CONGRESS BROCHURE

WoCoVA 2014

3rd World Congress on Vascular Access

Safety – Cost Effectiveness – Efficiency in Vascular Access



Berlin, Germany, June 18 - 20, 2014, Berlin Congress Center

FOREWORD ORGANIZING COMMITTEE

Dear colleagues,

On behalf of the WoCoVA organizing and scientific committee we welcome you to the 3rd World Congress on Vascular Access in the capital city of Germany, Berlin.

For the third time we bring the most important experts in Vascular Access together to share results of research, protocols, innovations and expertise.

The program offers you educational courses, a PICC train the trainer course prior to the main program and variety of oral sessions, poster presentations, hands-on workshops and a range of satellite symposia during the rest of the week, that will help you enhance the quality of your every day practice.

With a large number of abstracts, we see an increasing understanding of the need to improve patient safety and comfort while treated in the hospital or at home.

The large exhibition floor is packed with the latest product novelties and will be open during all three days of the congress. It will certainly give food for thought in achieving your goals on complication management, infection prevention and patient quality of life.

Also have a look at the booth of different national organizations related to Vascular Access and network with experts from all over the globe.

Be sure to make the most of this conference, not only by following lectures, taking part in discussions and meeting new friends and colleagues, but also by discovering the old and new Berlin, a city rich in history, culture, architecture and entertainment. With an easy to use public transport system, you can easily experience what this beautiful, vibrant city has to offer.

WoCoVA invites you to share your ideas and suggestions to improve this and future WoCoVA meetings and to enjoy this unique opportunity to expand your network.

Please enjoy the congress and we thank you for you contribution and participation.

On behalf of the whole WoCoVA 2014 organization,

Ton van Boxtel

Congress president

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COMMITTEES

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GREETINGS

Bundesministerium
für Gesundheit

As diverse as the causes of the diseases themselves, so are, in the meantime, the treatment options for vascular diseases since they have undergone significant further development in recent years, thanks to medical progress and diverse scientific achievements.

Consequently, the cross-border exchange of know-how regarding innovative treatment methods is an important prerequisite for you, in vascular medicine, to be able to provide high-quality, cutting-edge care for your patients. Meetings of experts, such as the World Congress on Vascular Access 2014, allow you to have this valuable exchange of know-how and experience with colleagues from all over the world.

Universally, international co-operation is of great significance for people's health and it represents an important component of German health policy. This is why Germany has been an active member of the World Health Organisation (WHO) for many years. Many of the initiatives and statutory tobacco control policy measures implemented in Germany in the past years have been in response to recommendations of the World Health Organisation. One agreement which is of great import for Germany is, for example, the Framework Convention on Tobacco Control. It is the first worldwide health agreement aimed at reducing tobacco consumption. Moreover, as a vital step in the common battle against the causes of both cancer and vascular disease, it is also of interest for your work in the field of vascular medicine.

I am very pleased to see that here, at the WoCoVa 2014, not only a broad spectrum of technical lectures awaits you, but also possibilities for exchanging know-how and experience. Your patients certainly stand to gain from conferences such as this one that disseminate knowledge and open up new options for action. I therefore wish you three very informative days at this congress and an enjoyable stay in Berlin.

Hermann Gröhe

Bundesminister
Mitglied des Deutschen
Bundestages

WoCoVA 2014 PRE CONGRESS EVENTS

PICC ACADEMY NETWORK (PAN) (ADDITIONAL FEE)

Location **PARK INN HOTEL**

JUNE 16, 2014

10.00 - 10.30 Registration

10.30 - 18.30 PAN training

JUNE 17, 2014

08.30 - 16.30 Practical training, examination and certification

PAN
PICC Academy Network

PAN
PICC Academy Network

ECG COURSE (ADDITIONAL FEE)

Location **Berlin Congress Center (BCC), Room B04**

JUNE 17, 2014

15.00 - 18.00 ECG method for VAD tip positioning

GAVeCeLT
Gli Accessi Venosi Centrali a Lungo Termine

OMG SYMPOSIUM (FREE ACCESS)

Location **Berlin Congress Center (BCC), Room B05-06-07**

partly industry sponsored

JUNE 17, 2014

17.30 - 19.30 The One Million Global (OMG) peripheral intravenous catheters (PIVC) study is an international prevalence investigation specifically targeting assessment and management of PIVC's across more than 50 countries.

OMG PIVC
One Million Global Catheters
PIVC Worldwide Prevalence Study

DAY 1: WEDNESDAY JUNE 18, 2014

Room C01

09.30 - 10.00 **Opening Ceremony**

10.00 - 11.00 (I-001) **KEYNOTE LECTURE**
A Global Approach to Reduce Risk and Liability for Vascular Access Issues
Russell Nassof, JD (US)

description:

In this increasingly complex and diverse world of healthcare and particularly vascular access, it is difficult to find commonality with respect to issues of importance because of the tremendous variation in needs, priorities, and resources from nation to nation. This keynote presentation will identify and discuss the critical universal components necessary to mitigate risk and liability (in those nations where liability exists) for vascular access issues in healthcare across the globe.

VENOUS ACCESS DEVICES IN 2014
Chair: Josie Stone, RN, CPNP, CRNI, VA-BC(US), Mauro Pittiruti, MD (IT)

11.00 - 11.30 (I-002) **Overview of VA improvement and challenges**
Ton van Boxtel, RN, MSc, VA-BC (NL)

description: The goal is to present on the current postion of vascular access in healthcare, the challenges, oportunities, innovations and research that will open doors to improve patient care and quality of life. The take home message is: Vascular access needs to become an expertise!

11.30 - 12.00 (I-003) **Venous access devices: safety and cost effectiveness**
Paul Blackburn , RN, BSN, MNA, VA-BC (US)

description: This presentation will briefly explore the IV therapeutic environment clinicians are practicing in today. It will go on to discuss the influence patient dynamics have on IV therapy as well as provide a brief description of the pros and cons associated with various vascular access devices. Following this discussion, a short introduction to a vascular access device algorithm will be provided. The discussion will conclude with attendee participation in case studies designed to incorporate the previously provided information regarding device selection, safety, and cost effectiveness.

12.00 - 12.30 (I-004) **FILM FESTIVAL**
Jack LeDonne, MD, VA-BC, FACS (US),
Peter Carr, RN Dip HE Adult Nurs, H Dip A&E Spec Nurs, BSc, MMedSc (AU)

description: Film has the power to explain clinical content and reveal actual clinical practice.
Web 2.0 allows for sharing of clinical images and videos of vascular access procedures. Some of these videos may not represent ideal or best practice. The inaugural WoCoVA Film Festival brings the latest in cutting edge vascular access film containing clinically relevant topics. Join us for what will be a visual experience not to be missed.

12.30 - 14.00 lunch

13.00 - 14.00 **SATELLITE SYMPOSIUM,** Industry sponsored *(more info see page 42)*

DAY 1: WEDNESDAY JUNE 18, 2014

Room C01

THE STATE OF THE ART OF PERIPHERAL VENOUS ACCESS
Chair: Lynn Hadaway, M.ed, RN, BC, CRNI (US), Nancy Moureau, BSN, CRNI, CPUI, VA-BC (US)

14.00 - 14.30 (I-005) **Peripheral venous access in neonates and infants today**
Agnes van den Hoogen, PhD, RN (NL)

description: In infants admitted to Neonatal and Peaditraic intensive care units (NICU&PICU) peripheral intravenous (PIV) catheters are inevitable for administering fluids, blood products and medication. Cannulation via peripheral intravenous (PIV) catheters is the simplest and most frequently used method for Intravenous therapy in these severely ill infants. An overview of literature will be provided, focusing on effective insertion techniques and ongoing care for infants in need of a PIV catheter, to decrease PIV related complications, hospital stay and mortality and increase duration of PIV catheters.

14.30 - 15.00 (I-006) **Venous access strategies in the emergency department**
Judy Thompson, MSN, RN, VA-BC (US)

description: Vascular access is always a priority, but becomes particularly critical in emergency situations. The focus of this presentation is best strategies for vascular access in the emergency department and in emergency situations. Discussion will include risks and comparisons between short peripheral cannulas, intra osseous, and central venous access in emergency situations.

15.00 - 15.30 (I-007) **Securement of PIV's**
Claire Rickard, RN, PhD (AU)

description: Traditionally, little attention was paid to peripheral IV (PIV) dressing and securement since most PIVs were removed at or before 96 hours. Evidence-based guidelines now advise PIV removal only when clinically indicated. This means a complete rethink of our clinical practices, and the products we choose, for PIV dressing and securement. "One PIV per patient" could be the new reality - and far more pleasant for patients – but only if we can protect and secure insertion sites from infiltration, occlusion, phlebitis, accidental removal and infection. Can we do it?

15.30 - 16.00 coffee break

THE STATE OF THE ART OF SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS
Chair: Jim Lacy, BSN, RN, VA-BC, CRNI (US), Antonio LaGreca, MD (IT)

16.00 - 16.30 (I-008) **Tip Navigation Technologies: Clinical Utility and Cost Effectiveness**
Gail Egan, MS, ANP (US)

description: Accurate tip placement of central vascular access devices is critical to device performance, and is related to a lower incidence of catheter related complications. This session will contrast and compare tip verification systems including chest x-ray, fluoroscopy, transesophageal echo, and ECG and doppler based systems. Practical clinical utility, impact on infusion delivery, features and benefits, cost and limitations of each strategy will be discussed. The application of each system in challenging situations including patients with cardiac arrythmias, limited access and contrast allergy will be reviewed.

16.30 - 17.00 (I-009) **Designing Access for Measurable Outcomes: A Clinical Microsystems Approach**
Rob Dawson, DNP, MSA, ARNP, ACNP-BC, CPUI, VA-BC (US)

description: The microsystem approach is a patient centered improvement science that creates value through context assessment. Value is created by intentionally matching specific aims for improvement to one of four directions on Nelson's Value Compass. This presentation will review how to apply a quality improvement framework to design vascular access improvement. This is as much a cultural change as it is science. Key steps will be revealed that include a microsystem context assessment, and how to apply scientific knowledge to address improvement within a microsystem.

DAY 1: WEDNESDAY JUNE 18, 2014

Room C01

ABSTRACT PRESENTATIONS

17.00 - 17.15 (O-001)
Nurse assisted CVC insertion. An example of physiciansnurses collaboration
Hervé Rosay (FR)

17.15 - 17.30 (O-002)
The SICA protocol: a bundle of interventions for the safe insertion of central venous catheters in adult patients.
Mauro Pittiruti, MD (IT)

17.30 - 17.45 (O-003)
Improvement of patient safety access for CVC – Aggregation of CVC insertion and license system at Central Venous Catheterization (CVC) center
Jun Oda (JP)

17.45 - 18.00 (O-004)
A descriptive study of nerve injury related to upper arm PICC placement
Linfang Zhao (CN)

Room B05-B06 -B07

13.00 - 14.00
SATELLITE SYMPOSIUM, Industry sponsored *(more info see page 42)*

PERIPHERAL VENOUS ACCESS: THE CURRENT CONTROVERSIES
Chair: Giancarlo Scoppettuolo, MD (IT), Amy Bardin, MS, RRT, VA-BC (AU)

14.00 - 14.30 (I-010)
Long peripheral cannulas: pros and cons
Nadine Nakazawa, RN, BS, OCN, CRNI, VA-BC (US)

description:
Establishing reliable vascular access is increasingly challenging in "acutely-chronically ill" patients who have had multiple and/or repeated intravenous therapies over months or years, when they enter the healthcare system. Many institutions have increased their "vascular access repertoire" with the placement of longer than standard peripheral IV cannulas usually using ultrasound guidance. As these procedures and devices gain wider usage, we fall back to the risks associated with midline usage in general. This presentation will briefly go over the pros and cons of the wider utilization of these devices, and the imperatives upon health care organizations to educate staff nurses as to the proper utilization, dwell times, infusate limitations, and monitoring of sites.

14.30 - 15.00 (I-011)
Fifteen years experience of midline catheters in an acute and community healthcare setting
Andrew Jackson, RN (GB)

description:
The aim of this session is to offer an insight into the provision of reliable vascular access within a UK 550 bedded district general hospital. Specifically, the midline device will be reviewed and its potential role as a reliable vascular access device considered. This presentation will offer a brief overview of midline vascular access devices. Over a decade of midline vascular access experience will be considered. To conclude, published evidence and experience will be considered to advise when midline devices may be viewed as reliable vascular access device.

DAY 1: WEDNESDAY JUNE 18, 2014

Room B05-B06 -B07

15.00 - 15.30 (I-012)
Ultrasound guided peripheral venous access: When? How?
Kathy Kokotis, RN, BS, NBA (US)

description:
Worldwide a couple of billion PIV's are placed per year. The population worldwide is changing in obesity, chronic disease, diabetes, and cardiac disease. Barton and Danek (1998) indicate that it takes 2.1 attempts with a range of 1-14 to place a PIV utilizing landmark technique. A review of the literature on patient candidates, learning curve, success rate and outcomes will be presented. In conclusion, a discussion will take place to the key steps in the development of a program in the published literature finishing with a discussion on cost-effectiveness.

15.30 - 16.00 coffee break

PERIPHERAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Pierre Tissieres, MD, PhD (FR), Lisa Dougherty, DClinP, RN, MSc (GB)

16.00 - 16.30 (I-013)
Visualization of superficial veins by NIR technology: pros and cons
Massimo Lamperti, MD (IT)

description:
Peripheral vein venipuncture and cannulation can be a challenging procedure in some patients as obese, children and patients with previous difficult venipunctures. Near infrared technology has been introduced in recent years in order to visualize superficial veins based on the different light absorption of the venous blood in the superficial veins. Different devices have been used in different clinical settings but at the moment there are some advantages and limitations that need to be pointed out in order to make this technology more efficient in difficult patients.

16.30 - 17.00 (I-014)
PIV selection and PIV insertion: something is changing
Marcia Ryder, PhD, MS, RN (US)

description:
The risk of needlestick injury and blood exposure to practitioners inserting PIVs has been addressed by safety device and blood control technology. Question: is there a potential increased infection risk to the patient due to the variation in device designs? Research findings comparing biofilm formation in blood control PVC catheters as a potential contributing factor in BSI risk will be presented.

ABSTRACT PRESENTATIONS

17.00 - 17.15 (O-005)
A Global Prevalence Study on Peripheral Catheters (The OMG-PIVC Study)
Evan Alexandrou, RN, MPH, PhD (AU)

17.15 - 17.30 (O-006)
The Emergency Department and peripheral cannulation
Peter Carr, RN Dip HE Adult Nurs, H Dip A&E Spec Nurs, BSc, MMedSc (AU)

17.30 - 17.45 (O-007)
Long peripheral lines versus short peripheral lines in pediatric patients reducing complications: pilot study
Nerea Ruiz García (ES)

DAY 1: WEDNESDAY JUNE 18, 2014

Room B08-B09

13.00 - 14.00 **SATELLITE SYMPOSIUM,** Industry sponsored *(more info see page 43)*

SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES
Chair: Tim Spencer, RN, APN, DipAppSci, ICCert, BH. (AU), Paul Blackburn, RN, BSN, MNA, VA-BC (US)

14.00 - 14.30 (I-015) **Cost-effectiveness of PIV's vs. PICC's**
Evan Alexandrou, RN, MPH, PhD (AU)

description: Approximately 7 in every 10 hospitalised patients receive some form of vascular access for intravenous therapy during their admission. It is one of the most commonly practiced clinical procedures. Recent evidence has challenged our traditional thoughts on when a PICC or PIV can be used including type of medication and device dwell. This presentation will explore the evidence on the clinical and cost effectiveness on the choice and use of these devices.

14.30 - 15.00 (I-016) **"How does a clinician choose needle free connectors : are there evidence based recommendations?"**
Sheila Inwood, RN, MSN (GB)

description: A review of the guidance pertaining to needlefree IV connectors will be presented, with the categorised evidence discussed. The vital role that the needlefree IV connectors play in a vascular access pathway will be emphasised with regard to patient safety. Brief discussion on intraluminal infection and the impact that needlefree IV connectors can have on this particular route of catheter related infection. Review of a checklist that can be utilised by clinicians and purchasers to identify needlefree iv connectors that are best suited to clinical practice and maintain a safe complication free patient experience.

15.00 - 15.30 (I-017) **Which PICC? Valved PICC's vs. non-valved PICC's**
Andrew Johnston, MA, MD, FRCA, FFICM (GB)

description: Peripherally inserted central catheters (PICCs) can be either non-valved or valved. Non-valved varieties have a continuous column of fluid between the distal intra-vascular end and the proximal external end. Valved PICCs have a valve at either the distal or proximal end; this valve remains closed when the PICC is not in use but opens during aspiration and injection. The claimed advantages of a valved PICC are: 1. reduced occlusion rate, 2. avoidance of heparinised saline for locking, 3. reduced risk of bleeding and air embolism. In this lecture, these claims will be explored and the evidence base will be presented.

15.30 - 16.00 coffee break

SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Sheila Inwood, RN, MSN (GB), Jocelyn Hill, RN, OCN, CRNI, VA-BC (CA)

16.00 - 16.30 (I-018) **Logistics and economics of a vascular access team**
Lynn Hadaway, M.ed, RN, BC, CRNI (US)

description: Insertion of all vascular access devices and the safe delivery of infusion therapy require a high level of knowledge, critical thinking, and psychomotor skills. Numerous studies have emphasized the benefits of these specialized teams. This presentation will review the benefits along with the logistics for these teams. Decisions about organizational structure, staffing, scope of service, and careful cost analyses must be based on the specific needs of each hospital. This presentation will review the process and content required for making a decision to institute a new team or expand an existing team. Many factors require thorough assessment to facilitate a wise business decision.

