In home infusions via tunneled catheter/peripherally inserted central catheter (TC/PICC) the risk of catheter-related bloodstream infection (CRBSI) and complications contribute to rehospitalization and costs. It is unknown if voiceover interactive PowerPoint (VOIPP) via digital video disc education improves clinical outcomes.” Emery et al (2015).

Reference:

Abstract:
BACKGROUND: In home infusions via tunneled catheter/peripherally inserted central catheter (TC/PICC) the risk of catheter-related bloodstream infection (CRBSI) and complications contribute to rehospitalization and costs. It is unknown if voiceover interactive PowerPoint (VOIPP) via digital video disc education improves clinical outcomes.

MATERIALS AND METHODS: In a quaternary care medical center and using a randomized, controlled, 2-group design, hospitalized patients with TC/PICC received usual care education or usual care (UC) plus VOIPP education prehospital discharge. A multiple-choice 6-item knowledge questionnaire was administered preeducation, immediately posteducation, and 7-10 days postdischarge. At 90 days, patients were assessed for CRBSI incidence rates per 1000 catheter-days, rehospitalization, CRBSI-related hospitalization, non-CRBSI complications and patient calls to the home parenteral nutrition (HPN) clinicians. Analysis of variance, Pearson χ2, and Kruskal-Wallis test were used to compare results between groups.

RESULTS: Of 51 patients (UC, n = 27; UC+VOIPP, n = 24), mean ± SD age was 46.3 ± 14.3 years, 68.6% were female, HPN duration was 2.2 ± 1.01 months, and time to postdischarge test completion was 11.5 ± 5.2 days. There were no baseline differences between groups. Between-group knowledge and changes in knowledge were similar at preeducation, immediate posteducation, and postdischarge (P = .88, 0.30, and 0.37, respectively). There were no differences in CRBSI incidence, rehospitalization, CRBSI-related rehospitalization rates, and non-CRBSI complications between groups. The UC+VOIPP group had more patient calls than did the UC group (21.8 vs 7.7 calls/1000 catheter-days, P < .001).
CONCLUSION: Recorded education led to more patient calls to the HPN clinicians; however, there were no differences between groups in other outcomes.

Thank you to our partners for supporting IVTEAM