



GAVePed
2025 MILANO



Chirurgia
Pediatria
Pavia



VANTAGGI DI UN TEAM DEDICATO PER GLI ACCESSI VENOSI PEDIATRICI

Alessandro Raffaele, MD Mmed, PhD candidate
UOC Chirurgia Pediatrica
Fondazione IRCCS Policlinico San Matteo Pavia

a.raffaele@smatteo.pv.it

Access to Specialized Care



1

You can save money on your health care costs

2

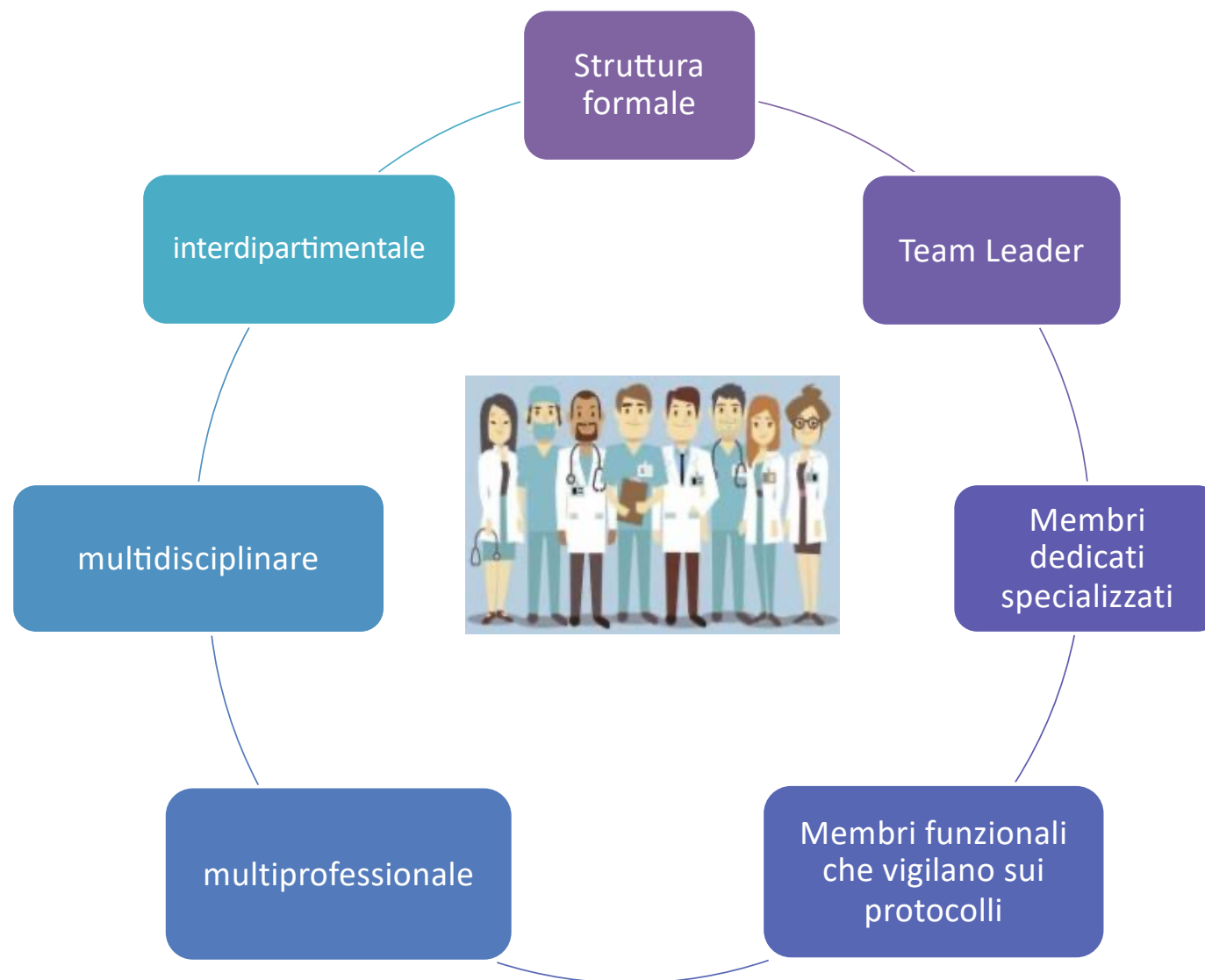
You can get better coordination of care

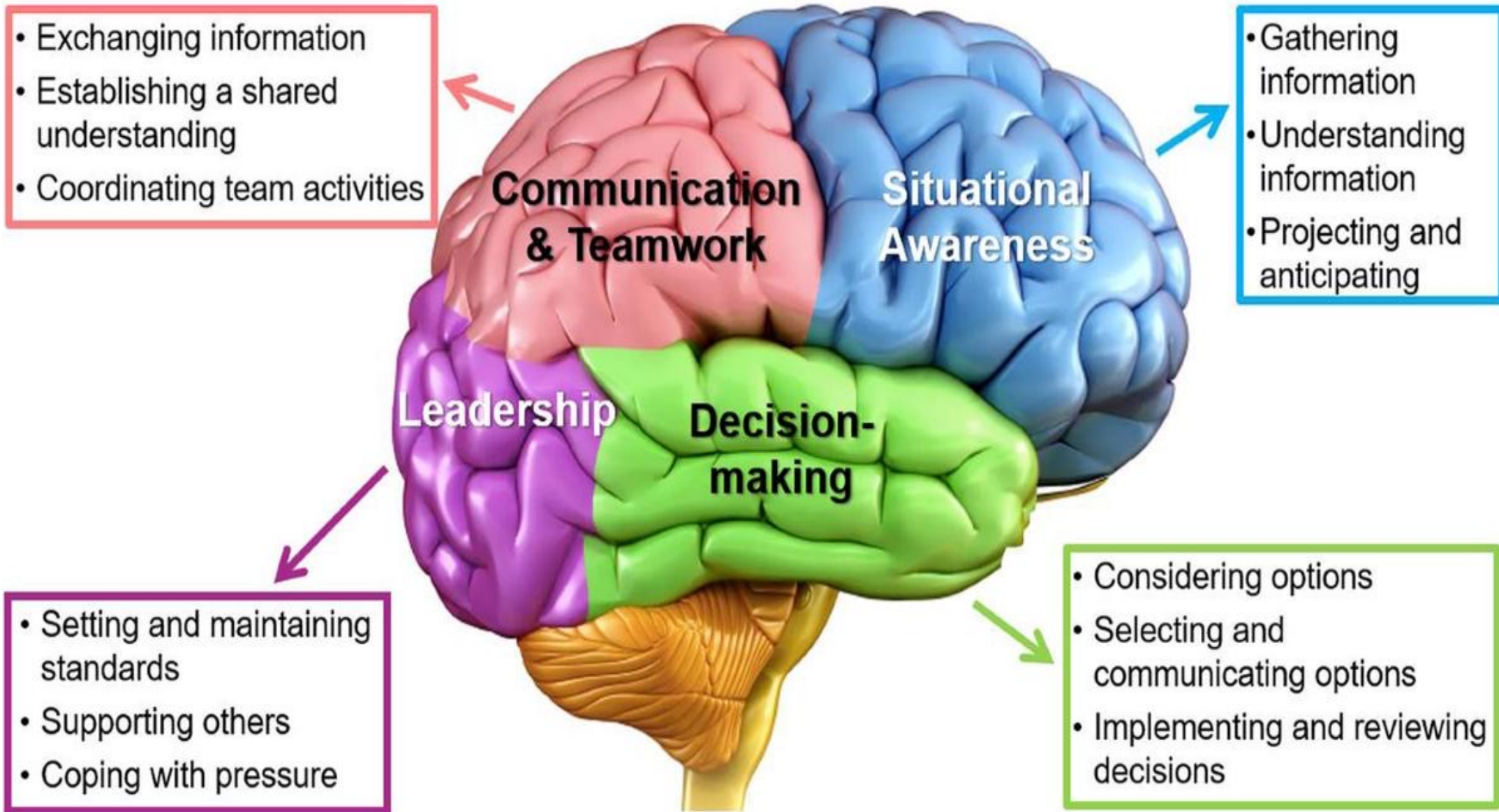
3

You can get higher quality of care

VATp

FEATURES







Clinici



Economici



Organizzativi



Formativi



SCELTA CORRETTA DEL DISPOSITIVO

> [Int J Clin Pract.](#) 2021 Dec;75(12):e14849. doi: 10.1111/ijcp.14849. Epub 2021 Sep 30.

