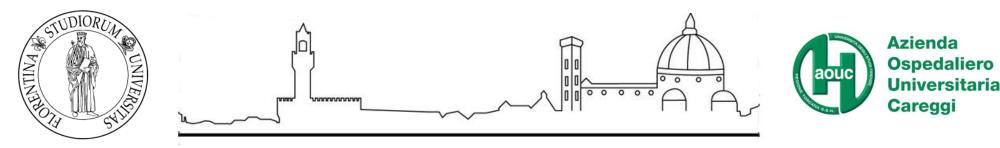
These presentations were developed by the respective presenter(s), and the findings, interpretations, and conclusions contained or expressed with them do not necessarily reflect the views of BD. To the extent these presentations relate to specific products, such products should always be used in accordance with the relevant instructions for use and other product documentation. This content should not be copied or distributed without the consent of the copyright holder. For further information, please contact: GMB-EU-MDS@bd.com

MACOVA





Tracking complications and adverse events

Fulvio Pinelli, MD Careggi University Hospital Florence, Italy

Dimension of the problem

•6 million CVC inserted in US per year

•Over 15 million catheter days in US

ICU alone

Young P. UpToDate 2019

Types and Impact of VADs Complications

- Occlusion (38%)
 - CVAD failure
 - Treatment disruption
- Catheter related thrombosis (CRT)
 - 2-15%
 - Increased risk of PE (0-15%, depending on the location of CRT)
- Venipuncture related (33%)
 - Pneumothorax, hemothorax, multiple attempt, nerve/artery damage, air embolism, failure
- Catheter-related bloodstream infections (CRBSI)
 - 250k/yr in USA
 - Eccess mortality (12% and 25%); 25,000 preventable deaths; economic burden (18000 €/episode; \$ 2 billion/yr)

Strategies To Reduce VADs Complications

- INTERNATIONAL GUIDELINES
- NATIONAL GUIDELINES
- LOCAL PROTOCOLS
- BUNDLES
- CHECKLISTS
- AUDIT, M&M



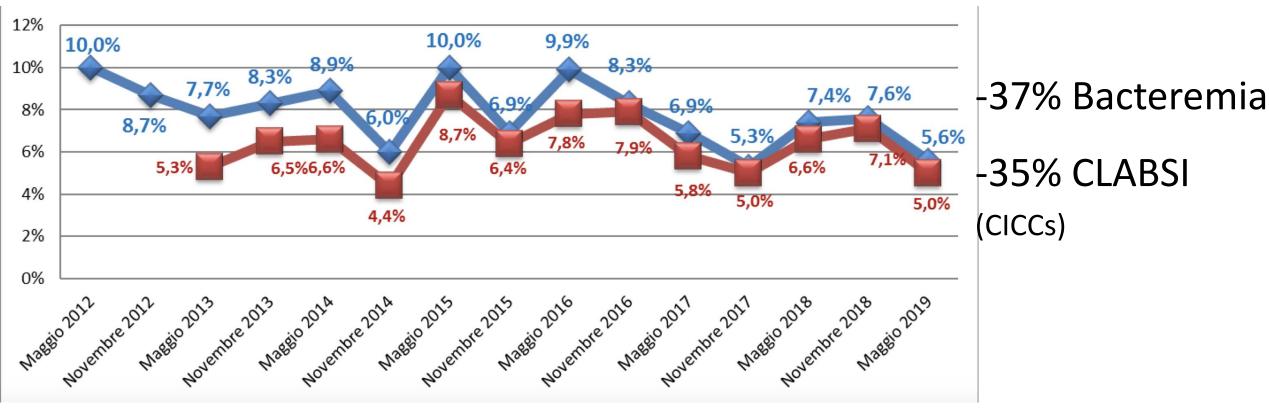
Do we track complications?

These strategies are not sufficient without an effective and continuous monitoring



Which VADs Complications are Monitored?

- Hospital Infection Team
- Healthcare Associated Infections, every 6 months



Limited informations, especially as vascular access specialists...

• Non-bacteremial complications:

 venipuncture related, pocket infections, malpositioning, thrombosis, thrombophlebitis, displacement, malpositioning, failure, obstruction, etc..)

- Other VADs?
 - Medium and Long term VADs; PIVs; etc..

