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EDITOR Ally Hale

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## MISSION STATEMENT

A commitment to excellence in  
Infusion Practice



IVNNZ Inc. is proud to be an  
international affiliate of the  
Infusion Nurse Society (INS)  
of America

## EDITORIAL

DON'T GET YOUR  
*tinsel*  
IN A  
*tangle*

With Christmas looming we can all look forward to the holiday season, but for many of our colleagues it will be business as usual around the globe. Health issues are not discerning in their timing and will unfortunately continue to present in their many facets.

Few would argue that Christmas traditions are important to us all in some shape or form and whilst working Christmas comes with the territory, it can still be a hard pill to swallow when other workers 'close up shop' to enjoy the festivities.

Despite being a special time of year, normally harmonious relationships can be tested with the release of the dreaded 'Christmas Roster.' Rosters of Christmases-past may well be scrutinised to strengthen a case for having Christmas at home with family and friends. If you are a recidivist "Christmas Roster" offender, Santa checking the naughty or nice list is the least of your worries...your colleagues will be checking it twice!

Invariably, many of us are bound for disappointment but don't get your tinsel in a tangle and let it overshadow the day. Take solace in the knowledge that colleagues and your patients both young and old, also separated from family and friends will appreciate the sacrifice of your day and the gift of your care and company.

For those fortunate to score a holiday reprieve, spare a thought for your colleagues, enjoy the festivities but remember to pay it forward next year.



IVNNZ Inc. would like to take this opportunity to wish our members and families' safe journeys if travelling and a very Merry Christmas and a Happy New Year. We look forward to catching up in 2019.



## REYNARD BRAND PREP PADS

### A FULL RANGE OF HIGH-QUALITY PROTECTION

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#### Why Use Chlorhexidine to Disinfect Skin Pre-IV Cannulation & Surgery?

- International and national guidelines now recommend that chlorhexidine-based solutions be used for skin disinfection pre-iv cannulation and pre-op, to prevent intravenous catheter site related infections (O'Grady et al., 2002)
- Evidence supports, that using chlorhexidine 2% for skin disinfection before the insertion of an IV device and for post insertion IV site care substantially reduces the incidence of IV cannula related infections compared to other antiseptics such as povidone-iodine (Maki et al., 1991)



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## President's Message

### From the Lazy-Boy

*Lynette Lennox RN PG DHC, Clinical Nurse Specialist, Infusion & Related therapies, Waikato District Health and elected representative of the IVNNZ Inc. Executive Committee in the role of President*

Let us all celebrate the end of 2018 with positivity in the knowledge that as health care providers we have made a difference to our patients and their family's lives. 2018 has been an amazing year for infusion therapy with advancements in technology, information and products.

Intravenous Nursing New Zealand Incorporated (IVNNZ Inc.) relationships continue to grow nationally and internationally.



I have recently experienced health issues that have provided an opportunity for self-reflection and personal growth.

Having had two hospitalisations involving two different surgeries (one planned and one acute), the patient experience has given me insight to what it is like to be on the receiving end of health care in both private and

public facilities in New Zealand (NZ). Personally experiencing the care and management of infusion and related therapies has invigorated me to continue on the journey of imparting knowledge and skills to our colleagues.

My own story bears witness to the differences in the standards of infusion and related therapies practices used during my care. It is incredibly difficult to advocate for yourself when feeling vulnerable around your own care and management.

There were opportunities to educate nurses using evidenced-based practice around the what, how and why for my vascular access, care and management. Is that why nurses who knew me would avoid caring for me?

Looking forward to 2019 as President of IVNNZ Inc., I would encourage collaboration not just within your own organisation but regionally, nationally and internationally.

We often underestimate the expertise and the work that we do within NZ. Please share your initiatives, research, experiences and stories in our newsletter so that we can all learn from each other. Contact Ally Hale our editor to ask how to share your stories.

I look forward to connecting with those of you able to attend our Specialist Forum and Annual General Meeting in Wellington on the 5<sup>th</sup> of April 2019.

Jenny Heretini, our educator has organised a fabulous day of learning. Forum is free to attend for IVNNZ Inc. members and it is an excellent platform in which to network.

See you all there.

