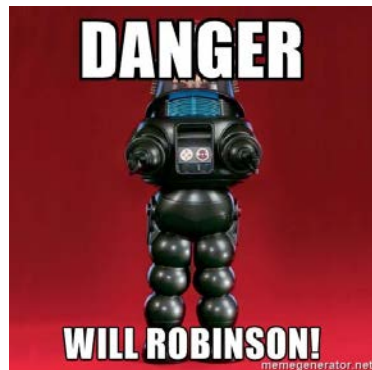


Evidence Chain - Implementation

Kaye Rolls RN BSc ACC
Knowledge Broker – AVATAR
Sessional Academic – Sydney Nursing School



Disclosures



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3M, Adhezion, Angiodynamics, Bard, Baxter, BBraun, BD, Carefusion, Centurion, Cook, Entrotech, Flomedical, Hospira, Mayo, Medtronic, ResQDevices, Smiths, Teleflex, Vygon

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Sources of funding for each particular research study will be disclosed throughout this presentation

Nilsen, Implementation Science, 2015. 10(1): p. 53.

Theoretical Frameworks

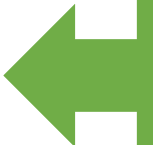
CIHR
Ottawa
ACE-STAR



Process

Outcomes

Evaluation



Re-AIM

Determinant
frameworks

Classic

Implementation
theories

1-2

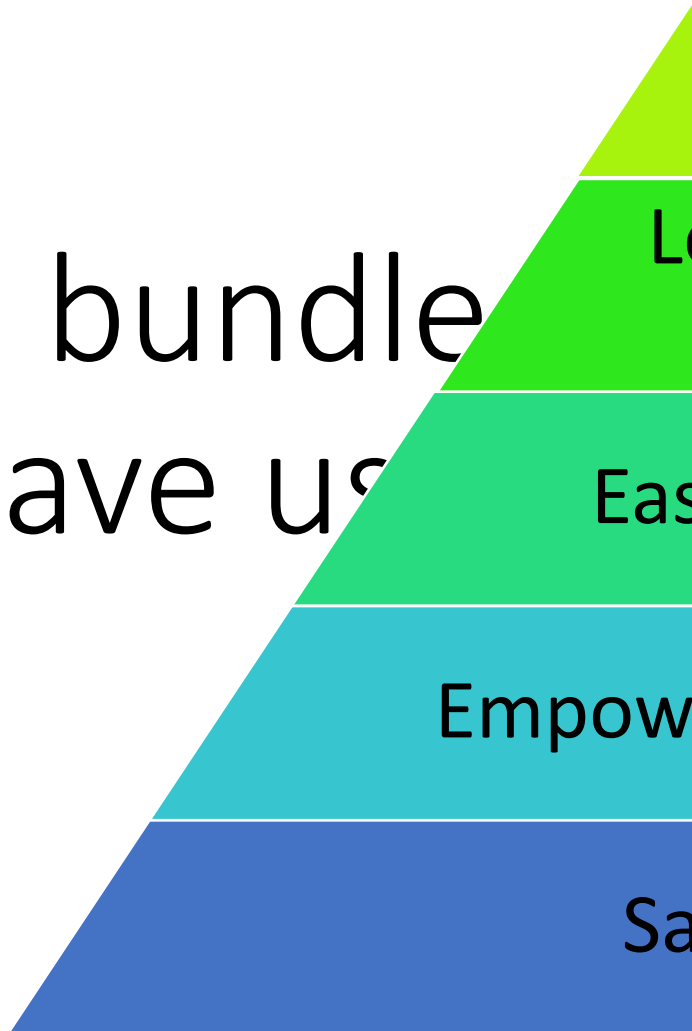
PARIHS

Diffusion of innovation
Social capital

PARIHS

bundle

The bundle
to save us



3-5

1. Hand hygiene
2. Chlorhexidine skin preparation
3. Full barrier precautions
4. Subclavian site
5. Daily check of need for catheter



Ensure you invite everyone involved in delivery of practice to the table

Clinical practices must
have a solid basis in
both evidence &
practicality

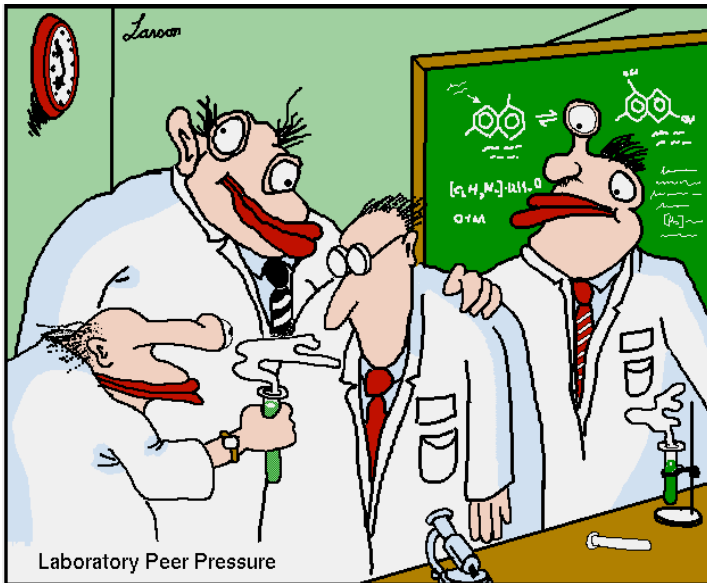
6-7



What is the gap between
current practice & what you
are asking clinicians to do?



Your salesperson must have credibility with the target audience



8-19

How will clinicians find out what to do?