We Needed More...An IT Tool Able To:

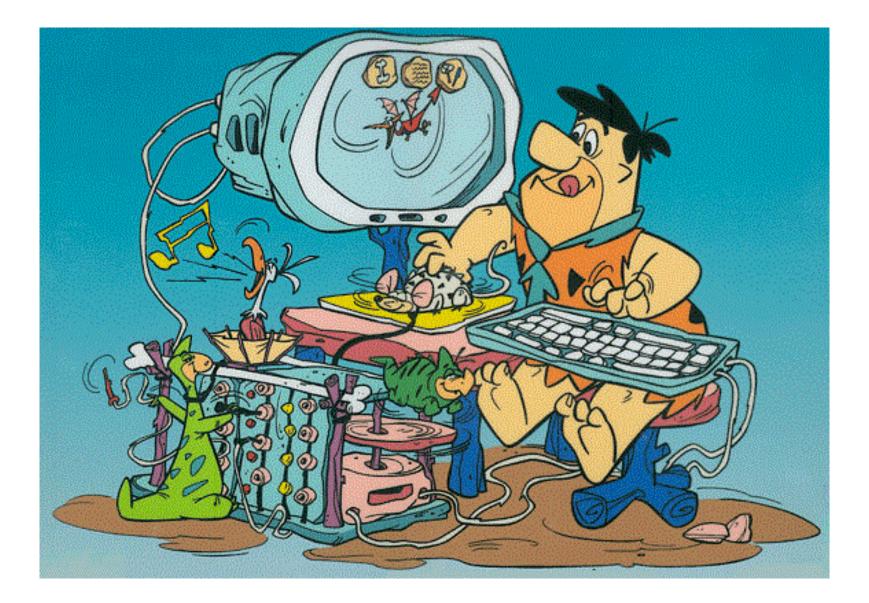
Track ALL major complications

Dynamic and user friendly data manipulation

- ✓ (research, surveys, statistics)
- Process analyses
 - ✓ Benchmarking
 - ✓ Proficiency

✓ Feedbacks and corrections in behaviuors

- Application of insertion and maintanance bundle (checklist)
- Decision support



We had to start somewhere!



What is it?

The REDCap[™] (Research Electronic Data Capture) database is a <u>registry</u> adopted by Careggi University Hospital of Florence, Italy, and developed by Vanderbilt University.

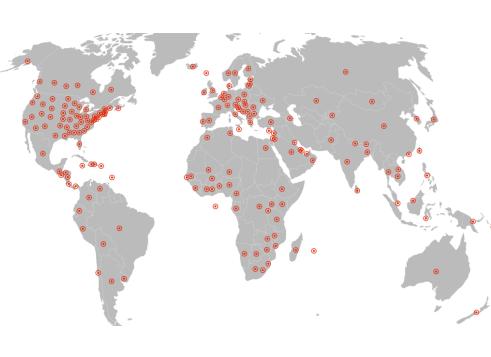
To date the software is used 131 countries,

3676 institutions and is cited 7093 scientific

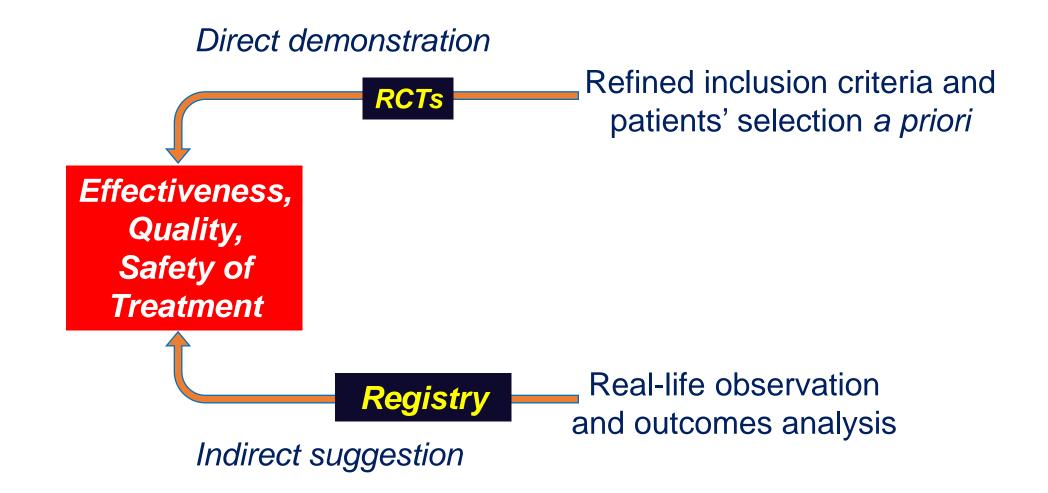
articles, becoming one of the most widely used

data collection tools in the scientific world.



