



***Developing a comprehensive Vascular Access Service -
Collaboration, Scope of Practice and Business Models***

Infusion Therapy PICC Service Gold Coast University Hospital

PICC Chicks

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Infusion Therapy



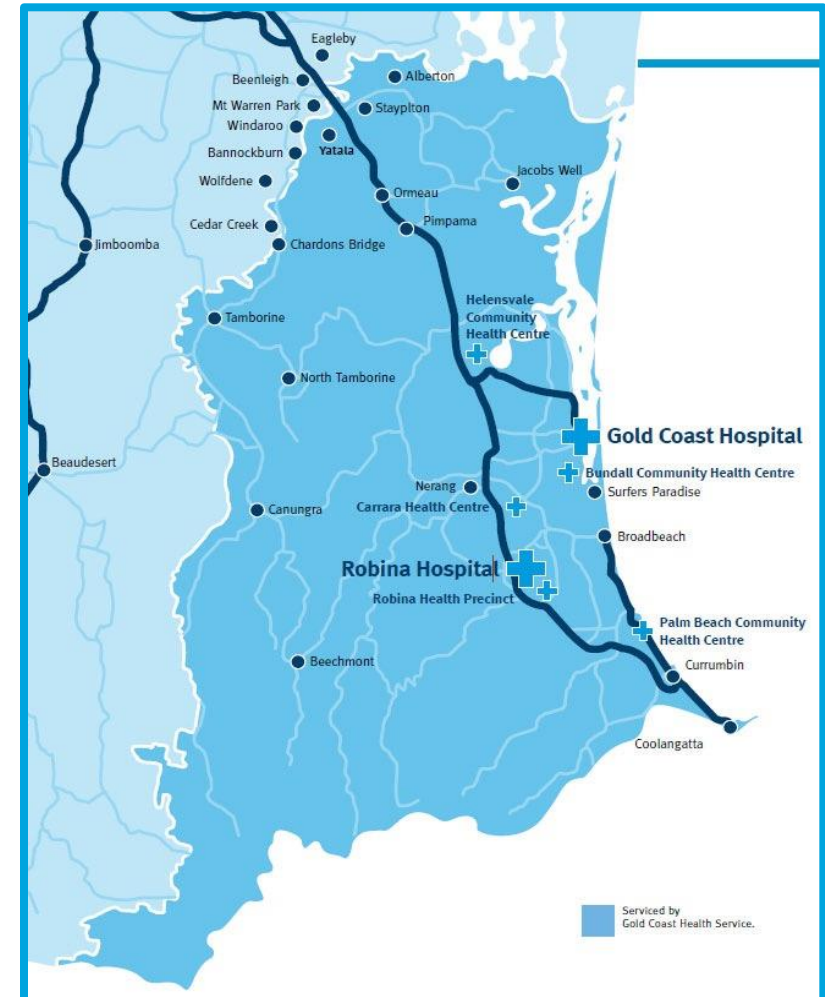
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Demographics

Gold Coast Health & Hospital Service

- ✦ **Gold Coast University Hospital (GCUH) - 750 beds**
- ✦ **Robina- 364 beds**
- ✦ **Carrara- 63 beds**
- ✦ **X3 Community Health Centres**





