

# Assessing IV Cannulation Compliance: CAHO validated PREM Tools

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# Introduction

## Risk Assessment

IV cannulation is a common clinical procedure but poses risks like infection and patient discomfort if safety protocols aren't followed.

## Compliance Challenges

Hospitals use checklists to reduce these risks, yet **compliance varies**, impacting patient safety and care quality.

## Study Approach

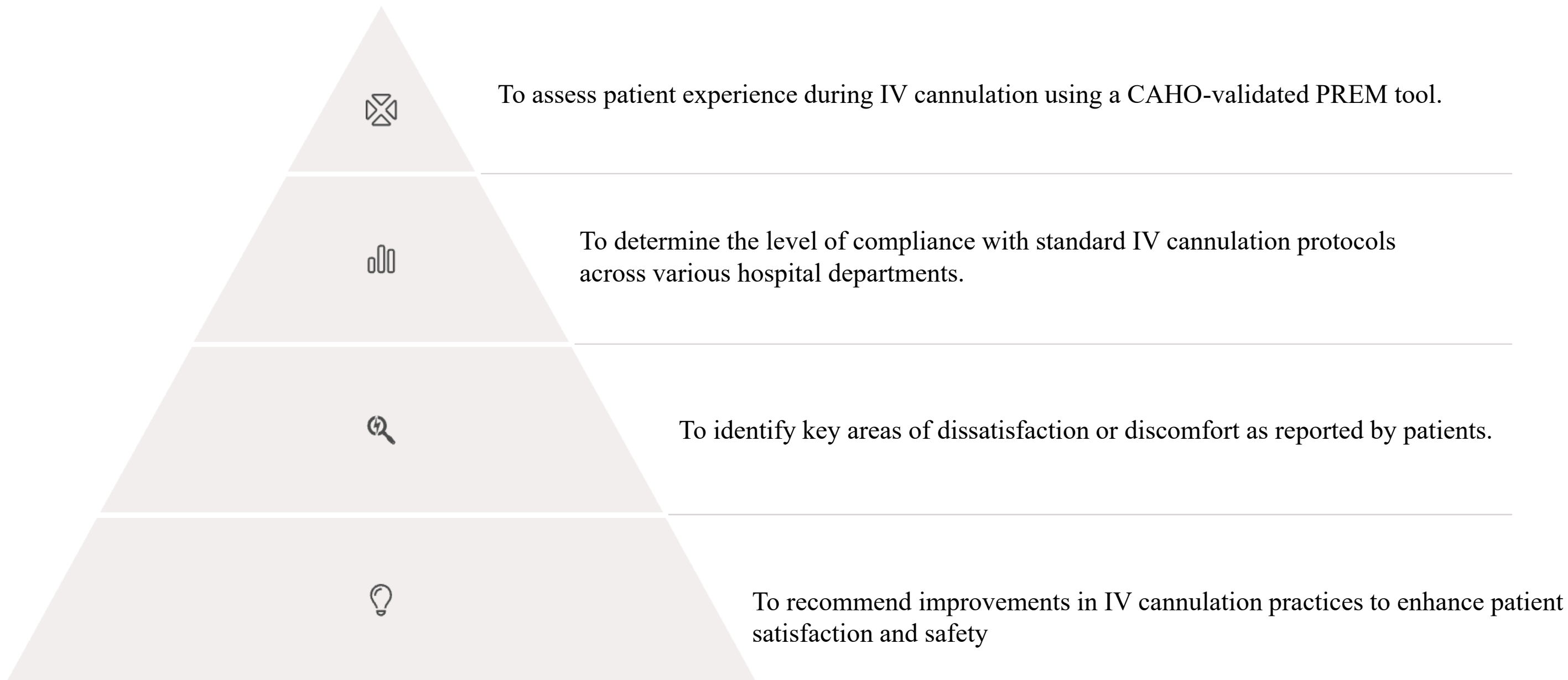
This study utilizes a structured IV cannulation checklist and the CAHO-provided PREM tool to enhance protocol adherence, infection control, and patient experience.



