



# Uncover and quantify hospital-acquired pneumonia (HAP)

## #4 HAI

hospital-acquired  
infection in Canada<sup>1</sup>

## \$46,000<sub>CAD</sub>

estimated cost per case<sup>2</sup>

Oral care is the **#1**  
**missed practice** from  
the patients' perspective<sup>3</sup>

### Understand your current practice<sup>4</sup>

A basic oral care practice assessment helps uncover gaps

For example:

- Non-ventilator oral care protocol
- Current product usage
- Logistical gaps
- Product and education needs

## 47%

of 4,856 patients  
did **not use or**  
**have access** to  
a toothbrush

### Understand toothbrush usage<sup>4</sup>

Toothbrush testing highlights a need for replacement  
protocol and bacterial colonization rates

A third party laboratory tests toothbrushes for  
five bacterial strains:

- MRSA
- *S. Auerus*
- Enterococcus
- VRE
- Gram-negatives

## 49%

of 1,086  
toothbrushes  
were  
**contaminated**

# Quantified patient and financial impact

## Partner with Sage to determine impact

Obtain one year's diagnosis (1-10), present on admission data, age, length of stay (LOS), and discharge path for all patients.

## Example of data set needed:

Patient	Age	LOS	Discharge	Diagnosis_1	POA_1
A	60	4	Hospice	J18.9	Yes
B	40	15	Expired	J18.9	No
C	80	7	Home	J18.9	Yes

**CustomerOne** mines data for ICD-10 codes associated with pneumonia or sepsis that developed 48 hours after admission.

## Findings to include:

- Number of non-ventilator HAPs
- Sepsis correlation to non-ventilator HAPs
- Discharge path (Hospice, Expired, Home)
- Mortality rate
- Average length of stay
- Average age
- Cost

## Continuum of care: HAP reduction initiative



One Canadian hospital's findings in one year:<sup>2</sup>

**75% ↓**  
in HAP cases

**65% ↑**  
in length of stay when a patient developed HAP

## All hospital patients are at risk<sup>5</sup>

Address the risk factors associated with pneumonia throughout the **continuum of care**:

Ventilated

Dependent  
Non-ventilated

Independent



Reorder #6424-C



Reorder #6306-C



Reorder #6120



Reorder #6082



Reorder #6080



Reorder #6083

**References:** 1. Kelvens RM, Edwards JR, Richards CL, et al. Estimating health care-associated infections and deaths in U.S. hospitals, 2002. Public Health Reports. 2007; 122(2): 160-166. 2. Robertson T, Carter D. Oral Intensity: Reducing non-ventilator-associated hospital-acquired pneumonia in care-dependent, neurologically impaired patients. Canadian Journal of Neurological Sciences. 2013; 35(2): 7-10. 3. Kalisch BJ. Errors of Omission: How Missed Nursing Care Imperils Patients. Silver Spring, MD: American Nurses Association; 2016. 4. Data on file., Sage Products. Laboratory testing conducted by Advanced Testing Laboratory. 5. Baker D, Quinn B. Hospital Acquired Pneumonia Prevention Initiative-2: Incidence of nonventilator hospital-acquired pneumonia in the United States. American Journal of Infection Control. 2017;46(1):2-7.