National Center for Emerging and Zoonotic Infectious Diseases

Patient Safety Component Pediatric Ventilator-associated Event (PedVAE)

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Learning Objectives

At the conclusion of this presentation, participants will be able to

- Describe PedVAE key terms
- Determine Daily Minimum Values
- Apply the PedVAE surveillance algorithm
- Use the PedVAE calculator
- Report PedVAEs into the NHSN application

PedVAE Surveillance - History

Ventilated Patients and the Need for Surveillance

- Ventilated patients are at high risk for complications and poor outcomes
 - Ventilator-associated pneumonia (VAP), sepsis, Acute Respiratory Distress
 Syndrome (ARDS), pulmonary embolism, barotrauma, and pulmonary edema
- Such complications can lead to longer duration of mechanical ventilation, longer stays in the ICU and hospital, increased healthcare costs, and increased risk of morbidity and mortality
- In preterm neonates, prolonged mechanical ventilation for respiratory distress syndrome can contribute to the development of chronic lung disease
- Prolonged mechanical ventilation in extremely low birthweight infants is also associated with neurodevelopmental delay

PedVAE Surveillance: Development

- Pediatric and Neonatal VAE Surveillance Working Group convened in 2012 to explore use of VAE (adult algorithm) in pediatric and neonatal inpatient locations
 - Insufficient data available to inform development of a pediatric VAE definition

PedVAE Surveillance: Evidence Base

 Publication* in 2016 on the use of a pediatric VAE-like definition demonstrated detection of events defined by changes in FiO₂ and Mean Airway Pressure were associated with increases in length of stay and mortality

*Cocoros NM, Kleinman K, Priebe GP, et al. Ventilator-Associated Events in Neonates and Children--A New Paradigm. Crit Care Med. 2016 Jan;44:14-22.

Ventilator-Associated Events in Neonates and Children-A New Paradigm*

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'See also p. 233.

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Objectives: To identity a packatric vantilator-associated condition definition for use in neonates and children by exploring whether potential vantilator-associated condition definitions identity patients with worse outcomes.

Design: Ratrospective cohort study and a matched cohort analysis.

Setting: Pediatric, cardiac, and neonatal ICUs in five U.S. hospitals. Petients: Children 18 years old or younger ventilated for at least 1 day.

Interventions: Nona

Measurements and Main Results: We evaluated the evidence or werenaring organization via a major of thresholds in trinsrease is in daily minimum traction of inspired oxygen (by 0.20, 0.28, and 0.20) and daily minimum mean airway pressure (by 4.8, 6, and 70 H, Q). We required werening organization to the sustained for at least 2 days of stability. We matched patients with a versite to reasonized configin to those without and used Cap proportional to a preserve the day provides the set of the

PedVAE Surveillance: Available as of 2019

- Pediatric and Neonatal VAE
 Surveillance Working Group consensus reached to begin development of
 PedVAE, with plans to implement as an available event in NHSN
- PedVAE field testing conducted in 2017
- PedVAE available as an NHSN surveillance event beginning January 2019

NHSN NHSN AATIONAL HEALTHCARE SAFETY NETWORK

Pediatric Ventilator-Associated Event (PedVAE) For use in neonatal and pediatric locations only

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Introduction

Mechanical ventilation is an essential, life-saving therapy for patients with critical illness and respiratory failure. Hundreds of thousands of patients receive mechanical ventilation in the United States each year [1-3]. These patients are at high risk for complications and poor outcomes, including death [1-5]. Ventilator-associated pneumonia (VAP), sepsis, Acute Respiratory Distress Syndrome (ARDS), pulmonary embolism, barotrauma, and pulmonary edema are among the complications that can occur in patients receiving mechanical ventilation. Such complications can lead to longer duration of mechanical ventilation, longer stays in the ICU and hospital, increased healthcare costs, and increased risk of disability and death. In preterm neonates, prolonged mechanical ventilation for respiratory distress syndrome can contribute to the development of chronic lung disease [6]. Prolonged mechanical ventilation in extremely low birthweight infants is also associated with neurodevelopmental delay [7].

Surveillance for ventilator-associated events in the National Healthcare Safety Network (NHSN) prior to 2013 was limited to VAP. Traditional VAP definitions, including the NHSN PNEU definitions (revised in 2020), have well-described limitations [8-11]. They typically require radiographic evidence of pneumonia, although data suggest that chest radiograph findings do not accurately identify VAP. The subjectivity and variability inherent in chest radiograph findings do not accurately identify VAP. The subjectivity and suited for inclusion in a definition algorithm to be used for the potential purposes of public reporting, inter-facility comparisons, and pay-for-reporting and pay-for-performance programs. Another major limitation of the available VAP definitions is their reliance on specific clinical signs or symptoms, which are subjective and may be poorly or inconsistently documented in the medical record.

PedVAE Surveillance - Resources

Where do I find the PedVAE surveillance guidance?

https://www.cdc.gov/nhsn/index.html

National Healthcare Safety Network (NHSN)

CDC's National Healthcare Safety Network is the nation's most widely used healthcare-associated infection tracking system. NHSN provides facilities, states, regions, and the nation with data needed to identify problem areas, measure progress of prevention efforts, and ultimately eliminate healthcare-associated infections.

In addition, NHSN allows healthcare facilities to track blood safety errors and important healthcare process measures such as healthcare personnel influenza vaccine status and infection control adherence rates.

COVID-19 Modules and Dashboards \sim

COVID-19 reporting and vaccination resources for all healthcare facilities.

