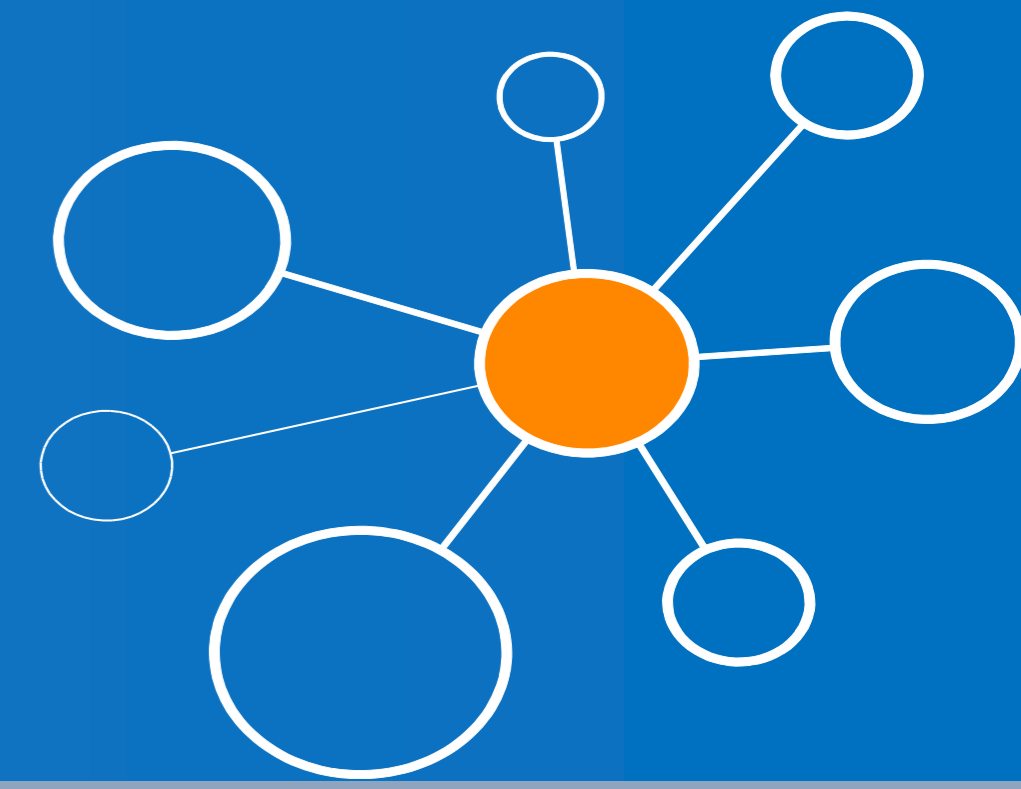


Improving Intravenous (IV) Therapy Compliance Against Policy and Guidelines 2018-2019

