



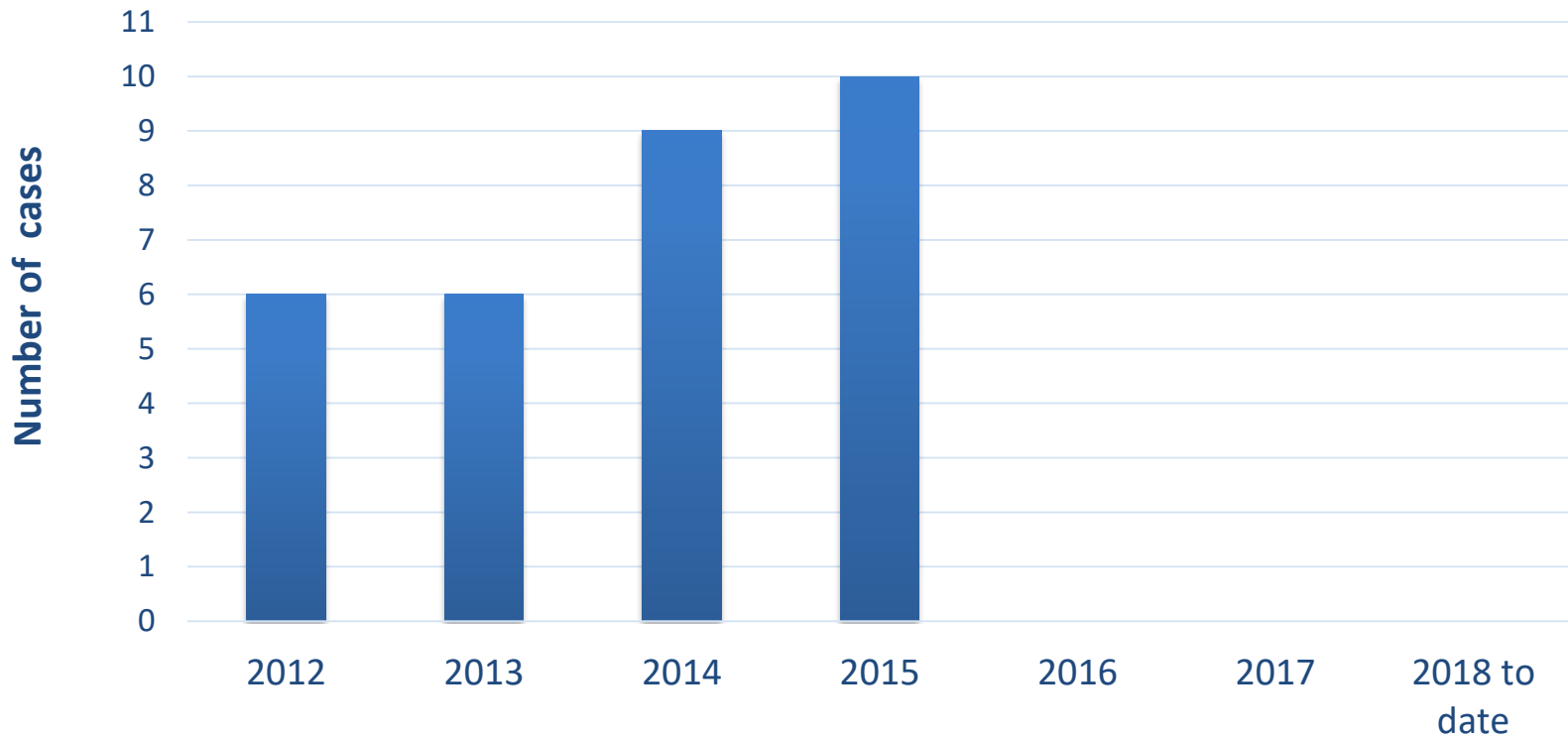
**KNOW YOUR  
IV LINES**

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May 2018

