

**Impacting patient outcomes by improving
compliance to best practices for Peripheral
IV Cannulation (QIP-ACE Project)**



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Introduction

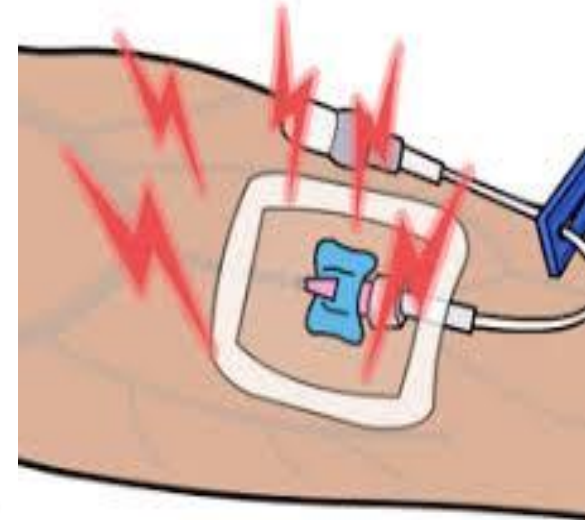
- ❖ 90% Patients Admitted in the Hospital are on IV therapy.
- ❖ 50% fail due to complications.
- ❖ Which is too high!

Impact of IV Catheter Complications

- ❖ Decrease patient comfort and patient satisfaction.
- ❖ Delay in treatment.
- ❖ Multiple IV Cannula Insertion.
- ❖ Unwanted additional labor and device cost to the patient.

Need for the Project

- ❖ Recurrent IV Insertions due to frequent incidences of IV Complications (no of IV Cannulation per patient was high)
- ❖ No of attempts of prick was also more than 1
- ❖ Negative feedbacks and complaints from patients and relatives regarding IV Cannula Complications
- ❖ Delayed treatment due to IV Complications



Objective of the Project

- ❖ Avoid multiple IV Cannula Insertion
- ❖ To reduce IV complications
- ❖ Increase patient comfort and satisfaction level
- ❖ Avoid delay in treatment.
- ❖ Reduce unwanted cost to the patient.
- ❖ Save the Time of Nursing team by reducing restarts
- ❖ Introducing best practices of IV Cannulation and PIVC checklist and continue DIVA tool

Infusion ACE Project

Awareness

Compliance

Excellence

- Pre-Audit
- Theoretical Training
- Hands on training
- DIVA tool

- PIVC Care Checklist
- Realtime tracking
- Change in IV catheter
- Continuous Supervision

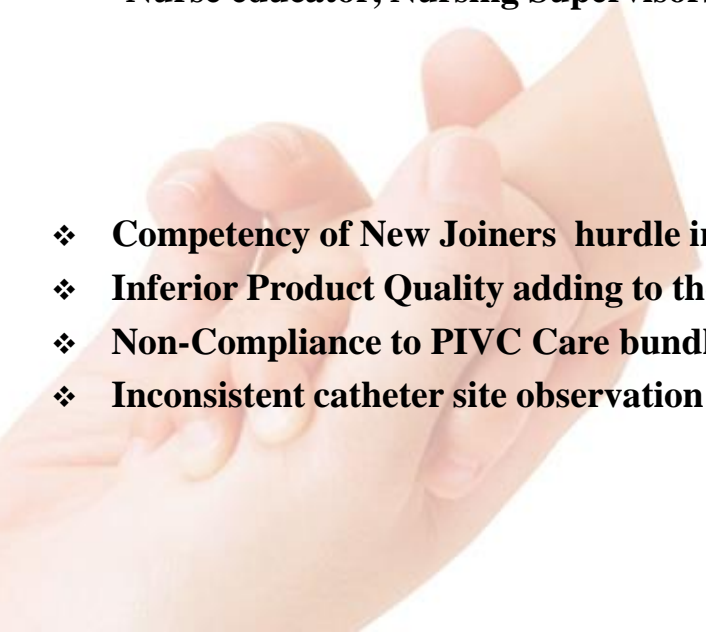
- Senior nurses for difficult IV Cannulation
- Hands on training and PIVC Care Checklist
- CAPA, Reinforce training on regular basis

