Collaboration to achieve sustained reduction in paramedic-inserted peripheral cannula-related SABSI

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Background - Context

- All SABSIs reported in hospitals are monitored, reviewed, and investigated and rates published on the MyHospitals website.

- All SABSIs occurring in Illawarra Shoalhaven Local Health District are categorised in the Incident Management System as a SAC score 2.
Background – the problem

- 20% of SABSIs reviewed in 2012 were linked to patients’ PIVCs that were inserted by NSW Ambulance paramedics

- An Infectious Diseases and IMACS review revealed the issue
Background - trending up
Background – not just numbers

![Bar chart showing ISLHD PIVC Infections from 2009 to 2012. The chart shows a significant increase in infections from 2009 to 2012.]

- 2009: 1 infection
- 2010: 0 infections
- 2011: 3 infections
- 2012: 5 infections

NSW Government Health
Background – (non)adherence to policy and procedure

- The ISLHD clinicians did not always remove/resite Ambulance inserted cannulae in accordance with the ISLHD policy and international best practice
- NSW Paramedics did not always document date and time of insertion on cannula dressing
Background – other issues of note

- Paramedics have gained more skills and medications over recent years, therefore more cannulae are being inserted.
- NSW Ambulance and ISLHD cannula dressings look alike.
- Pre-hospital environment usually is not particularly hygienic.
- There is an “expectation” that an Ambulance admission will have a cannula in situ.
Background – how did the collaboration come about?

- Communication – and getting through to the right department!
Methods – ISLHD actions

- Pink Stickers!
- Posters in triage
- Advice and education to staff
- Briefs, memos and policy
- Label compliance audits
Methods – NSW Ambulance actions

- Yellow stickers!
- 2%CHG swabs
- Procedure update
- Label audits
Methods - NSW Ambulance actions (cont.)

- Advice to Staff – Clinical Safety Notice and Sirens article

First Do No Harm!

“Cannulation should be performed with a plan to treat immediately or in the very near future, and shouldn’t be performed just because we can or because it’s expected by other health services.”

Sirens, March 2013
Methods – both organisations

- Ongoing SABSI review and communication
- Investigation of each SABSI case including discussion with inserting clinician

First do no harm: In fact, first do nothing, at least not a cannula

Results – audit 1

- Good uptake of stickers – from both organisations’ audits

- 91% presented with a PIVC (small numbers)
30% of presentations with PIVC
Post intervention results

ISLHD Emergency Inserted PIVC Infections
2009 - 2015
Conclusion

- Improved identification of paramedic inserted cannulae
- Supports need for emergency inserted PIVCs to be removed within 24 hours
- Benefits of collaboration!
Collaboration

- “When there is true collaboration, each team member’s unique knowledge, skills and abilities are respected because the team is committed to a common goal: safe, quality care for patients and their families.”

- “True collaboration, which means a work culture where joint communication and decision making among all members of the healthcare team becomes the norm, is not an event. It’s an ongoing process that grows over time.”

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