**A recovering Lynette Lennox**





## Education

*Lucia Best-Nurse Coordinator, Russelle Westleigh-Specialty Clinical Nurse, Dr Antony Aho-PBM Clinician are employed at the Patient Blood Management service by Waikato District Health Board.*

### Patient Blood Management – Putting YOU first

*Your blood is the BEST blood for you and it works BEST when it stays in you!*

Did you know?

- There are 1.62 billion people worldwide who are anaemic; around 24.8% of the whole world's population (World Health Organisation, 2018)
- The most common cause of anaemia is iron deficiency

1 in 14 women in New Zealand are iron deficient (Heart Foundation, 2015)

Anaemia is a global health concern. It has a huge effect in the health care sector because anaemia, when left untreated, often leads to serious health complications. So, as health care professionals, what are we doing about it?

Globally, there is a strong focus around improved blood management initiatives to address this issue and in 2015, Waikato District Health Board (Waikato DHB) decided to jump on this band wagon to help support it. Waikato DHB adopted the National Blood Authority Guidelines and established its own Patient Blood Management (PBM) service. This service is the first of its kind in New Zealand. It is driven by the need to understand how, what, where and why blood is used across Waikato DHB to identify how we can make a difference.

Waikato DHB's PBM service uses a three pillar approach to guide its work in helping improve patient outcomes. These three pillars focus on optimising the patient's own blood, minimising blood loss and managing anaemia. (See table below)

	PILLAR ONE Optimise RBC Mass	PILLAR TWO Minimise Blood Loss	PILLAR THREE Manage Anaemia	THREE PILLARS OF PATIENT BLOOD MANAGEMENT
PREOPERATIVE	<ul style="list-style-type: none"> <li>&gt; detect/treat anaemia &amp; iron deficiency</li> <li>&gt; treat underlying causes</li> <li>&gt; optimise haemoglobin</li> <li>&gt; cease medications</li> </ul>	<ul style="list-style-type: none"> <li>&gt; identify, manage &amp; treat bleeding/bleeding risk</li> <li>&gt; minimise phlebotomy</li> <li>&gt; plan/rehearse procedure</li> </ul>	<ul style="list-style-type: none"> <li>&gt; patient's bleeding history &amp; develop management plan</li> <li>&gt; estimate the patient's tolerance for blood loss</li> <li>&gt; optimise cardiopulmonary function</li> </ul>	
INTRAOPERATIVE	<ul style="list-style-type: none"> <li>&gt; time surgery with optimisation of erythropoiesis &amp; red blood cell mass</li> </ul>	<ul style="list-style-type: none"> <li>&gt; meticulous haemostasis/ surgical/anaesthetic techniques</li> <li>&gt; cell salvage techniques</li> <li>&gt; avoid coagulopathy</li> <li>&gt; patient positioning/warming</li> <li>&gt; pharmacological agents</li> </ul>	<ul style="list-style-type: none"> <li>&gt; optimise cardiopulmonary function</li> <li>&gt; optimise ventilation &amp; oxygenation</li> <li>&gt; restrictive transfusion strategies</li> </ul>	
POSTOPERATIVE	<ul style="list-style-type: none"> <li>&gt; manage anaemia &amp; iron deficiency</li> <li>&gt; manage medications &amp; potential interactions</li> </ul>	<ul style="list-style-type: none"> <li>&gt; monitor &amp; manage post op bleeding</li> <li>&gt; keep patient warm</li> <li>&gt; minimise phlebotomy</li> <li>&gt; awareness of drug interactions &amp; adverse events</li> <li>&gt; treat infections promptly</li> </ul>	<ul style="list-style-type: none"> <li>&gt; maximise oxygen delivery</li> <li>&gt; minimise oxygen use</li> <li>&gt; treat infections promptly</li> <li>&gt; tolerance of anaemia</li> <li>&gt; restrictive transfusion strategies</li> </ul>	

Adapted from Spahn DR, Goodnough LT. *Alternatives to Blood Transfusion*. Lancet 2013; 381:1855–65; Hofman A, Farmer S, Towler SC. *Strategies to preempt and reduce the use of blood products: an Australian perspective*. Curr Opin Anaesthesiol. 2012; 25:66–73; Isbister JP. *The three-pillar matrix of patient blood management – an overview*. Best Pract Res Clin Anaesthesiol. 2013; 27:69–84.