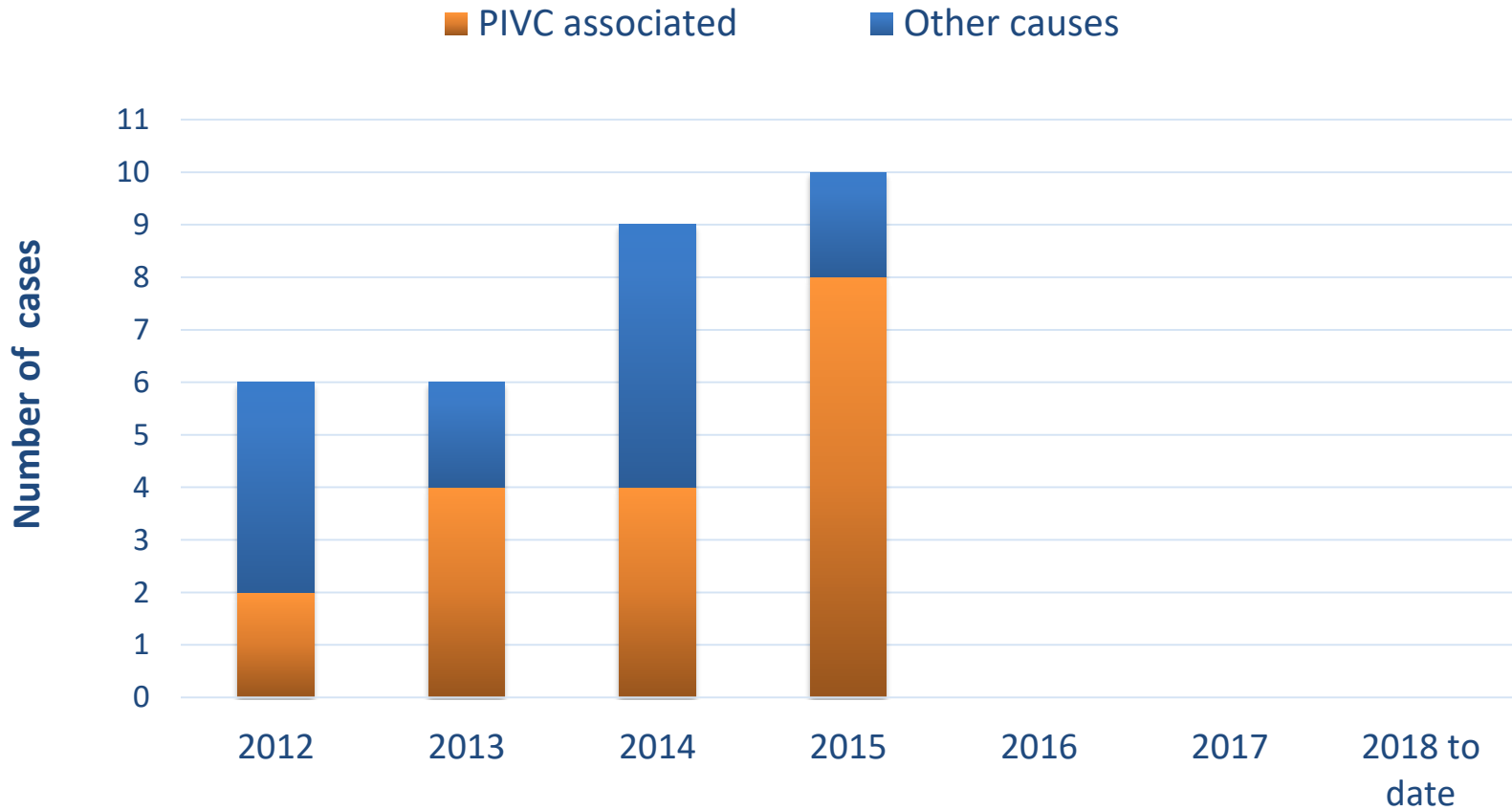
# Outline

- The problem
- Drivers
- Project components
- Results (so far)
