



Study: Charted VAP Rates do not Match Nationally-Reported Rates



A study of ventilator-associated pneumonia (VAP) rates in intensive care units (ICU) published in *JAMA* has revealed that rates have remained stable since 2005, in contrast to the declining rates reported for medical and surgical ICUs by the United States Centers for Disease Control and Prevention (CDC) National Healthcare Safety Network. Persistently high VAP rates bolster concerns that most interventions purported to reduce VAP are supported by limited evidence, say the researchers.

See Also: [Controversies in Ventilator-Associated Pneumonia Diagnosis](#)

The researchers, led by Mark L. Metersky, MD, (pictured), UConn School of Medicine, reviewed data compiled by the Medicare Patient Safety Monitoring System from 2005 through to 2013 from a representative sampling of 1,856 critically ill Medicare patients 65 years and above who were on a ventilator following major surgery, pneumonia (including pneumonia secondary to a primary diagnosis of sepsis or respiratory failure), heart failure or a heart attack. They found that about 10 percent of critically ill patients develop VAP and the rates were stable over the time period analysed. Metersky commented in a [media release](#) that the findings are in stark contrast to the CDC's report of a marked decline in VAP rates that had some believing that it may no longer be an important problem. "VAP is still a significant issue and needs more examination into how we survey its occurrence and report it, along with more research into how best to prevent this type of pneumonia in vulnerable patient populations," he said.

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