So many developments ... so much to discuss!

Michele Malster offers a taster of what’s inside this issue.

Conference 2006 ...

We’ve just had another very successful conference in York. It was lovely to see so many of you. It is your support which we value so much and which enables the conference to take place. Many practitioners are experiencing difficulty in receiving study leave and financial assistance, in order to attend study days and conferences, so it was particularly encouraging to see day delegates as well. Conferences are an essential arena for generating ideas and communicating information about good practice, as well as discovering new developments in infusion therapy.

Some of these new developments were evident in the sophisticated technology that supported some of the equipment displayed on the exhibitors’ stands. The exhibition was an important part of the conference, and it was good to see delegates taking the opportunity to discuss new initiatives and issues relating to their clinical practice. The conference report on pages two to five features the varied presentations as well as some of the exhibitors’ comments.

This has been another busy year for the Steering Committee members. Some of us have been assisting in updating the Epic guidelines, while others have been liaising with the Medicines and Healthcare Products Regulatory Agency (MHRA) – again, you can read more about these organisations in the conference report. The conference emphasised the importance of safety, with presentations about medical devices, injectable medicines adverse events and litigation. There was also an international flavour to the conference, with speakers from Italy and the USA, and it was interesting to hear how IV practice is evolving outside the UK.

... and there’s more

In this issue of the newsletter, Janice Gabriel also reports on the Association for Vascular Access (AVA) conference, Karen Bravery provides an update on the latest developments in the Forum Link Members’ Network, and Jill Kayley reports on the Outpatient and Home Parenteral Antibiotic Therapy (OHPAT) meeting held in Manchester. Helen Hamilton, who will be leaving the Steering Committee at the end of the year, reports on the Smith & Nephew study day – possibly her last contribution to the newsletter. So who will be joining us on the Steering Committee? Read all about it in the next issue of IV Matters!

Helen’s leaving ... Farewell to a well-loved member

Many of you will know Helen Hamilton well. She has been a Senior Nurse Manager in Parenteral Nutrition and Vascular Access, working for the Oxford Radcliffe Hospitals NHS Trust for several years. She has been very enthusiastic about IV therapy and the need to expand the role of nurses in this specialty. Helen set up a unique course for nurses specialising in placing central venous access devices in the UK and became a Fellow of the RCN last year. Many of you will know that she has been a regular contributor to this newsletter, providing reports of study days and conferences. However, Helen has now decided that she would like to opt for a quieter lifestyle in rural Oxfordshire. So, we would like to thank her for her contribution to the work of the forum and wish her well for the future.
Safety first and foremost

On a beautiful November morning with blue sky and sunshine, the York Racecourse Grandstand provided a wonderful venue for our conference, entitled ‘Infusion therapy – where next?’, attended by nearly 100 delegates. In the present climate of job cuts and severe reductions in study leave, this was a major achievement. MICHELE MALSTER reports.

Chaos training?

The current climate of financial constraints and reforms within the NHS was one of the main themes of the keynote speech by Dr Beverly Malone, who will be leaving the RCN in the new year. She became General Secretary in June 2001 and, in January 2007, will take over as Chief Executive of the National League of Nurses in New York. Dr Malone acknowledged the need for IV therapy nurses to provide a range of therapies in a variety of settings and suggested that they could have invented the term multitasking, because of their role. She highlighted the need for the infrastructure to support IV therapy in the community, as increasing numbers of patients are being treated at home.

Dr Malone described how changes in the NHS were proceeding at a breakneck pace. She warned that there is a risk that “the rapidity of change could endanger patients’ lives, if it is not managed properly”. She suggested that nurses need to “develop a taste for chaos” and become experts of change by driving through the confusion, staying focused and looking for the opportunities to improve nursing care. She noted that nurses need to celebrate achievements such as this year’s agreement by the EU to make recommendations for protecting health care workers from bloodborne infections.

Theresa Lynch, from London’s Cromwell Hospital, described the introduction of a record booklet aimed at increasing the safety of patients having blood transfusions, while Practice Development Nurses Marion Khan and Gillian Younger, from York Hospital NHS Trust, presented their safety device for patients receiving subcutaneous infusions.

