Improving the Patient Nurse Experience with PIV Insertion
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Abstract

- Background: Our Vascular Access Team (VAT) was looking at ways to improve patient satisfaction scores. Our score of 76% for the press ganey question of "Skill of the Nurse starting the IV" was not acceptable to the nursing profession at our facility. Purpose: Our team wanted to improve the experience of this procedure with both the patient and the nurse. We wanted to reduce the anxiety of the patient and the nurse. Work together as a team with both the nurse and the patient. We wanted a securement device that would prevent dislodgment. We looked at the anxiety of the patient and the nurse, how do we educate this and how do we improve this skill. We looked at the anxiety of the patient and the nurse, discussed vasoconstriction with words like: "poke, burn, stick" for both the nurse and the patient. We wanted a securement device that would prevent dislodgment. We looked at the entire process and decided that with creating a bundle (the use of scripting, leaving the PIV in until clinically indicated, using numbing agents, improving patient education and using ultrasound for non visual and palpable veins).

Objective

- Maintain our 0% Infection rate
- Decrease PIV sticks
- Increase Patient Satisfaction Scores

Methods

- Mandatory Skills Fair for all nurses, lab and medical imaging staff that insert PIV's
- New PIV kits with and without biopatch
  - Based on admitting diagnosis
- Standardizing practice with scripting and use the use of kits Mandatory Booths:
  - US guided PIV
  - New PIV kits
  - Patient Nurse Experience Board
  - Use of age appropriate numbing agents
  - Clinically Indicated
  - Securement

Results

- We improved our patient satisfaction scores from 61% to 91% after mandatory education
- We educate all new staff on PIV insertion
- We have continued to achieve a zero percent infection rate
- AIC (Ambulatory Infusion Center) reported on one patient receiving 10days of IV antibiotics with one stick and one device
- Nurses reported after 6 months that their “anxiety” has decreased on the “difficult” stick

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Conclusions

- Educating all inserters of PIV’s was key to the programs success
- Standardizing how we insert PIV’s gave new nurses a specific procedure
- Using ultrasound gave our nurses, lab techs and med imaging techs the confidence to access difficult veins
- Scripting was hard at first, but after time and practice it has become the normal
- Educating and giving staff tools to improve this skill decreased their anxiety

References

- CDC, Guidelines for the Prevention of Intravascular Catheter-Related Infections, 2011
- Journal of Infusion Nursing, Infusion Nursing Standards of Practice, January/February 2011