12 months of Midlines in a Community Hospital

Zero Infections
12 months of Midlines in a Community Hospital: Zero Infections

About the Presenter: **Michelle DeVries MPH, CIC**

Chellie DeVries has more than 20 years of experience in infection control and hospital epidemiology spanning community, federal and university healthcare systems. Her background is hospital and molecular epidemiology. Empowering others to use data to drive their objectives and improve outcomes for their patients is a driving passion for her work.
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   Speaker’s Bureau for: Ethicon, BD, Access Scientific
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Background

- PICC team, in conjunction with Infection Control, established goals for establishing midline program
  - Reduce excess PICC utilization
  - Provide reliable peripheral access for patients with needs beyond a PIV
- Six inserters evaluated products clinically
- Complications and completion of therapy were abstracted from the electronic medical record collaboratively by PICC team and Infection Control
  - Concurrent review for infection related complications
  - Retrospective review for additional elements
Device appropriateness

- Midline selection is supported in hospital’s device selection algorithm
- Midline placement is at the clinical discretion of the PICC team based on complete assessment of patient’s needs
- Measures included impact on PICC placements and central line utilization
12 months of insertions
440 devices, 2688 inpatient midline days
79% completion of therapy

#AVASM17 Year one demonstrated a 35% reduction in PICC lines placed
Next steps/lessons learned

- Starting in summer of 2016, Home Health began accepting patients with midlines
- Starting in January 2017, parallel data is being aggregated monthly for PICCs and midlines placed by the team
- Starting in summer 2017, self selected ER nurses are learning ultrasound and midline placement under mentorship with PICC team
- Vascular access policies updated with further guidance on device selection summer 2017 to enhance staff understanding of appropriateness
- Order sets updated summer 2017 to assist providers with device selection criteria (aligned with MAGIC recommendations)
- Initial analysis of the next 6 months shows similar trend on data with 82% completion of therapy and dislodgement remaining as top complication
Limitations

• Complications reported are based on retrospective chart review
• More than 20% of midlines are currently left in place at time of discharge, without ongoing analysis of performance
• Current data collection does not capture complications based on infusate, vessel characteristics or other possible complicating factors
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