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An education campaign used a simple acronym to reduce the risk of healthcare-associated infection posed by intravenous procedures

Campaign for best practice in intravenous therapy

In this article...

- The risks associated with infusion therapy
- How the campaign helped health professionals reduce infection
- Feedback and advice for future practice

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Abstract Baldwin W et al (2013) Campaign for best practice in intravenous therapy. Nursing Times; 109: 33/34, 22-23. Intravenous therapy is an integral part of nursing care but is associated with a high risk of infection. This article outlines a campaign that aimed to increase awareness of best practice for IV therapy and reduce the risks of healthcare-associated IV infections in hospital and community settings.

Infusion therapy is widely practised in many healthcare settings. It carries an inherent risk of healthcare-associated infections. A relevant acronym is useful to help staff recall and retain key education messages. Flexibility is key to delivering effective clinical teaching in a range of settings, from community health services to busy ward areas. It is important to get key messages of education campaigns to staff quickly and in as many different ways as possible.

Due to this identified risk and the widespread use of IV therapy, the professional development unit and infection prevention and control team at Walsall Healthcare Trust devised and implemented a trust-wide education-based focus campaign to:

» Increase awareness of best practice in hospital and community settings; and
» Implement strategies to minimise the risk of cannula-related bacteraemia and other IV-associated infections.

About the campaign

The campaign used a simple acronym – CLEAN IT – to describe and raise awareness of best practice. Each letter relates to a particular stage in the IV therapy journey (Fig 1). Key messages are attached to each letter and cover key considerations, such as:

» How long the cannula should be in situ;
» Assessment of the cannula site using a visual infusion phlebitis (VIP) score;
» Accurate labelling of the IV line, among other relevant issues.

The overall focus was on raising awareness, providing information and educating staff about the importance of aseptically delivered IV care that is correctly evaluated, recorded and observed for complications. The campaign was underpinned by best practice principles from a number of sources, including the Department of Health (2007; 2003), Pratt et al (2007) and the RCN (2010).

The campaign was launched in December 2011 in a staged approach across the trust’s acute and community services. It was planned to last six months, completing in July 2012 after the priority issues were chosen in January 2012. The project group chose a flexible approach offering more than one option for disseminating...
key information as the most effective course of action. It was seen as vital to use straightforward and clear messages.

Once the key areas for action had been highlighted, the infection prevention and control team devised an updated bedside chart for recording cannula insertion. This was included in all relevant clinical areas to use the audit criteria on a one-to-one basis or in a small group. These had the greatest impact when it was possible to observe professionals in practice, such as when completing an IV cannula assessment or changing an IV line. Participants made positive comments about these sessions.

An awareness session was also added to the administration of IV therapy and annual refresher courses that were already available to staff. A PowerPoint presentation was created for use in these sessions to facilitate further discussion and exploration of key issues. This was also used to update staff working in critical care.

Key campaign messages and materials were included in all relevant clinical teaching sessions throughout the campaign, and added to the trust’s mandatory teaching sessions throughout the campaign. The campaign was included in the trust’s 2012 annual conference and details of its implementation and progress were shared with all departments.

Feedback
Clean It was well received by clinical staff. One main strength was the flexible approach used to deliver key messages; these could be presented swiftly when necessary – such as in the clinical area – with minimum disruption to clinical duties, or discussed in more detail in a classroom or lecture theatre.

Senior staff in critical care said: “It is very useful as a refresher to existing knowledge.” “The training materials and audit tool is a great reminder for the ongoing delivery of best practice and safe care.”

The acronym provided a versatile focus for the campaign and staff said they found it relevant and memorable, enabling them to recall the key messages quickly. A general observation was made on the increased awareness and discussion the campaign generated and this was seen as beneficial for raising the profile of IV therapy.

Recommendations
Clean It is flexible and can be used in other healthcare environments. However, some changes could be considered for future use:

- Ensure key messages meet specific circumstances;
- Undertake clinical audits relevant to the clinical situation to help finalise the campaign messages;
- Be clear from the start how the scheme will be evaluated, specifically how clinical colleagues perceive the support;
- Involve in-house communications professionals early and seek their support to promote the campaign.

Conclusion
The Clean It poster was a winning entry at the trust’s 2012 conference and praised for the impact of its clear, strong messages. The acronym and associated messages will continue to be used in the trust’s IV therapies training programme and update, clinical update and other appropriate educational sessions. We will also encourage all clinical areas to use the audit criteria on a regular basis to monitor practice standards and ensure they meet requirements.

We are considering the production of a Clean It DVD and other materials, such as stickers, to keep the campaign’s messages at the forefront of people’s minds. We also plan to explore further the use of acronyms or slogans to promote key messages for other trust-wide education campaigns.

References