

Key Performance Indicators for Vascular Access Teams



*Are Vascular Access Teams A Thing of
the Past?*

*Presented by
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Objectives



- Identify and discuss key performance indicators for the vascular access team
- Discuss the process for on analyzing the key indicators

Role of the Vascular Access Team



- Defining the role of the IV Team
- What was the main objective
- How to accomplish this objective with the limitations placed on the IV Team
- Cost reduction versus cost revenue

Goals



- Decrease use of PICCs per 1000 patient day to 8 per day
- Next goal was to decrease to # to 5 per day
- Improve patient satisfaction
- Improve physician satisfaction
- Improve nursing satisfaction

History



- IV Team was created August 2012 to perform difficult venipuncture's
- Assess central line dressings only
- IV Team expanded to Dressing changes on October 1, 2014 with some exceptions

IV Team Timeline

- Current: IV start skills competency in new employee clinical orientation
- March 29: Complete job description, policy and education roll out
- April 10: Proposal to Medical Executive Committee.
- Present policy to P&P pending MEC approval

continued



- May 2: FTE approval and job posting(1 FT day and 2 part time, 1 full time evening and 2 part time. Cover Monday-Sunday=4.2FTE
- May: begin interviews
- May 21: Roll out education to physicians and staff
- June: Orientation for the team
- July 1: available

IV Team Service



- Criteria for consulting IV Team developed
- Developed plan for IV Team to prioritize staff calling for patients IVs

IV Team



- Developed PIV insertion with Ultrasound policy
- Developed competencies for IV team
 - PIV insertion with ultrasound
 - Central Line dressing
 - Hickman catheter repair
 - Dec clotting

Resources



- How INS was helpful with developing competencies and the team
- Britt Myer with Duke University
- PICC Excellence

Expanded goal to incorporate NPSG.07.04.01



- Use proven guidelines to prevent infection of the blood from central lines
 - Trial began with Oncology and MICU to have a dedicated team change central lines
 - Purpose to decrease CLABSI

Challenges



- Limitation of staff to cover >625 beds
- Education for staff
- No office or dedicated space
- Learning curve for use of ultrasound

Paper tracking Began



- Employee manually entered info to spreadsheet
- Average 4 hours per week to input data into spreadsheet

Patient Label	PIV	PIV attempts	Site/Gauge	Supplies @ bedside	Charted	Comments
	New <input type="checkbox"/> Restart <input type="checkbox"/> US <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted Yes <input type="checkbox"/> No <input type="checkbox"/>	Done <input type="checkbox"/>	
	New <input type="checkbox"/> Restart <input type="checkbox"/> US <input type="checkbox"/>	1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/>	R _____ L _____ Gauge _____	Yes <input type="checkbox"/> No <input type="checkbox"/> Attempted Yes <input type="checkbox"/> No <input type="checkbox"/>	Done <input type="checkbox"/>	

IT Department Developed



IV Tracker - Windows Internet Explorer

HUNTSVILLE HOSPITAL
IV Tracker

[Today](#) | [History](#) | Current Week

	Shift	Unit	Employee	Type	Patient Bed	Patient ID	>3x Attempts	Verbal Hard Stick	Ultrasound	Site	Gauge	Dr
	PM	2E-M	Guerin, Gwenda R	-- Select --	250P	051937967462	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	-- Select --	-- Select --	Click a

Done

Local intranet 100%

Start | Windows Media Player | Zimbra: Inbox (5) - Mo... | Gwenda's Classes | Centricity® Framewor... | IV Tracker - Windo... | 12:57 PM

Paper documentation of Central Line Dressing



Additional staff needed to enter into
spreadsheet

Room # _____ Name: _____	<u>Type of device</u> Tunneled <input type="checkbox"/> Implanted <input type="checkbox"/> PICC <input type="checkbox"/> Temp VAD <input type="checkbox"/> Dialysis <input type="checkbox"/>	<u>Tubing labeled</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Blood Return</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Correct dsg w/Biopatch</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Was Dsg. Changed on admission</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Comments</u>
Room # _____ Name: _____	<u>Type of device</u> Tunneled <input type="checkbox"/> Implanted <input type="checkbox"/> PICC <input type="checkbox"/> Temp VAD <input type="checkbox"/> Dialysis <input type="checkbox"/>	<u>Tubing labeled</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Blood Return</u> Yes <input type="checkbox"/> No <input type="checkbox"/> <u>Correct dsg w/Biopatch</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Was Dsg. Changed on admission</u> Yes <input type="checkbox"/> No <input type="checkbox"/>	<u>Comments</u>

