PRACTICE POSITION STATEMENT

Non-Ventilator Healthcare-Associated Pneumonia (NV-HAP)
NON-VENTILATOR HEALTHCARE-ASSOCIATED PNEUMONIA (NV-HAP)

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With contribution and review from APIC’s 2019 Practice Guidance and Research Committees

PURPOSE
This practice position statement serves to highlight the importance of understanding NV-HAP and its impact on patient outcomes. The intent is to provide an overview of the current evidence on NV-HAP and encourage actions that lead to prevention.

INTRODUCTION
NV-HAP is costly and preventable with significant impact on patient morbidity and mortality. While there are recent data showing decreases in many healthcare-associated infections (HAIs), recent publications highlight the understated but significant burden of non-ventilator hospital-acquired pneumonia (NV-HAP). Tracking of NV-HAP is not currently mandated for inpatient settings such as the majority of hospitals and long-term care settings, but prevention strategies would likely impact patient safety, health, and quality of life. Currently, there are no consensus guidelines for the implementation of a NV-HAP prevention bundle. An international review of the literature found that most NV-HAP occurs outside of the hospital ICU, meaning that pneumonia occurs in patients who are not critically ill. For example, Kopp found that 47% of patients with spinal injury suffered sequelae of NV-HAP and were more likely to die, even 10 years after hospitalization. Hence, the potential for pneumonia acquisition in the inpatient or long-term care setting is high, and it may be prudent to implement a NV-HAP prevention bundle. The prevention of one pneumonia case would be significant in cost-avoidance and unnecessary patient suffering.

Challenges for healthcare systems, infection preventionists, and clinical providers
• Healthcare professionals may not appreciate the relationship between integrity of the oral cavity and the onset of pneumonia.
• Direct healthcare providers may be unfamiliar with the importance of pneumonia-prevention strategies outside of the ICU and in non-ventilated patients.
• Healthcare settings may lack pneumonia prevention policies.
• There may be a lack of equipment and other resources to address oral care.
• Many electronic databases and electronic health records may not be designed to record and report pneumonia.
compliance with pneumonia prevention bundle components (e.g., head of bed up, mobility, oral care, etc.).

- Cases of NV-HAP may be difficult to identify and standardize.
- Research on NV-HAP risk factors and the relationship of prevention strategies and NV-HAP are lacking.

**SUMMARY**

APIC encourages infection preventionists to understand and apply the current CDC NV-HAP surveillance definitions in selected patient populations in order to establish prevalence rates. APIC calls on healthcare systems, clinical providers and infection preventionists to:

- Reduce the incidence of NV-HAP with appropriate interventions targeted to specific patient populations;
- Support process improvement efforts;
- Support research, to identify highest risk populations and methods of active surveillance for a proactive response to reducing NV-HAP incidence.

**REFERENCES**

The Association for Professionals in Infection Control and Epidemiology (APIC) is creating a safer world through the prevention of infection. APIC’s nearly 16,000 members develop and direct infection prevention and control programs that save lives and improve the bottom line for healthcare facilities. APIC advances its mission through patient safety, education, implementation science, competencies and certification, advocacy, and data standardization. Visit us at apic.org.