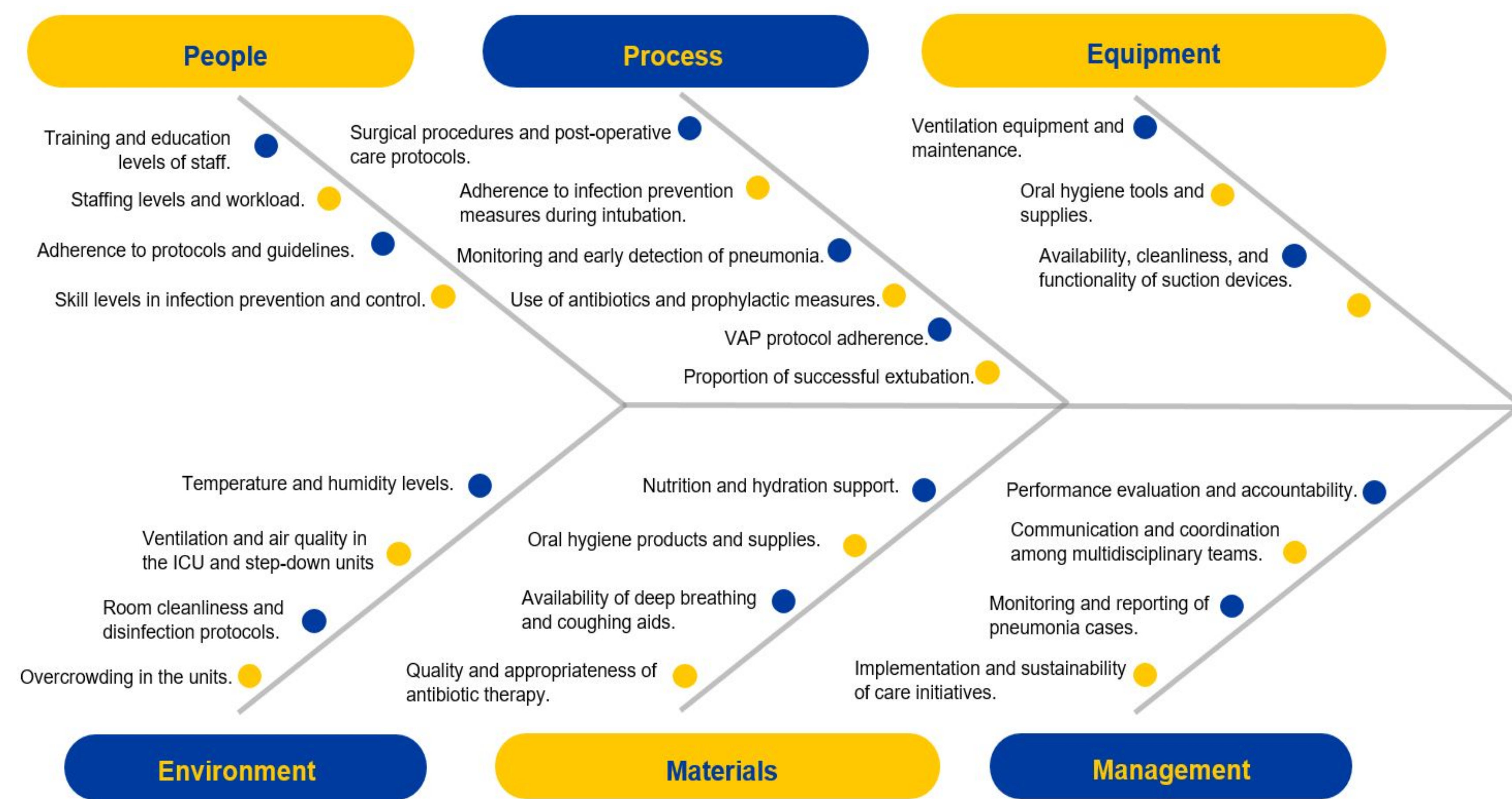


AIM Statement: By April 2nd, 2024, our aim is to achieve a 23.14% reduction in the incidence of postoperative pneumonia among patients admitted to the neurosurgical service.

