



Advanced Medicine  
Trusted Care  
*St. Joseph Medical Center*

## Central Venous Access Program

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# Disclosures

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I have no disclosures

# Team history

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- Prior to 1990 the IV Team was full service 24/7
- 1995 reduced to 1 RN 12 hrs. per day
- 2003 increased to 2-3 RNs placing Ultrasound guided PICCS and peripheral access 12 hrs. per day
- 2009 team adds a 12 hr. night shift
- 2010 team expands to have up to 5 RNs on the day shift and 2 RNs on the night shift
- December 2015 first IJ catheter placed

# Situation

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- At times no qualified physician available to place lines
- VP of Risk management / assistant chief of staff planning to hire PA's and ARNP's to place lines

# Background

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- On first meeting explained that we already had a Vascular Access Department with a group of nurses already expert in the use of Ultrasound to place lines

# Assessment

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- No need to hire and train Mid Level Providers to place lines when we could add the skill to the Vascular Access Team

# Recommendation

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- Train the current Vascular Access Team to place lines



# More meetings

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- VP of Nursing brought in and Nurse Practice Act reviewed
- Decided we would be within our scope of practice to proceed

# More Meetings

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- Stake holders from nursing and medicine brought in
- VP Nursing
- Director of Patient Care Services
- Medical Directors ED, Critical Care

# Still More Meetings

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- Ramped up planning at this time
- Stake holders from Nursing and Medicine
- Brought Judy Thompson in to describe her program

# Time frame to get it Started

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- It is now Dec. 2014
- A one year time frame was given as a reasonable time frame to get this done

# Policy and Procedure Phase

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- This was the longest phase
- Policy had to be formatted then move to the Standards Committee
- Standards Committee wanted several re-writes of the policy
- Standard wanted a word here or there changed
- After 6 months Policy was approved

# Training Phase

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- 8 hrs. of didactic training
- Computer based
- 4 hrs. Clinical/ Simulator Lab

# Didactic Subjects

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- Vessel Health and Preservation
- Anatomy and Physiology
- Central Venous Device selection
- Insertion Techniques
- Special Considerations
- Complications: Insertion and Post Insertion
- Post Insertion Maintenance

# New Request

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- Asked to also train inpatient team providers to place lines
- Inpatient Medical Director approved 20 providers to attend our first class



# First Training Session

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- Divided into 2 classes over 2 days
- 13 IV RN's in the classes
- 20 Providers

# Lessons Learned

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- Keep the training classes small
- 4-5 participants
- It takes longer than you think to get a large team trained

# Where are we now

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- 6 RN's qualified to place IJ lines 2 other RN's that were qualified moved from the area
- 4 RN's in the process of qualification
- 2 RN's qualified on Femoral placement
- 0 providers from our training class have placed lines (At least they know what we do)

# Numbers

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- Over 1,000 lines placed
- 1 arterial cannulation
- 1 lost wire that did not float free
- Providers during this time frame
- 5 Arterial cannulations
- 1 80cm wire floated

# Sticking Point

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- Getting physicians to consent patients for the procedure

# How to proceed

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- MD champion
- Nursing Administration champion
- Plan on a year of meetings
- Policy and procedures

# Making the case

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- Collaborative process
- Augmenting coverage not taking over
- Cost savings
- Patient satisfaction

# Questions

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