

Preventing Pneumonia in Skilled Nursing Facilities

Karen Verterano, MSN, RN Quality Improvement Specialist Health Services Advisory Group (HSAG)



Your Speaker



Karen Verterano, MSN, RN



OBJECTIVES

- Review evidence-based clinical practices shown to prevent pneumonia.
- Explore strategies to reduce pneumonia.
- Discuss adherence monitoring and feedback.





Pneumonia in Skilled Nursing Facilities (SNFs)

- One of the most common healthcareassociated infections in SNFs.
 - Occurs in an estimated 1–2 residents for every 1,000 days of nursing home residence.
- A significant cause of mortality and morbidity among residents in SNFs.
 - Mortality rate as high as 41%.



4



Risk Factors for Pneumonia

pneumonia



Risk Factors

SNF Residents at Risk

- Adults 65 years or older
- Smokers
- Brain disorders
 - Stroke
 - Head injury
 - Dementia
 - Parkinson's disease
- Weakened immune system
 - HIV/AIDS
 - Chemotherapy
 - Steroids (long-term)

Risk Factors—Co-Morbidities

- Lung diseases (asthma, COPD)
- Other conditions (diabetes, heart failure)
- Enteral feedings
- Malnourished
- Decreased activity or bedridden
- Recently hospitalized
- Poor oral hygiene



Assess for Pneumonia

- Fever
- Chills and sweats
- Fatigue

7

- Increased heart rate > 100
- Lower than normal body temperature
- Pain in the chest area
 - May occur with normal breathing

Cough

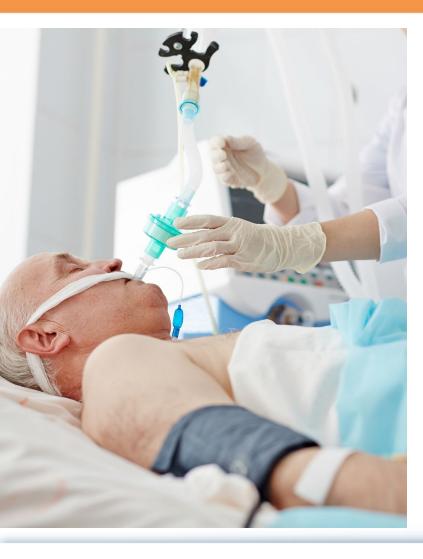
- May be productive or nonproductive with clear, purulent (yellow/yellowish green) or blood-tinged sputum
- Shortness of breath
 - At rest or with minimal activity
 - Confusion
 - Loss of appetite

Sattar S, Sharma S, et al. Bacterial Pneumonia (Nursing). August 2022. StatPearls. <u>www.ncbi.nlm.nih.gov/books/NBK568697</u>. Patterson C. Loebinger M. Community Acquired Pneumonia: Assessment and Treatment. Clinical Medicine. June 2012. <u>pubmed.ncbi.nlm.nih.gov/22783785</u>.



Mayo Clinic. Pneumonia. www.mayoclinic.org/diseases-conditions/pneumonia/symptoms-causes/syc-20354204

Pneumonia Complications



- Pleural effusion
- Respiratory failure
- Lung abscess
- Kidney, liver, and heart damage
- Pericarditis (heart lining inflammation)
- Atelectasis (collapse within the lungs)
- Sepsis



Pneumonia Progression to Sepsis

SEPSiS

- Community-acquired pneumonia is the most common cause of sepsis.
- Sepsis of this type is an infection in the respiratory tract that leads to a systemic response to infection.
- Early diagnosis and treatment of pneumonia is critical.





Early Signs of Sepsis

Monitor all residents with pneumonia for early signs of sepsis

- Fever or low body temperature
- Chills
- Rapid heart rate
- Difficulty breathing

- Skin rash
- Confusion or disorientation
- Light-headedness due to a sudden drop in blood pressure



Yealy DM, Kellum JA, Huang DT, et al. A randomized trial of protocol-based care for early septic shock. *N Engl J Med.* 2014 May 1;370(18):1683-93. doi: 10.1056/NEJMoa1401602. Epub 2014 Mar 18. PMID: 24635773. pubmed.ncbi.nlm.nih.gov/24635773/



Preventing Pneumonia

- Vaccinations
- Proper hand hygiene
- Regular oral care
- Mobility

11

- Deep breathing exercises
- Adequate diet/hydration
- Isolate infected residents
- Smoking cessation



Yoshikawa T, Mylotte J. Nursing Home-Acquired Pneumonia. *Clinical Infect. Dis.* Nov 2022. <u>academic.oup.com/cid/article/35/10/1205/296925</u>. Chebib N, Cuvelier C, et al. Pneumonia Prevention in Elderly Patients. *AgingClin.Expmntl.Rsrch.* Dec 2019. <u>doi.org/10.1007/s40520-019-01437-7</u>. Burdsall D, Schweon S, et al. A Unit Guide to Infection Prevention for LTC Staff. *AHRQ*. Mar 2017. <u>www.ahrq.gov/hai/quality/tools/cauti-</u> ltc/modules/resources/guides/infection-prevent.html.



Summary

- Pneumonia can lead to bloodstream infections.
- Adherence monitoring of evidence-based care practices will reduce pneumonia incidence.
- Feedback pneumonia incidence and adherence monitoring results to staff to improve outcomes.





HSAG Pneumonia Prevention Toolkit— Action Plan

lursing Home	Name:	cci	I*:		Date:	
Goal: The Percentage of Healthcare-Associated Pneumonia will Decrease by		thcare-Associated Pneumonia will Decrease by			(date	
Topic Root Cause		Strategies	Implementation		Internal Nursing Home Goals	
Area of Concern	Survey Findings	Action	Responsible Person(s)	Date of Completion	Evaluation of Effectiveness	
HAI pneumonia	High rate of HAI pneumonia	 Review and update policies and procedures to reflect current evidence-based practices. Identify pneumonia prevention champions for each area/unit. Conduct education with teach-back for staff, including nurses and nursing assistants, including: Pathophysiology of pneumonia. Clinical signs and symptoms of pneumonia. Risk factors of pneumonia Prevention bundles. Use Pneumonia Risk Form to identify residents that are high risk. Implement prevention bundle for pneumonia for residents identified as high risk. Use HSAG Pneumonia Bundle Compliance Tool to assess adherence to prevention strategies. 			100% of policies and procedures updated. 100% of the staff received education for pneumonia and prevention bundles. % of the residents were screened for risk of Pneumonia. % of the residents had implementation of the Pneumonia Bundle. Perform audits/week. Compliance goal:%	



HSAG Pneumonia Prevention Toolkit—Screen

Risk Factors for Pneumonia

Use this list of evidence-based risk factors for identifying residents that are at a higher risk of acquiring pneumonia. If a resident has two or more of these, assessment of possible pneumonia is advised.

${\color{black} \blacksquare}$	Risk			
	Adults 65 Years or Older			
	Current/Former Smoker			
	Brain Disorders Stroke Head injury Dementia Parkinson's disease			
	Weakened Immune System HIV/AIDS Chemotherapy patients Long-term use of steroids 			
	Lung Diseases Asthma Bronchiectasis Cystic fibrosis Chronic obstructive pulmonary disease (COPD) 			
	Other Conditions Diabetes Heart failure Sickle cell disease Liver disease Kidney disease 			
	Residents Who Receive Enteral Feedings (Tube Feedings)			
	Residents Who Are Malnourished			
	Residents With Decreased Activity or Bedridden			
	Residents Who Were Recently Hospitalized			
	Residents With Poor Oral Hygiene			

One-page screening tool to identify residents **most** at risk for developing pneumonia





HSAG Pneumonia Prevention Toolkit—Prevent

Pneumonia Bundle | Risk and Action Tool

If a resident has any of the identified pneumonia risk factors below, use the related action plan to assist in prevention of the infection.

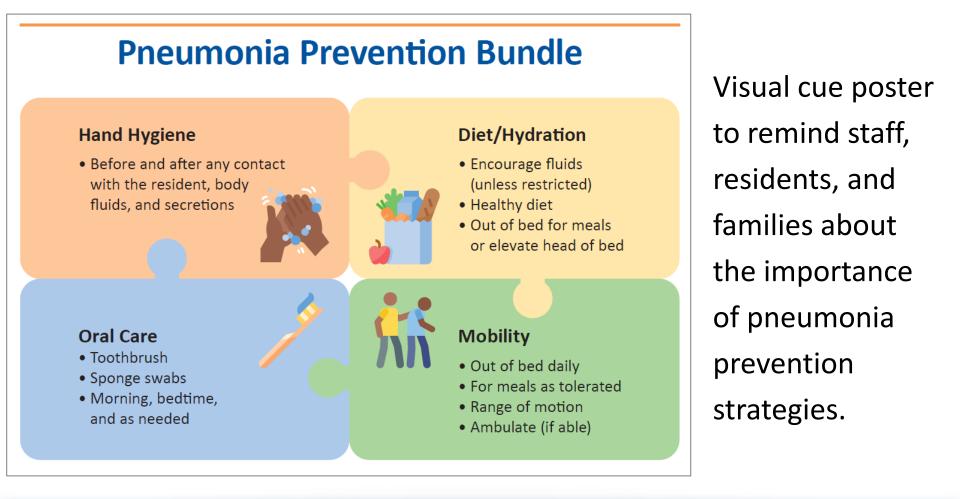
 nation of the injection.	
Risk	Action
Adults 65 Years or Older	 Vaccinations Influenza vaccine (can reduce risk of developing pneumonia) Pneumonia vaccine Proper hand hygiene Soap and water Alcohol-based sanitizer Regular oral care Toothbrush Sponge/Oral wipes
Decreased Activity or Mobility	 Mobility Range of motion Turn every two hours Out of bed as tolerated/ordered by physician Ambulate as tolerated/ordered by physician Elevate head of bed (HOB) as tolerated Deep breathing exercises
Malnourishment	 Adequate diet/hydration Plenty of fluids (unless medically restricted) Healthy diet Tube feedings Elevate HOB Monitor for regurgitation Slow, steady flow (too rapid of infusion can cause regurgitation resulting in aspiration) Regular oral care Toothbrush Sponge/Oral wipes
Recently Hospitalized	Isolate infected residents
Current/Former Smoker	Smoking cessation
Brain Disorders, Weakened Immune System, Lung Diseases	 Vaccinations Influenza vaccine (can reduce risk of developing pneumonia) Pneumonia vaccine Proper hand hygiene Soon and water

