

Problem Definition

Aspiration Pneumonia after Spine Surgery at TJUH has a disproportionately high incidence, compared to other major academic centers. When Aspiration Pneumonia is diagnosed in the immediate post-operative period, this cascades into increased length of stay, increased overall cost and possibility negative impact for physician and hospital reimbursement. At this time, it is unclear which criteria are used by physicians to determine whether an aspiration event has happened.

Proposed Intervention

Institute a screening pathway that is able to sort patients into two main groups in the pre-operative setting; 'high risk' and 'low risk' for aspiration event.

Ensure of proper adaptation and implementation of protocols set in place to prevent aspiration pneumonia (iCough, Dysphagia Screening tests)

Measurement Strategy

In conjunction with the Comittee to Prevent Aspiration Pneumonia we will identify the raw number of patients that were diagnosed to have pneumonia after elective spine surgery at TJUH.

- Review of the diagnosis pathway of each particular case. Group comparison and identification of current protocol deviations.
- Associated cost of admission, length of stay, functional outcome at discharge, readmission rate, protocol adherence
- This prospectively-collected database will be retrospectively analyzed, to attempt and identify points of improvement.

Implementation Plan

- 1) Retrospective review of all cases identified as having had Aspiration Pneumonia at TJUH
- 2) Prospective data collection followed by retrospective review and analysis.
- 3) Integration of this project to the aspiration pneumonia prevention committee

Aims for Improvement

The goal of this project is to stablish clear & standardized criteria for the diagnosis of aspiration pneumonia & attempt to reduce the rate of cases at TJUH.

