

NURSING LEADERSHIP IMPACTING CHANGE

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Speaker Information

- Nancy Moureau
 - 30 years in clinical practice and research
 - Vascular Access Specialist at Greenville Memorial Hospital in Greenville, SC
 - PICC Excellence, Inc for 21 years
 - AVATAR Alliance for Vascular Access Teaching and Research
 - Griffith University Adjunct Associate Professor
 - Speaker and consultant for:
 - 3M
 - Access Scientific
 - Angiodynamics
 - Cook
 - Teleflex/Arrow
 - Vascular Pathways

Nursing Changes in Infusion Therapy

- 1950 Nurses in the USA began inserting peripheral intravenous devices
- 1970 Nurses began working with peripherally inserted central catheters (PICCs)
- 1990 Nurses commonly insert PICCs following proper training
- 2000 Nurses began using ultrasound for PICC placement
- 2010 Nurses began developing programs for placement of short term acute care catheters into the Internal Jugular vein
- PICC Teams are commonplace



(Hadaway 1991)(Goodwin and Carlson 1993)(Mellis 2015)(Costantino, Parikh et al. 2005)(Nelson and Garland 1987)(Alexandrou, Spencer et al. 2010)

Where We've Been

- 30 years ago when I started nursing...
- Butterfly needles were standard for peripheral IV devices
- No protected devices
- It was rare for an IV to last longer than 24 hours
- Low rates of success
- Poor aseptic technique
- No standards on number of attempts
- No standards at all for intravenous therapy
- Complications were considered a normal risk



What is a Leadership?

- A leader is someone who people follow
 - Someone who guides and directs others
- Leadership is:
Motivating and organizing people to achieve a common goal



Impacting Change

- My choices
 - To publish practical information
 - To be a resource
 - To teach insertion workshops
 - To perform research
 - To share evidence and best practices
 - To work with manufacturers for product improvement
 - To work with manufacturers to improve education
 - To contribute to the art and science of vascular access



Impacting Change

- Improve products
- Improve techniques
- Promote sterile materials, drapes and use of evidence based disinfecting agents
- Protect clinicians with IV devices
- Improve success
- Emphasize Standards of Practices
- Provide education
- Promote specialized teams for vascular access



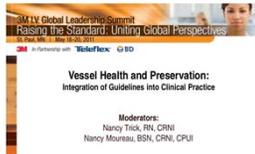
How Has my Leadership Improved Patient Outcomes?

- Through the Vessel Health and Preservation theme
 - Right Line - selection
 - Right Patient – individualized assessment and insertion
 - Right Time – ongoing assessment of necessity and right device
 - Education, research and publication



Vessel Health and Preservation Principles

- Preserve and protect
- Perform assessment
- Place the right device for the right patient at the right time
- Monitor the device for complications
- Evaluate for necessity and remove promptly
- Improve communication between disciplines



Mourou N, Trick N, et al. Vessel Health and Preservation (Part 1): A new evidence-based approach to vascular access selection and management. J Vasc Access 2012; open access. <http://www.vascular-access.info/article/vessel-health-and-preservation-part-1--a-new-evidence-based-approach-to-vascular-access-selection-and-management>

Evidence-Based Practice with Devices

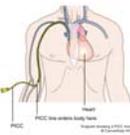
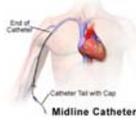
- Select the shortest, smallest and catheter with the least number of lumen which will effectively deliver the treatment
- Consider risk benefit ratio, individual patient condition factors, diagnosis, treatment and length with each catheter selection
- Perform the placement procedure with the least risk for the patient (CDC 2011)
- Apply Vessel Health and Preservation principles



INS 2011, CDC 2011, RNAO 2008, Moureau 2012, 2007

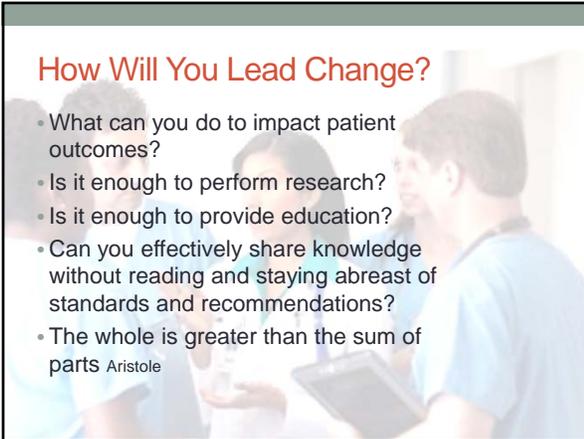
Scope of Practice Changes with Vascular Access

- Peripheral (PIV) to Midline
- Midline to PICC
- PICC to Internal Jugular
- IJ to Axillary
- Axillary to Subclavian
- Subclavian to Tunneled catheters
- Tunneled catheters to Subcutaneously Implanted Ports



How Will You Lead Change?

- What can you do to impact patient outcomes?
- Is it enough to perform research?
- Is it enough to provide education?
- Can you effectively share knowledge without reading and staying abreast of standards and recommendations?
- The whole is greater than the sum of parts Aristotle



Technology Examples and Evidence

- Old techniques
 - Antecubital access
 - Over the needle peel-way sheath
 - Direct Access
- Improvements with reduced complications
 - Modified Seldinger Technique
 - Upper arm placement with ultrasound
 - 21g needle and wire access
 - Peelable sheath



(Royer 2001)(Anstett and Royer 2003)(Nichols and Humphrey 2008)(Nichols and Doellman 2007)(Kokotis 2001)

Technology Improvements

- Ultrasound guidance for needle access
 - Improved success for PICC
 - Peripheral IV placement
 - Use for central venous catheters
 - Lower complication rate
 - Safer procedures



Technology Improvements for Patient Safety

- Better materials for catheters
- Securement devices
- Antimicrobial catheters and dressings
- Ultrasound
- Do you know the evidence?



Changing Scope of Practice for Nursing

- First an assistant
- Then a professional using reasoning
- Later evaluating practice side by side with clinical partners
- Now an expert studying, teaching, sharing, leading



Leading by Example

- How do you lead?
- What will you share?



The Best Clinical Leaders

- Are patient centered in their thinking
- Drive excellence
- Support evidence and research
- Are lifelong learners
- Challenge and mentor others

Sharing Knowledge, Acquiring Skills

- Be a lifelong learner!
- Lead through education and passion
- So much to do, so many things to improve
- Your opportunities to lead are everywhere!



Certification in Vascular Access for Leaders



- Infusion Nurses Society (INS) Began Certified Registered Nurse Intravenous (CRNI) in 1985 now fully accredited and accepted
- PICC Excellence released Certified PICC Ultrasound Inserted (CPUI) January 2009 
- Association of Vascular Access (AVA) started Vascular Access Board Certification (VA-BC) in December 2010 
- Rising to a higher level of qualification, proving knowledge and skill 

Leading the Future

- It's not just about skills— Patient Safety is foremost
- We must do things better
- We must know the Standards and Guidelines
- Understand best practice
- Study the research and evidence to apply the best changes
- Help others to understand and to apply best practices
- Work together for the patient





NURSING LEADERSHIP IS ABOUT YOU!

How will you lead?
 Lead by example – Lead with knowledge –
 Demonstrate best practice!

CONCLUSION

Vascular Access is now a specialty area of practice that is continuing to evolve. As we all work together we can make the practice better and better for our patients...the whole reason we are here!



QUESTIONS

Thank you for your attention!



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