6 🔿 🙃 🙆 CORONAVIRUS COVID-19 Modules and Dashboards COVID-19 reporting and vaccination resources _____

NHSN Requirements & Recommendations for Application Use

R	eso	urces by Facility	NHSN Components	
	Ô	Acute Care / Criti	cal Access Hospitals	
	Ô	Ambulatory Surg	ery Centers	
	Ô	Long-term Acute	Care Hospitals	
	Ô	Long-term Care F	acilities	
	Ô	Inpatient Rehabil	itation Facilities	
	Ô	Inpatient Psychia	tric Facilities	
	Ĥ	Dialysis Facilities		
		View All Facilities		

About NHSN	NHSN Application
CDC's NHSN is the largest HAI reporting system in U.S.	NH5N Member Login
Enroll New Facility For first-time facility enrollment	CMS Requirements
NHSN Training	Analysis Resources
Self-paced trainings, videos & quick learns	Analysis resources and guides for the PS Component Data Validation & Guidance
Data & Reports See national and state reports using NHSN data	Data Validation & Guidance
Newsletters	CDA Submission Support (CSSP)
View NHSN newsletters	Toolkits, FAQs, webinars & resources

ACH Modules & Events

Access relevant training, protocols, data collection forms and supporting materials for each module.

AUR Module Antimicrobial Use & Resistance Options

BSI Events Bloodstream Infections

CLIP Events Central Line Insertion Practice Adherence

MDRO & CDI Events Multidrug-Resistant Organism & C. difficile Infections

PedVAF Pediatric Ventilator-associated Events

HCP COVID-19 Vaccination Healthcare Personnel Safety Component **PNEU Events** Pneumonia (PedVAP) Events

SSI Events Surgical Site Infection Events

UTI Events Urinary Tract Infections

VAF Ventilator-associated Events

HCP Flu Vaccination Healthcare Personnel Safety Component

HCP Exposure Healthcare Personnel Safety Component

What PedVAE resources are available?

- https://www.cdc.gov/nhsn /psc/pedvae/index.html
- Protocol
- Calculator
- Training
- FAQs
- Forms
- And more!

Pediatric Ventilator-associated Events (PedVAE)

Print PedVAE Calculator Available In-Plan for Pediatric and Neonatal Inpatient Locations Only. operates based upon the currently PedVAP surveillance using the PNEU protocol continues to be available for inposted PedVAE protocol. plan surveillance for pediatric locations only. See VAE for in-plan surveillance for adult locations Not available for Inpatient Psychiatric Facilities (IPFs) **PedVAE Training** Protocols **Educational Roadmap** Chapter 11: Pediatric Ventilator-Associated Event (PedVAE) Protocol - January 2023 PDF - 600 KB] 2023 Summary of Updates [PDF - 199 KB] **CMS Requirements** Supporting Chapters HAI Checklists Chapter 1: NHSN Overview – January 2023 12 [PDF – 350 KB] Chapter 3: Patient Safety Monthly Reporting Plan – January 2023 🧏 FAQs [PDF - 300 KB] **PedVAE** Chapter 15: CDC Location Labels and Location Descriptions – January 2023 [PDF - 1 MB] 10

PedVAE Surveillance – Inclusion Criteria

Ventilator Definition

- Ventilator: Any device used to support, assist, or control respiration (inclusive of the weaning period) through the application of positive pressure to the airway when delivered via an artificial airway, specifically an oral/nasal endotracheal or tracheostomy tube.
- Note: Ventilation and lung expansion devices that deliver positive pressure to the airway (for example, CPAP, BiPAP, Bi-level, IPPB, and PEEP) via non-invasive means (for example, nasal prongs, nasal mask, full face mask, total mask, etc.) are not considered ventilators unless positive pressure is delivered via an artificial airway (oral/nasal endotracheal or tracheostomy tube).

Who is eligible for PedVAE surveillance?

- Ventilated inpatients of acute care hospitals, long term acute care hospitals, inpatient rehabilitation facilities
- Patients in <u>pediatric and neonatal locations</u> where denominator data (patient days and ventilator days) can be collected
 - Ventilated adults in pediatric locations are included in PedVAE surveillance regardless of age



Who is NOT eligible for PedVAE surveillance?

- Patients on extracorporeal life support or paracorporeal membrane oxygenation are not eligible for VAE surveillance
 - Ineligibility only applies to periods of time while receiving this form of support
- Patients in non-acute care locations in acute care facilities (such as a chronic care unit)
- Pediatric patients in adult inpatient locations
 - Ventilated pediatric patients in adult locations are included in VAE surveillance

What about other modes of mechanical ventilation?

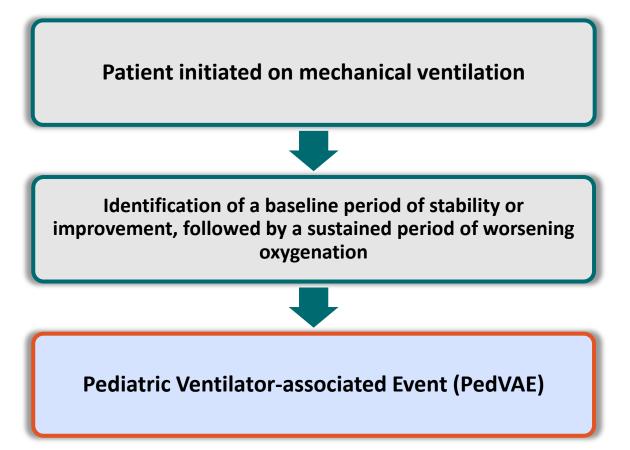
- INCLUDE patients on:
 - High Frequency Oscillatory or Jet Ventilation
 - Airway Pressure Release Ventilation (APRV)
 - Volumetric Diffusive Respiration (VDR) FiO₂ parameter only
- <u>INCLUDE</u> patients who are receiving mechanical ventilation while also receiving:
 - Surfactant
 - Corticosteroids
 - Prone positioning
 - Nitric oxide therapy
 - Helium-oxygen mixture (heliox)
 - Epoprostenol therapy



PedVAE Definition – Overview

Remember: The PedVAE definition algorithm is for use in surveillance. It is not a clinical definition algorithm and is not intended for use in the clinical management of patients.

