

WoCOVA  
5th World Congress on Vascular Access



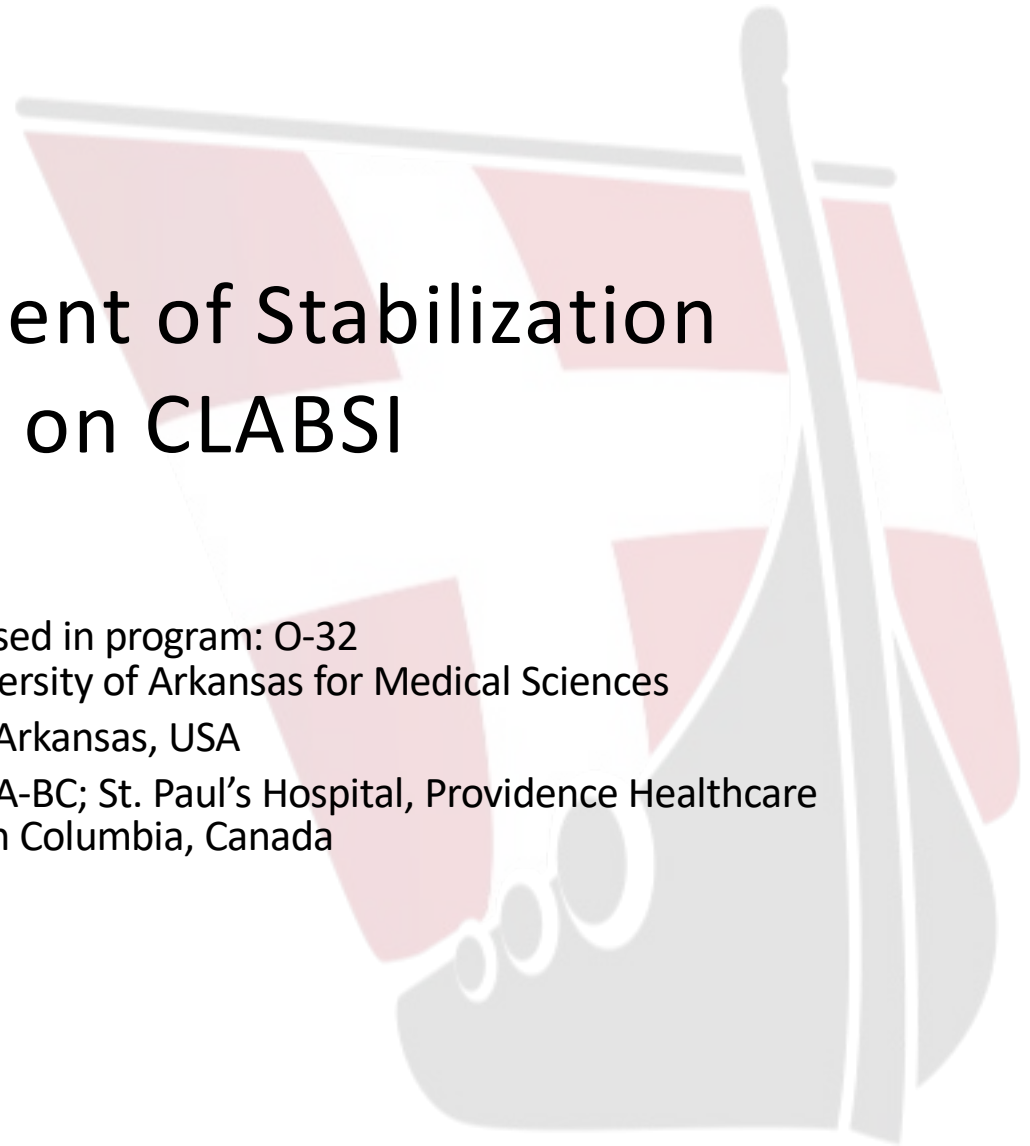
# Impact Assessment of Stabilization Devices on CLABSI

Abstract code as used in program: O-32

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Little Rock, Arkansas, USA

Presented by Jocelyn Hill, MN, RN, CVAA-C, VA-BC; St. Paul's Hospital, Providence Healthcare  
Vancouver, British Columbia, Canada



# Disclosure

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## Mark Rowe


Past-President, Association for Vascular Access (AVA)

Employer: University of Arkansas for Medical Sciences (UAMS)

Independent Consult/Speaker:

- Interrad Medical, Inc.
- Medical Components, Inc.
- Ethicon, Inc.
- FujiFilm SonoSite, Inc.
- Becton Dickenson and Company, Inc.
- 3M, Inc.