# Research Question

1. How consistently are IV cannulation best practices followed across departments in a tertiary care hospital, and what is their impact on patient-reported experience?
2. What are the common gaps in patient experience during IV cannulation, as reported through a validated PREM tool, and how can these insights guide quality improvement initiatives?

# Research Objective





# Methodology

## Study Design

Type of Study: Observational study

Location of Study: EHCC Hospital,  
Jaipur

Duration of Study: 1 Month

Sample Size: 100

## DataCollection

Data Collection Tool: a structured  
checklist and patient feedback via the  
**CAHO PREM survey**.

## Process

Each checklist step marked as:

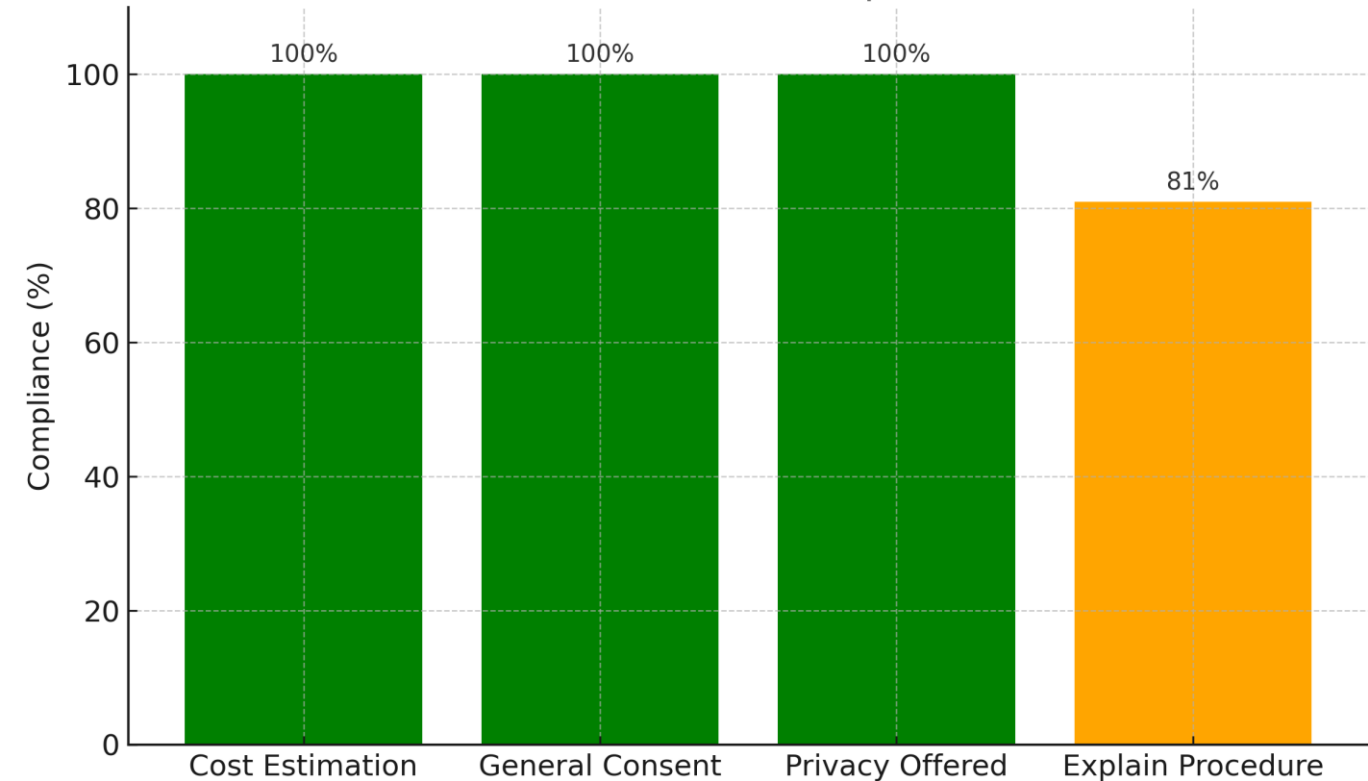
- Compliant
- Non-Compliant
- Not Applicable