Deborah Painter Clinical Skills Trainer/Facilitator



The Safety Concern

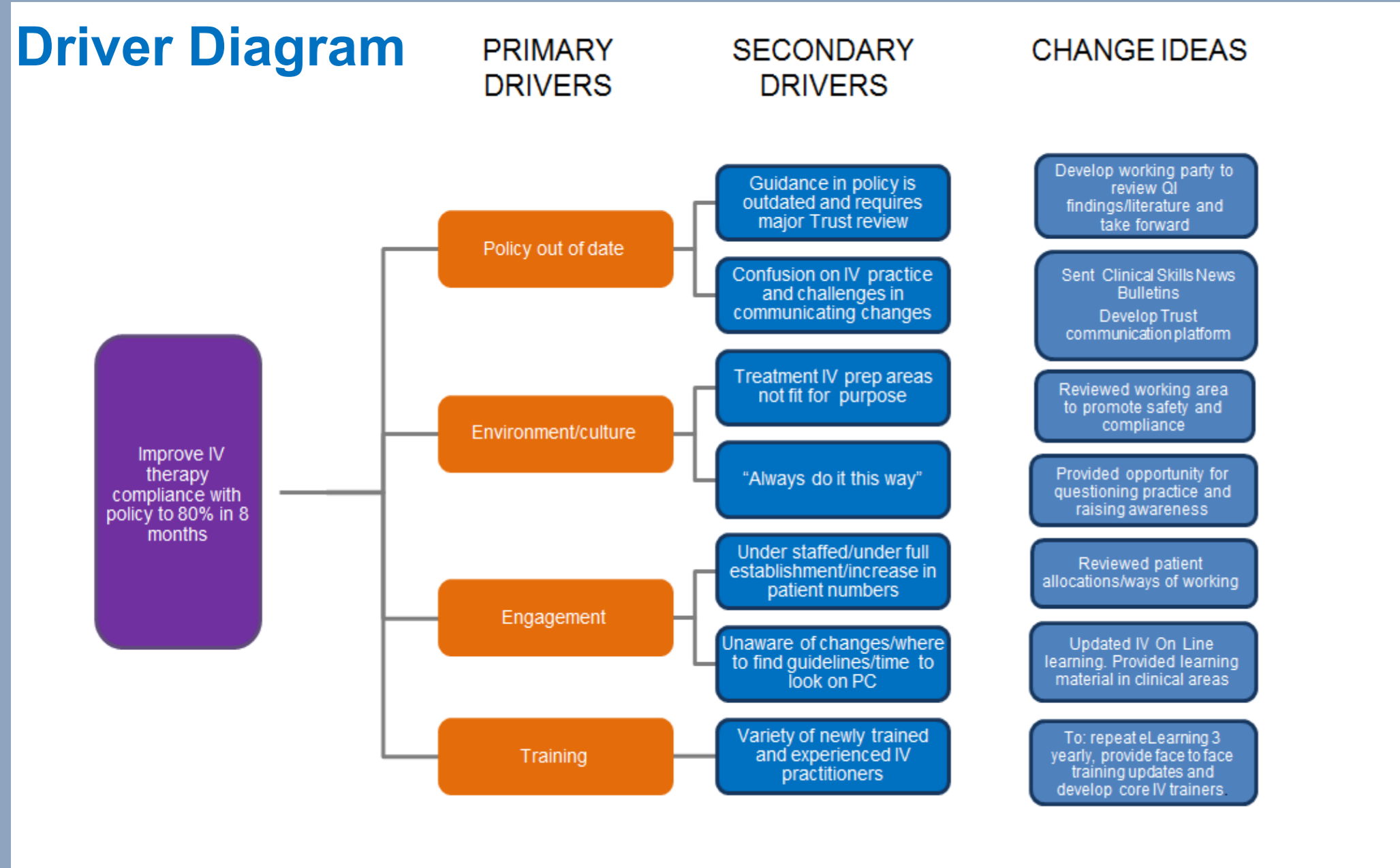
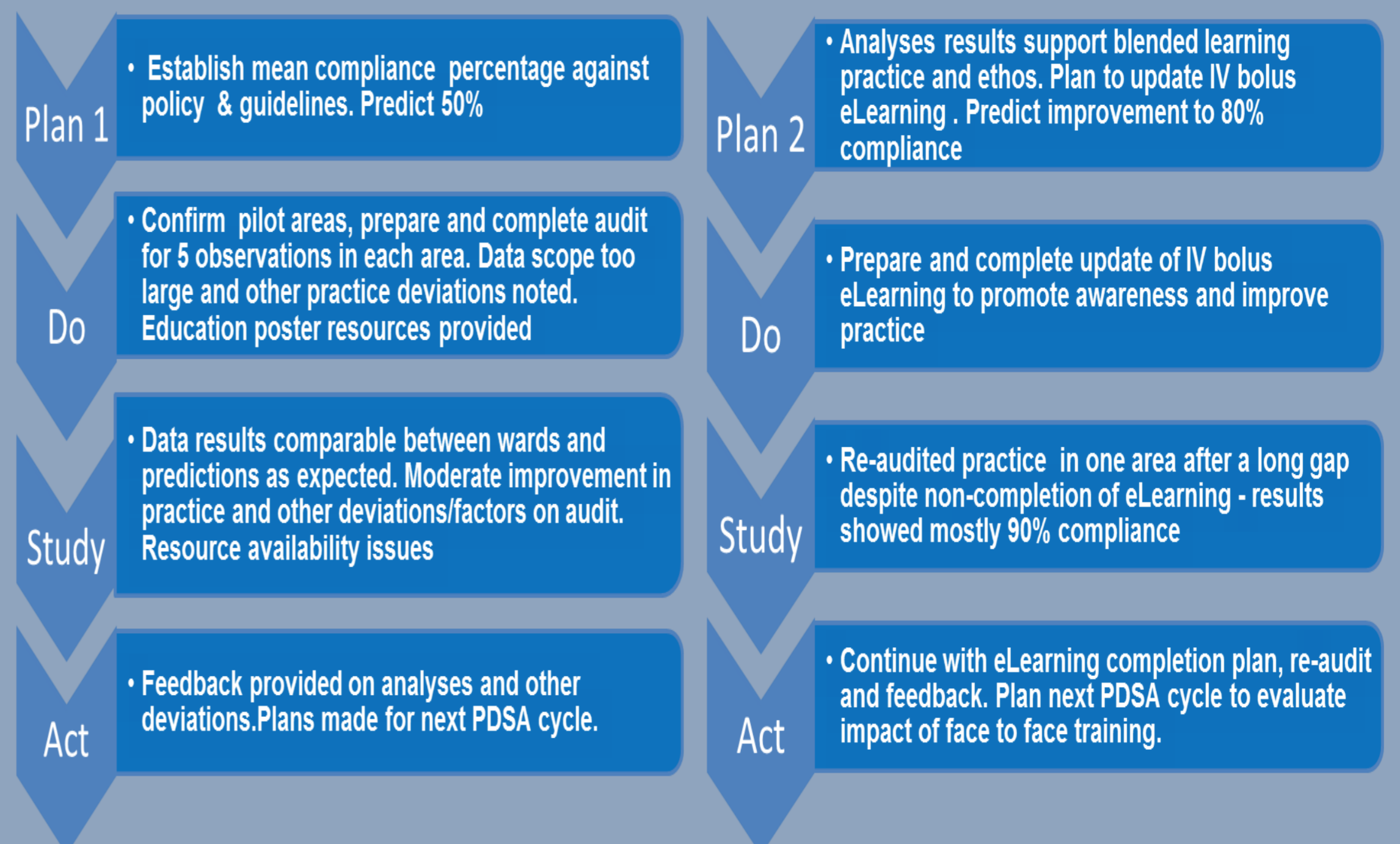
IV procedural and documentation variations and deviations between policy and practice occur across most UK Trusts. Evidence from literature searches, previous Clinical Skills audits, and current training, support this statement.