Within PBM's first year, the service identified the need for improved pre-operative anaemia management and addressed gaps in current transfusion practices which led to improved management of patient care and major cost savings of over \$2 million (NZD). We placed an emphasis on the need to reduce the unnecessary use of blood transfusions to conserve this precious resource whilst reducing infection rates, length of hospital stay and mortality.

#### How did the PBM service do it?

The first step came from reviewing current transfusion practices, along with policies and procedures around blood. These documents were updated to reflect current best practice guidelines. Through this, we adopted the use of an adult single unit policy. This applies to all hospitalised adult patients who are haemodynamically stable and not actively bleeding, but require a red blood cell transfusion. A single unit is to be prescribed and administered followed by a clinical assessment of the patient, **before** making the decision to prescribe and administer a second unit. This helped us change historical practice and address the issue of inappropriate transfusions. We supported the implementation of a massive transfusion plan protocol (MTP) within Waikato Hospital. This protocol ensures that blood is given in a sensible ration to patients who are suffering from either ongoing massive bleeding, associated with shock or clinically significant coagulopathy. This ensures that coagulation factors are not forgotten and helps regulate how an MTP is run. This simplifies communication between clinicians and the Blood Bank, whilst providing the prompt supply and administration of blood components in a stressful and high risk situation.

In addition, we addressed the need for improved pre-operative anaemia management, by running a service that optimises pre-operative patients before they go for surgery. Thereby, reducing the need for a transfusion as well as reducing the morbidity and mortality risks of anaemic patients undergoing major surgery.

Moreover, we spread awareness across Waikato DHB around the need to be mindful when doing phlebotomies. Blood tests play an important role in caring for our patients. However, overuse of phlebotomy can also be a concern. The amount of blood lost from phlebotomy can cause a drop in haemoglobin levels that can make our patients anaemic (American Association of Blood Banks, 2011). One study of 4206 hospitalized patients showed that 43% of female and 46% of male patients were anaemic on discharge; these patients were not anaemic on

admission (Kurniali, Curry, Brennan, Velletri, Schwartz and McCormack, 2013). As part of the PBM initiative, we look at ways to reduce unnecessary re-bleeds. This involves creating initiatives to address issues such as sample labelling errors and we also trial point of care testing machines that could potentially be used to minimise the volume required for testing.

The current PBM team is led by a Clinical Director - Dr Scott Robinson, a Nurse Coordinator – Lucia Best, a Specialty Clinical Nurse – Russelle Westleigh, and a PBM clinician – Dr Antony Aho. It is a small team that addresses such a large issue. The success of the service relies greatly on buy-in from our fellow health care professionals. Therefore, a large part of our work involves helping spread the awareness around improved patient blood management initiatives by providing ongoing education, not only to clinicians but everyone who is likely to work alongside the population we treat across Waikato DHB. To support continuing education, we developed an online blood module that explores current transfusion practice recommendations within Waikato DHB. We also facilitate transfusion study days and explore safety in transfusion practices through it. As a reference point, within Waikato DHB's intranet site, an 'Everything Blood' site is also provided. This acts as a one stop shop for health care professionals and all their blood related enquiries.

Patient Blood Management promotes and supports improved blood management initiatives because we acknowledge that blood is a gift, and we should use it wisely.

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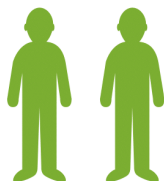
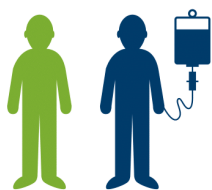
# Peripheral intravenous catheter/cannula (PIVC)-related infections

**Worldwide, over 1 billion PIVCs are used every year**

for the administration of fluids, medication, blood products and contrast media. It is the most commonly performed invasive procedure in hospitalised patients.<sup>1</sup>



**Up to 80% of hospitalised patients** receive at least one PIVC during their hospital stay.<sup>2</sup>



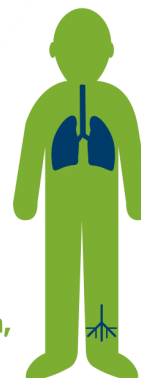
**In New Zealand and Australia, up to 1 in 4 PIVCs remain in place after they are no longer needed.<sup>9</sup>**



