

## **Hospital Acquired Pneumonia: Quality Improvement**

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Quality Improvement is an important part of the nursing profession. By practicing quality improvement, it ensures that the safest practices and interventions are used to provide patients with the best quality of care. The Quality and Safety Education for Nurses (QSEN) developed other competencies besides quality improvement. These competencies include patient-centered care, teamwork and collaboration, evidence-based practice, safety, and informatics (QSEN, 2022). These competencies are to be practiced following certain aspects to allow the best quality of nursing care. Quality improvement competency informs nurses to collect data from intervention outcomes in order to improve methods to ensure nursing quality and safety are up to date and done in the best interest of the patient (QSEN, 2022).

Hospital Acquired Pneumonia, or HAP, is included in the most commonly seen nosocomial infections (Kim et al., 2022). HAP is related to increased medical costs, long-term hospitalization, and high mortality and morbidity rates (Kim et al., 2022). This preventable disease affects hospitals and patients tremendously. Risk factors can include intubation, mechanical ventilation, and tube feeding (Kim et al., 2022). Factors that increase the risk of HAP include old age, asthma, chronic obstructive pulmonary disease, and multiple organ system disorders (Kim et al., 2022). When looking into hospital environments and care, quality improvement should be used to examine the reasoning for, as well as to better prevent, HAP.

### **Article Summary**

The study developed by Kim et al. (2022) examines data collected from the Assessment Service-National Inpatient Sample and the Health Insurance Review. This data was collected from a sample of men and women 18 years and older that were hospitalized for longer than three

days (Kim et al., 2022). The study group followed three characteristics within the data to define HAP in the patients within the sample. Those characteristics were those who received chest radiography, those diagnosed with pneumonia that same day, and those who received antibiotics in hospitalization (Kim et al., 2022). Using this data, the patients who had the defined pneumonia were then evaluated for any risk factors or factors increasing the risk of pneumonia that were involved. The conclusion resulted in the study finding HAP related to hospital environmental, clinical, and sociodemographic factors (Kim et al., 2022).

## **Introduction**

This article is a quantitative study completed to investigate the factors that could be associated with Hospital Acquired Pneumonia (Kim et al., 2022). The results found from study show how sociodemographic, clinical, and hospital environmental factors all contribute to HAP (Kim et al., 2022). This article study contributes to quality improvement as it identifies the components related to HAP and can allow healthcare professionals to re-evaluate and implement better practices to decrease the instances of HAP.

## **Overview**

This article aims to inform healthcare professionals of the risk factors within the hospital that are associated with Hospital Acquired Pneumonia (Kim et al., 2022). It addresses how tube feeding, intubation, suctioning, and mechanical ventilation are medical skill interventions that are risk factors of HAP when not practiced correctly (Kim et al., 2022). Often sterile techniques, and even clean techniques, are compromised and are ignored by nurses due to the stress of their overbearing workload (Kim et al., 2022). This can cause serious problems, as well as illnesses in the patients due to the lack of caution in the care they receive. This is the leading factor behind

HAP, as the study shows sociodemographic, clinical, and hospital environmental factors all contribute to HAP (Kim et al., 2022). This article addresses the issues within the healthcare system to show intervention is needed to improve the quality and safety of care patients are receiving (QSEN, 2022).

### **Quality Improvement**

The data collected from the research study conducted was through the Assessment Service-National Inpatient Sample and the Health Insurance Review (Kim et al., 2022). This research involved patients who were 18 years and older that were diagnosed during their hospitalization with a defined pneumonia, due to research purposes (Kim et al., 2022). It was found that implementation of better practices needs to be improved within hospitals as clinical, sociodemographic, and hospital environmental factors were related to instances of Hospital Acquired Pneumonia (Kim et al., 2022). Due to the results of how prevalent HAP is, it is heavily suggested that hospitals and care facilities around the world could benefit from implementing safer and better-quality care for their patients. For all stages of implementation, the time nurses spend, and the quality of care given to patients is found to have an impact on the prevalence of HAP, as well as patient outcomes (Kim et al., 2022). Nurses should take their time when implementing the formerly stated interventions to ensure they are using the proper techniques, clean or sterile, to prevent contamination and introduction of bacteria into a patient's body who currently has a compromised health. However, with the high demanding workload of the nursing profession, it causes nurses to not have the time to properly care for their patients. Thus, it leads to poorly performed practices and quality of care. For all stages of implementation, if nurses had fewer patients they would be allowed the time to practice better techniques and patient-centered care (Kim et al., 2022). This would further decrease the rates of nursing burnout and stress

placed upon nurses, leading to an increase in nursing satisfaction. Financially, this would affect hospitals as employment numbers would need to increase. However, the financial burdens that are placed on hospitals associated with HAP and other hospital acquired diseases will decrease along with the instances of these diseases (Kim et al., 2022). Furthermore, this will improve both patient and staff satisfaction, as well as the safety and quality of patient centered care within hospitals.

### **Application to Nursing**

Here add in a summary of the information learned to the application to practice. Follow the MEAL paragraph formatting and use Grammarly.com. Be sure to cover all aspects within the rubric. Be sure to use double space and to tab over for your first line of a new paragraph.

### **Practice**

Paragraph goes here discussing the application to practice. Review the rubric for full requirements. Follow the MEAL paragraph formatting and use Grammarly.com.

### **Education**

Paragraph goes here discussing the application to education. Review the rubric for full requirements. Follow the MEAL paragraph formatting and use Grammarly.com.

### **Research**

Paragraph goes here discussing the application of research. Review the rubric for full requirements. Follow the MEAL paragraph formatting and use Grammarly.com.

## **Conclusion**

Write a conclusion here in your overall paper. Review the rubric for full requirements.

Follow the MEAL paragraph formatting and use Grammarly.com.

## References

Kim, B., Kang, M., Lim, J., Lee, J., Kang, D., Kim, M., Kim, J., Park, H., Min, K., & Jeon, K.

(2022). *Comprehensive Risk Assessment for Hospital-Acquired Pneumonia: Sociodemographic, Clinical, and Hospital Environmental Factors Associated with the Incidence of Hospital-Acquired Pneumonia*. *BMC Pulmonary Medicine*, 22, 21.

<https://doi.org/10.1186/s12890-021-01816-9>

QSEN. (2022). *Quality and Safety Education for Nurses*. QSEN.

<https://www.qsen.org/competencies-pre-licensure-ksas>

\*As you can see the reference is centered and is bolded. The first line is NOT tabbed over, all other lines are, this is called hanging indentation. All references are double spaced. All sources should be listed in alphabetical order. Be sure to use the APA 7<sup>th</sup> edition and guide for your reference page.