



# Can IV Teams Survive in This Changing Healthcare Environment?

**Presented by:**

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# Can IV Teams Survive in This Changing Healthcare Environment?

## What is an IV Team? What do they do?

Peripheral IV Starts

Phlebotomy

PICC / Midline Insertion

PICC dressing

PICC troubleshooting

PICC occlusion management

PICC removal

IO

Central Line monitoring

Administration of infusates/  
blood/ blood products/  
chemo/TPN

Informed Consent

Patient Education

Staff Education

Quality Improvement

data collection

Infection Control

Assessment, re-assessment

Research



IV Teams

# Benefits of an IV Team

**Reduction in complications related to peripheral IV complications**

**Reduction in Catheter Related Blood Stream Infections**

**Increased Patient Satisfaction (minimize # attempts)**

**Timely completion of therapies**

**Level of clinical expertise**

**Utilization of state of the art technology**

**Reduction in patient length of stay**

**Potential revenue generation**

**Early assessment and identification of vascular access needs**





# Review of the Literature

Catney, M, Fredrickson, M., Meier, P & Nettleman, M. (1998)

- ***Dedicated IV team reduced CR-BSI's from 1.1/1000 patient days to 0.7 infections per 1000 patient days***

Scalley, RN (1992)

- ***IV Starts by IV team vs non IV team: significant decrease in phlebitis rates***

Wei-Ling, L, Hsaio-Lein, C, Tzung-Yi, I-Chen, L, Wen-Ching, C, Cheng-Hua, H, Chi-Tai, F. (2009)

- ***Reduction in CR-BSI from 3.7% to 2.1%***

Palefski, SS, Stoddard, G.J (2001)

- ***IV team placed PIV significant reduction in leakage, phlebitis and infiltration***

Miller, J.M., Goetz, A.M, Squier, C., & Muder, R.R. (1996)

- ***CR-BSI rates decreased from 4.6/1000 patient discharges to 1.5/1000 patient discharges***

Goifeer, N., Borzak, S., Edlin, B., & Weinstein, R. (1998)

- ***Reduction in both local and systemic complications of PIVs***

# IOM Specific Aims

- Safety
  - Avoid injury
- Patient Centered
  - Seamless, respect
- Efficient
  - No waste in process
- Effective
  - Scientific based
- Timely
  - Decrease wait times
- Equitable
  - Single standard of care



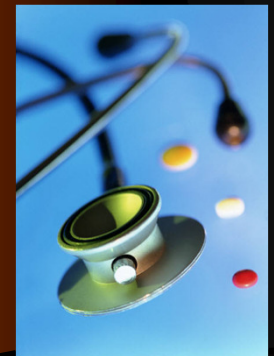
# Threats to Existing IV Teams

- Cutbacks, stream lining, reorganization, mergers
- Healthcare Reform
- Medicare Reimbursement
- Patient Acuity
- Resistance to Change



# Healthcare Reform for Dummies

- Top Initiatives:
  - Pre existing conditions – insurers can not deny coverage or add additional fees
  - Employers of > 50 staff must offer health insurance
  - “Cadillac Plans” will be taxed
  - Preventative Care: children can stay on parents’ plan until age 26
  - Medicare “Donut Hole” for medication coverage



# Healthcare Reform for Dummies continued....

- Incentives to healthcare facilities
  - Electronic Medical Records
  - Efficiency models
  - Effectiveness of interventions

Link reimbursement to outcomes related to  
quality



# The Financial Triangle

**VOLUME**



**REVENUE**

**EXPENSE**

# Opportunities

- Marketing
- Data Collection
- Minimize Expense
- Maximize Revenue
- Influence Volume
- Technology



# Opportunities

- Marketing IV Teams
  - Product: what do you offer, when is it available, where can people get it, who is eligible
  - Price: short and long term
  - Place: where services offered
  - Promotion: getting the word out



# Data....Data....Data

- Necessary data elements to support the IV Team:

- Success rates
- Outcomes
- Prevention strategies
- Patient Satisfaction
- Staff Satisfaction
- Cost reduction initiatives



# 5 Dysfunctions of a Team

Patrick Lencioni 2002



# TRUST



## ● ABSENCE OF TRUST

- ❏ Conceal Weaknesses and mistakes
- ❏ Hesitate to ask for help
- ❏ Hesitate to offer help
- ❏ Fail to utilize other expertise
- ❏ Waste time/energy with bad behavior
- ❏ Hold Grudges
- ❏ Dread meetings
- ❏ Avoids spending time with team

## ● PRESENCE OF TRUST

- ❏ Admit weakness/ mistakes
- ❏ Ask for help
- ❏ Gives one another benefit of doubt
- ❏ Offers feedback and help
- ❏ Makes use of others expertise
- ❏ Time and energy focused on patients not politics
- ❏ Offers and accepts apologies
- ❏ Looks forward to group work

# CONFLICT

- Fear of conflict
  - Boring Meetings
  - Personal attacks and backdoor politics prevail
  - Ignore controversy
  - Fail to generate ideas from other team members
  - Interpersonal risk management
- Engages in conflict
  - Lively interesting meetings
  - Exploit ideas of all team members
  - Solve problems quickly
  - Minimize politics
  - Crucial conversations
  - Team risk management



# COMMITMENT

- Failure to Commit

- Ambiguity about direction and priorities
- Excessive analysis and unnecessary delay
- Breeds lack of confidence and fear of failure
- Revisits old "stuff" over and over again
- Encourages second guessing among team members



- Team Commitment

- Clarity of direction and priorities
- Aligns team to common objectives
- Able to learn from mistakes
- Takes advantage of opportunities before competitors
- Moves forward with enthusiasm
- Changes direction with mid-course correction

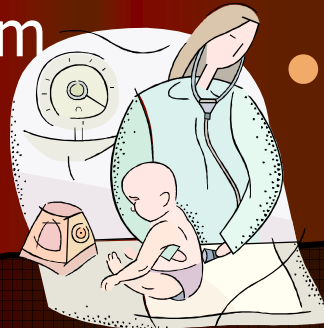
# ACCOUNTABILITY

- Avoids accountability
  - Resentment of team members with different performance standards
  - Mediocrity
  - Missed deadlines
  - Leader is sole source of rendering discipline
- Embraces accountability
  - Poor performers feel peer pressure to improve
  - Problems are identified and resolved quickly
  - Respect among team members
  - Avoid excessive bureaucracy around performance management and corrective action.



# OUTCOMES

- Not focused on results
  - Stagnation
  - Failure to grow
  - Rarely defeats competitors
  - Loses achievement oriented staff
  - Individual goals more important than team
  - Easily distracted
- Focused on results
  - Retains strong employees
  - Minimizes individual agendas
  - Enjoys success
  - Suffers failure acutely
  - Team Goal oriented
  - Avoid



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Changing Healthcare Environment?

**ABSOLUTELY**

IF

Will We?

***"We need to  
take control of  
our own  
destiny!"***

# Thank You!

- Questions?

# Happy IV Nurses Day

