How time flies! It seems no time at all since our 2006 conference in York, but it was great to see so many of you at RCN London on 5 November for our 2007 event, and now we're already planning next year's conference. For those who were unable to be there, a report starts on page four.

There’s also a report of the Association for Vascular Access conference in Arizona on page six, followed by the GAVeCeLT meeting in Rome. The Link Members Network is continuing to go from strength to strength and you can read all about their latest activities on page two, including a report from Karen Bravery, their co-ordinator, on the results of the latest national audit of peripheral cannulae, which was completed earlier this year.

Following on from the success of this group, Jill Kayley announces the formation of a new link members group of community IV nurses on page two and will report on their inaugural meeting in the next IV Matters.

On page eight, I have highlighted several important new publications, such as: the new edition of NHS Employers’ The healthy workplaces handbook (the “Blue Book”), the NMC’s Standards for medicines management and last but not least, the new revised edition of the IV therapy textbook, Intravenous therapy in nursing practice. There is also news of an exclusive offer for members of the IV Therapy Forum.

As you may know, the RCN still has not finalised plans for the new format of the forums and professional networks, which makes it difficult to plan for the future. Elections for the forum steering committees are due to take place in July so organising the future direction and work of the forum is rather challenging.

However, if you are really enthusiastic about improving IV practice and education, don’t let the current uncertainty deter you from standing for election. Communication with our membership, other than via this newsletter, is rather impeded at the moment, as we have no website. However, perhaps this situation will be resolved shortly.

I hope you find lots to interest you in this issue of IV Matters. And don’t forget – if you wish to write an article for this newsletter, report on the work that you are doing or publicise your IV conferences, just let me know. I welcome your contributions.

I’m pleased to announce that our next conference will be in Cardiff on 18–19 November and a call for papers accompanies this newsletter.

Best wishes for the New Year.

Michele Malster
We’ve just returned from another conference, which we hope you enjoyed. Sadly it was only a one day conference this year as, like most forums, we’ve struggled with low delegate numbers. After a low turnout at York last year, we were asked to reduce the event to one day and hold it at the RCN in London. However, the good news is we’ve got approval for a two day conference in 2008, and we’ll probably hold it outside London. However, it will be the last one that the current committee organises as, from next July, there will be elections for IV Forum Committee and only one of the current members is able to stand for re-election – the rest of us have done our eight years and therefore are no longer eligible to represent you.

So the call is going out to keen and enthusiastic IV Forum members to come and be part of the committee from October 2008. We need you to further develop what we have worked so hard to sustain over the years. Look out for election forms early next year asking you to submit your name and manifesto.

Our “swan song” includes the updated version of the RCN Infusion Standards, which we plan to do in January and then publish in mid-2008. We also hope to start work on developing the competencies required for nurses working in IV therapy.

Lisa Dougherty

Link member meetings continue into spring

After presenting the last session of our forum conference on 5 November, Karen Bravery and other members of the IV Therapy Forum Committee stayed on to meet with the Link Members Group. The future of the forum and the forthcoming elections were briefly mentioned, but the uncertainty about the future status of the RCN forums limited any further plans.

(That said, committee elections will be held in July and anyone interested in promoting the work of our forum at this level should look out for information about the elections in the new year.)

Link members then went on to discuss areas of concern in current practice in their trusts.

The latter part of the meeting centred on planning the next meeting to be held in the spring. Suggestions for possible presentation topics were made, including skin and bung disinfection, patient group directions (PGDs) and National Patient Safety Association (NPSA) drug risk assessment. However, if you were unable to attend and would like to propose a topic – or indeed, if you would like to do a presentation related to your practice – then do get in touch with Karen.

If you are not a link member and would like to join the network, Karen would also love to hear from you!

She’s at bravek@gosh.nhs.uk or telephone 020 7405 9200, extension 5723/bleep 0118.

This report is from JILL KAYLEY, Independent Nurse Consultant in Community IV Therapy.

NEW!

RCN Community IV Link Member Group

Community IV therapy is a rapidly developing area of health care provision and this is reflected in the increased number of telephone calls and emails to the RCN and the IV Forum Committee from community nurses requiring information and advice about many aspects of this specialist area.

In response, the IV Forum is setting up a Community IV Link Members Group. We met for the first time on 1 November and a report of that meeting will be published in the next newsletter. Plans are to meet twice a year and follow a similar format to the existing link members group. This work has been supported with an unrestricted educational grant from Smith and Nephew.

