COLLABORATIVE PROCESS TO IMPROVE PERIPHERAL INTRAVENOUS PROCEDURE & POLICY

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Background: The Professional Practice Council is an interdisciplinary group committed to optimal patient care and safety. This group identified multiple inconsistent practices & concerns related to peripheral intravenous access techniques, assessment & maintenance of site, and product availability & utilization. There was a multifaceted progression of different queries and perspectives, months of process and development, throughout this endeavor.

Concerns: Policy out- dated: Evidenced based research: Policy revised/ Chlorhexidine prep instituted. Inconsistent techniques: On-line demonstration learning video Education: orientation & annual competencies E-mail communication Safety: PCA anti-reflux extension inconsistently utilized. Addition to infusion post-op ↑ risk of infection. Manufacturer representative queried PACU RN provided instruction handout to units Trialed by ED RN for application. Infection: IVs sets initiated on SDS differs for Anesthesia use; required break down of closed system to pump tubing on admission to units. Council identified a large-bore extension set availability, orchestrated trial by anesthesia for high flow rate capacity; adopted use as standard. Eliminated the need to change the IV tubing to the hub of angiocath. Reportable conditions of signs/symptoms of infection/phlebitis incorporated into the post-procedure Follow-up phone call Updated policy includes phlebitis assessment scale.

A collaborative approach to search evidence based best practice and to prevent infection resulted in procedure change, improved standardized techniques for IV access and taping, product evaluations, organizational education, and updated nursing protocol. These measures of collaborative design to improve practice, performance and awareness, lead to a successful end-result in our goal to achieve optimal patient care and safety.