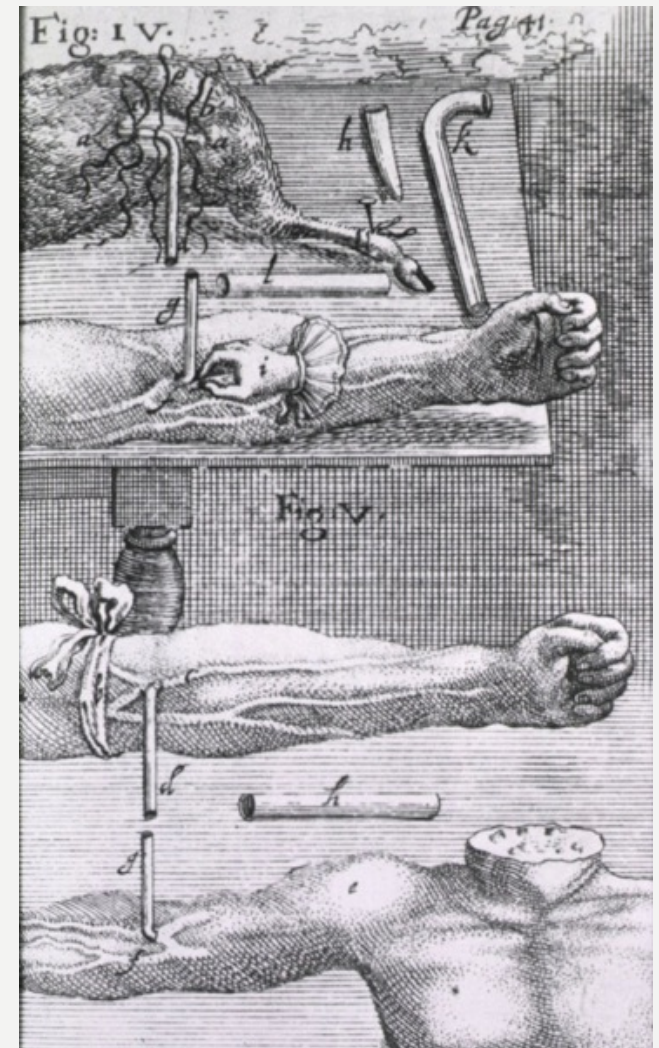
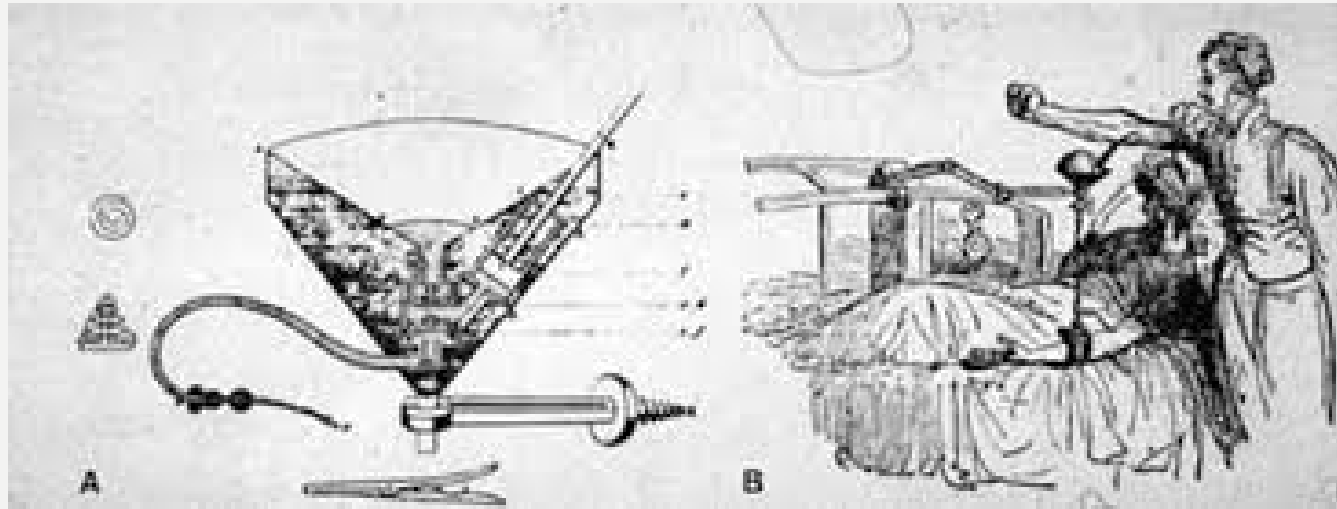