DAY 1: WEDNESDAY JUNE 18, 2014

Room B08-B09

16.30 - 17.00 (I-019)
Infection prevention in the world of vascular access today
Kathy Warye (US)

description:
The speaker will provide an overview of international trends in infection prevention with emphasis on catheter-related blood stream infections (CRBSI). The pillars of HAI elimination, progress toward reduction of HAIs, interventions and the barriers to achieving and sustaining zero CRBSI will be included.

ABSTRACT PRESENTATIONS

17.00 - 17.15 (O-008)
Vessel health & preservation in the United Kingdom - A new model for vascular access Management?
Carole Hallam (GB)

17.15 - 17.30 (O-009)
Inter-rater agreement of phlebitis assessment symptoms and scales
Gillian Ray-Barruel (AU)

17.30 - 17.45 (O-010)
4 Fr polyurethane mid-clavicular lines inserted with ultrasound guided technique: incidence of adverse events and unexpected removal
Maria Aranzazu Tomás-López (ES)

Room B01-B02-C02

09.00 - 19.00 **INDUSTRIAL EXHIBITION**

18.00 - 19.00 **FILM FESTIVAL AND WELCOME RECEPTION**

Room B04

13.00 - 14.00 **SKILL STATION**

DAY 2: THURSDAY JUNE 19, 2014

Room C01

THE STATE OF THE ART OF SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS
Chair: Tom Petry, PA (US), Josie Stone, RN, CPNP, CRNI, VA-BC (US)

08.30 - 09.00 (I-020)
Recommendations for safe insertion of CICC's: US guidance and EKG guidance
Mauro Pittiruti, MD (IT)

description:
In many hospitals, both in Europe and in USA, the insertion of short term central venous catheters is still performed ignoring the evidence-based recommendations regarding ultrasound guidance and underestimating the importance of the correct location of the tip of the catheter. We strongly advocate that short term CICC should be inserted with the same appropriate methodology currently adopted for medium and long term VADs (PICCs, ports and cuffed central catheters), which has been proven to minimize insertion-related complications.

09.00 - 09.30 (I-021)
Beyond the jugular vein
Jack LeDonne, MD, VA-BC, FACS (US)

description:
The Internal Jugular vein is the most popular site for central venous access. However, there are significant issue with this choice (IJV) and modern vascular access mandates that the inserter is knowledgeable about assessing and cannulating the other sites, particularly the axillo-subclavian.

09.30 - 10.00 (I-022)
C-INAS "Catheter INjection and ASpiration" evaluation: A new tool to describe catheter (mal)function
Godelieve Goossens, PhD, RN (BE)

description:
Current evaluation of catheter function is heterogeneous, while the C-INAS allows categorizing the catheter function uniformly. Attendees will be able:
1. To perform an assessment of normal catheter function along the C-INAS instrument
2. To describe all types of catheter malfunction along the C-INAS instrument
The diagnostic value and the inter-rater validity of the C-INAS were calculated on 150 evaluations performed by nurses testing the functionality of totally implanted access ports in a convenience sample of 150 patients. The sensitivity of the C-INAS instrument reached 90.0%, the specificity 99.3%. The inter-rater validity was almost perfect (0.84).

10.00 - 10.30
coffee break

THE STATE OF THE ART OF SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS (*continued*)
Chair: Hervé Rosay, MD (FR), Claire Rickard, RN, PhD (AU)

10.30 - 11.00 (I-023)
Current indications for VADs with antibiotic, antiseptic and / or antithrombogenic properties
Jim Lacy, BSN, RN, VA-BC, CRNI (US)

description:
Catheter-related bloodstream infection, catheter-related venous thrombosis and other thrombotic complications of vascular access are receiving increased attention in the literature. This presentation seeks to promote understanding of these issues. In addition, the potential role of antibiotic, antiseptic and antithrombogenic coated or impregnated catheters in prevention or reduction of morbidity and mortality associated with these complications are discussed.
Objectives:
1) Describe the three primary types of antimicrobial catheters currently available.
2) Compare and contrast antithrombogenic catheter claims of currently marketed catheters
3) Select a patient from your experience that would have benefited from an antimicrobial or antithrombogenic catheter.

DAY 2: THURSDAY JUNE 19, 2014

Room C01

11.00 - 11.30 (I-024)
Chlorhexidine releasing devices and dressings for infection prevention
William Jarvis, MD (US)

description:
In 2008, the Society for Healthcare Epidemiology of America (SHEA), Association for Professional in Infection Control and Epidemiology, Inc. (APIC) and The Joint Commission (TJC) issued a compendium for prevention of central line-associated bloodstream infections (CLA-BSIs). In 2011, the Centers for Disease Control and Prevention (CDC) issued their CLA-BSI Prevention Guideline. Both these documents recommend the use of the CHG-impregnated sponge dressing. Since that time, a number of CHG-releasing devices and dressings have been marketed. In this presentation, we will review the data supporting the use of CHG-impregnated dressings.

ABSTRACT PRESENTATIONS

11.30 - 11.45 (O-011)
Replacement after standard versus prolonged use of administration set for arterial catheter in an Australian intensive care unit: a feasibility RCT
Azlina Daud (MY)

11.45 - 12.00 (O-012)
Sterile versus aseptic non-touch technique when changing the bung on a central venous access device: A retrospective cohort study
Julie Flynn (AU)

12.00 - 12.15 (O-013)
Safety, cost effectiveness and efficiency of the use of one-step 2 % Chlorhexidine in 70 % Isopropyl Alcohol (CHX-OH) compared to 4-step Povidone Iodine (PVI) with 5 % Ethanol (PVI-OH) for preventing early port-related infections
Dominique Vanjak (FR)

12.15 - 12.30 (0-014)
Bacterial Communities on Inner and Outer Surfaces of Peripheral Venous Catheters
Li Zhang (AU)

12.30 - 14.00 lunch

13.00 - 14.00 **SATELLITE SYMPOSIUM,** Industry sponsored *(more info see page 44)*

THE STATE OF THE ART OF SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS (*continued*)
Chair: Nadine Nakazawa, RN, BS, OCN, CRNI, VA-BC (US),
Rob Dawson, DNP, MSA, ARNP, ACNP-BC, CPUI, VA-BC (US)

14.00 - 14.30 (I-025)
CLABSI: where are we now? Targeting zero and the "Bundle" strategy in 2014.
Giancarlo Scoppettuolo, MD (IT)

description:
An overview of actual strategies for CLBSI prevention will be presented.
The presentation will be particularly focused on "Bundles" of insertion and maintenance of venous catheters, based on new technologies and above all on behavioral rules, that allow to reach Zero CLABSI in a cheap and effective way.

DAY 2: THURSDAY JUNE 19, 2014

Room C01

14.30 - 15.00 (I-026)
Ultrasound guided central venous access in neonates and infants
Thierry Pirotte, MD (BE)

description:
Obtaining vascular access in neonates and infants is often a challenging aspect of their care. New equipment such as US has produced substantial changes and opportunities. Specific equipment and sufficient training are however required. USG techniques have become the gold standard for internal jugular vein cannulation in children but still faces some technical problems in neonates. Different approaches to access to the subclavian or brachiocephalic vein were described with there own advantages. Guidewire malposition are rapidely detected and corrected by US before insertion of the CVC.

ABSTRACT PRESENTATIONS

15.00 - 15.15 (O-015)
Effectiveness interventions to reduce bloodstream infection and vascular access infection in an Hemodialysis Unit in Brazil
Renata Lobo (BR)

15.15 - 15.30 (O-016)
Effect of a vascular access team on central-line associated bloodstream infections in infants admitted to a neonatal intensive care unit: a systematic review
Monique Legemaat (NL)

15.30 - 16.00 coffee break

THE STATE OF THE ART OF SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS (*continued*)
Chair: Stijn Blot, MNSc, PhD (BE), Marcia Ryder, PhD, MS, RN (US)

16.00 - 16.30 (I-027)
Training in vascular access: the WoCoVA recommendations
Ton van Boxtel, RN, MSc, VA-BC (NL)

description:
WoCoVA has a goal to bring vascular access specialists and those who want to become one, in contact and reach a high level of skills, knowledge and education. The start was made with a published set of criteria in 2013. This presentation will focus on the need for more publications, guidelines and certification of educational programs.

16.30 - 17.00 (I-028)
Expanding field of competence for clinicians - from PIV's to CICC's
Tim Spencer, RN, APN, DipAppSci, ICCert, BH (AU)

description:
Vascular Access clinicians frequently will see post-insertion radiographic images of malpositioned catheters with catheter tips in various anatomical locations. The presenters will show you how to reposition catheters without withdrawing or removing catheters utilising a high flow flush technique. Principles used to move and adjust catheters will be explained and demonstrated. Statistics including outcome data will be shared.

DAY 2: THURSDAY JUNE 19, 2014

Room C01

ABSTRACT PRESENTATIONS

17.00 - 17.15 (O-017)
Central Venous Catheter Placement by Advanced Practice Nurses Demonstrates Low Procedural Complication and Infection Rates - A Report from 13 years of Service
Evan Alexandrou, RN, MPH, PhD (AU)

17.15 - 17.30 (O-018)
Beyond the Bundle – Health Care Associated (HCA) Peripheral Intravenous Device (PIVD) Related Bloodstream Infection (BSI), Royal Adelaide Hospital (RAH) Infection Prevention and Control Unit (IPCU) Improvement Intervention
Samantha Butenko (AU)

17.30 - 17.45 (O-019)
Port protectors and educational intervention: the key to zero central line-associated bloodstream infection – A randomized controlled trial
Riccardo Inchingolo (IT)

Room B05-B06 -B07

07.30 - 08.30 **SATELLITE SYMPOSIUM,** Industry sponsored *(more info see page 43)*

SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES
Chair: Christian Dupont, MD (FR), Aleksandra Babic, RN (IT)

08.30 - 09.00 (I-029)
Central venous access in the hospitalized patient: CICC's vs PICC's
Stijn Blot, MNSc, PhD (BE)

description: Newer generations of PICC's broadened the spectrum of use to critically ill patients. Some issues should be taken into account when using PICCs in ICU patients. First, generally, infection rates appear to be comparable with CICC's. Second, PICC's include a higher risk of venous thromboembolism. Therefore the diameter of the targeted vein relative to the size of the PICC to be inserted (Fr) should be considered prior to insertion. Third, in this regard, one should realize that perfusion capacity is limited, which might be an issue in critically ill patients.

09.00 - 09.30 (I-030)
Silicone vs. polyurethane vs. power polyurethane PICC's: performance and cost-effectiveness
Steve Hill, Dip, Pgd (GB)

description: The presentation will provide an overview of Silicone vs Polyurethane vs Power polyurethane catheters in respect to their related thrombotic, infective and occlusive complication rates reported in literature. Adjunctive audit data obtained from a Regional Oncology Centre will be discussed, looking at the devices and their relative complication rates.

09.30 - 10.00 (O-031)
CICC's vs. PICC's in terms of risk of thrombosis: a continuing controversy
Nancy Moureau, BSN, CRNI, CPUI, VA-BC (US)

description: Determining optimal device for patients requiring central venous access is challenging and must take into account many individual patient factors to achieve the best outcomes. This presentation compares published rates of thrombosis for all central venous catheters. Factors increasing the risk of thrombosis with these devices are discussed with identification of thrombosis as contraindication for peripheral central placement. Prevention focuses on specific practices that circumvent the development of thrombosis. While considering the controversy of selecting the optimal device in terms of thrombosis, methods will compare risk for individual patients.

DAY 2: THURSDAY JUNE 19, 2014

Room B05-B06 -B07

10.00 - 10.30 coffee break

SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Mauro Pittiruti, MD (IT), Ton van Boxtel, RN, MSc, VA-BC (NL)

10.30 - 11.00 (I-032) **Epicutaneo-caval catheters vs. ultrasound-guided central catheters in neonates**
James Bennett, MB, BS, FRCA (GB)

description: Central venous access is crucial for the survival of sick neonates. Epicutaneous-caval lines are easy to insert and popular; utilisation is often under 3 weeks. Broviac catheters offer longer term secure access, however insertion is challenging.
Environment, age and parenteral nutrition influence catheter related sepsis. Peripheral access, small central veins and delicate myocardium determine procedural difficulty and complications. Pericardial effusion (incidence 0.05%) necessitates vigilance and a treatment algorithm.
Data comparing the two catheter types is limited; choice depends on the requirements of the line, operator skills and location.

11.00 - 11.30 (I-033) **New electric method for correct positioning of PICC's**
Roland Snijder, Ir, PhD candidate (NL)

description: We have developed a new electric method for finding the correct final position of a PICC line with respect to the cavo-atrial junction (CAJ): the Proximity of Cardiac Motion (PCM) method. By feeding a patient-safe, electric current through the catheter, this method is able to find the correct position without the need for x-ray verification, even in the case of cardiac arrhythmia. The new method has been tested in an animal model, yielding an average final position of the catheter tip of 2.1 ± 0.5 cm above the CAJ.

ABSTRACT PRESENTATIONS

11.30 - 11.45 (O-020) **What is the patient experience of the PICC insertion procedure?**
Jackie Nicholson (GB)

11.45 - 12.00 (O-021) **Identifying the true rates of PICC related complications: A multi-site, prospective, observational study of 5 French Dual lumen Peripherally Inserted Central Catheters (PICC's)**
Melissa Dickey (US)

12.00 - 12.15 (O-022) **Program success - Using WoCoVa recommendations for PICC insertion training (Vancouver, BC Canada)**
Jocelyn Hill, RN, OCN, CRNI, VA-BC (CA)

12.15 - 12.30 (O-023) **Malpositioned PICC tip repositioning using a high-flow flushing technique - a review of clinical practice, procedural outcomes and cost implications for clinicians**
Tim Spencer, RN, APN, DipAppSci, ICCert, BH (AU)

12.30 - 14.00 lunch

13.00 - 14.00 **SATELLITE SYMPOSIUM,** Industry sponsored *(more info see page 46)*

DAY 2: THURSDAY JUNE 19, 2014

Room B05-B06 -B07

SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Gail Egan, MS, ANP (US), Massimo Lamperti, MD (IT)

14.00 - 14.30 (I-034)
PICC's in ICU: why and when
Massimo Antonelli, MD (IT)

description:
Peripherally inserted central venous catheters (PICCs) are being increasingly utilized in hospitalized patients admitted to the ICUs as alternatives to centrally inserted central venous catheters. However, concern exists over the risk of PICC-related large vein thrombosis, bloodstream infections (BSI) and mechanical complications. Observational and small randomized controlled trials were inconlusive. At least in Children a prolonged catheter dwell time, and administration of parenteral nutrition as the indication for PICC insertion, are important predictors of PICC-associated BSI. A careful assessment of these risk factors and identification of clear indications are important.

14.30 - 15.00 (I-035)
Exit site vs. puncture site of PICC's and CICC's
Nancy Moureau, BSN, CRNI, CPUI, VA-BC (US)

description:
Evaluating differences in location of insertion and in some cases alternative exit sites in terms of risk are necessary for determining the most appropriate device for the patient. When selecting the optimal vein for needle insertion, considerations exist for access with options to tunnel the catheter to a location of lower risk. This presentation evaluates insertion related complications applying methods to reduce insertion and later complications based on exit site selected. Through good site selection and choice of exit site devices are optimized to reduce risk and ultimately complications.

ABSTRACT PRESENTATIONS

15.00 - 15.15 (O-024)
Cost and effectiveness comparison of PICC's vs CVC's in oncology patients in a Greek hospital: A single - center experience
Evangelos Konstantinou (GR)

15.15 - 15.30 (O-025)
Standard CICC vs PICC: the balance of cost-effectiveness
Giovanni Mastrandrea (IT)

15.30 - 16.00 coffee break

SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Peter Carr, RN Dip HE Adult Nurs, H Dip A&E Spec Nurs, BSc, MMedSc (AU),
Agnes van den Hoogen, PhD, RN (NL)

16.00 - 16.30 (I-036)
Intracavitary EKG guidance in pediatric patients: does it work?
Mauro Pittiruti, MD (IT)

description:
The intracavitary EKG method has been proven to be a safe, accurate and cost-effective tool for verifying the position of the tip of central venous access devices in adults. Old and new evidences (including a recent Italian multicenter study) suggest that this methodology for verifying tip position is also applicable and feasible in neonates and children, being accurate, cost-effective and absolutely safe also in this special population of patients.

DAY 2: THURSDAY JUNE 19, 2014

Room B05-B06-B07

16.30 - 17.00 (I-037)
Ideal VAD for acute dialysis in ICU and non-ICU patients: should we tunnel?
Jan Tordoir, MD, PhD (NL)

description:
Non-tunneled VAD (usually central vein catheters) are the standard on intensive care units. They are easily to place and removed when infection is suspected. On intensive care units, the femoral veins are often used because of the ease of puncture and the low risk of complications. Because of high infection rates, the femoral veins are only recommended for immobilized patients for short time periods. Tunneled catheters exhibit lower infection rates than non-tunneled catheters when used longer than two weeks and recommended if access is needed for longer than two weeks.