**Data Analysis: MS Excel**

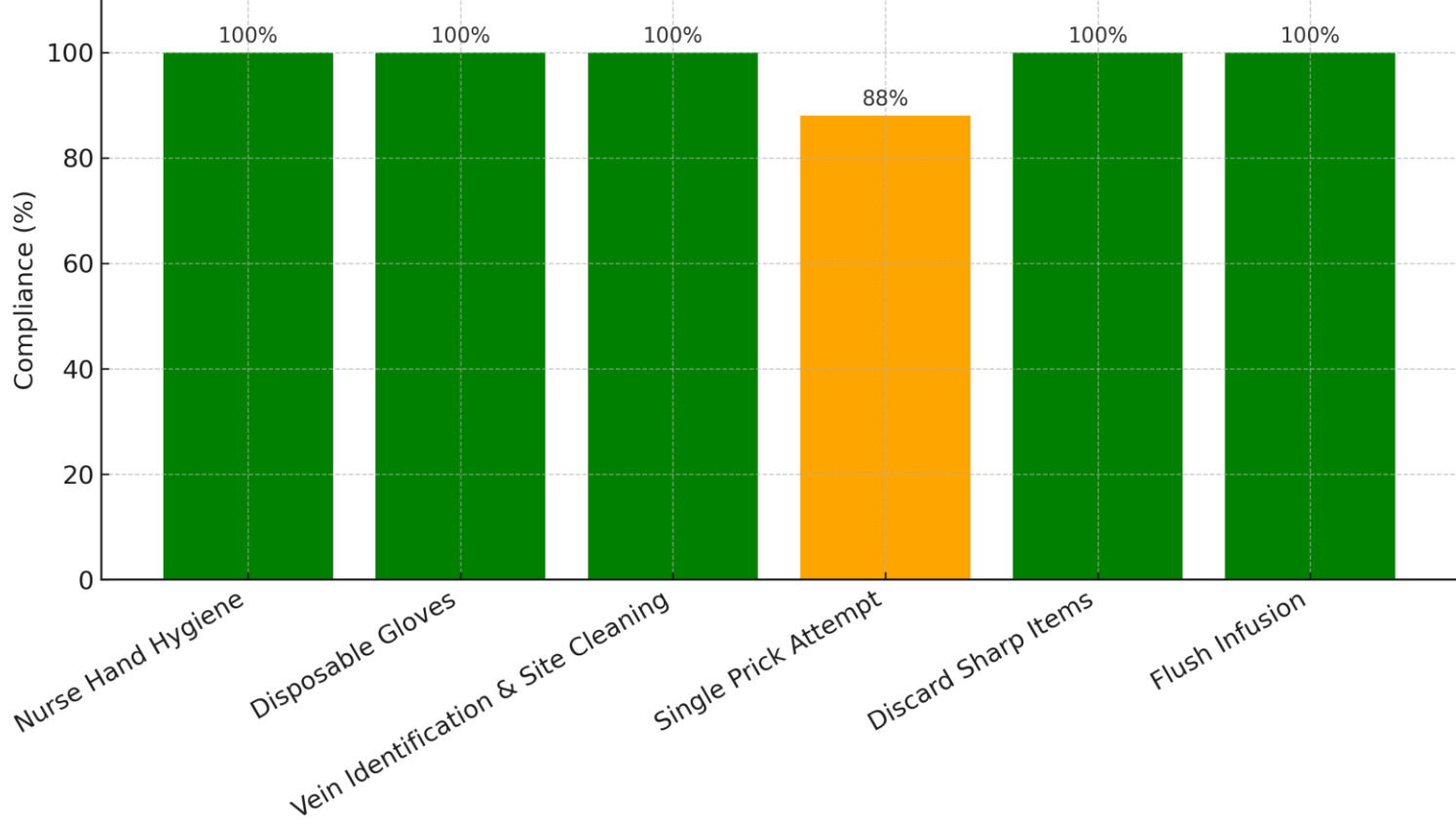
# Data Interpretation and Analysis

## Parameters Assessed

Pre-Procedure Compliance



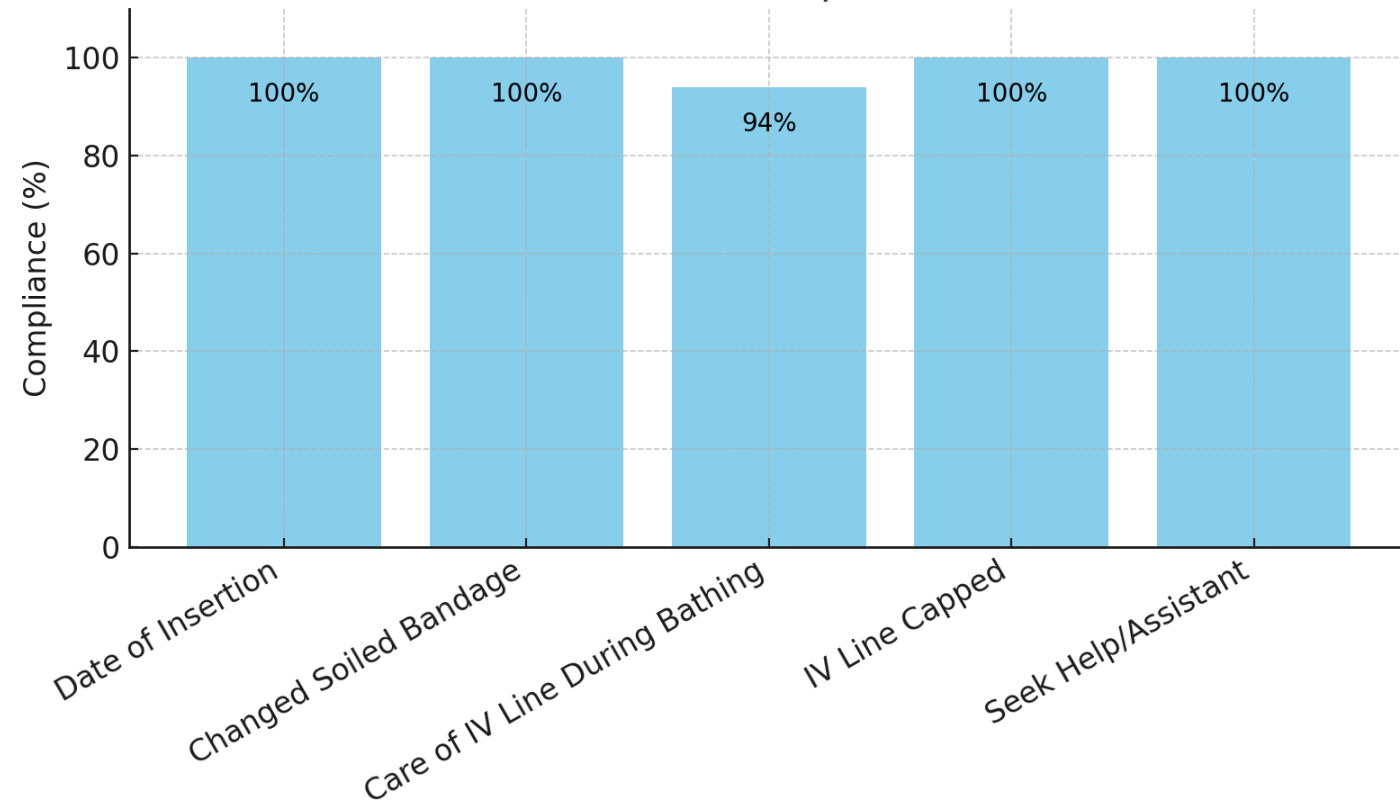
During Procedure Compliance



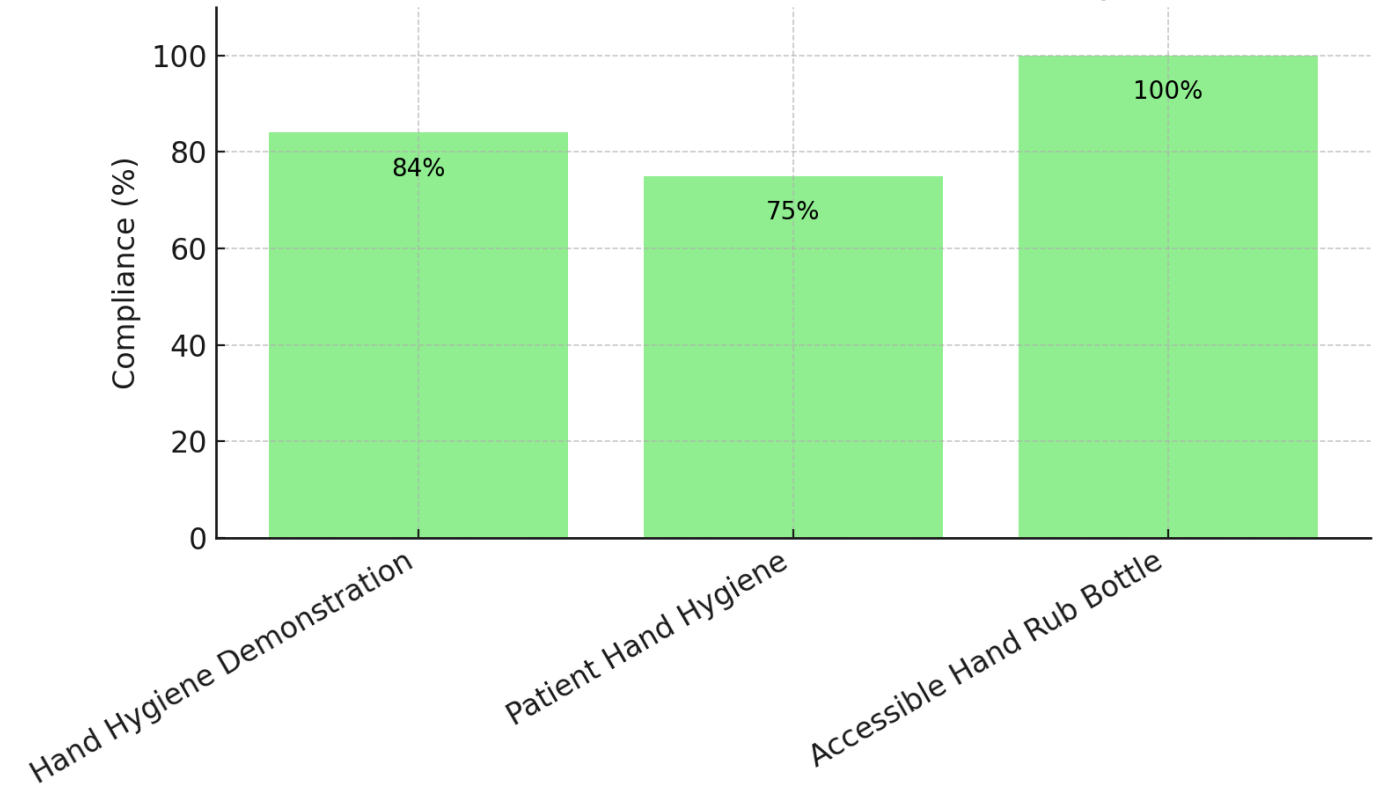
# Data Interpretation and Analysis

## Parameters Assessed

Post-Procedure Compliance Results

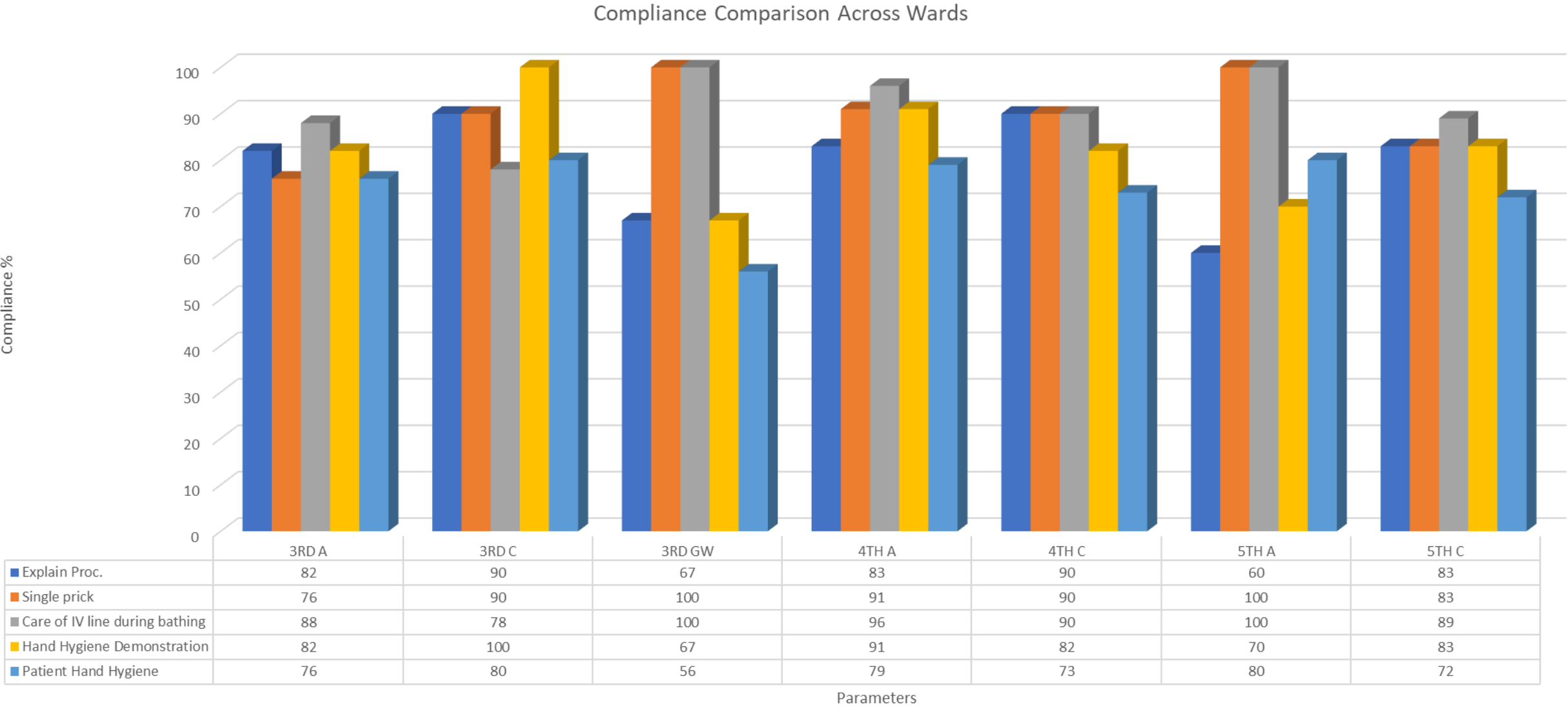


Patient Education & Environment Compliance