The initial project phase was to establish the current extent of this variance within GHNHSFT by auditing three clinical areas to provide a baseline. In addition, a questionnaire to scope level of; confidence, experience and if current training resources and provision is adequate to maintain and update learning was collected.

The next phase concentrated on different training resources and approaches (blended learning) to demonstrate how this has more positive cultural affect than training resources alone. The ultimate project aim is to explore and determine methods to achieve 100% safe IV procedure and documentation compliance each and every time.

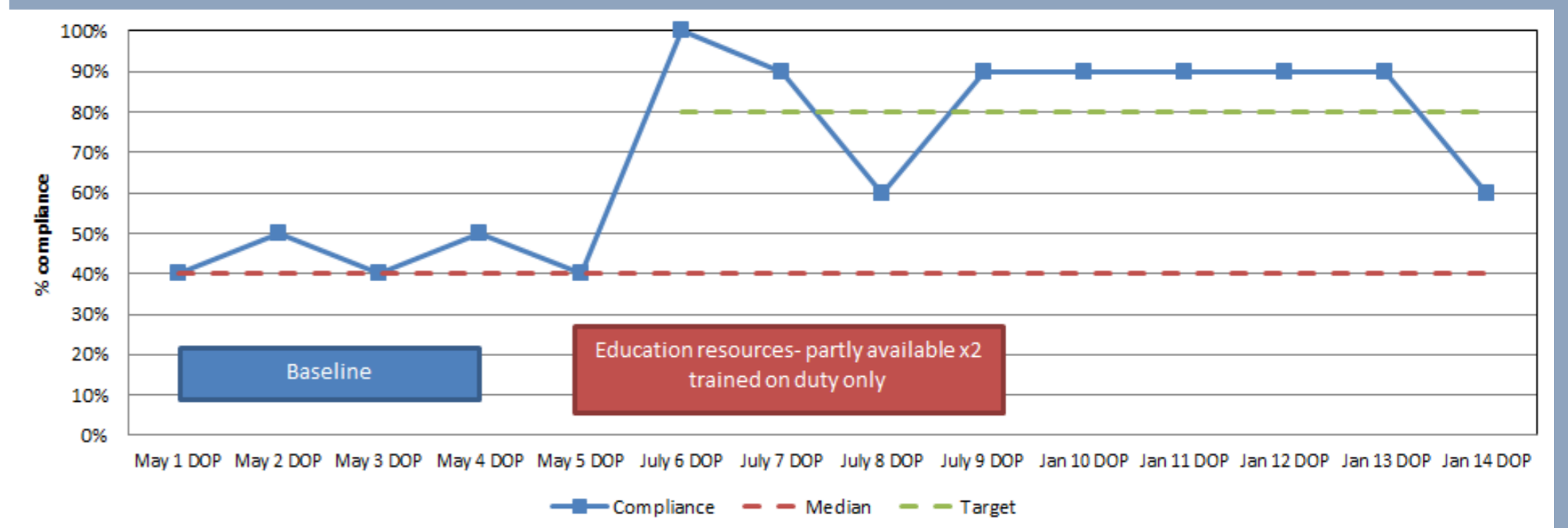
SMART Aim: To improve compliance with IV procedure guidelines to 80% in 8 months