IT Developed with help of my manager



	A	B	C	D	E	F	G	H	I
1	Huntsville Hospital								
2	Monthly Patient Days By Department								
3	FYE 6/30/16								
4									
5	<u>Dept #</u>	<u>Department Name</u>	<u>Jul</u>	<u>Aug</u>	<u>Sept</u>	<u>Oct</u>	<u>Nov</u>	<u>Dec</u>	<u>Jan</u>
6									
7	Adult Days								

Monthly Tracking (goal was to achieve less than 8 PICCs per day)



August 2011	298	18.62/1000 pt days
August 2012	267	16.98/1000 pt days
August 2013	188	12.26/1000 pt days
August 2014	126	8.2/1000 pt days
August 2015	118	7.5/1000 pt days
April 2016	102	5.6/1000 pt days

Education



- Developed educational fliers for staff
- Incorporated best practice, updates to policy and how team
- IV Team providing education as they make rounds
- Dressing
 - Caps
 - Flushed
 - Declot
 - Curores

Samples Education fliers



CLINICAL NURSING PRACTICE

Techniques to Decrease CLABSI:

- Hand hygiene is the #1 way to prevent the spread of infection.
- SCRUB THE HUB 15 seconds before accessing any CVL port!
- All central line dressings are removed and site assessed (including blood return) within 24 hours of admission. The catheter site is changed per policy; Biopatch applied and a HH standard dressing applied.
- MaxPlus Injection Caps must be changed with each central line dressing change. Exception is the yellow Tego caps found on Dialysis catheters.
- The Dialysis and Ash-Split Catheter Dressings are changed by the unit staff caring for the patient. *Dialysis staff does not routinely change the sterile dressing but will apply the Tego caps.*
- If the integrity of the Central Line Dressing become loose, do not secure with more tape, it is considered compromised and can increase the chance for a CLABSI. Change the dressing according to policy.

Education Fliers



NURSING UPDATE Starting Now!

1. CENTRAL LINE DRESSING CHANGES



The IV team will perform routine Central Line Dressing changes (every 7 days), **BUT** the patient's nurse needs to change **ALL PRN** dressings (including the caps). This is **ONLY** for units the IV Team currently serves.

Please review the Central Line Dressing Change Policy for a refresher [BQAC](#) to changing a dressing...

2. DAILY CHG BATH



All **ADULT** patients with central lines will receive one CHG bath daily.

3. ALCOHOL CAPS COMING SOON/OTHER INITIATIVES



- **Corps alcohol caps** for all Central Line ports are **coming soon (Feb. 2nd)**.
- Before accessing central lines:
 1. Perform hand-hygiene
 2. Wear mask and gloves
 3. Scrub the hub
 4. Educate and involve the patient in care (see patient education handout)



Be on the lookout for future updates!

Example of Competencies



2016 HUNTSVILLE HOSPITAL COMPETENCY ASSESSMENT FORM

Employee's Name _____ Title RN Unit IV Team _____

Documentation

*All methods include verbalization of knowledge, comprehension and assessment of critical thinking.

*Fill in all areas: must include method of assessment, date of assessment, and reviewer's signature/initials.

*Employees must be assessed by competent reviewer. (Ex. Employee who is not an RN should not assess the competency of an RN)

COMPETENCY				
POPULATION SPECIFIC	METHOD OF VALIDATION	PERFORMANCE RATING		COMMENTS/REMEDIATION STATEMENTS
		EXPECTATION	SIGNATURE/DATE	
___ Adolescent	___ Observed ___ Simulation	Needs Remediation (explain)		
___ Adult		Met		
___ Senior		Exceeds (Reviewer Potential)		
COMPETENCY				
Central Line Care				
When entering the room perform AIDET. Identifies patient by 2 identifiers. Able to identify type of central catheter in use, implanted ports accessed with correct non-coring needle. Huber safety needle or Powerloc Needle, accesses catheter using aseptic technique. Uses alcohol prep pads to scrub injection caps prior to attaching syringe or tubing, primes injection caps with NS prior to attaching to catheter lumens, performs dressing change using sterile technique. Cleans site with Chloraprep for 30 seconds and allows to dry, places Biopatch at insertion site, not on hub. Verbalizes dressing change every 7 days and/or PRN. Follows flushing protocol policy. Able to verbalize signs of complication and infection. Able to verbalize when to obtain order for Cathflo if catheter becomes occluded or not able to aspirate blood. Documents appropriately as indicated.				
POPULATION SPECIFIC	METHOD OF VALIDATION	PERFORMANCE RATING	SIGNATURE/DATE	COMMENTS/REMEDIATION STATEMENTS
___ Adolescent	___ Observed ___ Simulation	Needs Remediation (explain)		
___ Adult		Met		
___ Senior		Exceeds (Reviewer Potential)		

Competencies developed for IV Team

Ultrasound-Guided PIV Placement

COMPETENCY STATEMENT: The employee shall, after education and training, use appropriate equipment and following written policies and procedures, insert a short PIV under Ultrasound Guidance, meeting all criteria listed below with 100% compliance.

