

## IV Link Staff Training

Canterbury  
District Health Board  
Te Pōari Hauora o Waitaha

### Clinical Practice Observations/Audit programme for 2012

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## Objectives

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- Introduce the purpose of CPO's
- Provide an understanding on the current clinical practice compliance issues
- Outline your role/responsibilities
- Introduce the methodology of the audit

## Clinical Practice Observations

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- One of the 'tools' replacing recertification
- Enables review of our practice against current fluid and medication management standards, policies and procedures
- Assesses risk factors and the incidence of errors
- Enables changes that can improve the quality of care, improve safety, reduce harm
- Endorses what we do well

## Improve/maintain Standards for Patient Safety

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### Potential or actual harm to patient

- Picked up before reaching the patient – 53 cases
- Reached the patient – 307 cases
- IV related (254 over 3 years)
  - instances of prescribing error (but still administered multiple times)
  - Administered with a known allergy
  - Wrong route 26, drug 20, patient 4

## Improve/maintain Standards for Patient Safety – Incidences

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- RN checked IV ab's with another nurse in the procedure room but didn't perform check at bedside – gave the wrong IV ab to the wrong patient (had 2 abs to give to 2 different patients)
- RN administered IV abs to the wrong patient – admitted she was rushed and didn't check patients identification
- Doctor and nurse checked ampoule of naloxone – identified after administration that the drug that was actually given was adrenaline not naloxone

## Look a like, sound alike

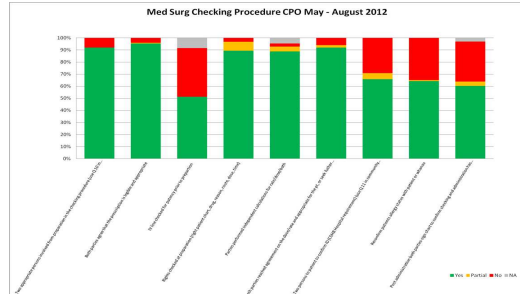
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## Current trends/issues/ non compliance

- Independent Double checking patient) – i.e. separate independent reviews
- Using the correct Patient identification procedure
- Incorrect prescribing/labelling– implications for staff administering
- Hand hygiene (5 moments)
- Adverse Reaction identification before each administration

## Current trends/issues/ non compliance



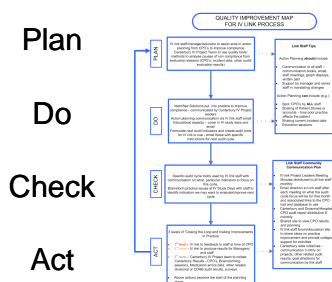
## IV Link Staff Responsibilities

- Role model for best practice in IV management
- Assisting in implementing change
- Encouraging adherence to policy standards
- Communicating results of CPO's to the Manager, area (IV project lead)
- Supporting CNM/Manager and stakeholder groups to improve IV management

## Communicating New Standards

- New EN scope for IV management
- Process for Double Independent Checking
- Additions to the new Peripheral IV policy
- Adverse Reactions Policy - identification
- Patient Identification Policy

## Quality Improvement Plan



## CPO's Focus this year Double Independent Checking Procedure

### Resources

- Audit tool
- Auditor instructions
- Excel workbook – enter results

Accessible via your areas generic desktop log in (authorisation from IS to place a membership) and/or Canterbury IV Project under Facilities on CDHB Website

## How to perform CPO's

How, what, who, when of CPO's

1<sup>st</sup> step – know the indicators you are measuring

- *What is the process for checking?*
- *What is the process for identifying the patient?*
- *What is the Adverse Reaction process?*

## How to perform CPO's – Step 2

Become familiar with the tool so you don't need to use it when observing

Why?

- *So you can observe practices while you are working*
- *So you can observe covertly*

## How to perform CPO's – Step 3

Communicate to staff that you are performing observations regularly

- post the tool in staff areas
- Place the flowchart ref: 3246 in the medication room

Why?

