



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

Tanya Flynn (Oncology CNC), Cassandra Hobbs (Apheresis CNC) & Emma Hayes (Oncology CNE)  
The St George Hospital, Kogarah, NSW

## 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

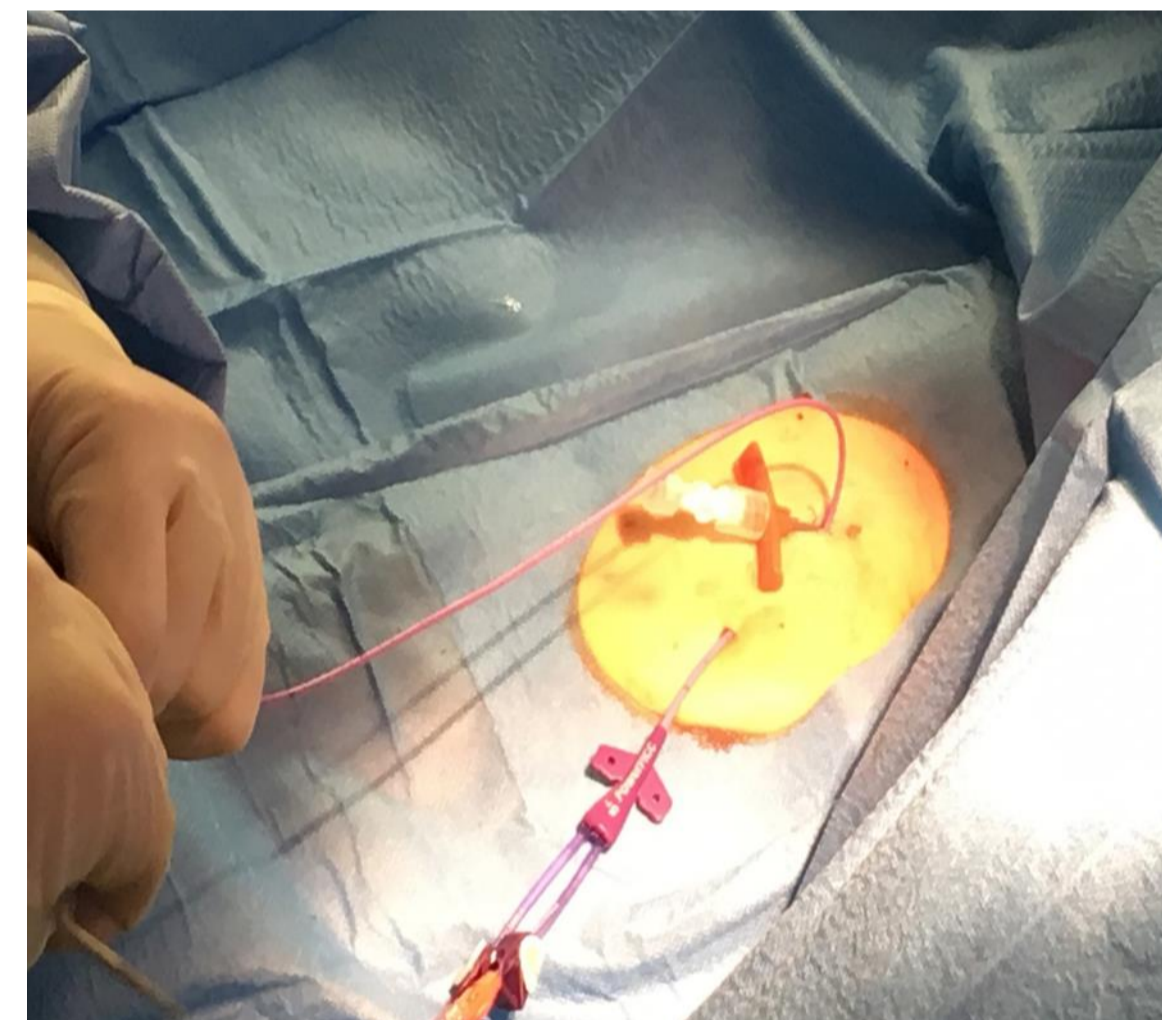
- To ensure SGH Cancer Services patients received:-
  - Vascular assessments prior to commencement of treatment (inpatients & outpatients)
  - The RIGHT device was selected and inserted by the RIGHT clinician at the RIGHT time
- To minimise treatment delays and interruptions
- Decrease time from insertion 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



