

Mouth: Gateway to VAP

Improving mouth care practice in DCC

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Background

On critical care there is inconsistency in mouth care practices with various multistep approaches for our ventilated patients. Evidence suggests that approximately 10-28% of ventilated patients acquire Ventilator Associated Pneumonia, making it the most common fatal nosocomial infection in critical care. VAP rates are difficult to measure. Here we seek to assess and improve staff compliance with mouth care.

Aim

To improve staff compliance in mouth care by 20% using standardised practice.

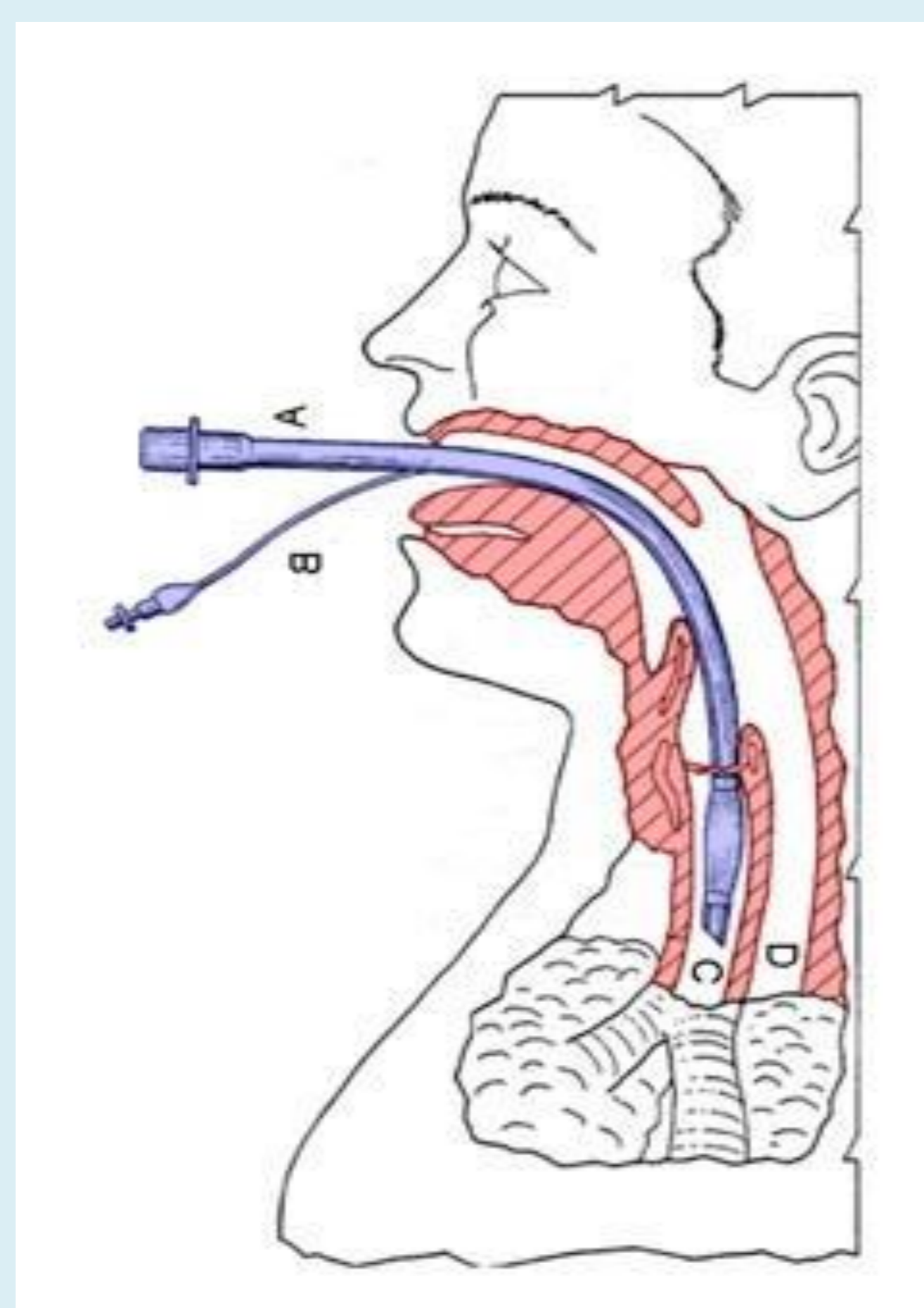
PDSA

Baseline: Questionnaire assessing staff compliance before the introduction of protocol and inclusive packs

