Background
- Intravenous therapy is consistently utilized throughout the hospital
- Nurses find that patient care is frequently delayed due to poor or no intravenous access
- When IV placement is unsuccessful, there is a delay while waiting for resource nurse
- Multiple IV attempts can lead to an increase in patient pain, inappropriate placement of IV sites, infection, and increased costs

Practice Change
Understand RNs’ perceptions of current practices without a IV team:
- Decrease delayed medication administration due to lack of IV access
- Infection rates

Methods
- Survey to identify need for IV team within inpatient units (4-8 weeks)
- Analyze and compile data regarding intravenous therapy survey
- Present survey results to staff and management via staff meeting/Huddles/meetings

Measures and Results

Summary/Discussion
- Next Steps:
  - Collaborate with nurses in radiology to initiate IV team
  - Work with HR to form and initiate staff for the IV team and complete orientation/training
  - Follow and track a patient who has documented phlebitis or infiltration from IV line and check the RNs documentation
  - Follow up with staff 6 months after IV team has been initiated to determine whether the IV team has been successful and improved workflow and patient safety/satisfaction
- Barriers of this Study:
  - Lack of staff
  - Lack of funding
  - Potential for losing skills/competency

Conclusion
- Rates of infection and decreased patient safety/satisfaction could improve with proper documentation and decreased number of IV sticks
- Staff will be educated on the use of the IV team
- Post survey results pending

References

Fiona Clay and Angela Melder. 2018. IV night teams: Impact on infection rates, insertion success and deskilling: Evidence Review. Centre for Clinical Effectiveness, Monash Health, Melbourne, Australia


https://www.flickr.com/photos/sugarhiccup/557104191