PedVAE Definition Algorithm Summary



PedVAE Determination

- PedVAEs are determined by identification of deterioration in respiratory status after a period of stability or improvement on the ventilator
- Assessed by monitoring two key parameters that reflect oxygenation status in neonatal and pediatric ventilated patients:
 - Fraction of Inspired Oxygen FiO₂
 - Mean Airway Pressure MAP

FiO₂ – Fraction of inspired oxygen

- Fraction of Oxygen in inspired gas
 - FiO_2 of room air is 0.21
 - Oxygen concentration of room air is 21%
- FiO₂ is a setting on the ventilator and is one of the key parameters that can be adjusted depending on the patient's oxygenation requirements

MAP – Mean Airway Pressure

- Mean Airway Pressure Mean (average) pressure exerted on the airway and lungs from the beginning of inspiration until the beginning of the next inspiration (inspiratory cycle)
- MAP is a measured/calculated value (not a ventilator setting) that is determined by
 - PEEP Peak End-Expiratory Pressure
 - PIP Peak Inspiratory Pressure
 - Inspiratory time
 - Frequency
- MAP for purposes of PedVAE surveillance is **NOT** Mean Arterial Pressure

Daily Minimum FiO₂ and MAP

Daily Minimum FiO₂ and MAP

- FiO₂ ventilator settings and MAP values documented during the calendar day are used to identify the <u>daily minimum</u> FiO₂ and <u>daily minimum</u> MAP values
- FiO₂ settings and MAP values are typically recorded in the paper or electronic medical record, on respiratory therapy and/or nursing flow sheets, in the section of the flow sheet that pertains to respiratory status/mechanical ventilation
- Use a calendar day, not any other "24-hour capture period"

Daily Minimum FiO₂ and MAP, continued

- When determining the daily minimum FiO₂ and MAP, use all documented values that are recorded throughout the calendar day during times when the patient is <u>receiving support from an eligible mode of</u> <u>mechanical ventilation</u>
 - Include FiO₂ and MAP values documented during weaning/mechanical ventilation liberation trials as long as the patient is receiving ventilator support during those trials
 - Exclude FiO₂ and MAP values documented during periods of time when the patient is on extracorporeal life support or paracorporeal membrane oxygenation

Daily Minimum FiO₂

- The daily minimum FiO₂ is defined as the lowest documented FiO₂ setting that was maintained for > 1 hour during a calendar day
- Protocol provides examples of how > 1 hour is to be determined to ensure standardization across all facilities
 - If tracking every 15 minutes, 5 consecutive recordings at the same setting would be needed (for example, at 09:00, 09:15, 09:30, 09:45 and 10:00)
 - If tracking every 30 minutes, 3 consecutive recordings at the same setting would be needed (for example, at 09:00, 09:30, and 10:00)
 - If tracking every hour, 2 consecutive recordings at the same setting (for example, at 09:00 and 10:00)
- If there is no setting that has been maintained for > 1 hour, then select the lowest setting regardless of the period of time in which the setting was maintained

Identify the Daily Minimum FiO₂ for Monday

 Select the lowest value recorded for the calendar day that is maintained for > 1 hour

	Monday 12am	3am	4am	6am	9am	12pm	3pm	9pm	11pm
FiO ₂	0.80	0.70	0.90	0.80	0.80	0.75	0.75	0.75	0.75

Monday: 0.75 is the Daily Minimum FiO₂. The lowest value of 0.70 was not maintained for > 1 hour.

Identify the Daily Minimum FiO₂ for Monday and Tuesday

Ventilation is initiated late in the calendar day on Monday

	Monday 2300	2330	Tuesday 0030	0100	0300	0600	0900	1200
FiO ₂	0.70	0.80	0.80	0.80	0.80	0.75	0.75	0.80

- Monday: 0.70 is the Daily Minimum FiO₂ there was no value maintained for > 1 hour
 - Do not look to the next calendar day to determine if a setting was maintained
 > 1 hour
- Tuesday: 0.75 is the Daily Minimum FiO₂ the lowest value maintained for > 1 hour

Daily Minimum MAP

- The daily minimum MAP is the lowest value documented during a calendar day regardless of how long the value is maintained
- When determining the daily minimum MAP, if MAP values include a decimal place, then round the MAP value to the nearest whole number. For example:
 - A MAP of 10.00 10.49 is rounded to 10
 - A MAP of 10.50 10.99 is rounded to 11

Daily Minimum MAP, continued

- For <u>patients < 30 days</u> MAP values of 0-8 cmH₂O are considered equal to 8 cmH₂O
 - Any day where daily minimum MAP is 0-8 cmH₂0 will be assigned a daily minimum MAP value of 8 cmH₂0.
- For <u>patients ≥ 30 days</u> MAP values 0-10 cmH₂O are considered equal to 10 cmH₂O
 - Any day where daily minimum MAP is 0-10 cmH₂0 will be assigned a daily minimum MAP value of 10 cmH₂0.