To get involved, contact Jill at jill@kayley-pavilion.co.uk

For your chance to win a Nokia 2630 recycle your old mobile phone today.

RCN have partnered with mobile phone recycling company ShP Solutions Ltd to offer you the chance to win a Nokia 2630. By simply returning your old handsets in the freepost recycling bag supplied with your newsletter, you are not only raising vital funds and giving yourself the chance to win a great prize – but helping the environment too. For every mobile you send in, the RCN’s Benevolent Fund will receive £3 regardless of condition. To be entered into the prize draw all you have to do is complete the slip attached to the bag and enclose it with your handset in the freepost bag. The closing date for entries is 31 January. Good luck!

Prize draw terms and conditions: closing date for entries is 31 January 2008 – the prize draw will take place on 12 March 2008 at the RCN headquarters in London – if you have previously recycled your mobile phone for the RCN Benevolent Fund and enclosed your details, you will automatically be entered into the draw – the winner will be contacted by telephone and notified in writing – the prize draw is to win a Nokia 2630 which is non-transferable and no cash alternative will be offered – the winner will be announced in the RCN Bulletin and on the RCN website.

For all queries please email sponsorshipteam@rcn.org.uk or call 020 7647 3626
KAREN BRAVERY, Link Members Co-ordinator, has this brief overview.

The second national audit of peripheral cannulae

You will probably be aware of the first national audit of peripheral cannulae which was conducted in 2005. Following on, a second audit was conduct in 2007, the results of which were presented at our conference at RCN London in November.

This audit, like the first, was conducted by link members and forum members. It measured peripheral IV therapy care against the RCN standards for infusion therapy and also Winning ways action area two. The main standards audited were those relating to documentation and insertion of cannulae, phlebitis and peripheral venous cannula care.

A report of the audit will be sent to all link members shortly. If you would like a copy, email your details to bravek@gosh.nhs.uk

<table>
<thead>
<tr>
<th>Some of the findings were:</th>
<th>2005</th>
<th>2007</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of members participating</td>
<td>28</td>
<td>11</td>
</tr>
<tr>
<td>Number of cannulae audited</td>
<td>625</td>
<td>562</td>
</tr>
<tr>
<td>Range of cannulae</td>
<td>3-107</td>
<td>7-279</td>
</tr>
<tr>
<td>Average</td>
<td>22.3</td>
<td>53.7</td>
</tr>
<tr>
<td>Age of patients</td>
<td>564 (90.24%) &gt;17 yrs</td>
<td>541 (96.26%) &gt;17 yrs</td>
</tr>
<tr>
<td></td>
<td>59 (9.76%) &lt;17 yrs</td>
<td>21 (3.74%) &lt;17 yrs</td>
</tr>
<tr>
<td>Ported cannulae</td>
<td>493 (78.88%)</td>
<td>513 (91.3%)</td>
</tr>
<tr>
<td>Safety devices</td>
<td>27 (4.32%)</td>
<td>140 (24.9%)</td>
</tr>
<tr>
<td>Insertion of cannula</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Clinicians</td>
<td>188 (30.08%)</td>
<td>122 (21.7%)</td>
</tr>
<tr>
<td>Nurse</td>
<td>169 (24.96%)</td>
<td>156 (27.8%)</td>
</tr>
<tr>
<td>Health care assistant</td>
<td>21 (3.36%)</td>
<td>9 (1.6%)</td>
</tr>
<tr>
<td>Paramedic</td>
<td>11 (1.76%)</td>
<td>5 + 1 Radiographer (1.1%)</td>
</tr>
<tr>
<td>Unknown</td>
<td>235 (37.6%)</td>
<td>269 (47.9%)</td>
</tr>
</tbody>
</table>

Other findings
- More cannulae inserted by nurses
- Documentation of insertion of cannula poor, but improving
- Identity of inserter remains a mystery in many cases
- More use of safety devices
- More use of ported devices!
- Phlebitis rate reduced

Compliance with most standards improving
- Ideal cannula size compliance worse
- Ideal insertion site compliance worse
- Use of cannulae in previous 24 hrs – better

Recommendations
- Dissemination of results
- Documentation still needs improvement
- Good practice needs to be shared
- Greater awareness of safety
- Feedback of audit to raise awareness
- More use of VIP scores
- Further use of the audit tool

NPSA alerts

Earlier this year, the National Patient Safety Association issued its alerts relating to the safety of medicines. Janice Gabriel and I presented the role of IV training in reducing the risk of drug administration errors at study days in London and at Harrogate in Yorkshire. Both days were well attended by a high proportion of pharmacists, although there were representatives from other health care professions.

