Abstract # 25

AVA 2013

Getting to *YES*: Challenges of Creating an Institution-wide Multidisciplinary Peripherally Inserted Central Catheter (PICC) Consent

Beth Israel Deaconess Medical Center (BIDMC)

Andrew Mackler, RN, MHA, VA-BC, Venous Access Consultant; Barbara M. Carney, RN, BA, MSN, Nurse Manager; Salomao Faintuch, MD, MSc, Interventional Radiology; Deborah Stepanian, QI Project Manager

Beth Israel Deaconess Medical Center

Introduction

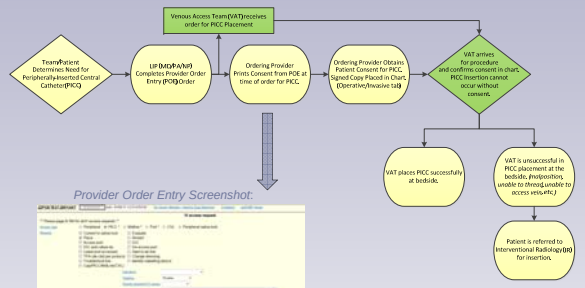
Peripherally Inserted Central Catheter (PICC) insertion is defined as an invasive procedure by the Joint Commission and by our hospital. Per hospital policy, all PICC insertions require informed consent by the ordering provider [or his/her licensed independent practitioner (LIP) designee].

At BIDMC, the Venous Access Team (VAT) nurses perform the majority of PICC insertions (approximately 200/month) at the bedside; failed attempts are referred to Interventional Radiology (IR). This process creates an unusual scenario where the inserter and the person obtaining consent are not the same individual.

The hospital has struggled with compliance with our policy due to a lack of a well-defined process for consenting PICC insertions.

Objectives

- To define and establish a solid, streamlined process to ensure all patients with an order for a PICC placement are provided with the appropriate information related to PICCs, enabling an informed decision to consent for this procedure.
- Explore opportunities to integrate the consent process for PICCs within the electronic ordering workflow to facilitate access to resources for obtaining patient consent.
- Ensure informed consent is obtained by the patient (or health care proxy when applicable) prior to all PICC procedures.



Provider Order Entry Screenshot:

Methods

- Reviewed hospital policies and Joint Commission standards that define informed consent requirements.
- Identified and involved key stakeholders (VAT, IR, Infectious Disease, Central Line Workgroup, Forms Committee, Legal, Health Care Quality) and:
  - assessed benefits, risks and complications that are unique to PICC insertion
  - created a multidisciplinary informed consent form specific to PICCs which accurately presents these benefits and risks in a manner that supports reader comprehension as well as hospital policy and regulatory requirements.
- Requested integration of consent process into electronic ordering workflow using limited Information Systems (IS) resources
- Identified tools/resources necessary to support educational needs of patients who require PICCs as well as the clinicians obtaining consent.

Interventions

- Confirmed ordering MD /LIP designee would obtain consent per hospital policy
- Developed and finalized the PICC Insertion consent form describing both VAT and IR procedures
- Created and implemented a *Guide to Obtaining Patient Consent for a PICC*
- Implemented the patient information tool: *Central Venous Lines FAQs*
- Linked PICC request order and consent form in electronic ordering system, enabling printing of consent form at time of order.

Conclusion

With the involvement of key stakeholders over the past year, we have created well-defined process for consenting PICC insertions. Barriers included engaging multiple departments, reaching consensus on language, defining consent responsibilities, and streamlining access to consent forms.

Due to the involvement of key stakeholders in defining our process and educating staff, BIDMC has experienced a smooth implementation of this new process.

References

- *Joint Commission Standards UP01.01.01 EP #2; RI.01.03.01*
- *CMS Conditions of Participation, Tag A0955 482.51(b)*
- *Journal of Infusion Nursing Vol. 34, No. 1S, Jan/Feb 2011*
- *Infusion Nursing: An Evidence-Based Approach. 2010. 3rd Ed.*