IMPACT OF A MULTIDISCIPLINARY TEAM ON VENTILATOR ASSOCIATED PNEUMONIA RATES (B3), Angela Rosenblatt, Scott Evans, Jennifer Cupo Abbott. USC School of Pharmacy/University Hospital, Los Angeles, CA (angela.rosenblatt@usc.edu) IRB approval pending.

Ventilator-associated pneumonia (VAP) remains a significant hospital-acquired infection, with the national incidence of VAP reported as 10 to 15 cases per 1,000 ventilator days for ICU patients. The Infectious Diseases Society of America has published practice recommendations indentifying specific evidence-based interventions aimed at reducing VAP rates. Historically, pharmacists at USC University Hospital (USCUH) have assumed a leadership role in evidence-based practice implementation and compliance measures. At USCUH, a multidisciplinary team was formed to reduce VAP infections to zero. Retrospective data and baseline patient characteristics have been collected on ventilated patients for the time period January 1 – March 31, 2008 and compared with the same time period for 2009. Daily rounding and active interventions by a pharmacist team member began in January of 2009. This observational study will examine the differences in VAP rates after the implementation of a VAP assessment tool, including assessing eight key parameters, and active intervention by a pharmacist team member. Results will be discussed.