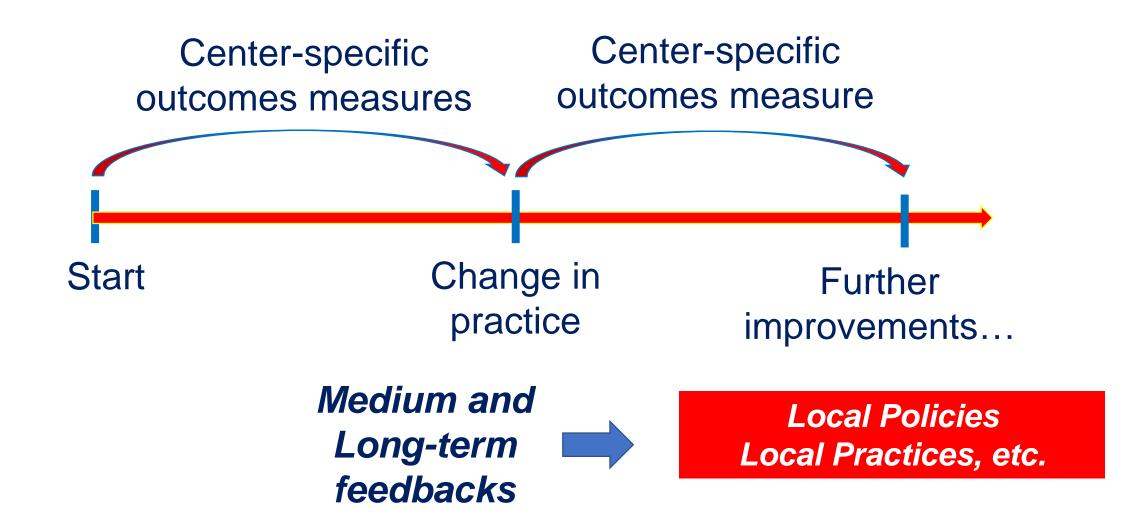


Clinical research has been changing



Center-specific Precision Medicine

Customizing treatment to specific center and sub-populations of patients







Centro Accessi Vascolari Database Careggi University Hospital Florence, Italy

REDCap

Logged in as vittorio_bocciero
 Log out

My Projects

♠ Project Home or \= Project Setup

🗭 REDCap Messenger

Project status: Development

Data Collection / Edit instruments

📰 Record Status Dashboard

- View data collection status of all records

🋃 Add / Edit Records

- Create new records or edit/view existing ones

Record ID 1
 Select other record

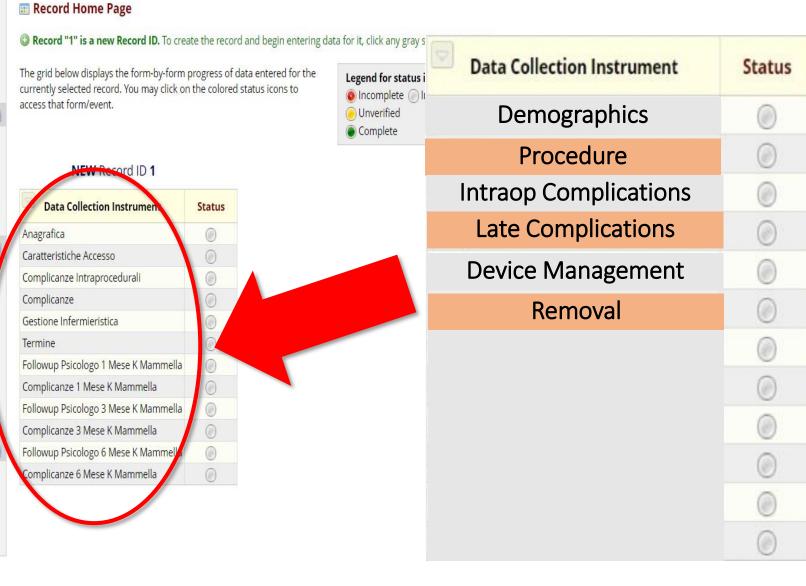
Applications

Calendar
 Data Exports, Reports, and Stats
 Data Import Tool
 Data Comparison Tool
 Logging
 Field Comment Log
 File Repository
 User Rights and A DAGs
 Data Quality
 REDCap Mobile App

