



Venous Education & IV newsletter

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Thank you for your continued readership!

Conventions in MarchCome visit us at our CIAS Booths

PADONA/LTCN Convention

CIAS welcomes your visit to our booth at the Pennsylvania Association of Director of Nursing Administration convention, PADONA, at the Hotel Hershey in Hershey, PA on Wednesday, March 25 and Thursday, March 26.



PADONA Convention, Hershey, PA Wednesday March 25th & Thursday March 26th

We had a great time last year meeting everyone at our first PADONA convention and we look forward to another great meeting. Stop by to discuss your needs for PICC line – Midline and Peripheral IV line placement along with the Educational needs for your staff. We offer a variety of educational classes where we can design a course around the needs of your staff. Convention info @ www.padona.com

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Benefits of Bedside Ultrasound by CIAS Staff

When considering the need to utilize ultrasound for your patient, consider these benefits

Cost Savings to Bulding:

- No nursing hours to get MD order for hospital transfer; getting POA approval; getting reservation in hospital (may wait days); making transport arrangements and transportation costs
- No risk of patient being admitted to the hospital and the concomitant empty bed \$ loss

Patient and Family Benefits:

- No transfer trauma and hours on a stretcher for the patient and no transfer-associated anxiety for the family
- Patient endures 1 stick/attempt
- 99.9% line placement success

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Getting Accountability from your Staff by Bill Ringle

In my experience, accountability is the key to having well run operations, providing quality service, and far fewer headaches and crises as a manager. Face it, if your staff did what you pay them to do consistently well things would run smoothly and life would be a whole lot easier. Do your people know what you expect them to do? Do they know how you want the various tasks to be done? Do they know what the priorities are and when these tasks must be completed?

Clarity is the foundation of accountability. As a leader or manager, you must be absolutely clear about what you expect. This starts with a specific job description that lists the most important tasks and responsibilities of the job. I recommend reviewing this with job applicants, making certain they understand what is expected and getting their agreement to doing it. Next have them sign and date the job description when you hire them.

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On This Bitter Cold Evening.. by Amy G., RN

On this bitter cold evening, I'm in between calls, sitting in the parking lot of my favorite Sheetz in West Hills. Thought I'd reflect back and write about some of my favorite moments as one of the newest nurses to CIAS, recently hired 10 months ago.

Day 1, out on my own for the first time ever... A complete failure for insertion of ML at the first facility. Head to the second facility, failed again! I walked back to my car, crying, totally disappointed and mind made up, this job isn't for me. So I called Amy K. and told her I quit! I offered to bring the equipment immediately to her, as I felt, I wasn't cut out for this type of work. My first 2 calls were disasters! Everything went wrong! I dropped the ML on the floor. I forgot to fill out the paperwork and realized about 10 miles away. My confidence was shattered.

So supportive, Amy K. stated quitting wasn't an option and reminded me I had only been working 2 hours!! She quickly sent help to me. Amen!

Weeks later, with confidence built up and becoming successful at placing ML's, I was visiting a place where they allow pets to visit. Unbeknownst to me, after mask and gloves on, sterile field set, residents arm prepped, just about to stick the vein, a cat walked in the room. The beast leaped onto the bed and ran across the residents chest! Seriously, I screamed, I thought it was a rat! Staff rushed in, I told them there's a rat under the bed! They reached

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Getting Accountability from your Staff by Bill Ringle (Continued from page 1)



Having consequences for employee actions are essential to gaining accountability. The key here is to reward or discourage the behavior, not the person. Employees don't miss a trick. They pay just as much attention to what you don't do or say as they do to what you do say or do. So, if you notice something that violates your clearly described expectations and you are too tired to confront the issue; that is taken as being OK.

As managers we need to have a positive consequence when a staff person does something good and a negative consequence when staff behavior is not what you want. At its most basic, a simple thank you or praising for doing what is expected well and timely or a stern correction if the task is not done, done poorly or not when needed. If you do this consistently your staff will know you mean it. Everyone makes mistakes so your consequence when poor behavior first occurs can be mild and instructional. But what if the behavior becomes repetitive? Then you must ratchet up the consequences. You can try a written warning on a bright pink sheet of paper, send the employee home early or give them time off without pay depending on your work situation. Remember, you like the person; it is only their behavior you have a problem with, right?