Tunneled PICC line



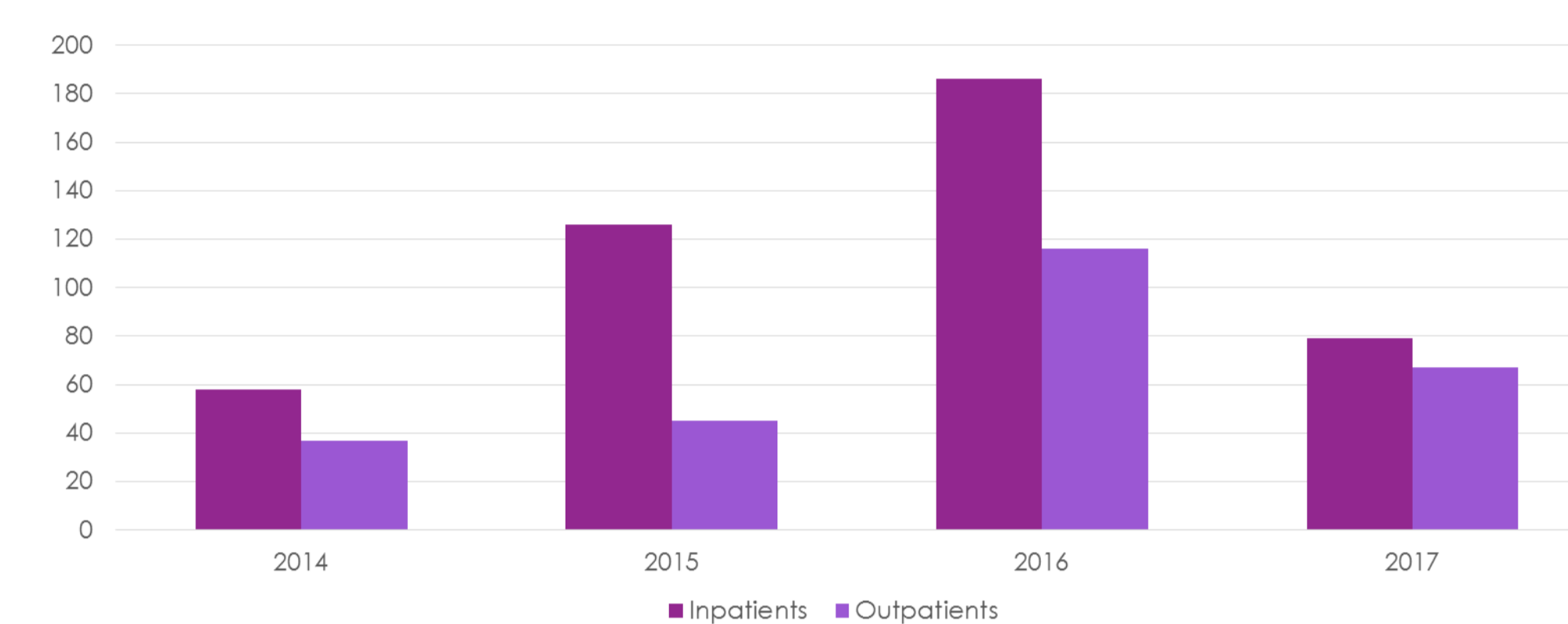
Powerglide Midline Catheter

- 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