History



TPN
Clinical
Nurse

IV
Clinical
Nurse

1991

1992

PICCs
introduced

1997

TPN & IV Nurse
amalgamate
Parenteral Therapy

1998

Rename
Infusion Therapy

2004

Commencement
Nurse Led PICC
Insertion Service

2008

Move to MID

2011

Move to GCUH
& Fluoroscopy

2013

2015

ICU model of care

MID model of care

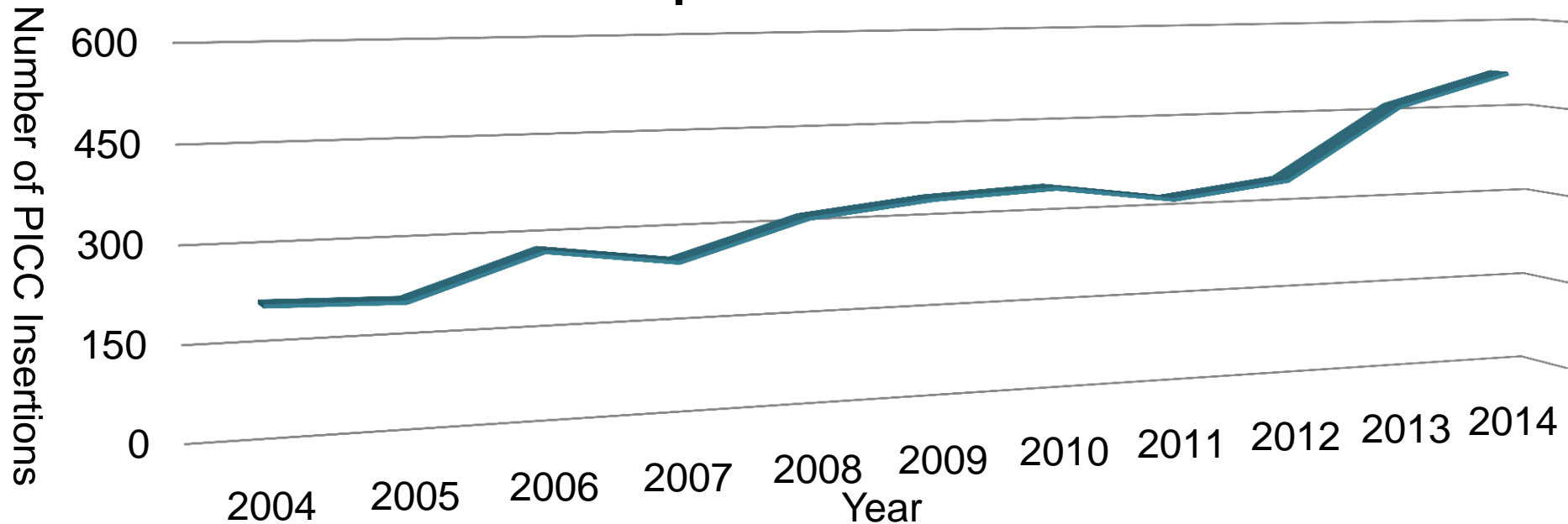
Surveillance & Monitoring





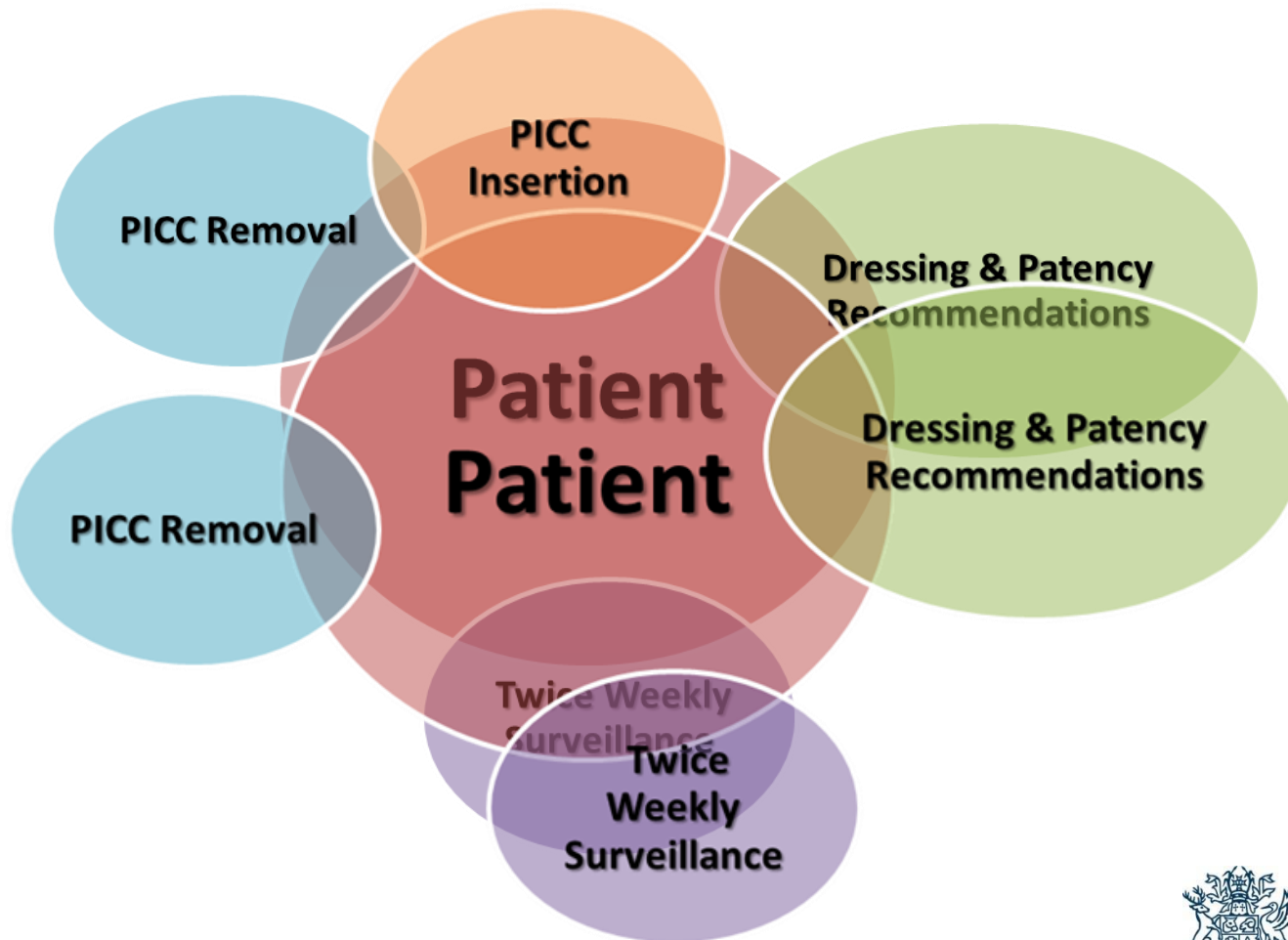
PICC me!

