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Topic 2

Completed Projects

on Engaging Patients for Patient Safety

VASCULAR ACCESS MANAGEMENT (VAM): PARADIGM SHIFT, KPJ EMBRACING THE NEW CULTURE

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ABSTRACT

Vascular access management focuses on cannulation issues, including complication associated with the invasive procedure. Understanding the current practice is essential, to make any further improvement. Therefore, a survey was conducted to identified the current practice. The finding revealed that further intervention is needed to address some issues in VAM particularly on appropriate devices, appropriate site and practices. This survey had created awareness among the nurses' on the issues related to VAM and some intervention carry out had reduced the phlebitis rate. The scheduled based improvement activities had been scheduled and implemented.

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INTRODUCTION

Peripheral intravenous catheters (PIVCs) are a quick and cost-effective method of vascular access during hospital admission. However, they are often problematic associated with it such as phlebitis, occlusion, dislodgement, infiltration, or less commonly from soft-tissue or bloodstream infections. Longstanding culture of tolerance for these complications has begun to be acknowledged and an interventional study is essential to shift new paradigm in vascular access management.

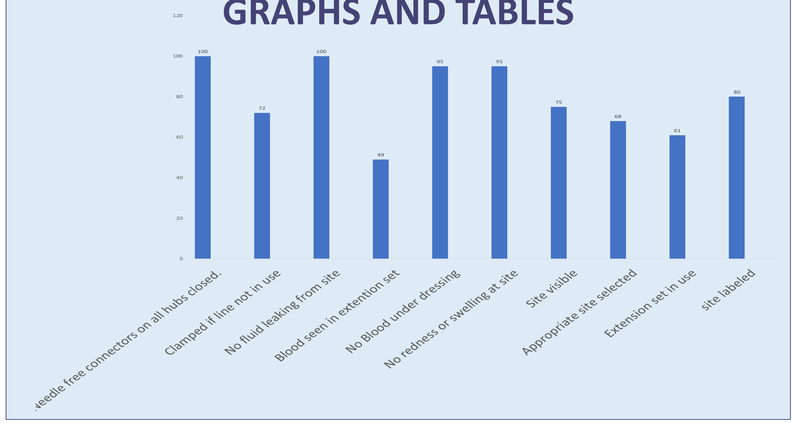
METHODS AND MATERIALS

A survey was conducted on VAM practice among 12 KPJ hospitals within 6 months. The data collection for this study were structured external party audit and data of phlebitis rate in the hospitals. It comprises of 676 PIVC insertion procedures observed in structured manner. Inclusion criteria were the observed procedure conducted by registered nurses only. The observation checklist was validated by 2 senior infection control nurse.

RESULTS

The finding revealed that majority of registered nursing are complies to the best practices in vascular access management on vascular access site risks for peripheral lines, however there were 49% procedures noted to have blood in the extension set. There were only 68% of the procedures using appropriate site selection and only 61% extension set were used during the study. The survey revealed that most nurses, 98% in KPJ Hospitals using pulsatile flushing techniques during administration of IV medication, however the frequency of flush before and after IV medication needs to be Improve further. The appropriate catheter clamping after administration of medication needs to reiterate further.

GRAPHS AND TABLES



DISCUSSION

Selecting the appropriate site during PIVC Is essential (INS, 2022). The knowledge of device used in VAM and skills associate with it Could reduce adverse effect of IV insertion, Therefore KPJ had adopted a structured based VAM program that been scheduled annually. VAM policy following the best practice had been implemented. Reinforcement on usage of right devices and persistent training had shown improvement in VAM in KPJ Hospitals.

CONCLUSIONS

The phlebitis rate had reduced by **3.7%** in KPJ hospitals, after disseminated the result of the study and reemphasis the exact component in practice that needs to be improved. Therefore, the scheduled based improvement activities had been scheduled and implemented.

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