



Healthcare-Associated Infections Program Adherence Monitoring Ventilator-Associated Pneumonia (VAP) Prevention

Facility Name:
Facility ID:
Assessment completed by:
Date:
Unit:

Regular monitoring with feedback of results to staff can maintain or improve adherence to ventilator-associated pneumonia (VAP) precautions practices. Use this tool to identify gaps and opportunities for improvement. Monitoring may be performed in any type of patient care location where patients are mechanically ventilated.

Instructions: Observe 3-4 patients/residents on a ventilator. Identify observed staff as nursing (NSG) or respiratory therapy (RT). Observe each practice and check a box if adherent, Yes or No. In the column on the right, record the total number of “Yes” for adherent practices observed and the total number of observations (“Yes” + “No”). Calculate adherence percentage in the last row.

| Ventilator-Associated Pneumonia Prevention Practices | | Resident 1 | | Resident 2 | | Resident 3 | | Resident 4 | | Adherence by Task | |
|--|---|--|-----------------------------|------------------------------|-----------------------------|------------------------------|-----------------------------|--|-----------------------------|-------------------|-------|
| | | <input type="checkbox"/> NSG | <input type="checkbox"/> RT | <input type="checkbox"/> NSG | <input type="checkbox"/> RT | <input type="checkbox"/> NSG | <input type="checkbox"/> RT | <input type="checkbox"/> NSG | <input type="checkbox"/> RT | #Yes | # Obs |
| VP1. | Head of bed is positioned at 30-45 degrees. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| VP2. | If tracheostomy or endotracheal tube is in use, ties are clean and secure. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| VP3. | Oral suction equipment is stored in a clean area (not on floor or bed). | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| VP4. | Oral care with an antiseptic agent is performed per policy. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| VP5. | Hand hygiene is performed and gloves are donned before providing care. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| VP6. | After care, gloves are removed and hand hygiene is performed before the next task. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| VP7. | Sterile water is used to rinse reusable respiratory equipment. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| VP8. | Condensate in the ventilatory circuit is removed AND tubing is below the mouth to keep condensate from draining into the patient/resident. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| VP9. | Intubation kits are appropriately stored in a clean area. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| VP10. | Clean and dirty respiratory equipment are stored in separate areas. | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | <input type="checkbox"/> Yes | <input type="checkbox"/> No | | |
| # of Correct Practices Observed (“# Yes”): _____ | | Total # Ventilator Observations (“# Observed”): _____ (Up to 40 total) <i>If practice could not be observed (i.e., cell is blank), do not count in total # Observed.</i> | | | | | | Adherence _____% (Total “# Yes” ÷ Total “# Observed” x 100) | | | |