ABSTRACT PRESENTATIONS

17.00 - 17.15 (O-026)
Nursing and Midwifery intravenous device flushing practice: A cross sectional survey
Samantha Keogh (AU)

17.15 - 17.30 (O-027)
Occlusion Management Guidelines of CVAD's
Daphne Broadhurst (CA)

17.30 - 17.45 (O-028)
Valved versus non-valved PICC's in hospital in the home (HITH) – A multi-site national study
Mark Loewenthal (AU)

18.00 - 19.00
SATELLITE SYMPOSIUM, Industry sponsored *(more info see page 46)*

Room B08-B09

07.30 - 08.30
SATELLITE SYMPOSIUM, Industry sponsored *(more info see page 44)*

SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES
Chair: Gloria Ortiz Miluy, RN, PAN certified, MVA (ES), Ken Symington, MD (US)

08.30 - 09.00 (I-038)
Breaking the chain of catheter related infection
Hudson Garrett, PhD, MSN, MPH, FNP-BC, CSRN, VA-BC, DON-CLTC, C-NAC (US)

description:
During this session, the pathogenesis of catheter related bloodstream infections will be reviewed, as well as the debate over sterile antiseptics. The program will also include several basic techniques designed to improve accountability at the bedside for the prevention of bloodstream infection.

09.00 - 09.30 (I-039)
Echocardiography for tip verification in children and adults
Massimo Lamperti, MD (IT)

description:
Trans-thoracic echocardiography can be used for central line catheter tip detection. The catheter's tip can rarely be visualized in the atrio-caval junction. The use of a contrast-enhanced visualization with air micro bubbles as contrast medium has been presented as a safe and accurate method for central line tip detection in adults. There are some limitations in the use of this technique in some adults and there are different results in children. This lecture will reveal the tips and tricks of this technique and new possible applications.

DAY 2: THURSDAY JUNE 19, 2014

Room B08-B09

09.30 - 10.00 (I-040)
Protection of the exit site from contamination and bleeding: current options
Giancarlo Scoppettuolo, MD (IT)

description:
Since many years, it is well known that the colonization of the exit site is one of the most important risk factors for the occurrence of CRBSI. For a modern and effective prevention of CRBSI, the exit site should be in an anatomical area with low bacterial colonization (for example, upper arm) and able to provide a stable and durable dressing; moreover, it's important to use 2% chlorhexidine as antiseptic for the exit site and protect the exit site with an appropriate dressing. Strategies to prevent bleeding, an other complication of the exit site at the time of insertion, will be discussed.

10.00 - 10.30 coffee break

SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Andrew Jackson, RN (GB), Wolfram Schummer, MD (DE)

10.30 - 11.00 (I-041)
My point of view on tip location (part 1)
Liz Simcock, RGN, BA Hons (GB)

description:
Liz leads a small team of specialist nurses who insert central venous catheters for patients with cancer. She will talk about the team's experience of the transition from post-procedural x-ray to ecg tip location and the impact this has had on the service to patients.

11.00 - 11.30 (I-042)
My point of view on tip location (part 2)
Ken Symington, MD (US)

description:
Much confusion regarding optimal venous catheter tip location still exists. This is unnecessary and injurious to patients. No matter what method of confirmation is originally utilized , the ultimate arbitrator of acceptability still is medical imaging –primarily the chest xray, with other imaging technologies to a lesser extent. Dr. Symington , an interventional radiologist , will give an in depth explanation of his trademarked Sweet Spot catheter tip verification method which was developed through years of experience in optimally placing venous catheters as well as treating the complications of sub-optimally positioned venous catheters.

11.30 - 12.00 (I-043)
My point of view on tip location (part 3)
Antonio LaGreca, MD (IT)

description:
New techniques and devices for tip location are increasingly introduced and tested in clinical practice, and range from ultrasound to intracavitary ECG combined with different methods adding the principles of tip navigation. The future in this field appears to be: a) increasing applicability and feasibility of IC-ECG (by introduction in clinical practice of new devices or by identifying more reliable parameters related to the IC electrical activity of the atrium ?); b) integrating multiple methods in a reasonable algorithm to cover the vast majority of clinical situations.

ABSTRACT PRESENTATIONS

12.00 - 12.15 (O-029)
Evaluation of ECG and PICC tip location technology: is it safe to stop using x-ray
Andrew Barton (GB)

12.15 - 12.30 (O-030)
Modern Russia – a heritor of ancient tradition of Babylon: the tragic story of central venous catheterization
Maxim Rykov (RU)

12.30 - 14.00 lunch

DAY 2: THURSDAY JUNE 19, 2014

Room B08-B09

13.00 - 14.00 **SATELLITE SYMPOSIUM,** Industry sponsored *(more info see page 46)*

SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Maurizio Gallieni, MD, FASN (IT), Josie Stone, RN, CPNP, CRNI, VA-BC (US)

14.00 - 14.30 (I-044) **What is the best VAD for apheresis in the adult patient?**
Aleksandra Babic, RN (IT)

description: The success of collection of peripheral blood hematopoietic stem cells depends on the use of adequate vascular accesses. Well- sized peripheral veins are the first option in autologous and allogeneic donations. In autologous setting, in case of lack of adequate veins, central venous catheters (CVC) may be used for collection. In the allogeneic setting, although available data have shown the safety of the use of CVC, there are still some controversies about the possible insertion of a CVC in donors. The pros and cons of the possible vascular accesses in both autologous and allogeneic settings will be discussed.

14.30 - 15.00 (I-045) **VAD for hemapheresis and dialysis in children: a critical issue**
Jan Tordoir, MD, PhD (NL)

description: Sixty percent of pediatric dialysis patients have catheters as their vascular access. The choice of catheter size and configuration depends on the size of the patient. Children as small as 4 to 5 kg can tolerate dual-lumen 8 Fr catheters and as the child becomes larger in size, a larger volume access can be placed. Catheter placement considerations in pediatrics are similar to those in adults, with a preference for internal jugular veins over subclavian veins. Femoral access can be used when upper extremity access is not longer available.

ABSTRACT PRESENTATIONS

15.00 - 15.15 (O-031) **Descriptive study in the use of lockings in hemodialysis catheters**
Paloma Ruiz Hernández (ES)

15.15 - 15.30 (O-032) **Benefits of ultrasound-guided early cannulation of AV fistulas and grafts**
Jasper Chua (GB)

15.30 - 16.00 coffee break

SHORT-MEDIUM TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Judy Thomson, MSN, RN, VA-BC (US), Pierre Yves Marcy, MD (FR)

16.00 - 16.30 (I-046) **Ultrasound detection of pneumothorax after CVC placement**
Daniele Biasucci, MD (IT)

description: Ultrasound guided puncture of axillary or subclavian vein may still be associated with a small risk of pneumothorax (PNX). PNX may be sometimes asymptomatic but it may also quickly develop into a medical emergency, with relevant morbidity and mortality. Though, PNX is traditionally diagnosed by chest x-ray or CT, its presence can also be ruled out by the US examination of the pleura in the intercostal spaces, a very fast and easy diagnostic procedure which can be performed at bedside and in real time, soon after the venipuncture.

DAY 2: THURSDAY JUNE 19, 2014

Room B08-B09

16.30 - 17.00 (I-047) **The need to feel secure: why do we need VAD securement?**
Paul Blackburn, RN, BSN, MNA, VA-BC (US)

description: This presentation will evaluate the major changes that have been seen in the delivery of IV therapy in the last 10 years, while comparing this environment to standard securement devices. The pros and cons of each of these devices will be discussed, along with clinical evidence for each device. Finally, a new securement technology will be introduced along with evaluation of current clinical efficacy. This presentation is designed to help clinicians think out of the box, looking for solutions that will eliminate catheter dislodgement, decrease CLABSI, and promote skin integrity.

ABSTRACT PRESENTATIONS

17.00 - 17.15 (O-033) **Effectiveness & acceptability of a novel securement device in adult & teenage cancer patients with PICC's**
Liz Simcock, RGN, BA Hons (GB)

17.15 - 17.30 (O-034) **Securing Peripheral Venous Catheters In Hospitals: can we do better at preventing catheter failure?**
Nicole Marsh (AU)

17.30 - 17.45 (O-035) **Securing arterial lines effectively in the operating theatre and the ICU: A pilot trial**
Heather Reynolds (AU)

18.00 - 19.00 **SATELLITE SYMPOSIUM,** Industry sponsored *(more info see page 46)*

Room (B01-B02-C02)

09.00 - 18.00 **INDUSTRIAL EXHIBITION**

DAY 3: FRIDAY JUNE 20, 2014

Room C01

THE STATE OF THE ART OF LONG TERM CENTRAL VENOUS ACCESS
Chair: Marguerite Stas, MD, PhD (BE), Ulf Teichgraeber, MD (DE)

08.30 - 09.00 (I-048) **The current recommendations for placement of long term VAD**
Antonio LaGreca, MD (IT)

description: Long, medium and short term VADs share similar and well standardized general recommendations for placement as concerns aseptic technique, ultrasound guidance, tip placement verification. Some issues in the latter two fields are still a matter of debate even in the most recent guidelines, so that new techniques and devices have been recently introduced into clinical practice (advanced US probes, combined tip location + navigation devices). Comprehensive guidelines concerning specific recommendations are lacking. Nonetheless, recommendations may be deduced by national working groups protocols, such as the SILTA-2 from the Italian GAVeCeLT.

09.00 - 09.30 (I-049) **Keeping the path clear: Evidence-based recommendations for preventing central venous access device occlusion**
Lisa Dougherty, DClinP, RN, MSc (GB)

description: This presentation will define central venous access device occlusions – both persistent withdrawal and total occlusion. The types and causes of occlusion – thrombotic, non thrombotic and mechanical will be reviewed. The three key areas for prevention – solutions, frequency and techniques related to flushing, will then be discussed and the recommendations for their use, along with the evidence base underpinning them will be considered. In conclusion up to date management of an occluded catheter will also be discussed.

09.30 - 10.00 (I-050) **Evidence-based Strategies for prevention and treatment of port extravasation**
Eric Desruennes, MD (FR)

description: Extravasation of chemotherapy drugs in subcutaneous tissues is a very a serious complication especially when vesicant drugs are involved. The cause is most often a technical error : wrong insertion or displacement of Huber needle, too deep port, too short catheter. Surgical treatment within 6 hours, based on saline washout, is the best treatment for vesicant drug extravasation. For anthracyclin extravasation dexrazoxane may be an alternative to surgery. Other medical treatments should be used only in case of low volume of irritant drugs.

10.00 - 10.30 coffee break

THE STATE OF THE ART OF LONG TERM CENTRAL VENOUS ACCESS (*continued*)
Chair: Liz Simcock, RGN, BA Hons (GB), Ulf Teichgraeber, MD (DE)

10.30 - 11.00 (I-051) **Patient safety first: a checklist for port insertion**
Irene Kriegel, MD (FR)

ABSTRACT PRESENTATIONS

11.00 - 11.15 (O-036) **Cochrane Protocol: Vascular access specialist teams for device insertion and prevention of failure**
Peter Carr (AU)

11.15 - 11.30 (O-037) **The accuracy of an All-In-One navigation and tip locating device based on a real time analysis of the patients' physiological data – observational Study**
Steve Hill, Dip, Pgd (GB)

11.30 - 11.45 (O-038) **ECG guidance for CVC placement. CLB's IV team expertise and decreasing of radiation exposure**
Hervé Rosay, MD (FR)

DAY 3: FRIDAY JUNE 20, 2014

Room C01

11.45 - 12.00 (O-039)
Proposal of an algorithm for verification of tip location of central venous access in patients with atrial fibrillation and pacemakers minimizing the use of x-ray exposure
Antonio LaGreca, MD (IT)

12.00 - 12.15 (O-040)
A new wireless device for tip location using the intracavitary ECG technique
Mauro Pittiruti, MD (IT)

description:
Since many years, it is well known that the colonization of the exit site is one of the most important risk factors for the occurrence of CRBSI. For a modern and effective prevention of CRBSI, the exit site should be in an anatomical area with low bacterial colonization (for example, upper arm) and able to provide a stable and durable dressing; moreover, it's important to use 2% chlorhexidine as antiseptic for the exit site and protect the exit site with an appropriate dressing. Strategies to prevent bleeding, an other complication of the exit site at the time of insertion, will be discussed.

12.15 - 12.30 (O-041)
Electrocardiographic (ECG) guidance during implantation of femoral ports
Eric Desruennes, MD (FR)

12.30 - 14.00
lunch

THE STATE OF THE ART OF LONG TERM CENTRAL VENOUS ACCESS (*continued*)
Chair: Sergio Bertoglio, MD (IT), Roberto Biffi, MD, FSPS (IT)

14.00 - 14.30 (I-052)
The role of tunneled PICC's and tunneled-cuffed PICC's in long term venous access
Gloria Ortiz Miluy, RN, PAN, MVA (ES)

description:
Tunneling a PICC line is an easy practice that can be performed by any health care professional. A tunneled line can improve dwell time of the catheter, and allows to place catheters practicing the puncture in axially vein in those patients whom veins have not enough caliber. In hospital Jiménez Díaz (Madrid) we have been using this technique from 2012 with optimal results.

14.30 - 15.00 (I-053)
Ultrasound and radiologic imaging for port insertion
Bernhard Gebauer, MD (DE)

description:
Long-term port catheters are expensive, the implantation requires a skin incision, so an optimal intraprocedural control of venous puncture site and catheter tip is mandatory.
Ultrasound guided venipuncture is the established technique to create a safe venous access. Catheter tip position is essential in long-term central venous access devices, because tip malpositions are difficult and expensive to correct. During implantation fluoroscopic control is optimal and in horizontal, supine position a catheter tip position 2-4 cm below the crossing of right main bronchus and superior vena cava (SVC) is usually optimal.

ABSTRACT PRESENTATIONS

15.00 - 15.15 (O-042)
Prospective randomized trial comparing distal (arm port) to central (chest port) technique in ambulatory cancer patients
Pierre Yves Marcy, MD (FR)

15.15 - 15.30 (O-043)
Long-term tunneled catheter removal by nurse specialists: patient's and nurse's experiences
Martine Jérôme (BE)

15.30 - 15.45 (O-044)
Determining Evidence-Based Practice for Site Care: Consensus and Guidelines for CVAD's
Daphne Broadhurst (CA)

15.45 - 16.00 (O-045)
Beyond the dressing for PICC's - strategy for cost-savings and work efficiency
Jocelyn Hill, RN, OCN, CRNI, VA-BC (CA)

CLOSING SESSION

16.00 - 16.30 (I-054)
Overview of WoCoVA 2014 and announcement of WoCoVA 2016
Ton van Boxtel, RN, MSc, VA-BC (NL)

DAY 3: FRIDAY JUNE 20, 2014

Room B05-B06-B07

LONG TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES
Chair: Andrew Johnston, MA, MD, FRCA, FFICM (GB), Godelieve Goossens, PhD, RN (BE)

08.30 - 09.00 (I-055)
PICC's vs. tunneled-cuffed catheters in the nonhospitalized cancer patient
Paolo Cotogni, MD (IT)

description: Long-term venous access devices (VADs) are increasingly needed for non-hospitalized cancer patient care. Peripherally inserted central catheters (PICCs) have worldwide become an increasingly popular form of long-term VAD for oncology outpatients. We carried out a prospective study to describe the incidence rate of catheter-related complications over a 5-years use of PICCs in 669 cancer outpatients on chemotherapy and/or home parenteral nutrition (HPN) - for a total of 141,052 catheter-days - and we found that PICCs had significantly better outcomes than tunneled catheters and were safe and durable as ports.

09.00 - 09.30 (I-056)
Should heparin be abandoned for long term VAD's?
Sergio Bertoglio, MD (IT)

description: Abandoning the routine use of heparinized saline solution for flushing and locking long term vascular access devices seems to be advisable. As reported by recent non-randomized and randomized clinical trials, the alternative use of normal saline guarantees the same efficacy in the prevention of mechanical occlusive complications. Moreover the extensive use of pre-filled normal saline syringes may reduce CLASBI. The use of normal saline as a standard flushing solution has been suggested even for PICC in recent guidelines.

09.30 - 10.00 (I-057)
Port insertion in 2014: safety and cost-effectiveness
Mark Rowe, RNP, MNSc, VA-BC (US)

description: Insertion of long-term subcutaneous central venous access devices (ports) has traditionally been performed in the operating room (OR) using fluoroscopic guidance. High volume cancer centers have begun to sponsor programs for catheter placement in an outpatient clinic, without the aid of fluoroscopy or real time imaging. Several authors have demonstrated a low complication rate associated with implanted subcutaneous port, irrespective or operating room or radiology suite. Ports can be safely and successfully placed in a dedicated CVL clinic, where placement eliminates the need for OR time and staff, fluoroscopy, and thus is more cost-effective and prevents scheduling-generated delays for the patient

10.00 - 10.30 coffee break

LONG TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Thierry Pirotte, MD (BE), James Bennett, MB, BS, FRCA (GB)

10.30 - 11.00 (I-058)
The role of citrate and taurolidine in preventing VAD infection
Maurizio Gallieni, MD, FASN (IT)

description: Vascular access devices (VAD), including central venous catheters (CVC) and peripherally inserted central catheters (PICC), are used for short or long term access to the circulation in hemodialysis, oncology, intensive care, and in total parenteral nutrition. Complications of these devices, including catheter-related infections, are a major cause of morbidity, mortality, and they represent a relevant cost to society. Infections are usually triggered by microbial colonization of the catheter biofilm, from where microorganisms can then spread to the bloodstream. Prophylaxis against catheter related bloodstream infections is therefore a must, through inhibition of catheter colonization and possibly of biofilm formation. High concentration citrate and taurolidine have proved to be effective in this setting.

