# Management and Leadership

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Interprofessional collaboration is essential in creating a successful implementation plan. Interprofessional collaboration is when health workers from different professional backgrounds work together to achieve the highest quality of care (Willard, 2018). Promoting collaboration provides a better understanding of the importance of each health professional's skills and offers the patient an improved outcome (Willard, 2018). Bosch & Mansell, 2015, compares interprofessional collaboration to lessons learned from playing competitive sports. Bosch & Mansell, 2015, state five key strategies are needed for success in collaboration, these are role clarity, trust and confidence, the ability to overcome adversity, the ability to overcome differences, and collective leadership. These strategies will be utilized to enhance interprofessional collaboration during the implementation of the vascular access team (VAT). Defining a clear role is crucial in collaboration as this allows each member to know what position they play. Trust and confidence are vital to a team's success, to develop trust members need to be confident in their abilities to lead. Overcoming adversity and personal differences will be controlled by maintaining professionalism and keep working towards the goals set. Diversity is a strength of a team as it brings innovative ideas to the table. Collective leadership facilitates collaboration by allowing all individuals to be engaged and assists with buy-in for the whole team (Bosch & Mansell, 2015).

A dedicated VAT helps reduce CLABSIs, in addition to assisting in decreasing expenses and increasing efficiency, quality of care, and patient satisfaction by standardizing workflow and identifying the appropriate use of PICC and CVC insertions, maintenance, and removal (Johnson et al., 2017). Implementing a VAT at BSWI will assist in controlling costs by decreasing multiple insertion attempts and decreasing complications associated with central lines. It is proven by

many studies that multiple insertion attempts decrease patient satisfaction. Morrell, 2020, performed a study that evaluated the impact of a VAT on improving clinical outcomes, patient and health care worker safety, and costs. Results showed a significant improvement in first-insertion success, and cost savings. With the decrease in multiple attempts and training staff on best practices, the VAT produced an estimated cost saving of $192,570 (Morrell, 2020). The Nurse Society Infusion Therapy Standard of Practice will be used to monitor the quality of care the VAT provides. A dashboard will be developed to include the first-insertion success, CLABSI rates, and complication rates. This will assist in analyzing the outcomes of the VAT. The VAT will also control costs within the hospital by utilizing the appropriateness checklist, and only inserting a line that is indicated. An unknown is once the VAT is up and running if there will be high staff turnover and if this will affect the competency levels of insertion.

**Delivery and Technology**

The delivery of implementing the VAT will be developed on cutting costs and improving patient satisfaction as well as quality improvement. Stakeholders need to use strategies to implement the VAT into clinical practice to ensure that patients receive the benefits. Implementation will be delivered using the BSWI formal structure practice model. This model is how changes and new processes are rolled out. It starts with implementing in leadership huddles, at the Professional Development Council, and the Staff Nurse Council. These groups take the information back to staff and assist with implementation. This is how buy-in to new processes is developed within the organization. The best way for buy-in is to deliver the why this is being implemented. Leadership will deliver the why, which includes improving standards, skills, and maintaining consistency with the placement of line to decrease CLABSI rates. Part of the delivery method that will be used in applying the appropriate use checklist. When the checklist is

utilized by clinical staff this will indicate the use of the VAT and provide a guide for quality of care.

The best technology options for vascular access are an ultrasound and electrocardiographic (ECG) guidance system. Using ultrasound allows the clinician to locate and measure a vein for catheter placement and the ECG allows the clinician to know the line is in the correct place. Chopra et al., 2017, performed a study and concluded that with the use of technology, clinicians reported increased first-attempt success rates and improved patient outcomes. An area of uncertainty is whether the clinician utilizes the technology on all attempts or only on difficult patients.

**Stakeholders, Policy, and Regulations**

Stakeholders have a major influence on the outcome of projects and their management of the project is critical. Stakeholders must be engaged in the project, and open communication is key to success. Engaging key stakeholders from the beginning of the project increases buy-in. May, 2016, states that "stakeholder buy-in is the glue that binds all elements of a project together and ensures that the change will happen." It is assumed that stakeholders have developed a trusting professional environment.

The Nurse Society Infusion Therapy Standards of Practice is used as regulatory compliance in vascular access as it provides the framework that guides clinical practice. The standards are developed to be utilized in all patient settings. "Best evidence and research are integrated into each standard and standards provide the criteria for nursing action and accountability, while the practice criteria provide guidance for implementation of the standard while maintaining safe patient care (Mary, 2011, p 54)"

Developing policies, procedures, and protocols from the standards of practice will be considered as part of the implementation plan and will be developed by using evidence-based guidelines. Policies are important to achieving patient safety. If new policies and procedures are not planned appropriately, this could impair the implementation of the project. Healthy People 2020 has many goals, and one is to prevent healthcare-associated infections. This project supports the goals of Healthy People 2020 and will be used as part of the implementation plan.

**Timeline**

A timeline is essential to the implementation plan. It includes what the project will accomplish and helps set clear expectations. Timelines allow for an overview of the project and assist in efficiency among teams (Dillow, 2018). As mentioned before, to fully implement this project it is estimated to take twelve months after the development. Once the project is approved by senior leadership, then a team will be created to assist with the planning and implementation of the VAT. Once the team is composed, tasks will be assigned to each participant. The development phase is estimated to take three months. The next three months will be developing recruiting strategies to hire motivated staff. The next three months will consist of creating policies, procedures, and protocols of the VAT as well as purchasing required equipment. The last three months will consist of training for the VAT and preparing for the execution of the team. Some factors to consider is the amount of time it could take to hire staff and obtain the appropriate equipment needed for the team, which could force some revisions to the timeline.

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