

12th Intravenous Nursing New Zealand Inc. Conference Report
Jo Ridder, Clinical Nurse Specialist, Medicine, Waikato Hospital, Hamilton.

Future Direction – Make the Connection

The 12th Intravenous Nursing New Zealand Inc. Conference was held in Christchurch on 18th and 19th March 2010.
It was preceded by the Intravenous Nurse Specialist Educator Forum on 17th March.

Firstly I would like to thank the executive of IVNNZ for supporting me with a grant to attend the conference, it was a very valuable experience being able to network with a variety of health professionals and product exhibitors.
As I was one of two people sponsored by IVNNZ, my report will focus on Intravenous Nurse Specialist Educator Forum.

Keynote speaker, Mary Alexander, CEO Infusion Nurses Society, outlined the Infusion Nurses certification and recertification process in the USA.

Certification – competence in specialised professional practice, based on education.

The Certified Registered Nurse Infusion credential is the only nationally accredited certification for infusion nursing and takes into account federal and state statutes, laws and regulations.

Standards of practice utilise nursing process relative to nine core content areas in the online exam. (Candidates are scored on 150 out of 170 items administered over three hours).

Core content

- Technical and clinical application (38q)
- Fluid and electrolyte balance (20q)
- Pharmacology (20q)
- Infection control (20q)
- Antineoplastic/Biologic therapy (16q)
- Parenteral nutrition (10q)
- Performance improvement (10q)
- Paediatrics (8q)
- Transfusion therapy (8q)

Certification is valid for 3 years, with recertification options including repeating the exam, continuing education, e.g. attending/presenting at Infusion Nurses Society meeting, publication of manuscript in Journal of Infusion Nursing or other peer reviewed journal, publish/edit a chapter in an infusion related book, teach infusion related education programmes, to obtain a total of 40 recertification units.

Further information can be found on www.incc1.org (Infusion Nurses Certification Corporation) or www.ins1.org (Infusion Nurses Society).

Mary then discussed quality issues/initiatives around IV nursing and identifying problem areas.

Competency and better nursing productivity can be related to financial aspects/fewer supplies used.

Areas that can show cost savings include

- low infection rates
- bedside versus intervention room PICC insertions
- avoidance of missed medication doses due to catheter related problems.

Development of competency tools e.g. assessments for appropriate device insertion and complication prevention.

Satisfaction information can be captured by patient and staff surveys, required by regulatory and accrediting bodies.

Carolyn Blom, IVNNZ Educator lead a discussion about “Online learning – Help or Hindrance.”

Highlighted need to have involvement of IT specialists. There can be issues related to multimedia on computers e.g. access to audio for video especially in the work environment.

Staff having time during work hours to access, need to break down into smaller modules, may be great for night staff who do not have access to daytime resource people.

Problems with accessibility from home computers, wireless broadband versus dialup in rural areas.

Can lead to a loss of conversational learning with Nurse Educators.

Catharine O’Hara from Mid Central DHB, related a case study on “Home Parenteral nutrition – cultural and language barriers for a Chinese patient”. The development of innovative teaching tools and ensuring the patient had understood using an interpreter was very informative.

Doryan Mahalm from Christchurch had some “PICC tales” to tell. She discussed a case of PICC erosion whilst on TPN infusion leading to pleural effusions. Left side CVC insertions have an increased risk of SVC erosion.

Christchurch have developed a label stating:

“If I look sick check my PICC” and “If I look bad check my CVAD”.

Doryan who has had 12 years experience with PICC insertion services, also facilitated a workshop on PICC’s on Thursday which was of particular interest to me in my role as liaison for patients receiving home IV therapy, hospital and community nurses.

She shared the acronym BITTEM for checking of complications:

- Bleeding
- Infection
- Thrombus
- Tip malposition
- Embolism
- Mechanical phlebitis.

My take home message was not to treat PICC’s complacently, it is important to measure PICC’s daily to assess for migration. It also highlighted a deficit in documentation at Waikato Hospital for anaesthetist inserted PICC’s during surgery which hopefully has been remedied by encouraging the use of PICC insertion data stickers used by Radiology.

I would like to thank the conference committee for organising an excellent event and all the speakers for sharing their experiences and knowledge.

