



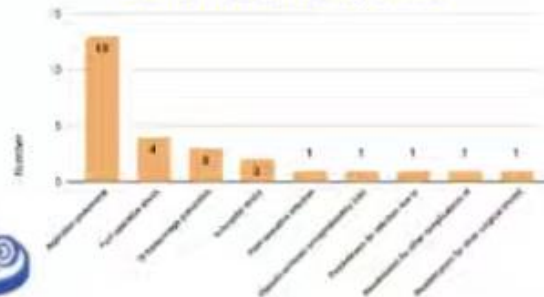
## MORTALITY COMPLICATIONS ASPIRATION PNEUMONIA



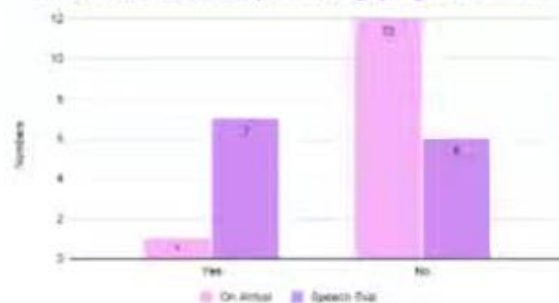
### INTRODUCTION

A review of the third quarter 2022 Mortality data identified a significant preponderance (48.14%) of hospital acquired Aspiration pneumonias.

### Q3 2022 MORTALITY Complications



### Q3 2022 MORTALITY Aspirations Dysphagia Evaluation



### ISSUES IDENTIFIED

- Inadequate swallow evaluations on admission in patients with altered mental status
- Lack of referral to speech language pathologists of high risk patients
- Deficiency in the follow-up of changes in a patient's condition during admission; that would need a dysphagia evaluation
- Inconsistent precaution measures implemented in recently extubated patients

### GETTING A TEAM TOGETHER

The Patient Safety & Quality department brought these findings to the attention of leadership at Jersey Shore University Medical Center.

A team including representatives from Patient Safety & Quality, Hospitalists and Speech Language Pathologists was created to devise an actionable plan to decrease the incidence of hospital acquired Aspiration Pneumonia.

A literature search was conducted to include Best Practice Guidelines in our training program.

We approached Medical & Surgical ICU leaders and with their input on perceived deficiencies in the management & care of patients at risk for aspiration pneumonia.

A training program for the Medical, Residents & Nursing Staff was conducted in the first two Quarters of 2023. Included a review of the clinical physiopathology, management, and prevention of Aspiration Pneumonia.

### METHODOLOGY

The project sought to ensure the implementation of "Best Practice" measures through systematic education to Medical, Residents and Nursing Staff; to prevent aspirations in high risk patients.

This was achieved by Addressing actionable issues to improve outcomes and patient safety

- Review literature
  - Create a "Best Practice" presentation for staff on the prevention of Aspiration Pneumonia
  - Order swallow evaluations in patients with AMS
- Education
  - Residents
  - Physicians
  - Nurses
- Follow up, and continue monitoring patients for any changes in their swallowing ability
  - Include mental status and need for swallow evaluation at every assessment
  - Suctioning with oral care
  - Swallow evaluation on extubation
  - Review and modify Resident, Nursing, PCT orientation & annual mandatorys as needed



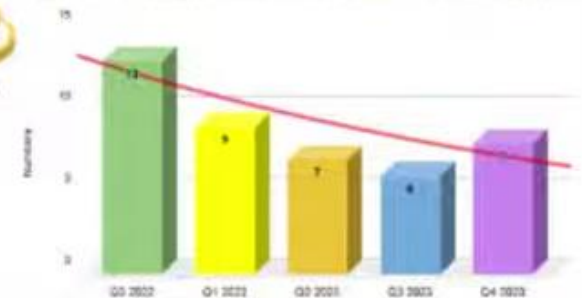
### BARRIERS ENCOUNTERED

- Some physicians and nurses required additional education
- Inconsistent
  - Preoccupation with Failure
  - Mindfulness
  - Normalized deviance (Drift)

### CONTRIBUTORY FACTORS

- Aspiration Pneumonia on arrival coded as hospital acquired
- Rule out/ suspected aspiration pneumonia code as documentation was not finalized on discharge

### MORTALITY COMPLICATIONS - ASPIRATION PNEUMONIA



### FUTURE PLANS

#### New Protocol implementation

- Use of subglottic suctioning in intubated patients to reduce the chances of aspirations
- Post Extubation Protocol - Prior to dysphagia screen
- Yale swallow screening protocol - Network proposal
- Dysphagia Screen before PO medication
- Keep NG tube if NPO, even after extubation
- Judicious use of Proton Pump Inhibitors (PPs).

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Preventing Aspiration in Older Adults with Dysphagia  
By: Norma A. Metheny, PhD, RN, FAAN, Saint Louis University School of Nursing  
Issue #20 of General Assessment Series

Gauri Joshi MBBS, DIS, CPHQ, CLSSBB, CPPS Quality Improvement Specialist  
Sherif Eltwansy MD, MPH, FACP Internal Medicine  
Josephine Shimkus MA, CCC-SLP Speech Language Pathology Manager

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