**Up to 50%**

of PIVCs fail before completion of therapy due to complications.<sup>3,4</sup>

**Complications of PIVC include: infection, occlusion, infiltration, dislodgement, phlebitis, extravasation, haematoma and air embolism.**



**At least 1 out of 5**

healthcare associated *Staphylococcus aureus* bacteraemia (SAB) cases are linked to PIVC in New Zealand.<sup>5</sup>

The 30-day all-cause mortality for SAB is **20%-26%.**<sup>6,7</sup>



As of 2010, for every case of HA-BSI (healthcare associated bloodstream infection), the cost to the health system was

**NZ\$20,394<sup>8</sup>**



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## Articles

### Infection prevention in infusion therapy

*Ally Hale is Nurse Educator at Bidwill Trust Hospital, Timaru and elected IVNNZ Inc. Editor and Private Sector Representative.*

#### *Together we can succeed*

Following the release of the results of the One Million Global (OMG) Peripheral Intravenous Cannulation Study conducted by the Alliance for Vascular Access Teaching and Research (AVATAR), the impact of complacent infusion practices has been fully realised and has resulted in a global 'wake-up call' to change current practices.



In addition to concerns around peripheral cannulation care and maintenance, are the concerning New Zealand (NZ) Health Quality Safety Commission (HQSC) statistics on *Staphylococcus aureus* bacteraemia (SAB) and the cost of each healthcare associated bloodstream infection (HA-BSI) to the NZ health system. It doesn't take rocket science to recognise high infection rates are unacceptable and will adversely impact a patient's recovery, underlying conditions and reduce quality of life.

Research, organisational audits and most worrying of all, negative patient experiences are highly suggestive of discrepancies in infusion therapy and infection prevention practices within and between health disciplines. Karen Winterbourne from Parenteral Nutrition Down Under (PNDU) Australia, shared her thought-provoking experiences earlier this year at conference in Rotorua and in a recent IVNNZ Inc. newsletter. IVNNZ Inc. President-Lynette Lennox shares her story in this newsletter. Bidwill Trust Hospital, through a recent audit identified differences in hand hygiene practices between medical and nursing staff with the latter statistically faring much better with compliance.

What is evident is SAB, peripheral cannula related complications and other hospital associated infections (HAI's) cannot be attributed to any one profession. One could argue that the focus on infection prevention education particularly in infusion therapy initially targeted nurses, being the larger professional group, but infusion therapy is not solely the domain of nursing. This has been

reflected in the name change from the Infusion Nurses Society (INS) Nursing Infusion Therapy Standards of Practice to Infusion Therapy Standards of Practice in 2016.

As far back as 1998, researchers Kretzer and Larson emphasised the importance of exploring individual and institutional factors to create behavioral interventions. It has also been recognised that improving adherence to hand hygiene practice requires a multidisciplinary approach (Pittet, 2001). The World Health Organization (WHO) launched a global hand hygiene programme in 2004 aimed at reducing HAIs and improving patient safety (Pan et al 2013). Closer to home, New Zealand District Health Board's (DHBs) participation in a national New Zealand Hand Hygiene quality improvement programme lifted compliance rates to 85.3 percent as of 31 March 2018 (HQSCNZ, 2018). Whilst healthcare organisations globally have adopted numerous strategies to reduce cross infection in hospitals, there is room for improvement.

The African proverb: It takes a village to raise a child implies it takes an entire community for a child to experience and grow in a safe environment. Put in to context, would it not then take an entire community of health disciplines to ensure students experience and grow evidence-based infection prevention and infusion therapy practices with training institutions being an integral part of the village?

The content and extent to which infection prevention and infusion therapy standards are integrated within various undergraduate healthcare training curriculums may well be variable and potentially a factor for differing practice standards. For example, health care workers involved in infusion therapy administration may be familiar with hand hygiene but unaware of the principles of aseptic non touch technique (ANTT) or the disinfection process recommended prior to accessing catheter lines.

A multi-disciplinary consensus on the specifics of mandated infection prevention education in regard to infusion therapy practices would prove beneficial by ensuring the desired behaviours are normalised and ingrained across the health continuum. A national adoption of evidenced-based infusion therapy standards of practice, such as those from the INS would also assist in consistency in practice to achieve better outcomes and patient experiences.

