

DIFFICULT VENOUS ACCESS: ADDRESSING THIS BARRIER TO CARE IN HEPATITIS TREATMENT CLINICS

Authors:

Sheils S¹, Mason S¹, Gullick G²

¹ A W Morrow Gastroenterology and Liver Centre, Royal Prince Alfred Hospital, Sydney, Australia,

² Sydney Nursing School, University of Sydney, Australia

Background:

Difficult Venous Access (DVA) is a common problem reported by patients attending our hepatitis clinics. Our Drug Health Service reported 59% of clients having DVA, and recognised this as significant barrier to hepatitis care with 66% reluctant to have blood taken and 36% feeling bad or discriminated against because of DVA.

Description of model of care/intervention:

Hepatitis nurses who were skilled venepuncturists, were trained in External Jugular Vein access (EJV). A simple protocol was developed, training implemented, and EJV offered as standard care for patients with DVA. Recent evaluation of EJV included a 3-month clinical audit, patient surveys and qualitative interviews with 10 patients engaging with EJV to better understand its acceptability.

Effectiveness:

Clinical audit revealed a 100% successful venepuncture rate (n=24), with EJV taking an average of 5-minutes with one operator versus 15-minutes with two operators for peripheral venipuncture, with minimal adverse events. 100% (n=19) patients reported high or very high satisfaction levels with EJV. Analysis of semi-structured interviews (n=10), guided by Sekhon et al's (2017) Theoretical Framework of Acceptability, showed a very high level of patient acceptability, with EJV described as a simple, easy, pain-free solution to their longstanding DVA. This was in contrast to their previous distressing and painful venepuncture experiences where poor continuity of care and multiple unsuccessful attempts left them feeling disempowered, disrespected and frustrated. Patients therefore advocated for widespread application of the EJV model of care.

Conclusion and next steps:

EJV is successful in our hepatology setting. It is common practice in our hospital-based hepatitis clinics and has recently expanded into suitable community clinics. To complement our EJV service, from April 2018 our hepatitis nurses will offer Ultrasound (US)-guided venepuncture. Training has been completed, and implementation of a small, portable US device for use in a range of community-based clinical settings is underway.

Disclosure of Interest Statement: See example below:

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