BACKGROUND
Mercy Health Clermont Hospital is a 90 bed, acute care, non-teaching facility, which includes a 20+ bed 24/7 Emergency Department and a 16 bed Intensive Care Unit (ICU). Medical patient care is managed by 2 hospitalists and 1 Intensivist daily.

The goal of expanding the role of the vascular access specialist to include the insertion of internal jugular (IJ) central venous catheters (CVC), was to aid in maintaining vessel health and preservation of our growing renal patient population.

Once begun, staff recognized that it was not just the renal patients who benefited from this process. Many of the IJ catheters that were inserted, were on those patients that did not have vessels suitable for peripherally inserted central catheter (PICC) placement, but yet required ongoing vascular access.

In many circumstances where the IJ insertion was the best device option, the physician was unavailable, causing a delay in treatment. This poster is a retrospective review of the number of PICCs placed in relationship to the number of IJ CVC and JACC (Jugular Axillary Central Catheter™) placed, and how many of those IJ insertions were for vessel health versus for the lack of suitable access.

METHODOLOGY
A Registered Nurse (RN) was trained to insert IJ CVCs following training program, policy, competency and a insertion criteria that was set by the Acute Care Committee.

During review period (Oct 2011 – Apr 2015), 985 PICCs and 208 IJ CVCs and JACC were inserted.

The hospitals insertion criteria included an order for device placement, patient history of kidney disease, glomerular filtration rate (GFR) < 45, and an agreeable patient with consent.

Patients quality of life was also taken into consideration for determining the best vascular access device to fit their needs, based upon vessel health and preservation (VHP) principles.

Previously, patients with a diagnosis of acute renal failure would possibly have had a PICC inserted.

RESULTS

CONCLUSIONS

Adding Skills to Your Toolbox - Who Benefits? Expanding Your Scope of Practice to include Centrally Inserted Internal Jugular Catheters
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65 of 1193 (5%) of IJ catheters placed were due to the lack of suitable vessels or site. This represented 31% of all the total IJ CVC insertions (n=208). Though the program was designed around "Vessel Health and Preservation", these catheters were placed due to a potential lack of suitable vascular access. With an appropriately trained RN to place IJ CVC/JACCs, patients would have otherwise experienced a delay in therapy/treatment while waiting on a physician-placed device, or would have had an inappropriately placed PICC. 76% of the patients that required IJ CVC/JACC placement for therapy, were completed with the initial device that was placed. The longest device dwell time during the various patients hospitalization was 27 days. Since the program inception, 2 other RNs have been trained and are currently going through the local clinical competency process.