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DON'T BE A DRIP!

**REDUCING UNNECESSARY CANNULATION IN
DUNEDIN PUBLIC HOSPITAL EMERGENCY
DEPARTMENT**



In the Beginning...



THE DOG SURVIVED

CONTEXT

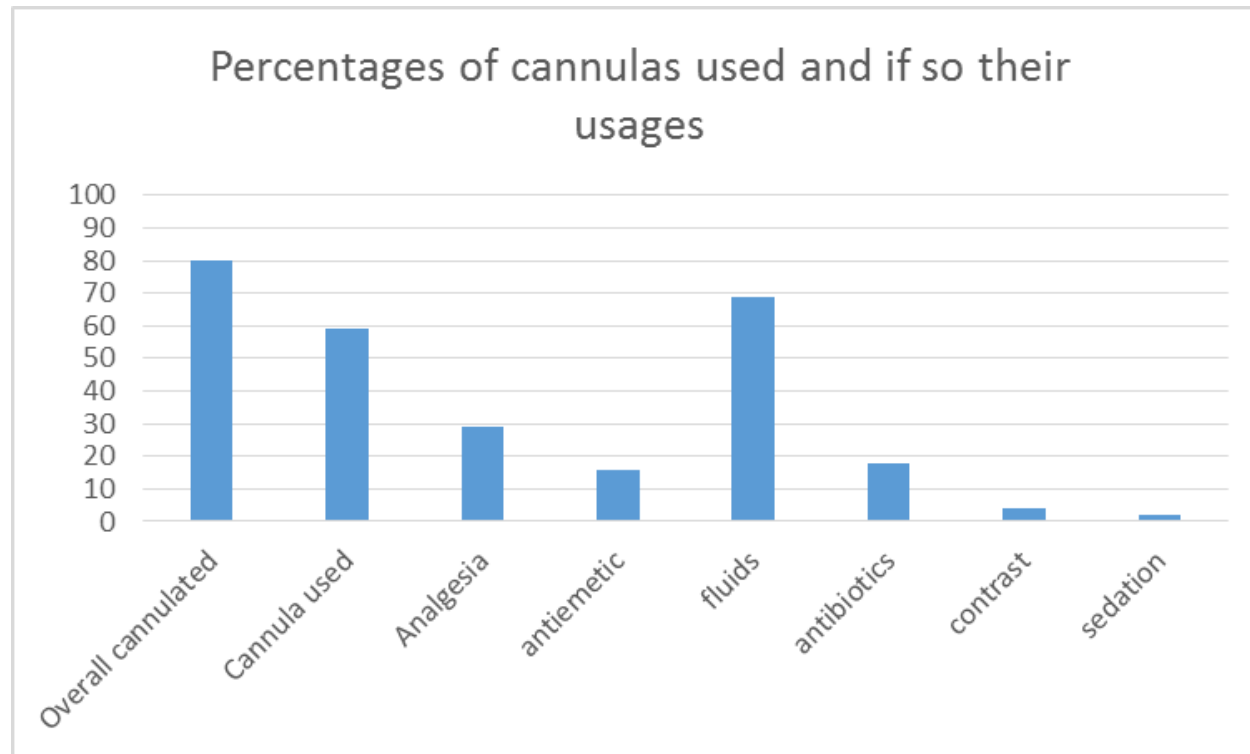
- IV cannulation widespread in Emergency Departments worldwide
- Helpful when used appropriately
- Not without risk
- The 'idle' cannula
- Staph aureus bacteraemia