Methodology

- **PIVC care checklist.**
- **Implementation of DIVA tool to reduce the Multiple pricks.**
- **Theoretical & Hands on IV cannula Insertion.**
- **Training on Phlebitis and DIVA Tool.**
- **Supervision & Monitoring by:-**
Nurse Educator , Nursing Supervisor & Nursing In Charges.
Nursing Superintendent
- **Key stakeholders in the project :**
Nurse educator, Nursing Supervisors, In charges & Hospital Infection control

Challenges

- ❖ **Competency of New Joiners hurdle in performing IV cannulation independently.**
- ❖ **Inferior Product Quality adding to the complications.(Open ports)**
- ❖ **Non-Compliance to PIVC Care bundle.**
- ❖ **Inconsistent catheter site observation (VIP score)**

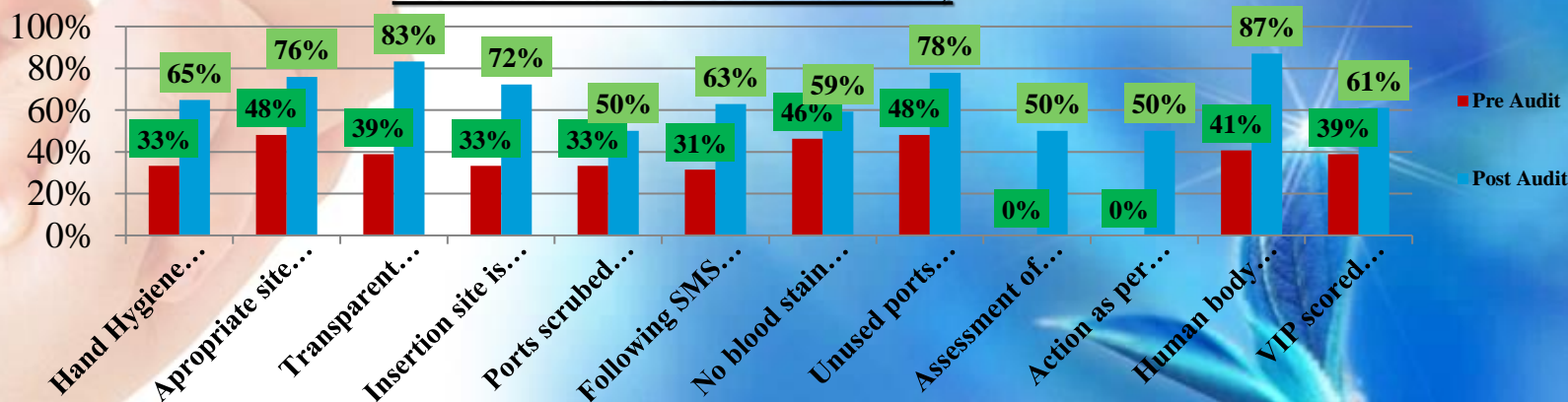


Peripheral Line Bundle Care Pre and Post Audit

N=54

Sr.No	Audit parameters	Pre Audit Compliance / Opportunity	Post Audit Compliance /Opportunities
1	Hand Hygiene Before and After Handling PIVC	33%	65%
2	Appropriate site selection (Avoid Anti cubital /Wrist	48%	76%
3	Transparent Dressing and it's condition	39%	83%
4.	Insertion site visible	33%	72%
5	Port scrubbed with Alcohol swab before the administration of Medications	33%	50%
6	Following SMS system	31%	63%
7	No Blood stain on the Intra cath /3 Way/Q site/ IV set	46%	59%
8	Unused ports are clamped	48%	78%
9	Assessment of DIVA tool before insertion	0%(Not Implemented)	50%(After Implementation)
10	Action as per the DIVA tool Score	0%	50%
11	Human body Chart entry in System	41%	87%
12	VIP Score after assessing the Phlebitis	39%	61%

**Comparison Study of
Pre Audit Data & Post Audit Data)**



Conclusion

- ❖ With the introduction of DIVA tool and PIVC checklist we have noticed the improvement in the best practices of IV cannulation compliance from 39% to 69%.
- ❖ Thus decided to continue the process which are implemented to sustain the best practices and gain patient satisfaction

Outcome-Improved compliance to PIVC checklist

Pre Audit (May-June)

Total Cases Tracked- 54

Overall

Compliance- 39%

Post Audit(Sept -Oct)

Total Cases Tracked - 54

Overall

Compliance- 79%