Ward and Outpatient PICC Insertions





Peripherally Inserted Central Catheter (PICC) Framework





Nurse Led PICC Insertion Service

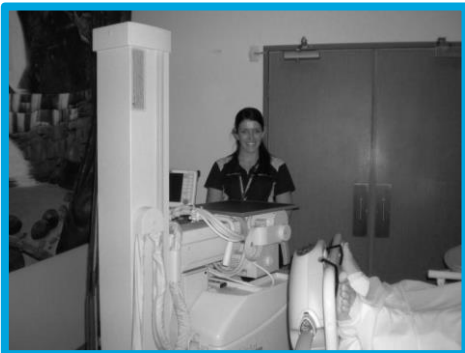


- ✦ **Timing**
- ✦ **Motivated Clinicians**
- ✦ **Support**
- ✦ **Scope of Practice**
- ✦ **Service Delivery**
- ✦ **Business Case**
- ✦ **Clinical Competence**

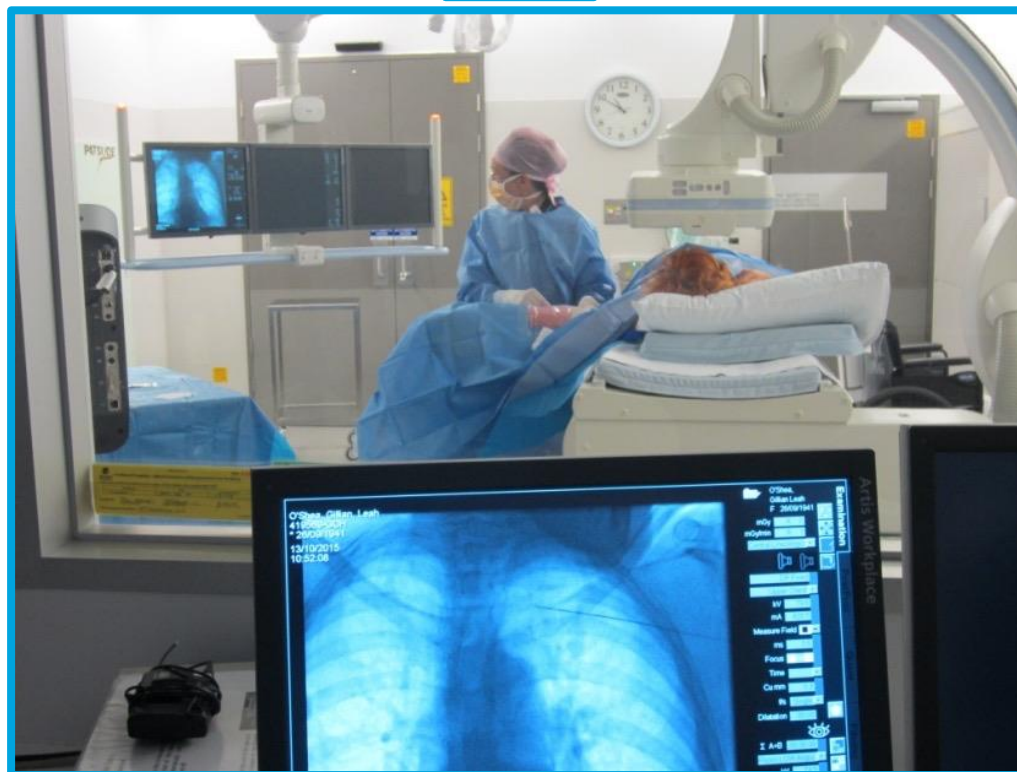


PICC Chicks “PICCing”