Identify the Daily Minimum MAP for a Patient < 30 Days

 Select the lowest value recorded for each calendar day regardless of how long it was maintained

	Monday 12 am	3am	6am	9am	12pm	3pm	6pm	9pm
MAP	8	6	8	5 (8)	5	8	10	10

- Monday: Daily Minimum MAP is 8 cmH₂O
- Explanation: The lowest value is 5 cmH₂O on Monday, but remember that for patients < 30 days, MAP values 0-8 = 8.</p>

Identify the Daily Minimum MAP for a Patient ≥ 30 Days

 Select the lowest value recorded for each calendar day regardless of how long it was maintained

	Monday 12 am	3am	6am	9am	12pm	3pm	6pm	9pm
MAP	8	6	8	5(10)	5	8	10	10

- Monday: Daily Minimum MAP is 10 cmH₂O
- Explanation: The lowest value is 5 cmH₂O on Monday, but remember that for patients ≥ 30 days, MAP values 0-10 = 10.

Identify the Daily Minimum MAP

 Select the lowest value recorded for each calendar day regardless of how long it was maintained

	Monday 12am		бат	9am	12pm	3pm	брт	9pm
MAP	12.4	12.1	12.9	11.8	12.4	12.0	12.7	12.7
	(12)	12	13	12	12	12	13	13

- Monday: Daily Minimum MAP is 12 cmH₂O
- **Explanation:** Remember to round MAP values as follows:
 - MAP of 12.00 12.49 is rounded to 12
 - MAP of 12.50 12.99 is rounded to 13

Applying the PedVAE Algorithm

PedVAE Surveillance Algorithm

The PedVAE Surveillance Algorithm is located on p. 11-8 in the PedVAE protocol Figure 1: Pediatric Ventilator-Associated Events (PedVAE) Surveillance Algorithm

Patient has a baseline period of stability or improvement on the ventilator, defined by \geq 2 calendar days of stable or decreasing daily minimum^{*} FiO₂ or MAP values. The baseline period is defined as the 2 calendar days immediately preceding the first day of increased daily minimum MAP or FiO₂.

*Daily minimum FiO₂ is defined as the lowest value of FiO₂ documented during a calendar day that is maintained for > 1 hour. Daily minimum MAP is the lowest value documented during the calendar day.

For patients < 30 days old, daily minimum MAP values 0-8 cm H₂O are considered equal to 8 cmH₂O for the purposes of surveillance. For patients ≥ 30 days old, daily minimum MAP values 0-10 cmH₂O are considered equal to 10 cmH₂O for the purposes of surveillance.

After a period of stability or improvement on the ventilator, the patient has at least one of the following indicators of worsening oxygenation:

- 1) Increase in daily minimum FiO_2 of ≥ 0.25 (25 points) over the daily minimum FiO_2 of the first day in the baseline period, sustained for ≥ 2 calendar days.
- 2) Increase in daily minimum MAP values of \geq 4 cmH₂O over the daily minimum MAP of the first day in the baseline period, sustained for \geq 2 calendar days.

Pediatric Ventilator-Associated Event (PedVAE)

Meeting the PedVAE Definition

- Patients must be mechanically ventilated for some portion of the day for at least 4 consecutive calendar days to fulfill PedVAE criteria (where the day of intubation or initiation of mechanical ventilation is day 1)
 - At least 2 days of stability or improvement
 - At least 2 days of evidence of worsening oxygenation

Use of Daily Minimum FiO₂ and MAP

- The daily minimum FiO₂ and daily minimum MAP values are used to determine both the period of stability or improvement and the period that indicates worsening oxygenation
- Stability or improvement and worsening are not identified by comparing FiO₂ settings and MAP values that occur during a calendar day but by <u>comparing the daily minimum values from calendar day to calendar day</u>
- The period of stability or improvement and the evidence of worsening oxygenation must occur in the same parameter
- Each parameter is assessed independently of the other PedVAE may be met in the FiO₂ parameter, or in the MAP parameter, or in both parameters

Period of Stability or Improvement

 Period of Stability or Improvement: ≥ 2 calendar days of <u>stable or</u> <u>decreasing</u> daily minimum FiO₂ or MAP values

Vent day	FiO2
1	40
2	40
3	40

Stahility.

Improvement:

Vent day	FiO2
1	50
2	40
3	30

 Baseline Period: the <u>2 calendar days</u> immediately preceding the first day of evidence of worsening oxygenation

Evidence of Worsening Oxygenation

- Evidence of Worsening Oxygenation: After a period of stability or improvement on the ventilator, the patient has at least one of the following indicators of worsening oxygenation:
 - Increase in daily minimum FiO₂ of ≥ 0.25 (25 points) over the daily minimum FiO₂ of the first day in the baseline period, sustained for ≥ 2 calendar days.

OR

 Increase in daily minimum MAP values of ≥ 4 cmH2O over the daily minimum MAP of the first day in the baseline period, sustained for ≥ 2 calendar days.