DAY 3: FRIDAY JUNE 20, 2014

Room B05-B06-B07

ABSTRACT PRESENTATIONS

11.00 - 11.15 (O-046)
A Multicomponent Bundle to Minimize Catheter-Related Bloodstream Infection in a Pediatric Intensive Care Unit
Daniele Biasucci, MD (IT)

11.15 - 11.30 (O-047)
The quality of published central venous catheter clinical practice guidelines: a systematic appraisal using the AGREE II instrument
Rand Butcher (AU)

11.30 - 11.45 (O-048)
INCATIV (intravenous therapy quality indicators): a new score for intravenous therapy care evaluation
Sonia Casanova-Vivas (ES)

11.45 - 12.00 (O-049)
The effectiveness of a nurse-led intravenous therapy team in terms of length of stay, venous access complications and satisfaction of patients requiring long-term intravenous therapy: a randomized controlled trial
Lucia Garate-Echenique (ES)

12.00 - 12.15 (O-050)
Building a Model Central Vascular Access Program One Change at a Time
Sheryl McDiarmid (CA)

12.15 - 12.30 (O-051)
Views on the Value of Vascular Access Teams – A Survey of U.S. Hospital Nurse Leaders
Anita Piano (US)

12.30 - 14.00 lunch

13.00 - 14.00 **SATELLITE SYMPOSIUM,** Industry sponsored *(more info see page 47)*

LONG TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Eric Desruennes, MD (FR), Mark Rowe, RNP, MNSc, VA-BC (US)

14.00 - 14.30 (I-059)
Placement of central venous ports in 2014: is there still any role at all for venous cutdown?
Marguerite Stas, MD, PhD (BE)

description: If the answer is "no", this lecture is useless. But the answer is "yes". Venous cut-down is a safe technique for port insertion, when ultrasound guided puncture is contra-indicated (subcutaneous emphysema), when puncture is risky (dehydration, extreme dyspnea, neck dissection) or failed with complications (hematoma, arterial puncture, pneumothorax). For anatomical reasons, it remains the technique of choice for external jugular and cephalic veins. Moreover, major complications are very rare during the "learning curve" of inserters. Rather than mutually exclusive, these techniques are complementary: they address different veins and specific conditions.

14.30 - 15.00 (I-060)
The role of simulation in teaching insertion and management of VAD
Daniele Biasucci, MD (IT)

description: Significant morbidity is associated with CVC. Training had previously consisted in learning at bedside on actual patients; however, this method is no longer acceptable. Simulation has been showed to be a powerful tool allowing doctors and nurses to practice the necessary steps in a safe situation. Studies have demonstrated that simulation improves learner outcomes and performance on simulators as well patient outcomes with fewer needle passes, fewer pneumothoraces, and less CR-BSI. Indeed, The WoCoVA Foundation task force on training recommends simulation training during the didactic section of an educational course on VADs.

DAY 3: FRIDAY JUNE 20, 2014

Room B05-B06-B07

ABSTRACT PRESENTATIONS

15.00 - 15.15 (O-052)
A New Wireless Ultrasound Probe For Ultrasound Guided Central Venous Access
Mauro Pittiruti, MD (IT)

15.15 - 15.30 (O-053)
Catheter Technologies: Is eluting technology or non-eluting technology more effective in preventing thrombus accumulation?
Kamna Giare-Patel (US)

15.30 - 15.45 (O-054)
Does parenteral nutrition promote microbial growth? A review of clinical and laboratory findings
Nicole Gavin (AU)

15.45 - 16.00 (O-055)
Translating Vascular Access Research for Clinicians
Niall Higgins (AU)

Room B08-B09

LONG TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES
Chair: Jack LeDonne, MD, VA-BC, FACS (US), Bernhard Gebauer, MD (DE)

08.30 - 09.00 (I-061)
Old and new tunneled-cuffed VAD's for dialysis: choice of the device vs the risk of complications
Maurizio Gallieni, MD, FASN (IT)

description:
CVCs related complications (in particular infections, thrombosis and inefficient dialysis) can determine ominous consequences and death. Thus, the correct balance between cost and quality of CVC is required when deciding which kind of CVC should be adopted. The choice of the device should take into account CVC materials and their compatibility with lock solutions, lumen and tip features with their clinical implications, catheter coatings and their effect on infection and thrombosis.

09.00 - 09.30 (I-062)
Ultrasound guided 'PICC-ports': indication, technique, management
Pierre Yves Marcy, MD (FR)

description:
Targetting basilica vein in the mid- arm implies distal venous access, absence of artery along target vein, superficial location, which make the procedure less frightening, safer & faster than surgical cephalic vein cutdown. PICC-Port specific indications include fearful, breast cancer female / head&neck cancer / obese / respiratory insufficiency patients.

09.30 - 10.00 (I-063)
Is there an ideal VAD for home parenteral nutrition?
Marcia Ryder, PhD, MS, RN (US)

description:
Device selection for patients requiring intravenous therapy, particularly the home parenteral nutrition patient is a complex process. The implications of inappropriate device selection are often unappreciated and unrecognized. The session goal is to examine a process for the best device choice, for the best outcome, at the least cost.

10.00 - 10.30 coffee break

DAY 3: FRIDAY JUNE 20, 2014

Room B08-B09

LONG TERM CENTRAL VENOUS ACCESS: THE CURRENT CONTROVERSIES (*continued*)
Chair: Jocelyn Hill, RN, OCN, CRNI, VA-BC (CA), Jan Tordoir, MD, PhD (NL)

10.30 - 11.00 (I-064)
Placement of central venous ports in terms of safety and cost-effectiveness
Roberto Biffi, MD, FSPS (IT)

description:
No randomized trials have so far investigated the cost/effectiveness of different accesses to central veins in oncology patients. 403 patients were randomly assigned to implantation of a single type of port, either through a percutaneous landmark access to the internal jugular or a ultrasound-guided access to the subclavian or a surgical cut-down access through the cephalic vein. Mean cost for purchase, implantation, diagnosis and treatment of complications was E 2167,85 for subclavian US-guided, E 2335,87 for cephalic, and E 2384,10 for internal jugular access, respectively (p= 0.0001).

ABSTRACT PRESENTATIONS

11.00 - 11.15 (O-056)
The use of PICC in the peripheral blood stem cell collection
Angela Lina Trunfio (IT)

11.15 - 11.30 (O-057)
Does parenteral nutrition increase the risk of catheter-related infection? Does the evidence reflect current practice guidelines?
Nicole Gavin (AU)

11.30 - 11.45 (O-058)
The impact of 70% isopropyl alcohol port protection caps on catheter related bloodstream infection in patients on home parenteral nutrition
Mia Small (GB)

11.45 - 12.00 (O-059)
Central vascular access for acute hemodialysis: power PICC dual lumen 5 Fr catheter off label used
Carmine Pecoraro (IT)

12.00 - 12.15 (O-060)
He cares, she cares, who cares? Does gender matter in careradministered home parenteral antibiotic therapy?
Mark Loewenthal (AU)

12.15 - 12.30 (O-061)
PICC's handling in homecare: a survey for auditing the practices of the private homecare nurses and improving their learning tools
Christian Dupont (FR)

12.30 - 14.00 lunch

A WORLD PERSPECTIVE ON VASCULAR ACCESS
Chair: Josie Stone, RN, CPNP, CRNI, VA-BC (US), Tim Spencer, RN, APN, DipAppSci, ICCert, BH (AU)

14.00 - 16.00 (I-065)
A world perspective on vascular access
Karin Johansson (SE), Marcos Garcia (BR), Khavanin Zadeh (IR), Fiona MacLean (SA)
Vladislav Koslov (RU), Evangelous Konstantinou (GR)

description:
Short presentations from representatives around the world describing their vascular access experiences, challenges and successes. Question and answer session to follow with speakers and WoCoVA Global Committee members.

DAY 3: FRIDAY JUNE 20, 2014

Room (B01-B02-C02)

09.00 - 17.00 **INDUSTRIAL EXHIBITION**

POSTERS

Posters are located in A02 and are displayed for the whole duration of the congress.
Presenters will be available at their posters for questions and discussion during the following times:

Wednesday June 18th	12.00 - 13.00
Thursday June 19th	12.00 - 13.00
Friday June 20th	12.00 - 13.00

No	Title of Abstract	Name
P001	Prevalence of venous access depletion and associated risk factors in high complexity hospitalised patients	Victoria Armenteros-Yeguas (ES)
P002	Indications and alternative for double lumen venous ports in Europe	Seamy Ayadi (FR)
P003	The Economic Impact of Device and Site Selection for Peripheral Artery Catheterization	Amy Bardin (AU)
P004	Peripherally inserted central catheters in children: an experience in southern Brazil	Raquel Bauer Cechinel (BR)
P005	Use of peripherally inserted central catheters in children with cancer	Raquel Bauer Cechinel (BR)
P006	A New Securing Device To Prevent Accidental Dislocation of Central Venous Access Devices in Non-Collaborating Infants and Children: A Preliminary Report	Daniele Biasucci (IT)
P007	Assessment Of Guide-Wire Positioning In Children During Insertion Of The Short-Term Central Venous Catheter	Dilya Bikkulova (RU)
P008	Vascular Access Training, Exploitation and Taking Care of Catheters in a New Hematological Hospital	Dilya Bikkulova (RU)
P009	Patients Empowerment: 2.0 resourcers for PICC lines patients	Mª Rosario Boscá Mayans (ES)
P010	Shared decision making: porth-a-cath versus peripherally inserted central catheter	Mª Rosario Boscá Mayans (ES)
P011	A checklist for the PICC lines insertion	Mª Rosario Boscá Mayans (ES)
P012	Infections related to central venous catheters in cancer patients	Mª Rosario Boscá Mayans (ES)
P013	Application of Association of Perioperative Registered Nurses' Standards for Bedside PICC and CVC Insertions	Leigh Ann Bowe-Geddes (US)
P014	Thromboembolic events (TE) in men treated with BEP (Bleomycine-Etoposide-Cisplatine): a monocentric review over 1 year	Helen Boyle (FR)
P015	The benefits of guided puncture ultrasson and modified seldinger technique picc in the intensive care unit: the interface of adult and pediatric patients	Daniela Briano (BR)
P016	PICC Catheter Securement: A Randomized Controlled Trial in the Home Care Setting	Daphne Broadhurst (CA)
P017	Efficiency Of A Cvc Insertion Bundle On Hospital Wide Crbsi Rate - A Single Center Report	Philippe Burtin (FR)
P018	Project HANDS: Standardising Intravascular Practice and Preventing Infections	Jennifer Caguioa (GB)
P019	The role of the Practice Educator in facilitating expert PICC care	Kathryn Chater (GB)
P020	The use of powerpicc in the intensive care unit and its main indications in a cancer center	Viviany Christina Correa Bozza (BR)
P021	A randomised experimental comparison of two safety Huber needles (HN) allowing manual or automatic positive pressure during needle removal: effect on the distal catheter reflux	Marie-Cécile Douard (FR)
P022	Guideline for the management of totally implantable ports (tip) : a practical pocket guide now downloadable	Christian Dupont (FR)
P023	The formation process and implementation of a PICC Team	Marcos Garcia (BR)
P024	Bed-side versus fluoroscopically guided insertion of PICCs: Prospective Randomized Trial	Frederic Glauser (CH)
P025	The utilization of peripherally inserted central catheter in adults and a nurse's core formation to venous access: experience report	Karina Giadanes Fariña de Souza e Silva (BR)
P026	Are antibiotic resistant "super bugs" a real challenge to antimicrobial central venous catheter performance?	Nisha Gupta (US)

POSTERS

No	Title of Abstract	Name
P027	Evaluation of a peripheral vein catheter with blood septum	Gertrud Haeseler (DE)
P028	Use of Intravascular Device Assessment Records for patients admitted to Sligo Regional Hospital – A Patient Journey	Charlotte Hannon (IE)
P029	Comparing Risk Assessments of Central line Bundles used in US Hospitals by applying BowTie Methodology	Sophie Harnage (US)
P030	10 Years of Needless Connector Use – Data Enhanced by Experience and Function	Jocelyn Grecia Hill (CA)
P031	Saving Veins in Patients with Chronic Kidney Disease – A Canadian Initiative	Jocelyn Grecia Hill (CA)
P032	Trapezius Totally Implantable Port and Skin Tunnelled CVC Insertion	Steve Hill (GB)
P033	Results of management for the 593 upper arm PICC -20,731 catheter days in single hospital	Yoshifumi Inoue (JP)
P034	Audit process in procedures of PICC catheters passages	Beatriz Izidoro (BR)
P035	Reducing the incidence of central line associated bloodstream infections (CLABSI) after the implementation of a managed protocol in the intensive care unit (ICU) of a private hospital in the city of São Paulo	Beatriz Izidoro (BR)
P036	Complications experienced by patients that the passage of PICC catheter underwent	Beatriz Izidoro (BR)
P037	Arterial lines need to be part of the vascular access bundle	Antje Jaedtke (US)
P038	Starting up a Midline catheter program: solving practical issues to make it work!	Christel Janssens (BE)
P039	Evaluation of peripherally inserted central catheter (PICC) malposition rates and the impact of the Sherlock 3CG tip confirmation system	Andrew Johnston (GB)
P040	Comparison of novel tip positioning technology (using ECG and doppler) and 2-D echocardiography for the placement of central catheters	Dimitris Karampinis (GR)
P041	A time and motion study of peripheral venous catheter flushing practice using manually prepared and pre-filled syringes	Samantha Keogh (AU)
P042	Intraoperative fluoroscopy: an alternative procedure to improve acceptable placement of central venous catheter tip in adults	Morteza Khavanin Zadeh (IR)
P043	Taurolidine-Citrate line locks prevent recurrent catheter related bacteraemia - Evaluation of this novel therapy in a paediatric population	Tricia Kleidon (AU)
P044	An Intervention to reduce Catheter related blood stream infections in paediatric patients - A Bundle of Care	Tricia Kleidon (AU)
P045	Improving the "global use" of ultrasound for central venous access: a new supraclavicular scan by microconvex probe	Antonio La Greca (IT)
P046	Using smartphone technology to calculate and monitor gravity infusions	Paul Lee (GB)
P047	An audit of IV devices, practice and consumables after an organisational merger	Paul Lee (GB)
P048	The 1st PICC team in Czech republic – our experience	Katerina Lisova (CZ)
P049	Establishment of a virtual PICC team in a small hospital	Mª Teresa López Casorrán (ES)
P050	BLITZ - New model of work to ensure adherence to hand hygiene	Claudia Luz (BR)
P051	How a team of infusional therapy can contribute to the reduction of CLABSI	Claudia Luz (BR)
P052	Experience of implementation of autologous marrow transplantation by PICC line	Claudia Luz (BR)
P053	Impact of the use of micro introduction technology in pediatric patients and newborns	Claudia Luz (BR)
P054	The impact of the use of new X-Ray technology to ensure the best placement of catheters	Claudia Luz (BR)
P055	SVC catheter behavior in short trimmed catheter: an experimental and numerical study	Pierre Yves Marcy (FR)
P056	Evaluation of new materials "closed system" in intravenous therapy	José Luis Micó Esparza (ES)
P057	Impact of ultrasound in peripherally inserted central catheter (PICC)	Maria Montealegre (ES)