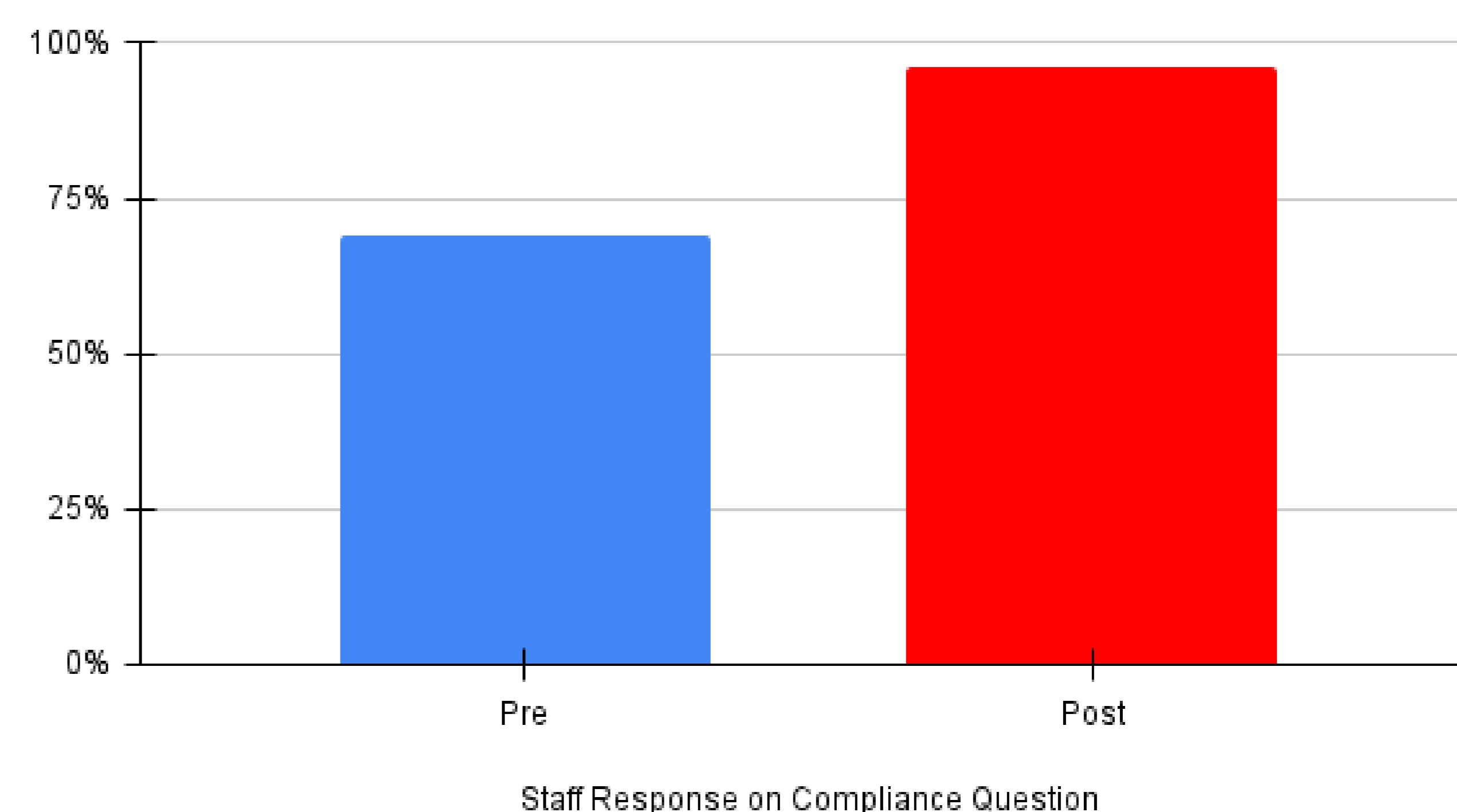
Cycle 1: Teaching session by Stryker (supplier of mouthcare packs), staff able to understand relation between mouthcare and VAP, and how poor mouth care can have a huge impact on patient lives and a high cost to the NHS.