Pneumonia Prevention Bundle Strategies





HSAG Pneumonia Prevention Toolkit— Bundle Poster





HSAG Pneumonia Prevention Toolkit—Identify

Pneumonia Signs and Symptoms Assessment

Below is a list of signs and symptoms of pneumonia; a resident may have one or more than one of them. If any are identified, the next step is to report, as further testing is recommended.

Any Change in The Resident's Condition Should Be Reported Immediately

✓	Sign/Sympton
	Equar

- With tachycardia (Increased heart rate; >100)
- Chills and sweats
- Fatigue
- Lower Than Normal Body Temperature (Adults 65 years or older and those with weakened immune systems)

Cough

 May be productive or nonproductive with mucoid (clear), purulent (yellow/yellowish green), or blood-tinged sputum

Pleuritic Chest Pain (Pain in Chest Area)

- · May have pain with normal breathing
 - Facial grimaces or winces
 - Vocalization of pain (moans, cries, gasps, groans)
 - Bracing of chest or surroundings (furniture or room equipment)
 - May avoid taking a deep breath
 - May have increased pain with coughing
 - Facial grimaces or winces
 - Vocalization of pain (moans, cries, gasps, groans)
 - Bracing of chest or surroundings (furniture or room equipment)
- Shortness of Breath at Rest or With Minimal Exertion
 - Increased respiratory rate
 - Shallow respirations
 - Crackles, rales, bronchial breath sounds are heard on auscultation
 - Fatigue
 - Headache
 - Myalgia (deep muscle pain) or arthralgia (joint pain)
 - May be mild or severe
 - May last minutes or be constant
 - May occur with rest or movement

Confusion

- · May occur due to the infection, fever, or shortness of breath
- Loss of Appetite

One-page assessment checklist to assist in identifying possible pneumonia





17 www.hsag.com/medicare-providers/nursing-homes/infection-prevention/#Pneumonia

Pneumonia Audit Tool

Complete for Each Resident With PNEU Prever	tion Bundle Implemented: Comments	Resident 1	Resident 2	Resident 3
Direct Observation	Room #			
1. Staff performed hand hygienewa	ash in/wash out.	Yes	Yes	Yes
 Resident out-of-bed for meals. (If able) Head-of-bed (HOB) elevated for those receiving tube 				
		Yes	Yes	Yes
feeding (TF).	(DT)6	Yes	Yes	Yes
 Resident ambulating, physical the motion (ROM) daily. 	erapy (PT), or range of	Yes	Yes	Yes
Consuming > 75% of diet, including supplements.		¥		
		Yes	Yes Total %	/01-00-1900
6. Water pitcher full and within read	h, if not on fluid restriction	Yes	No 90% -	100% 100% 100% 100%
Fluids encouraged during purpose on fluid restriction.	 Fluids encouraged during purposeful rounding, if not on fluid restriction. A.M. (morning) oral care completed. 		80% - No 70% - 60%	67%
8. A.M. (morning) oral care complete			50% - No 40% -	
9. HS (at bedtime) oral completed. 		Yes	00% - No 10% -	
		Yes		1 2 3 4 5 6 7 8 PNEU Prevention Bundle Measures
Total Positive Per Patient		7	5	 Staff performed hand hygienewash in/wash out. Resident out-of-bed for meals, if able.
Total % Adherence Per Patient		87.5%	62.5%	 Nebselvent Out-Oi-Deel Ion Treats, Ir able: Nebs elevented for those receiving TF. Resident ambulating, PT, or ROM daily. Consuming - 75% of tiel; including supplements. Water pitcher full and within reach, if not on fluid restriction. Table powermend during memorphic lawout for the fluid restriction.

^{7.} Fluids encouraged during purposeful rounding, if not on fluid restriction.

8. AM oral completed.





Thank you!

Karen Verterano | kverterano@hsag.com







This material was prepared by Health Services Advisory Group (HSAG), a Quality Innovation Network-Quality Improvement Organization (QIN-QIO) under contract with the Centers for Medicare & Medicaid Services (CMS), an agency of the U.S. Department of Health and Human Services (HHS). Views expressed in this material do not necessarily reflect the official views or policy of CMS or HHS, and any reference to a specific product or entity herein does not constitute endorsement of that product or entity by CMS or HHS. Publication No. QN-12SOW-XC-06282023-01

