

Standardisation of Dual Infusion practice and peripheral cannulation

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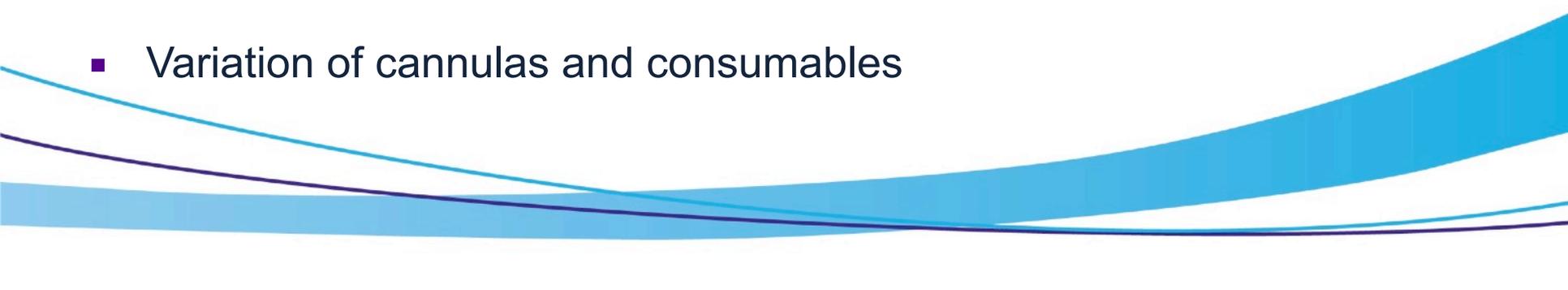


Aims

To standardise peripheral cannulas and dual infusion practice across the Trust in order to:

- Streamline training
 - Increase understanding of risk
 - Reduce risk and incidents
 - Target assessment of competence and knowledge
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Pennine Acute NHS Trust

- 5 sites
 - 3 different cannulas
 - 3 acceptable practices of Dual Infusion practice (across both wards and sites)
 - Additional unsuitable methods adopted
 - Variation of cannulas and consumables
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Issues / Risk

- Staff and patients transfer across the organisation
 - Teaching is delivered across sites and all methods had to be addressed in training sessions pertaining to cannulation and IV Therapy
 - Training and competence based assessment
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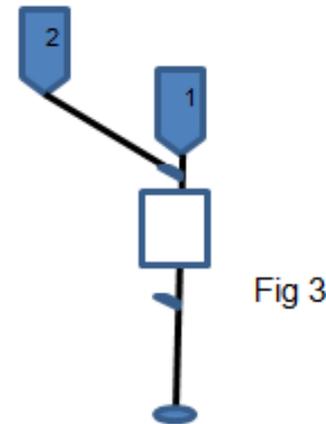
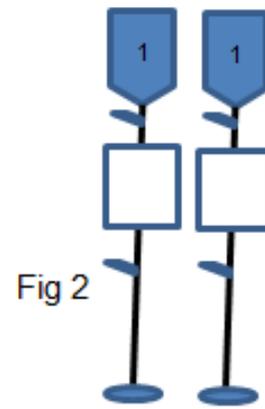
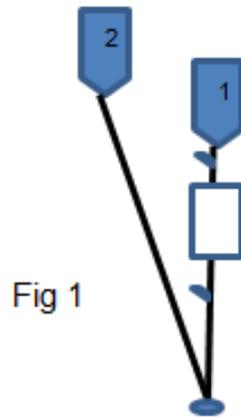
Consequences

- Staff working with equipment/processes not trained/familiar with
 - Unavailability of necessary consumables on wards
 - Competence of staff and safe practice throughout the organisation
 - Equipment changed to familiar devices
 - Patient comfort
 - Cost
 - Infection risk
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Initial steps

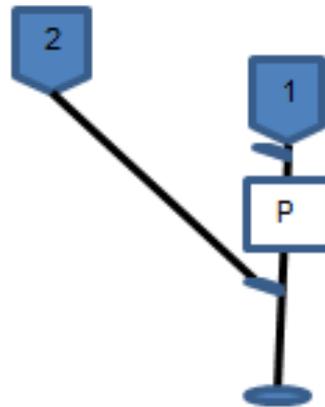
- Task and Finish group
 - Walkabout
 - Costing's
 - Audit
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Accepted methods previously adopted



Additional unacceptable method seen

Fig 4



Standardised practice selected

- BD pro safety cannula
- Two separate lines to one cannula (where appropriate)
- Dual extension line with non return valves **exclusively**
- Standardised gravity set