2008



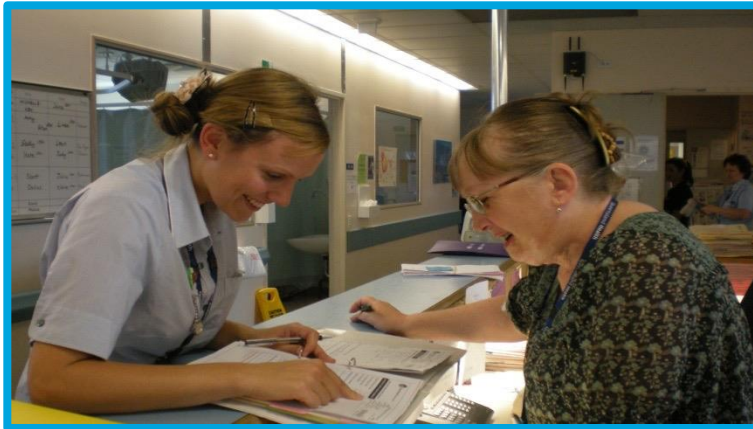
2015



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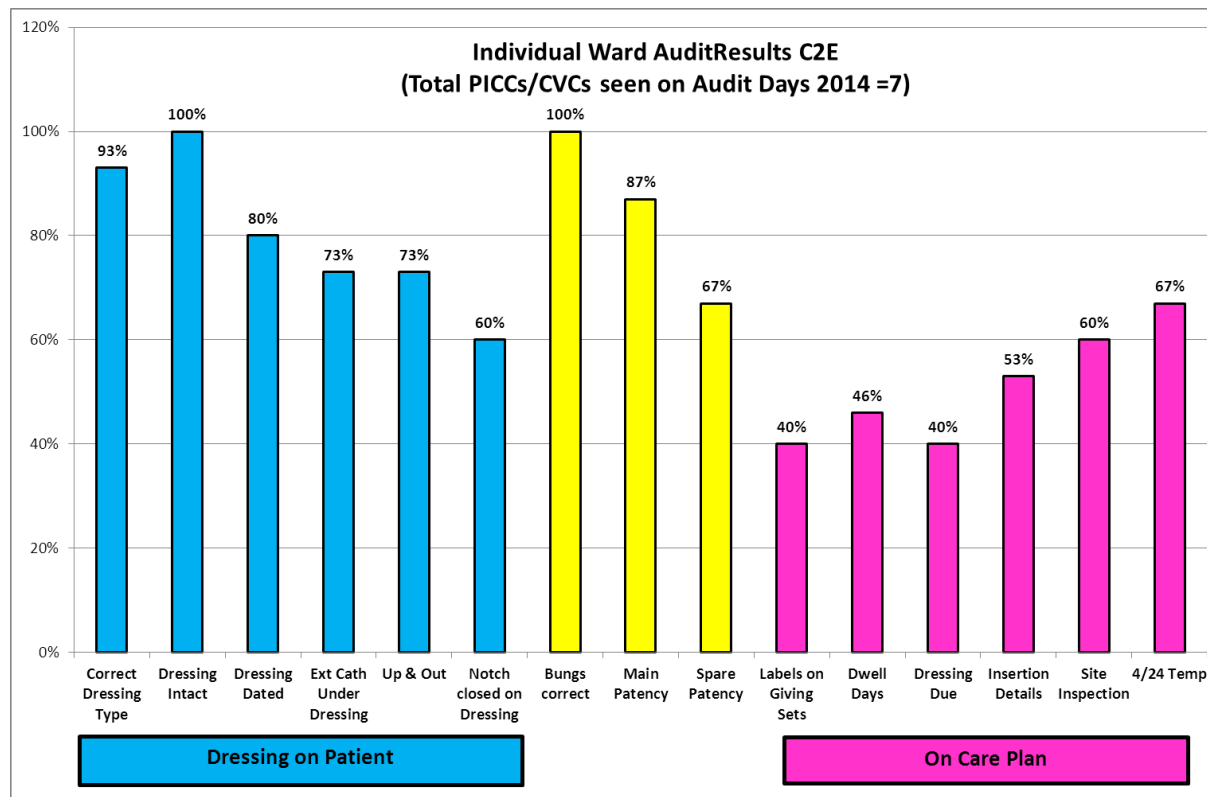


Monitoring & Surveillance





Auditing





Data Collection

Patient Details

Firstname	Surname	UR	DOB	Age
Peter	Picc	345676	6/06/1966	
Ward	Diagnosis	Clinician	Complication	
AMU	osteomyelitis L knee	T Patrick	confirmed Infection	
Catheter Type	Where	Cath Ins Site	Date In	Date Out
PICC	ICU PR	L Bas	29/07/2010	27/08/10
Ward days	30	TPN start		<input checked="" type="checkbox"/> outpatient
ICU days	0	TPN end		Moved To
Total days		TPN Duration		REHAB
Comments	uneventful insert 5cm external tip low SVC			

TipCulture:	Staph aureus (MRS)	
TipGrowth:	50-100 CFU	
B-C Collected:	peripheral	
BloodOrganism:	Staph aureus (MRS)	
BSI Confirmed:	<input checked="" type="radio"/> Yes <input type="radio"/> No	
BSI Notes:	Catheter Out Ward: HOMETEAM	
CRBSI confirmed with Microbiology & Infection Control		
<input type="checkbox"/> Check This if you want this record to be deleted		