Initial Competency Criteria	Practicum	Clinical	Clinical	Clinical
Demonstrated AIDET				
Identify patient by use of two identifiers				
Explain procedure to patient and obtains verbal consent				
Performs hand hygiene and dons non sterile gloves				
Positions ultrasound for viewing. Applies tourniquet and ultrasound gel to intended area. Identifies appropriate vein				
Loosen tourniquet; preps site with appropriate antimicrobial agent (Chloraprep) x 30 seconds. (2 min. if moist/wet site).				
Allow to dry. Removes any excess hair prior to venipuncture with use of disposable clippers or single use scissors				
Organize supplies for venipuncture				
Re-apply tourniquet and position arm. Do not touch prepped site with finger				
Cover ultrasound probe with sterile transparent dressing				
Place sterile gel at intended site, locate vein using center mark of transducer. Insert catheter using sterile technique				
Confirm catheter placement with positive blood return in				

Point Prevalence



- Done
 - 3M
 - Carefusion
 - Bard
- Data has shown the team is making a difference

Healthy Competition



- Tracked monthly IV starts by each team member.
- Brian Buchmann, RN Nurse Manager shared info with each member. Full of compliments(former NM)
- Average IV line started per 1000 patient days in April 2015 was 938. Able to track with use of ultrasound
- Daily average 7a-7p 31.7 / 7pm-7a 17

Progress



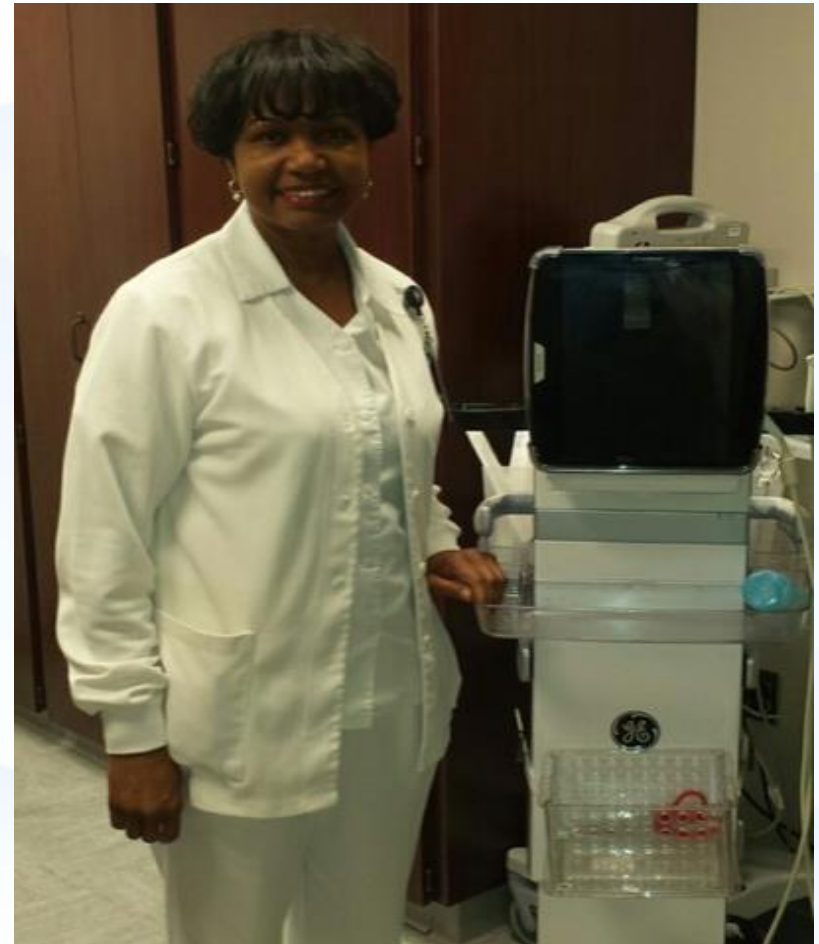
- Increased prn staff to assist with dressing changes in evening. Average 98/day central lines
- Assist with CLABSI Task Force
- JAN/Feb 0 CLABSIs
- Dedicated office space
- Dedicated cart with dressing supplies and attached computer
- Two ultrasound machines

- New focus under new management
- Add pics of IV team/cart/office
- 2 additional full time staff

Our staff love the IV Team!

*Administration is overjoyed that the IV
Team has played a role in decreasing use
of PICCs and CLABSI*

Our Team



Questions