- Lessons learnt

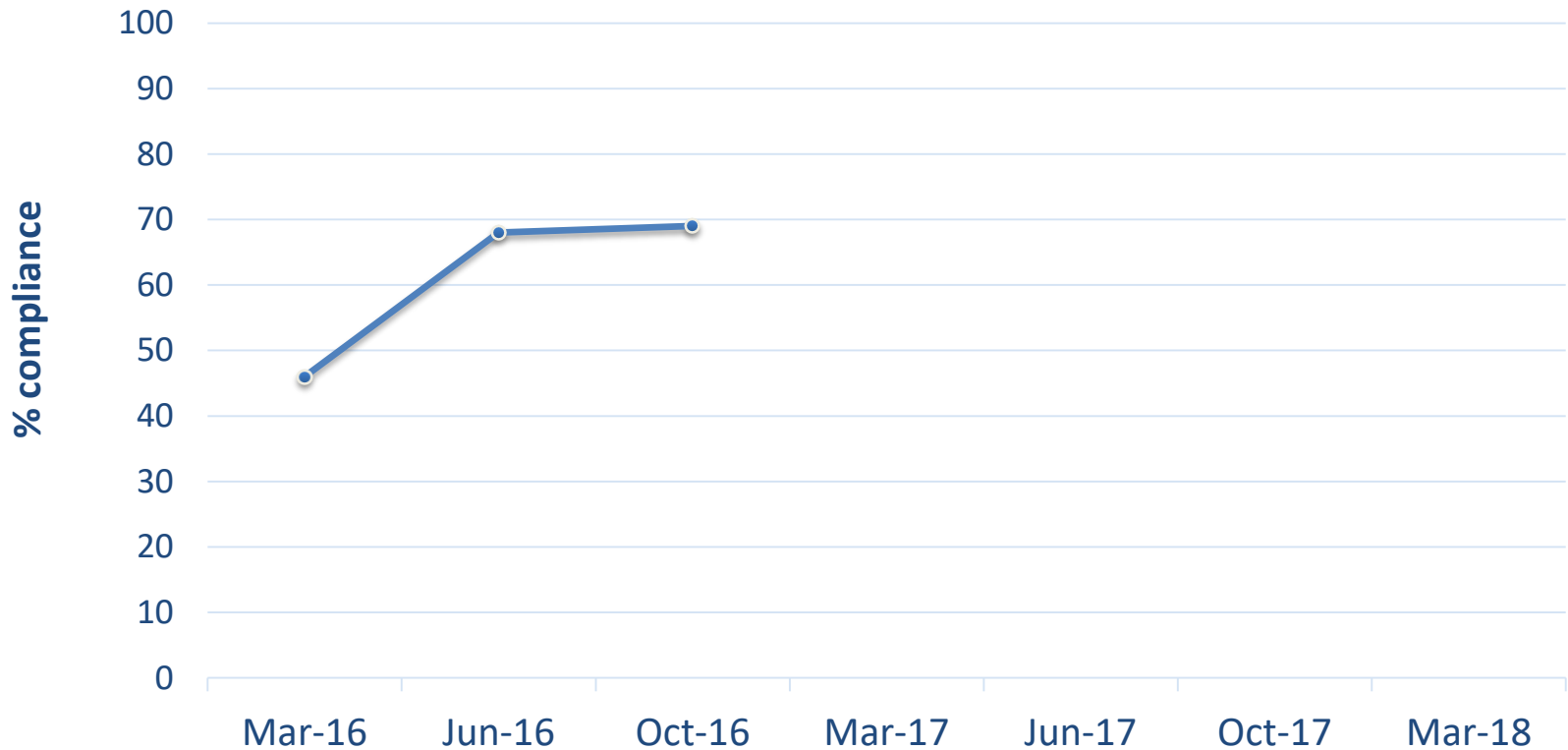
# Healthcare associated *Staph aureus* bacteraemia



