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Healthcare-Associated Pneumonia (HCAP): **OUT OF DATE**

The term, Healthcare-Associated Pneumonia (HCAP), is **out of date** clinically and does not code effectively to track illness of your patient

Background

- American Thoracic Society and Infectious Diseases Society of America “recommend **abandoning** use of the prior categorization of healthcare-associated pneumonia (**HCAP**)... studies have demonstrated that the factors used to define HCAP do **not** predict high prevalence of antibiotic-resistant pathogens in most settings.”
- “Although there is limited evidence to support the use of a specific set of risk factors to identify patients with sufficiently high risk of MRSA or P. aeruginosa to warrant extended-spectrum therapy, a stronger evidence base guides de-escalation of therapy after extended spectrum therapy is initially prescribed.”

Documentation Recommendation

- Do **not** use the term Healthcare-Associated Pneumonia (HCAP).
- Allow your choice of antibiotic to drive your documentation.
Document as follows:
 - **Zosyn**, to treat *suspected gram negative (pseudomonas) pneumonia*
 - **Vancomycin**, to treat *suspected MRSA pneumonia*

Reference: Diagnosis and Treatment of Adults with Community-Acquired Pneumonia. An Official Clinical Practice Guideline of the American Thoracic Society, May 2019, and the Infectious Diseases Society of America, August 2019.