Survey reveals needlestick challenges that affect millions of patients

Patients experience unnecessary, failed and repeat needlesticks in hospitals today.



Even though blood draws and IV insertions are among the most common hospital procedures, only some patients are aware of the risks and challenges.





Are unaware that up to half of all IVs fail and need to be replaced before therapy is completed



Are unaware that regardless of what conditions they may have, patients should expect no more than two needlestick attempts from one clinician

Are unaware that needlesticks can lead to complications like infection, nerve damage, blood clots and hematomas (bruising)

Nurses agree that repetitive needlesticks impact clinical quality and the patient care experience.



92

Agree that repetitive needlesticks negatively impact the patient experience

Agree that delays to patient treatment caused by difficult venous access are a problem

Agree that gaining and maintaining venous access takes up too much time and contributes to workflow efficiencies

Suboptimal needlestick practices have operational and economic costs that can affect your hospital's bottom line.





Of a hospital's total operating expense due to specimen errors and recollections that result in care delays and prolonged patient length of stay¹

\$1M

Per year in an average 200 bed hospital from IV restarts alone, not including cost of treating peripheral IV failure related complications*,#,2

Is how much lower profit margins are for hospitals with "low" patient satisfaction scores compared to "excellent" scores^{+,3}

*Costs are estimated for a 200 bed U.S. hospital. #Annual estimate for 100,000 catheters, with a 35% failure rate and a \$28 average cost per IV insertion. *Based on an evaluation of HCAHPS patient ratings between 2008 and 2014.

Patients and clinicians agree: new solutions, education and advocacy are needed to reduce needlesticks and improve the standard of care.



Advancing the vision of a "One-Stick Hospital Stay" for as many patients as possible.

An IV is a critical lifeline for a patient, and quality blood draws can inform the course of their treatment. That's why BD is prioritizing the next generation of solutions that can help advance this vision by:



For more information on how BD is transforming vascular access care, visit bd.com/PIVO

This survey was conducted online in the United States by The Harris Poll on behalf of BD among 2,006 adults age 18+ from December 11-28, 2023, including those who have received IV therapy or blood draws during a hospital stay lasting overnight or longer in the past 24 months. The sampling precision of Harris online polls is measured by using a Bayesian credible interval. For this study, the total sample data is accurate to within +/- 28, Bercentage points using a 95% confidence level. In addition, the survey included 106 RNs working in hospitals in the United States, and for this sample the data is accurate to within +/- 10.9 percentage points using a 95% confidence level.

References: 1. Green SF. The cost of poor blood specimen quality and errors in preanalytical processes. *Clinical Biochemistry*. 2013;46:1175-9. 2. Helm RE, Klausner JD, Klemperer JD, Flint LM, Huang E. Accepted but unacceptable: peripheral IV catheter failure. *J Infus Nurs*. 2015; 2. Period 400, 202

3. Betts D, Balan-Cohen A, Shukla M, Kumar N. The value of patient experience. Deloitte. Published 2021. Accessed February 1, 2022 at https://www2.deloitte.com/content/dam/Deloitte/us/Documents/life-sciences-health-care/us-dchs-the-value-of-patient-experience.pdf

bd.com

BD and the BD Logo are trademarks of Becton, Dickinson and Company its affiliates. © 2024 BD. All rights reserved. BD-117271 (3/24)