AVA 2 2013 Abstract #

# Performance Measurement in PICC Insertion

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## Background

systematically, and in a way to provide outcomes related to PICC insertion practice. insertion location, and tip position have all factor for all healthcare quality improvement. performance measurement feedback. been demonstrated to impact patient (ZIM), and may lack objective accountability measured by the Zone Insertion Method PICC insertion practice is variable as Performance measurement is the critical Application of best evidence should be done related to clinical decisions. Device size,

## **Objectives**

- Create an objective scoring system for PICC insertion practice
- Use three criteria: Catheter-Vein Ratio, Position to achieve a performance score Zone Insertion Method, and Final Tip
- Measure outcomes and associate with performance scores

outcomes. The three criteria fit in a proposed information. Three scoring criteria based on the shared spreadsheet was used to populate raw making, assessment, and application of reflects upon the clinician's process of decision three criteria include: Catheter Vein Ratio, Zone literature have demonstrated impact on patient data, without the use of patient identifiable quality data on PICC insertion practice. A Insertion Location, Final Tip Position. Each item Vascular Access Conceptual Framework. The Two sites volunteered to retrospectively submit

criteria based on assigning a range of points from 0-4. The maximum score for any criterion was 4. One point was assigned for A raw vascular access score was calculated for each of the three evaluate the data. Descriptive measures: mean, mode, max, and min were used to possible score. Each raw point equaled 8 percentage points. converted to a percent grading system with 100% being the best the score, the higher the performance.The raw score was then brovide a total score from 0-12 for each PICC insertion.The lower each level away from ideal practice.The raw scores were added to

Figure
1: Scoring
ng Templat

Score	Final Tip	Score	Zone Insertion	Score	Catheter Vein Ratio	
0	Cavoatrial Low 1/3 SVC	0	Ideal	0	^ = 1:4	
_		1	Green	1	< = 1:3	
2	Mid 1/3 SVC	2	Yellow	2	< = 1:2	
3	Up 1/3 SVC	3	Red	3	1:1 × 1:2 ×	
4	Other	4	Non-ZIN Location	4	> = -1:1	

Total Sample: N = 83

Average Raw Score = 3.1, Mode = 3

Maximum Score = 6, Minimum Score = 1

Complications: N = 17

Early (1), Average Raw Score: 3.5 Infection (3), Occlusion (8), Malposition (4), DVT(1), Removed

6	51	4	3	2	_	0	PICC Raw Score
52%	60%	68%	76%	84%	92%	100%	% Performance Frequency Equivalent
Ch	6	7	43	20	2	0	Frequency
8	2	0	<b>±</b>	2	0	n/a	Complications

Figure 2. Performance Data

Figure 3. Conceptual Framework (Dawson, 2012)

Mitigator Purpose Location Method Device

complication rate of 26%. At 84% performance, the was no perfect score and only 2 of 83 received a complication rate fell to 10%. tor standardizing and improving pertormance exists assigning objective scoring measures the potential 92% performance rating. However, by insertions received the quality score of 76%. There at least one quality category. The majority of PICC insertions could have demonstrated improvement in evidenced by the results. More than half all PICC PICC insertion practice remains variable as The most frequent score also had the most frequent

# Conclusion

evidence-based improvement method, it is critical to evidence based decision making may be the next done to associate performance scores with patient Objective scoring of clinical practice to reflect PICC performance can be objectively measured performance criterion has more impact than another. outcomes, and even to determine if one sustainable clinical quality. More work needs to be Achieving real time performance measurement is an step in the ever evolving field of vascular access.

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