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Leveraging Vascular Access Team to increase safety and access to care

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Leveraging Vascular Access Team to increase safety and access to care

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Problem/Impact Statement:

Using a pager platform to receive vascular access consults related to peripheral intravenous catheter (PIV)/central line care and maintenance needs has resulted in significant time and delays in treatment lost by bedside nursing and vascular access staff as multiple attempts are made to answer pages. Gallup engagement scores identified this as a barrier limiting the teams' opportunities to 'do their best work'

Scope:

In Scope: Inpatient nursing and procedural areas at Maine Medical Center.

Out of Scope: Outpatient and Scarborough Campus MMC locations

Goal/Objective:

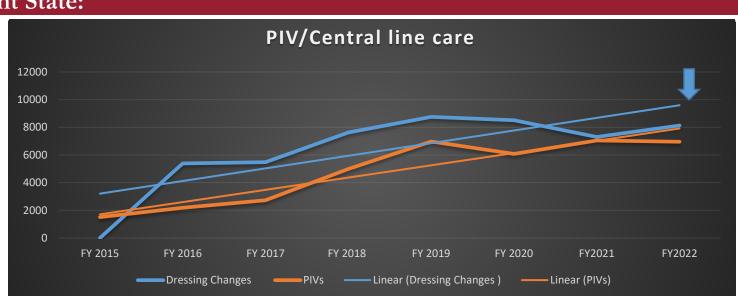
Develop a nursing consult order set to replace the paging process. A patient's vascular access needs can be entered and visualized on a system list in EPIC. The process will increase transparency and communication among the team members allowing team resources to be reallocated when PIV/Central line maintenance volumes are high, reducing delays in administering patient's IV therapy care and improve efficiency.

Baseline Metrics/Current State:

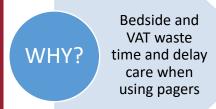
Frontline staff page VAT for assistance with difficult PIV insertions, central line care and maintenance, or a vascular access questions.

Using pagers

- Decreases efficacy in meeting the patient care needs
- Induces 'pager fatigue'
- Delays reallocation of staff resources.



Root Cause Analysis:





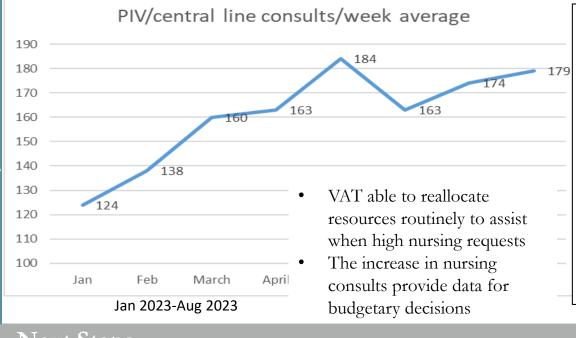


VAT Nurses have pager fatigue because they can receive >6 pages while providing each instance of care



Countermeasures			
Action	Owner	Due Date	Status
Create an inpatient nursing consult order-set for vascular access requests	VAT team	08/2022	Completed
Partner with IT to ID and launch options for consult notification	IT/ VAT Team	10/22	Completed
Build system lists for vascular access consults requests to be viewed	IT/Cecilia	10/2022	Completed
Trial order set partnering with nursing informatics and one inpatient unit	VAT/Gibson team	9/1/2022	Completed
Engage stakeholders through hospital advising of change in consult process	Deb/Cecilia	12/2022	Completed
Develop Standard Workflow and educate staff on process for re-prioritization	VAT team	06/2023	Completed

Outcomes



Key Wins

- 1. Contribute to **improved access to care** & **decrease lengths of stay** by
 providing higher numbers of
 vascular access lines (PIV/PICC)
- 2. Reduce risk of CLABSI (No harm)
- 3. Increase transparency/build trust by sharing system listings of number of vascular access requests.

Next Steps

- 1. Assess return on investment (ROI) through measuring the cost savings achieved with no additional FTE's added.
- 2. Scale and spread of workflow improvements adopted by other MaineHealth system vascular access teams. Continue to share process efficiency plan and successes.
- 3. Continue to improve patient experience by reducing treatment delays.
- 4. Re-focus on current central line care practices to improve quality and outcomes to support CLABSI reduction efforts.

Study

Act