

VA Editorial April 2018

Welcome to the latest issue of *Vascular Access*!

In this issue, we present two articles relevant to quality and safety of vascular access, and one article comparing the outcomes with two extended dwell peripheral catheters.

One positive shift in health over the past decade is the increased recognition of the benefits of collecting accurate and reliable outcomes data and sharing the results with clinicians and patients, as well as hospital boards and managers.¹ To be useful, data needs to be:

- Accurate: trustworthy and sufficient in detail to allow valid conclusions to be drawn.
- Relevant: current, specific, and able to help people make good decisions.
- Accessible: in the hands of those who can use it, when they need it, and in a form they can use.
- Understandable: easy to interpret and accompanied by meaningful analysis.¹

Clinical data registries in vascular access are being used more widely to keep track of devices inserted and clinical outcomes,² and the article by Takashima et al in this issue presents a feasibility study for a CVAD registry in one intensive care unit. Building a registry from the bottom up is a daunting task, and the authors reveal what worked well and not so well in their hospital, making suggestions for future data collection. This interesting paper should provide insights for other vascular access professionals considering undertaking a similar project in their own institutions.

Woods et al tackle another important quality and safety concern: PIVC dressing and securement from a nursing perspective. Recent audits have demonstrated that a high percentage of dressings are soiled, loose and lifting, predisposing the patient to potential catheter dislodgement and site infection.^{3,4,5} Rickard et al conducted a multicentre RCT of four types of dressing and securement.⁶ The paper by Woods et al describes the results of a sub-study of that trial, in which nurses at one site were invited to participate in a survey to provide their personal perceptions and experiences about the dressing and securement products used in the trial. Feedback from nurses on the performance and acceptability of the products reveals that nurses understand the priorities for dressing integrity but have continued concerns about the available products. Staff reported that the top priorities for dressing and securement products are IV site coverage, stabilisation of the catheter, and securement to the skin. An important take-away message from this paper is the vital need to engage staff in clinical practice changes.

As new catheter products continually enter the market, it's important that clinicians provide evidence on how these products perform in clinical practice. The paper by Alexandrou and colleagues reports the experience of one central vascular access service that implemented an extended dwell peripheral device program for patients experiencing difficult intravenous access. Following an ultrasound assessment insertion algorithm,⁷ they then compared the insertion characteristics and outcomes of two extended dwell peripheral catheters for patients experiencing difficult intravenous access.

I hope you enjoy this issue of *Vascular Access*.

Gillian

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