PedVAE Determination – FiO₂ Parameter

FiO₂ **Parameter:** A baseline period of stability or improvement immediately followed by an increase in the daily minimum FiO_2 of ≥ 0.25 (25 points) over the daily minimum FiO_2 of the first day in the baseline period, sustained for ≥ 2 calendar days

Operationalizing PedVAE - FiO₂ - Example #1

Vent Day	Daily Minimum MAP	Daily Minimum FiO ₂
1	13	60
2	10	40
3	10	40
4	12	65
5	12	70
6	10	70
7	8	60
8	8	60

PedVAE met

Baseline period of stability

Increase of ≥ 0.25 (25 points) over the first day of the baseline period

Sustained for ≥ 2 calendar days

Operationalizing PedVAE - FiO₂ - Example #2

Vent Day	Daily Minimum MAP	Daily Minimum FiO ₂
1	13	60
2	10	50
3	10	40
4	12	65
5	12	70
6	10	70
7	8	60
8	8	60

No PedVAE

≥ 0.25 (25%) increase is not over the first day in the baseline period

Operationalizing PedVAE - FiO₂ - Example #3

Vent Day	Daily Minimum MAP	Daily Minimum FiO ₂
1	13	60
2	10	40
3	10	40
4	12	65
5	12	50
6	10	40
7	8	40
8	8	40

No PedVAE

≥ 0.25 (25%) increase over the baseline period <u>is not</u> <u>sustained for ≥ 2 days</u>

PedVAE Determination - MAP Parameter

MAP Parameter: A baseline period of stability or improvement immediately followed by an increase in the daily minimum MAP value of \geq 4 cmH2O over the daily minimum MAP of the first day in the baseline period, sustained for \geq 2 calendar days

Operationalizing PedVAE – MAP – Example #1 *patient < 30 days of age – MAP values 0-8 = 8

Vent Day	Daily Minimum MAP	Daily Minimum FiO ₂		PedVAE met
1	13	60		
2	8 (7)*	≥ 2-day period of		
3	8 (7)*	in MAP param	eter	
4	12	≥ 2-day period of	-	
5	12	MAP parameter w of $\ge 4 \text{ cm H}_2\text{O} over$		
6	10	of the baseli		
7	8	40		
8	8	40		43

Operationalizing PedVAE – MAP – Example #2 *patient ≥ 30 days of age – MAP values 0-10 = 10

Vent Day	Daily Minimum MAP	Daily Minimum FiO ₂			Νο
1	13	60			PedVAE
2	10 (7)*	≥ 2-day period of s			
3	10 (7)*	in MAP parame	eter		
4	12	Increase in MAP	-		
5	12	meet the require over the first day o			
6	10 L	40		iselille period	
7	8	40			
8	8	40			44

Operationalizing PedVAE – MAP – Example #3 *patient ≥ 30 days of age – MAP values 0-10 = 10

Vent Day	Daily Minimum MAP	Daily Minimum FiO ₂	
1	13	60	
2	10 (7)*	\geq 2-day period of s	-
3	10 (7)*	in MAP paramo	eter
4	14	≥ 2-day period of	worsening in
5	14	MAP parameter w of $\ge 4 \text{ cm H}_2O over$	
6	10	of the baseli	
7	8	40	
8	8	40	

PedVAE met

Date of Event

- The date of onset of worsening oxygenation (day 1 of the required ≥ 2-day period of worsening oxygenation following a ≥ 2-day period of stability or improvement on the ventilator)
 - Earliest date of event for PedVAE is mechanical ventilation day 3 (first day of worsening oxygenation)
 - The first two days of mechanical ventilation can establish the baseline period

14-day Event Period

- PedVAEs are defined by a 14-day period
- The Date of Event is day 1 of the 14-day Event Period
 - A new PedVAE cannot be reported until the 14-day period has elapsed
 - For example, if a PedVAE is reported with a date of event March 1, this sets a 14-day event period March 1 - 14, and the earliest date a new PedVAE can be detected and reported is March 15
 - The 2 days of stability or improvement for a new PedVAE can occur during the previous 14-day event period

Operationalizing PedVAE – Date of Event (patient < 30 days)

Vent Day	MAPmin		FiO₂ min	
1	13		60	
2	8 (7)		40	
3	8 (7)		40	
4	12	(first	t Date = Vent Day 4 day of worsening oxy	ygenation) It Day 4 – Vent Day 17
5	12	14-0	SU	it Day 4 – Vent Day 17
6	10		40	
7	8		40	
8	8		40	

PedVAE Calculator

Accessing the PedVAE Calculator

https://www.cdc.gov/nhsn/psc/pedvae/index.html

Pediatric Ventilator-associated Events (PedVAE)

Available In-Plan for Pediatric and Neonatal Inpatient Locations Only.

PedVAP surveillance using the <u>PNEU</u> protocol continues to be available for inplan surveillance for pediatric locations only. See <u>VAE</u> for in-plan surveillance for adult locations

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Not available for Inpatient Psychiatric Facilities (IPFs)

PedVAE Calculator

operates based upon the currently posted PedVAE protocol.

Accessing the PedVAE Calculator, continued

https://www.cdc.gov/nhsn/pedvae-calculator/index.html

Pediatric Ventilator-Associated Event Calculator

Version 1.0

Welcome to Version 1.0 of the PedVAE Calculator. Version 1.0 operates based upon the currently posted PedVAE protocol.

The Calculator is a web-based tool that is designed to help you learn how the PedVAE surveillance definition algorithm works and assist you in making PedVAE determinations.

Please note that the PedVAE Calculator will not ask you to enter any patient identifiers (other than dates of mechanical ventilation, which you can change as you see fit). The PedVAE Calculator does not store any patient data that you enter, and it will not report any data that you enter or any PedVAE determinations to the NHSN. You will not be able to export data entered into the Calculator.