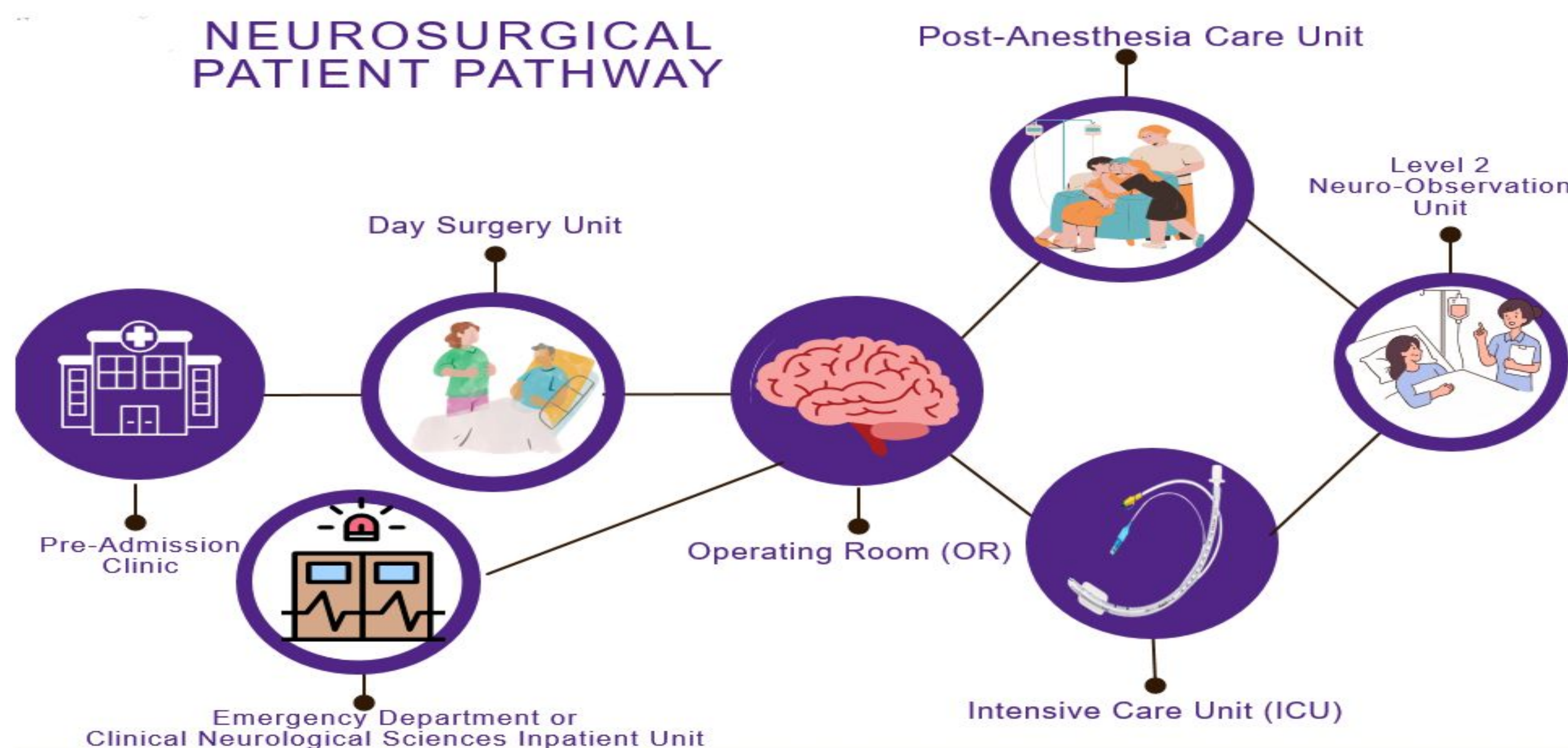
PROBLEM DEFINITION

Patients who undergo neurosurgery at LHSC experience a disproportionate rate of pneumonia compared to similar neurosurgical sites benchmarked by the Ontario Surgical Quality Improvement Network (ON-SQIN) & the international program from American College of Surgeons National Surgical Quality Improvement Program (ACS-NSQIP)

