Vascular Access Team: Evidence-Based Practice in IV Therapy
Gayle H. Dasher, RN, PhD, CCRN, CNRN
CHRISTUS Santa Rosa Health Care
Vanessa Castaneda, Kathryn Martinez, James George

PROBLEM
Patients were not proactively assessed for the proper vascular access device. Selection was reactive with placements being performed by radiology at increased cost. Best practice supported the early selection of the proper device to facilitate completion of proposed IV therapy without interruption or complication.

EVIDENCE
The evidence suggested that proactive assessment, accomplished with a Vascular Access Team (VAT) resulted in the selection and placement of the appropriate device for the proposed therapy. Bedside placements were found to be more cost effective and associated with greater patient satisfaction.

STRATEGY
The evidence suggested that proactive assessment, accomplished with a Vascular Access Team (VAT) would accomplish the organization’s goals: (1) decrease PICC line placements in radiology by at least 50%; (2) increase patient satisfaction related to IV placement, and; (3) decrease infiltration and extravasation injuries by 75%.

PRACTICE CHANGE
A 3-person team was trained in ultrasound-guided placements used with a tip locating system. Standing order sets for the care of PICC lines were developed and policies were revised to reflect best practices.

EVALUATION
1. Number of PICC lines placed by the VAT (Goal: 50% of volume would be assumed by the VAT).
2. Increased patient satisfaction related to the question: “Skill of the person starting your IV.”
3. Decreased incidence of extravasation and infiltration injuries

RESULTS
Since February, 2008, the VAT has placed 1229 PICC lines, saving $527,000 and decreasing length of stay by 2.75 days. Patient satisfaction with IV placement has increased from the 12th to 60th percentile. There have been no reported central line infections related to placement by the VAT. Only 2 extravasation injuries have occurred in patients who had not been proactively identified as PICC candidates.

RECOMMENDATIONS
An evidence-based vascular access team contributes significantly to positive outcomes in patient care.
LESSONS LEARNED
Better communication with Interventional Radiology would have preempted some of the “turf war” perception.

BIBLIOGRAPHY