If you have questions or suggestions about the Calculator, please feel free to send them to the NHSN mailbox, nhsn@cdc.gov.



Pediatric Ventilator-Associated Event Calculator Version 1.0

(must have javascript enabled)

PedVAE Calculator

National Healthcare Safety Network (NHSN)

CDC > NHSN > Materials for Enrolled Facilities

NHSN Pediatric Ventilator-Associated Event (PedVAE) Calculator Ver. 1.0

Welcome to the Pediatric Ventilator-Associated Event Calculator. Version 1.0 operates based upon the currently posted PedVAE protocol. It is strongly encouraged that you thoroughly review the PedVAE protocol.

- The calculator recognizes Mean Airway Pressure (MAP) values 0-8 cmH₂0 as equal to 8 for patients < 30 days of age and MAP values 0-10 cmH₂0 as equal to 10 for patients ≥ 30 days of age and corrects entries according to the PedVAE protocol prior to making a PedVAE determination.
- Daily minimum MAP readings are to be rounded to the nearest whole number using the following method as an example: A MAP value 10.00 10.49 is rounded to 10 and a MAP value 10.50 10.99 is rounded to 11.
- The calculator finds multiple PedVAEs per patient as long as they conform to the 14 day rule.

To get started, enter a date below that corresponds to the first day the patient was placed on mechanical ventilation during the mechanical ventilation episode of interest. You may type in a date or use the popup calendar when it appears. You may only enter dates within the past year. If the patient has been on mechanical ventilation for more than one year during the current mechanical ventilation episode, choose a start date that is more recent but is at least 7 days before the period of interest. more...



Mechanical Ventilation Start Date

Enter the actual date on which mechanical ventilation was initiated

NHSN Pediatric Ventilator-Associated Event (PedVAE) Calculator Ver. 1.0

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mechanical ventilation episode, choose a start date that is more recent but is at least	Su	Мо	Tu	We	Th	Fr	Sa	
The calculator runs locally on your machine. Data that you enter are not stored, nor a understand something, there are several mechanisms for getting help. Most of the bu	1	2	3	4	5	6	7	er or change as much data as you like. If you don't d description if you hover your mouse over the item in
question. Also the explain button will pop up an explanation of the reasoning behind t	8	9	10	11	12	13	14	le as are all the popup windows. That allows you to open one
up and drag it to the side as you work. The explanation will automatically update itself	15	16	17	18	19	20	21	
less	22	23	24	25	26	27	28	
	29	30	31					
Mechanical Ventilation Start Date:							0	mm/dd/yyyy)
Is the patient's day of life	where	e date o	of birt	h = day	of life	1) _		\neg

Day of Life

Used to determine which Daily Minimum MAP value interpretation to apply

Mechanical Ventilation Start Date:	01/01/2023		(mm/dd/yyyy)
	e (where date of birth = day of life 1) Mechanical Ventilation Start Date?	Yes	•
Prir	nt Close Next		

If the patient is less than 30 days old, you will also answer the following:

	01/01/2023 (where date of birth = day of life 1) Mechanical Ventilation Start Date?	(mm/dd/yyyy) Yes 🗸	
What is the patient's Day of Life (date of birth	= day of life 1) on the Mechanical Vent	ilation Start Date?	~
Prin	t Close Next		1 2 3 4 5 6 7 8 9 10

PedVAE Calculator (patient < 30 days)

- The patient is < 30 days on the Mechanical Ventilation Start Date
- Enter the Daily Minimum MAP and FiO2 values and click on Calculate PedVAE

Yes ¥ less than 30 days on the Mechanical Ventilation Start Date? What is the patient's Day of Life (date of birth = day of life 1) on the Mechanical Ventilation Start Date? Calculate PedVAE Start Over MV Day Date Day of Life Min. MAP Min. FiO₂ PedVAE 0 - 50(21 - 100) (cmH_2O) 1/1/2023 10 5 60 1 1/2/2023 11 6 60 2 3 1/3/2023 12 7 50 4 1/4/2023 13 12 50 12 40 5 1/5/2023 14 12 40 6 1/6/2023 15

Is the patient's day of life (where date of birth = day of life 1)

10 ¥

PedVAE Calculator (patient < 30 days), Continued

- A PedVAE is identified in the MAP parameter with a date of event 1/4/2023
- The calculator interprets MAP values of 0-8 cmH₂O as equal to 8 cm H₂O since the patient is < 30 days

NHSN Pediatric Ventilator-Associated Event (PedVAE) Calculator Ver. 1.0

A Pediatric Ventilator-Associated Event (PedVAE) based on MAP values occurred on 1/4/2023.

Click on the "Explain" button to see how this determination was made.

Is the patient's day of life (where date of birth = day of life 1) less than 30 days on the Mechanical Ventilation Start Date?

Yes 💙

What is the patient's Day of Life (date of birth = day of life 1) on the Mechanical Ventilation Start Date?

	Calculate Pe	dVAE	Start Over	Explair	.
MV Day	Date	Day of Life	Min. MAP 0 - 50 (cmH ₂ O)	Min. FiO ₂ (21 - 100)	PedVAE
1	1/1/2023	10	8 (5)*	60	
2	1/2/2023	11	8 (6)*	60	
3	1/3/2023	12	8 (7)*	50	
4	1/4/2023	13	12	50	‡ PedVAE
5	1/5/2023	14	12	40	
6	1/6/2023	15	12	40	

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PedVAE Calculator (patient ≥ 30 days)

NHSN Pediatric Ventilator-Associated Event (PedVAE) Calculator Ver. 1.0

No Pediatric Ventilator-Associated Event (PedVAE) detected. Click on the "Explain" button to see an explanation of the PedVAE definition.