ROOT CAUSE ANALYSIS



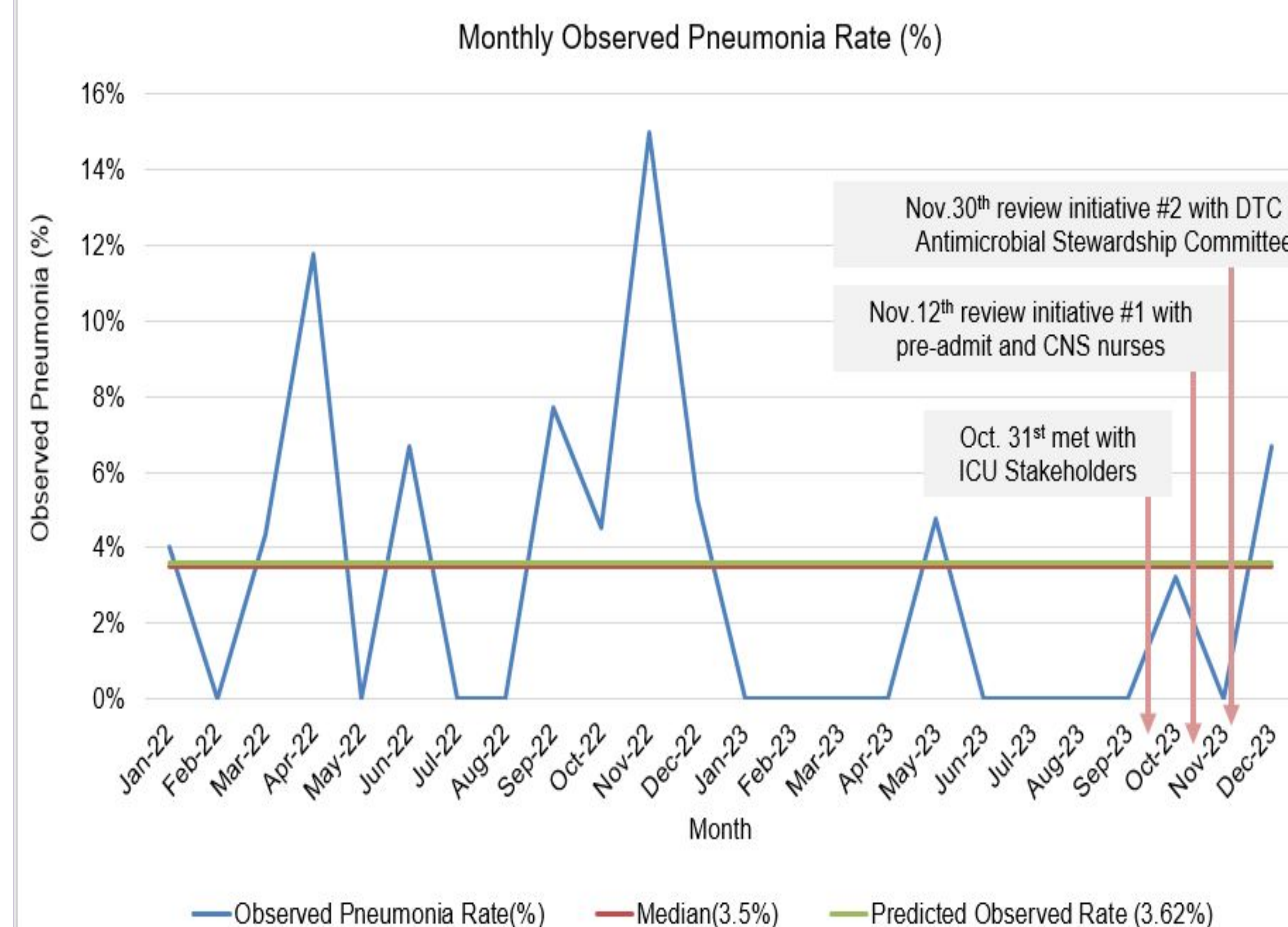
NEUROSURGICAL PATIENT PATHWAY



Intervention #1: M-O-V-E-D* Plan



MEASUREMENT & RESULTS



IMPLEMENTATION

Initiative 1 / 1st PDSA Cycle:
M-O-V-E-D* (mobilize, oral hygiene, vertical positioning, exercise deep breathing, & dysphagia precautions) education plan adapted from VH general surgery & launched within Clinical Neurological Sciences.

Initiative 2 / 1st PDSA Cycle:
On-Call to the Operating Room Oral Hygiene Protocol Launched in Day Surgery Unit.

Reflection on implementation challenges

- Difficult to measure success of M-O-V-E-D campaign.
- Scale-up needed to capture admitted inpatients who bypass day surgery unit.
- Provider use of favoured ordersets

Process Measure	Balancing Measure
Adherence to on-call to the OR oral hygiene protocol	Reported issues or confusion regarding the M-O-V-E-D plan
Adherence to the M-O-V-E-D plan	Adverse effects related to chlorhexidine use

SUSTAINABILITY

- Neurosurgery Manager owns process
- Standardization of processes and protocols
- Comprehensive onboarding for new staff members
- Regular Data Monitoring: ON-SQIN Pneumonia Rate