National Quality Improvement Conference

Enhancing Phlebitis Prevention: A Private Hospital Approach

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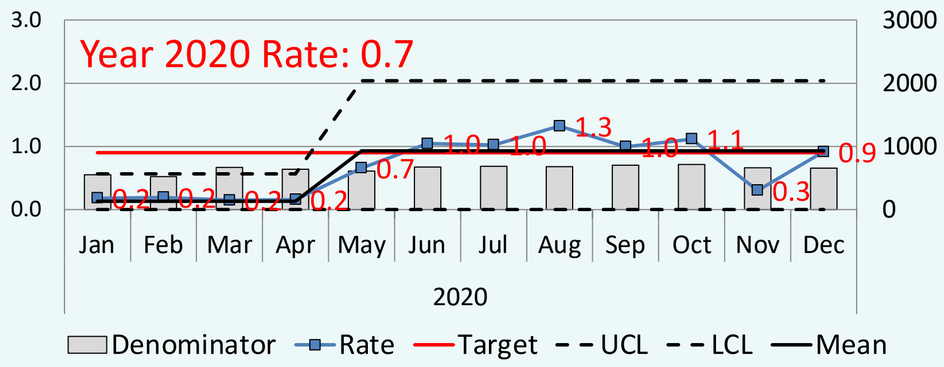
Problem Statement

From January to June 2020, a private hospital had 26 phlebitis cases , 3 of which had moderate to severe adverse outcomes requiring further treatment. They were Staphylococcus Aureus Bacteremia requiring thrombectomy, 1cm necrotic skin needing wound debridement and a case of eschar that required removal with a negative pressure wound therapy.



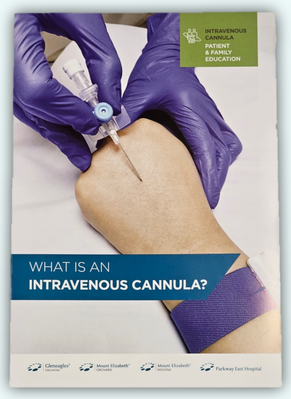
Project Aim

To reduce the incidence of phlebitis, from rate of 1.3 to 0.9 (01 July 2020 to 31 December 2020), and further reduction to 0.4 per 100 peripheral intravenous lines inserted (01 January 2021 to 31 July 2021).

Lessons Learnt

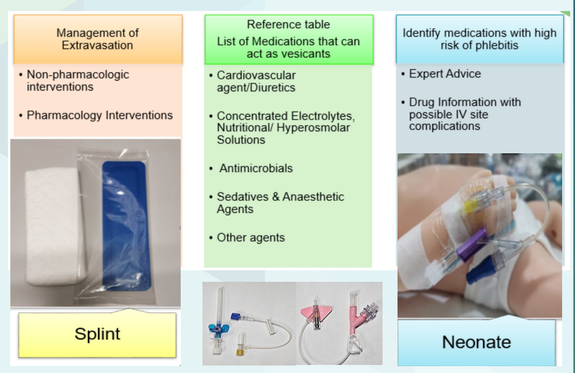
The identified challenges within the work environment were successfully overcome by embracing the 5 pragmatic methodology recommended for the prevention of phlebitis. This multifaceted strategy has played a pivotal role in our ongoing pursuit of continuous improvement and excellence.

Auditing and monitoring phlebitis rate, ensured the effectiveness and comprehensive approach to phlebitis prevention.



Potential Solutions

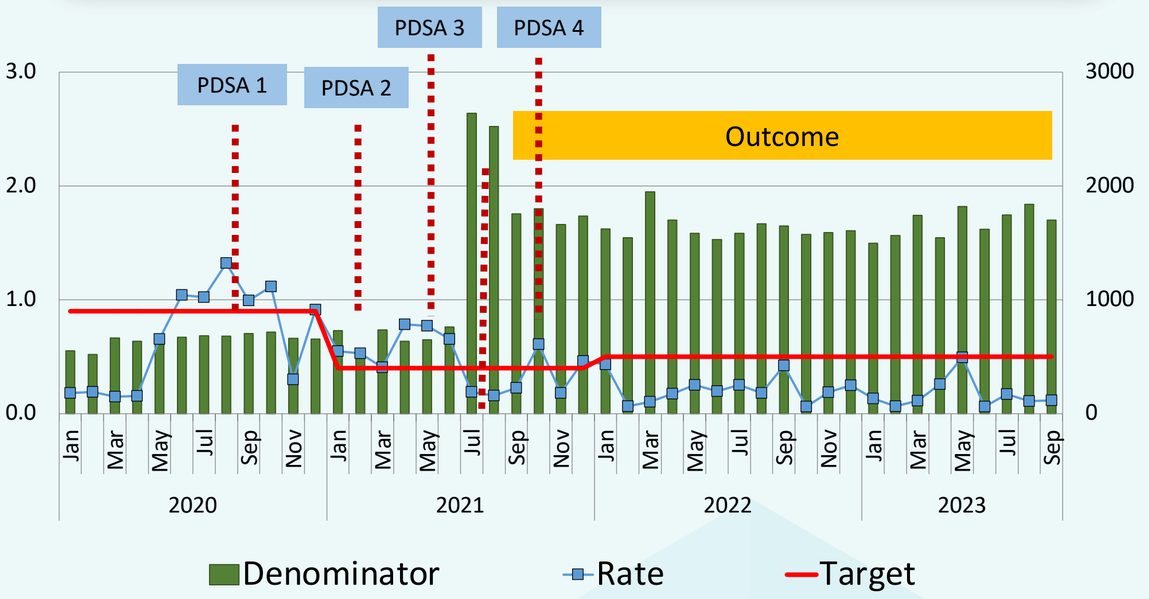
PDSA Cycle 1	PDSA Cycle 2	PDSA Cycle 3	PDSA Cycle 4
Conduct Training	**Take Care of Basics**	Invest More Resources in Improvement	Emphasis Natural and Logical Consequences
Adult Peripheral Intravenous Course	Resource File	Collaborate with Clinical Pharmacist (extravasation)	E-Learning Platform
Neonatal & Paediatric Intravenous Cannulation	Visual Infusion Phlebitis (VIP) Scale	Splint	New Hires Training
Competency Assessment	“Rah-Rah”	Dressing	Standard of Practice
Post-Course Assessment	Patient and Family Education	IV plug with built in extension	Documentation & Reporting



Competency Assessments and Post Course Record

- Perform Peripheral Intravenous Cannulation
- Peripheral Intravenous Cannulation (BD Nexiva)
- Performing Venepuncture
- Post- Course Venepuncture Cannulation

Outcomes & Impacts



Year	2020	2021	2022	2023 YTD Sept
Average Rate	0.7	0.5	0.2	0.2

The incidences of phlebitis dropped by 29%, with an average rate of 0.7 in 2020 to 0.2 in 2023. In May 2023, the spike was attributed to phlebitis occurring after cannula removal. In response, post-cannula removal assessment for 48 hours was incorporated into the clinical practice.