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Reduction of preventable aspiration pneumonia in hospitalized patients with dysphagia. A Quality Improvement project at department of Neurology at Slagelse Hospital in Denmark

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A co-finding to Global Trigger Tools showed that patients with dysphagia had an increased risk of aspiration pneumonia caused by insufficient knowledge and lack of communication between occupational therapists (OT's), nurses and relatives of the patients.

Baseline data from January 1th to June 30th showed that every 10th day a patient was diagnosed with preventable aspiration pneumonia making 1/3 of the pneumonias preventable. 60% of the preventable pneumonias were related to: Thin liquids, food given to the patients in spite of dysphagia and administration of nutrition.

Model for Improvement and PDSA were used to test solutions to causes of preventable aspiration pneumonias. The tests were done with cooperation between OT's, nurses and relatives of the patients. Ideas were tested immediately - think today, test today - became the department motto.

The staff involved states that the interdisciplinary cooperation between OT's and nurses has given a feeling of ownership and participation in the process.

The aim was 100 days between preventable aspiration pneumonias. It was reached at April 5th 2016. The tools to succeeding was a warning circle at the patients bed, colour marking of the patient ID band, positioning of the patient and systematic communication between OT's, nurses and relatives.

By May 1th 2017 it has been 151 days since the last preventable aspiration pneumonia.

Involvement of staff and sharing knowledge increases learning from PDSA and makes ideas result in successful changes and new routines. Interdisciplinary cooperation supports ownership and increases patient safety by reducing preventable aspiration pneumonias.