The state of vascular access teams: Results of a European survey

Noemí Cortés Rey ¹, Fulvio Pinelli ², Fredericus H J van Loon ³, Jennifer Caguioa ⁴, Gema Munoz Mozas ⁵, Vincent Piriou ⁶, Ulf Teichgräber ⁷, Didier Lepelletier ⁸, Baudolino Mussa ⁹

Affiliations + expand

PMID: 34516704 DOI: [10.1111/ijcp.14849](#)

La presenza di VAT è correlata a una maggiore aderenza a linee guida e protocolli per la scelta del dispositivo più adatto.



The Benefits of a Nursing Led Vascular Access Service Team:
A White Paper to outline a standardised structure and approach for the NHS to deliver vascular access services in every hospital.

Riferimento autorevole sulle best practices nei team di accesso vascolare, incluso il tema della scelta del device.



SUCCESSO AL PRIMO TENTATIVO

ARTICLE

Effect of Adding a Pediatric Vascular Access Team Component to a Pediatric Peripheral Vascular Access Algorithm

Jane H. Hartman, MSN, APRN, PNP-BC, James F. Bena, MS, Shannon L. Morrison, MS, & Nancy M. Albert, PhD, CCNS, NE-BC, FA/



(PPVAA) da solo vs uso combinato con un team dedicato agli accessi vascolari (PPVAA-VAT).

- tasso di successo al primo tentativo significativamente più alto
- il numero di tentativi e il personale coinvolto diminuiti

TABLE 3. Intravenous access attempts between PPVAA-alone and PPVAA w VAT

Factor n (column %)	Total (n = 596)	PPVAA-alone (n = 302)	PPVAA w VAT (n = 294)	p ^a
Clinicians attempting per episode				<.001
1	492 (82.6)	227 (75.2)	265 (90.1)	
2	81 (13.6)	58 (19.2)	23 (7.8)	
3 or more	23 (3.9)	17 (5.6)	6 (2.0)	
Number of attempts per episode				<.001
1	373 (62.6)	170 (56.3)	203 (69.0)	
2	125 (21.0)	66 (21.9)	59 (20.1)	
3	55 (9.2)	37 (12.3)	18 (6.1)	
4	25 (4.2)	18 (6.0)	7 (2.4)	
5+	18 (3.0)	11 (3.6)	7 (2.4)	

Note. PPVAA, Pediatric Peripheral Vascular Access Algorithm; VAT, vascular access team; w, with.

^aWilcoxon rank sum test.

