Frequently Asked Questions

Headline: NEW – ACH PICC Team

December 2023

Diagnostic Imaging and Interventional Radiology recognize that there may be some workflow changes from our baseline practices as the ACH PICC team is established and continues to grow. We will continue to keep the site involved in all developmental changes as the team progresses to independent practice. We appreciate everyone's patience and understanding as we continue to grow this team.

About the PICC Team

Who/What is the PICC Team?

- The PICC Team is currently made up of members of the Diagnostic Imaging/Interventional Radiology nursing team.
- At this point in time, the team is composed of two nurses, but the number of members will increase over the next few years.

What training has been done?

- Each team member must be part of the IR team with hands on experience in sterile technique.
- Didactic training with the BD Education team, including simulation, is required.
- Team members then travel to the Rockyview General Hospital (RGH) to train with the Advanced Venous Access Services (AVAS) team for 4-5 weeks.
- Team members must be signed off by the RGH AVAS team at the end of their training.

Can this team put in other types of access?

- Primary focus will be PICC insertions.
- As the program grows, we hope to support difficult IV access as well.

Patient Criteria

What patients are eligible for PICC Placement by the team?

- Patients of an appropriate age/weight group (dependent on inserter).
- Anesthesia availability.
- Patient vessel size/health.
- If previous CVC, routine insertion.

How will the team assess patients for criteria?

- Patients will initially be screened for past medical history, age, and previous CVC records.
- At the bedside, patients' upper arms will be assessed for size, health, and location.
    - The proposed PICC must not take up more than 45% of the vessel as per the Canadian Vascular Access Association (CVAA) and Infusion Nurses Society (INS) Guidelines.

Frequently Asked Questions

What if the patient does not meet the PICC Team criteria?

- A consult note will be entered detailing the assessment findings.
- A discussion will be had with the patient's primary nurse and physician regarding why the patient cannot be done by the PICC Team.
- If the team wishes to continue with PICC insertion, it shall be referred to the Interventional Radiologist to complete.

Workflow Changes

What is 3CG?

- Intravascular ECG using a magnetic-tipped wire to accurately confirm PICC tip placement
- Ability to see in real-time where the tip of the catheter is located to prevent tip malposition in upper SVC or Right Atrium.
- Tip placement confirmation in the Lower SVC/Cavo-Atrial Junction without the use of radiation.
- Can be used safely in a large patient population.

Why change?

- Ability to see patients in a more timely fashion.
- Ability to trouble shoot catheter tip placement in real time without the use of radiation.
- Ability to perform procedures in non-OR locations (i.e. bedside in ICU).
- Infusion therapy can be initiated immediately following confirmation, no need to wait for chest x-ray to confirm.
    - If unable to confirm using 3CG (i.e. known atrial arrhythmia, and unable to demonstrate a maximum peak P-wave intraprocedure), post x-ray will be required prior to use.
- All PICC insertions done by the PICC Team will be tracked and followed for quality assurance.

What changes on the unit?

- PICC team will come to assess all patients prior to procedure.
- Proposed insertion sites will be marked for topical anesthesia application prior to procedure (when applicable).
- Procedure may occur on unit, in patients' room.
- Orders will be entered by PICC team, rather than Interventional Radiologist.
- 3CG tip placement confirmation will be scanned into the patients' chart in Media Manager and entered in the post procedure notes.

What is the interim workflow?

- While the team is being established, procedures will be done in the Interventional Radiology suite and under supervision of an Interventional Radiologist.
- Post procedure tip placement x-rays will be completed in the procedure room (OR11) to validate the 3CG tip placement.
- All orders will be signed to the Interventional Radiologist

Frequently Asked Questions

Information for Physicians

How does ordering change?

- In the interim, please continue to enter “IR PICC Insertion” orders.
- Please enter the **Smart Phrase “.ACHAVASPICC”** in the ordering comments. This will help us to triage orders and appropriateness.
- Future state will transition to “Consult to Advanced Vascular Access Services” workflow (est. end of January)
- Procedural medications, imaging (if required), and post procedure orders will be entered as “Per Protocol no cosign needed” to the patients attending physician, in standardization with the rest of the AVAS teams in Calgary.
    - In the interim – while under supervision, the Interventional Radiologist shall be considered the Most Responsible Health Provider for the procedure and orders will be signed to them.

Why am I being asked to attend the Briefing?

- Once the team is functioning independently, the attending physician is expected to be present for the Briefing portion of the Safe Surgery Checklist even if not participating in the procedure.
- Anesthesia will review any patient specific concerns that they have prior to proceeding.
- This workflow is in place for other Sedation Services procedures.
    - Community requests – for requests coming from community pediatricians, anesthesia will act as the most responsible physician for the purposes of the sedation appointment.
- In the interim – while under supervision, the Interventional Radiologist shall be considered the Most Responsible Health Provider for the procedure.

Is there after-hours coverage?

- At this point in time, this service is only offered while PICC team staff are scheduled to work (Monday-Friday 0730-1545).
- In the future, this program may grow to offer 24/7 coverage.

For more information about using AHS templates, contact:
michelle.wellbelove@ahs.ca or call **(403)-955-7573**