

Difficult Venous Access: Addressing this barrier to care in hepatitis treatment clinics

Royal Prince Alfred Hospital, Sydney, Australia

Sinéad Sheils, Hepatology Nurse Practitioner
Sue Mason, Clinical Nurse Consultant
Dr Janice Gullick, University of Sydney

a



Health
Sydney
Local Health District

Disclosures

- Research scholarship for transcription of interviews and conference travel from the Australasian Hepatology Association, via a Abbvie funded research grant



Health
Sydney
Local Health District

Background/Aims

- DVA – longstanding problem for a group of patients
 - Significant barrier to care
- DVA clinic established 2005.
 - Fast-track to expert phlebotomists
 - Flexible, nurse-led service. Collaborative solutions for least stabs/attempts
 - Peripheral, neck (EJV) or groin.
- Evaluation – to assess acceptability of the EJV MOC in our patients with DVA



Health
Sydney
Local Health District

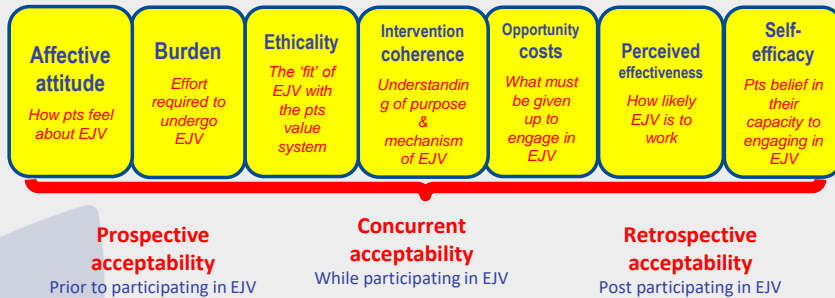
Methods

- Audit of DVA Clinic Activity during 3/12 period
 - What impact was this 'clinic within a clinic' having on our service?
 - What % pts having phlebotomy via EJV?
- Patient Satisfaction Surveys from DVA clinic
 - Pickers Dimensions of Patient Centred Care
- Qualitative Interviews of EJV patients
 - Data analysis using Directed Content Analysis
 - Acceptability Framework (Sekhon et al 2017)



Health
Sydney
Local Health District

The Theoretical Framework of Acceptability (Sekhon et al, 2017)



Health
Sydney
Local Health District

Results

- Audit
 - 100% (n=24) success rate. 83% on first attempt.
 - EJV = 5 mins, one nurse VS Peripheral = 15 mins, 2 nurses
- Patient surveys
 - 100% (n=19) very high/high satisfaction with experience
- Interviews
 - High level of patient acceptability to EJV
 - Previous experiences of venepuncture - caused distress & pain and associated with disempowerment, frustration & patients feeling disrespected by their health care providers
 - EJV solution - overwhelming favoured. Advocacy



Health
Sydney
Local Health District

'It just seems to me ... from the comfort of the patient and from the efficiency of the medical system, here is a beautiful, 'kill two birds with one stone' way of dealing with the issue. It's ridiculously problem free. However squeamish you might feel about the neck thing, if you have problems with venous access, once you do it once, you're a convert, because it's pain-free and stress-free.'

(David)



Health
Sydney
Local Health District

Conclusions

- DVA clinic has good buy in by the Liver Clinic team
 - Minimal use of additional resources
- EJV intervention
 - Can save time
 - Likely uses less health resources
 - High level of acceptability by patients
- Mobile DVA clinic – to HCV focused community clinics
- US guided venepuncture now offered also



Health
Sydney
Local Health District