Help & Information

Help & FAQ
Video Tutorials
Suggest a New Feature

🔀 Contact REDCap administrator

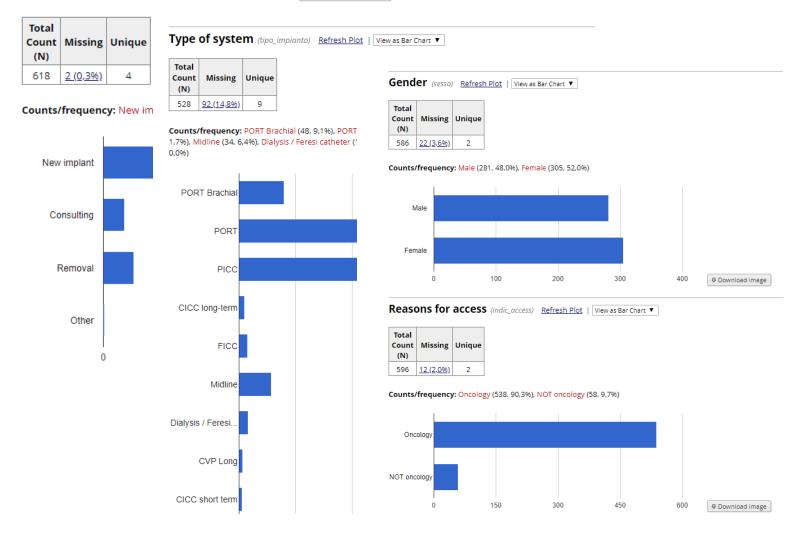


Platform Homepage

Centro Accessi Vascolari

Type of activity, device, population, etc...

Reason for activation (attivaz) Refresh Plot | View as Bar Chart V



Example: Early complications

- 61 (6,4 %) cases over 988
- Repeated puncture: 27
- Arterial puncture: 3
- Hematoma in venipuncture: 6
- Tip navigation / location failed: 5
- PNX: 0
- Pocket bleeding: 7

Example: Late complications

95/958 (9,91 %)

- Median days: 18
- Occlusion of the lumen: 6
 - Reversible: 4
 - Irreversible: 2
- CRT: 9 (8 symptomatic cases and 1 asymptomatic)
- Mechanical complication: 18
- CRBSI: 3

Immediate complication check

Rei	DCap	Azienda Ospedaliera Unive Azienda Ospedaliera Unive Azienda Ospedaliera Universita	versitaria Careggi						
 Logged In as vittari Log aut My Projects or 	r � Control Center or := Project Setup enger	Centro Accessi Vascolari							
		Data Exports, Reports, and Stats		MDED: How to use Data Exports, Reports, and S			Stats		
Outs Collection	/Edit.instruments 😑	* Create New Report	Hy Reports & Exports	Other Export Opt	ions	🚮 Stats & Charts: Compli	canze		
Add / Edit Rei - Create new reco Hide date collection to Anagrafica Motivo accesso/i	ction status of all records cords ords or editivities existing ones natruments: A impianto	Number of results returned Total number of records quer Complicanze		20 📰 View Report 🖶 Export Report 🖨 Print Page 🖉 Edit Report					
Complicanze Intrapro Complicanze/Revision Gestione Infermierist Follow-up Psicologo & Mammella Termine percorso	sione ristica go e Complicanze - K	DISPLAY OPTIONS Optional: Select a record to Viewing options: Show p	overlay onto the plots below		-	elect record 💌		l⊋	
Calendar Calendar Data Exports Data Import 1 Data Compar Logging Field Comme File Repositor Bile Repositor Core Rights a Record Lockin Sesignature a Data Quality	s, Reports, and Stats Tool Itson Tool Int Log IY Ind DAGs Ing Customization Ind Locking Mgmt API Playground Ile App	Causale di interver		•	30,8%), Consulenza (5, 4,3%)			
lenorta	Z Edit reports (=)								1

More important: clinician/registry interaction

LOCAL INFECTION	 Yes No
Localizzazione segni di infezione	The system will help you in defining the complication, the
SISTEMIC INFECTION	Severity and the further Treatment strategy, using
CLABSI	bundles, reminders, suggestions as a decision support tool.
CRBSI	 Yes No reset Infezione ematica correlata al catetere. Criteri diagnostici: Isolamento del medesimo microrganismo sia dal catetere che dal prelievo di sangue periferico; Colture ematiche quantitative simultanee con un tasso di microrganismi >5:1 provenienti dal CVC rispetto al sangue periferico; Differenziale di tempo superiore a 2 ore di positività della coltura prelevata dal CVC rispetto alla positività di quella prelevata dal sangue periferico
Stravaso sottocutaneo	 ⊕ Yes ⊖ No