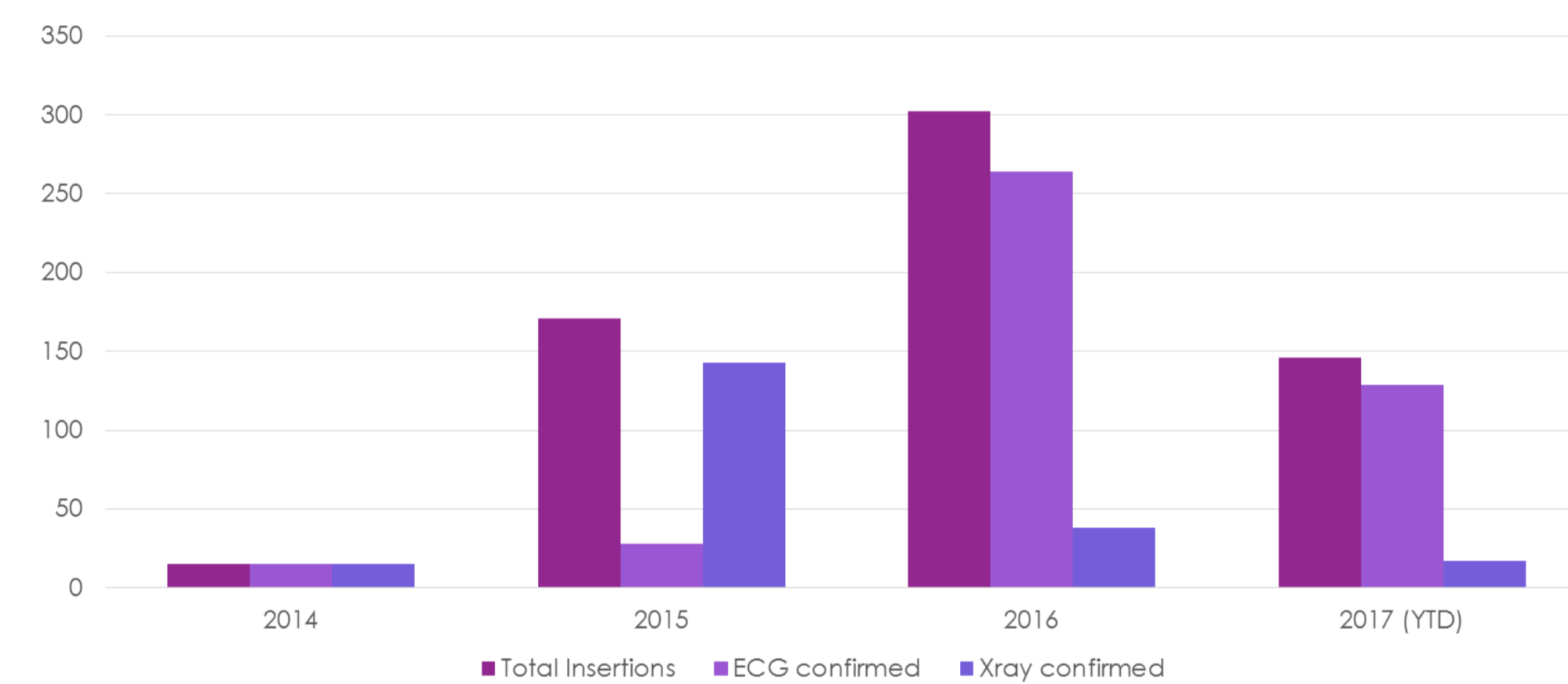


Ultrasound Guided Cannulation

## PICC Insertions by VAT – Inpatients & Outpatients

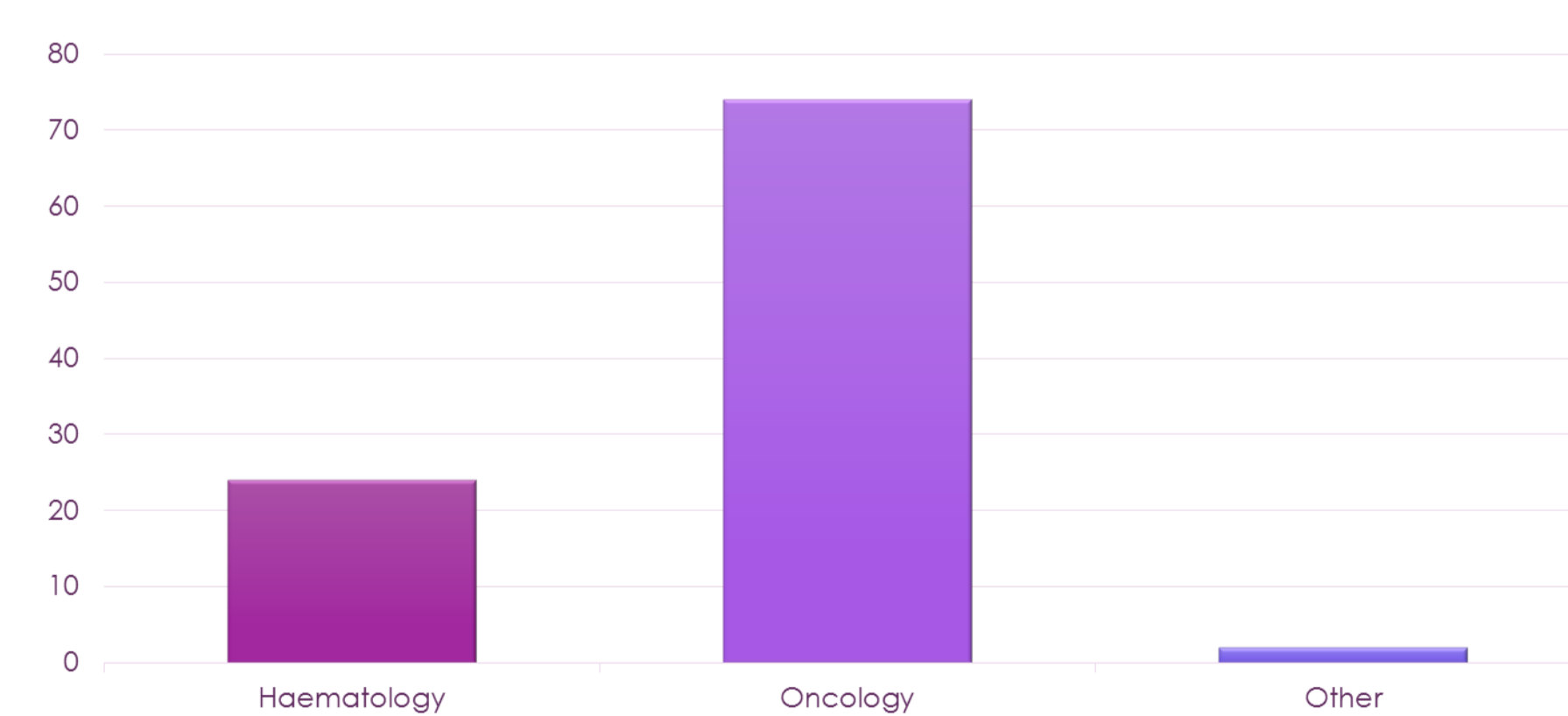


## Tip positioning & ECG confirmation

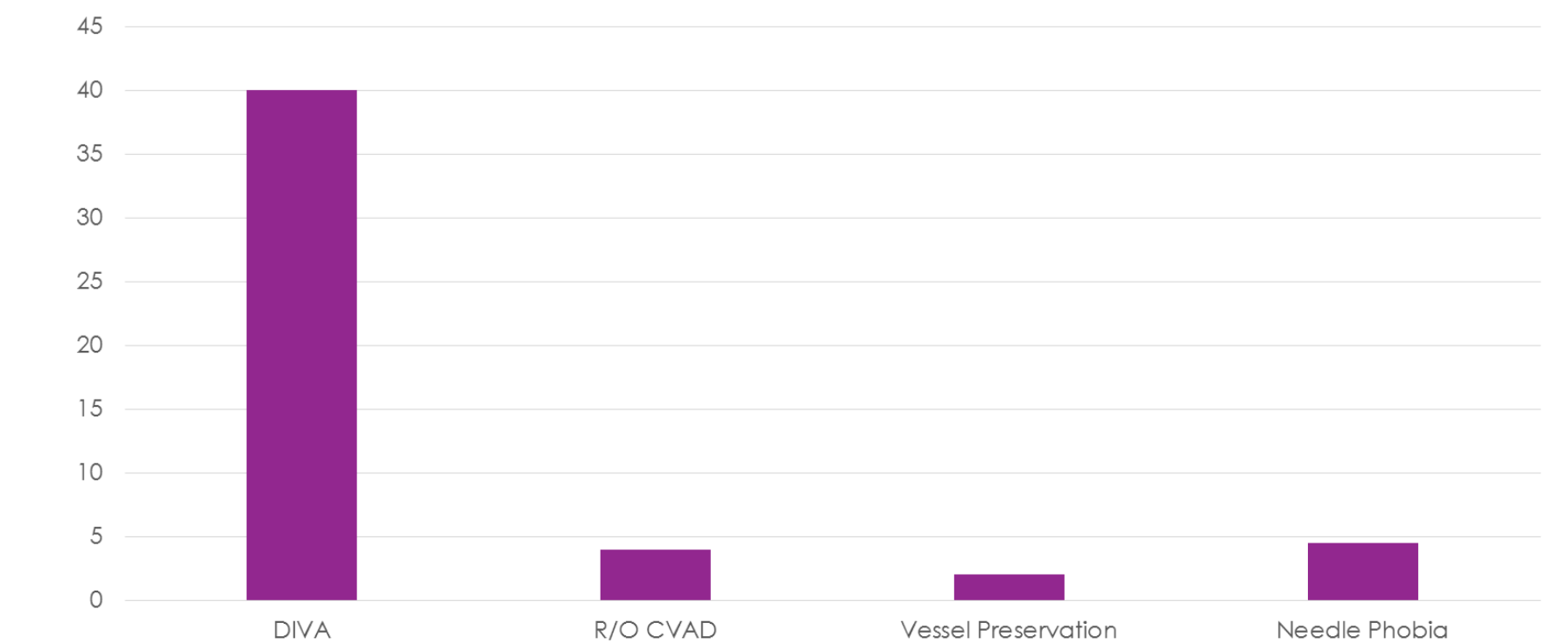