Plan Do Study Act Cycles 1 and 2

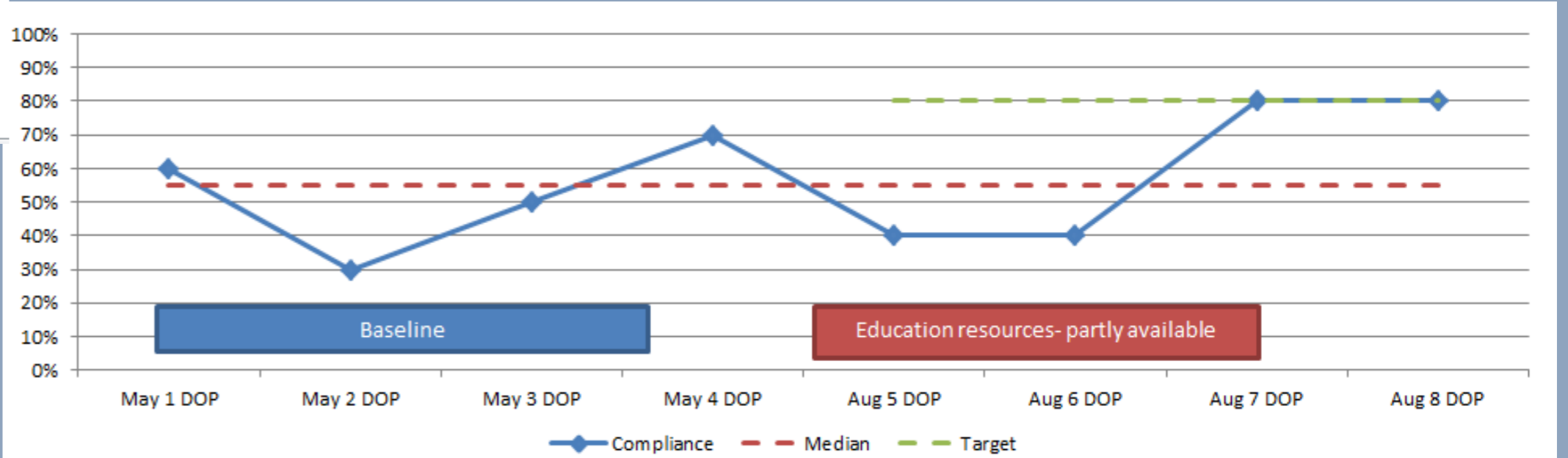


Results

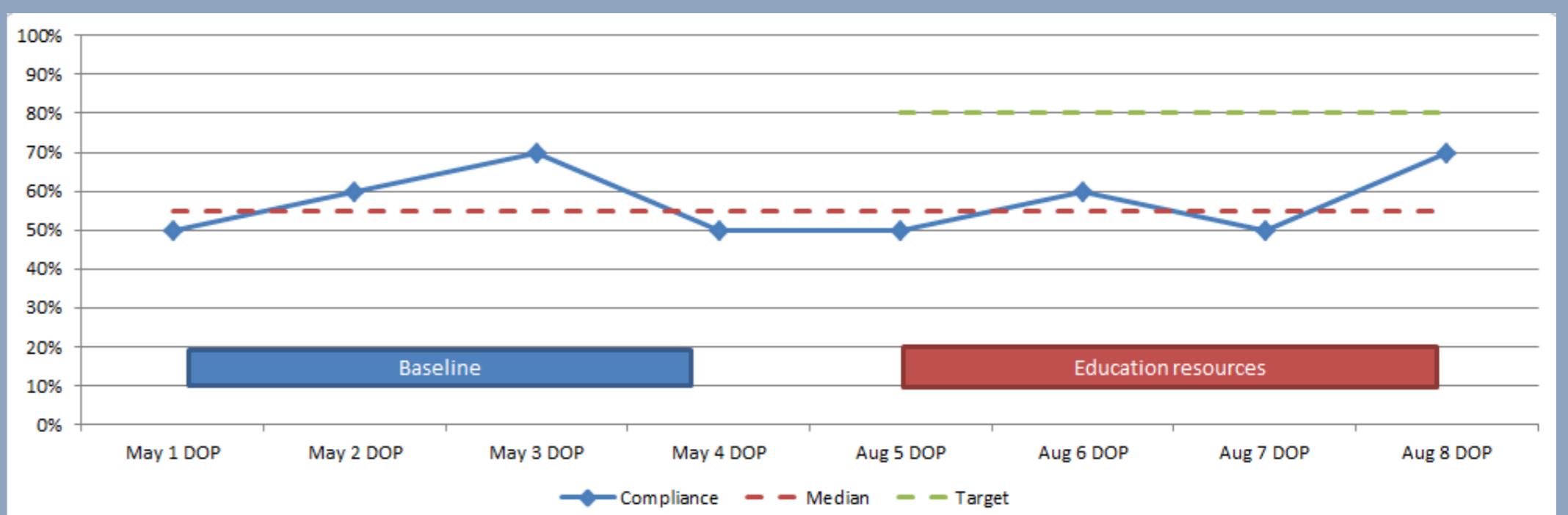
Gloucester Site



Cheltenham Site 1



Cheltenham Site 2

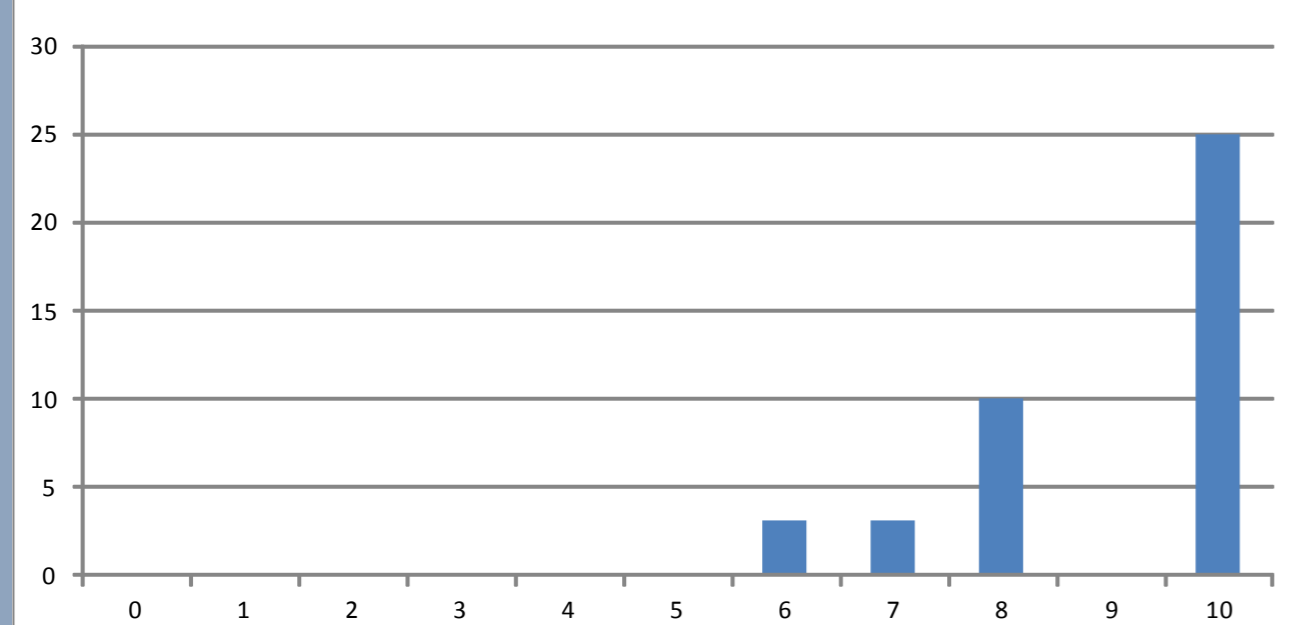


Audit Questions

- 2nd checker in attendance from the start of IV prep?
- 2nd checker check IV prescription?
- Calculations carried out independently?
- Needles used to draw up diluents or drugs?
- Correct blunt drawing up needles used?
- Used needles re-sheathed?
- 2nd checker witness the reconstitution of the IV?
- 2nd checker go to patient together with first nurse?
- If yes- did they check all requirements?*
- 1st nurse gave IV?

*ID, IV is due, allergy status, countersign prescription as witness, leave bedside, stay to witness IV administration

Correct IV Procedure Confidence Level



IV procedure confidence as this graph shows, confidence level is high, but audit and questionnaire evidence show gaps in awareness, knowledge and practice.

Barriers project results and time frame affected by external factors influencing outcomes such as staffing issues and concurrent separate improvement plans.

Positives the project is ongoing with improvements in; raised awareness, practice compliance and highlighting of barriers. This evidence can assist future policy review and standards alignment with practice to create further improvements and in the interim has allowed collaborative working to enable clinical areas to engage with and find suitable solutions.