Key to navigating challenges associated with infection prevention in infusion practices is multi-disciplinary

collaboration. Like the African village, where education and experiences start from the cradle, could the core principles of infection prevention relating to infusion therapy be better integrated into training programmes and subsequently reinforced throughout the professional journey?

The latest infographics on peripheral cannula from the HQSCNZ are enclosed in this month's newsletter.

*When I am talking about "It Takes a Village", I'm obviously not talking just about or even primarily about geographical villages any longer, but about the network of relationships and values that do connect us and binds us together." — Hillary Clinton*

## PICC line management: Lessons learnt – eventually

*Rachel Wilson is Clinical Nurse Specialist, Child, Haematology and Oncology, Canterbury District Health Board and IVNNZ Inc. Paediatric Haematology & Oncology Infusion Therapy Practice Advisor*

2007 saw New Zealand beaten by France in the Quarter-finals of the Rugby World Cup, through a controversial decision by English referee Wayne Barnes, Helen Clark was our 37<sup>th</sup> Prime Minister, Suzanne Paul won Dancing with the Stars and a 2 year old boy died in Christchurch Hospital from a pericardial tamponade resulting from a perforation of the right atrium following the insertion of a peripherally inserted central catheter (PICC) to deliver total parenteral nutrition (TPN).

2012 saw New Zealand win a total of 13 medals at the London Summer Olympics, Gangnam Style was Top of the Pops, thousands of people from across the country commemorated the first anniversary of the 2011 Christchurch earthquake and a 52 year old woman dies in Christchurch Hospital from a cardiac tamponade when a PICC inserted to deliver TPN eroded through the right ventricular wall of the heart.

The Root Cause Analysis (RCA) undertaken following the sentinel event in paediatrics identified a number of systems failures that led to the fatal cardiac tamponade with the purpose of the investigation to identify actions to strengthen current practices and procedures to prevent a similar event occurring in the future. It would appear that we are slow learners.

Following the tragic death in paediatrics the identification and management of PICC migration became a priority

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across the service. The Canterbury District Health Board (CDHB) adopted a number of new policies to ensure the correct positioning of centrally placed intravenous catheters with the tip to be secured in the distal superior vena cava (SVC). All image intensifier images generated in the process of inserting a PICC must be loaded onto the Picture Archiving and Communication System (PACS) and reported by a Radiologist within 24 hours. All PICC lines are required to have a daily measurement of the line external to the body to allow early detection of PICC line migration and the education package relating to the care of PICC's reviewed to ensure an awareness that cardiac tamponade is a known but rare complication of PICC placement and to include what action is to be undertaken if blood is unable to be withdrawn from the line.

Over the ensuing years the nurses in child health have been taught to think critically about PICCs. Policy and procedures have developed from applying a smudgy black dot at the time of insertion to the purchase of PICCs with measurement increments on the outside of the line. Catheter assessment is to be completed every 8 hours or before any intervention and documented on the CVAD Insertion and Management Form. This document has evolved to add some context to the assessment with a change in the external catheter length being a sign of possible line migration which may or may not be accompanied by other signs of symptoms. How old is the child? Because of their relatively smaller size the margins for external line migration in infants are smaller than in older children and adults. And yet despite investing in education, improving procedures and developing guiding policies, history repeated itself with another PICC related death, under the watch of the same DHB.

This second RCA identified that the breaching of barriers



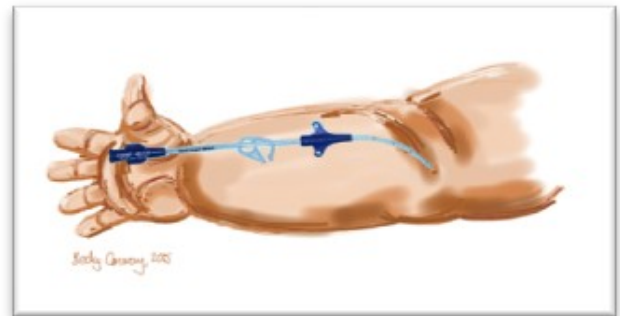
previously laid down by the earlier sentinel event suggested a lack of 'institutional memory' and a weakness in overarching governance support with clear lines of accountability. This was reflected within the hospital where a silo approach to patient care with regards to CVADs was evident. The recommendation was to develop a suitable CDHB governance structure and group to provide clinical leadership for all CVADs. This group was to review the education, certification, documentation,

equipment, audit and clinical processes surrounding CVADs and to co-ordinate the implementation of any necessary changes. And yet not all DHBs have taken up this initiative.