The presentations focused on Patient Alert 20 “Promoting safer use of injectable medicines”, which highlighted that:
- one error occurred in 49 per cent of intravenous medicine doses prepared and administered on hospital wards
- one per cent of errors were judged to be potentially severe and 29 per cent were potentially moderate errors.

This alert comprises:
- patient safety alert
- patient briefing
- risk assessment tool
- exemplar standard operating procedure
- a multidisciplinary practice standard listing core principles of safe practice
- template audit checklist.
- Summary of stakeholder consultation

Details of Patient Safety Alert 20, along with other alerts in the programme: 18 (anticoagulants), 19 (oral medicines), 21 (epidurals) and 22 (paediatric infusions), can be found at: www.npsa.nhs.uk/patientsafety/alerts-and-directives/alerts/injectable-medicines

Michele Malster
On this bright autumn morning, 105 delegates met for our 2007 conference: Infusing safety and innovation into IV practice.

Dame Lisa Dougherty, Chair, welcomed delegates and, in her opening remarks, advised the audience that the steering committee will change in October 2008, following elections in July, as only one current member is eligible to stand for re-election.

Lisa noted that the recent publication of the NMC Standards for medication administration has caused concern among some specialist practitioners in IV therapy and she urged people to read the document to assess the impact on individual practice. She also reminded everyone that the reprint of Standards for infusion therapy was just that – a reprint, not a revised edition.

The keynote address, entitled “Ignorance is no defence”, was given by Gill Robertson, RCN Student Adviser. In a stimulating talk which was, at times, very amusing, she contrasted the difference between legal and professional accountability. She reminded us of the need to keep our professional knowledge up to date by whichever means suits us best, including joining a forum, becoming a link member and reading newsletters.

Gill challenged our thoughts about our own accountability, particularly when she asked the audience for their views. Using interesting anecdotes and everyday examples, she illustrated misconceptions about professional accountability.

The importance of understanding individual accountability in relation to delegating tasks to other health care workers, documentation and duty of care were all explored with a degree of humour and audience participation. This entertaining talk covered several serious issues, but left the audience wanting more.

On to the concurrent sessions

In “No going back”, Liz Simcock, Clinical Nurse Specialist for Central Venous Access at University College Hospital in London, started off by identifying the difference in practice between peripherally inserted central catheter (PICC) insertion and insertion with the use of ultrasound guidance. She highlighted how audit changed her practice and identified some of the challenges involved in achieving this change.

While advising caution in interpreting the results of her most recent audit, Liz noted that there’s been an increase in insertion success rate, reduction in insertion site infection, reduction in complications and the virtual elimination of phlebitis following the introduction of ultrasound guidance for central line placement.

Gill Younger and Marion Khan, practice development nurses from York Hospitals NHS Trust, emphasised the importance of working with staff in the clinical area to improve cannulation practice. Initially getting staff to identify the problems, Gill and Marion then used a cyclical approach to providing the solutions.

The success of the process led to the creation of ward “champions” who became involved in measuring success and providing feedback to staff. This session certainly generated a lot of questions from delegates and the slides reminded us of the date, because they included a topical firework logo.

The issue of IV therapy in the community was presented by three people who worked together to establish a bespoke training package for practitioners in the Hammersmith and Fulham PCT. Sue Robinson, District Nurse, and Charlotte Thompson, Professional Development
Adviser, both from the PCT, and Jill Kayley, Independent Nurse Consultant, described their individual roles in the scheme.

Each identified factors which had contributed to the training programme’s success – for example, details such as collapsible drip stands! – and also highlighted the lessons learned. The programme included theory and practical sessions, and a workbook, which featured a portfolio of evidence in line with the Knowledge and Skills Framework (KSF).

Finally, the speakers suggested work that needed to be done to maintain the momentum.

“Line up and be counted” related to the peripheral cannulae audits in 2005 and 2007, devised by the IV Forum Link Members Group and conducted by several trusts nationally.

Jackie Nicholson, Suzanna Cole and Vanessa Woodall from the Royal Surrey County Hospital NHS Trust presented the findings of the audits and discussed the impact they had on practice and training. They also won third prize in the poster competition!