GCH Infusion Therapy XP

GCH CVC Database
Robina Campus v2.5 August 06, 2008

[Patients](#)

[Multi-Episode View](#)

[Reports](#)

[Exit](#)

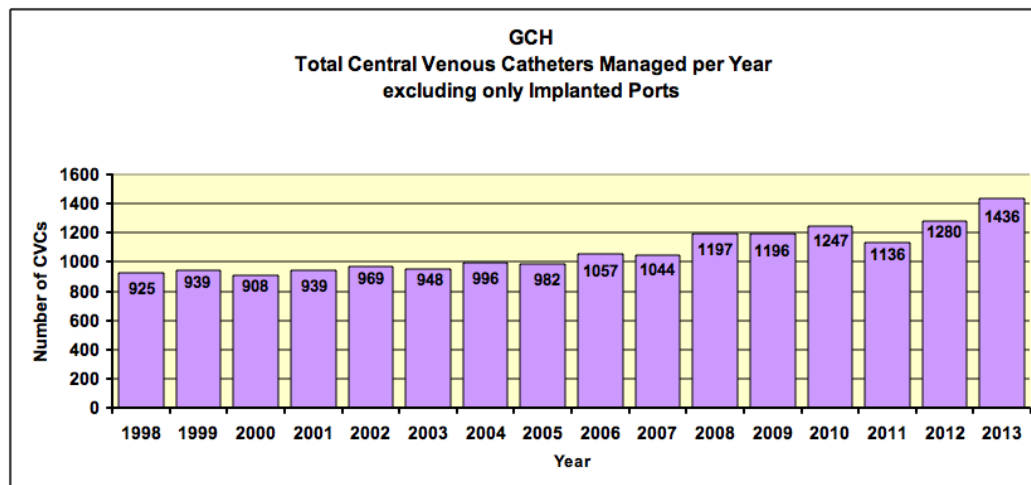
[Export To Excel](#)

[Delete Marked Records](#)