- No PedVAE is identified because the increase in MAP is not ≥ 4 cmH₂O over the baseline period
- The calculator interprets MAP values of 0-10 cmH₂O as equal to 10 cmH₂O for patients ≥ 30 days
- Select the Explain button for an explanation of the determination

he patient's day of life (where date of birth = day of life 1) s than 30 days on the Mechanical Ventilation Start Date? No 💙					
Calcula	ate PedVAE	Start C)ver E	xplain	
MV Day	Date	Min. MAP 0 - 50 (cmH ₂ O)	Min. FiO ₂ (21 - 100)	PedVAE	
1	1/1/2023	10 (5)*	60		
2	1/2/2023	10 (6)*	60		
3	1/3/2023	10 (7)*	50		
4	1/4/2023	12	50		
5	1/5/2023	12	40		
6	1/6/2023	12	40		
					1

Reporting PedVAE

PedVAE Data Collection Forms and Instructions

https://www.cdc.gov/nhsn/ psc/pedvae/index.html

- Event forms
- Denominator forms
 - ICU
 - NICU
- Tables of Instructions

Data Collection Forms & Instructions

All Data Collection Forms are Print-only

PedVAE

Pediatric Ventilator-associated Event (PedVAE) form – January 2021 (57.113) [PDF – 190 KB]

- Customizable form [DOCX 60 KB]
- Table of Instructions [PDF 150 KB]

Denominator Forms

ACH

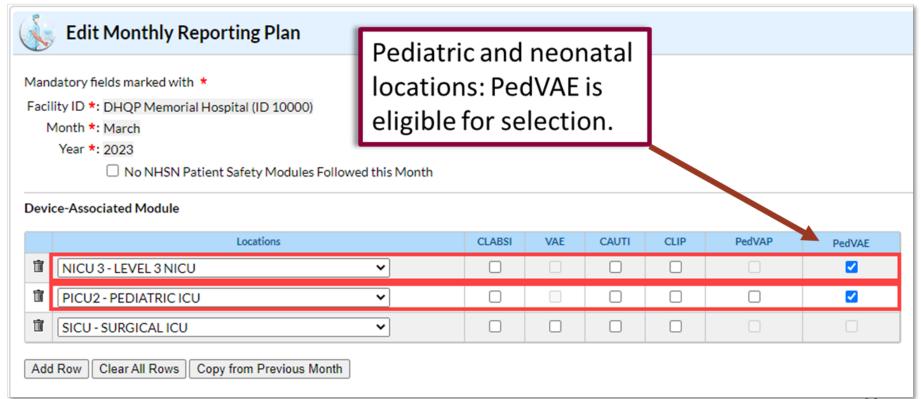
Denominators for Intensive Care Unit (ICU)/Other locations (not NICU or SCA) form – January 2021 (57.118) [PDF – 80 KB]

- Customizable form F [DOCX 60 KB]
- Table of Instructions 🖪 [PDF 200 KB]

Denominators for Neonatal Intensive Care Unit (NICU)) form – January 2021 (57.116) 🖪 [PDF – 80 KB]

- <u>Customizable form</u> [DOCX 60 KB]
- Table of Instructions 🖪 [PDF 200 KB]

PedVAE: Monthly Reporting Plan



PedVAE: Event Information

- Select Event Type: PedVAE
- Fill in Date of Event
- Fill in patient's Location on the Date of Event
- For in-plan events, enter Date Admitted to Facility

Event Information	
Event Type *: PedVAE - Pediatric Ventilator-Associated Event	Date of Event *: 03/01/2023
Post-procedure:	
MDRO Infection Surveillance *: No, this infection's pathogen/location are not in-plan for Infection Surveillance in the MDRO/CDI Module 🗸	
Location *: NICU 3 - LEVEL 3 NICU 🗸	
Date Admitted to Facility >: 02/15/2023	

PedVAE: Risk Factors

- Enter Location of Mechanical Ventilation
- Enter Date Mechanical Ventilation Initiated
- For Neonatal Intensive Care Unit (NICU) patients
 - Birth Weight
 - Gestational Age

					_
Risk Factors					
	Location of Mechanical Ventilation *:	CSEC - C-SECTION ROOM	~		
	Date Mechanical Ventilation Initiated *:	02/15/2023			
	Birth Weight (grams) *:	500 Birth Code: A	For NICU only	Gestational Age (weeks) *: 24	

PedVAE: Event Details

- Select the specific criteria used to meet the PedVAE definition
 - FiO₂
 - MAP

Event Details		L
Specify Criteria Used *		L
□ Daily min FiO2 increase ≥ 0.25 (25 points) for ≥ 2 days ⁺	□ Daily min Mean Airway Pressure (MAP) \ge 4 cm H2O for \ge 2 days ⁺	L
† after 2+ days of stable or decreasing daily minimum values		

PedVAE: Clinical Event

- Select "Yes" if the PedVAE is associated with any clinical diagnoses or events
- If "Yes," check all that apply
- If "Other" is checked, there is a 200-character limit

