

HOSPITAL CHARACTERISTICS

**MAGEE  
REHABILITATION  
HOSPITAL**

- ▶ Philadelphia, PA
- ▶ 96 beds
- ▶ [www.mageerehab.org](http://www.mageerehab.org)

**S . T . E . E . E . P .**



**SAFE**

Our goal was to provide nutrition and care in a manner that was safe and did not result in pneumonia.

**TEAM MEMBERS**

**Barbara Browne, MD**

Director Stroke Program

**Catherine Conroy**

CRRN, Staff Nurse

**Deborah Diraddo**

Supervisor, Speech Language Pathology

**Jeanne Doherty, MD**

Assistant Medical Director

**Lisa Donnelly**

CRRN, Evening House Supervisor

**Christopher Formal, MD**

Residency Program Director

**Robert Kautzman, RN**

Vice President of Clinical Operations,

Executive Sponsor

**Deborah Long**

CRRN, Clinical Resource Nurse

**Evelyn Phillips**

Clinical Nutrition Manager

**Patrick Rommel, MD**

Staff Physician, Physiatry

**Marci Ruediger**

Director Performance Excellence, Team

Leader

**Kathy Smith**

Manager, Respiratory Therapy

**Parvati Thiru, MD**

Staff Physician, Internal Medicine

**Pamela Thompson**

Clinical Systems Manager

**David Weideman**

Manager, Respiratory Therapy

# ELIMINATING VAP IN SPINAL CORD INJURY PATIENTS

## The Problem

While all facilities aspire to limit the incidence of ventilator-associated pneumonia, doing so within the confines of a spinal cord injury (SCI) population presents unique challenges. In April of 2008, we had several patients, some of whom had spinal cord injuries and were on ventilators, transferred from our facility to acute care with pneumonia. We wanted to understand why these patients got pneumonia so that we could prevent it in the future.

## The Solution

We convened an interdisciplinary task force, with front-line staff, managers and physicians, and performed chart reviews, looking for commonalities among the patients. We noted that most patients diagnosed with aspiration pneumonia were tube fed and had histories of constipation and/or delayed gastric emptying, due to diabetes. We hypothesized that patients were aspirating their tube feeds because, due to the constipation or delayed gastric emptying; there was nowhere for it to go.

The task force developed guidelines for bowel management, oral care and transitioning new patients from the 24-hour tube feedings they receive in acute care to the 14-hour cycle feedings they get in rehab. Applicable pieces of the VAP bundle were already part of routine care.

## Results

» In the first seven months of 2008, we had five VAPs among seven patients. In the twelve months since that time, we have treated 14 patients on ventilators and have had no ventilator-associated pneumonias.