Safety counts!

The two following concurrent sessions provided a focus on safety issues related to IV therapy. Nurse Education Manager Theresa Lynch, from London’s Cromwell Hospital, described the introduction of a record booklet aimed at increasing the safety of patients having blood transfusions, while Practice Development Nurses Marion Khan and Gillian Younger, from York Hospital NHS Trust, presented their safety device for patients receiving subcutaneous infusions.

In his inimitable style, Patient Safety Advocate Chris Quinn (Alaris Medical) injected humour into the serious topic of litigation claims received by the NHS Litigation Authority (NHSLA), emerging from the practice of IV medication administration. During 2004/5, there were 850,000 adverse events reported, and the cost of health-care-acquired infections (HCAIs) are estimated to cost £1 billion per annum. Chris informed us that the greatest number of infusion incident reports came from hospital wards and that the number of reports for paediatric patients was three times greater than that for adults. One of the dominant complaints for litigation related to extravasation, which, he suggested, highlights the need for medication software and variable pressure devices, so that there is earlier detection of the risk of extravasation. The other main causes for litigations were human failing and infusion complications. The NHS National Patient Safety Agency’s (NPSA) infusion device project has made recommendations for improving safety, which, among others, call for better training and a review of safety software.

The issue of litigation was also considered by Forum Chair Lisa Dougherty, who has been an expert witness...
for ten years, during her employment at the Royal Marsden Hospitals in London and Epsom. Her presentation graphically illustrated some of the complications of cannulation and venepuncture. She discussed the practice issues that are highlighted by litigation and suggested how improved knowledge and skills could minimise the risks.

By now, you will have noticed that safety was a major theme of this conference and this was epitomised by the presentation from NPSA Senior Pharmacist and Patient Safety Manager Linda Matthew. She outlined the background of the NPSA and the National Reporting and Learning System (NRLS) and the national safety solution projects. The analysis of data from September 2004 to March 2006 revealed that, of 12,210 reported injectable medications incidents, 9,646 resulted in no harm, which indicates that there were system weaknesses. Linda presented a breakdown of the stages in the medication process that contributed to the incidents, together with their occurrence rates and the outcome for the patients involved. Other contributory factors such as labelling and packaging were illustrated, together with recommendations for improvement.

In the context of the title of the conference, Linda also discussed some of the errors and hazards associated with epidural medication and infusions. She presented some very frightening examples, including the recognised hazard of confusing the IV and epidural routes. To minimise this latter risk, she revealed the NPSA’s proposed recommendations for epidural infusions, which include: separate storage for epidural medications, different types of infusion pumps, clearly labelled administration sets and simplification of the range of epidural infusions. There is also a recommendation for the judicious use of colour and design to differentiate epidural infusions from those intended via other routes. Linda’s presentation demonstrated how easily errors can occur and patient safety can be compromised. For those who would like more information, she provided the following websites: www.npsa.org.uk and www.saferhealthcare.org.uk

We need your help!

In the present financial climate, we are proposing to hold just a one-day conference, next year. Which day of the week would suit you best?

Bearing in mind that next year’s venue will be in the south of England, in which UK city would you like us to hold it? Please email your replies to: michelemalster@hotmail.com
**Rules to live by**

The importance of guidelines and the need for having the evidence base to support practice is widely recognised in nursing as a whole and in IV therapy in particular. So, it was very fortunate that Professor Robert Pratt, Richard Wells Research Centre Director at Thames Valley University, was able to speak at the conference, prior to the publication of the revised *Epic project: guidelines for preventing hospital acquired infections*. In 2001, his team produced the Epic guidelines and, during the past year, the Forum Steering Committee, among other professional groups, has been collaborating with his team to update them. “Providing best evidence for clinically effective practice” and “... supporting staff to understand and use evidence in practice” are, he suggested, two of the main principles of evidence-based practice. He identified the attributes of evidence-based guidelines and described the process of obtaining and grading the evidence prior to making recommendations for good practice. The revised Epic guidelines will be published shortly, so it was opportune that Professor Pratt was able to speak at the conference and give a preview of the proposed changes.

