

Peter Boon, Clinical Nurse Specialist - IV Therapy (Southland/Lakes)
Quality, Risk and Education Unit/Southern DHB

After missing the Auckland Conference in 2008, I was really looking forward to the 12th IVNNZ Conference being held this year in Christchurch. What made it even more attractive was the fact that two of my Southern colleagues were coming and that we were planning on presenting a poster outlining a new PICC device. It seemed to line up really nicely with the “Future direction – make the connection” theme.

The presentations were all of a very high standard and the committee members ensured there were minimal delays and that the timeframes were adhered to – well done! Breaks in presentations allowed us to examine the Trade Stands and discuss new clinical equipment before Split Enz’s “See Red” invites us back with an obvious Cantabrian tone...

Here is a summary of the oral presentations...

Mary Alexander:

Mary is the CEO of the Infusion Nurses Society and was a real coup for the conference committee. As keynote speaker she set the stage for the remaining speakers by outlining current trends in the United States that are impacting quality intravenous delivery. These included the use of Care bundles, decision trees and impregnated catheters. She also outlined the ways nurses are advancing their practice through, for example, checking post-insertion PICC chest xrays. Of particular interest to me, with my ED background was the resurgence of intraosseal access!

Anne Jackson:

Neonatal vascular access must be a huge challenge and I was very impressed with Anne’s understated presentation about her journey from novice to expert in this field. Her statement that “there is no such thing as a good vein until you have a catheter in it!” is relevant across all clinical areas but particularly when involving such small and vulnerable patients.

Christine Andrews:

Drawing some key principles from Malcolm Gladwells book “The Tipping Point”, Christine challenged us to be innovative when communicating changes. We need to seek new ways to make a message “stick” and a little bit “cool!” This encouragement is important as change is very much part of the health system.

Wendy Jar:

A very good example of applying best practice changes to a clinical area came from Wendy as she outlined a review of IV line management at the South Island Bone Marrow Unit. By implementing several changes including a positive pressure device to their central lines they saw a significant reduction in rates of bacteraemia. Keep up the good work!

Sally Van Voorst

The reduction of needle stick injuries is an important factor in clinical practice and Sally described an initiative in Christchurch which introduced a variety of safety devices. This was completed very successfully with a significant reduction in sharps incidences. Interestingly, Sally noted a continuing issue with sharps containers being over-filled and

not closed securely. I'm sure this is seen at times across all clinical practices and contributes to potential needlestick injuries.

Kerry Davis & Rachel Marshall:

Continuing with the Canterbury theme, these Nurse Educators outlined the new IV Certification framework that has been introduced locally. By replacing traditional revalidation processes with a robust model involving clinical champions, auditing and education they are confident clinical standards will improve. They have also utilised informatics to help disseminate the knowledge to their "IV Link" staff. This initiative has generated a lot of interest nationally and their progress will be closely watched.

Sheree Mitchell & Emily Fallon:

These Australian Nurses are involved in PICC insertion in a 650 bed hospital and have developed a graphic card system which pictorially describes several PICC procedures. This should have greater impact in the clinical setting compared to traditional procedure manuals with improved outcomes. Though time-intensive to set up this idea has merit in the multimedia age. Sheree and Emily also presented an interactive poster on Interpreting PICC chest xrays which won best poster award. Well deserved!

Steve Cotterell:

Paediatric PICCs have their own set of challenges and Steve outlined the trends and difficulties around this valuable service. In light of a local sentinel event involving malposition of a paediatric PICC he describes the changes that have been made to limit the chance of this event happening again. A key strategy is ensuring a Radiologist checks the image with the patient's arm in abduction and adduction positions before the child is taken off the procedure bed.

Kim Chenery:

Kim went into further depth about the PICC related paediatric death and described a systematic approach to post-insertion catheter assessment. An algorithm as well as procedures to improve catheter marking was central to their strategy and a recent audit has demonstrated a good level of impact. A clear message is the importance of staff using their clinical judgement. "If I look sick, check my PICC"

Carolyn Kirker:

Carolyn spoke about a project to reduce blood stream infection rates in a Haemodialysis Unit in Wellington. By examining the current process around hub manipulation a decision was made to introduce new closed luer technology which still meet the high flowrate criteria. This reduced the hub exposure/manipulation frequencies and they saw associated drops in BSI. Carolyn won Best Presentation Award – congrats!

Anne Smart:

There are a myriad of reasons why patients with chronic respiratory illnesses are best treated in the home even during IV therapy and Anne describes a programme in Hutt Valley where this is achieved. With good communication lines and excellent patient education they have seen an increased responsiveness to illness and an associated decrease in admissions.

Tania Clark:

Tania is a member of the Gold Coast PICC Team (Known as the PICC Chicks!) and presented the results of changes made following attendance at the last IVNNZ conference. These included increased clinical surveillance as well as patient satisfaction surveys. Interestingly they utilise ultrasound to check for neck malposition after each insertion.

Mary Young:

Medication safety as a culture was described by Mary as essential within the health industry. She then went on to describe some of the key issues involved such as independent checks, similar packaging, patient involvement prior to administration as well as “Tall-man” lettering. This presentation encouraged us to build our own safety nets to try and prevent errors.

The conference dinner was great with the band “Almost Famous” doing a terrific job of getting us in the mood! The theme of “Diamonds & Denim” was responded to enthusiastically but I was pipped at the post from winning the best-dressed “Three Miners” vineyard prize – unlucky!

The concurrent workshops were also well organised with the choice of Innovative hand hygiene strategies, PICC aspects or medication preparation, available.

Well done IVNNZ for facilitating yet another excellent conference. We all headed back home feeling inspired and determined to see this new knowledge impact our clinical and educational roles.