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IR Unplanned Line Removals

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IR Unplanned Line Removals

Toni Haynes, RN, BSN (Central Line Nurse)

Problem

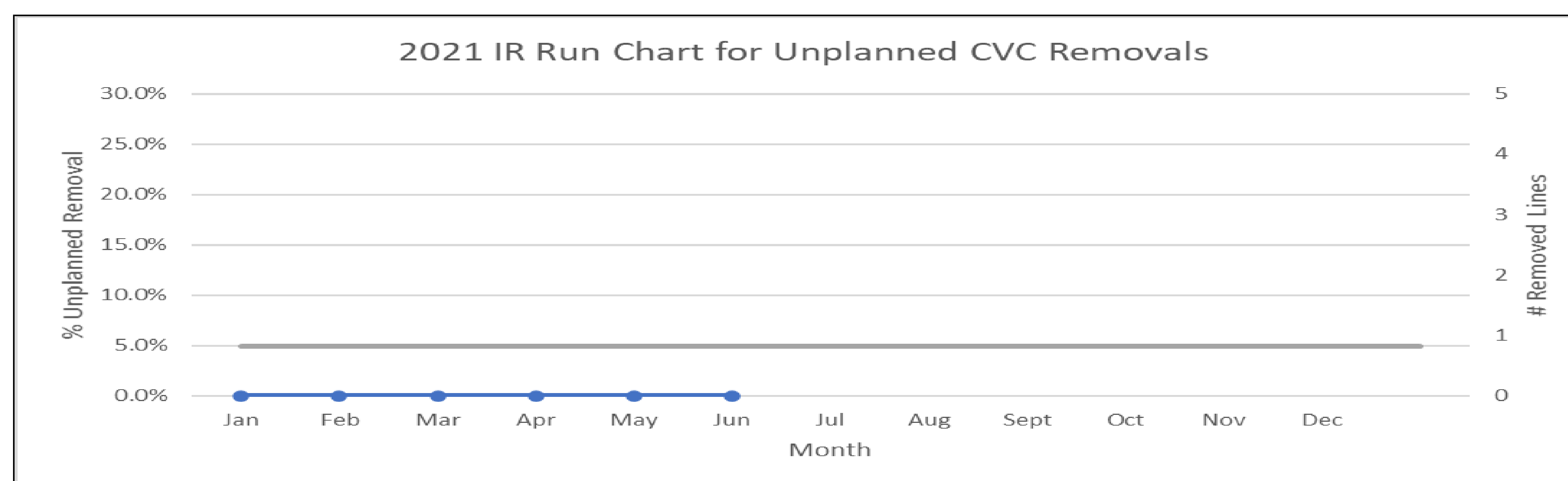
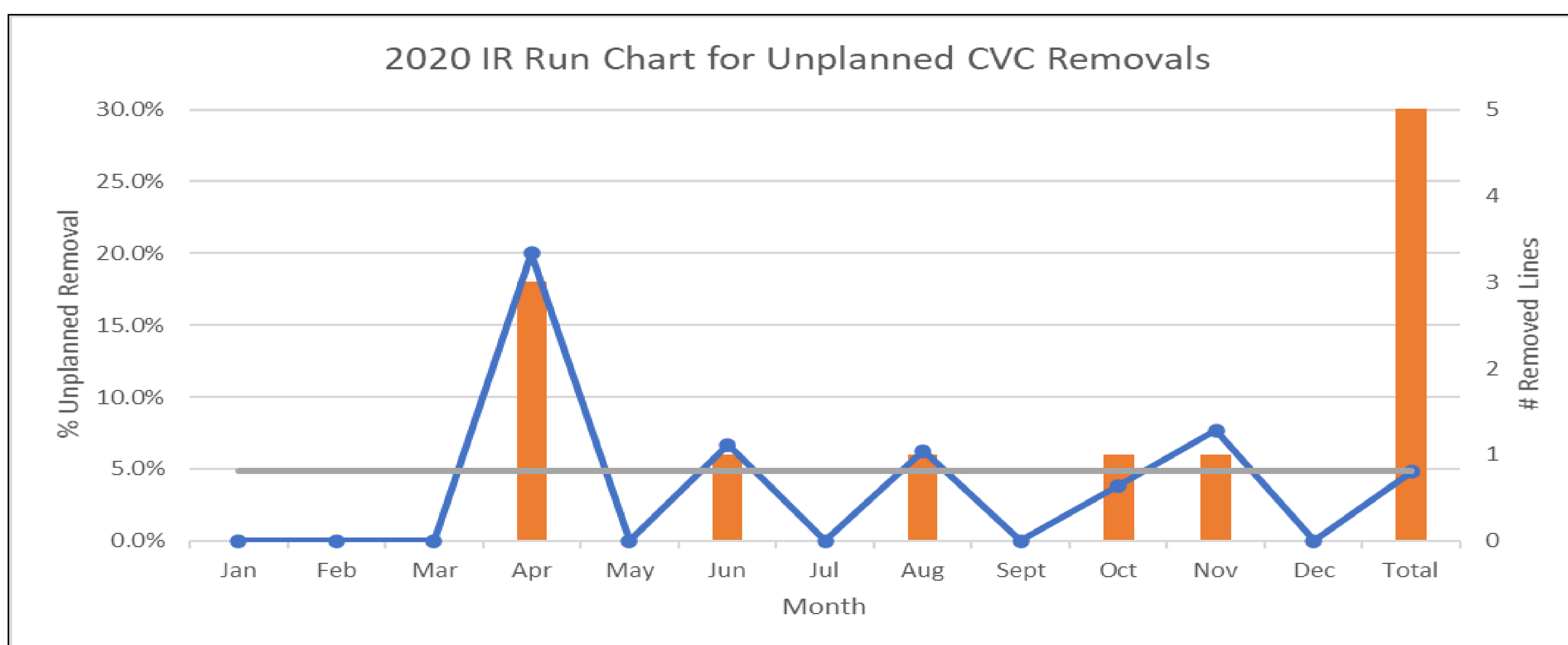
- ❖ In 2020 the Hematology/Oncology Unit noticed an increased trend in removals of Intravascular Access Devices (IVADs) due to line infection or incision dehiscence.