Cycle 2: Introduction of standardised practice with all-inclusive pack

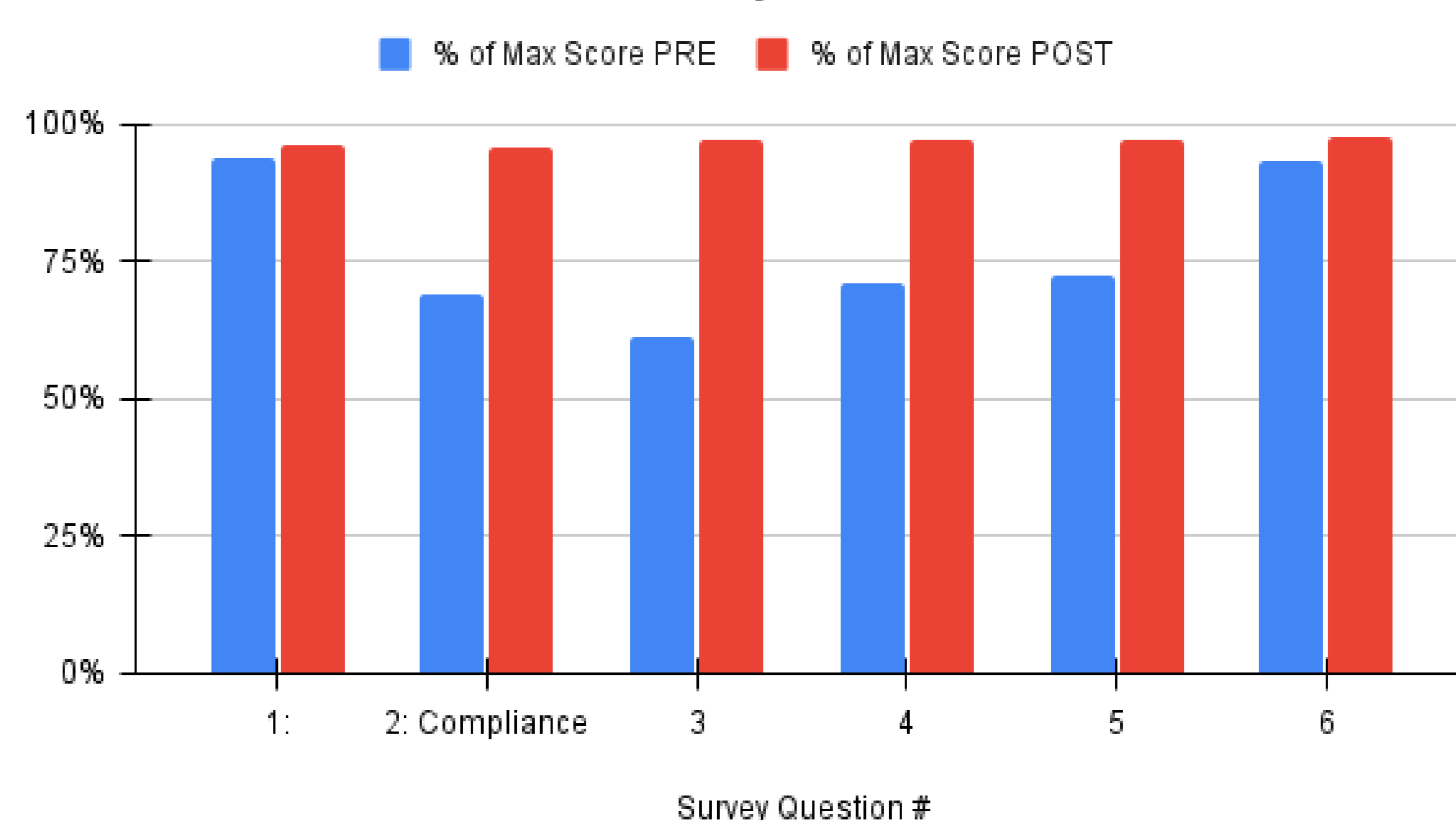
Cycle 3: Mouth care protocol designed and introduced



Pre- and Post-Intervention Compliance Scores*



Percent of Max. Score for Survey Questions



Results

Our initial project aim was to show that implementing mouthcare protocol improves mouth care compliance, as well as reduces VAP rates on ventilated patients. We were not able to measure the VAP rate reduction due to several variables involved, but successfully measured staff compliance.

Next Steps

- Monitor usage carefully
- Ongoing teaching
- Presentation to Procurement for funding approval
- Collect discharged patient feedback from our rehabilitation clinics.

Lessons Learnt

Simple acts have huge impact. The importance of including mouth care assessment on admission, and the huge impact a standardised approach has both on staff practices and patient outcomes. Mouth care is an important action that can save lives with our critically ill patient and must not be a BACKBURNER!!

