The Fall 2018 VAE Sprint consisted of 3 focused virtual events designed to assist hospitals in assessing the root causes of VAE harms and provide guidance and support on how to address VAE challenges and gaps in practices. The tools and resources that were utilized in the Sprint were: the Mini RCA VAE Process Improvement Discovery Tool, the VAE Coaching Guide, and the HRET HIIN VAE Change Package.

**DISCOVERY TOOL INFORMATION**

12 hospitals who participated in the Sprint utilized the Mini RCA VAE Process Improvement Discovery Tool to identify gaps in VAE prevention practices and submitted their results for review. The most common gaps identified were:

- Not treating patients for pain prior to receiving sedation
- Not providing patients with 3 boluses of sedative prior to beginning an infusion when using a benzo
- Providing patients with benzodiazepines as a first line agent
- Not providing the patient with a daily coordinated SAT and SBT
- Not including patients and family in rounding
- Not utilizing subglottic suction

**VAE SPRINT RESULTS**

The VAE Sprint process measures are based on 12 participants who took both the pre and post assessments:

- More hospitals are starting to plan on:
  - Shifting from the VAP bundle to the ABCDEF bundle.

<table>
<thead>
<tr>
<th>Has your hospital shifted from the VAP bundle to the ABCDEF bundle?</th>
<th>Pre-Assessment</th>
<th>Post-Assessment</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not thinking about it</td>
<td>50.0%</td>
<td>0.0%</td>
</tr>
<tr>
<td>Just starting to plan</td>
<td>37.5%</td>
<td>50.0%</td>
</tr>
<tr>
<td>Testing on one unit</td>
<td>0.0%</td>
<td>37.5%</td>
</tr>
</tbody>
</table>
The VAE Sprint helped us focus on patient and family engagement in the ICU. We are getting patients more involved in the bedside reporting and involved in the day to day routines. This has really been wonderful. Knowing we are all trying to achieve the same goals and successes! The world just got a whole lot smaller (in a good way)!

The VAE Sprint provided a great opportunity to look at the root causes of our issues through the VAE Process Improvement Discovery Tool.

The sprint helped us focus on patient and family engagement in the ICU. We are getting patients more involved in the bedside reporting and involved in the day to day routines.

For more information, contact HIIN@aha.org or visit our website and, under Topics, click on VAE to learn about the VAE Sprint and view recordings: www.hret-hiin.org

LESSONS LEARNED

> Many participants are challenged with changing the culture in their hospitals from solely using the VAP bundle to fully implementing all the components of the ABCDEF bundle. The VAE sprint provided strategies on how to incorporate and integrate the components through small tests of change.

> Having a designated VAE champion helps streamline and spread the VAE quality improvement collaborative work in a unit.

> Utilizing the Mini RCA VAE Process Improvement Discovery Tool is a helpful way to get a visual snapshot of a unit’s VAE practices.

> State Hospital Association coaching of hospitals using HRET resources in between VAE Sprint virtual events was important as it provided support and guidance to hospitals as they worked through their VAE challenges.

> Participants with challenges in front-line staff consistency and hard-wiring VAE practices benefited from successful stories and support from peer advisors.

> Empowering and engaging patients and families in the ICU through shared-decision making, future care expectations, and self-management of care is key in the prevention of VAEs.

VAE SPRINT RESULTS CONTINUED

» Using Endotracheal Tube (ETT) with subglottic secretion management.
» Implementing standard ventilation orders for 6-8ml/kg Tidal Volume (TV).
» Treating pain in the ICU prior to administering sedation.
» Administering three bolus doses of sedation prior to hanging an infusion in the ICU (if using a benzodiazepine).
» Avoid the use of benzodiazepines as the first line agent for sedation in the ICU.

> More hospitals have implemented the following in multiple units:
» Oral care every 4 hours for mechanically ventilated patients
» Monitoring Head of the Bed (HOB) 30-45 degree compliance in multiple units.
» Encourage patient/family participation in bedside reporting and/or shift change huddles in the ICU.