**Worth looking into**

Central South Coast Cancer Network Nurse Director Janice Gabriel started her presentation with an overview of the 34 cancer networks and their current configuration. She highlighted the need for a chemotherapy training programme, identified the difficulty in accessing formal academic courses and went on to describe a workbook-based programme of training now being implemented in her network. The workbook is augmented by taught days, which conform to core teaching plans, thereby ensuring consistency of training throughout the network. The programmes run three times monthly and are accredited by the local university.

Professor of Surgery Dr Mauro Pittiruti, from the Catholic University Hospital in Rome, spoke about the European Vascular Access Network (EVAN) website that he has set up. He runs the website himself and encourages people to use it to download information, but also to use the site to discuss and share information. One of the posters at this conference is to be published on this website. IV therapists can access information about all aspects of IV therapy at no financial cost, and can also subscribe to a newsletter. The EVAN website addresses are: www.evanetwork.info and www.evanetwork.org

**The value of an audit**

The topic of peripheral cannula, for the national audit, was identified by the Forum Link Members’ Network, with a view to identifying ‘Are we doing what we should be doing?’. Forum Link Members’ Network Coordinator Karen Bravery, who is employed as Practice Development Nurse at Great Ormond Street Hospital, presented some of the results. Her report will soon be published.
The stabilisation of vascular access devices is a continuing challenge. Venetec International Founder and Chief Medical Director Dr Steve Bierman highlighted the problems of inadequate stabilisation and the hazards to both patients and staff. He presented the results of a survey of over 10,000 patients in the USA, which compared different types of securement – tape-secured peripheral cannulae, tape-secured peripherally inserted central catheters (PICCs) and suture-secured central lines – with use of a stabilisation device for the same devices. The results of using a stabilisation device revealed the following advantages: increase in dwell-time, reduced resiting of PICCs, a possible reduction in catheter-related bloodstream infections (CRBIs), not to mention a possible reduction in needlestick injuries because no suturing is involved. This presentation also highlighted the criteria, from our Standards for infusion therapy, which relate to the use of a stabilisation device. While acknowledging that the dressing and stabilisation device are distinct entities, he advocated that the stabilisation device should be changed at the same time as any dressing change.

In answer to questions from delegates, Dr Bierman advised that any skin reaction to the stabilisation device could be minimised by ensuring that: the device is not placed over wet alcohol on the skin; alcohol is used to remove the device, and; that the opaque version of the device is changed to the tricot version, when the risk of reaction is identified.

**Best practice**

The choice of vascular devices is an important part of IV therapy and the indications for individual devices is often discussed. At this conference, Haematology Clinical Nurse Specialist Viv Griffiths, from St Richard’s Hospital in Chichester, presented the case for using midline catheters. She contrasted midline catheters and short IV cannulae and showed photographic examples of the obvious disadvantages of peripheral cannulae. Viv included the results of a four-year retrospective study of 217 midline catheters placed in 210 patients, who mainly required antibiotic and diuretic therapy, and suggested that this type of catheter “… enables early discharge to the community if the necessary support is in place”.

The stabilisation of vascular access devices is a continuing challenge. Venetec International Founder and Chief Medical Director Dr Steve Bierman highlighted the problems of inadequate stabilisation and the hazards to both patients and staff. He presented the results of a survey of over 10,000
This year, the Outpatient and Home Parenteral Antibiotic Therapy (OHPAT) meeting was held in Manchester, 23 June 2006. Organised by Corienne Reed (Salford NHS PCT) and Dr Paul Chadwick (Salford Royal Hospitals NHS Trust), it was sponsored by an unrestricted educational grant from Merck, Sharp and Dohme Ltd. Independent Nurse Consultant Jill Kayley reports.

The meeting was well attended, with 50 delegates (the maximum number for the meeting room) from all areas of the UK. The aim of the meeting was to provide education and support for nurse practitioners, physicians, medical microbiologists and clinical pharmacists involved with OHPAT in the UK. It was also an excellent opportunity to network with colleagues.

