired natural protection/clearance system

Contamination/colonization with bacteria

Aspiration of microorganisms into the lungs directly through the ER tube or around the cuff

Lungs contaminated with microorganisms
VAP Prevention Challenges

Pre-existing conditions (non-modifiable risk factors):
- Head trauma
- Coma
- Nutritional deficiencies
- Immunocompromised
- Multi organ system failure
- Acidosis
- History of smoking or pulmonary disease
VAP Prevention: Modifiable Risk Factors

1. Prevent aspiration of secretions
2. Reduce duration of ventilation
3. Reduce colonization of airway and digestive tract
4. Prevent exposure to contaminated equip
Prevent Aspiration of Secretions

• Maintain elevation of head of bed (HOB) 30-45 degrees
• Avoid gastric over-distention
• Avoid unplanned extubation and re-intubation
• Use cuffed endotracheal tube with in-line or subglottic suctioning
• Encourage early mobilization of patients with physical/occupational therapy
Reduce Duration of Ventilation

• Conduct “sedation vacations”
• Assess readiness to wean from vent daily
• Conduct spontaneous breathing trials

May not be feasible for patients on long term ventilator support
Reduce Colonization of Airway and Digestive Tract

- Use cuffed Endotracheal Tube (ETT) with inline or subglottic suctioning
  - Minimizes secretions above cuff; prevents contamination of lower airway
- Avoid acid suppressive therapy for patients not at high risk for stress ulcer or stress gastritis
  - Increases colonization of the digestive tract
HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

Reduce Colonization of Airway and Digestive Tract - 2

• Perform regular oral care with an antiseptic agent
• Reduce the opportunities to introduce pathogens into the airway
  • Perform good hand hygiene
  • Use gloves for contact with respiratory secretions or contaminated objects; follow with hand hygiene
  • Educate staff to avoid contaminating the ETT from patient’s mouth, HCP hands, introducing pathogens from patient’s other body sites or the environment
Prevent Exposure to Contaminated Equipment

- Use sterile water to rinse reusable respiratory equipment
- Remove condensate from ventilatory circuits
- Change ventilatory circuit only when malfunctioning or visibly soiled
- Store and disinfect respiratory equipment effectively
Measure Adherence to VAP Prevention Practices

- California HAI public reporting and prevention laws do require not reporting VAP/VAE to CDPH
- Reporting laws do require hospitals to implement VAP prevention guidelines and process measures (HSC 1288.9)
## Adherence Monitoring Tool - VAP Prevention

<table>
<thead>
<tr>
<th>Ventilator Pneumonia Prevention Observations</th>
<th>Pt 1</th>
<th>Pt 2</th>
<th>Adherence by Task</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>#Yes</td>
<td># Obs</td>
<td></td>
</tr>
<tr>
<td>Head of bed 30-45 degrees</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
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<tr>
<td>Sedation vacation documented</td>
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<td>No</td>
<td>Yes</td>
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<tr>
<td>Readiness to wean documented</td>
<td>Yes</td>
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<td>Yes</td>
</tr>
<tr>
<td>Oral care with an antiseptic agent is performed regularly (per policy)</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Hand hygiene performed before providing care</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Sterile water used to rinse reusable respiratory equipment</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Condensate in ventilatory circuit is removed</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
<tr>
<td>Ventilatory circuit is changed only when malfunctioning or soiled</td>
<td>Yes</td>
<td>No</td>
<td>Yes</td>
</tr>
</tbody>
</table>

# Yes _______  # Observed_______  #Yes/#Observed = % Adherence _______ %
Preventing Pneumonia: The MOST Important Things

Prevent Pneumonia and Ventilator Associated Events

- Maintain HOB 30-45 degrees
- Avoid gastric distention
- Encourage early mobilization
- Conduct “sedation vacations”
- Assess readiness to wean
- Use cuffed ETT with inline suctioning
- Avoid acid suppressive therapy if possible
- Perform regular oral care
- Perform hand hygiene
- Prevent exposure to contaminated equipment
Hospital Role in Pneumonia Prevention

- Ensure policies reflect current evidence based practices
  - CDC guidelines
- Ensure staff competency upon hire and at least annually
  - New hire orientation
  - Annual skills fair
  - Return demonstration to ensure competency
- Establish an adherence monitoring program for measuring prevention care practices
  - Use tools to measure adherence
- Provide feedback to frontline staff and leaders
  - Present adherence results to each unit
Pneumonia Prevention Summary

• HAI pneumonia common, especially among ventilated patients, but many are preventable
• Focus on pneumonia prevention care practices
• Regularly monitor adherence of prevention care practices and provide feedback to frontline staff
Legionnaires Disease

- Caused by Gram negative aerobic bacilli, *Legionella pneumophila*
- More than 60 species
  - Most disease *Legionella pneumophila* serogroup 1
- Found naturally in freshwater and man made environments, including drinking water
- Transmitted by
  - Inhalation of contaminated aerosols
  - Aspiration of ingested of contaminated water
  - Not spread from person to person

[https://www.cdc.gov/vitalsigns/legionella/](https://www.cdc.gov/vitalsigns/legionella/)
Legionella in California

From 2015–2017

- 1554 Legionella cases – 1554
- 125 (8%) healthcare-associated cases
  - 45 (35%) hospital associated
  - 57 (46%) SNF associated
**Legionella Sources**

- Legionnaires’ disease outbreaks often associated with **large or complex water systems** such as those found in:
  - Hospitals
  - Long-term care facilities
  - Hotels
  - Cruise ships

- The most likely sources of infection:
  - Water used for showering (potable water)
  - Cooling towers (parts of large air conditioning systems)
  - Decorative fountains
  - Hot tubs

Risk Factors for Legionnaires Disease

• Immunosuppressed hosts
• Solid organ transplant recipients
• Advanced age
• Male gender
• Cigarette smoking
• Alcohol abuse
• Chronic pulmonary disease
• Corticosteroid usage
• Renal failure

APIC Text 2018:
Healthcare Associated Pathogens and Diseases: *Legionella pneumonophila*
Suspect Legionnaires Disease

• Patient failed outpatient antibiotic treatment for community-acquired pneumonia
• Severe pneumonia
• Immunocompromised patient with pneumonia
• Recent traveled away from their home within 10 days before the onset of illness
• Patient with pneumonia in the setting of a Legionnaires’ disease outbreak
• Patient at risk for Legionnaires’ disease who acquires healthcare-associated pneumonia ≥ 48 hours after admission

[cdc.gov/legionella/clinicians/diagnostic-testing.html]
CDC Guidance for Confirmed Case of Healthcare-associated Legionnaires Disease

For 1 case

• Notify local health department and CDPH
• Begin environmental assessment and cultures of the water system
• Consider other vulnerable individuals at facility who may be exposed

HEALTHCARE-ASSOCIATED INFECTIONS PROGRAM

Water Management to Prevent *Legionella*

All health care facilities must have a *Legionella* Water Management Program

**CMS Memo June 02, 2017**

References and Resources

- Institute for Healthcare Improvement (IHI) [http://www.ihi.org/resources/Pages/Tools/HowtoGuidePreventVAP.aspx](http://www.ihi.org/resources/Pages/Tools/HowtoGuidePreventVAP.aspx)
Questions?

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

Or email HAIProgram@cdph.ca.gov