THE PROBLEM

- 41% of cannulas sited for emergency patients in Dunedin ED are not used while the patient is in the department
- Unnecessary risk – pain, phlebitis, bacteraemia
- Cost- frontline staff time, cost per cannula
- Culture of over investigation
- Reinforcing sick role- *'I was so sick, I needed a drip.'*
- Environmental- Waste associated





EVIDENCE PROVING THE PROBLEM

An audit of clinical notes for 104 patients November 2016

Excluded- Inpatient' expects', fast track, paediatric patients

Data collected- Was a cannula placed in the ED? Was it used? What for?

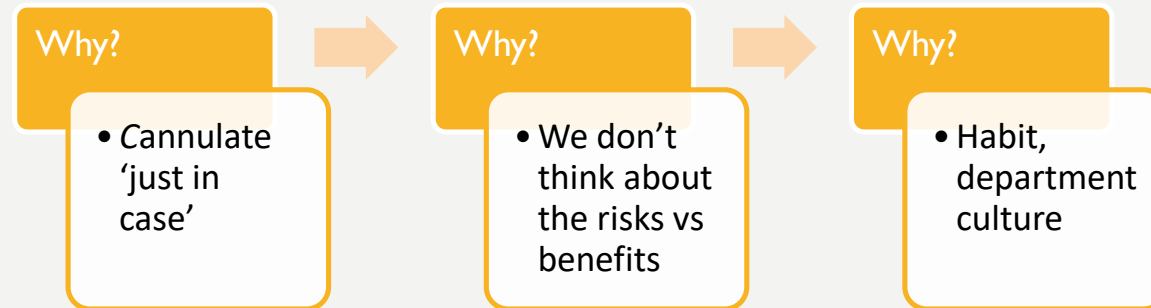
83 patients cannulated (80%)

49 used (59%)

Most common use IV fluids

ROOT CAUSE ANALYSIS

- **Problem:** Unused cannulas



- **Root Causes:**
 1. We do not have department guidelines on cannulation.
 2. Cannula equipment more accessible than venepuncture kit on cannula trolleys

AIM AND METHODOLOGY

- **Target condition:** to reduce unused cannulas in Dunedin ED by 10% from December 2016 to 2018.
- **Interventions ;**
 1. Rearranging the trolleys
 2. Development of department specific cannulation guidelines
 3. “**Don’t Be A Drip**” campaign and education sessions for staff.

INTERVENTION 1 - REARRANGE



INTERVENTION 2 - GUIDELINES

Don't be a drip!



3 questions that health professionals should ask themselves before performing cannulation:

- Is my patient unstable or could they become unstable?
- Is my patient likely to need IV Fluids, medications or contrast?
- Does my patient have a specific condition that mandates an IV Cannula?