Each team or individual gave a brief update about their service and methods of OHPAT delivery, with individual presentations given on the following topics:

- use of integrated care pathways in OHPAT – Corienne Reed
- teicoplanin dosing and monitoring – Dr Paul Chadwick
- use of ertapenem – Dr Albert Lessing and Bev Cattermole
- short-term antimicrobial therapy – Karen Robinson
- community-led short-term OHPAT – Jane Beckett
- first-year review of PGDs in OHPAT – Lindsay Semple.

The day ended with an ‘ask the experts’ session to discuss topical issues and local experiences. It was a very interesting and informative day and it was very clear that there has been considerable recent growth in OHPAT service development. The presentations highlighted not only the innovative work that people are doing, but also the clinical audit projects that are being undertaken. It is hoped that another OHPAT meeting will be organised for 2007.

New consultation document

The regulation of the non-medical health care professions is now available at: www.dh.gov.uk/assetRoot/04/13/72/95/04137295.pdf

What are your views? (Please reply directly to the consultative body.)
AVA conference – an inspiring time

South Central Cancer Network Director JANICE GABRIEL reports back from the 20th Association of Vascular Access (AVA) Conference, held 9–12 September 2006, in Indianapolis, USA.

This conference attracted over 600 delegates, including 197 first-time attendees. The UK was represented by five delegates, two of whom gave concurrent sessions. The Forum Steering Committee also had a poster presentation on the forum’s 2005 IV standards.

The meeting commenced early on Saturday morning with an interactive keynote presentation from Tyco Healthcare Nurse Adviser Cheryl Provost on how to create a motivated and energetic workplace – unfortunately, the early Saturday start of the conference did not lend itself to such a presentation. However, the programme continued with a good variety of presentations, covering such topics as the legal implications of IV therapy – a presentation that certainly kept us awake – prevention of CRBS1, and water-borne pathogens and their potential impact on recipients of IV therapy.

As with many conferences, there were several quality presentations in the concurrent sessions, held on Saturday and Sunday afternoon. I particularly enjoyed a presentation on infiltration and extravasation. Unfortunately, as my own presentation was on Saturday afternoon, I was unable to attend any of the other concurrent sessions, but I understand there was a good presentation on using podcasts for patient education and also one on ultrasound.

There was quite a range of posters, too, with authors available to discuss their work with delegates. Our forum poster generated a lot of interest and acknowledgement of the hard work that had gone into the development of the IV standards.

AVA did not disappoint attendees with the range of exhibitors and, as a UK delegate, it was like being let loose in a sweet shop! However, there did not appear to be any major developments in IV therapy products that we are unaware of in the UK, at the moment.

There were also plenty of opportunities for networking and catching up with old friends. On Monday evening, the committees met and I was happy to continue as a member on the Publication Committee. So, if anyone is interested in writing a paper for the Journal of the Association of Vascular Access (JAVA), please let me know and I will be happy to let you have the instructions for authors.

Of course, I must make a comment on the venue. The hotel was good, the shopping fantastic, but the return flight was grim – two days to get back. However, I do know every retail outlet in terminal three at Chicago O’Hare!

Making links

Forum Link Members
Network Coordinator
KAREN BRAVERY provides an update on the Link Members’ meeting held during November’s forum conference.

Having presented the results of the audit of peripheral cannulae at the forum conference, the main focus of this meeting was whether to re-audit in 2007. I would be interested to hear your views.

Thank you to all the forum members who have sent examples of their documentation used for peripheral cannulae. If anyone has any more examples of documentation (e.g. care plans, documentation that encourages the placer to record the date/time/site of insertion), please post or email them to me c/o: Westlink Corridor, Level 3, Great Ormond Street Hospital, Great Ormond Street, London, WC1N 3JH, email: bravek@gosh.nhs.uk, telephone: 020 7405 9200, extension 5723 or bleep 0118.

I am still looking for feedback on the audit, particularly on whether you have used the report to try and change practice in your place of work. Also, I would like to know what would help you, if we go ahead with the re-audit in 2007. I will be sending out a short questionnaire soon to obtain feedback.

Next year’s meeting will take place in London at the RCN headquarters – date to be confirmed.

New Year, New Name?