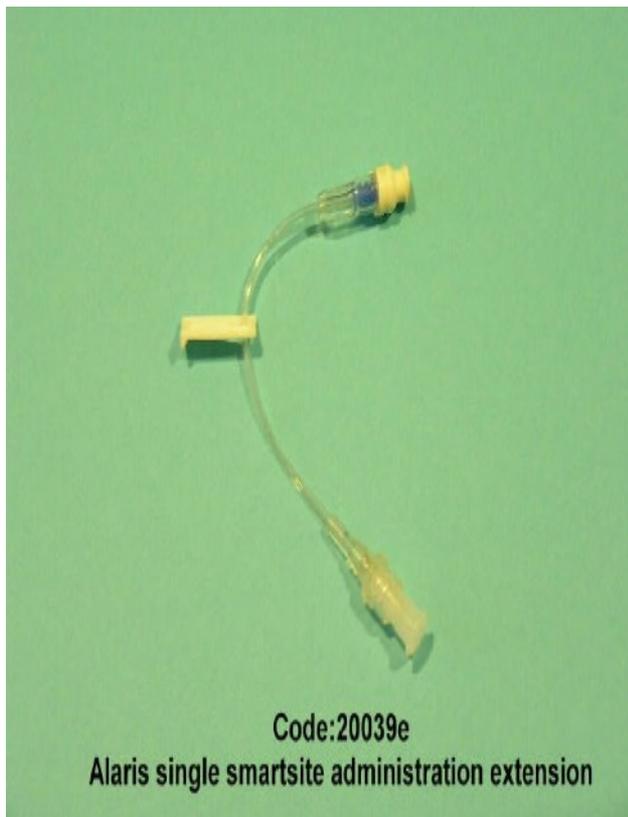
Decision made that where a single extension was in place and a dual subsequently required - to add the dual to the single opposed to replacing it

Pride in
Pennine

Quality-Driven
Responsible
Compassionate

The Pennine Acute Hospitals
NHS Trust





Are there any exceptions to standardised practice?



Communication

- Trust Intranet
 - Posters and Guidelines
 - Videos
 - Ward support provided by BD
 - Appropriate training courses
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Challenges

- Size of Trust
 - Communication
 - Impact of Dual Infusion on cannula choice
 - Reluctance to change – established practice
 - Medical and Nursing staff
 - Change of Trust board
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Outcome of change

Standardised practice has led to:

- Improved patient and staff safety
- Improved Patient experience
- Reduced confusion
- Reduced teaching time
- Improved education and training
- Reliability of competence based assessment
- Financial savings

Current Situation

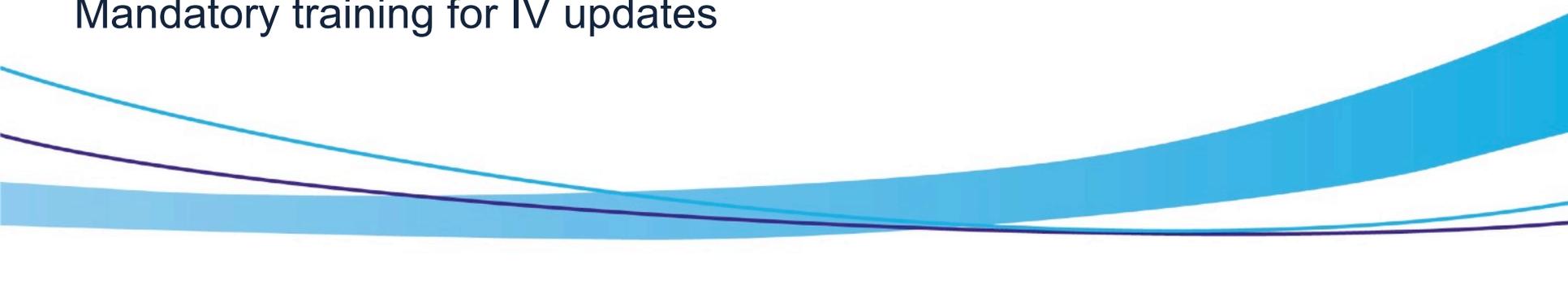
Reflection and Evaluation

Embedding into policy and practice

Monitoring compliance

Monitoring incidents - occurrence and reduction

Mandatory training for IV updates



Acknowledgments

Marie Law Medical Device Governance Manager PAHT

Lorraine Barlow Embedded Nurse Trainer BD

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Katie Vardey Product Specialist BD

Thank You

Any Questions?