# Data Interpretation and Analysis

## Parameters Assessed





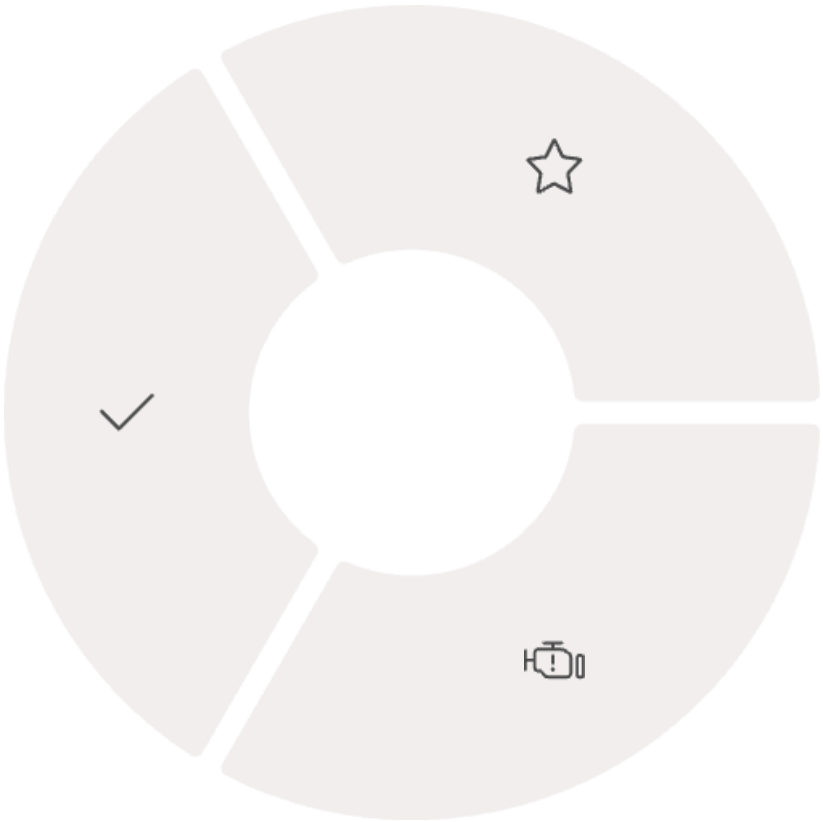
# Discussion

- **Technical Compliance:** Most wards demonstrated high compliance in technical aspects like single prick and care of IV line during bathing, with several wards reaching 100% compliance in these areas (e.g., 3RD GW and 5TH A).
- **Communication-Related Gaps :** Explanation of the procedure and patient hand hygiene had relatively lower compliance, particularly in 3RD GW (67% and 56%, respectively) and 5TH A (60% and 72%). This indicates communication and patient education remain inconsistent across some wards.
- **High Performers:** Wards such as 3RD C, 4TH A, and 4TH C showed balanced and relatively high compliance across most parameters, indicating better adherence to both procedural and communication standards.
- **Areas of Concern :** 5TH A had the lowest score for explaining the procedure (60%), highlighting a significant gap in patient engagement despite achieving 100% compliance in the technical parameters.
- **Ward Variability:** The variation across wards suggests that compliance is not uniformly maintained and may depend on localized practices, training, or staff awareness levels.

# Results Overview & Interpretation

## Core Compliance

14 out of 20 parameters achieved 100% compliance, demonstrating strong adherence to core procedural and aseptic protocols.



## Strengths

- Consistent proper documentation and safety practices
- Excellent compliance with aseptic techniques

## Areas for Improvement

Patient Hand Hygiene compliance at **75%** — needs enhancement

Procedure explanation clarity at **81%** — improve patient education

Hand Hygiene Demonstration at **84%** — increase patient participation

Single Prick Attempt success at **88%** — focus on reducing multiple attempts for patient comfort

Splint Support marked Not Applicable



# Recommendation

## Staff Training

- Short sessions focusing on communication and patient education
- Reinforce correct practices through role-play and case-based learning