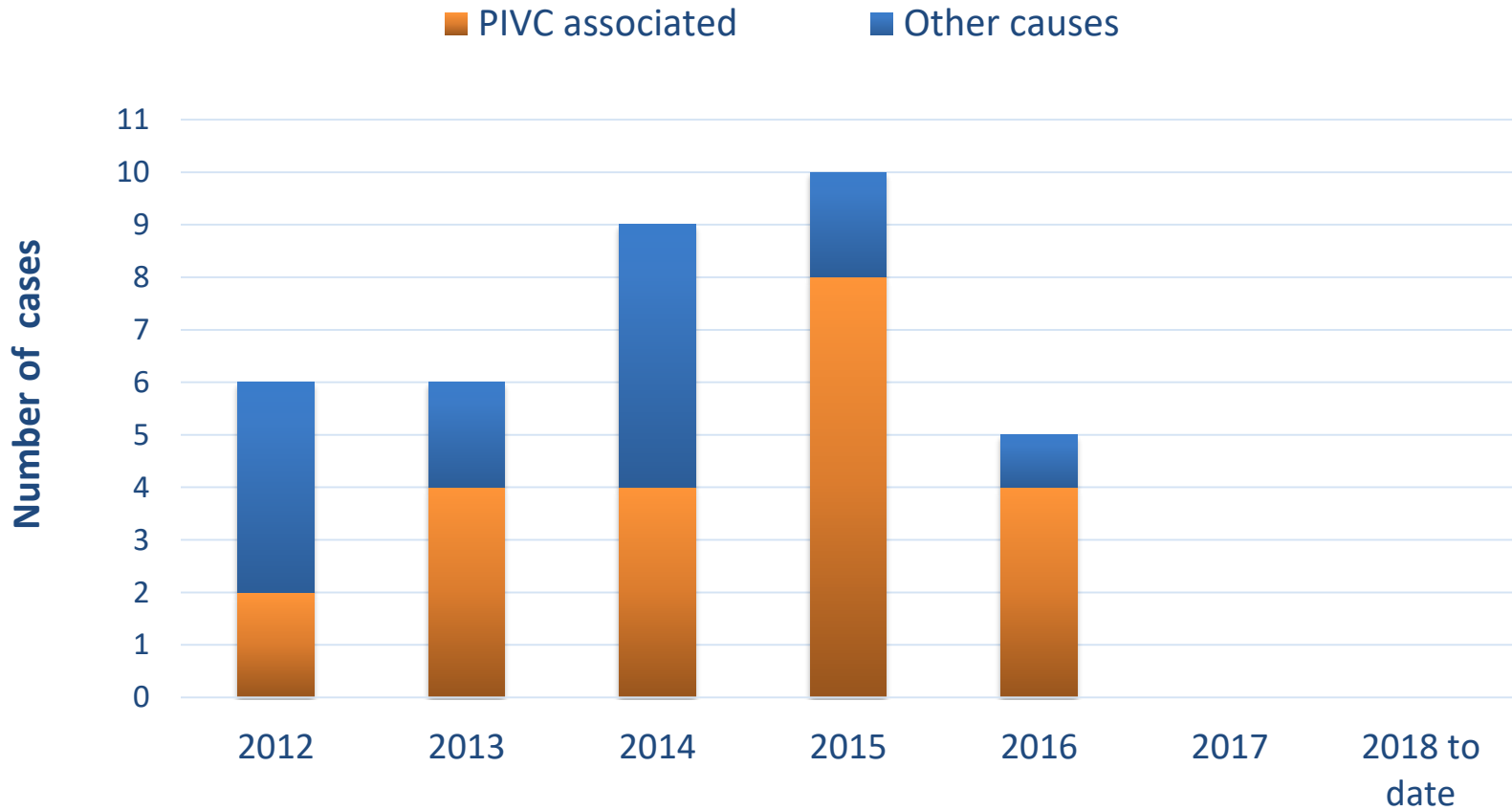
# Healthcare associated *Staph aureus* bacteraemia



# Percentage of patients with a PIVC who have phlebitis score documented each shift



# Healthcare associated *Staph aureus* bacteraemia



# The problem

- Majority of patients admitted to hospital will have at least one peripheral intravenous cannula (PIVC)
- Data from 14 New Zealand hospitals and for 1146 PIVCs found that 9.4% of patients had one or more symptoms of phlebitis, and 26.5% of PIVCs had not been used for > 24 hours.<sup>1</sup>
- A single case of healthcare associated Staph aureus bacteraemia is estimated to cost an additional \$20,394 and increases length of stay by 9.7 days.<sup>2</sup>

1. New Zealand specific data from the OMG PIVC Worldwide Prevalence Study presented at the IVNNZ conference 2016.

2. Burns A, Bowers L, Pak N, Wignall J, Roberts S. The excess cost associated with healthcare-associated bloodstream infections at Auckland City Hospital. NZMJ 2010:123;1324