## Powerglide Midline Catheter – Inpatient Trial

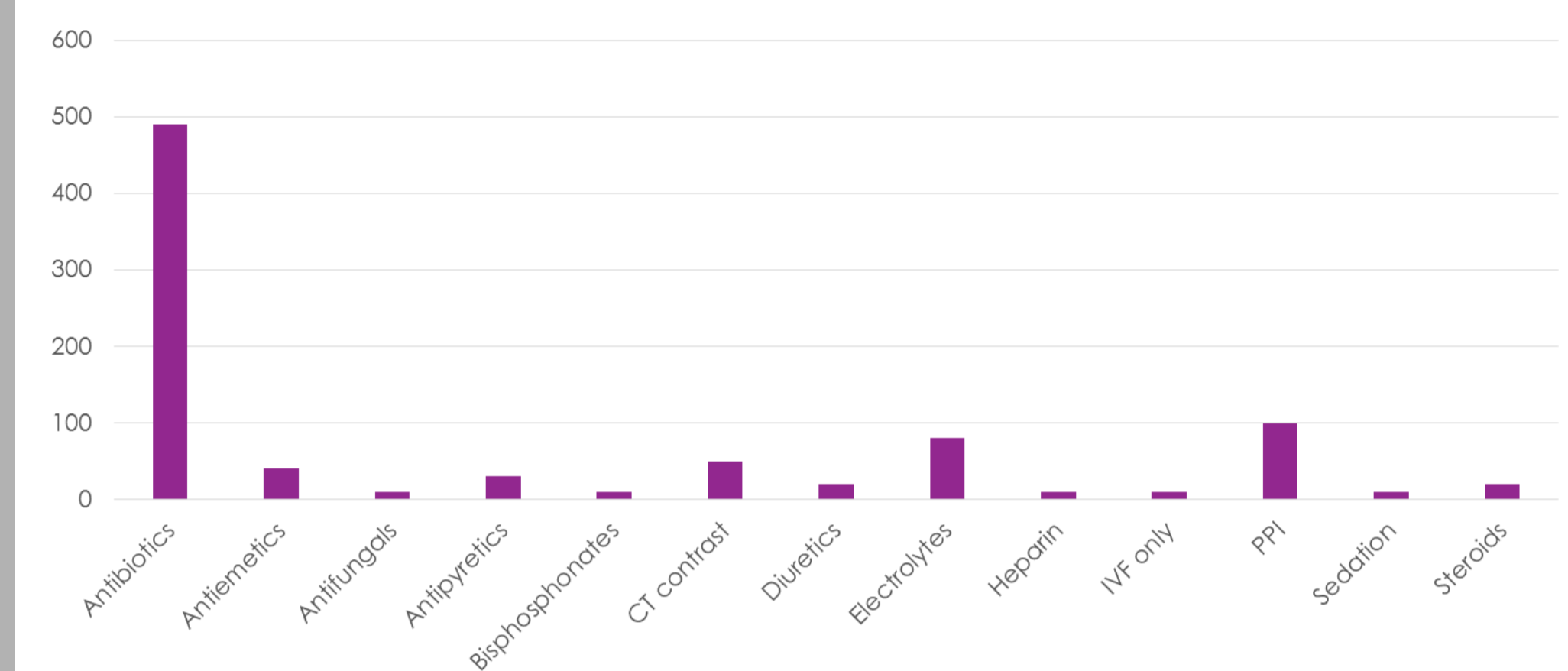
### Insertions by specialty



