

Frequently Asked Questions: Ventilator-Associated Pneumonia (VAP)

Date	Topic	Question	Answer
Jan-14	In-plan vs. off-plan NHSN reporting	What is the difference between in-plan and off-plan NHSN reporting?	<p>“In-plan” surveillance means that you have committed to following the NHSN surveillance protocol for that particular event in your NHSN monthly reporting plan. “Off-plan” surveillance is surveillance that is done because you/your facility has decided to track a particular event for internal use. Data that are entered into NHSN “off-plan” are not used or reported on in NHSN annual reports or other NHSN publications. A facility makes no commitment to follow the protocol for “off-plan” events.</p>
Jan-14	In-plan NHSN reporting for lower respiratory tract infections.	What lower respiratory tract surveillance event can be done “in-plan” in 2014”?	<p>1) VAE: VAE surveillance in 2014 is what NHSN has available for in-plan surveillance of respiratory events occurring in patients on mechanical ventilation who are being cared for in adult patient locations. This is currently the ONLY in-plan respiratory event surveillance for patients in adult locations. Pediatric and neonatal units are excluded from VAE surveillance (even in circumstances where a pediatric unit may occasionally care for patients who are 18 years of age and older).</p> <p>2) Pediatric VAP: Pediatric VAP surveillance using the PNEU/VAP definitions continues to be available in 2014 for in-plan surveillance of VAP in pediatric locations. This is currently the ONLY in-plan respiratory event surveillance for pediatric locations. Ventilated patients of any age in pediatric locations should be included in PedVAP surveillance. In 2014, in-plan PedVAP surveillance will no longer be available in neonatal ICU (NICU) locations in NHSN.</p>
Jan-14	Off-plan NHSN reporting for lower respiratory tract infections.	Can I conduct surveillance for VAE, VAP, PNEU, and/or LRI off-plan?	<p>1) VAE: VAE surveillance can be done “off-plan” in adult patient locations.</p> <p>2) VAP: Surveillance for PNEU/VAP continues to be available in 2014 for off-plan surveillance in mechanically-ventilated adult, pediatric, and neonatal locations. NHSN encourages facilities to switch to VAE for surveillance in adult patient locations.</p> <p>3) PNEU: Surveillance for PNEU continues to be available in 2014 for off-plan surveillance in non-mechanically-ventilated patients in adults, pediatric and neonatal locations.</p> <p>4) LRI: Surveillance for non-pneumonia lower respiratory infections (using the BRON and LUNG definitions) continues to be available in 2014 for off-plan surveillance in adults, pediatric, and neonatal locations.</p>

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Jan-14	VAE and PNEU and LRI surveillance	Can I conduct surveillance for VAE and PNEU and LRI in the same unit?	In theory, yes, although you may wish to consider whether this is the best use of resources. For example, it is possible for a particular unit to be conducting simultaneous in-plan VAE surveillance and off-plan PNEU and LRI surveillance. These are considered separate events; in other words, detection of one type of event (such as a VAE) in a particular patient would have no bearing on the conduct of surveillance for the other event types in the same patient. Keep in mind that there are specific reporting requirements for the older definitions, PNEU and LRI, such that patients with radiographic evidence of pneumonia are not eligible to meet the LRI-BRON definition, and patients who meet a PNEU definition as well as the LRI-LUNG definition are to be reported as PNEU. Patients who meet a VAE definition and a PNEU definition, or a VAE definition and an LRI definition, would have both events entered into NHSN in units where surveillance for multiple respiratory events is occurring.
Jan-14	New or progressive and persistent infiltrate	Please offer a specific definition of "new or progressive and persistent infiltrate."	This phrase is meant to ensure that there has been a change in the chest x-ray and that it is not a change that is due to some acute reason such as fluid overload. A true pneumonia would not be seen on a single CXR and then resolve the next day.
Jan-14	Tracheostomy ventilation	I just recently ran into two cases of people that were on a ventilator and ventilator documentation was done. Sometime later they were put on a T-piece with an ET tube documented, but no vent documentation. Documentation was done this way for multiple days. How should these patients be addressed and should they be included in the vent days?	These patients are similar to patients with tracheostomies that are undergoing weaning from the ventilator. They may have periods of "rest" on the ventilator, and also periods where they are not ventilated during the same calendar day. In short, if the patient is off the ventilator at the time the ventilator day count is being done, they are not included in the ventilator day count. But they would still remain very much eligible for a VAP if they are experiencing some period of mechanical ventilation every calendar day.
Jan-14	Patients on ventilator for a portion of the day	Some of our patients are on the ventilator only at night. We count our ventilator days at noon. Are these patients eligible for VAP? If so, we are not getting an accurate number of ventilator days to account for the risk of VAP in this unit.	We recognize certain patient populations will use the ventilator only for a portion of the day. We recommend you count ventilator days in this unit at night, perhaps 12 midnight to include this patient population in the your denominator for the unit. It is important to conduct your device day count at the same time everyday and only include those patients on ventilator support at the time of the count.

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Jan-14	Distinguishing serial reportable infections from single, unresolved infection	Is there a time period following the identification of an infection during which another of the same type of infection cannot be reported?	<p>No. At present time NHSN does not have a set time period during which only 1 infection of the same event type may be reported for the same patient. (VAE and LabID Event reporting is the exception, for which there is a 14-day window [see individual protocols for VAE and LabID Events].) Following an infection which is either present on admission (POA) or a healthcare-associated infection (HAI), clinical information must be utilized to determine that the original infection had resolved, before reporting a second infection at the same site. Information which may be useful to consider to determine if the infection has resolved includes signs and symptoms as well as completion of antimicrobial therapy. If the original infection had not resolved before subsequent positive cultures are collected from the same site or treatment for the original infection was on-going, add the pathogens recovered from the subsequent cultures to those reported for the first infection, if it was an HAI. Discussions are underway regarding creating a minimum time period between infections at the same site, however no final decisions have been made and no changes would be made before 2015.</p>