 View data collection status of all records Add / Edit Records 	Record ID		948	3	Save & Exit Form
- Create ne	RDIZATI	ON, HE	LPING	DIAGNOS	SIS ^{Go To Ner}
Data Collection Instruments: Anagrafica Motivo accesso/impianto + Complicanze Intraprocedurali	INFORMAZIONI DI IMPIAN	то	OI Q	Domizio Poggiarelli; 19-06-1949; g CICC a breve termine; Fr: 5; Pow No;	gia di impianto
 Complicanze/Revisione Gestione Infermieristica Followup Psicologo K Mammella Complicanze K Mammella Termine percorso 	Hai palpato il sito di inser Immagine di riferimento \		() () () ()		reset
Applications					
Calendar Data Exports, Reports, and Stats Field Comment Log File Repository User Rights REDCap Mobile App Reports	J		J.	J.	
1) Tipologie di device 2) Prestazioni	Score 0	Score 1	Score 2	Score 3	
consulenze	Cute sana, integra,	Iperemia al punto	Iperemia al punto	Iperemia,	
Help & Information Help & FAQ Video Tutorials Suggest a New Feature	senza segni di flogosi	di uscita del CVC< 1cm² con o senza fibrina	di uscita del CVC compresa tra 1 e 2 cm ² con o senza fibrina	secrezioni e/o pus, con o senza fibrina	
Contact REDCap administrator	Sulla base dell'immagine j	precedente assegna lo sc	ore relativo VES 💾		
	ll paziente presenta SIRS				reset

Management

Decision support

- Create new records or editriview existing ones	Nome e Cognome: Prov	o Prova, data di nascita: 21-01-1967, sesso: Maschio Save & Exit Form
Record ID 1200 Prove Prove; 21-01-1967; Insertments: 10-01-2020	Giorno di compilazione	🗧 14-01-2020 🎬 Today DHY Save & Go To Next Form
Select other record Dess Collection Instruments: Anagrafica Motivo accesso/implanto Complicanze Intraprocedurali	INFORMAZIONI DI IMPIANTO	Prova Prova; 21-01-1967; giorno di i Cancel 10-01-2020; tipologia di impianto PORT Brachiale; Fr: 5; Power Yes; Tunnel Yes; reset
Complicanze/Revisione Complicanze/Revisione Gestione Infermienistica Follow-up Psicologo e Complicanze - K Mammelia Termine percorso Cock all instruments	Il paziente presenta SIRS	 Yes No Prequence cardiace superiore a 90 bettiti al minuto; Temperature corpores inferiore a 36 °C o febbre alta (> 38 °C)) Aumento (bachiprea) o induzione (brachiprea) della frequence respiratoria; Numero di globuli bianchi nel sangue inferiore al 4.000 per mm³ (baccoperia) o superiore al 10% di forme immature di neutrofili.
Applications Calendar Calenda	il tunnel presenta	CONDIZIONE STABILE Arrossamento Colore Colore Colore Ematoma Altro
Elle Repository	Consulta la procedura aziendale Watch video	
 E-signature and Locking Mgmt Data Quality API and API Playground REDCap Mobile App External Modules 	Cute circostante	CONDIZIONE STABILE
Reports / Editroports (Condizione della tasca	CONDIZIONE STABILE Deiscenza ferita Ematoma Necrosi
Help & Information Help & FAQ Ideo Tutorials Concernt a New Centure		Dolore Lesione di continuo Eritema

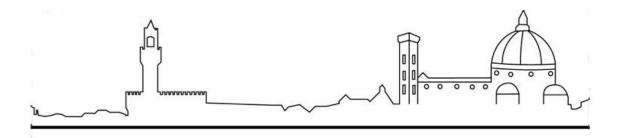
CONCLUSION 1

- VADs complications have a considerable impact in terms of morbidity, mortality and costs
- •**Tracking** is fundamental **part of a strategy** of complication reduction

CONCLUSION 2

- IT technology may not only helping us in tracking complications. The **platform-physician interaction** has additional useful effects on the single utilizing center:
 - Renewal of the concept of "clinical research", which is focused to tailoring and customizing clinical choices (center specific precision medicine)
 - Provides center-specific clinical feedbacks;
 - Decision support;
 - Promotes good practice







THANK YOU

Fulvio Pinelli, MD Careggi University Hospital Florence, Italy