Clinical event associated with the PedVAE ?: Y - Yes V If yes, check all that apply:	
Ventilator-associated Pneumonia	Sepsis or Septic Shock
□ Atelectasis	Neonatal Respiratory Distress Syndrome (RDS)
Acute Respiratory Distress Syndrome (ARD)	6) 🗌 Bronchopulmonary Dysplasia/Chronic Lung Disease
Pulmonary Hypertension	Reopened Patent Ductus Arteriosus (PDA)
Pulmonary Edema	U Weaning from mechanical ventilation or other change in mechanical ventilation approach without clinical worsening
Pulmonary Hemorrhage	Other (specify)

PedVAE: Antimicrobial Agents

- Select "Yes" if an antimicrobial agent listed in the PedVAE Appendix was administered on the Date of Event or within 2 days before or 2 days after
- If "Antimicrobial agent(s) administered?" = Y, record drug (up to 3) and enter the Drug Start date
 - Drug Start date is limited to 1 year prior to current admission date

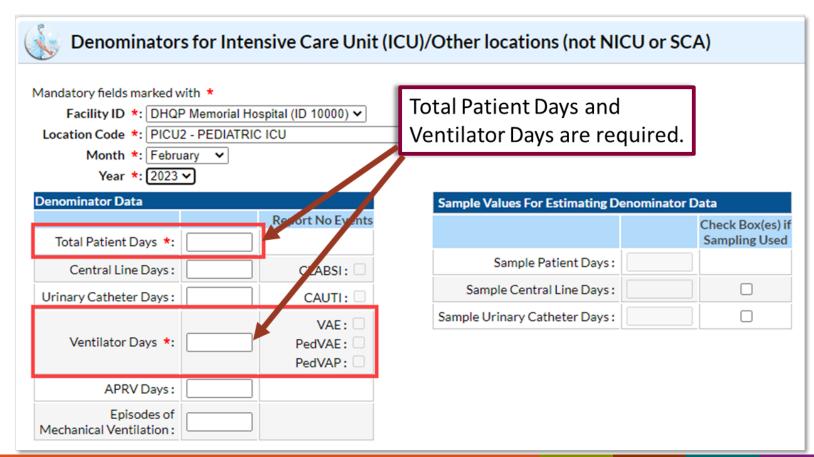
Antimicrobial agent(s) administered? : Y - Yes 🗸		
Drug 1 :	✓ Drug 1 Sta	art date 2
Drug 2 :	✓ Drug 2 Sta	art date 2
Drug 3 :	✓ Drug 3 Sta	art date

PedVAE: Pathogens

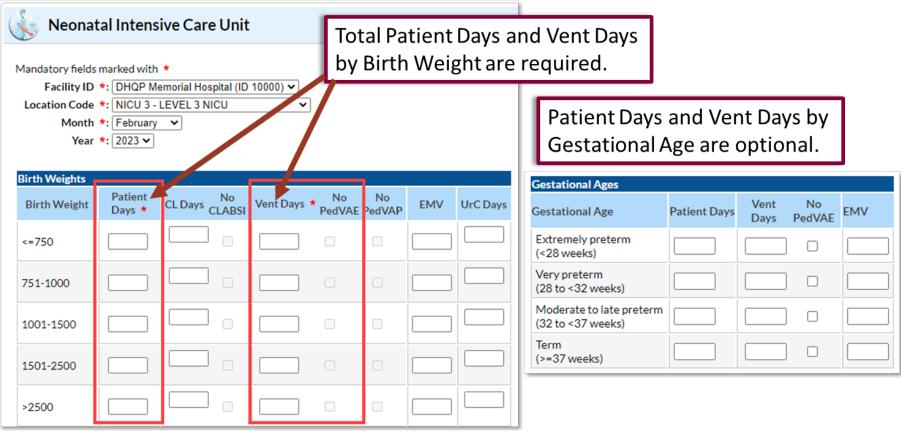
- Pathogen identified listed specimens: Select "Yes" if a pathogen was detected in any of the specimen types listed with collection dates on the Date of Event or within 2 days before or 2 days after
- Pathogen identified from BLOOD: Select "Yes" if a pathogen was identified from blood with a specimen collection date within 2 days before to 13 days after the Date of Event
- If "Yes," enter up to 3 pathogens

Pathogen identified from one or more of the listed specimens? : Y - Yes 🗸 If Yes, which specimen type? (check all that apply)			
	Lower Respiratory		Upper Respiratory
	Lung Tissue		Pleural Fluid
	Urine for Legionella or Streptococcus pneumoniae antigen testing		
Pathogen identified from BLOOD? :	\frown		

PedVAE: Pediatric Location Summary Data



PedVAE: Neonatal ICU Location Summary Data



In Closing...

Presentation Summary

- Today's presentation covered the basics of PedVAE surveillance
 - Key terms
 - Daily minimum values
 - PedVAE surveillance algorithm
 - PedVAE calculator
 - PedVAE reporting

PedVAE Surveillance Resources

- Familiarize yourself with the PedVAE webpage
- Read the PedVAE protocol and the tables of instructions
- Read the PedVAE FAQs
- Review the PedVAE training resources
- Use the PedVAE calculator
- Email the NHSN Help Desk at nhsn@cdc.gov

For any questions or concerns, contact the NHSN Helpdesk at <u>nhsn@cdc.gov</u>

For more information please contact Centers for Disease Control and Prevention 1600 Clifton Road NE, Atlanta, GA 30333 Telephone, 1-800-CDC-INFO (232-4636)/TTY: 1-888-232-6348 E-mail: <u>cdcinfo@cdc.gov</u> Web: <u>www.cdc.gov</u>

The findings and conclusions in this report are those of the authors and do not necessarily represent the official position of the Centers for Disease Control and Prevention.