## Visual Aids

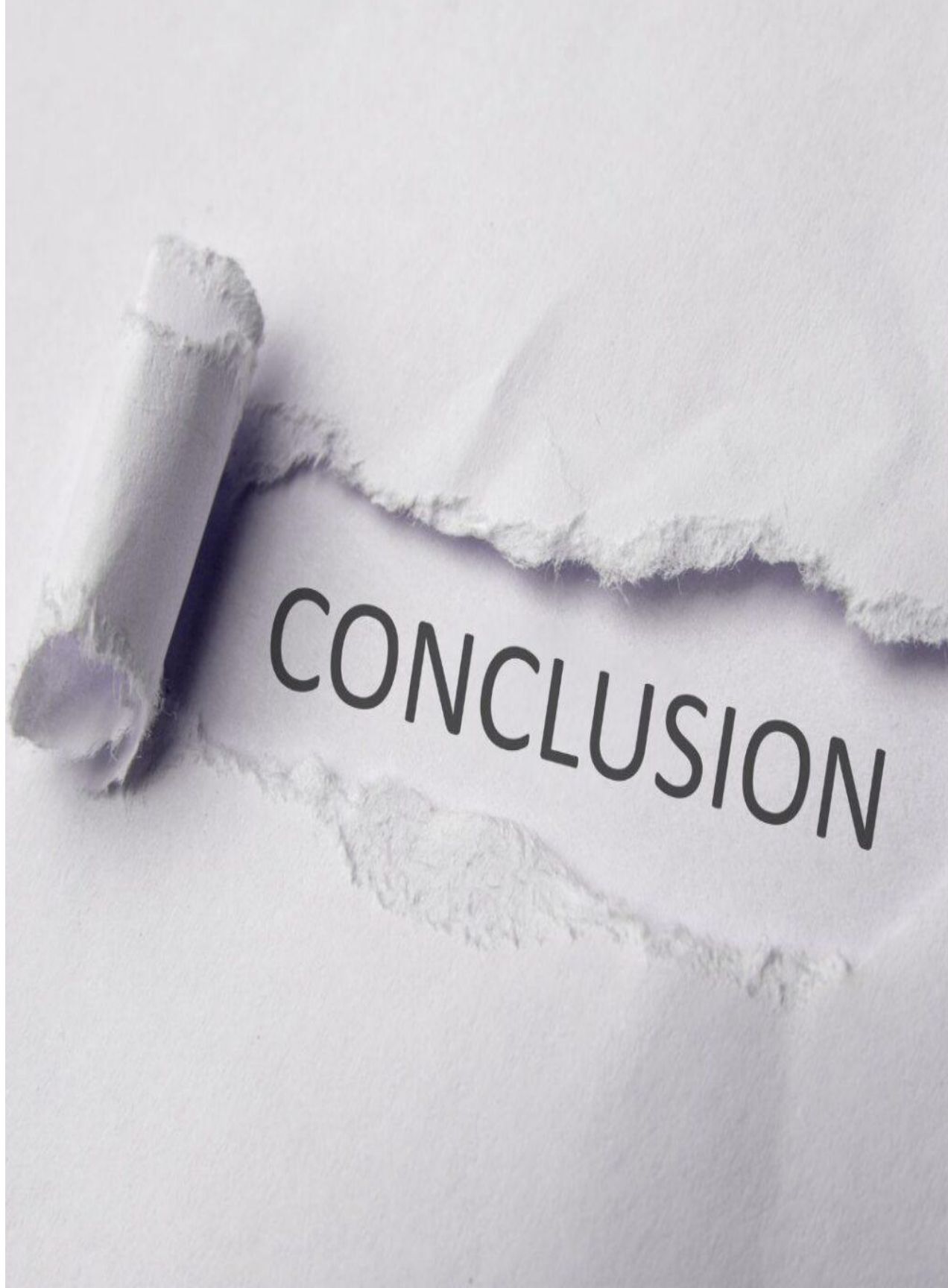
- Posters reminding staff to explain the procedure and demonstrate hygiene

## Patient Empowerment

- Educate patients on hand hygiene and IV site care
- Include reminders in patient handouts

## Feedback Mechanism

- Periodic audits and real-time feedback loops
- Recognize high-performing units

A close-up photograph of a piece of white paper that has been torn. The word "CONCLUSION" is printed in a large, bold, black, sans-serif font on the lower portion of the paper. The paper is torn along its top and left edges, with a small, irregular piece of paper still attached to the left side. The background is a plain, light-colored surface.

# CONCLUSION

- The study assessed IV cannulation compliance using the CAHO-validated PREM tool in a tertiary care hospital.
- Strong adherence was observed in technical protocols such as hand hygiene and sterile practices.
- Gaps were identified in communication, patient involvement, and post-cannulation education.
- Ward-wise variations highlight the need for targeted, localized quality improvements.
- Incorporating patient-reported experiences offered a deeper, more holistic view of care quality.
- Recommendation Strengthen patient communication and education to complement clinical excellence and enhance overall care experience.

thank  
you