An important rule to gaining accountability is to have only one person responsible and accountable for a task. This is usually the supervisor or manager. If everyone is supposed to make sure the tasks are done then no one is accountable. This is where you encounter finger pointing. This is why in most organizations you see only one department head. That person is accountable for the results.

So if you want to improve accountability:

- Be crystal clear about what is expected and how you want it done.
- Have clear consequences for bad behavior and rewards for good behaviors.
- Make sure you have one person accountable for results in any one situation, department or shift.

Bill Ringle is President of SystemRingle, LLC. www.systemringle.com 724-444-0455

Benefits of Bedside Ultrasound by CIAS Staff (Continued from page 1)

Legal considerations:

- The Infusion Nurses Society (INS) advocates strongly for vein preservation through the least number of attempts for any line placement.
- The INS is now recommends that US be used for peripheral short catheter placement to minimize # of attempts as well as guaranteeing perfect line placement in the vein.
- Best practice mandates using US for ML placement in these elderly, sick and debilitated patients to minimize vein and emotional trauma. US is required for PICC insertions.

On This Bitter Cold Evening... by Amy G., RN (Continued from page 1)

under and pulled out a little cat... I was so embarrassed! They found it very funny...

Months roll by, CIAS bought us embroidered shirts with "CIAS"... I'm driving home from work, about 12:30am and cruise into a DUI check point. Something I've never experienced before! Obviously, I was sober, but still, it was very intimidating! There were 15 police cars, fire trucks, huge spot lights and quite a bit of intoxicated people not passing the sobriety test. As its my turn, I roll down the window, Cops surround my vehicle, shine bright flashlights into the windows and I'm a nervous wreck...

Cop says to me, "So, you're a nurse?" I answer, "yes....' He states, "You work on the IV Team?" I looked shocked and answered, "um....yes...." I was thinking, damn, these guys are good! Holy crap! He smiles and says, "It's on your shirt mam..." Needless to say, I passed the check point...

I've had one other run in with the police, while in between calls, hanging out at Sheetz. I was totally minding my own business on a late Saturday night. No calls pending, so I was sitting in the parking lot, drinking coffee, talking on the phone. All of a sudden, a police car pulls up beside me and starts questioning me! I immediately felt guilty and wrong! I stuttered as I was explaining what I do for a living and that made it sound worse! I said something to the effect that I was waiting for a call, to go do a line....

Well, I was referring to a Midline...he was thinking something else.

Most recently, I woke a very elderly gentleman up from his nap to introduce myself and place his midline. He was unsure of me and rather confused for a minute or two. As I was prepping his arm, I noticed he kept looking at me and blinking his eyes. I asked him if everything was alright. He opened his eyes real wide and said to me, "Well...you're sort of pretty..." He just wasn't sure. But he sure was charming.

It's been an interesting ride so far. I'm looking forward to 2015 with many miles to cover, new friends to meet and charming little residents to have the pleasure of caring for.

Safe travels!

Amy G., Vascular Access Registered Nurse

Complete the survey on the next page with your suggestions for a chance to win a free Pizza Lunch!



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ENTER FOR A CHANCE TO WIN: Please take a moment to respond to this survey, then fax us your suggestions. We will have a drawing from those entered to win a pizza lunch for your staff... Have fun! 724.226.2003 fax

THE VEIN READERSHIP SURVEY

	Business/Facility Name:	
	Contact Name & Title:	
	Contact Phone Number:	
	Contact Email Address:	
1. Have you received The VEIN via US mail or email? & What is your preference? I received: US Mail Email I would prefer to receive: US Mail Email		
2.	What topics of interest would you like to see in future issues?	
3.	. Would your staff benefit from a review of dressing change policy? Y/N (circle one)	
4.	Are you in favor of having staff, both LPN and Nursing assistants watch a midline insertion? Y/N (circle one)	
5.		THEVEIN MARCH 2015



Complete Intravenous Access Services, Inc. 828 Front Street Creighton, PA 15030

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Ship to:

