

Patient Satisfaction & USGPiV



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Background

- Failure to obtain intravenous access delays patient care and decreases patient satisfaction with care delivery in the emergency department.
- Successful peripheral IV placement is associated with a more positive patient experience.
- Few studies focus on the patient's overall experience and satisfaction as it relates to ultrasound guided peripheral-Intravenous access (USGPiV).

Methods

- Design: Evidence-based Practice with quality outcome measures
- Setting/Sample: Emergency Care Center patients receiving a USGPiV.
- Instruments: DIVA Tool & patient satisfaction survey after USGPiV.
- RN performing USGPiV collects data.

Results

- N = 87 patients
- 76 out of 87 scored > 4 on DIVA tool (87%).
- 78 total surveys conducted; no survey data on 9 patients due to altered level of consciousness or language barriers.
- 72% patients indicated "very satisfied" with USGPiV.

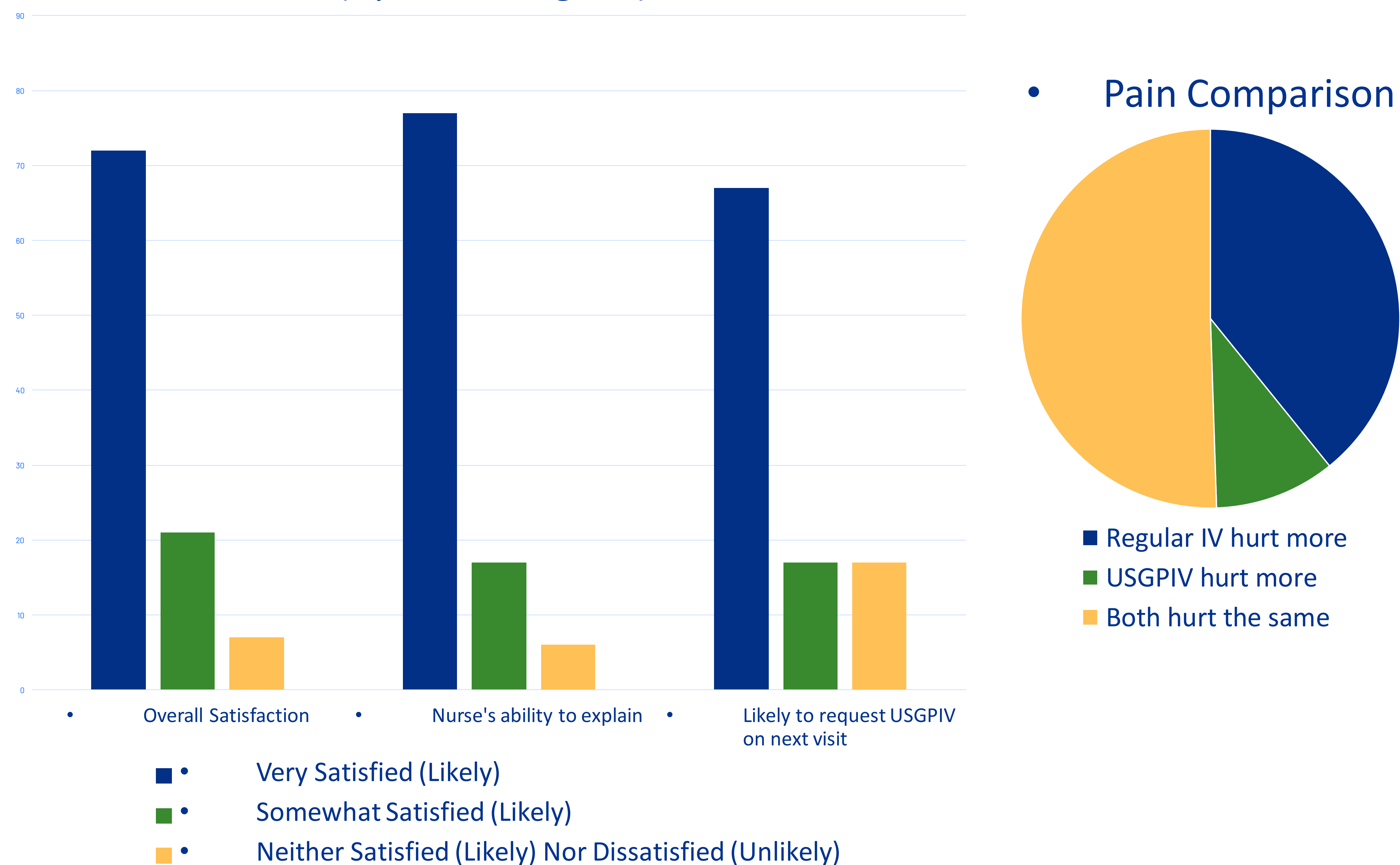
Discussion

- Majority of patients are identified as having DIVA.
- Patients are satisfied with USGPiV.
- Obtaining intravenous access is painful!
- Limitations:
 - ALOC/language barriers
 - Nurse Bias
 - "I forgot to do the survey."
 - Key Lessons
 - Adequate training & dissemination is essential

Purpose

- To identify the impact of ultrasound guided peripheral intravenous access (USGPiV) in the Emergency Care Center on:
 - The timeliness of IV start
 - The number of intravenous (IV) attempts
 - Patient comfort and satisfaction
- To determine if the DIVA (difficult IV access) score contributes to patient ratings, timeliness, and number of attempts

Patient Satisfaction Survey after USGPiV (April '22-Aug '22)



Implications for Practice

- USGPiV improves patient safety & satisfaction by expeditious IV access.
- DIVA tool identifies patients that may benefit for USGPiV.

Acknowledgments

- Nicole Evaro, MSN, RN, CEN
- All nurses that participated in collecting surveys from patients.

References available upon request.