POSTERS

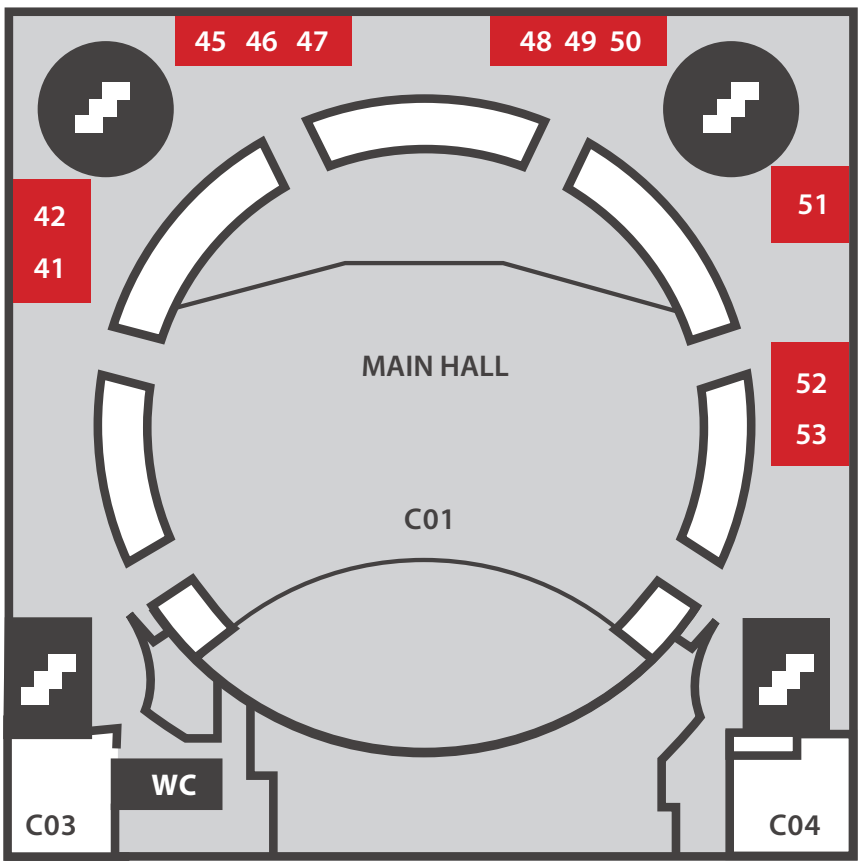
No	Title of Abstract	Name
P058	Randomised trial comparing Hickman lines with Ports for chemotherapy : a pilot study to inform a larger trial	Jon Moss (GB)
P059	Cost-Effectiveness analysis of a new CHG-dressing for preventing catheter-related bloodstream infections	Maria Palka-Santini (DE)
P060	Retrieval of a fractured long-term venous access device using a modified percutaneous capturing technique	Alessandra Panchetti (IT)
P061	Central Vascular Access by Tesio Catheters for chronic hemodialysis in neonates and infants: beyond the rules	Carmine Pecoraro (IT)
P062	"Novel Strategies to Improve Vascular Access Care and Reduce Costs: Insights from Vascular Access Experts Who Became Infusion Device Consumers"	Deborah Phelan (US)
P063	Tip Navigation + Tip Location: An Algorithm for Maximizing Safety and Cost-Effectiveness of Picc Insertion	Mauro Pittiruti (IT)
P064	The intracavitary ECG method for positioning the tip of central venous access devices in pediatric patients: results of an Italian multicenter study	Mauro Pittiruti (IT)
P065	Evaluation of the use of PICC in orthopedic patients at the Day Hospital	Thais Queiroz Santolim (BR)
P066	Peripherally Inserted Central Catheters valved: 5 years' experience of its use in orthopedic patients	Thais Queiroz Santolim (BR)
P067	Comparison of the insertion of Peripherally Inserted Central Catheters with Ultrasound Guidance and Conventional methods in orthopedic patients	Thais Queiroz Santolim (BR)
P068	Evaluation of the flushing efficiency of needleless connectors using a radioactive solution	Voahangy Rasamijao (FR)
P069	Community IV therapy – Are we extending the boundaries too far? Are conditions suitable and safe for midline insertion in homes in one of England's inner cities?	Corienne Reed (GB)
P070	Exploring attitudes to the Cancer And Venous Access (CAVA) Study - a pre-trial qualitative study	Moira Ritchie (GB)
P071	Comparison of bacterial transfer and biofilm formation on intraluminal connector-catheter systems among eight needleless connectors in a clinically simulated in vitro model	Marcia Ryder (US)
P072	Peripheral IV blood control catheter design and biofilm formation	Marcia Ryder (US)
P073	Exploitation of various central venous catheters in children for the purpose of chemotherapy:5-years experience of one institute	Maxim Rykov (RU)
P074	15-year experience of implantable venous port usage at children and adolescence: experience of 4 russian institutes	Maxim Rykov (RU)
P075	On the matter of selection of venous access systems and professionals involved in their installation	Maxim Rykov (RU)
P076	System of medical staff preparation in Russia as a cause of majority of complications in the treatment	Maxim Rykov (RU)
P077	The evolution of humanity and venous access: a historical analysis	Maxim Rykov (RU)
P078	On the selection of venous access systems and professionals involved in their installation	Maxim Rykov (RU)
P079	Experience of venous ports implantation in patients with Hunter syndrome (Mucopolysaccharidosis II type)	Maxim Rykov (RU)
P080	The mid sternal length, a practical anatomical landmark for optimal positioning of long term central venous catheters	Fereshteh Salimi (IR)
P081	Factors Associated With Radiographic Monitoring Practices: A National Survey Of Neonatal Peripherally Inserted Central Catheter (Picc) Practices In The United States	Elizabeth Sharpe (US)
P082	Impact of the delay time from the use of the ultrasonic in the insertions of central venous catheters of the peripheral insertions	Elaine Aparecida Silva de Morais (BR)
P083	Complications of Peripherally Inserted Central Catheter in the Intensive Care Unit	Elaine Aparecida Silva de Morais (BR)
P084	Use of Peripherally Inserted Central Catheter (PICC) in Intensive Care Unit - Epidemiological Profile	Elaine Aparecida Silva de Morais (BR)

POSTERS

No	Title of Abstract	First name
P085	A single-incision technique for placement of implantable venous-access ports in medial pocket via the axillary vein	Myung Gyu Song (KR)
P086	Ultrasonographic predictors for feasibility of cephalic vein cut-down during totally implantable venous access device placement	Wojciech Staszewicz (CH)
P087	Bacterial colonization of two different antiseptic-impregnated central venous catheters in a rabbit model	Tanjew Stember (DE)
P088	The Analysis on the Implementation and Effect of the PICC Grading Management Mode	Xun Su (CN)
P089	Upper limb arterial tortuosity following arteriovenous fistula formation for haemodialysis access	Veena Surendrakumar (GB)
P090	Study Outcomes of a Novel Sutureless Securement System	Christopher Taylor (GB)
P091	Routine chest X-ray is not mandatory after fluoroscopy-guided totally implantable venous access device insertion	Theodoros Thomopoulos (CH)
P092	Integrating performance-based needleless connector technology into clinical practice	Nancy Trick (US)
P093	Dressings and securement devices for central venous catheters (CVC): a systematic review	Amanda Ullman (AU)
P094	Collaborative approach through simulated clinical use testing for the development of a new Safety Huber Needle (SHN)	Thomas Walter (FR)

MAP BERLIN CONGESS CENTER

MAP LEVEL - C



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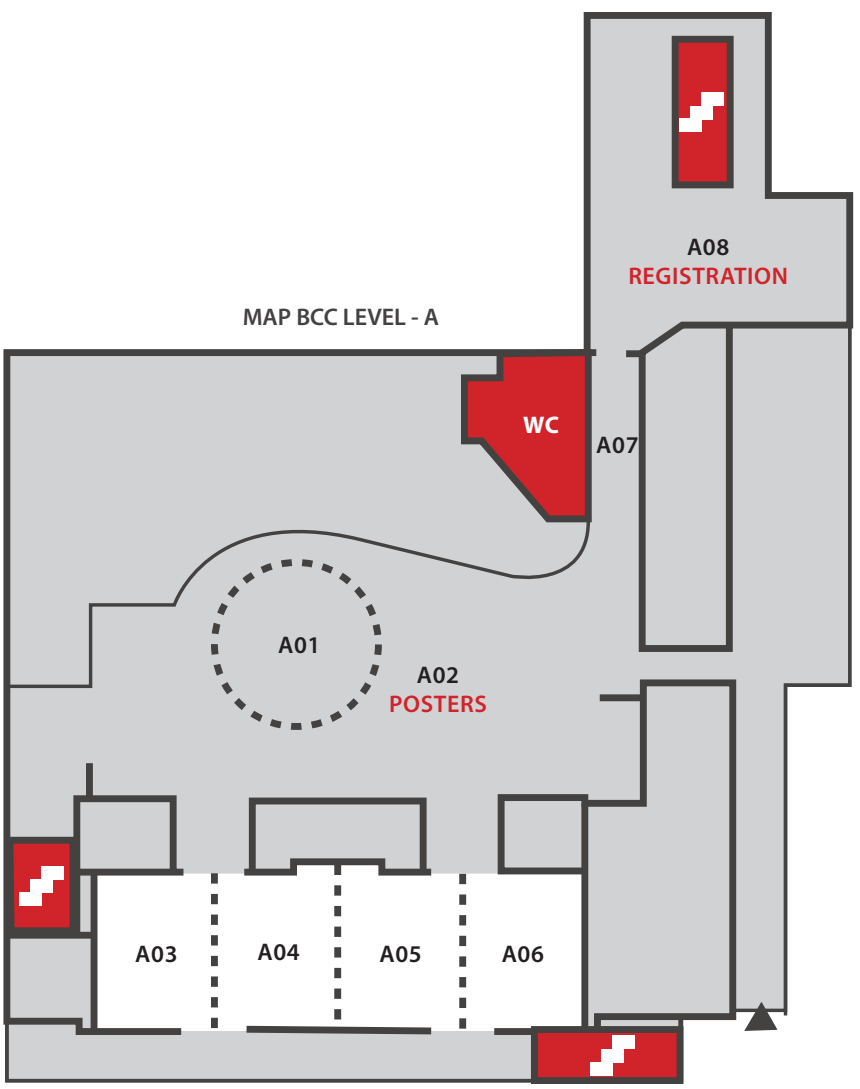


41 The JOURNAL of VASCULAR ACCESS

42 BJN British Journal of Nursing

45 AVA

46 INS Infusion Nurses Society

47 CVAA

48 NIVAS National Infusion and Vascular Access Society

49 bevanet Belgian Vascular Access Network

50 VIT vereniging infuus technologie

51 AVAS

52 ETI

53 Intravenous Nursing New Zealand

DAY 1: WEDNESDAY JUNE 18, 2014

	C01 Main Hall	B05-B06-B07	B08-B09	B01, B02, C02	B04	A, B02, C02
07:00						
08:00						
09:00						
09:30	opening ceremony					
10:00	A Global Approach to Reduce Risk and Liability for Vascular Access Issues					
10:30						
11:00	Venous Acces Devices in 2014 I-002, I-003					
11:30						
12:00	Film festival					
12:30						Lunch
13:00	Satellite Symposium Industry sponsored	Satellite Symposium Industry sponsored	Satellite Symposium Industry sponsored		Skill station	
13:30						
14:00	The state of the art of peripheral venous access I-005, I-006, I-007	Peripheral venous access: the current controversies I-010, I-011, I-012	Short-medium term central venous access: The current controversies I-015, I-016, I-017	Industrial exhibition		
14:30						
15:00						
15:30						Coffee break
16:00	The state of the art of short-medium term central venous access I-008, I-009	Peripheral venous access: the current controversies I-013, I-014	Short-medium term central venous access: The current controversies I-018, I-019			
16:30						
17:00	Abstract presentations O-001 - O-002 - O-003 O-004	Abstract presentations O-005 - O-006 - O-007	Abstract presentations O-008 - O-009 - O-010			
17:15						
17:30						
17:45						
18:00						
19:00				Film festival & Welcome reception		

DAY 2: THURSDAY JUNE 19, 2014

	C01 Main Hall	B05-B06-B07	B08-B09	B01, B02, C02	B04	A, B02, C02
07:00						
07:30		Satellite Symposium Industry sponsored	Satellite Symposium Industry sponsored			
08:00						
08:30	The state of the art of short-medium term central venous access I-020, I-021, I-022	Short-medium term central venous access: The current controversies I-029, I-030, I-031	Short-medium term central venous access: The current controversies I-038, I-039, I-040			
09:00						
09:30						
10:00						Coffee break
10:30	The state of the art of short-medium term central venous access I-023, I-024	Short-medium term central venous access: The current controversies I-032, I-033	Short-medium term central venous access: The current controversies I-041, I-042, I-043			
11:00						
11:30	Abstract presentations O-011 - O-012 - O-013 O-014	Abstract presentations O-020 - O-021 - O-022 O-023				
12:00			Abstract presentations O-029 - O-030			
12:15						
12:30				Industrial exhibition		Lunch
13:00	Satellite Symposium Industry sponsored	Satellite Symposium Industry sponsored	Satellite Symposium Industry sponsored			
13:30						
14:00	The state of the art of short-medium term central venous access I-025, I-026	Short-medium term central venous access: The current controversies I-034, I-035	Short-medium term central venous access: The current controversies I-044, I-045			
14:30						
15:00	Abstract presentations O-015 - O-016	Abstract presentations O-024 - O-025	Abstract presentations O-031 - O-032			

DAY 2: THURSDAY JUNE 19, 2014

	C01 Main Hall	B05-B06-B07	B08-B09	B01, B02, C02	B04	A, B02, C02
15:30						Coffee break
16:00	The state of the art of short-medium term central venous access I-027, I-028	Short-medium term central venous access: The current controversies I-036, I-037	Short-medium term central venous access: The current controversies I-046, I-047	Industrial exhibition		
16:30						
17:00	Abstract presentations O-017 - O-018 - O-019	Abstract presentations O-026 - O-027 - O-028	Abstract presentations O-033 - O-034 - O-0035			
17:15						
17:30						
17:45						
18:00		Satellite Symposium Industry sponsored	Satellite Symposium Industry sponsored			
19:00						
20:00						

DAY 3: FRIDAY JUNE 20, 2014

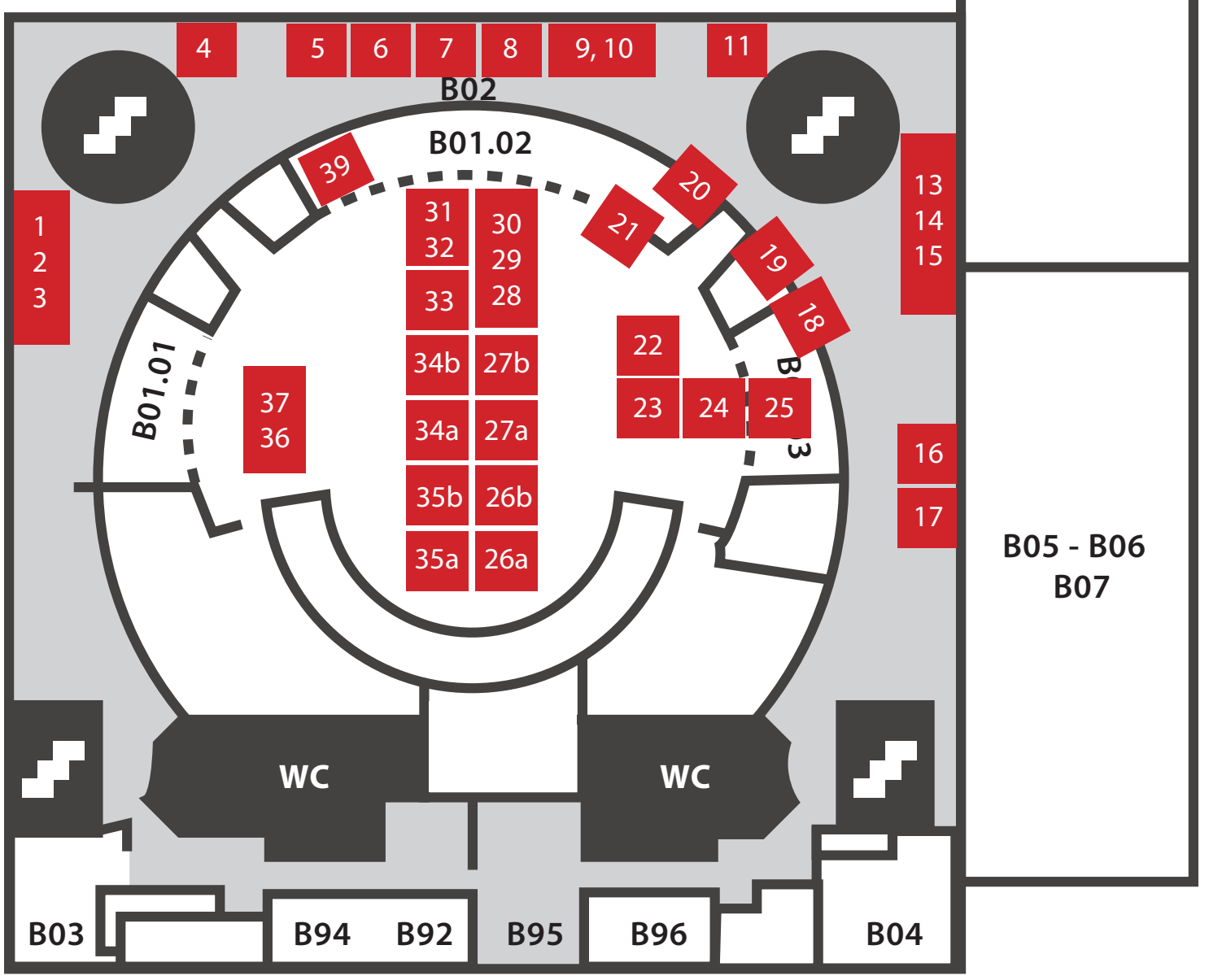
	C01 Main Hall	B05-B06-B07	B08-B09	B01, B02, C02	B04	A, B02, C02
07:00						
07:30						
08:00						
08:30	The state of the art of long term central venous access I-048, I-049, I-050	Long term central venous access: The current controversies I-055, I-056,i-057	Long term central venous access: The current controversies I-061, I-062, I-063			
09:00						
09:30						
10:00						Coffee break
10:30	The state of the art of long term central venous access I-051	Long term central venous access: The current controversies I-058	Long term central venous access: The current controversies I-064			
11:00	Abstract presentations O-036 - O-037 - O-038 O-039 - O-040 - O-041	Abstract presentations O-046 - O-047 - O-048 O-049 - O-050 - O-051	Abstract presentations O-056 - O-057 - O-058 O-059 - O-060 - O-061			
11:30						
12:00						
12:15						
12:30				Industrial exhibition		Lunch
13:00		Satellite Symposium Industry sponsored				
13:30						
14:00	The state of the art of long term central venous access I-052, I-053	Long term central venous access: The current controversies I-059, I-060	A world perspective on vascular access I-065			
14:30						
15:00	Abstract presentations O-042 - O-043 - O-044 O-045	Abstract presentations O-052 - O-053 - O-054 O-055				
15:15						
15:30						
16:00	Closing session					
16:30						
17:00						
17:15						
17:30						
17:45						
18:00						
19:00						
20:00						

MAP BERLIN CONGESS CENTER

Booth	Exhibitor
1, 2, 3	3M
4	Kimal PLC
5	Cook Medical
6	The Surgical Company BV
7	Terumo Europe
8	Ivera Medical Corporation
9, 10	Perouse Medical
11	Geistlich Pharma
13, 14, 15	Teleflex
16	Medcomp
17	Pfm medical AG
18	Securacath (by Interrad Medical)
19	MedXL
20	Zefon
21	Bard Limited
22	ICU Medical Inc.