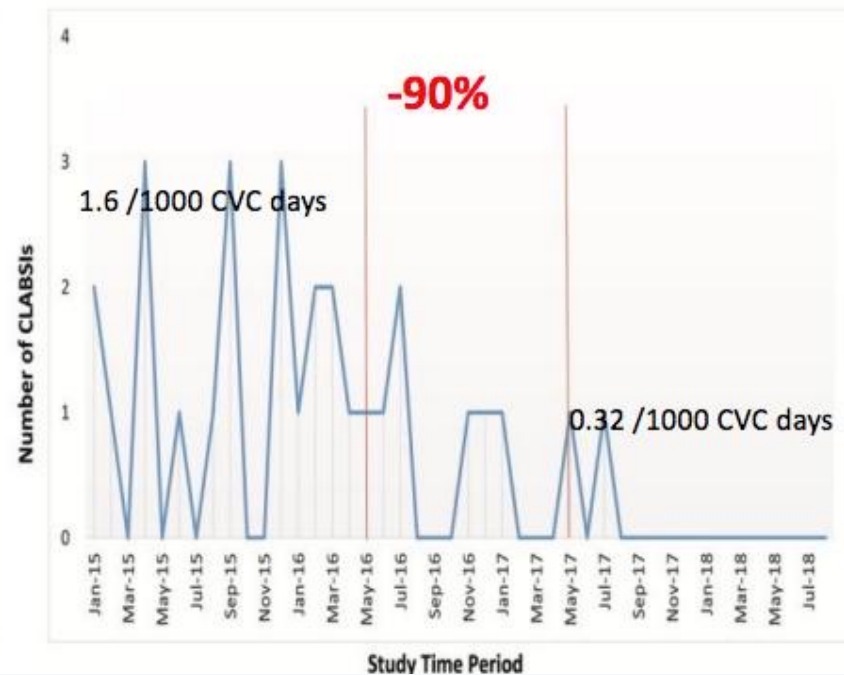
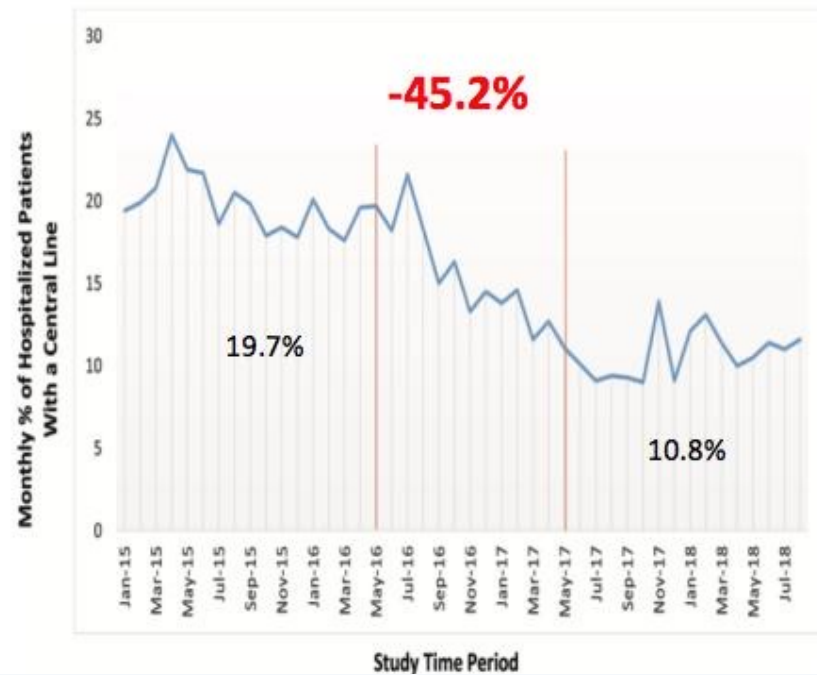


RIDUZIONE DELLE COMPLICANZE

The Art and Science of Infusion Nursing

Implementation of a Vascular Access Team to Reduce Central Line Usage and Prevent Central Line-Associated Bloodstream Infections

Thomas J. Savage, BSN, RN, CEN, CFRN • Amanda D. Lynch, BSN, RN, VA-BC •





RIDUZIONE DELLE COMPLICANZE

American Journal of Infection Control 48 (2020) 460–464



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journal homepage: www.ajicjournal.org



Brief Report

A comprehensive vascular access service can reduce catheter-associated bloodstream infections and promote the appropriate use of vascular access devices



Miguel Martillo MD ^{a,*}, Samson Zarbiv MD, MPH ^b, Rohit Gupta MD ^a, Amy Brito RN ^c,
Atinuke Shittu MBBS, MPH ^d, Roopa Kohli-Seth MD ^a

^a Department of Surgery, Institute for Critical Care Medicine, Icahn School of Medicine at Mount Sinai, New York, NY

^b Department of Medicine, Division of Critical Care Medicine, Cooper University Hospital, Camden, NJ

^c Department of Surgery, Institute for Critical Care Medicine, The Mount Sinai Hospital, New York, NY

^d Department of Surgery, Institute for Critical Care Medicine, Icahn School of Medicine at Mount Sinai, New York, NY

«our model

- focus on the insertion of VADs
- uses clinical evidence and algorithms to determine the correct VAD for a particular patient, avoiding unnecessary insertion of CVC
- ensures adherence to best practices during insertion
- promotes nursing education for device maintenance, especially in patients who are at risk of complications.»

Table 1

A comparison of the CLABSI cases, incidence, SIR, and SUR of 2017 and 2018*

	CLABSI	Line days	Expected	Infection rate	SIR	SUR	P value
2017	102	58,321	81	1.75	1.25	0.73	.00123
2018	59	56,893	61	1.037	0.91	0.81	—

CLABSI, central line–associated bloodstream infection; SIR, standardized infection ratio; SUR, standardized utilization ratio.

