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EDITORIAL

From little things, big things grow

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A special greeting to my vascular access colleagues, and I am pleased to have this opportunity to connect with you! As a Research Fellow with the Alliance for Vascular Access Teaching and Research (AVATAR) group (www.avatargroup.org.au), I want to give you a brief insight into the vital work that our group performs in Australia and around the world. This year AVATAR has achieved a great milestone: we are celebrating a decade of existence!

The intravascular devices research group was established at Griffith University in 2007 by Prof Claire Rickard, who already had undertaken over a decade of research in the vascular access field and realised the need for a more sustainable and far-reaching approach to improving the management of vascular access devices. From humble beginnings, we have grown exponentially. A decade on, AVATAR is an established and internationally recognised, multidisciplinary research group of more than 100 researchers from different areas and backgrounds, collaborating with dedicated professionals from many leading universities and hospitals.

As health care professionals, we know that the majority of patients admitted to hospitals require a vascular access device[1]. Unfortunately, more than half of these devices fail before completion of treatment[2], which can lead to adverse patient outcomes such as pain, anxiety, infection, and increased length of hospital stay, to name but a few. Device failure also entails a significant economic burden for hospitals, with an increased need for more invasive procedures, more clinician time, and a higher risk of patient complications.

The AVATAR mission is “to make vascular access complications history” by providing high-quality evidence to improve clinical practice and patient health outcomes. Our research and teaching activities comprise six key areas from bench to bedside, including: (i) experimental laboratory science; (ii) dressing and securement; (iii) patency, flushing and blood sampling; (iv) therapy and devices; (v) paediatrics; and (vi) evidence, education, and experience.

AVATAR team members have expertise in a range of study designs, incorporating quantitative and qualitative methods, from *in vitro* research to rigorous clinical trials, patient experience, health economics analysis, and knowledge translation science. To ensure our research targets the essential questions, we regularly consult with patients, families, health care professionals and policymakers. We assess the economic impact that improved practice may have on the health care system to enable hospitals and health care services to save significant amounts of money. And, last but not least, we collaborate with a range of industry partners to test products and ensure clinical practice solutions are evidence-based.

By conducting rigorous research and delivering evidence-based solutions for clinical practice, together we can make a real difference in the lives of patients and families After a decade, we can see the benefits of our hard work, and we are thrilled that AVATAR continues to grow. Thank you to everyone who has supported the AVATAR journey so far. Your trust in our mission inspires us to keep striving.

If you haven’t yet done so, I encourage you to take a look at our recent video, “How many IV failures is too many?”

References

1. Zingg W & Pittet D. Peripheral venous catheters: an under-evaluated problem. Int J Antimicrob Agents 2009; 34:S38–S42.
2. Marsh N, Webster J, Mihala G & Rickard CM. Devices and dressings to secure peripheral venous catheters to prevent complications. Cochrane Database Syst Rev 2015; 6:CD011070.