

Peripheral IV Therapy in the Home

What is happening, and why?

Home Health (HH) is expanding its current home IV program to include peripheral IV therapy in the home including in-reach services for residential care clients.

During the pilot stage, this expanded service will be offered to eligible patients being discharged from RCH and ERH, residents of Eagle Ridge Manor and Queens Park Care Centre (QPCC), and community clients attached to GPs within the Frail Seniors Network in the communities of New Westminster and Tri-Cities.

Services will be offered within current service hours, from 0800-2100. Implementation will include support, close monitoring and continuous improvement cycles prior to expanding to BH and Fellburn, and then to other communities.

This expansion in service supports a community-centric service model and "Home is Best" philosophy with the goal of preventing hospital admission, reducing hospital length of stay, and improving quality of life for clients who wish to receive care at home.

What's included in the peripheral IV services?

Current service

HH provides IV therapy with a PICC line or other central access device in the home or HH clinics. Treatment through peripheral line is not provided.

Expanded Service

Treatments via peripheral line include:

- Antibiotic therapy and medications in accordance to guidelines and protocols
- Hydration, in accordance with the Clinical Decision Support Tool
- Excludes: Hypodermoclysis, and hydration other than that specified in the CDST

Who's our target population?

- Acute care inpatients who are medically stable and can be discharged home
- Residential care clients: treatment aligns with client's goals of care, is safe for the client, and the site has the capacity and resources to support

Patients referred for peripheral IV treatment at home must have a physician-to-physician handover at the time of discharge from Acute Care, access to medical

consultation (MRP physician on-call including weekends), sufficient trained resource capacity in Home Health/Residential Care and established communications processes, equipment and supplies.

What does this mean for our staff, patients/residents/clients?

Home Health: Home Care Nurses (HCNs) and Clinic Nurses will start peripheral lines, administer medications and maintain services to home-bound and clinic clients.

Residential Care: HCNs will provide in-reach line-starts and administer medications, and residential care nurses will maintain lines. HCNs are currently receiving training and are completing applied practice; Clinical Resource Nurses and Educators will receive advanced training. We will be providing education for Residential Care Nurses on line maintenance. A plan will be established to maintain competencies.

Patients and families will receive education and reference material, as appropriate. It will always be imperative that any consideration of IV therapy is accompanied by discussion of Goals of Care with the patients and their families.

When will it begin?

Training and practicums are scheduled for April, with implementation planned for May. The pilot will run for 4 months, during which we'll evaluate and make recommendations regarding expansion to other areas.

Who has been involved in the planning of this initiative?

- Dr. Grace Park, Regional Medical Director Home Health
- Dr. Akber Mithani, Regional Medical Director, Residential Care
- Catherine Barnardo, Director, Clinical Operations, Community Health Services, New Westminster
- Catherine Kohm, Project Director, Residential Care
- Managers and staff for acute, residential and home health services
- Professional Practice /clinical resource nurses specializing in vascular access