Cannulation Mess

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Background:

Disorganized workplace practices are often unaddressed due to lack of time or resources in the NHS. These create unnecessary obstacles to productive work and cost us precious clinical time. At Chelsea and Westminster Hospital, cannulation equipment storage is disorganized and varies from ward to ward. Blood tube guides are not always reliable. Precious clinical time is wasted searching for equipment to cannulate. This results in delays in procedures, treatment or incorrect samples being collected.

Methods:

As part of the LSP QI: Improve ONE thing programme, my QI project aims to improve the time we take to source appropriate equipment for cannulation. Using tools such as a process map and fishbone diagram, factors contributing to the problem were explored. PDSA cycles targeting engagement of stakeholders, standardization of cannulation trolleys and creating a user-friendly, up-to-date blood tube guide were carried out. Using a run chart, preparation time for cannulation was tracked.

Results:

The aim was for preparation time for cannulation to be less than 5 minutes in at least 8 out of 10 encounters by March 2022. My run chart showed some PDSA cycles were more successful in bringing about improvement and highlighted the importance of engaging the multidisciplinary team. This need for improvement was emphasized by data collected for semi-emergency situations where preliminary data showed that it may take over 10 minutes to source the necessary equipment.

Analysis:

This project has been a great learning opportunity for me to use the model for improvement to understand my problem, measure change and test my change ideas.