The Peripheral Line Training Project

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Background

The Darzi report\textsuperscript{1}
Iv devices as a source of HAI infection\textsuperscript{2}
Educational schemes\textsuperscript{3}
Portsmouth experience
Peripheral vs central lines
Peripheral Line Training Project – SC SHA

**Project initiatives**

- Band 6 nurse - £35k
- Mannequin arms
- Backfill funding - £20k
- Shared guidelines
- Shared video
- Group meetings
- Fees for national Conference
- Shared poster
- E-learning project site
- Structured Training Booklets
- Signposting national initiatives

**Trust initiatives**

- Initiating Dr induction training
- Cannulation policies & guidelines
- New formats of training
- Audits
Project Evaluation

Ethics approval

**Quantitative;**
Monthly data collection; bacteraemia & training
Evaluation forms

**Qualitative;**
Focus groups
Interviews - 1:1 and telephone
Evaluation forms

www.nesc.nhs.uk
Monthly data collection

Parameters:

Hospital statistics
Staff - trained & assessed
MRSA
MSSA – the forgotten bacteraemia
Pre & post 48hrs
Root Cause Analyses

Bacteraemias over ~11 months from 5 Trusts

MRSA:
HPA figures; 112 (July 07-July 08)
MRSA after 48hrs; 29
Cannula related; 3 ~10%

MSSA:
MSSA after 48hrs; 78
Cannula related; 4 ~5%
Case Example from One Trust – data completed

Total number Trained at the Trust

- Cardiac Unit
- 83 year old
- Line for 5 days
Trainees’ Views

N = 614 to date; 398 Drs, 143 Nurses, 71 “Others”

Adapt insertion?  75%  (Drs 85%)
Adapt care?  83%  (Nurses 91%)

Increased knowledge?  77%
Increased skill?  60%
Useful to use mannequin?  61%

2429 staff trained
Emerging themes

Leadership from the top down

“......I think the Chief Exec should be the main person....the Trust Board, the Medical Director”

DIPC

Medical Training

“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
Emerging Themes (2)

Change in culture
“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

Networking
“the most beneficial thing has been hearing what others are doing and feeding ideas and thoughts and hopefully offering some back”

Trainer

Students
“This agenda will never sustain long term without getting involved and saying “what’s going on at Medical Schools?” and “what’s going on in Nursing?”

DIPC & Medical Director
Posters & Publications

**Infection Prevention Society Posters, 2008:**
*An Educational Programme to Improve Peripheral Intravenous Cannulation at Portsmouth Hospitals NHS Trust*
*Developing a Pilot Peripheral Line Training Programme for Drs and Nurses in the South Central SHA*

**Papers in progress:**
The Peripheral Line Training Project
The Portsmouth Experience – e.g. J Hosp Infect
Nurses’ Roles in Peripheral Cannulation – e.g. Br J Nurs
Peripheral Cannulation in Medical Training – e.g. BMJ

“In the line”, *NESC Education Magazine, Spring 2009*
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- Portsmouth Hospitals NHS Trust
- Royal Berkshire NHS Foundation Trust
- Southampton University Hospitals NHS Trust
- Winchester and Eastleigh Healthcare NHS Trust

Steering and Operational Groups Members from the above Trusts
South Central Strategic Health Authority
Medical and Nursing Students