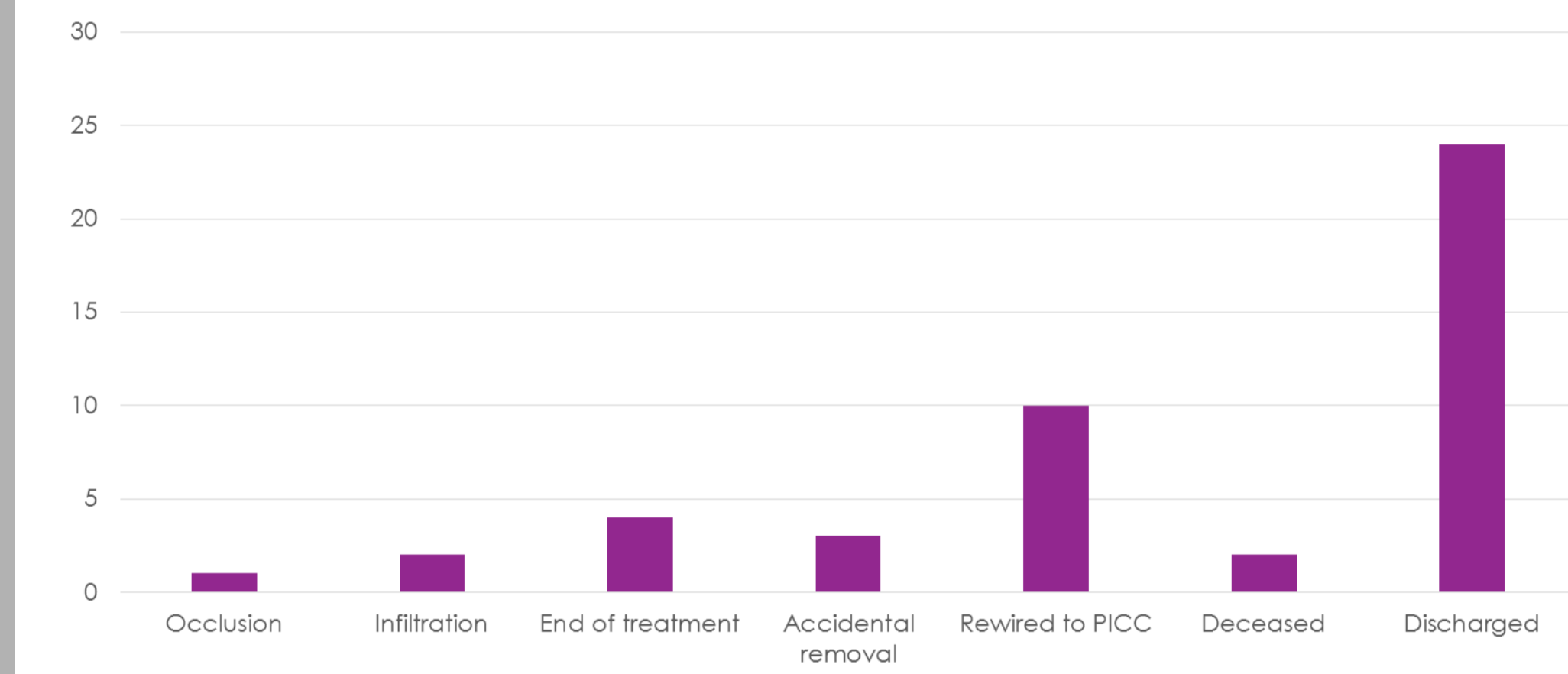
### Indication for Insertion



## 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



Our team