
CONFERENCE ABSTRACT

Period of sustainability in the Implantation of Venous Access guideline at The Nalón Valley Hospital

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“It is more difficult to stay on top than to get there” (Mia Hamn)

During this year 2019, The Nalón Valley Hospital will be immersed in a period of sustainability in the implantation of Venous Access Guideline as part of the programme of a BPSO (Best Practise Spotlight Organization). During this period , which goes from April 2018 to April 2020, it is intended to strengthen all the work done since 2015, to keep on working with the best available evidence to adapt the venous access to the treatment we are going to administer, thus reducing infection rates related to vascular accesses.

We continue carrying out observational audits and monitoring maintenance in both central venous catheters (CVC) and peripheral venous catheters (PVC) so that we can keep the good current results. A reference nurse in catheter care has been created for each hospitalization unit in order to improve feedback with every professional worker.

Main Objectives

- To reduce infection rates for both catheters.
- To carry out standardised and homogenous venous catheter care in every hospital unit.
- To train all the staff in the handling and care of venous catheters.

Material And Methods

- This is a descriptive study performed during 2019.
- The care of all the CVCs and PVCs is monitored during the last three days of each month at the ICU.
- An observational audit is carried out concurrently at a medical unit, at a surgical unit, at the ICU and at the Emergency Room.
- And, as a novelty, a reference nurse in catheter care has been created for each unit in order to ensure feedback and homogenization in care.

Results

The results presented are those monitored during the first half of the year and they correspond to all the CVCs and the last five patients discharged from the ICU during the month for PVCs. 47 PVCs and 44 CVCs were monitored until June 2019. The maintenance is completed within 53.19% for PVCs and 90.9% for CVCs. As

regards complications, 6.38% occur in PVCs and 6.81% in CVCs. In the audit performed in the first quarter of the year, 11.1% of CVCs and 89.9% of PVCs were accounted for. Regarding the monitored variables, 100% of CVCs had the visible insertion point, transparent dressing and date noted. In the case of PVCs, 100% had transparent dressing, 90% had the date noted and 70% had the visible insertion point.

Conclusions

- Slight decrease in maintenance for both catheters compared to previous years.
- Minimal complications for both catheters.
- The first audit maintains the successful data of the previous years, especially for CVC.