*The CLABSI rate was compared using normal theory (z) testing to analyze incidence rates. Statistical significance was set at $P < .05$.



VANTAGGI ECONOMICI

  [An official website of the Department of Health and Human Services](#)



**Agency for Healthcare
Research and Quality**

Eliminating CLABSI, A National Patient Safety Imperative: Final Report Companion Guide

**Infections Avoided, Excess Costs
Averted, and Changes in Mortality
Rate**

revisione sistematica del costo delle CLABSI (850 abstract - 150 articoli - 6 inclusi)

- costo medio delle CLABSI 70.696 dollari (40.412-100.980 dollari)
- prevenute tra 2.187 e 2.419 CLABSI
- prevenuti tra 290 e 605 decessi (tasso di mortalità del 12-25%)
- RISPARMIATI tra 97.756.628 e 244.270.620 dollari



VANTAGGI ECONOMICI

Miglioramento del ritorno sull'investimento (ROI)

- L'espansione di un VAT in due ospedali ha mostrato un ROI variabile da una perdita di \$156.000 a un guadagno netto di \$623.000

Ottimizzazione dell'utilizzo dei cateteri

- ridurre uso non necessario di cateteri centrali, generando risparmi sui costi

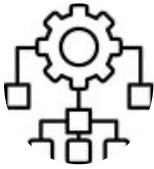
Riduzione dei costi farmacologici

- diminuzione dei costi giornalieri per paziente attraverso la riduzione dell'uso di antimicrobici e antifungini
- Risparmiato 20% dei costi giornalieri di ospedalizzazione stabiliti da HS



Infection Control & Hospital Epidemiology , Volume 41 , Issue S1: The Sixth Decennial International Conference on Healthcare-Associated Infections Abstracts, March 2020: Global Solutions to Antibiotic Resistance in Healthcare , October 2020 , pp. S260

Clinical impact and cost-effectiveness of a central line bundle including split-septum and single-use prefilled flushing devices on central line-associated bloodstream infection rates in a pediatric intensive care unit - Devrim, İlker et al. American Journal of Infection Control, Volume 44, Issue 8, e125 - e128



VANTAGGI ORGANIZZATIVI

HOSPITAL PRACTICE
<https://doi.org/10.1080/21548331.2021.1909897>



CLINICAL FOCUS: IN-HOSPITAL CARDIOVASCULAR MANAGEMENT & PERIOPERATIVE CARE
ORIGINAL RESEARCH



Qualitative interviews and supporting evidence to identify the positive impacts of multidisciplinary vascular access teams

Baudolino Mussa^a, Fulvio Pinelli^e, Noemí Cortés Rey^g, Jennifer Caguioa^d, Fredericus Henricus Johannes Van Loon^c, Gema Munoz Mozas^f, Ulf Teichgräber^h and Didier Lepelletier^b

Esperti da 6 paesi europei
MedLine in 10 anni

- Standardizzazione delle procedure
- Riduzione dei tempi di attesa
- Ridotta degenza
- Numero di operatori formati per le procedure
- Supporto nei casi complessi
- Multidisciplinarietà



[< Programs and Services](#)

Vascular Access Team (VAT)

If your child needs frequent needle sticks or is afraid of needles, the vascular access team (VAT) at Arkansas Children's can ease your child's pain and anxiety during required medical procedures.

In fact, 98 percent of patients at Arkansas Children's need some sort of intravenous device. The vascular access team is dedicated to ensuring your child's experience with needles is as painless and comfortable as possible. We care for children with all types of illness, from common cases of dehydration to chronic disorders like cystic fibrosis to complex conditions such as blood diseases and cancer.

Our team provides personalized service for your child. We work together with your child's doctors and nurses to choose the most appropriate vascular device for your child's specific condition.





VANTAGGI FORMATIVI

- Formazione continua e aggiornamento del personale
- Competenze aggiornate
- Pratiche basate sull'evidenza



VANTAGGI DI UN VAT_p

GAVePed



Impatto positivo sulla sicurezza del paziente e sulla sua soddisfazione



Miglioramento delle efficienze organizzative



Risparmio economico per SSN



Grazie

a.raffaele@smatteo.pv.it