Is the name ‘RCN IV Therapy Forum’ still appropriate? In the present climate of evolving infusion therapies, does it reflect current practice in nursing?

Should we change the name of the forum?

Would ‘RCN Infusion Therapy Forum’ be better?

We need to hear from you!

Please email your comments to: michelemalster@hotmail.com
Are you a team player?

The RCN and Smith & Nephew recently teamed up to run a series of strategic national IV seminars across the UK. The theme of the seminars was around the importance of wider teams and successful team working. Senior Nurse Manager Helen Hamilton, from Oxford Radcliffe Hospitals, reports.

In line with the theme of teams, the seminars were predominantly held in top sporting venues, ranging from Edgbaston and Old Trafford through to Chepstow Racecourse. One of the main aims was to engage health service managers from different parts of the health economy in relevant strategic discussions. As a member of the Forum Steering Committee, I presented information on the impact of a nurse-led team based upon my work in Oxford.

John Neal, Management Consultant and Physiologist to the Rugby Football Union and the English Cricket Board, carried out a thought-provoking workshop on 'performance machines', which encouraged participants to think differently about achieving targets. Clinical Negligence Barrister Andrew Andrews gave a humorous and, at times, sobering presentation on accountability and the law. The seminars were rounded off by RCN Professional Nurse Advisor for Acute and Emergency Care, Mike Hayward, who drew the presentations together by looking at cost versus quality and patient care. The series of seminars was well attended and very highly evaluated by delegates.

7th International IV Therapy Home & Hospital Conference

INNOVATION, SAFETY and COST EFFECTIVENESS IN IV THERAPY
14–15 March 2007

Venue
The Oxford Belfry Hotel and Conference Centre
Milton Common, near Thame, Oxfordshire

Early bird cost
(1 Nov–22 Dec 2006)
• day delegate: £90
• full two-day registration: £180.

Standard registration cost
(from 23 Dec 2006)
• day delegate rate: £100
• full two-day conference: £200
• conference party: £40.

Enquiries
Elaine Jones, Conference Organiser,
Department of Vascular Access
The John Radcliffe, Headington, Oxford OX3 9DU
Telephone: 01865 221653. Fax: 01865 222047
Email: elaine.jones@orh.nhs.uk
www.oxfordradcliffe.nhs.uk/ivtherapy

Pass it on...

We are asking you to get involved in the work of the forum.

• Are you interested in participating in the re-audit of peripheral cannulae?
• In the changing world of infusion therapy, is the name of this forum still appropriate, or should we change it to reflect the evolving variety of infusion therapies?

We really do need to hear from you... so make sure you have your say! Please email your comments to: michelemalster@hotmail.com

A final word

If any forum members wish to advertise events or conferences they are holding, or wish to alert colleagues about research they are undertaking, please send details to: michelemalster@hotmail.com

 BOOK REVIEW

IV Steering Committee member Janice Gabriel reviews Nursing in Haematological Oncology, 2nd Edition 2006

EDITOR: Maggie Grundy
PUBLISHER: Bailliere Tindall Elsevier.

With over six hundred pages and thirty-six contributors, this book is divided into three main sections: haematological malignancies, treatment and nursing issues. Not only will this text prove an invaluable resource for all health professionals caring for individuals being treated for haematological malignancies, but it will also be an excellent reference text for students and those wishing to refresh and update their haematology knowledge.

The entire patient journey is covered, commencing with presentation, investigations, diagnosis, treatment, support/rehabilitation and nursing issues. The chemotherapy and novel therapy chapters are especially well written, referenced and easy to read. They are ideal chapters for the non-specialist looking for a sound introduction to chemotherapy and innovative therapies related to a clinical specialty.

The range of vascular access devices, patient assessment, insertion, care and management is also addressed in a separate chapter within the treatment section of the book.

Each chapter includes ‘reflection points’. At the end of a section within the chapter, the authors have included short case studies or reflection points to summarise the previous points for the reader. Discussion questions are also included to encourage the reader to reflect on their own practice. The final section of the book includes chapters on staff support and leadership, thereby ensuring this text fully addresses the needs of aspiring haematology nurses and those already established in the profession. I know it will be a well-thumbed text on my bookshelf.