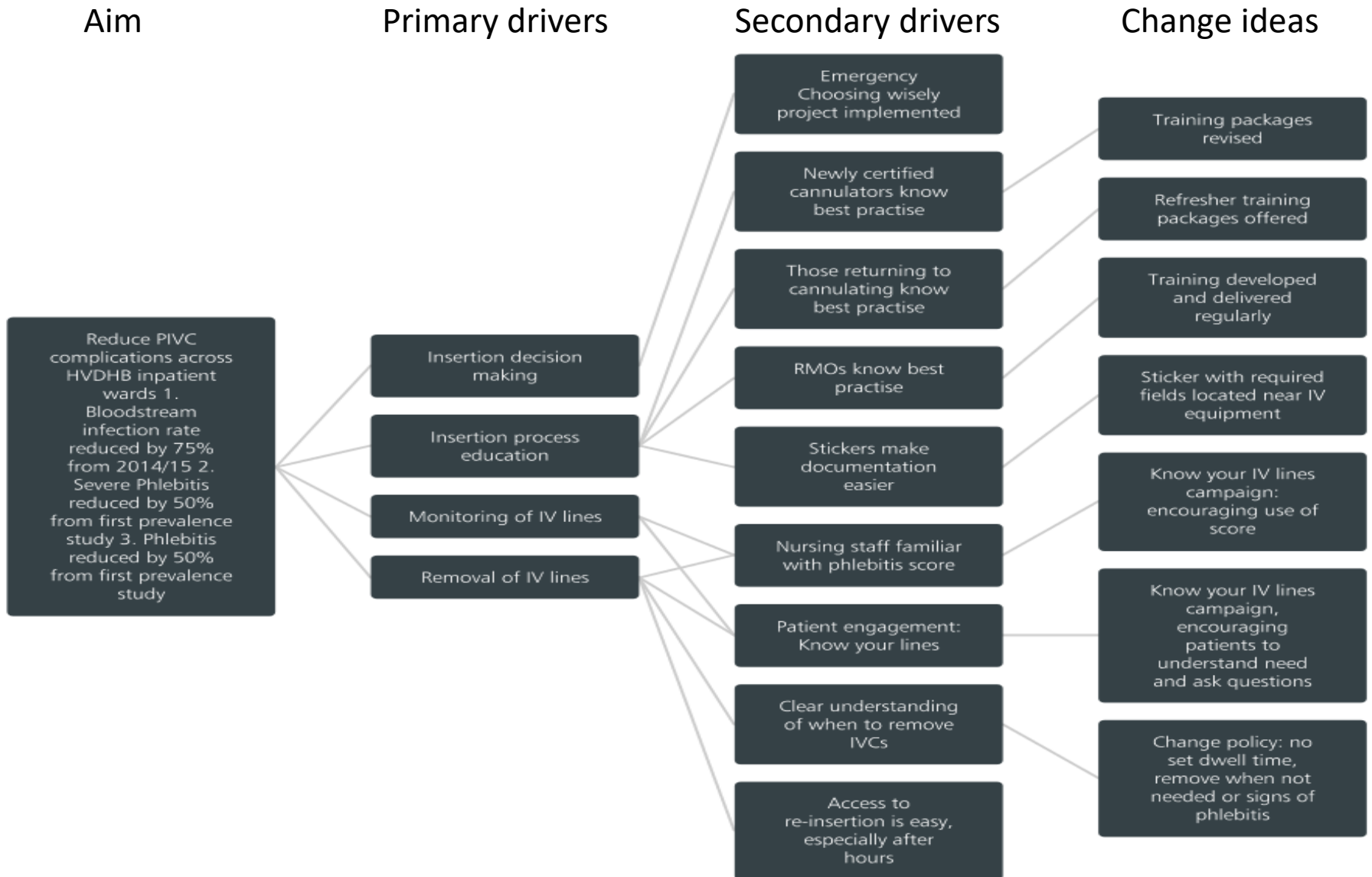
# The team

- Infection Prevention & Control
- Quality
- Communications
- IV Nurse educator





# Driver Diagram





# KNOW YOUR IV LINES



## READY

with chlorhexidine + alcohol and let dry.



## REVIEW

for phlebitis and document.



## REMOVE

as soon as not needed.



# Promote a conversation



# Make it about the patient





## READY

Remember to alcohol gel your hands first. Clean patient's skin with chlorhexidine + alcohol and wait to dry. Do not retouch the skin. Secure IV line well with a dressing.

- Make insertion documentation easy
  - Sticker tested and refined over several months
- Training packages
  - New cannulators, nurses, RMOs
  - Tested and adapted

**KNOW YOUR IV LINES** **READY**

Place patient sticker here or fill out below:

Surname:	NHI:
First name:	DoB:

Date: \_\_\_\_\_  
Time: \_\_\_\_\_  
Site: \_\_\_\_\_

**Chlorhexidine 2% and alcohol 70% skin preparation used? (please tick):**

Cannula gauge (please tick):  14  16  18  20  22  24

Full name and signature of practitioner: \_\_\_\_\_

Designation of practitioner: \_\_\_\_\_

This cannula **MUST** be monitored for signs of phlebitis. Phlebitis scoring tool completed **EACH SHIFT**. This should also be documented in the patient's notes along with any interventions taken as required.

HUTT VALLEY DHB



## REVIEW

Doctors should review an IV cannula on every round. Nurses should review and document the phlebitis score on the obs chart at least once on every shift.

- Policy change to no set dwell time
  - Needed to gain buy in: grand round presentation, patient story, lots of meetings
  - Balancing measure: did dwell time increase?
- Building knowledge about monitoring





## REMOVE

If there are signs of phlebitis, take it out straight away.  
Remove the cannula as soon as it's not needed.

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- Encourage review of PIVC as normal part of every ward round to determine if still needed
- Empower nurses to question the need for the PIVC and to remove PIVC when indicated

# Encourage patients to speak up







# **KNOW YOUR IV LINES**

## **WHAT PATIENTS SHOULD KNOW**

If you have an Intravenous (IV) line or cannula, know why you have it, how it should feel, the risks involved, and what you can say to prevent problems.