Booth	Exhibitor
23	Tauropharm GmbH
24	Schülke
25	BD
26a	Kawasumi Laboratories, Inc.
26b	AcuVista
27a	Siemens Healthcare
27b	Romedex International
28, 29, 30	Bard Limited
31, 32	Angiodynamics
33	Vygon
34a	B. Braun
34b	Plan 1 Health
35a	eZono AG
35b	Skipper Medical srl
36, 37	CareFusion
39	Olberon

MAP BCC LEVEL - B



PROGRAM FACULTY

Name		Title	Faculty	Page
Evan	Alexandrou	RN MPH PhD	University of Western Sydney (AU)	10
Massimo	Antonelli	MD	A.Gemelli University Hospital (IT)	17
Aleksandra	Babic	RN	European Institute of Oncology - Milan (IT)	15, 20
Amy	Bardin	MS, RRT, VA-BC	Mayo Heathcare, Teleflex (AU)	8
James	Bennett	MB.BS, FRCA	Birmingham Childrens Hospital (GB)	16, 24
Sergio	Bertoglio	MD	IRCCS Azienda Ospedaliera Universitaria San Martino- IST (IT)	23, 24
Daniele	Biasucci	MD	Catholic University of The Sacred Heart - Rome (IT)	20, 25
Roberto	Biffi	MD, FSPS	European Institute of Oncology - Milan (IT)	23, 27
Paul	Blackburn	RN, BSN, MNA, VA-BC	Interrad Medical (US)	6, 10, 21
Stijn	Blot	MNSc, PhD	Ghent University (BE)	14, 15
Peter	Carr	RN Dip HE Adult Nurs, H Dip A&E Spec Nurs, BSc, MMedSc	The University of Western Australia, Sir Charles Gairdner Hospital (AU)	6, 17
Paolo	Cotogni	MD	University of Turin (IT)	24
Rob	Dawson	DNP, MSA, ARNP, ACNP-BC, CPUI, VA-BC	AccessRN (US)	7, 13
Eric	Desruennes	MD	Gustave Roussy Cancer Institute - Villejuif (FR)	22, 25
Lisa	Dougherty	DClinP, RN, MSc	The Royal Marsden NHS Foundation Trust (GB)	9, 22
Christian	Dupont	MD	Cochin University Hospital , Paris (FR)	15
Gail	Egan	MS, ANP	Sutter Medical Group (US)	7, 17
Maurizio	Gallieni	MD, FASN	Renal Unit, San Carlo Borromeo Hospital - Milan (IT)	20, 24, 26
Hudson	Garrett	PhD, MSN, MPH, FNP-BC, CSRN, VA-BC, DON-CLTC, C-NAC	PDI (US)	18
Bernard	Gebauer	MD	Charité, Campus Virchow-Klinikum - Berlin (DE)	23, 26
Godelieve	Goossens	PhD, RN	University Hospitals Leuven (BE)	12, 24
Lynn	Hadaway	M.ed, RN, BC, CRNI	Lynn Hadaway Associates, Inc (US)	6, 10
Jocelyn	Hill	MN, RN, OCN, CVAA(c), VA-BC	St. Paul's Hospital, Vancouver (CA)	27
Steve	Hill	Dip, Pgd	The Christie NHS Foundation Trust (GB)	15, 22
Sheila	Inwood	RN, MSN	Director Medical Affairs Infusion, Royal Berkshire NHS Trust (GB)	10

PROGRAM FACULTY

Name		Title	Faculty	Page
Andrew	Jackson	RN	The Rotherham NHS Foundation Trust (GB)	8, 19
William	Jarvis	MD	Jason and Jarvis Associates, LLC (US)	13
Andrew	Johnston	MA MD FRCA FFICM	Cambridge University Hospitals (GB)	10, 24
Kathy	Kokotis	RN, BS, NBA	Director PICC business BARD (US)	9
Irene	Kriegel	MD	Insitut Curie Paris (FR)	22
Jim	Lacy	BSN RN VA-BC CRNI	Association for Vascular Access (US)	12
Antonio	LaGreca	MD	A. Gemelli Hospital (IT)	19, 22, 23
Massimo	Lamperti	MD	National Neurological Institute Besta, Neuroanesthesia Dept - Milan (IT)	9, 17, 18
Jack	LeDonne	MD, VA-BC, FACS	President AVA, Greater Baltimore Medial Center (US)	6, 12, 26
Pierre Yves	Marcy	MD	Polyclinique Les Fleurs (FR)	20, 26
Nancy	Moureau	BSN, CRNI, CPUI, VA-BC	PICC Excellence, Inc, Greenville Memorial and Medical Center, SC (US)	6, 15, 17
Nadine	Nakazawa	RN, BS, OCN, CRNI, VA-BC	Stanford Hospital & Clinics - California (US)	8, 13
Russull	Nassof	JD	RiskNomics (US)	6
Gloria Ortiz	Miluy	RN, PAN, MVA	Fundación Jiménez Díaz Hospital (ES)	18, 23
Tom	Petry	PA	Greater Baltimore Medical Center (US)	12
Thierry	Pirotte	MD	Cliniques Universitaires Saint-Luc - Brussels (BE)	14, 24
Mauro	Pittiruti	MD	Catholic University - Rome (IT)	6,12,16,17
Claire	Rickard	RN, PhD	Griffith Health Institute Centre for Health Practice Innovation - Royal Brisbane & Women's Hospital (AU)	7
Hervé	Rosay	MD	Centre Léon Bérard, Lyon (FR)	12
Mark	Rowe	RNP, MNSc, VA-BC	University of Arkansas for Medical Sciences (US)	24, 25
Marcia	Ryder	PhD, MS, RN	Ryder Science, Inc....medical biofilm research (US)	9, 14, 26
Wolfram	Schummer	PD, MD, DEAA, EDIC	SRH Zentralklinik Suhl (DE)	19
Giancarlo	Scoppettuolo	MD	Dpt. of Infectious Disease Catholic University - A. Gemelli Hospital (IT)	8, 13, 18
Liz	Simcock	RGN, BA Hons	University College London Hospitals NHS Foundation Trust (GB)	19

PROGRAM FACULTY

Name		Title	Faculty	Page
Roland	Snijder	Ir, PhD candidate	University Medical Center Utrecht (NL)	16
Tim	Spencer	RN, APN, DipAppSci, ICCert, BH.	Dept of Intensive Care, Liverpool Hospital (AU)	10, 14, 27
Marguerite	Stas	MD, PhD	University Hospitals Leuven (BE)	22, 25
Josie	Stone	RN, CPNP, CRNI, VA-BC	Josie Stone Consulting LLC (US)	6, 12, 20, 27
Ken	Symington	MD	Mount Carmel Hospital (US)	18, 19
Ulf	Teichgraeber	MD	Universitätsklinikum Jena Institut für Radiologie (DE)	22
Judy	Thompson	MSN, RN, VA-BC	Kaiser Permanente & Teleflex (US	7, 20
Pierre	Tissieres	MD, PhD	Paris South University Hospitals, Paris, (FR)	9
Jan	Tordoir	MD, PhD	Department of Surgery, Maastricht University Medical Center - Maastricht (NL)	18, 20, 27
Ton	van Boxtel	RN, MSc, VA-BC	Infusion Innovations (NL)	6, 14, 16, 23
Agnes	van den Hoogen	PhD, RN	University Medical Center Utrecht (NL)	7, 17
Kathy	Warye		Beckton & Dickinson (US)	11

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SPONSORED SATELLITE SYMPOSIA

WEDNESDAY, JUNE 18

13.00 - 14.00
Room C01

PICC-Related Thrombosis: Finding Solutions

angiodynamics

description: This Satellite symposium offers to healthcare professionals an opportunity to deepen their understanding of PICC-related Thrombosis and to find solutions to prevent it. There will be a special focus on the incidence and risk factors for VTE in Cancer patients. Clinicians from different disciplines and different countries will talk about their hospital experience with this catheter-related complication, and their strategy to reduce Thrombosis. The new BioFlo Technology and clinical outcomes with the BioFlo PICC will be presented.

13.00 – 13.05	Introduction Frank Facchini (US)
13.05 – 13.20	Understanding PICC-related thrombosis and the new BioFlo technology David Hahn (US)
13.20 – 13.35	Incidence and Risk Factors for VTE in cancer patients Sheryl McDiarmid (CA)
13.35 – 13.45	Clinical outcomes with the BioFlo PICC Carol Pollard (GB)
13.45 – 13.55	Reducing thrombosis rates – our experience Esme Emmett (GB)

13.00 - 14.00
Room
B05 - B06 - B07

Starting a Vascular Access Team:
Why it makes sense and how to get started.
Bernhard Gebauer, MD, PhD (DE) - Steve Hill, APRN (GB)
Jim Lacy, BSN, RN, CRNI, VA-BC (US)

Teleflex

description: The movement to create formal Vascular Access Teams in hospitals is growing worldwide. Many models exist and new models are evolving. Vascular Access Teams today may be multi-disciplinary, and involve practitioners from a variety of clinical backgrounds. Cultural differences and healthcare economics also play a large role in the development of these teams.
Join us and learn about different models, and how to get started in your own hospital.

SPONSORED SATELLITE SYMPOSIA

WEDNESDAY, JUNE 18

13.00 - 14.00
Room
B08 - B09

Power catheter motions: risks and solutions.

PEROUSE MEDICAL

description:

Indwelling catheter malposition is around 4% and may lead to life- threatening complications (SVC thrombosis, perforation, arrhythmia, cardiac thrombus, tamponade). Little is known about power injection (PI) impact on catheter malposition. Symposium will include related- case reports and literature review. Impact of catheter course, diameters, material, tip location and PI rates will be discussed. In daily use, good practices for PI should include systematic pre and post- scan chest topograms and low injection rate (< 2ml/sec) in at risk-patients; i.e.: coughing patients, left- sided catheter, mediastinal curves and short- trimmed catheters.

Introduction
Christian Jayr, MD (FR)

Catheter power injection in daily practice
Geert Maleux, (BE)

Case report and literature review
Pierre Yves Marcy (FR)

Vascular training flow phantoms: Experimental risks assessment and solutions
Marie Cécile Douard, MD (FR)

Questions and answers
All

THURSDAY, JUNE 19

07.30 - 08.30
Room
B05 - B06 - B07

Antimicrobial catheter technologies – fact or fiction?
A review of safety, cost-effectiveness and efficiencies.
Kamna Giare-Patel (US) - Philippe Burtin, MD, PhD (FR)
Tanjer Stember, MD, PhD (DE)

Teleflex

description:

Since the beginning of vascular access, infection has always been a potential risk with each procedure. More than 20 years ago, antimicrobial central venous catheters were introduced as a solution to help prevent infection. Today, other interventions exist to prevent catheter infections, which raises questions about the need for antimicrobial catheters. This session looks at the relevance of antimicrobial central venous catheters in today's clinical setting by reviewing their efficacy, cost-savings and safety.

SPONSORED SATELLITE SYMPOSIA

THURSDAY, JUNE 19

07.30 - 08.30
Room
B08 - B09

Needleless Connectors:
prevention of infection through connection
Marcia Ryder, PhD, MS, RN (US)

icumedical
human connections

description:

The risk of needlestick injury and bloodstream infection associated with needleless connectors is of increasing concern. Many questions still remain regarding the potential risk for infection among the various connectors. Disinfection before access is paramount to prevention of microbial ingress but compliance is often poor. Selection of a needleless connector with low potential for bacterial transfer minimizes this risk. This presentation will examine existing and novel data that offers new perspectives on device classification and risk factors associated with the use of needleless connectors.

Learning Objectives:

At the end of this presentation the clinician will be able to:
1. Classify needleless connectors based on a device design classification model.
2. Identify the critical factors associated with infection risks of needleless connectors.
3. Examine new data to guide in the selection of a needleless connector that minimizes the risk of bacterial transfer

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13.00 – 14.00
Room C01

Reducing complications in vascular access:
Improve patient care – reduce cost

3M

description:

You are invited to the 3M Satellite Symposium "Reducing complications in vascular access: Improve patient care – Reduce cost" moderated by Gloria Ortiz-Miluy, RN. Professor Stijn Blot will discuss the costs associated with catheter-related bloodstream infections and how this economic burden calls for cost-effective prevention strategies. The elements of such strategies will be presented. Andrew Jackson, RN, will discuss how simple solutions to problems such as infusion phlebitis, infiltration and dislodgment offer significant improvement in patient care and cost reduction.
Please bring your questions to the Q&A session.

13.00 – 13.05 Welcome by Moderator
Gloria Ortiz-Miluy, RN (ES)

13.05 – 13.30 Prevention of Catheter Related Bloodstream Infections (CRBSIs): what are the hidden costs?
Stijn Blot, MNSc, PhD (BE)

13.30 – 13.50 Better IV line securement reduces cost and complications
Andrew Jackson, RN (GB)

13.50 – 14.00 Q&A to speakers
Gloria Ortiz-Miluy, RN (ES)

Tegaderm™ CHG Chlorhexidine Gluconate I.V. Securement Dressings

Reducing Complications with 3M™ Vascular Access Solutions
REDUCING BLOODSTREAM INFECTIONS

Zero Tolerance to Bloodstream Infections

Tegaderm CHG dressing is now proven and indicated to reduce CRBSIs and catheter colonisation, and thus the only transparent IV dressing with this indication.

- Clinically proven to reduce CRBSIs in patients with central venous and arterial catheters by 60%[1]
- Clinically proven to reduce skin and catheter colonisation in patients with central venous and arterial catheters by 61%[1]
- Offers the same level of antimicrobial activity up to seven days[2]
- All-in-one dressing and as easy to apply as Tegaderm™ Film Dressing
- Transparent to allow site monitoring

Want to see for yourself?

Join us at the 3M stand where we will be demonstrating your new I.V dressing and discuss how we can support best practice within your institution.

Reducing Complications with 3M™ Vascular Access Solutions
MAKE IT HAPPEN

References:

1. Timsit JF, et al. Randomized Controlled Trial of Chlorhexidine Dressing and Highly Adhesive Dressing for Preventing Catheter-Related Infections in critically ill adults. American Journal of Respiratory and Critical Care Medicine 2012; 186 (12):1272-1278.
2. Karpanen TJ, et al. (2011) Antimicrobial activity of a Chlorhexidine intravascular catheter site gel dressing, Journal of Antimicrobial Chemotherapy, 66: 1777-1784.

3M

SPONSORED SATELLITE SYMPOSIA

THURSDAY, JUNE 19

13.00 – 14.00
Room
B05 - B06 - B07

Satellite Symposium on Vascular Access

CareFusion

13.00 – 13.05 Introductory Welcome
Giancarlo Scoppettuolo, MD (IT)

13.05 – 13.30 The rights of Vascular Access
Sheila Inwood, RN, MSN (GB)

13.30 – 13.50 Skin antisepsis epic3 – 2014 update – practical application of the latest evidence
Expert experience with SorbaView® Shield dressing
Claire Rickard, RN, PhD (AU)

13.50 – 14.00 Q & A and discussion
Tom Petry, Bsc (US)

Reducing VTE risk of PICCs: What more can we do?
Marcia Ryder, PhD, MS, RN (US)

pfm medical

13.00 – 14.00
Room
B08 - B09

PIC Catheters are associated with catheter-related thrombotic events (CRTE) including thrombophlebitis, superficial and deep vein thrombosis, septic thrombophlebitis, post-thrombotic syndrome and pulmonary embolus all of which increase the risk of CRBSI. To date, the incidence of PICC CRTE has significantly exceeded the rate of CVC CRTE.

Description:

A new generation of technology designed to modify catheter surfaces to reduce the risk of serious thrombotic events is evolving. This session provides an in depth review of the pathogenesis of CRTE and a photographic examination of the effects of a new antithrombogenic technology on PICC CRTE.

Clinically and cost effective PICC placement

BARD

18:00 – 19:00
Room
B05 - 06 - B07

The Bard Symposium will focus on optimising cost and clinical effectiveness in PICC placement. A panel of experts will share their experience and provide a practical insight, including tips and tricks into driving clinical and cost effectiveness in PICC placement. The presentations will focus on the implementation of best practice including a review of the joint commission guidelines for the reduction CLABSIs and the successful implementation of ECG technology for PICC tip confirmation to reduce the risk and associated costs of catheter placement.

description:

Infection Prevention Guidelines and Implications for Practice and Cost Effectiveness
Carol Low, Bard, (UK)

Eliminating X-Ray with ECG Tip Confirmation.
Dr. Beccaria, San Raffaele Hospital,(IT)

Cost Effectiveness of ECG Tip Confirmation
Lisa Dougherty, The Royal Marsden NHS Foundation Trust, (UK)

SPONSORED SATELLITE SYMPOSIA

THURSDAY, JUNE 19

18.00 - 19.00
Room
B08 - B09

Global clinical updates on the intraosseous route of vascular acces outline
Chris Davlantes, MD, FACEP (US)

description:

Intraosseous vascular access, which was first described in 1922, has been utilized much more frequently over the past decade due to the invention of modern IO (intraosseous, inside the bone) devices. These devices allow rapid, safe, and reliable insertion with focused training in both the pediatric and adult population with difficult vascular access. Ease of insertion of these devices has allowed these products to be used across the health care spectrum in patient care settings around the world.
This symposium will highlight some of the most recent updates with regards to land-marking techniques and preferred sites of insertion and address common pitfalls in its utilization. There will also be a discussion of expanded use of IO access in various specialties (both emergent and non-emergent) as well as use in areas outside of the pre-hospital setting and emergency department.

FRIDAY, JUNE 20

13.00 – 14.00
Room
B05 - B06 - B07

Optimizing Needleless Technology New Evidence: From Bench Top to Bedside

description:

Needleless devices have been used since the early 1990s. While they are intended to reduce the risk of needlestick injuries, they have also been associated with increased risk of complications, such as catheter- related bloodstream infections and intraluminal catheter occlusion. During this 60 minute symposia we will review potential design factors that may contribute to these issues and report findings from a recent extended microbial challenge comparing multiple needleless connector's ability to protect against microbial contamination. The presentation will also address the important role clinical practice plays in regard to improving clinical outcomes through a real world example of how a positive displacement needleless connector and best-practice techniques combined for long-term successful line maintenance.

