Flash of brilliance

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Service: Intravenous (IV) Therapy Service

Kent Community Health
NHS Foundation Trust

Aim: What were you trying to achieve?

As the intravenous (IV) service, we deliver venepuncture, cannulation and IV training and we support all the different clinical teams within the community and community hospitals. We were receiving negative feedback from clinical colleagues at Kent Community Health NHS Foundation Trust (KCHFT) during training and engagement sessions. They reported that the current first-choice single use tourniquets were difficult to use and pinched patients' skin.

We wanted to respond to this feedback because:

c We **c**are about what our clinicians tell us. We wanted colleagues to feel positive that they had shared this information and that it was actively listened to.

a We **a**spire to encourage a positive culture of listening and responding.

r We are **r**esponding to the feedback our clinical colleagues have given to improve satisfaction at work and patient care

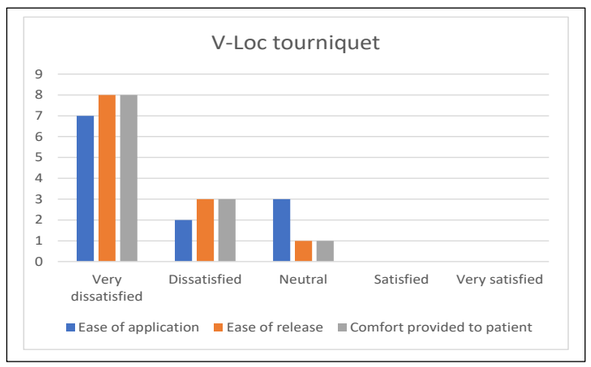
e We aimed for an **e**xcellent standard of response by creating an SBAR (situation, background, assessment, recommendation), research and questionnaires.

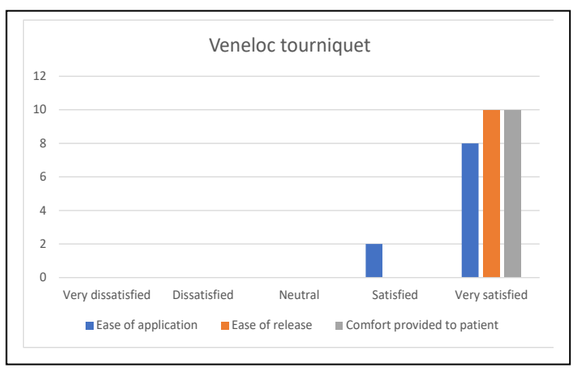
Our aim was to find a single-use tourniquet that was easier to use, safer for patients' skin and remained cost effective.

Change ideas: What changes did you make?

Measures/results: What was the impact of the changes?

The feedback for the current first-choice tourniquet was very consistent, with the majority of the healthcare workers responding that it was difficult to release (this is required while the needle remains in situ for venepuncture or cannulation) and proved uncomfortable for patients, as it pinched their skin. Some clinicians even commented that it had caused the skin to tear a little.





The feedback for the proposed new tourniquet had an overwhelming positive response. All clinicians asked were either 'satisfied' or 'very satisfied' with ease of use and comfort provided to patients.

This study reinforced the fact that this change will have a very positive impact for our clinical staff and patients and that it was worth the time and effort to research into this.

Lessons learned and what's next?

We have learned a great deal about researching and introducing a new product and the importance of getting accurate feedback. We also realised that we needed to send the questionnaires to more healthcare workers, to get enough responses, as not everyone remembers to return the completed forms.

What next?

- The proposed new first-choice tourniquet will be discussed with KCHFT's quality improvement (QI) board, the quality effectiveness group and the trust's procurement team, with the plan for the first-choice tourniquet to be changed, as recommended by the project.
- The new tourniquet will be discussed in the IV, venepuncture and cannulation training sessions.
- The IV team and IV link workers will be discussing with the community teams and hospital staff the benefits of the new tourniquet.
- We have invited a company representative from Richardson Healthcare to attend the next link worker session to discuss the new tourniquet.
- We will continue to review the Veneloc product once it is being widely used, to assess the impact on clinical colleagues and their patients.
- We plan to liaise with the communications team about producing screen savers and publishing the new tourniquet on our intranet flo.
- We will share learning with the wider trust by publishing a blog on flo, about the introducing a new product and using the QI process.

we care

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