“Saving IV lines” presented by Joanne Brind, Clinical Nurse Specialist (Nutrition) at Great Ormond Street Hospital, discussed the role of endoluminal brushing in reducing IV line replacement. Having initially highlighted the problematic lines, she went on to raise the issues of infection and obstruction. While endoluminal brushing was identified as one way of prolonging the viability of an IV line, there was a clear message that it was more important to prevent biofilms and catheter occlusion.

“Making your voice heard” featured Cheryl Vidall, a board member of the UK Oncology Nursing Society, who was involved in the inaugural UKONS Chemotherapy Nurses Forum in September. While acknowledging that there are already excellent forums for cancer nurses, there’s no forum which is solely dedicated to chemotherapy issues. Cheryl described the role of the forum and more details are available from the website at: www.ukons.org

And in the afternoon ...

The first session focused on improving IV drug administration. In “Back to basics: can you spot the difference?”, Trish Evans and Carole Irwin, both practice educators at GOSH, identified how the use of videos had been incorporated into teaching sessions. First a DVD illustrating “poor” practice is shown to stimulate identification of errors by people attending the session. This is then followed by a second DVD demonstrating “better” practice in the same scenario. Trish and Carole suggested that, using this technique, the reasons for errors can be examined and strategies formulated to improve future practice.

Continuing the theme of drug administration, Gerry Armitage, Senior
The best way to escape a grey and cool British summer is by attending AVA in Arizona – a lovely 90 degrees when I arrived at 10.30pm!

The conference attracted over 600 delegates from many parts of the USA, Canada and Europe. However, I was the sole representative from the UK, which was a shame. The conference facilities were excellent and just a short walk from all the hotels. For the first time, AVA had wireless connection so everyone could keep in contact with home ... the Internet stations were kept very busy!

The conference theme was Achieving excellence in vascular access and the programme was packed full, with presentations supporting current and future clinical practice, research and technology.

The keynote presentation was an entertaining and slick look into how medical professionals can reduce the risk of errors. Despite the early start it was well attended, and the sound and visual effects really woke us up. The speakers, a surgeon and a pilot, have established a training programme based on lessons learned in the aviation industry on how to reduce errors and increase team performance, particularly through improved communication skills. The training programme is available throughout the USA for medical and non-medical institutions, and hospital teams who attended it have greatly benefited from the programme.

Other lively and interesting presentations included prevention of catheter-related bloodstream infections (CRBSIs), optimal tip position of a central access device, device insertion using ultrasound and how to approach difficult or “veinless” patients.

As usual there was a wide choice of breakout sessions to choose from over the four days, covering such aspects as consent, insertion techniques for different devices and the correct environment.
for placement. I particularly enjoyed the session by Sue Masoorli on vein identification which emphasised the need for clear and consistent documentation following device insertion.

The clinical roundtables were very popular, once again despite the early start. I attended a session on workforce planning for the ageing nurse workforce. Numbers are falling in the US with fewer nurses qualifying each year. More and more hospitals are relying on older nurses to care for the patients. No one seemed to be able to identify "old", but I felt quite a youngster by the end of the presentation! It was refreshing to realise that recruitment and retention is as much an issue in the US as in the UK.

The 22 poster presentations amounted to the largest number ever submitted. Authors were available to discuss their work with delegates and I have copies of many of the posters if anyone is interested. The manufacturers hall was busy, but I did not feel there was anything particularly new or innovative on display this year.

Janice Gabriel (steering committee member) will expect me to comment on the shopping, but sadly it really wasn't that good. I had to limit my retail therapy fix to the excellent breakfasts which the hotel coffee shop had to offer each morning.

Next year the conference is 11–14 September in Savannah, Georgia. It's a lovely city and well worth a visit so get saving!

**JANICE GABRIEL was there!**

**GAVeCeLT Conference**

**6–7 November 2007 • Rome**

This was the first PICCs and IV midline catheter meeting organised for health professionals in Europe by *Gli access venosi centrali a lungo termine* (GAVeCeLT). The meeting was extremely well attended with an even mix of doctors and nurses from throughout Europe, although the majority were from Italy.

Helen Hamilton, Sheila Inwood and myself were invited to share our experiences of PICCs, ranging from professional issues to establishing a service, and progressing on to hints and tips on insertion procedures, care and management and so on. The challenge for us, as speakers, was to have our presentations translated into Italian – often a joke would have been put into the presentation but, by the time it had been translated, we had moved onto the next slide!