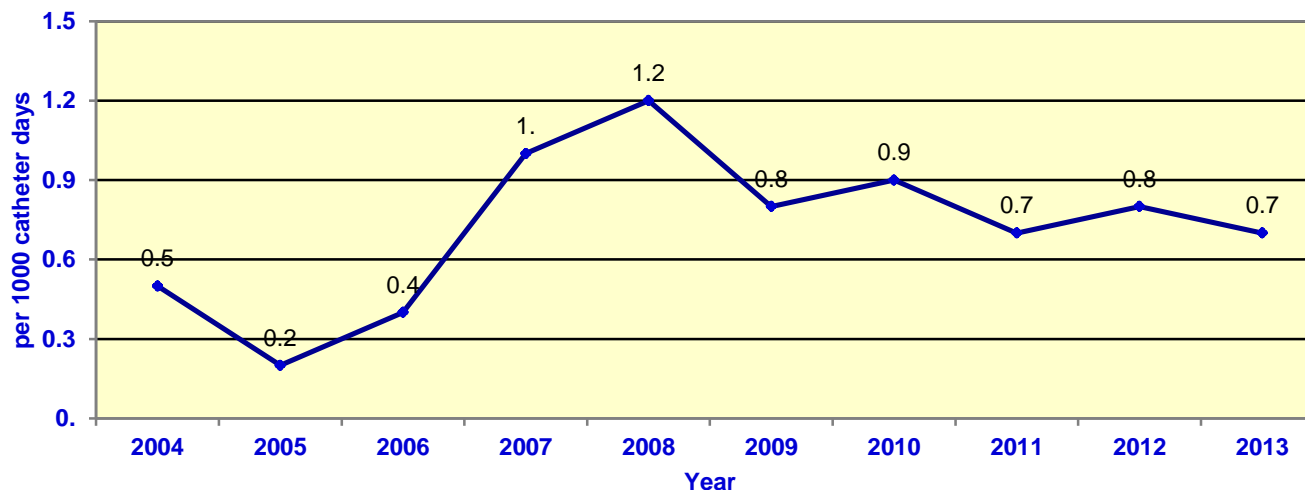

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Queensland Health



STATS



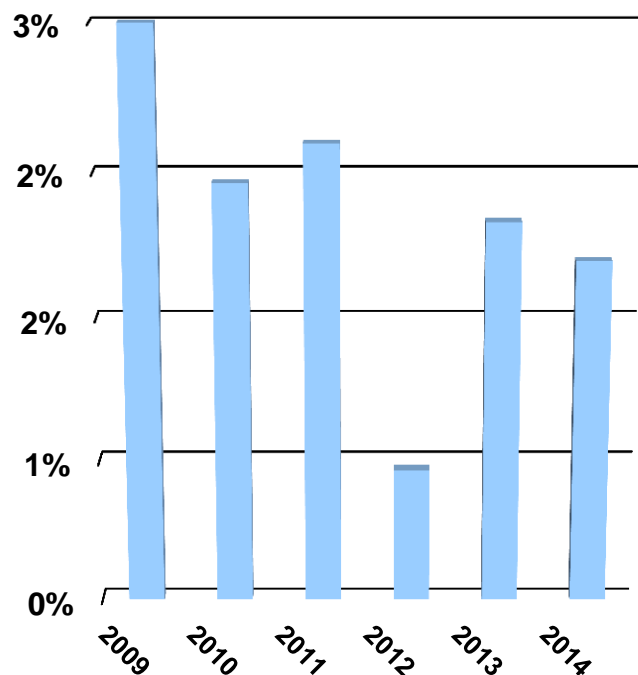
Gold Coast Hospital
Central Line Associated Blood Stream Infections (CLABSI) Rate
(CVCs & PICCs)





STATS

■ USS confirmed thrombosis



2014
PICCs managed = 713
Ultrasound confirmed PICC Thrombosis = 1.5%

No.	Catheter Arrow 4Fr single lumen Arrow 5Fr double lumen	Vein Used	Where Inserted	Diagnosis	Date in	Date out	Dwell	U/S	BSI	Tip position
1.	PICC	L) Bas	DF1	Gastric Ca	14/12/13	8/1/14	16	Y	N	Low SVC
2.	PICC-D	R) Bas	A/Hts	GOJ signet cell tumour	28/12/13	16/1/14	20	Y	N	High SVC
3.	PICC	R) bas	DF1	Breast Ca	12/3/14	17/3/14	6	Y	N	Low SVC
4.	PICC-D	R) brac	DF1	ALL	19/3/14	7/5/14	51	Y	N	Low SVC
5.	PICC	L) bas	DF1	Breast Ca	16/5/14	5/6/14	21	Y	N	Low SVC
6.	PICC	L) bas	DF1	Met Breast Ca	23/5/14	1/6/14	10	Y private	N	Low SVC
7.	PICC	L) bas	DF1	Breast Ca	30/5/14	11/6/14	14	Y	N	Low SVC
8.	PICC-D	L) cep	Robina ICU	Wound infection post hernia repair To GCUH with PICC 11/6/14	6/6/14	12/6/14	7	Y	N	Low SVC
9.	PICC	L) bas	DF1	Small cell Lung Ca	1/8/14	10/8/14	10	Y	N	Low SVC
10.	PICC-D	L) brac	DF1	Myeloma	10/1/14	11/3/14	61	Y	N	Low SVC
11.	PICC	L) bas	DF1	Breast Ca	1/8/14	28/8/14	(6 to uss) 28 total	Y	N	Low SVC