13.00 – 13.05 Introductory Welcome
Sheila Inwood RN, CNS (GB)

13.05 – 13.10 Vascular Access Campaign – Global Perspective
Nancy Trick RN, CRNI, VA-BC (US)

13.10 – 13.30 Needleless Connector Design; Reporting on Latest Bench Top Evidence
Nadine Nakazawa, BS, RN, OCN, VA-BC (US)

13.30 – 13.50 10 Years of Needleless Connector Use; Data Enhanced by Experience & Function
Jocelyn Hill RN, MSN, VA-BC (CA)

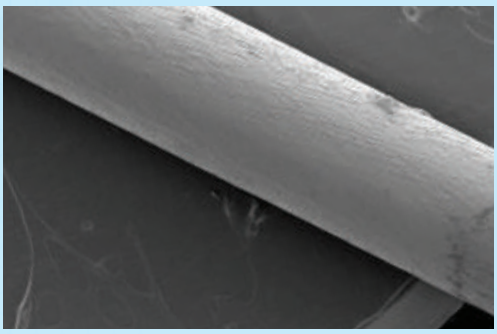
13.50 – 14.00 Discussion, Q & A
All

BioFlo PICC

87%

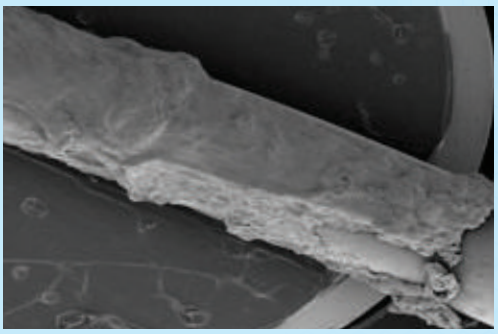
Less Thrombus Accumulation†

BioFlo PICC at 18X magnification



Catheter has no visible thrombus, fibrin sheath, or clot.

Competitor A at 15X magnification



Catheter with significant thrombus accumulation.

www.BioFloPICC.com | Learn more at booth #32

BioFlo

angiodynamics

†In vitro blood loop model test results demonstrate that on average the BioFlo PICC with Endexo Technology exhibited 87% less thrombus accumulation on its surface compared to commonly used PICCs (based on platelet count). Pre-clinical in-vitro and in-vivo evaluations do not necessarily predict clinical performance with respect to thrombus formation. Refer to Directions for Use provided with the product for complete Indications for Use, contraindications, warnings, precautions and potential complications CAUTION: Federal Law (USA) restricts this device to sale by or on the order of a physician.

GOLD SPONSORS

Company:

Description: 3M is the innovation company that never stops inventing. Our Health Care business, one of five major business groups, is dedicated to improving the practice, delivery and outcome of patient care and is a leading provider of solutions for medical, oral care, drug delivery and health information markets. With operations in more than 65 countries, 3M Critical & Chronic Care Solutions is a trusted partner, providing global reach and local access. We develop products and share expertise to help you prevent and treat costly and avoidable conditions, improve patient health and reduce cost.
3M Tegaderm CHG Clorhexidine Gluconate I.V. Securement Dressings - the only transparent antimicrobial I.V. dressing - which is now officially indicated and proven to reduce catheter-related bloodstream infections. Join us at the 3M stand for a discussion on how we can support best practice within your institution.

Company:

Description: AngioDynamics Inc. is a leading provider of innovative, minimally invasive medical devices used by professional healthcare providers for vascular access, surgery, peripheral vascular disease and oncology. AngioDynamics' diverse product lines include market-leading ablation systems, fluid management systems, vascular access products, angiographic products and accessories, angioplasty products, drainage products, thrombolytic products and venous products. More information is available at www.AngioDynamics.com.

Company:

Description: Bard Access Systems is continuing to bring more products and INTEGRATED INNOVATIONS to the vascular access market. The Sherlock 3CG™ Tip Confirmation System and Tip Location System is now available with a complete range of PICCs, PowerPICC SOLO2®, PowerPICC®, PowerGroshong®, and Groshong® Catheters. In addition Bard Access Systems is pleased to announce the arrival of the PowerGlide™ Midline Catheter and the portable Site~Rite Prevue™ Ultrasound System. During your visit, don't miss the powerful combination of Bard's PowerPort® devices, and their range of safety winged infusion sets including PowerLoc®, PowerLoc® MAX, SafeStep™ and their dialysis catheters such as Equistream® and PowerTrialysis®.

Company:

Description: Teleflex, through our ARROW® brand, we provide innovative products inspired by our goal of zero complications in vascular care. This includes protection against infection, thrombosis, occlusion and malposition. Please visit us at our booth 13-14 and get to know our ARROW® JACC with Chlorag+ard® technology, the first antimicrobial and antithrombogenic CVC and the new EZ-IO® needle + stabilizer kit. See how our product and education innovations can meet your clinical needs. www.arrowvascular.com
Teleflex is a leading global provider of specialty medical devices for a range of procedures in critical care and surgery.

SILVER SPONSORS

Company: icumedical human connections

Description: The Neutron® needlefree catheter patency device by ICU Medical is the first device shown to significantly reduce blood reflux into the catheter. Reflux contributes to biofilm formation and catheter occlusion, and maintaining catheter patency and minimizing occlusions are important steps in your efforts to improve patient outcomes. From the original Clave® connector to the revolutionary Neutron® Catheter Patency Device, connectors from ICU Medical are chosen twice as often as any other connector technology.

BRONZE SPONSORS

Company: BD

Description: BD is a leading global medical technology company that develops, manufactures and sells medical devices, instrument systems and reagents. We are focused on improving drug delivery, enhancing the quality and speed of diagnosing infectious diseases and cancers, and advancing research, discovery and production of new drugs and vaccines. BD's capabilities are instrumental in combating many of the world's most pressing diseases. The Company serves healthcare institutions, life science researchers, clinical laboratories, the pharmaceutical industry and the general public. For more information, please visit www.bd.com/uk

Company: CareFusion

Description: CareFusion is a global corporation serving the health care industry with products and services that help hospitals measurably improve patient care. When it comes to vascular access, a vital lifeline for patients is their IV catheter. For catheter protection, CareFusion offers premium products: ChloraPrep®, MaxPlus® Clear, and SorbaView® SHIELD. All products have been clinically proven to protect patients by significantly reducing the risk of infection and other catheter associated complications. Furthermore, CareFusion has recently launched its new Surgical Clippers and MaxZero®! Come to see a demo at booth # 36-37.

Company: COOK® MEDICAL

Description: A global pioneer in medical devices, Cook Medical is committed to creating innovative technologies that benefit millions of patients worldwide. We continue to utilize multiple technology platforms to expand our product offering. For vascular access, Cook integrates device and pharmaceutical technologies to create Cook Spectrum®, a CVC impregnated with the antibiotics minocycline and rifampin to help prevent CRBSIs. Cook offers an array of venous access solutions for each procedure and patient, from Spectrum CVCs and power-injectable Turbo-Ject® PICCs to implantable Vital-Port® ports and long-term silicone catheters. Rely on Cook Medical for the optimal venous access device for your patient's therapy.

BRONZE SPONSORS

Company: KIMAL delivering healthcare innovation

Description: 'WoCoVA 2014 sees Kimal exhibit their latest ranges of Altius ™CVCs. Altius™ uses Multi-Tube™ Technology and a unique design allowing for multiple lumens without compromising flow or catheter size. Kimal's CVCs also feature LuerSafe™ and colour coded lumens offering Greater Protection, Increased Safety and Improved Performance. Kimal are an innovative and trusted developer, manufacturer and supplier of surgical procedural packs and vascular access devices for use across a range of clinical departments. As a proudly independent company, our Responsiveness and agility, combined with strong partnership and collaboration ethos, make us a supplier of choice to health organisations the world over.'

Company: PEROUSE MEDICAL

Description: PEROUSE MEDICAL manufactures a complete vascular access devices range: POLYSITE® implantable port and the new SEESITE® power injectable port which enables health professionals to identify maximum contrast media injection flow rate simply by X-ray, PICC Lines: UNI-PICC™, SYNERGY™ CT PICC and BANTAM™ for pediatric use. POLYSITE® ECHO and ECHO-Site® are designed to facilitate port placement by echoguided puncture. To be more accurate in catheter tip positioning, PEROUSE MEDICAL propose an endovascular EKG guiding system NAUTILUS ®. An innovative range of safety Huber needles is available: POLYPERF® Safe and PPS® Flow+ allowing automatic positive flush during removal to prevent catheter occlusion."

Company: pfmmedical

Description: For 40 years PFM Medical ag has been one of the leading specialists for products in the area of medical technology, particularly in the field of venous access systems. Comprehensive development competency, personal customer contacts and global sales experience ensure the highest quality and safety for users and patients.

Company: securAcath®

Description: SecurAcath is a new method for catheter securement that does not require adhesives or sutures. The unique design of the SecurAcath secures right at the insertion site using a small, blunt anchor that deploys in the subcutaneous tissue just beneath the skin The SecurAcath dramatically reduces catheter migration and dislodgement, decreases catheter replacement costs, improves efficiency, and allows 360 degree site cleaning while secured. You work hard to place your patient's PICC exactly where it needs to be, SecurAcath will keep it there. Please stop by stand 18 for a demonstration and more information. www.securacath.com

Company: VueTek SCIENTIFIC

Description: Veinsite® by VeueTek Scientific® enables clinicians to view veins suitable for peripheral IV cannulation, blood sampling and collection. Veinsite utilizes LCD technology which provides the highest quality image and largest viewing area in an innovative, wearable technology that delivers portable, hands-free use at all times. Veinsite can detect difficult to see veins, valves, bifurcations and possible infiltrations on challenging vascular access patients including neonates, elderly, obese, darker skin, and those with compromised vasculature. Veinsite is intended to aid clinicians in reducing multiple IV sticks, unnecessary central lines/PICCs and hospital costs; while concurrently improving nurse efficiency and patient satisfaction.

EXHIBITORS

Company: AcúVista

Description: AcuVista - new brand of ultrasound equipment, created by an international team of engineers, designers and developers of electronics from Europe, Russia and Taiwan.
Revolutionary ultrasound scanner is specially designed for non-diagnostic usage. It is fully controlled with a single ActivTwist device: a new generation of encoder and integrated touchpad.

Company: B BRAUN SHARING EXPERTISE

Description: B. Braun – Sharing Expertise. Through exchanging knowledge with its customers, B. Braun helps to improve treatments and working procedures in hospitals and medical practices and to increase the safety of patients, doctors and nursing staff. Approx. 50,000 employees in 60 countries work for B. Braun. In 2012, the company generated sales of more than EUR 5.05 bn.

Company: curos™ Disinfecting Port Protectors

Description: Curos® disinfection products by Ivera Medical conveniently disinfect swabbable luer access valves and male-luer devices prior to line access or connection and act as a physical barrier to contamination between accesses. Inside Curos, alcohol-saturated foam provides passive disinfection of connectors and the devices offer visual confirmation of device disinfection www.curos.com.

Company: ezono

Description: eZono introduces the eZono 4000, featuring eZGuide, a revolutionary needle guidance system solving the problems that have challenged anesthetists using ultrasound guidance, for many years. The eZGuide allows freehand techniques which accurately guide the needle to the target in any plane. No special needles, No expensive hardware, No gauge limit. The eZono 4000 offers excellent image quality and also supports' our pioneering Cue Card on-board education system, with an extensive library of step by step procedures covering many techniques. eZono is listening and delivering products that actively address the challenges facing healthcare today.

Company: Geistlich Pharma

Description:

The Swiss family owned company Geistlich Pharma develops and produces pharmaceutical and medicinal products since 1851 with a worldwide distribution and provides valuable assistance in solving medical problems. Products such as the antimicrobial catheter lock solution TauroSept® for the prevention and treatment of CRBSIs, originate from the company's own research facilities in central Switzerland.

EXHIBITORS

Company: KAWASUMI

Description: Highly evaluated safety huber needle with Japan technology.

Company: medCOMP

Description: Medcomp is a major supplier of Venous Access Systems. The company will be exhibiting: Hemodialysis Catheters, cuffed and uncuffed. This will include its series of Split Tipped designs. Rounding off the dialysis line will be DuraLock-C, Trisodium Citrate antibacterial-anticoagulant catheter locking solution. For drug/chemotherapy administration, CT-Power Injectable PIC lines and DIRECT MICROPUNCTURE Ports will be demonstrated. Rated at 300psi, these venous access devices allow contrast delivery to 5cc/second, facilitating superior contrast enhanced CT studies. Neonatal micropuncture access will be a new addition to the line. Significant features include: a .010" mini-mandrel wire, a mini-sheath/dilator, and a 1.9 French neonatal line.

Company: MEDXL

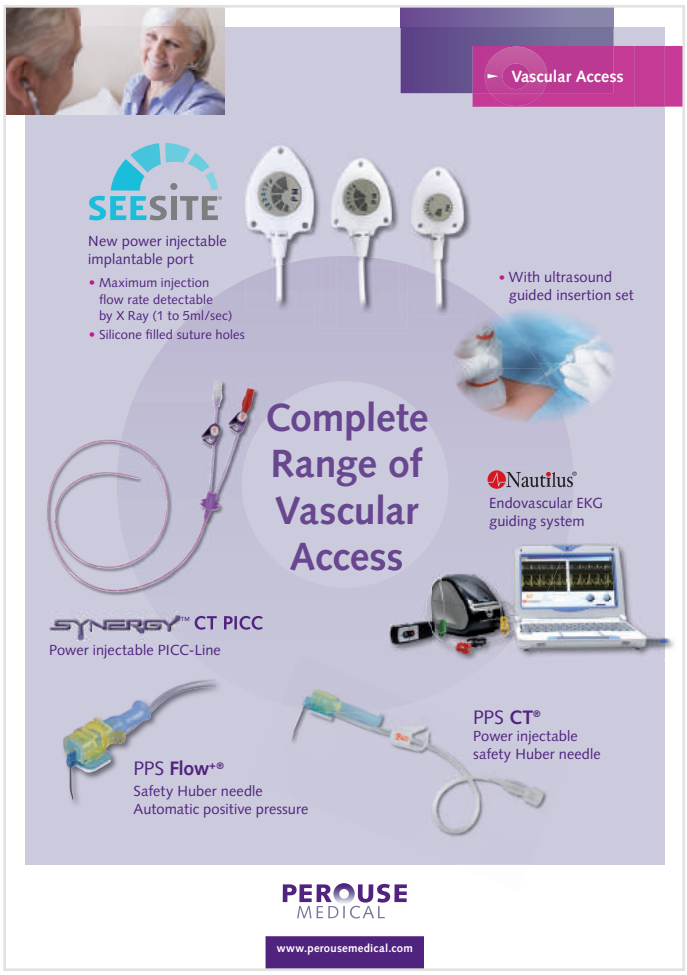
Description: MedXL designs and manufactures quality healthcare products since 1992 and is a leader in setting the standards for safe, secure and efficacious prefilled syringe products.
Our CitraFlow™ and Praxiject™ prefilled syringes are terminally sterilized. The result is products that can be used in all areas of a hospital including sterile fields.

Company: MEDICAL INNOVATION Olberon For optimal procedures

Description: Olberon introduces Vacuderm™, a smart tourniquet with a vacuum pump that enhances the tourniquet effect, making the target vein more tense and easier to stick. With Vacuderm™, master your success rate in peripheral venous access ! Vacuderm benefits are pain, time and cost savings. Olberon is a start-up company proposing devices "designed by practitioners for practitioners". Olberon is based in Lille France, in healthcare dedicated technological park Eurasante.