PICC migration identified as a causal factor leading to the fatal tamponade. The early recognition of PICC migration is key to the prevention of complications and had been identified as a concern in this case but subsequent documentation of the external length was inconsistent. The mechanical force of arm movement can cause migration when catheter fixation or dressing integrity is compromised. In 2015 the CDHB introduced the SecurAcath to provide improved catheter stability which has vastly improved the rates of PICC migration in the adult population. The removal of a SecurAcath device can be uncomfortable so PICC securement in paediatrics has changed to include surgical adhesive and Wing Guards to improve the robustness of line positioning. And yet not all

DHBs have taken up this initiative.

The current model of health care in New Zealand with regional DHBs responsible for organising health care for their individual populations creates yet more silos of care. Not all DHBs have undertaken to implement robust



governance structures around CVAD use or to introduce evidence based initiatives to reduce the risk of known complications related to PICC line placement. Is it inevitable that history will repeat itself again?

My hope for 2020 is that the Labour will win a second term in Government, the All blacks will win an unprecedented 3<sup>rd</sup> Rugby World Cup after a true game of two halves skillfully officiated by Wayne Barnes, Dancing with the Stars is cancelled and there will be no PICC related deaths reported in New Zealand.

## A Thought for Today

Whose Line is it anyway?

*Elizabeth Culverwell is the Nurse Consultant for Vascular Access employed at Christchurch Hospital and is the founder and Life member of IVNNZ Inc.*

**Applying a culture of safety across the vascular access spectrum.**



A patient safety culture is more than just knowledge and skill, it describes a powerful framework that guides actions, decisions and communication. It is a mind-set shaped by attitudes of nurses and other health professionals and fostered by thoughtful reflection.

Every health professional is responsible for quality and safety. Although safety improvements are approached

from a systems perspective, each individual is responsible for developing the competencies that can reduce patient harm.

As front-line health professionals, nurses are accountable for the essential knowledge, skills and attitudes to improve care processes, to co-ordinate healthcare team communication, and to prevent patient harm. Nurses are at the forefront of helping transform health care delivery to ensure its safe, patient-centred, collaborative, supported by evidence-based standards and continuous quality improvement and technologic advances.

An example of applying a culture of safety within our District Health Board is the adult PICC securement initiative. By introducing an effective subcutaneous sutureless securement device for Peripherally Inserted Central Catheters (PICC) supported by evidence-based standards, we have reduced harm and in doing so provided a better pathway for patients and nurses who manage PICCs on a daily basis.

A healthcare system which is underpinned by a culture of quality and safety supports nurses at the front line of infusion therapy as they develop and apply their individual competencies. This reduces the inherent risks by improving best practice vascular access management with each and every patient.

## News: Chat room

### ★ Congratulations to the following ★ ★ IVNNZ Inc. Members ★

BD vascular access management was awarded the 2018 most valuable healthcare provider initiative by Eyeforpharma who focus exclusively on programmes that have demonstrated a significant and measurable positive impact on the lives of patients and caregivers.

Kerry Davis, Clinical Nurse Educator, Mercy Hospital Dunedin was awarded the New Zealand Private Surgical Hospital Association (NZPSHA) Leaders in Quality Award held in Wellington this year. Kerry's entry- Supporting the Transition of Internationally Qualified Nurses (IQNs) focused on integrating IQN's into the New Zealand Workforce by combining assertiveness training and preceptor training in partnership with an expert in IQN transition.

#### Outstanding Work in Radiology Recognised

(Published in the Canterbury District Health Boards CEO November Newsletter)

Steve Cotterell, Registered Nurse, Credentialed Central Venous Catheter Insertor, Canterbury District Health Board



was placed second in the Free Paper Award for his paper on 'Advancements in Central Venous Access Devices (CVAD)

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Placement and Care' at the recent 45<sup>th</sup> annual National Perioperative Nurses College (PNC) conference held in Nelson.

