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Abstract (oral session)

Broken lines: fragmentation of care in peripheral vascular access

E. Castro Sanchez*, E. Charani, N. Shah, L. Drumright, A. Holmes (London, UK)

Introduction: Peripheral vascular access (PVA) is a common clinical intervention in care settings, but can also result in adverse events for patients. Initiatives to successfully increase the quality of PVA-related care have been proposed, but a lack of understanding of factors perpetuating healthcare professionals' (HCPs) behaviour limits intervention efficacy. This study aimed to explore how HCPs attitudes and perspectives result in barriers for optimal care, to inform effective and sustainable behavioural change interventions in PVA. Methods: 39 HCPs (10 doctors, 19 nurses and 10 pharmacists) at a London National Health Service Trust were interviewed using a semi-structured format exploring their beliefs on infection prevention and PVA care. Responses were tape recorded, transcribed and analysed using a thematic framework to identify key themes. Results: Four themes could be used to summarise the range of views expressed by HCPs: 1) Fragmentation of care: this was demonstrated as generalised lack of knowledge about professionals' responsibility or expected standards in PVA care, and was hindered further by the multiplicity of PVA documentation. 2) Resentment and frustration: given that professionals were unsure about each other's responsibilities in PVA care, tensions due to role assumptions emerged. Participants used indirect, non-confrontational tactics which failed to buffer the feelings of resentment and frustration between doctors and nurses, contributing to isolation and fragmentation. 3) Policy credibility: participants dismissed the credibility of the PVA policy due to perceived flaws in the supporting evidence. A particular contentious area was the recommendation to change PVA after 72 hours. 4) Risk assessment: patient features (e.g. difficult veins, obesity) were used to justify breaches of policy. Additionally, some participants considered adverse events associated with PVA to be of modest importance, without contemplating its impact on patients. Discussion: Effective interventions aiming to optimise PVA care need to address the highlighted barriers, particularly fragmentation of care, as well as the perceived negligible value of PVA in itself. Adopting a multidisciplinary, whole-system approach to training and documentation, together with consideration of behavioural incentives and introduction of novel electronic tools could address the fragmentation of care identified and result in greater quality of PVA care.