

Nurse Led PICC Clinic

Catherine Pedrotti

Anna Koliou



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

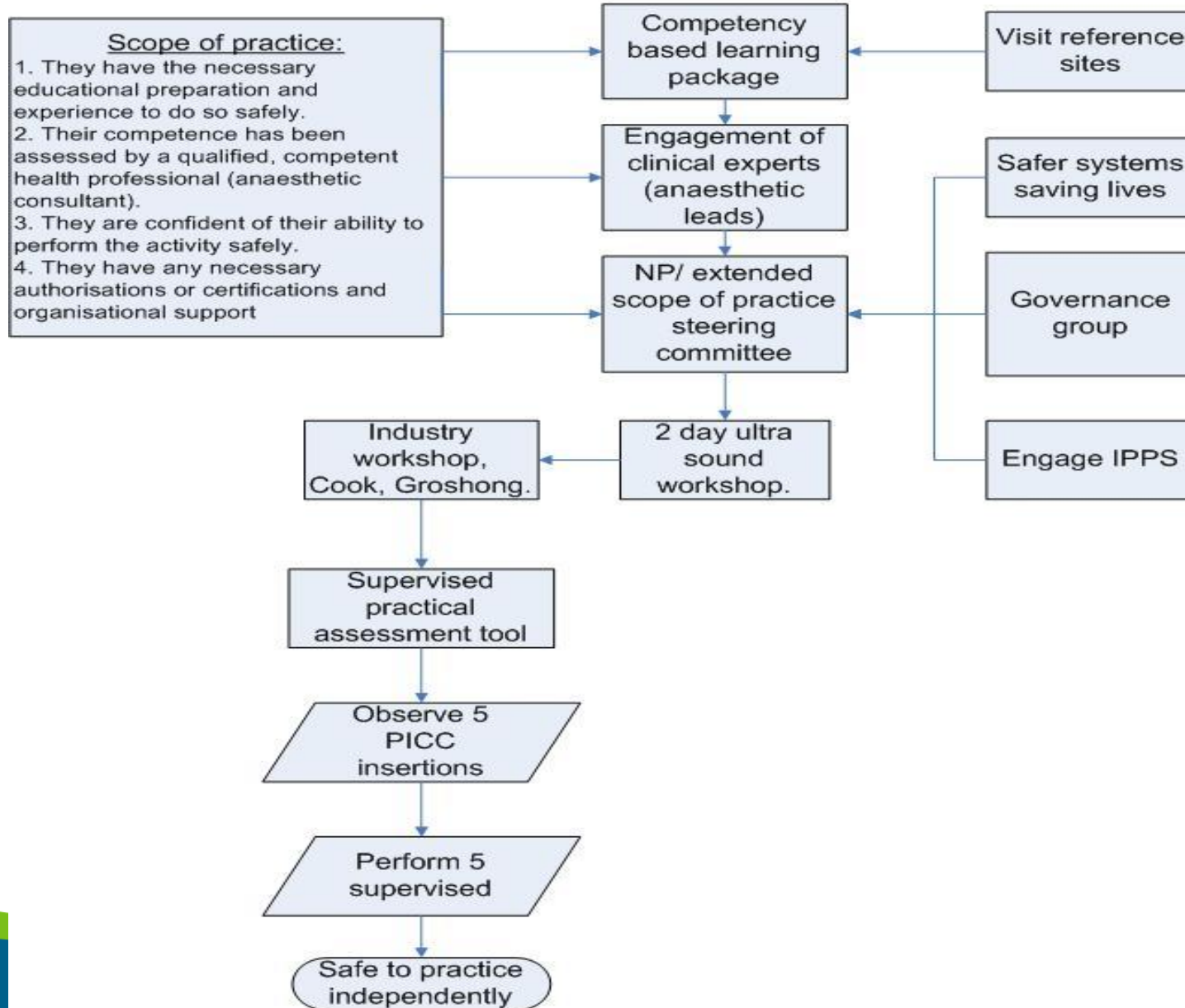


Project Outline

- 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.



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 vascath insertions
- VCCC will increase the number of PICC referrals











Questions?