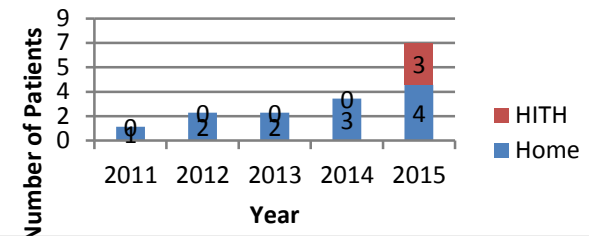




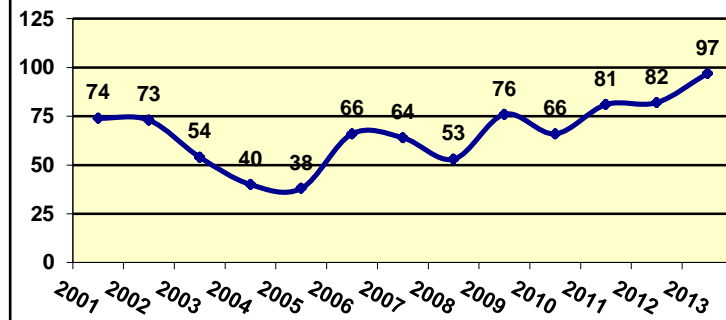
TPN



GCH/GCUH Home TPN Patients



Inpatient TPN 2000-2013



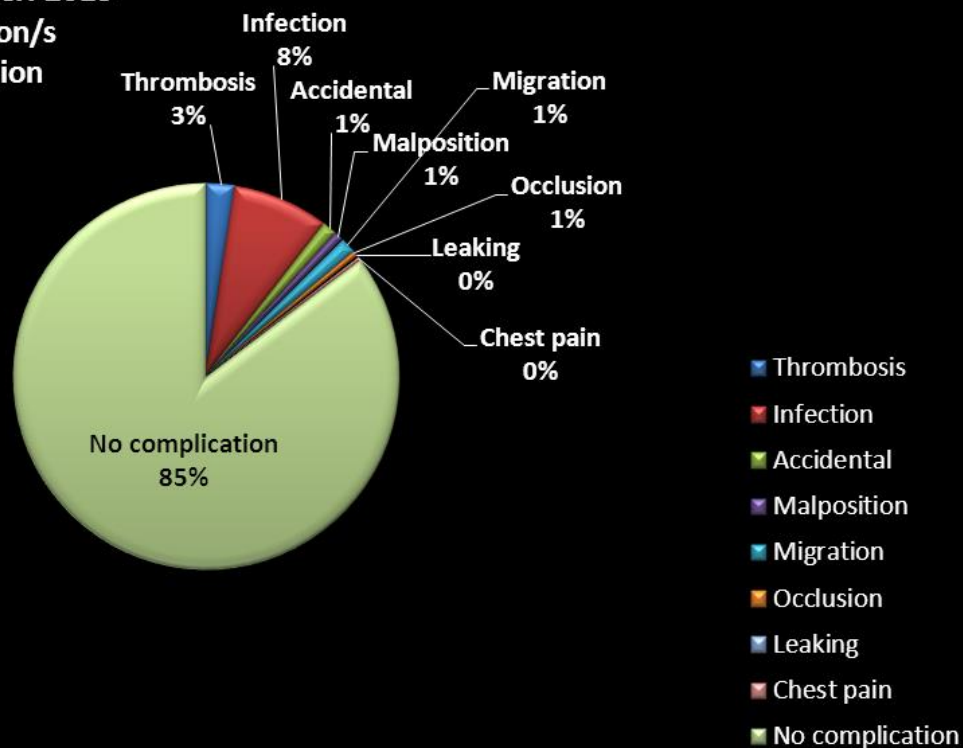


2013 Complications requiring PICC removal

663 PICCs managed GCH 2013

15% had complication/s

85% NO complication



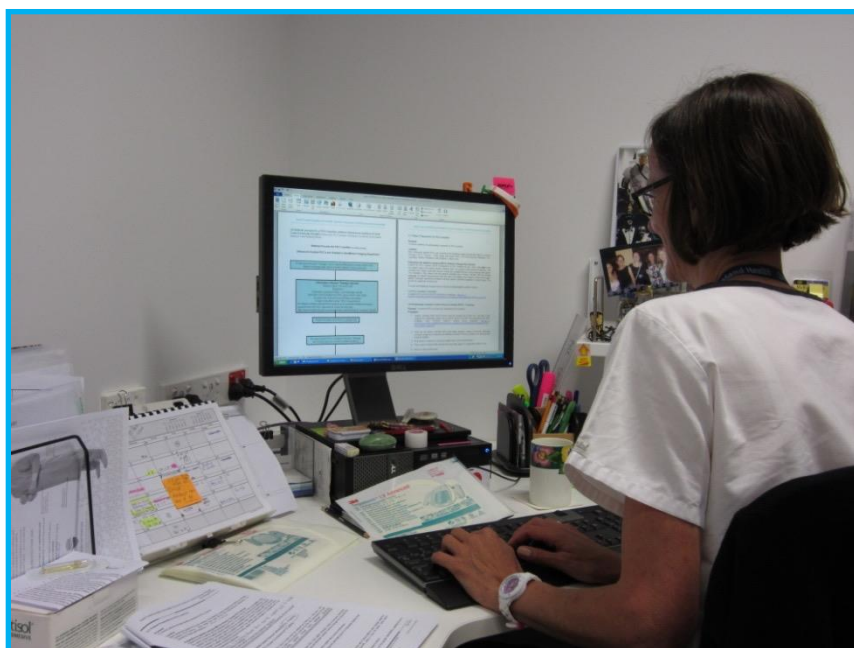


Education





Policy and Procedure



Procedure

Document ID PRO-0881 >

Peripheral Intravenous Therapy Gold Coast Hospital and Health Service

1 Purpose

To describe the current scope of practice for nurses when managing peripheral intravenous therapy (IVT).

1.1 Authorised to manage Peripheral IVT:

- The Registered Nurse (RN) manages peripheral IVT. The second or third year student nurse that has completed the appropriate clinical training can manage peripheral IVT under the supervision of the RN.
- The Registered Midwife (RM) can manage peripheral IVT. The student midwife that has completed appropriate clinical training can manage peripheral IVT under supervision of the RM.
- The Enrolled Nurse (EN) will undertake an Intravenous Therapy (IVT) assessment (refer to clinical facilitator) before managing peripheral IVT within Gold Coast Hospital and Health Service (GCHHS).

2 Scope

This procedure relates to all GCHHS employees (permanent, temporary and casual) and all organisations and individuals acting as its agents (including Visiting Medical Officers and other partners, contractors, consultants and volunteers).

2.1 The EN [IVT] can manage peripheral intravenous therapy without additives.

2.2 Only an RN/RM can manage peripheral intravenous therapy with additives and administer IV medication (including IV sodium chloride 0.9% flushes).

