A large, urban community hospital developed an insertion bundle to support the safe implementation of a policy of extended dwell time (clinical indication) for inpatient peripheral intravenous lines (PIVs)” DeVries et al (2016).

Abstract:

Background: A large, urban community hospital developed an insertion bundle to support the safe implementation of a policy of extended dwell time (clinical indication) for inpatient peripheral intravenous lines (PIVs).

Methods: Internal evaluation of practices through direct observations as well as evidence-based guidelines and historic data on PIV-related bloodstream infections helped drive the bundle elements. A surveillance plan was in place to continue measurement of these outcomes during the postimplementation period.

Results: At 12 months following implementation, the organization documented a 37% reduction (P = .03) in primary bacteremias (combining PIV and central line-associated bloodstream infections) and a 19% percent reduction in PIV bloodstream infections. CLABSI rates were also reviewed, as 20% of CLABSI were noted to also have peripheral access present during the year prior to implementation. CLABSI standardized infection ratios for the publicly reported intensive care units decreased from 1.3 to 0.32 (P = .02). In addition, intravenous line start kit use decreased 48% during the year following bundle implementation.

Conclusions: Careful planning and development of an education bundle and an insertion bundle in a community hospital setting allowed for longer dwell times and a trend of decreased bloodstream infections.

Reference:

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