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Closing the Experience Complexity Gap Using Peripheral IV Education

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Introduction

At Parkview Health System, a gap in peripheral IV (PIV) insertion education was identified.

- PIV insertion is not a curriculum priority in nursing school.
- In practice, IV insertion needs to be completed in a timely manner to avoid care delays.
- An aversion to starting PIVs, by new and seasoned nurses, create unique barriers to PIV insertion.
- Experienced nurses may not be well versed in placing IVs due to the availability of a hospital IV team.

To close the experience complexity gap and incorporate all learning styles, the Vascular Access Services (VAS) team at Parkview Health created a new concept PIV class. The class offers opportunities to visualize the material, listen to certified expert presenters, practice with the equipment hands on, and place an IV on a hospital patient with expert help and supervision.

Goals

Initial Goals:

- Increase confidence and empower bedside staff to evaluate current IV access for appropriate location and function
- Encourage staff to assess patients' veins
- Encourage staff to attempt to obtain IV access when needed

Secondary Goals:

- Increase the trust and connection between clinical staff and the VAS team
- See a decrease in requests for simple IV starts





Methods	Results
Class Setup:	Data pool: 114 participants 74/114 post_class accordents returned
 Elective course with continuing education hours off Taught by content experts (Vascular Access Service Team Members) Hybrid Course Design Two hours of didactic education Two hours of hands-on education at the bedsic 	5 Test Scores - 98.25% of participants improved their test scores - Average Scores: Pre-test 3.8/6.0 Post-test 5.8/6.0 kno
Class Content:	 PIV success rate of greater than 60% more than Volu
Didactic Education Sections:	doubled 2-3 months post class - Ove
- Basic safety- Vein Optimization/Stabilization- Environment Optimization- Institution Specific Polices regarding PIV Placement- Tourniquet Application- Step-by-step instructions of insertion and dressing using institution specific PIV- Vein Identification- IV Complications and Treatr - 1:1 guidance/instruction du insertion on life-like manned- Hands on skill practice- 1:1 guidance/instruction du insertion on life-like manned	tion f nents ring ins Self-Assessment: How many of your IV attempts successful? f nents ring ins Self-Assessment: How many of your IV attempts successful? Self-Assessment: How many of your IV attempt successful? Self
<image/>	 82.4% report feeling more confident in their PIV ability after attending the class I am (more) confident in my PIV Ability I am (more) confident in my PIV Ability Timel delay increase
- Supervised PIV insertion	5 0 Ackr
- Goal: All class participants attempt a PIV	Strongly Disagree Slightly Slightly Agree Strongly
Data Collection:	—Pre-Class —Post-Class
Pre-class assessments	- Pa VAS Simple IV Starts*
 Six question pre-test and self-assessment 	2018- ~16,623
Post-class assessments	2019- ~17,141 – Trial run of classes initiated late 2019 - Par
 Six question post-test (same day) 	2020-~15,327 - Par
 2-3 month post-class self- assessment 	2021- ~14,507 * an additional ~160 beds have been added to the facility since 2019 - Jan

ussion

brid PIV education increased nurses' confidence in eir PIV ability

ss attendees show an increase in basic PIV owledge.

quests for basic PIV starts have decreased since rting the PIV classes, despite an increase in patient ume.

verall, attendees are tisfied with a hybrid ucation format

/ Class enrollment lects continued erest in PIV ucation

/ education can be odified and adapted r specific nurse and tient populations



clusion

sed education taught by expert instructors in ular access skills can improve peripheral IV insertion vledge and confidence.

ly PIV placement by skilled nurses can prevent of treatment, decrease hospital length of stay, and ase patient satisfaction.

nowledgements

NK YOU to the numerous people who have made this a success!

rkview Vascular Access Services Team

san Ryan and Andrew Miller, PIV Class Instructors and Intent Experts

nny Hughes, Content Expert

kview Health

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