Steve is the only Registered Nurse (RN) in New Zealand who is certified and credentialed to place tunnelled Chest Inserted Central Catheters (CICC). Steve attended the World Congress on Vascular Access (WoCoVA) in 2015 where he learned about advancements in insertion of catheters in using the internal jugular vein pathway. He acknowledges and credits Dr. Mauro Pittiruti for sharing his knowledge and wisdom. On 15<sup>th</sup> of October 2018 Steve placed his 100<sup>th</sup> CICC. Steve's paper describes how to place CICC and the benefits for the patient and their health outcomes.

Charge Nurse Manager of Radiology Services, Christchurch and Burwood Hospitals, Rose Cartwright said 'Christchurch radiology nurses are highly respected nationally. Steve is recognised by his peers as a highly skilled and knowledgeable practitioner. The Radiology Department and the CDHB congratulate Steve on his 'fantastic achievement. We are so proud 3of you'

#### The winner of the quiz from June newsletter was

**Joy Alcantara, Hutt Valley DHB.**

**Joy has received \$25.00 pressie card in the mail**

Parenteral Nutrition Down Under (PNDU)  
*Birthday Wishes* from Across the Tasman  
PNDU's upcoming 10<sup>th</sup> Birthday in  
December 2019



Although our association has been recent, PNDU has made an impact by engaging, educating and encouraging New Zealand health professionals to look at Home Parenteral Nutrition (HPN) through a different lens to improve practice and achieve better outcomes. Their research, work and efforts to support HPNers in Australia and New Zealand is invaluable.

*If you know of any member we can celebrate in their achievements, please let us know!*





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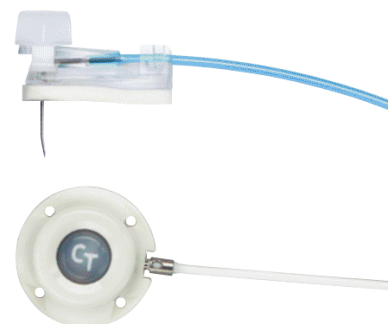
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## Meetings

**IVNNZ Inc. Executive Committee minutes:**  
available on the website for members

### IVNNZ INC. EXECUTIVE COMMITTEE MEETINGS

**When** 7-9 March 2019

**Where** Hamilton

IVNNZ Inc. encourages members to apply for educational assistance in the form of Scholarship or Grants. You are eligible to apply for a Grant every three years to attend conference. The successful applicant receives up to \$3000 and \$5000 to attend Australasian and European/American conferences respectively.

IVNNZ Inc. Education, Study and Research Grants details for members are available on the website.

## Educational Events

### International

#### 11TH CONGRESS OF THE VASCULAR ACCESS SOCIETY

**When** 11-13 April 2019

**Where** Rotterdam, The Netherlands

#### 44TH ANNUAL CVAA CEONFERENCE

**When** 24-26 April 2019

**Where** Quebec City, QC Canada

#### AVAS SCIENTIFIC MEETING 'WALK THE LINE'

**When** 12-14 May 2019

**Where** Parkroyal, Parramatta, Sydney  
Australia

#### INS CONFERENCE

<https://www.ins1.org/default.aspx>

**When** 18-21 May 2019

**Where** Baltimore Convention Centre,  
Baltimore, MD USA

#### WOCOVA

**When** 17-19 June 2019

**Where** Athens, Greece

### IVNNZ Inc. Welcomes New Members



### Membership application form - IVNNZ Inc. invites you to join

If you have a passion for Infusion Therapy and your practice is important to you, we need you to be part of this organisation.

Your membership application can be completed online or download an application form and send by e-mail.

The Membership application process and rules are available via the website:

<https://www.ivnnz.co.nz/product/individual-member/>

<https://ivnnz.co.nz/wp-content/uploads/2017/08/IVNNZ-Incorporated-society-Rules-FINAL-June-2012.pdf>

### National

#### CVAD WORKSHOP

**When** 1 March 2019

**Where** Holiday Inn, Auckland

**When** 24 May 2019

**Where** Holiday Inn, Auckland

**When** 23 August 2019

**Where** Holiday Inn, Auckland

**When** 22 November 2019

**Where** Holiday Inn, Auckland

#### SPECIALIST FORUM

**When** 5 April 2019

**Where** Miramar Golf Club, Wellington

# IVNNZ Inc. CVAD Workshop

Covering all aspects of Anatomy, Insertion, Care, Maintenance, Complications, and Clinical Workstations

