

Sept. 2, 2009

Contact: Gregory Dennis
Tel. (802) 388-0390; mobile 802-989-4115
Dowling & Dennis Public Relations
E-mail: Greg@DowlingDennis.net

AVA Meeting Panel To Highlight New Standards for IV Catheter Disinfection

Infection Control Guidelines from Joint Commission Are Focus of Panel Sponsored by Maker of SwabCap

LAS VEGAS – How to meet new infection-control guidelines from the Joint Commission and the SHEA/IDSA Compendium will be the focus of a panel discussion at the upcoming annual meeting of the Association for Vascular Access (AVA).

Discussing the new guidelines for disinfecting IV catheter elements will be three nationally known experts:

- Lynn Hadaway, M. Ed, RN, CRNI
- Gregory Schears, MD
- Kelly Fugate, ND, RN, of The Joint Commission

The early-morning symposium is titled “Preventing Intra-Luminal Contamination from CRBSI's: Complying with New Guidelines.”

The panel will be from 6:45 a.m. to 8 a.m., on Sept. 16 in Room Royale 8 of the Riviera Hotel, in Las Vegas, site of AVA's annual meeting.

Sponsoring this educational presentation is Excelsior Medical, makers of the FDA-cleared SwabCap -- the luer access valve disinfection cap that promotes technique standardization.

A new guideline implementing a National Patient Safety Goal of the Joint Commission requires that as of January 2010, hospitals use a standardized protocol to disinfect items such as a luer access valves, catheter hubs, and injection ports. The Joint Commission accredits US healthcare facilities.

Similar to the Joint Commission guideline, the recently issued SHEA/IDSA Compendium calls for the cleaning of catheter hubs, needle-less connectors, and injection ports, prior to accessing central venous and peripherally inserted central catheters (PICCs). The Compendium's Practice Recommendations were developed by the Society for Healthcare Epidemiology of America (SHEA) and the Infectious Disease Society of America (IDSA).

“The Joint Commission and SHEA/IDSA protocols have prompted many institutions to consider how they can improve their protocols for preventing catheter-related bloodstream infections. It is known that these potentially deadly infections can result from improperly disinfected valves, ports and hubs,” said Dr. Schears. “This panel at the AVA meeting will provide a helpful summary of the new protocols, as well as recommendations on how vascular access nurses can comply with best clinical practice.”

Catheter-related bloodstream infections constitute a significant threat in hospital settings, with a mortality rate of 12% to 25%. Each infection costs from \$25,000 to \$45,000 per case to treat, according to the CDC.

About the Panelists

Dr. Schears is an anesthesiologist and specialist in pediatric critical care medicine. He has a longstanding interest in vascular access and reducing patient-related complications using technology. He is also the physician liaison to the nurse PICC team at the Mayo Clinic in Rochester, Minnesota.

Lynn Hadaway is widely published on vascular access devices, the management of infusion and vascular access complications, and related topics. She heads Lynn Hadaway Associates.

Kelly Fugate is an associate project director for The Joint Commission's Divisions of Standards and Survey Methods. She coordinates standards development in infection prevention and control, among other fields

About Excelsior Medical Corp.

Excelsior Medical, maker of the SwabCap luer access valve disinfection cap, is one of the leading manufacturers of pre-filled catheter flush syringes and syringe pump systems. SwabCap twists directly onto the valve and passively disinfects the valve top and threads in 5 minutes. Its simple application and removal process promotes technique standardization and caregiver compliance with luer access valve cleaning protocols, including the new Joint Commission and SHEA/IDSA requirements.