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# Disclosure

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## Jocelyn Hill


AVA Board of Directors, Treasurer

CVAA National Past President

Nurse Educator, IV Therapy Vascular Access and Home Infusion Programs

Enumeration from:

- AngioDynamics, Inc.
- BD Medical
- Cook Medical
- Fresenius Kabi
- Interrad Medical

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# Our Story at University Arkansas Medical Sciences



- 500+ all Private beds
- Only level 1 Trauma center in state
- Only high risk birth center in state
- 7 Institutes on campus
- Patient visits in 2017
  - ED Visits 60,861
  - Surg Cases 19,262
  - Outpatient Visits 485,121
  - Infusion Visits 44,655 (122.3/day)
- Vascular Access 2017:
  - 2603 Vascular Access Procedures
    - 1748 PICC's
    - 668 Ultrasound PIV's
    - 187 Chest Procedures

# Introduction



- UAMS Vascular Access Team – 4 practitioners 101 years Nursing Experience; 71 years VA Experience combined
- Practice between UAMS VAT and IR groups differ by stabilization device
- UAMS VAT hypothesized that the SESD reduces risk of CLABSI compared to AESD due to:
  - Increased stability
  - Reduction of migration
  - Reduction of dislodgment requiring replacement
  - Overall ability to disinfect the site 360 degrees

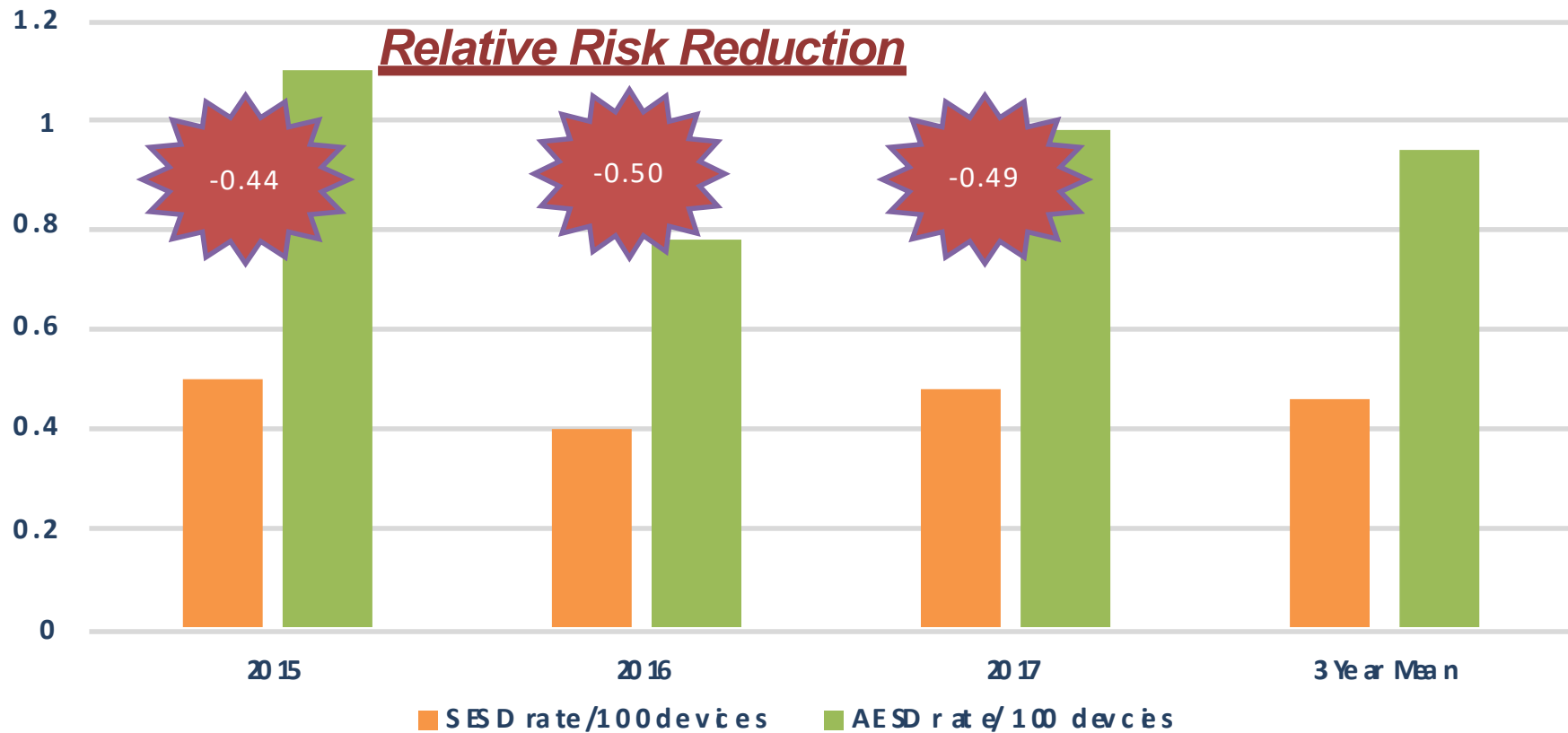


# Methods



- Retrospective data analysis of 3 years of PICC insertion data
- Routinely track CLABSI per NHSN requirements
  - Overall institutional CLABSI is very low 0.61 per 1000 catheter days in 2017
  - Data assessment initially determined that 0 CLABSI were insertion related
  - No other care and maintenance intervention occurred between 2015-2017
- Analysis of CLABSI was segmented by:
  - Device Type
  - Inserter Type
  - Securement Type

# CLABSI per 100 Securement Devices





# Conclusion

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- Initial data confirms current hypothesis
- Strong early statistical indication SESD reduces the risk of CLABSI vs AESD
  - Consistent Relative Risk Reduction with the SESD group
- On-going statistical analysis assessing correlations to sources and time to infection

Questions? Thank You