**“WHY DO I HAVE IT?”**  
An IV cannula lets your nurse or doctor give you medicine and fluids directly into your blood stream. An IV line is not a needle; it is a thin and flexible plastic tube.

**“DO I STILL NEED IT?”**  
You don't need to wait for a nurse to check your IV line. If it's no longer needed or hasn't been used for 24 hours, ask if it should be taken out. Before leaving the hospital, have it removed.

**“THIS LOOKS LOOSE.”**  
Your IV line should be secured with dressing and tape so it does not move around. Try not to knock it against anything. Ask your nurse how to keep it clean and dry in the shower.

**“IT'S A BIT SORE.”**  
An IV line comes with risk of infection. It is normal to feel strange, but it shouldn't feel sore. If you feel any pain, burning, swelling, or bleeding, ask your nurse if it should be taken out.



# Launch day

- Launched on every ward over 2 days with visible ELT support
- Cake, balloons, pens, posters, lanyards, badges and team T-shirts!



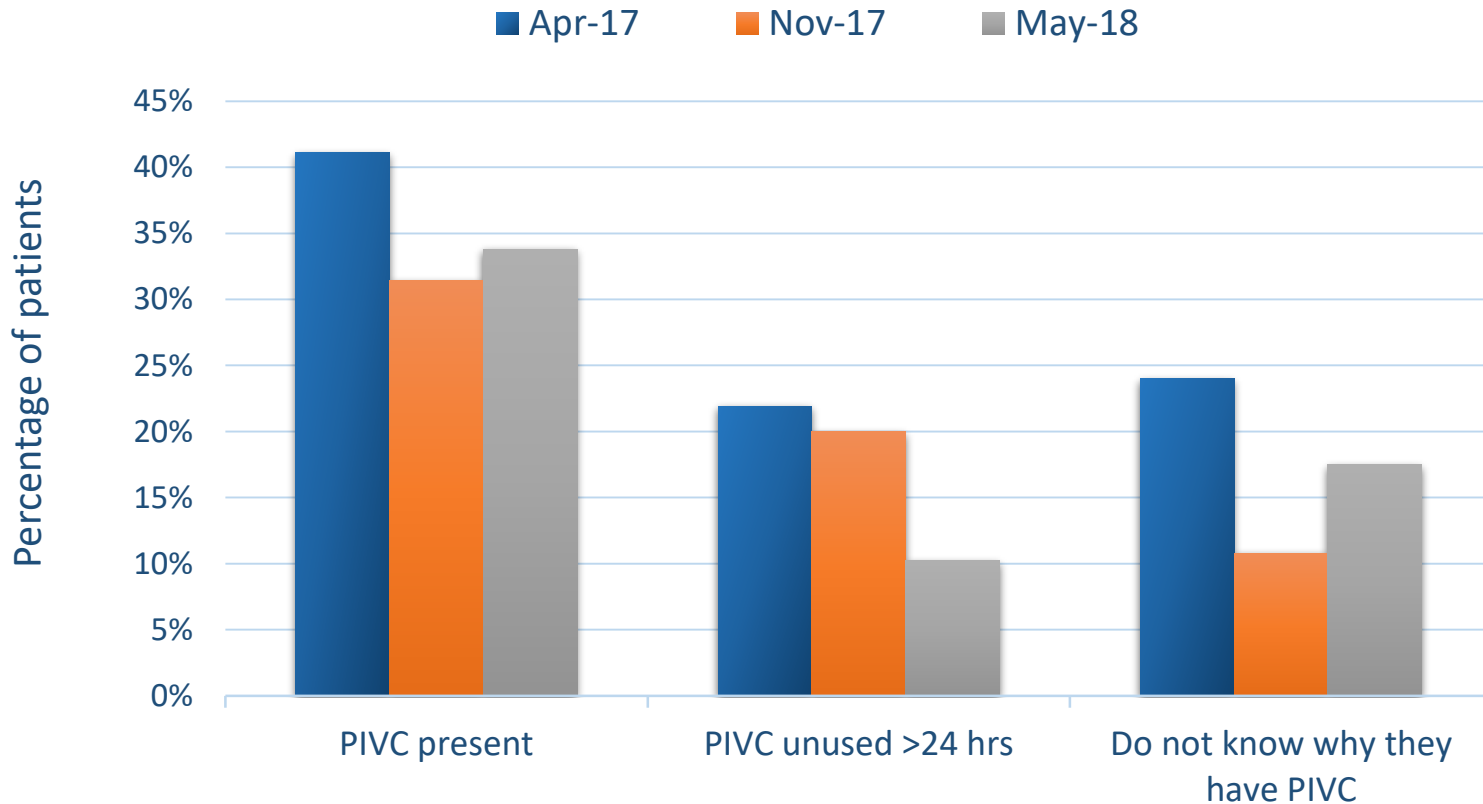
# Measurement

- Audits
  - Inpatient areas
  - Time intensive so infrequent
  - Survey Monkey on iPad
- Smaller PDSA level measures
- Continued IPC surveillance and phlebitis audits