Company: Plan1Health

Description: Plan 1 Health develops and manufactures implantable drug delivery systems since 1993.
The knowledge of technical and functional requirements, the users' needs, the materials and the specific criticalities of each clinical application let us keep our medical systems at the top quality and always aligned with the worldwide market expectations.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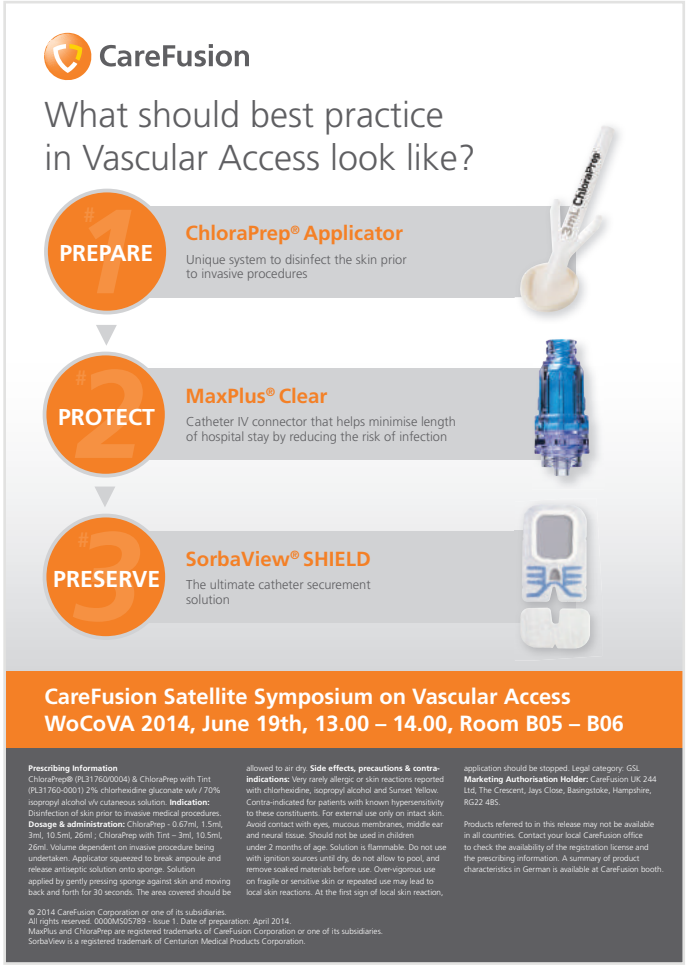
CareFusion
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ChloraPrep® Applicator
Unique system to disinfect the skin prior to invasive procedures
#2 PROTECT
MaxPlus® Clear
Catheter IV connector that helps minimise length of hospital stay by reducing the risk of infection
#3 PRESERVE
SorbaView® SHIELD
The ultimate catheter securement solution
CareFusion Satellite Symposium on Vascular Access
WoCoVA 2014, June 19th, 13.00 – 14.00, Room B05 – B06
Prescribing Information
ChloraPrep® (PL31760/0004) & ChloraPrep with Tint (PL31760-0001) 2% chlorhexidine gluconate w/v / 70% isopropyl alcohol v/v cutaneous solution. Indication: Disinfection of skin prior to invasive medical procedures. Dosage & administration: ChloraPrep - 0.67ml, 1.5ml, 3ml, 10.5ml, 26ml ; ChloraPrep with Tint – 3ml, 10.5ml, 26ml. Volume dependent on invasive procedure being undertaken. Applicator squeezed to break ampoule and release antiseptic solution onto sponge. Solution applied by gently pressing sponge against skin and moving back and forth for 30 seconds. The area covered should be allowed to air dry. Side effects, precautions & contra-indications: Very rarely allergic or skin reactions reported with chlorhexidine, isopropyl alcohol and Sunset Yellow. Contra-indicated for patients with known hypersensitivity to these constituents. For external use only on intact skin. Avoid contact with eyes, mucous membranes, middle ear and neural tissue. Should not be used in children under 2 months of age. Solution is flammable. Do not use with ignition sources until dry, do not allow to pool, and remove soaked materials before use. Over-vigorous use on fragile or sensitive skin or repeated use may lead to local skin reactions. At the first sign of local skin reaction, application should be stopped. Legal category: GSL. Marketing Authorisation Holder: CareFusion UK 244 Ltd, The Crescent, Jays Close, Basingstoke, Hampshire, RG22 4BS.
Products referred to in this release may not be available in all countries. Contact your local CareFusion office to check the availability of the registration license and the prescribing information. A summary of product characteristics in German is available at CareFusion booth.
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MaxPlus and ChloraPrep are registered trademarks of CareFusion Corporation or one of its subsidiaries.
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EXHIBITORS

Company: ROMEDEX INTERNATIONAL

Description: Romedex International develops and commercializes medical devices for vascular access. The main product brand of the company is Nautilus. The Nautilus (PC based) and the Handy Nautilus (tablet/smartphone based) are CE marked systems intended for guidance and positioning of central venous catheters. Handy Nautilus incorporates the latest technology: bluetooth data transfer, Android based software, patient information visualization and communication on tablet/smartphone, real time documentation of procedures, interfaces to the hospital information system. In many hospitals, the chest X-ray as a tip confirmation method was replaced by using Nautilus for central catheter tip positioning.
Major catheter manufacturers as Vygon, Perouse or Bard are distributing the Nautilus products in Europe. For more information visit our new website www.romedex.com.

Company: schülke

Description: Schülke & Mayr GmbH is an international leader in the areas of hygiene and prevention of infection, and also in Microbiological Quality Management (MQM) and chemical technical preservation. We supply disinfectants, antiseptics, preservatives, biocides, medical skin care products, an active substance for deodorants, and system cleaners.

Company: SIEMENS

Description: The Siemens Healthcare Sector is one of the world's largest suppliers to the healthcare industry and a trendsetter in medical imaging. Siemens offers its customers products and solutions for the entire range of patient care from a single source – from prevention and early detection to diagnosis, and on to treatment and aftercare. Visit the Siemens booth at NWAC to see comprehensive solutions for Ultrasound in Anesthesia. E.g. the ACUSON Freestyle™ ultrasound system with cable free transducers provides maximum freedom while scanning and brings a whole new level of ease-of-use and improved workflow to anesthetic procedures.

Company: SkipperMedical

Description: Skipper Medical Srl, based in Rome, is a new company specialized in the development and distribution of high quality innovative medical devices, focused on vascular access and infection control. Skipper Medical srl guarantees to his customers a very high scientific and technical support, through high qualified personnel, assuring to heath care professionals and patients the best results and safety.

Company: The Surgical Company GROUP

Description: The Surgical Company Group is made up of 6 companies that distribute, develop or manufacture a comprehensive range of specialty medical devices and supplies for healthcare professionals. In addition the range is complemented by carefully selected specialty and innovative medical products sourced from different confirmed and upcoming suppliers worldwide.

EXHIBITORS

Company:

Description: TauroPharm GmbH is specialized in antimicrobial medical devices and offers a safe and effective technology for locking central venous access devices (catheters and ports). Taurolock™, a non-antibiotic lock solution, which is capable of dramatically reducing catheter related blood stream infections (CRBSI) is free of sideeffects. Taurolock™ is highly effective in eradicating bacteria and fungi and has been succesfully tested on more than five hundred organisms, including multiresistant forms such as MRSA and VRE. It is to ben used in dialysis, oncology, intensive care and parental nutrition. To improve catheter patency Taurolock™ products contain 4% citrate and/or heparin.

Company:

Description: By supplying innovative IV treatment devices, with strong emphasis on safety, ease-of-use and quality, Terumo Europe Medical Products is putting all healthcare professionals in pole position when treating their patients. We are assisting healthcare professionals all over Europe, with an extensive and innovative product range for both anaesthesia and intensive care.
Please visit our Terumo booth for the latest information on products or a personal appointment.

Company:

Description: Vygon is a world leader in the creation of high technology single-use medical devices, distributed throughout the world by our dedicated network of 25 subsidiaries and 96 integrated distribution partners.
Vygon offers an extensive range of products suitable for use in all age ranges from Neonate to Adult for: Intensive care, Oncology & Haematology, Emergency, Anesthesia, IV Therapy, Surgery, Pain management, Homecare,

Company:

Description Grip-Lok is a manufactured catheter stabilization and securement device that works universally with a large variety of catheters, lines and tubes. Grip-Lok is designed to enable conformance to the Infusion Nursing Standards of Practice for catheter stabilization and is available with hydrocolloid adhesive for neonatal patients.

Imagine

the possibilities

- *A simple solution for peripheral IV therapy*
- *Up to 29 days of access with a single catheter*
- *An integrated all-in-one placement device*

Peripheral Vascular Access Re-imagined.

POWERGLIDE* Midline Catheter

The PowerGlide Midline Catheter is not a central line. Therapies not appropriate for a midline catheter include: continuous vesicants, parenteral nutrition, solutions with pH<5 and >9, and solutions with greater than 600 mOsm/L. Please consult product labels, IFUs and inserts for any indications, contraindications, hazards, warnings cautions and instructions for use.*

BARD | ACCESS SYSTEMS

CITY AND TRAVEL INFORMATION

General info Berlin

Berlin may be 10 times the size of Paris but its key areas are pleasingly compact with plenty of green and open spaces. Public transportation is very well arranged. A few clubs have velvet ropes, and your restaurant bill would probably only buy you an appetizer in most other European capitals. It's a multicultural metropolis infused with the unpretentious charm of an international village. Berliners are a laidback bunch who follow the credo 'live and let live' and put greater emphasis on enjoying life than accumulating material wealth.

Berlin has been the German capital on several occasions throughout its history. Starting out as the capital of the margraviate and electorate of Brandenburg, this city on the River Spree later became the capital of the kingdom of Prussia and then the German Empire.

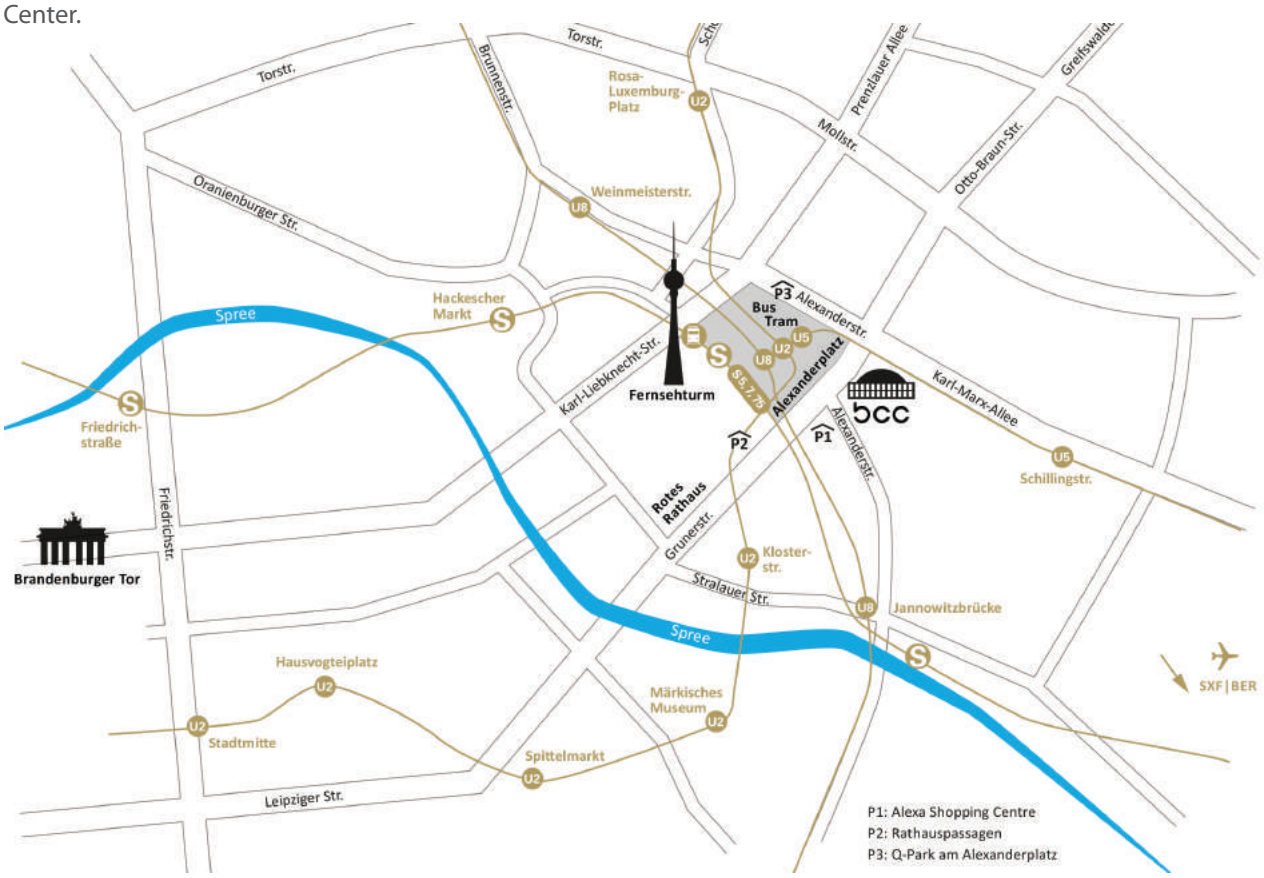
East Berlin was the capital of the German Democratic Republic. Since German reunification in 1990, Berlin has been the capital of Germany once more.

Public transport

The bcc is easily accessible by public transport. The distance from the airport Berlin Tegel is ca. 13 km and from the airport Berlin Schonefeld ca. 22 km.
From Berlin Tegel you can take the JetExpressBus TXL. This bus runs between Berlin Tegel and Alexanderplatz. From Berlin Schonefeld you can go to the bcc by train. S9 and S45 departs every 20 minutes. You can also take the regional train RE7 and RB14 which departs every hour.
You can buy train and bus tickets at the station as well as the airport. There is a tourist office

By car

If you arrive by car, there are several public parking spaces in the vicinity of the Berliner Congress Center.



GENERAL CONGRESS INFORMATION

Currency/Exchange rate

The currency in Germany is the EURO. The EURO exists in bills of 5, 10, 20, 50, 100, 200 and 500.
Coins are available in several units.
An indication of the exchange rate of the EURO is: 1 EUR = USD 1,37 (exchange rate 23 May 2014).

Electricity

The standard household electrical outlet in Germany packs a wallop of 220-240 volts
A German plug (ein Stecker) has two round prongs, and a German electrical outlet
(eine Steckdose) has, quite logically, two round holes for a receptacle.

Emergency

In case of emergencies during the Congress, please contact the staff at the registration
desk. In case of emergencies in the hotels, please contact your hotel reception for first aid service.

General information

There is a "No-Smoking" legislation for hotels, restaurants and all public places. As a consequence, smoking is prohibited in all parts of the hotel except in designated bedrooms and public areas where smoking is permitted.

Internet Access

There is a Wireless network available for all conference participants. The WIFI network will be called bcc and there is no password needed because it is a public network.

Insurance and liability

It is highly recommended that all participants carry proper individual travel and health insurance.

Mobile phones

As a courtesy to speakers and other delegates, we request that all mobile phones and pagers are turned off before entering the meetings.

Registration/badges:

All participants and official guests are obliged to wear their name badge during all events. Admission to the sessions is restricted to registered participants wearing their name badge.
Your badge will be handed out to you at the registration desk at the Berliner Congress Center
The opening hours of the registration desk are as follows:

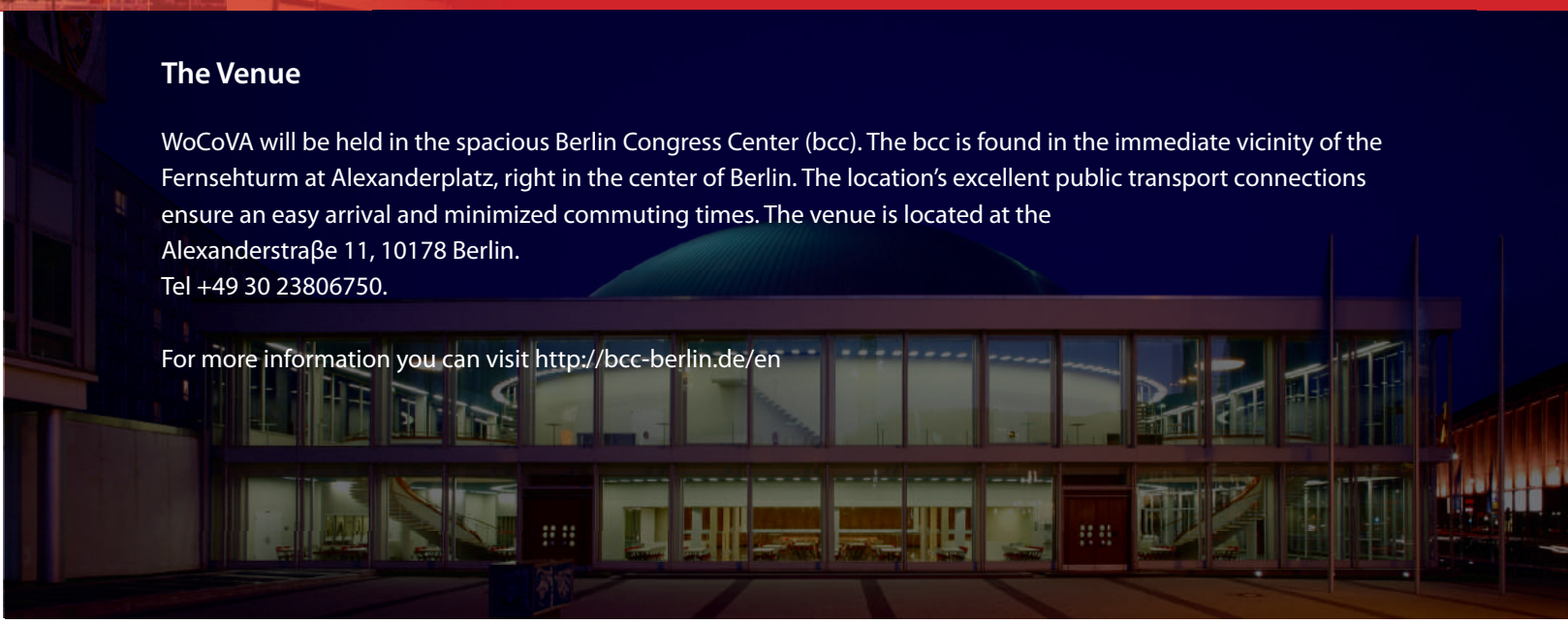
17 June: 16.00 – 18.00
18 June: 07.30 – 19.00
19 June: 07.15 – 19.00
20 June: 07.15 – 17.00

Socials

Welcome reception

The welcome reception will take place on 18 June from 18.00h till 19.00h at the exhibition room B01, B02, C02. During this reception everyone will be warmly welcomed. There are drinks and small bites and time to network and visit the exhibition.

GENERAL CONGRESS INFORMATION



The Venue

WoCoVA will be held in the spacious Berlin Congress Center (bcc). The bcc is found in the immediate vicinity of the Fernsehturm at Alexanderplatz, right in the center of Berlin. The location's excellent public transport connections ensure an easy arrival and minimized commuting times. The venue is located at the Alexanderstraβe 11, 10178 Berlin.
Tel +49 30 23806750.

For more information you can visit http://bcc-berlin.de/en

Congress secretariat

For any questions, please contact the congress secretariat at:
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Colophon

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