
Introduction:

“The need for continuing evaluation of existing clinical models and testing of new models to assure optimal pro- cesses and outcomes continues to dominate the agendas of healthcare organizations. The purpose of this article is to share the processes, challenges and outcomes of the implementation of a respiratory care practitioner (RCP) model for the insertion of central venous catheters (CVC) at the internal jugular (IJ) and subclavian (SC) sites at a 250-bed hospital in the southwest.

Program Planning

This model was selected by leaders and practitioners as an initiative believed to challenge current assumptions, increase timeliness for services, and decrease costs without compromis- ing quality patient outcomes. Increasing needs for more timely CVC insertions as well as the need to manage adverse events of mal-positioned catheters, pneumothorax, pulsatile blood flow, and daily site maintenance provided additional impetus for the program. Given that RCPs were familiar with arterial line access and successfully managed the peripherally inserted central catheter (PICC) insertion and maintenance program for the facility, a program to further educate RCPs to insert select- ed CVCs was proposed and implemented (Halton & Graves, 2007; The Advisory Board Company, 2006; Ramirez, 2002). Approval was obtained from the internal corporate clinical re- view team as well as the
Medical Executive Committee prior to implementation of this program.”