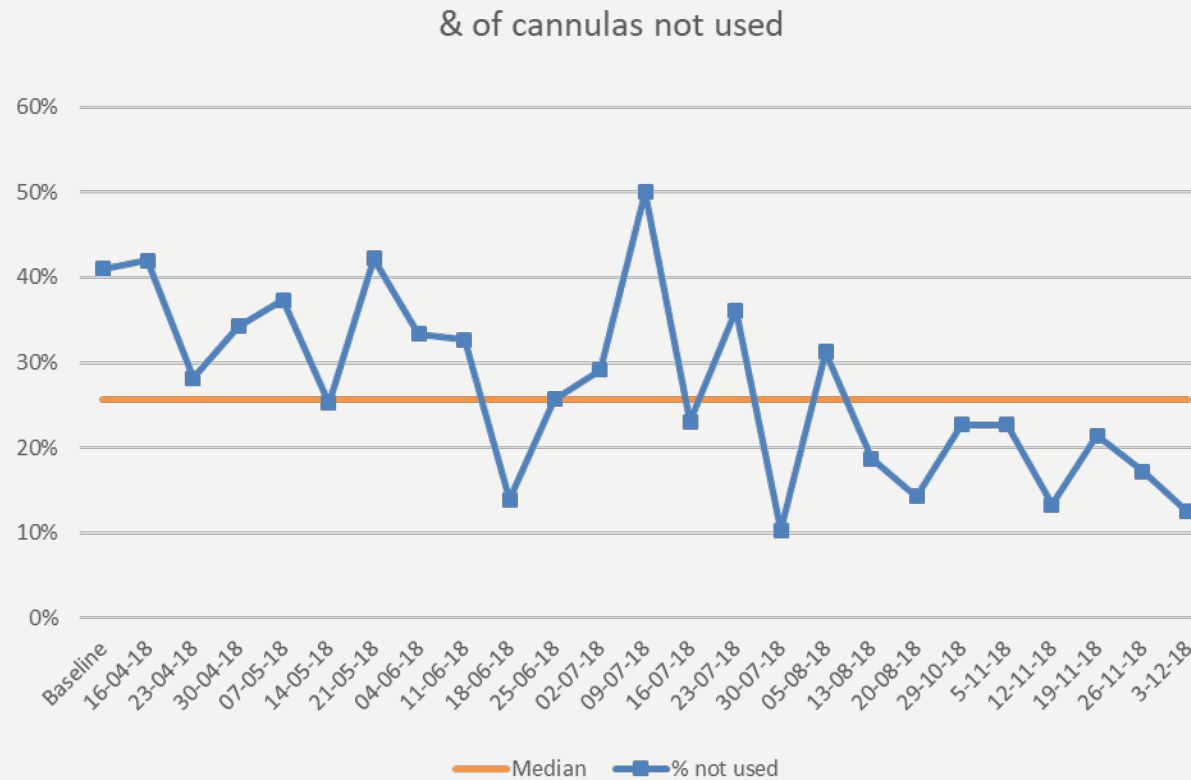
Specific conditions that indicate an IV Cannula are:

- Risk of shock e.g blood loss >250ml
- Risk of <GCS e.g seizures
- Significant drug ingestion
- Potential Pulmonary Embolism
- Risk of airway compromise
- ACS with +ve Troponin rise
- Unstable arrhythmia
- Sepsis
- Anaphylaxis
- Chest pain
- GI Bleed
- Potential Ectopic Pregnancy
- Hypoventilation or slow respiratory rate
- Significant Head Injury
- Surgical abdomen that is NBM requiring IVF



INTERVENTION 3 – CAMPAIGN!

RESULTS



16th July: removal patients cannulated pre-hospital from data



November 2018 formal audit repeated



Reduction from 80- 56% of patients cannulated



Increase from 59-67% of these cannulas used



Predominant use of cannula was analgesia

RESULTS



Other sites within DHB



Other DHBs



Pre Hospital care



Global movement- Choosing Wisely



Plan to continue with changes and re-audit next year

SPREAD & SUSTAINABILITY

Resistance to change

Tribalism

Buy-In

CHALLENGES

LESSONS LEARNED

Keep it simple

NHS School For Change

Local Champions

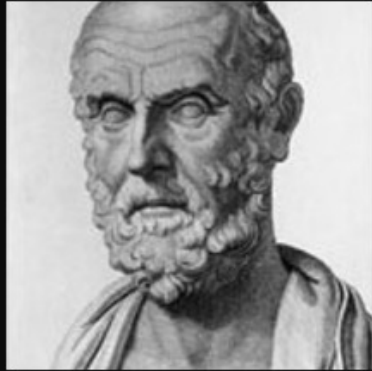
Dreamteam

The Power of Baked Goods!



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Primum non nocerum. (First do no harm)

~ Hippocrates

AZ QUOTES

THANK YOU

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