POSTER ABSTRACT

 Device Selection for Vascular Access Guideline implementation at a regional hospital intensive care unit (ICU)

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Hospital Valle del Nalon Device Selection for Vascular Access Guideline implementation at a regional hospital intensive care unit (ICU), España

Since 2015 the Valle del Nalón Hospital has incorporated nursing best practice related to the assessment and device selection for vascular access at an ICU of a Spanish regional hospital. Nursing Best Practice Guideline (NBPG) of “Assessment and Device Selection for Vascular Access”, developed by the Registered Nurses Association of Ontario (RNAO), was used in order to complete a systematic implementation. As part of the Best Practice Spotlight Organization (BPSO) program, our hospital’s organizational policy promoted interest in the project and supported its development.

Project objective: To incorporate nursing best practice related to the assessment and device selection for vascular access in an ICU of a Spanish regional hospital.

Methods: Among the health care professionals who decided to get involved with the project, one advanced practice nurse was selected to provide leadership and was in charge of the project management. A multidisciplinary health care team constituted the rest of the group. This team created a steering committee, which developed a work plan to track activities, responsibilities and timelines. Educational sessions were provided in order to remain trained in the evidence-based practices.

According to the mentioned RNAO’s NBPG, several recommendations were chosen according to a consensus between the committee members. Peripheral and central venous catheter insertion protocols were revised and updated. Availability of structured vascular access assessment tools was evaluated and an algorithm was created based on evidence-based practice recommendations. In order to better document the device complications, such as phlebitis or infection, the electronic database available in our health care centre was evaluated and changes were suggested if needed.

Results: During the 3 years of the project a total of 152 central venous catheter (CVC) and 254 peripheral venous catheter (CVP) were reviewed. The maintenance of the CVC during the project was 60%, the appendix change was superior to 70%, on the other hand the venous access device (DAV) form, the registry in more than 60% from the beginning. During the two years only 2 cases of CVC infection were recorded. The CVP, maintenance in these two years was 72%, the DAV form was covered by 24%. Respect for infection the total of two years is 20%. There were also 3 observational audits, two in 2017 and one in February 2018. In 2017 stand out in the best results of the diffusion. Prior to it, 100% is already seen in the use of the transparent and obturator...
attachment and the best view is obtained at the visible insertion point and the date of publication. For example, 60% of catheters with annotation date and 80% with visible insertion point.

**Conclusions:** There was a high percentage of maintenance of both catheters. The second indicator, the DAV form with low registration. In addition, the minimum complications for both catheters. A good implementation of the guide was achieved with successful data in the audits, and information sessions were held with professionals to create feedback

**Keywords:** central venous catheter; guideline