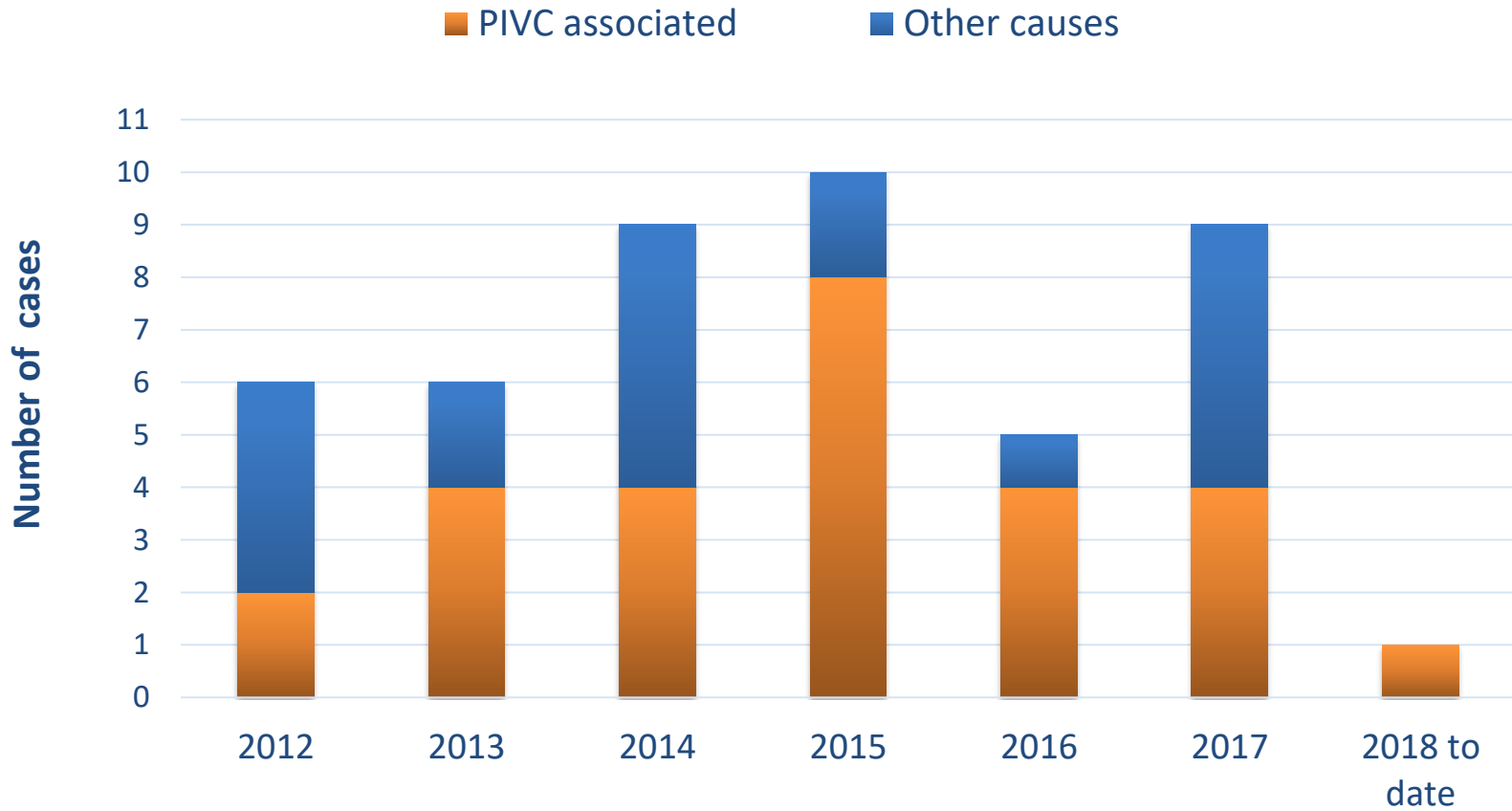
# Results so far...



