



First do no harm: decreasing preventable infections through peer-led education on performing and documenting aseptic insertion of peripheral venous cannulas

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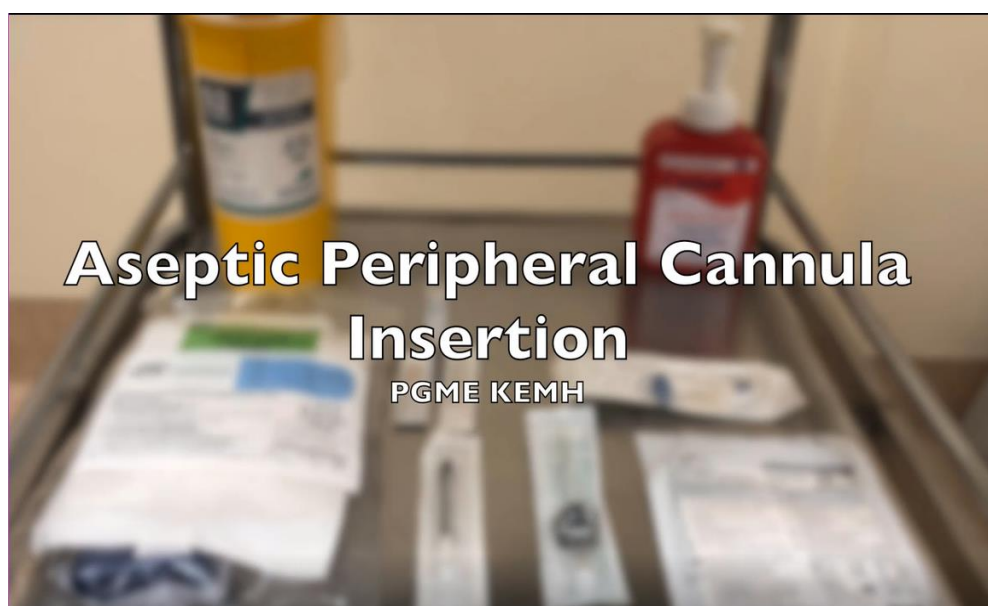
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Introduction

Peripherally inserted venous cannulas (PIVCs) remain a source of healthcare associated infections. Vascular access is necessary for most patients in obstetrics and gynaecology, with risk of systemic sepsis 0.36 per 1000 PIVCs inserted.¹ Actions to reduce infections include adherence to aseptic insertion technique, regular assessment of site integrity and prompt cannula removal. PIVCs should be inserted using a sterile pack, and insertion time and date should be documented to facilitate site assessment and prompt removal.

A peer-led video education package was created regarding PIVC insertion technique and documentation. Junior doctor (JMO) responses to the education package were surveyed.



Methods

The education video was shown to 18 JMOs during a routine teaching session. The audience were surveyed regarding their previous experience with PIVC insertion education, and perceived effectiveness of the education package.



Results

Thirty-nine percent of JMOs surveyed had never previously received peer-led education. Ninety-five percent of JMOs found the video to be more useful than their previous education, and 62 percent reported an increased likelihood of adhering to recommended protocols. The video education package was well received by 78 percent of respondents.

Conclusion

A peer-led video education package for JMOs demonstrating technique and documentation of PIVC insertion was well received. The education package will be formally provided to all JMOs at orientation in 2019/2020. Audit will then be undertaken to demonstrate whether peer-led education will promote aseptic insertion, accurate documentation and whether a decrease in infection rates will result.