



"Breaking Barriers: Accelerating Ultrasound-Guided PIV and Midline Insertions to Improve Patient Care"

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Disclosures

The authors have no relevant financial or non-financial relationships to disclose.

Purpose/Design

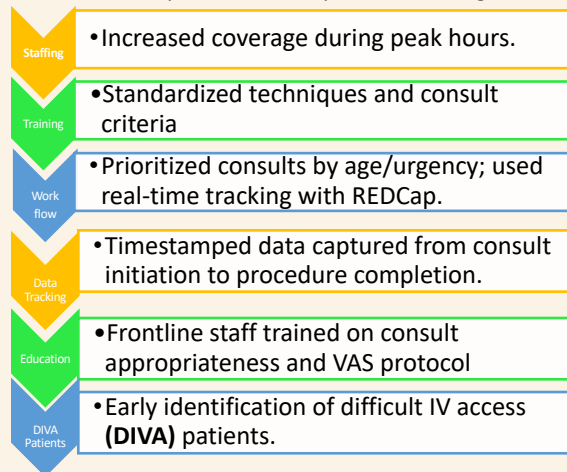
- This quality improvement initiative aimed to reduce consult-to-insertion times for ultrasound-guided peripheral IV (USGPIV) and midline placements across the general hospital (excluding ICU and pediatric units).
- The goal was to streamline workflows, enhance staffing efficiency, and leverage real-time tracking to improve patient care and timely vascular access

Limitations

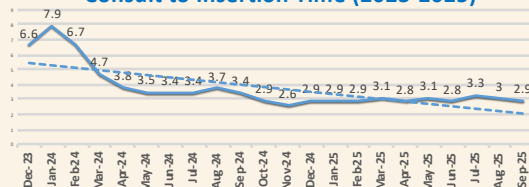
- Excluded units:** ICU and pediatrics
- ICU performs their own ultrasound-guided insertions.
 - The pediatric unit has its own specialized vascular access team.

Methods

In 2024, the Mount Sinai Vascular Access (VAS) Team implemented a hospital-wide strategies:



Consult to Insertion Time (2023-2025)



Results

- **Consult-to-insertion times** dropped from **7–9 hours to 2–3 hours**.
- Over 5,000 consults completed in 12 months. 80% resulted in successful insertions; 20% were deferred due to early bedside IV's or clinical changes.
- **Weekly REDCap analysis** showed:
 - Reduced delays
 - Sustained improvements across the year

Conclusion

- Reduced consult-to-insertion times for ultrasound-guided PIVs and midlines outside ICU and pediatrics.
- Improved efficiency through staffing, training, and real-time data tracking.
- Demonstrated value of workflow changes and data-driven decisions.
- Future studies could expand these strategies hospital-wide and evaluate long term outcomes.

References

Rickard, C. M., Marsh, N., Webster, J., & Playford, E. G. (2017). Vascular access: Evidence-based strategies to improve patient outcomes. *Infection, Disease & Health*, 22(3), 123–131. <https://doi.org/10.1016/j.idh.2017.05.001>
Demonstrates the importance of early vascular access planning and reducing insertion delays.