Implementation

- ❖ A mini bedside review was formed
 - Reviewed the line removal
 - When line was placed
 - When line was removed
 - Reason for line removal
- ❖ Based on bedside reviews, 3 changes were made by the IR Surgeons:
 - Change from Skin Affix to Dermabond to close the incision
 - The use of an occlusive drape for the sterile field versus using blue towels – decreases contamination on sterile field
 - A larger separation from the incision to IVAD device – decreases risk for accessing IVAD through incision site
- ❖ At the end of 2020, the unplanned removal rate was 4.9%
 - IR Surgeons wanted to continue project through 2021.

Key EBP Practices

- ❖ Evidence showed studies that looked at a 30-day period of line removals, and unplanned line removals would be a rate of 1-4%. Unplanned line removal criteria are met when an IVAD is removed within 30 days of placement and the line is removed due to an infection or incision dehiscence.
- ❖ A team was formed to track the increase of unplanned line removals in the Hematology/Oncology patient population.
- ❖ The team members included:
 - Clinical Nurse Specialist
 - Central Line Nurse
 - Bone Marrow Transplant Doctor
 - 4 Interventional Radiologist Surgeons
- ❖ Tracking period started March 2020
- ❖ Team's goal rate at the end of 2020 was to be $\leq 5\%$



Outcomes

- ❖ By the end of June 2021, the rate = 0%. There were no unplanned line removals from January to June 2021. This has been incredible.
- ❖ Plan is to continue to monitor the unplanned line removals through the end of 2021.
- ❖ Team continues to meet, discuss, and review any MBSRs with the goal to continue to decrease unplanned line removals