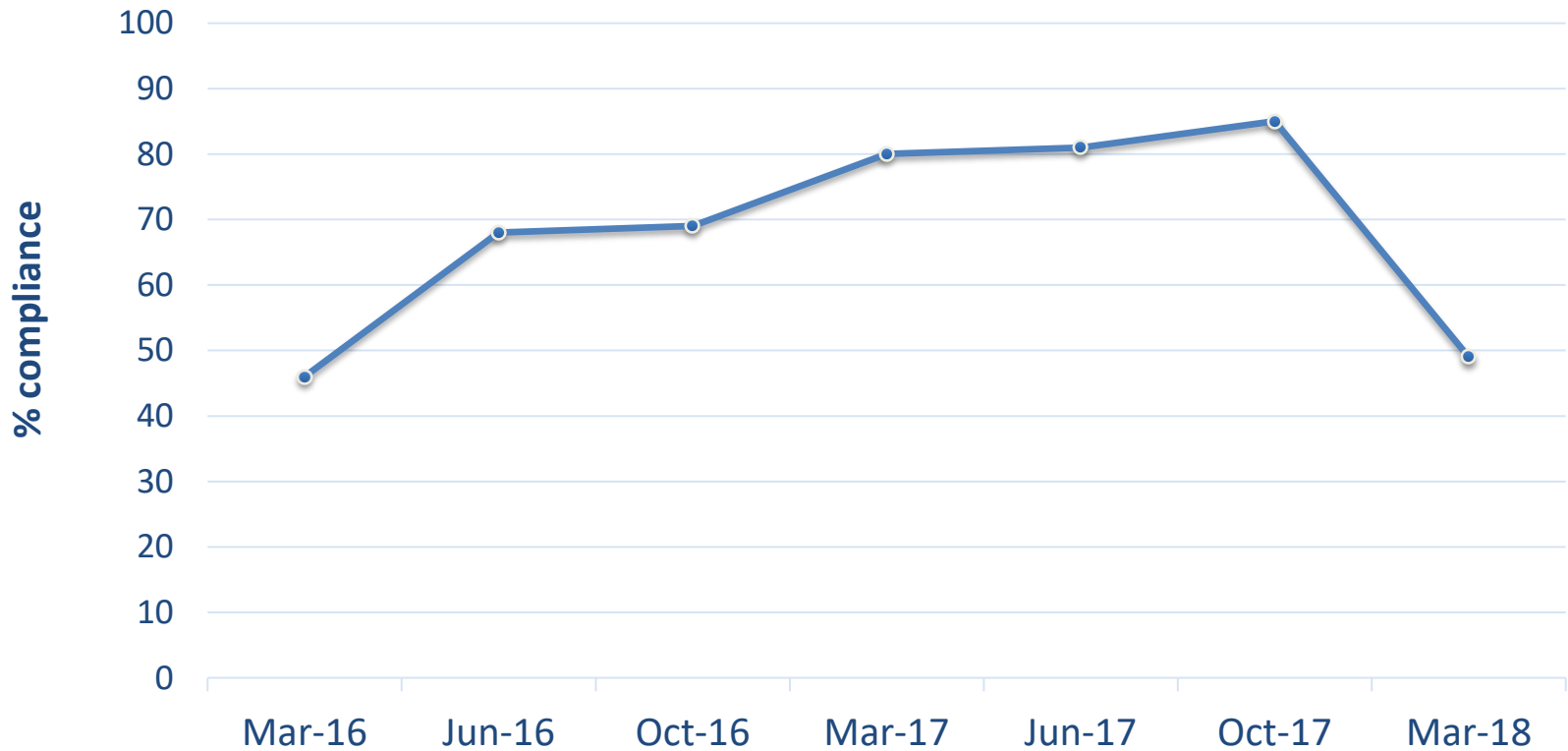
# Hospital point prevalence audit results



# Healthcare associated *Staph aureus* bacteraemia



# Percentage of patients with a PIVC who have phlebitis score documented each shift



# Lessons learnt

- The team – keep it small but have the right skills mix
- Consumer involvement – build it in from the start but keep it simple
- You get what you pay for – the design agency was worth every cent
- Target the messaging – not all groups need to hear all messages
- Measurement is great – but keep it simple or do it infrequently
- People love free cake



**Thank you**



**Learning from the Past,  
Looking to the Future**

**Infection Prevention & Control 2018**  
31 Oct - 2 Nov, Lower Hutt Events Centre