Nurse Led PICC Clinic

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Background

Identify a need:

- Ad-hoc service provision
- No dedicated staff
- Large demand on radiology
- Delays of several days for patients

Submission to the DHS, work force innovation grant:
Project Outline

• To establish a pilot project to demonstrate the benefits of a Nurse Led Peripheral Inserted Central Catheter (P.I.C.C) Clinic.
Project Outline

• **Improve outcomes**
  - Providing timely access to treatment options and reducing length of stay

• **Increasing patient satisfaction**
  - Certainty regarding date/time of procedure is particularly important to HITH and outpatients
Project Outline

• Cost savings
  - Reducing the amount of radiology time
  - Decrease length of stay
  - Decrease complications caused by delay of treatment
Project Outline

• Reduced infection rate
  - PICC care study days for staff
  - Insertion infection reduced to 1.46 per 100 catheters this year
P.I.C.C. nurse competency based learning package.

**Scope of practice:**
1. They have the necessary educational preparation and experience to do so safely.
2. Their competence has been assessed by a qualified, competent health professional (anaesthetic consultant).
3. They are confident of their ability to perform the activity safely.
4. They have any necessary authorisations or certifications and organisational support.

**Competency based learning package**
- Engagement of clinical experts (anaesthetic leads)
- NP/extended scope of practice steering committee
- Visit reference sites
- Safer systems saving lives
- Governance group
- Engage IPPS

**Industry workshop,**
Cook, Groshong

**Supervised practical assessment tool**

**Observe 5 PICC insertions**

**Perform 5 supervised**

**Safe to practice independently**

2 day ultrasound workshop.
Best practice: 
Safer systems saving lives: 
guidelines for preventing blood born catheter related infection

Recommendations
1. Hand hygiene
2. Maximal barrier precautions
3. Skin antisepsis (recommend 2% chlorhexidine and 70% alcohol)
4. Optimal catheter site selection (U.S. guidance allows upper arm rather than antecubital fossa)
5. Daily line review
Project Objectives and Key Achievements

• To move the skill set required for PICC insertion from anaesthetist to registered nurse, thereby improving effective workforce skill utilization and productivity.
  – The project has successfully moved the skill set for PICC insertion to registered nurses through a competency based training package which is readily repeatable.
  – This has occurred with significant improvements in procedure duration, failure rate and infection.
  – And without incident.
Project Objectives and Key Achievements

• **To reduce delays to P.I.C.C insertion.**
  – Structured clinic times allow 95% of PICC cannulations to be attended inside the established clinic times (Monday, Wednesday & Friday)
  – Allowing medical and surgical units to better plan care and or transfer to HITH.
  – Ward nurses who often attended their patients during the PICC insertions are now free to return to the ward.
  – A significant patient load (400 cases to date) has been lifted from the Emergency Theatre Booking System (ETBS), improving emergency patient flow.
  – Decreased failure rate from 10% to 5%
Project Objectives and Key Achievements

- To limit the use of radiology in PICC procedure to failed attempts only, hence freeing up angiography time.
  - The Nurse Led PICC Clinic has achieved a dramatic reduction in the number failed cannulations. Radiology were attending 1 cannulation per day and now the clinic has referred 15 patients in the last 10 months.

- To increase patient satisfaction with this procedure.
  - Patient satisfaction survey results universally rate the service highly.
  - However some patients have been concerned by the activity and noise that comes from delivering the clinic in a busy Post Anaesthetic Care Unit.

- Is the clinic viable?
  - The nurse led PICC clinic has established itself as an important clinical resource with universal high regard
  - The PICC clinic has significantly impacted patient the patient experience, processes and workload from City and Parkville wards and HITH through to radiology and theatre emergency case load.
Challenges

- Getting support from medical staff
  - Anaesthetic department very supportive from the beginning
  - Radiology initially hesitant
  - ICU is still an ongoing challenge
Challenges

• Getting support from hospital units
  - assisted by radiology refusing to take referrals
  - teaching the rotating medical staff how to book a PICC
  - support from the ward nurses
Challenges

• Finding a home

- currently in the recovery room
- post op patients take priority
- need access to anaesthetic consultant to check PICC placement
- Still an unresolved issue
Challenges

- Writing an insertion policy
  - including extended scope of practice for nurses
  - supported by APHRA guidelines
Ongoing Funding

- Taken on by the division of surgery
- Use “hTrak” to claim the cost of consumables and device
- Supervision by staff anaesthetist enables the hospital to claim
Future

- 6 day a week service
- Expand to include CVC and vas cath insertions
- VCCC will increase the number of PICC referrals
Questions?