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Implementation of an oral care protocol to prevent hospital acquired pneumonia in geriatric patients

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Statement of problem: Hospital Acquired Pneumonia (HAP) is the second most common hospital acquired infection and is responsible for 20-33% of mortality rates from infection. Patients with HAP also have higher 30-days hospital readmission rates compared to patients without a hospital acquired infection. Nationwide, HAP accounts for 32.5-35.4 million discharges annually. According to the Centres for Disease Control, 5-7% of hospitalizations due to pneumonia end in death. The oral cavity is a high reservoir for infection, and Evidence-Based practice suggests oral hygiene interventions to prevent HAP. HAP is more common in at risk individuals, and there are four routes of transmission: (1) through aspiration of oral contents (food, oropharyngeal secretions, or gastrointestinal contents), (2) from infectious sites, (3) from inhalation of aerosols that are infected, and (4) from extra-pulmonary sites. Aspiration of infectious organisms remains the number one way to acquire HAP, so reducing oral bacteria is critical in HAP prevention. **Methods:** This project took place over a 14-week time span. Education sessions was provided to staff to ensure appropriate use of oral care equipment. A five question pre and post education test was administered to measure retention of information. Staff documented each time oral care was performed, and they also documented all of the supplies that were used. **Conclusion and significance:** The results of this project can help establish a standardized protocol to prevent HAP in elderly patients being treated in a hospital setting. Effective implementation of this protocol could potentially decrease the number of cases of HAP in a hospital setting which in turn decreases the overall costs spent to treat this diagnosis.

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