**Solution:** Why Not PICC Us

**Organization:** Northwest Hospital

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**IDENTIFICATION:**
Peripherally inserted central catheters (PICCs) have been in use since the 1970’s, but it has just been in the last ten years that they have begun to be recognized as a valuable line of choice. Still today, that acceptance is scattered and PICCs are not fully used to their potential. While PICCs are not appropriate for every patient, they are the best choice for others; education needed to be intentional and ongoing to increase PICC use for the well being of the patient. To increase PICC placement, the Vascular Access Team (VAT) approached an interdisciplinary plan that included education, communication, and process changes.

Looking at statistical data for PICC line placement, VAT averaged 10 – 15 PICC’s per month. In comparing to the national standard for PICC line placement based on occupancy rate which is 25- 50% per bed capacity or for Northwest Hospital, 50 PICC’s per month. It was realized we were well below that average. In addition it was noted that often patients were receiving irritating medications through peripheral IV’s that were best suited for PICCs. Lack of confidence and the inability to take a proactive approach caused a number of patients to be referred to interventional radiology (IR) as opposed to having the PICC lines placed by the VAT at the bedside.

Data was being collected, which included tracking the number of patients being referred to Interventional Radiology, the number of patients being assessed for possible PICC line placement and the number of PICCs actually placed monthly by the Vascular Access Team.

**PROCESS:**
To lay the foundation, the 11 members of VAT initiated an education program that included the medical executive committee, the emergency department, critical care, the physician assistants and nursing. In addition, the vascular access team focused on improving communication with these key departments including radiology. The VAT also worked collaboratively to update policies for PICC line placement that reflected current standards. The next step was to complete education and the restructure of the vascular access team, which also included a change in tasks by the bedside nursing teams. The VAT also implemented a process where they would receive and review the daily patient admission report so they could begin early patient assessments based on diagnosis prior to physician referrals. The final phase was implementing a detailed data collection tool.

**SOLUTION:**
Education and collaboration between the VAT, physicians and nursing has had a positive impact on increasing PICC line placements. PICC line placement by the vascular access team increased as evidenced by statistical data that was collected for one year. In comparison; there was a 27% increase in PICC line placements from the first 6 months to the second 6 months. In the same time frame, there was a 40% increase of patients being assessed by the VAT for PICC line
placement. As the team gained confidence, they saw a 43% decrease in the amount of patients being referred to Interventional Radiology for PICC line placement after initial assessment. To ensure that PICC placement remains at the forefront, the VAT staff continues to work with the bedside nurses and physician groups to encourage early referrals for PICC line assessments. The vascular access leadership team works closely with key departments such as, the ICU and ED to establish and improve upon the process of identifying early vascular access and referrals of patients that would be potential candidates for PICC lines. Monthly data collection with growth graphs and data analysis is ongoing.