2.3 RN/RM and EN who has completed the IVT assessment can undertake:

- inspection of the IV cannula exit site and subsequent documentation on the Patient Care Plan;
- maintenance of the IV cannula (eg. changing the IV dressing);
- checking, labelling and hanging the IV fluid;
- priming the IV administration set;
- programming and maintaining the infusion pump (or manually regulating the rate of infusion);
- ~~removal~~ of the IV cannula.

2.4 Under the direct or indirect supervision of a RN/RM an EN (who has not completed the IVT assessment) and/or EN may be delegated to perform:

- inspection of the IV cannula exit site (reporting same to the RN) and subsequent documentation on the Patient Care Plan;
- changing the IV dressing; and
- ~~removal~~ of the IV cannula.





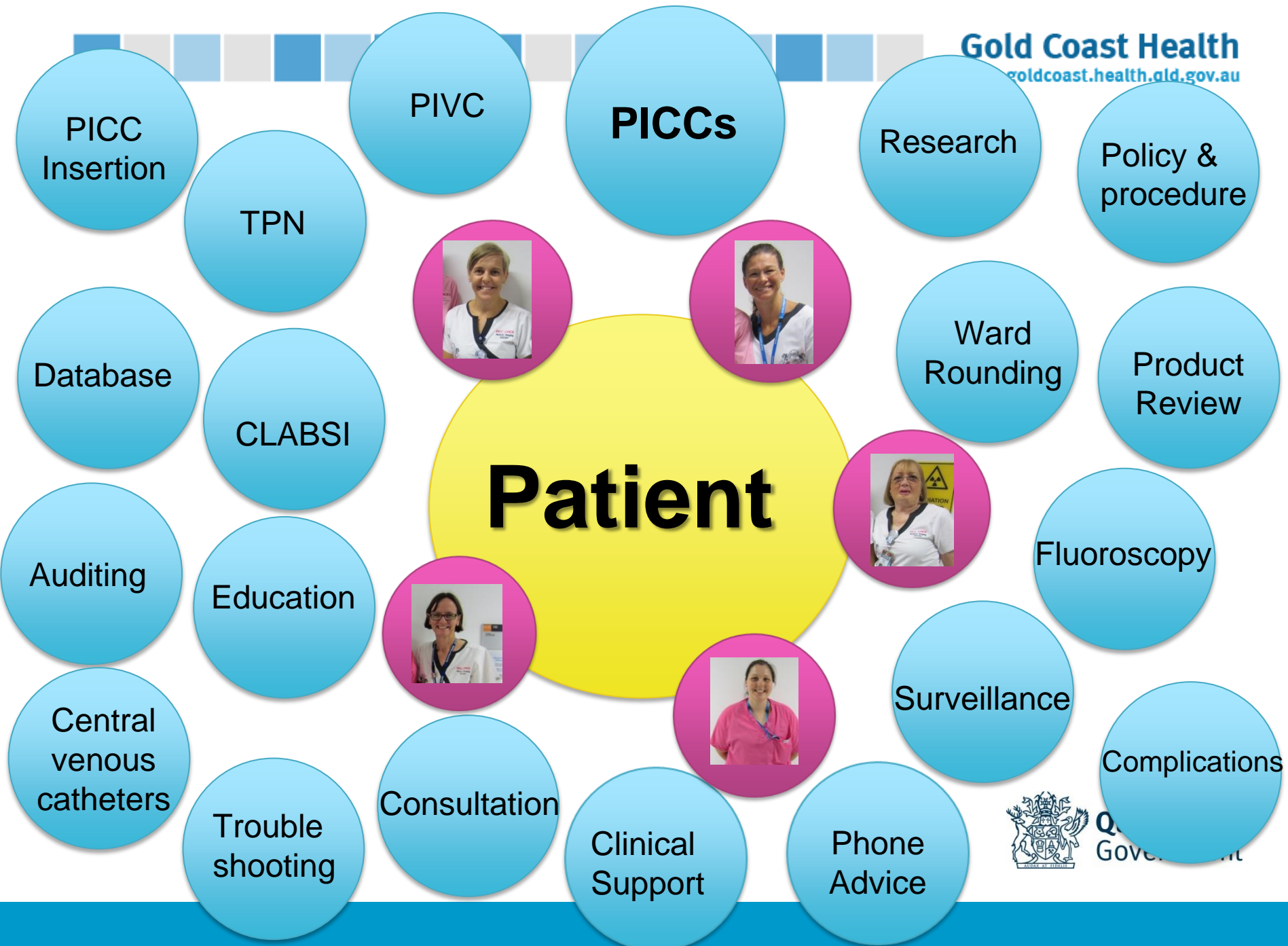
Research



DRIP Trial
2008

OMG PIVC
2015







Thank you