- *Staff won't be surprised when you feedback to them*
- *Staff may 'brush up' on their knowledge if they know they might be observed*

## How to perform CPO's – Step 4

Set up your CPO process

- Perform up to 10 observations each month (between IV staff in the area)
- Rotate shifts if possible so you can capture as many staff as possible

## How to perform CPO's – Step 5

Give feedback to staff after the CPO

- *Positive first, then areas for improvement*
- *Serious omissions – intervene immediately – rectify/educate*
- *Serious practice omissions and near misses to be reported to the manager*

## How to perform CPO's – Step 6

Collate observations/results

- Put your results into the accompanying results excel spreadsheet
  - *You will remember non compliant practices in the processes you observe*

## How to perform CPO's – 7<sup>th</sup> Step - Closing the Loop

Discuss results and formulate any improvement plan

- Use the traffic light system in the excel results to guide improvement/action plan activities
- Use self generated Charts to display in staff areas to communicate areas for improvement or celebrate great results

## When any results in orange or red

- IV staff to discuss these indicators with their manager – formulate action points and discuss a staff communication plan
- Manager, senior nurses and IV link staff members to assist with implementation of the agreed actions

## Main objectives

- Adopt the mentality in your area that CPO's are an educational and quality improvement opportunity rather than a punitive exercise
- Observing 'practice' not persons
- Act on the results of the CPO's
  - Actions to improve compliance – Traffic light system directs actions
  - Communication to celebrate achievements
  - Re audit to PROVE improvements in practice

## CPO tips

- Print out the audit tool and keep it somewhere all IV link staff can add info to (or add directly into results to Excel sheet)
- Involving yourself in a check = 1 CPO completed
- Observe 2 staff in the medication area/patients beside = 2 CPO's
  - May not be possible to follow a whole process through – record what you did see (i.e. medication room not bedside or bedside not medication room)

## AUDITING EXERCISE

- Review scenario – try to complete
- Cover answers as a group
- Complete the audit form
- Enter the audit information

## ANSWERS

### Question one

- 2 Suitable parties/scope
- IV line patent

## ANSWERS

### Question two

- Separate calcs, deduction how many vials, diluent amounts, rate
- Hear both Mabel and Gabbys verbal agreement on above
- Confirmation its an appropriate dose for Miss Turnbull's age and weight

## ANSWERS

### Question three

- No second nurse to verify identification and administration

## ANSWERS

### Question four

- 2 forms of identification not used – ask for full name as well as use of ID bracelet
- Review of medication and reason with patient
- Allergy status not checked

## Feedback

When would you feedback?

On what?

What would you say?

## Using the Audit Tool

- You've audited 2 persons – 2 sections on the audit tool
- Assume the checking in the drug room went well – Y for those
- What happens when we get to the identification section – what do we score there?

## Adding to the Database

- Add up your Yes, No's, Partial and NA's
- Add the totals to the database
- Look for the right month
- SAVE it!

## Issues with Clinical Practice Observations/Audits

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- Staff that don't reflect on their practice and/or verbalise their need to change their practice – identified to manager
- Issues identified are not addressed (Quality improvement loop not closed)
- IV link staff leave, not replaced (keep a minimum no. of IV link staff)

## What happens to your results

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- IV Project team will review Canterbury combined results to determine trends
- Recommendations will go to DON group and other stakeholders –
  - Identify possible solutions to non compliance trends
  - Review audit indicators/tool for future CPO focus

## Manager and Educator responsibilities

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- Help identify key objectives/actions from audit results
- Assist/Guide existing IV link staff or future IV link staff members in performing this role
- Assist/Guide with Excel spread sheet and Word document education
  - Entering
  - Analysis
  - Using the charts for communication to your area

## Communicating changes to the programme

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- Website will provide current direction
- Audit tool, instructions, presentations
- Regular communication and direction via email' to IV link staff
- IV link Staff forum/chat room (coming ...)



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## Remember

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- Seek help when you require it in the CPO process
- This is a learning opportunity for all – don't be too hard on yourself/staff
- You'll get better with practice
- Your role in reviewing practice is crucial to ensure staff are meeting standards