**Friday 1st March**

**Friday 24th May**

**Friday 23rd August**

**Friday 22nd November**

**0830-1530hrs**

**Holiday Inn**

**2 Ascot Road Airport Oaks  
Auckland**

\$50 IVNNZ members

\$100 Non members

Morning tea/lunch provided

Please register online <http://www.ivnnz.co.nz/page/Workshops>



## COPY DEADLINE

We welcome your input into the newsletter. Please forward articles, correspondence or ideas to the Editor prior to **20th February 2019**.

Any comments made in the newsletter are not necessarily the view of the IVNNZ Inc. Executive.

Product Information is supplied by the manufacturers and is published in this newsletter to inform readers. No endorsement is implied or intended by IVNNZ Inc.



## Expression of Interest - Educator-Assist

Due to unforeseen circumstances the Educator-Assist position has recently become available.

Intravenous Nursing New Zealand Incorporated (IVNNZ Inc.) invites expressions of interest for this position within the executive committee commencing April 2019.

A job description is accessible on the IVNNZ Inc. website. Nomination to the position is biennial and will occur at the Annual General Meeting (AGM) to be held in Wellington 5th April 2019. Please direct additional enquires to the IVNNZ Inc. Secretary-Ellen Jones.

### Prerequisites

- Must be an IVNNZ Inc. member
- Have a passion for education and currently work within a clinical setting involving infusion or related therapies
- Have verified manager support to undertake the responsibilities of the position
- Available to attend quarterly executive meetings as per rules of the society
- Commit to assisting the IVNNZ Inc. Educator facilitate the quarterly full-day CVAD Workshops held in Auckland and the Annual Specialist Forum held in Wellington
- Attend the 5<sup>th</sup> April 2019 Specialist Forum/AGM to be held in Wellington for nomination and voting.

Any expressions of interest are to include confirmation of your ability to meet the pre-requisites of the role, be co-signed by your manager and submitted to the IVNNZ Inc. Secretary prior to the 1st February 2019.

The successful applicants will be notified by mail prior to 10<sup>th</sup> March 2019.



## IVNNZ Inc. Executive Committee

## PRESIDENT

**Lynette Lennox**

P (07) 839 8899 ext 23595

M (021) 846 385

E [president@ivnnz.co.nz](mailto:president@ivnnz.co.nz)

## IMMEDIATE PAST PRESIDENT

**Kate Laidlow**

P (07) 348 1199 ext 8058

M (027) 839 6564

E [kate.laidlow@lakesdhb.govt.nz](mailto:kate.laidlow@lakesdhb.govt.nz)

## SECRETARY

**Ellen Jones**

P (027) 225 5032

E [secretary@ivnnz.co.nz](mailto:secretary@ivnnz.co.nz)

## TREASURER

**Fiona Williams**

P (07) 579 8517

E [treasurer@ivnnz.co.nz](mailto:treasurer@ivnnz.co.nz)

## EDITOR &amp; PRIVATE SECTOR REPRESENTATIVE

**Ally Hale**

P (03) 687 1230 ext 260

E [editor@ivnnz.co.nz](mailto:editor@ivnnz.co.nz)E [ally@bidwillhospital.co.nz](mailto:ally@bidwillhospital.co.nz)

## EDUCATOR

**Jenny Heretini**

M (021) 759 539

E [educator@ivnnz.co.nz](mailto:educator@ivnnz.co.nz)

## WEBSITE

**Cheryl Phillips**

P (021) 152 1411

E [website@ivnnz.co.nz](mailto:website@ivnnz.co.nz)

## Co-opted Committee Members

## SPECIAL PROJECTS

**Catharine O'Hara**E [Catharine.O'Hara@midcentraldhb.govt.nz](mailto:Catharine.O'Hara@midcentraldhb.govt.nz)PAEDIATRIC HAEMATOLOGY & ONCOLOGY  
INFUSION THERAPY PRACTICE ADVISOR**Rachel Wilson**E [rachel.wilson2@cdhb.health.nz](mailto:rachel.wilson2@cdhb.health.nz)

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