**Abstract**

• **Background**- When an influx of new staff with a variety of experience came to our team, the way PICC lines were placed was reviewed along with success and infection rates.

• **Purpose**- Improve patient outcomes by increasing the number of successful PICC line placements and decrease the infection rate of PICC lines.

• **Project**- Identify patients that are appropriate for PICC lines, place them early in the patient’s hospital stay, and decrease the number of infections.

• **Results**- There was overwhelming evidence that a change in staffing patterns needed to occur so that PICC lines would be placed as a team and the team would manage them.

• **Conclusion**- Our success rate improved to 99% when two team members were actively involved in the PICC placement. Our infection rate was **ZERO** for 2014 with the institution of using the chlorhexidine gluconate preoperative cloths and (2) chlorhexidine applicators before insertion, placing PICC lines as a Team, daily monitoring of the PICC lines as well as all dressing changes done by the Team.

**Objective**

• Improve Placement Success Rate
• Improve Workflow
• Reduce Infection Rate

**Methods**

• Reviewed Practice Techniques and Infection Control Policies
• Revised PICC Placement Process by having two team members participate in the insertion process
• Instituted use of chlorhexidine gluconate cloth preoperative skin preparation, cleaning with (2) 3cc chlorhexidine gluconate 2% applicators during procedure per CDC recommendation
• Daily monitoring of PICC and dressing changes by the Team only

**Results**

• PICC placed quicker and available for use in a more timely manner
• PICC Placement Success Rate improved
• Infection rate reduced

**Conclusions**

• Success rate of 99% with 2 team members for insertion
• Infection rate of 0 for 2014
• Change in staffing pattern to allow for 2 person insertion and daily monitoring of the PICC

**References**

CDC Guidelines for the Prevention of Intravascular Catheter-Related Infections 2011
It Takes a Team to Make a Difference
Michele Santoro BSN, RN VA-BC
Dianne Harrill RN VA-BC