BD Q-SYTE^{TT} LUER ACCESS SPLIT SEPTUM

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THIS NEEDLELESS IV ACCESS DEVICE IS UNIQUELY SPLIT. ITS CLINICAL RESULTS ARE NOT.

BD Q-Syte Luer Access Split Septum



Helping all people live healthy lives

A split-septum needleless access system has 64%–70% lower CRBSI rates than mechanical valves.¹²

The CDC reports that of ~98,000 Healthcare Acquired Infections (HAI)-related deaths per year, approximately 30,000 of them are caused by bloodstream infections (BSIs).³ What many healthcare professionals are beginning to realize, however, is the impact IV access devices may have on catheter-related bloodstream infection (CRBSI) cases. Although a small and seemingly inconsequential component of an infusion therapy system, a needleless access device can be the place of origin for microbial growth.⁴

Purposefully simple in design and function, split-septum devices eliminate the complexities of mechanical valves, and with them, the places that may harbor bacteria.⁴ In fact, studies comparing devices found that patients are three times more likely, on average, to develop a CRBSI with the use of mechanical valves vs. a split-septum needleless access system.^{1,2}

THE SOLUTION IS IN SIMPLICITY

The split-septum concept was introduced to the needleless IV access device market with Interlink.[®] BD understands that split-septum features such as simple internal design, ease of use, and a straight, clear fluid path, are critical to achieve CRBSI reductions. Now, BD Medical extends the benefits of split septum to the convenience of luer access with BD Q-Syte Luer Access Split Septum.

The BD split-septun

Smooth surface is easily cleaned prior to access.

Clear housing allows visual assessment of the fluid path.

¹ Rupp ME, Sholtz LA, Jourdan DR, et al. Outbreak of bloodstream infection temporally associated with the use of an intravascular needleless valve. *ClD*. 2007;44:1408-1414.

² Salgado CD, Chinnes L, Paczesny TH, Cantey JR. Increased rate of catheter-related bloodstream infection associated with use of a needleless mechanical valve device at a long-term acute care hospital. *Infect Control Hosp Epidemiol*. 2007;28:684-688.

³ Klevens RM, Edwards JR, Richards CL, et al. Estimating health care-associated infections and deaths in U. S. hospitals, 2002. *Public Health Reports*. 2007; 122:160-166.

⁴ Karchmer TB, Wood C, Ohl CA, et al. Contamination of mechanical valve needleless devices may contribute to catheter-related bloodstream infections. SHEA 2006 Presentation Number: 221 Poster Board Number: 47.

Q-Syte[™] n difference

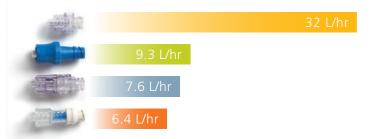
No crevices or gaps around the surface to harbor bacteria.

ULTIMATE PERFORMANCE IN CLOSED LUER ACCESS

In addition to the benefits of split-septum design, the BD Q-Syte device delivers optimal luer access performance. Because of its straight and unobstructed fluid path, the BD Q-Syte device provides:

- Dramatically higher flow rates⁵
- A low priming volume
- Flexibility to use ISO-compatible luer slip or luer lock connection

FLOW RATE COMPARISON LUER ACCESS DEVICES



THE RIGHT CHOICE FOR AVOIDING "NEVER EVENTS"

"Never events"⁶ are described as serious, costly, and preventable medical errors that should never happen in the provision of health care services. An HAI, in particular, is a "never event" that the Centers for Medicare & Medicaid Services (CMS) has identified as a high cost to the Medicare program. In its effort to reduce or eliminate "never events," the CMS adjusts payments for HAIs (including CRBSIs)—a move that has serious cost consequences to healthcare organizations.

Because treating CRBSI cases can cost more than \$103,000 per hospital stay,⁷ taking strides to reduce the risk of CRBSIs is in the best interest of hospitals and patients alike. Utilizing split-septum devices such as BD Q-Syte or Interlink may help hospitals reduce their rate of CRBSIs, an outcome that's good for patients and the bottom line.

5 Data on file

- 6 http://www.cms.hhs.gov/apps/media/press/release.asp
- 7 Centers for Medicare & Medicaid Services. (2008, April 14)
- CMS proposes additions to list of hospital-acquired conditions for fiscal year 2009. Available at: http://www.cms.hhs.gov/apps/media/fact_sheets.asp

Simple fluid path design reduces places for microbes to grow;⁴ this fluid path also delivers a better flow rate.⁵



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BD Q-SYTE[™] LUER ACCESS SPLIT SEPTUM

| Ref No. | Product Description | Quantity | Flow Rate H ₂ 0 (L/hr.) ⁸ | Priming Volume (mL) |
|-----------|---|---------------------------|--|------------------------|
| BD Q-Syte | Luer Access Split Septum | | | |
| 385100 | Stand-Alone Device | 50/Shelf Pack 200/Case | 32 | 0.10 |
| BD O-Svte | ■ Extension Sets | | | |
| 385101 | 15 cm (6 in.) Macro Bore, fixed nut | 25/Shelf Pack 200/Case | 27 | 1.14 |
| 385102 | 15 cm (6 in.) Small Bore, fixed nut | 50/Shelf Pack 200/Case | 3 | 0.21 |
| BD Q-Syte | Accessory | | | |
| 385108 | Vial Access Adapter | 25/Shelf Pack 100/Case | N/A | N/A |
| MPS Acaci | a Extension Sets with BD Q-Syte™ Luer Access Spli | it Septum | | |
| 385150 | 15 cm (6 in.) BD RightBore™ 18 Ext. Set, spin nut | 50/Case | 19 | 0.60 |
| 385151 | 15 cm (6 in.) Small Bore Ext. Set, spin nut | 50/Case | 2 | 0.25 |
| 385152 | 15 cm (6 in.) Macro Bore Ext. Set, spin nut | 50/Case | 22 | 1.00 |
| 385153 | 36 cm (14 in.) Small Bore Ext. Set, spin nut | 50/Case | 3 | 0.55 |
| 385161 | 15 cm (6 in.) Macro Bore Bi-Ext. Set, spin nut | 50/Case | 20 | 1.60 |
| 385162 | 15 cm (6 in.) Macro Bore Tri-Ext. Set, spin nut | 50/Case | 20 | 2.25 |
| 385163 | 15 cm (6 in.) Small Bore Bi-Ext. Set, spin nut | 50/Case | 2 | 0.45 |
| 385164 | 15 cm (6 in.) Small Bore Tri-Ext. Set, spin nut | 50/Case | 2 | 0.80 |
| 385165 | 20 cm (8 in.) "Y" Macro Bore Ext. Set, spin nut | 50/Case | 22 | 1.40 |
| 385166 | 50 cm (20 in.) "2Y" Macro Bore Ext. Set, spin nut | 50/Case | 18 | 3.20 |

To learn more about BD Q-Syte Luer Access Split Septum products, call 1.888.237.2762 or visit www.bd.com/infusion/products/qsyte.



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8 Test method, ISO 10555-5 Annex B (max flow @ 525 ± 25 mL/min)

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