Nurse Led Vascular Access Team (VAT) – St George Hospital Cancer Services

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**Background**
- Increasing need for vascular access within Cancer Services related to types and duration of treatment, increased survivorship
- Multiple groups responsible for inserting CVADS across St George Hospital (SGH) with no standardised practice across clinical groups
- Inpatients were priority insertions resulting in delays for outpatients
- PICCs being inserted when not most appropriate device but was only available option

**Aim of VAT**
- To ensure SGH Cancer Services patients received:
  - Vascular assessments prior to commencement of treatment (inpatients & outpatients)
  - The RIGHT device was selected and inserted by the RIGHT clinician at the RIGHT time
  - To minimise treatment delays and interruptions
  - Decrease time from insertion to use by confirming PICC tip position with ECG
  - Decrease cost involved in PICC insertions by eliminating need for Chest XRay

**How did we address this?**
- Purchased technology and resources with funds raised from Dry July campaign
- Identified experienced clinicians interested in developing advanced skills ie: ultrasound competency, PICC insertion
- Attended training & development workshops in both ultrasound guidance and PICC insertions
- Sourced evidenced based technology for placing PICCs ie: Tracking system & ECG confirmation
- Sourced appropriate devices to manage all aspects of vascular access for inpatient & outpatient settings

**Services Offered**
- Ultrasound guided cannulation
- Midline catheter insertion
- PICC line insertion
- Vascular assessment – inpatient & outpatient setting
- Clinical support to staff involved in management of devices inserted by VAT
- Resource personnel for troubleshooting – inpatient & outpatient setting
- Provision of education & training in ultrasound guided cannulation

**Powerglide Midline Catheter**
- Extended dwell time up to 29 days
- Ultrasound guided insertions
- Reduced needle “sticks” to inpatients
- Administer therapies as for a cannula – Manage as for a PICC

**Ultrasound Guided Cannulation**

**Tunnelled PICC line**

**Therapies Administered via Powerglide**

**Indications for removal**

**Approximate savings to organisation (May 2014 – August 2017)**
- Nurse Inserted PICCs vs Radiologically Inserted PICCs $321,300
- Cessation of Chest XRay $29,000
- Device reimbursement $30,000