The Peripheral Line Training Project

- Olga Zolle, *R&D Manager*, NHS Education South Central

- Annie de Verteuil, *Operational lead*, Royal Berkshire Hospitals Trust

- Jo Schofield, *Paediatrics Operational lead*, Southampton University Hospitals Trust
Trusts Involved

• Buckinghamshire Hospitals NHS Trusts
• Heatherwood and Wexham Park Hospitals NHS Foundation Trust
• Milton Keynes Hospital NHS Foundation Trust
• Oxford Radcliffe Hospitals NHS Trust
• Portsmouth Hospitals NHS Trust
• Royal Berkshire NHS Foundation Trust
• Southampton University Hospitals NHS Trust
• Winchester and Eastleigh Healthcare NHS Trust
Background to the project

1. MRSA/MSSA - significant morbidity and financial impact
2. IV devices as a source of HAI infection$^{1,2}$
3. Improve quality of patient care & promote patient safety$^3$
4. Paediatrics
5. Peripheral vs central lines

Why the need for a cultural Change?

“people just had been distracted and hadn’t thought about, “what were the issues about peripheral cannulation?” “why are we inserting them?” and “what are we using them for?” (Trainer)

“they don’t actually think that when they’re sticking something, breeching the skin, that “I could potentially be putting a bug in their blood”. What they’re thinking is, “I’m getting their medication in them and helping them get better” (Trainer)
Group Achievements

• Cannulation guidelines for South Central
• Transferability of training
• Empowering trainers
• Curbing MRSA and MSSA infections
• Structured Learning Programme – OSCE
• Record keeping – CQC
• Engaging undergraduate training – targeting
Infection Control Data

n=2,239 trained staff

n= 218 MRSA/MSSA cases

13.3% Reduction MSSA
3.2% Reduction MRSA
Overall staff trained

(people were trained before this but not as part of the project!)

- Nurses trained, 1551
- ST Drs trained, 186
- Foundation Drs trained, 403
- Others trained, 43
- Consultants trained, 15
**Educational outcomes for cultural change**

Sample Nurses  n= 412

- Increased knowledge  88%
- Change technique  86%
- Increased skill  72%
- Previous education  57%

“I don't need to wait for doctors if patient needed one right away”

“I will ensure to fully record VIP scores”
Educational outcomes for cultural change

Sample FP Doctors Induction  n=228

Change insertion technique  82%
Change continuing care  79%
Increased knowledge  72%
Increased skill  51%

“I was given advice on the angle of insertion of the cannula which has made my technique better”
Engaging Others

“I think that they (drs) have to realise that we are doing an OSCE, we show them the paperwork of how we are taking this seriously” **Trainer**

“from the medical point of view in particular, I think the training was really good.....some people were a bit reluctant to participate....actually they realised they weren’t doing things perfectly” **DIPC**

Increased Awareness

“......certainly perception has changed and everyone is much happier about line management and they take it a lot more seriously” **DIPC**

“I think everyone is on board.....if a line is left in too long people will just take them out......that is accepted practice now” **Consultant**
The Royal Berkshire NHS Foundation Trust experience of implementing the Peripheral Cannulation training project

Annie de Verteuil Operational Lead
General Challenges

• To reduce HAI
• To update new medical staff in cannulation
• To implement use of sterile pack and gloves for cannula insertion despite lack of empirical evidence
• Revisit cannulation with all nurses and A.H.P’s. who had already been trained
• Introduction of new cannula care plan, guidelines and protocol
Data showing reduction in cannula pre and post implementation of care plan

Number of cannulae

- 2007: 179
- 2008: 143
Doctors Training

• Project gave us a ‘foot in the door’ and the authority to train or ‘re-familiarise’ with an aseptic non touch technique for doctors joining the Trust.
• Dedicated slot on doctors induction
• Support by Medical Director and Chief Executive
• Support from enlisted Medical champions
Cultural Change Achieved

- Care plan with VIP score for each cannula inserted
- Aseptic technique implemented using sterile pack and gloves and standardising equipment used
- Revisiting ALL staff performing peripheral cannulation delivering training in each department by dedicated trainers
Cultural Outcomes

• Last 18 months maintaining gold standards of insertion
• Collection of MSSA data now mandatory within Trust since March 09
• Keeping cannulation high on the agenda and embedded in practice
NESC Peripheral Line Project - Paediatrics

Jo Schofield
Southampton University Hospitals Trust
Where did we start?

Number of MRSA/MSSA Bacteraemia and Staff trained
General Challenges

- Standardisation of equipment across paediatric directorate
- Use of cannula insertion/care record
- Understanding continuing care
- Heightened awareness of skin prep
- Access to paediatric specific training
- Assessor training for practice staff
Cultural Outcomes

- Ownership by practice staff
- Empowerment of practice staff
- Access to paediatric specific training from the wider paediatric community
- Consistency in practice and competence through structured training and assessment
- Training of medical staff
Future of the project

• Wide dissemination;
  • Organised a regional conference
  Attendance to conferences, publications

• Innovation Fund Proposal