"Reimagining Vascular Access: Nursing Innovation and Excellence"

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Disclosures

The authors have no relevant financial or non-financial relationships to disclose.

Purpose/Design

- Examine the structure of a nurse-led vascular access service team
- Analyze how the team is implemented in a large urban academic medical center
- Evaluate clinical outcomes associated with the team
- It's impact on the following :
  - Device Utilization
  - Timeliness of Device Placement
  - Patient-Centered Outcomes

Limitations

Excluded units: ICU and pediatrics units

- ICU performs their own ultrasound-guided insertions.
- The pediatric unit has its own specialized vascular access team.

Team Structure

All VAS consults are triaged by a VAS RN , irrespective of line service.
VAS RN places only PVAS consults. Attending places for CVAS & VAST.

PVAS – Peripheral Vascular Access Service
- Bedside Placed my VAS RN
- Midline & USGIV

CVAS – Non-T Vascular Access Service
Procedure Room
- TLC
- Shiley
- PICC

VAST – -Tunneled Vascular Access Service
- OR/IR/Cath Lab
- Hickman/Broviac
- Permcath
- Port

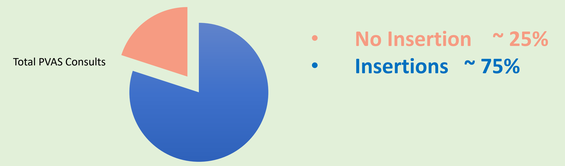
Implementation

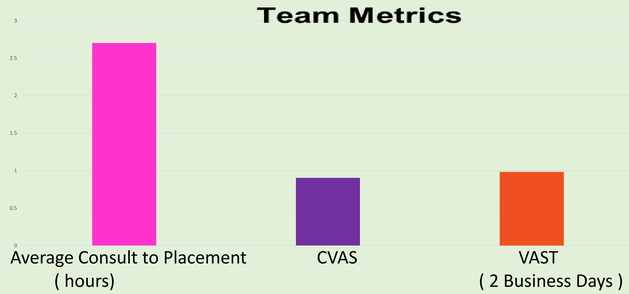
The VAS team use the following criteria for a consult assessment:

- Line Indication & Type of Catheter
- Medications Ordered
- Labs & Vital Signs
- Medical and Vascular Access History
- Multidisciplinary collaboration: Infection Disease, Oncology , & Nephrology

Results

Total PVS Consults (2024 & 2005)





Conclusion

By mitigating complications and promoting evidence-based line selection, the Nurse-led VAS Team supports better patient experience.

Nurse-led VAS Team contributes to the following:

- Improved Patient Safety.
- Enhances Device-Related Outcomes
- Reduces Unnecessary Line Utilization