

Vascular Access in Planned Chemotherapy Admission



The Dartmouth Hitchcock Vascular Access team's set-up for planned chemotherapy admissions from the infusion suite was found to have variation in practice. A group of Yellowbelt-trained nurses formed a project team to assess and improve the patient safety and consistency of vascular access set-up for this patient population. The team performed four weeks of observation of patient vascular access set-up and found opportunities to improve consistency while enhancing the patient experience, reducing rework, and decreasing the use of additional supplies.

By using the "5 Whys" technique, the team identified the root causes of many of the issues related to the transition from outpatient to inpatient care and the care team members not being aware of needs or practices in the different environments. Opportunities for improvement included: Spiros caps to be directly connected to patients, IVs consistently having stat locks in place, and documentation of the vascular access device placement and access on the dressing and in the medical record.

After doing staff education and implementing an admission checklist for these patients, the team saw excellent improvement in consistency of care. Spiros caps are now directly connected to 100% of patients, IV stat lock placement increased from 65% to 100%, and documentation has consistency improved from 35% to 80%.