20-26

Central Venous Access Devices

My Health Learning Course Code: 92708229 : Online Survey ID: 40002793

Duration: 30 Mins : Published: Sep 2015

Owner: HETI : Team: District HETI



Central Venous Access Device - Post Insertion Management Assessment & Dressing

ACI NSW Agency for Clinical Innovation

ASSESSMENT		HOW TO ASSESS A CVAD			
<p>The nurse must systematically assess the CVAD each shift covering the elements of:</p> <ul style="list-style-type: none"> Dressing Securement Integrity of CVAD Labeling of administration sets and infusion therapies <p>The findings must be documented in the clinical record. Consensus</p>					
<p>SECUREMENT</p> <p>Appropriate securement techniques include securing the CVAD with monofilament non-grated nylon or the use of sutainless securement devices. Grade B</p> <p>The CVAD must be secured at the insertion site and also at the anchor point (if present). Consensus</p> <p>The securement of the CVAD must be assessed at least once per shift and more frequently if required. Consensus</p> <p>Sutainless securement devices should be changed when the dressing is changed, or if loose or soiled. Consensus</p> <p>Peripherally inserted Central Catheters (PICC) are to be secured by sutainless fixation devices. Consensus</p> <p>The weight of administration sets must be supported with additional fixation to reduce risk of unplanned disengagement of the CVAD. Consensus</p>					
<p>ANTISEPTIC SOLUTION</p> <ul style="list-style-type: none"> Single use 2% chlorhexidine gluconate in 70% isopropyl alcohol solution is the preferred antiseptic agent for insertion and dressing of CVADs If this is not available, chlorhexidine 0.5% in 70% alcohol or iodine in alcohol should be used Solutions must not be decanted into smaller containers and opened portions must be discarded. Where a patient demonstrates chlorhexidine sensitivity topical povidone iodine 10% in 70% alcohol may be used. (PIC0210_036) Avoid organic solvents (e.g. acetone, ether, adhesive remover wipes) on the CVC or surrounding skin. Grade B Prior to cleaning with chlorhexidine in alcohol, sterile 0.9% saline is to be used to remove dried blood or other fluids from around the catheter and under the securement hub. Consensus 					
<p>DRESSING</p> <p>A sterile transparent semi permeable dressing or sterile gauze and hypoallergenic tape must be used to cover the CVC insertion site. If allergy is suspected, an alternative dressing must be used (PIC0210_036). Grade B</p> <p>Regardless of dressing type used for the CVAD, the dressing should:</p> <ol style="list-style-type: none"> be positioned so the catheter insertion site is in the centre of the dressing Cover the catheter from the insertion site and the final securement Create a complete seal from the securement through to the insertion site. Consensus <p>Transparent dressings must be changed every 7 days, or sooner if:</p> <ol style="list-style-type: none"> The dressing is not intact (i.e. there is no longer a seal) 					
CVAD Site	GOAL: Site clean and free from abnormalities	ABNORMAL FINDINGS: Pain, induration, redness, swelling, tenderness, fever, chills, leakage, or exudate	POTENTIAL ACTIONS: Abnormal findings must be reported to medical staff and document in patient's clinical record		
Integrity of CVAD Device	Catheter integrity maintained	Leakage from catheter or around site	Assess catheter for damage and check connections for tightness & fit		
	Optimum catheter tip placement	Ensure tip position has been confirmed	Measurement of external portion of catheter is monitored for change or migration	Change in external catheter measurement must be reported to medical office and documented in patients clinical notes.	
DRESSING	All lumens of the catheter are patent and located within the vessel	The catheter has migrated from the initial documented location. Blood is unable to be gently aspirated from unoccluded lumens. Infusions are unable to be administered through the lumens. There are occlusion alarms unrelated to the administration set or it is unable to be flushed	Discuss options to restore lumen patency with a medical officer.		
	Clean and intact	Non intact or soiled dressing	Address site.		
DRESSING	Covers insertion point and catheter to securement junction	Dressing does not cover sufficient area	Replace site.		
	Sutures intact or sutainless fixation device well secured to skin	Non intact sutures and/or sutainless fixation device not well adhered to skin.	Replace with sutainless fixation device and redress.		

<https://www.aci.health.nsw.gov.au/networks/intensive-care/intensive-care-manual/statewide-guidelines/cvad>



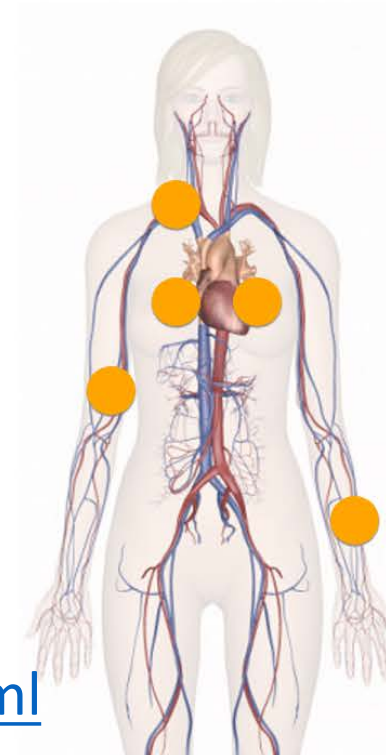
Alliance for Vascular Access Teaching And Research

PERSONAL STORIES

DEVICE TYPES

TOP TIPS

- Peripheral IntraVenous Catheter (PIVC)
- Peripherally Inserted Central Catheter (PICC)
- Non-tunnelled Central Venous Catheter (nt-CVC)
- Tunnelled Central Venous Catheter (t-CVC)
- Totally implanted venous port device



<http://www.avatargroup.org.au/avatar-app/devicetypes.html>

Make it easy to do the right thing & impossible to do the wrong thing



It takes a team





**THANK
YOU!**



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