The conference was a great opportunity to network with colleagues throughout Europe, share our experiences and learn from each other. Language was no great barrier as we were all put to shame by the linguistic skills of our European colleagues.

From a UK perspective I do consider myself fortunate, compared to both European and American colleagues, in the degree of autonomy I have as a nurse to develop my practice to meet the needs of patients. Across Europe, many nurses still have their practice closely directed and monitored by their medical colleagues.

The meeting was held at the Catholic University of the Sacred Heart, which is in the grounds of the Gemeli Hospital, perhaps more widely known as the Pope's local hospital. As for sightseeing ... well, the most we achieved was a glimpse of the Dome of St Peter's from the hotel terrace. It was a very full conference with the three of us each having several presentations. However, the warm weather and networking made the trip worthwhile and we were thrilled to share what is happening in the UK with our European colleagues.

**Janice Gabriel is Consultant Nurse in Cancer Care at Royal Hampshire County Hospital.**

- an increase in compliance in catheter care
- a decrease in phlebitis rates.

Karen also highlighted the changes in practice, which participants had noted since completing the audit. A fuller report of the findings are on page three.

**And at the end of the day**

While the idea of combining lunch with exhibition viewing time had seemed very practical during the planning stages, it proved to be rather challenging on the day, given a last minute restriction in the allocation of space at the RCN.

Despite this, the conference lived up to its title of *Infusing safety and innovation into IV practice*. The oral presentations, covering a good variety of topics, stimulated questions and debate, while the 13 posters in the exhibition attracted a lot of interest. Thanks to all who participated and congratulations to those who won our prizes for the best posters:

- Paula Ingram, obviously on form, got first prize together with Irene Lavery their poster: "IV Therapy: Risky Business"
- Toby Edwards and Linda Sinclair won second prize for: "CVC removal: We just pull them out, don’t we?".

No national conference on IV therapy would be complete without the invaluable support of the exhibitors from both manufacturing and professional organisations. They provide a forum for discussion, a chance to network and the opportunity to learn about innovations in IV products.

Hope you will attend our next conference on Tuesday–Wednesday, 18–19 November 2008, at Cardiff City Hall.
**Updated Blue Book now available!**

The NHS Employers website has details about the long-awaited updated edition of *The healthy workplaces handbook*, otherwise known as the “Blue Book”. Chapter 34 is of particular interest to IV therapy nurses as it focuses on sharps injuries.

For more about the content and how to order a copy, visit: www.nhsemployers.org/practice/practice-2468.cfm?frmAlias=/hwhandbook

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**Still looking for Standards for infusion therapy?**

Several members reported difficulty in finding the Standards 2005 on the RCN website. Here’s how to find any publication:

- Log onto to www.rcn.org.uk . Click on “Professional Development” on the blue bar, just below the website title. Click on “Publications and Research” on the menu on the left side of the screen. If you know the title of the publication, choose “Publications Search” and enter the title, keyword or document code.
- If not: click on “Publications A-Z” and scroll through the list.
- Or go direct to www.rcn.org.uk/__data/assets/pdf_file/0005/78593/002179.pdf

**Please note!**
The 2005 Standards are being reprinted, but will not be revised until 2008.

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**Writing offer for RCN members**

If you would like to enjoy the stimulus and wider horizons offered by creative writing, plus the opportunity to network with established and experienced writers the Society of Medical Writers (SOMW) might be just what you are looking for.

SOMW is an independent organisation which provides a forum for discussion and debate on matters to do with writing, authorship and publication. It is not just limited to academic fields but includes poetry, drama and prose.

It is currently offering a privileged annual subscription of £30 for the first three years of membership to RCN members (usually the annual membership fee is £45). To obtain an application form contact richard_cutler_novelist@yahoo.co.uk and refer to the discount offer mentioned here.

To find out more about SOMW visit www.somw.org.uk

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**New joint RCN, BMA and Resuscitation Council publication**

Health professionals are aware that decisions about attempting cardiopulmonary resuscitation (CPR) raise sensitive and potentially distressing issues for patients and people emotionally close to them. *Decisions relating to cardiopulmonary resuscitation* identifies the key ethical and legal issues that should inform all CPR decisions and provide a framework to support decisions relating to CPR and communicating them effectively.

The guidance also provides the general principles that enable CPR policies to be tailored to local circumstances. You can download a copy at www.rcn.org.uk/publications or you can order a hard copy (£4.00 to RCN members) by calling RCN Direct on 0845 772 6100 and quoting publication code 003 206.