INFUSION SURVEY #1: VISUAL REPORT

Prepared by Ben Pratt on behalf of Professor Ben Dunford
RESPONDENT DEMOGRAPHICS*

1760  Total Respondents
53    Average Age
23    Average years of infusion experience
75.6% Clinically Active
69%   Work in Hospitals

*While this summary contains many analyses of data from IgNS members alone, these demographics represent all respondents.
WHO PERFORMS INFUSION TASKS?
INFUSION ASSESSMENTS/PREP

All Respondents

- Individual RNs: 50%
- Nurse Infusion Team: 18%
- Other Type of Infusion Team: 3%
- Nurse Practitioner: 8%
- Physician Assistant: 3%
- Physician: 10%
- Other: 4%
- Individual LPN/LVN: 4%

IgNS Respondents

- Individual RNs: 64%
- Nurse Infusion Team: 15%
- Other Type of Infusion Team: 6%
- Nurse Practitioner: 2%
- Physician Assistant: 1%
- Physician: 1%
- Other: 5%
- Individual LPN/LVN: 6%
INFUSION INSERTION ("STICKS")

All Respondents

- Individual RN: 28%
- Nurse Infusion Team: 23%
- Physician: 22%
- Physician Assistant: 5%
- Other Type of Infusion Team: 5%
- Individual LPN/LVN: 2%
- Nurse Practitioner: 9%
- Other: 6%

IgNS Respondents

- Individual RN: 55%
- Nurse Infusion Team: 15%
- Nurse Practitioner: 7%
- Other: 5%
- Other Type of Infusion Team: 9%
- Individual LPN/LVN: 7%
- Physician: 7%
- Other Type of Infusion Team: 2%
MONITORING AND PATIENT FOLLOW UP

All Respondents
- Individual RN, 55%
- Nurse Infusion Team, 15%
- Other, 3%
- Individual LPN/LVN, 7%
- Other Type of Infusion Team, 3%
- Physician, 8%
- Nurse Practitioner, 7%
- Physician Assistant, 2%

IgNS Respondents
- Individual RN, 62%
- Nurse Infusion Team, 13%
- Other, 2%
- Individual LPN/LVN, 7%
- Other Type of Infusion Team, 6%
- Physician, 2%
- Nurse Practitioner, 1%
- Physician Assistant, 1%
- Other, 3%
INFUSION DRESSING CHANGES

All Respondents

- Individual RN, 56%
- Nurse Infusion Team, 24%
- Other Type of Infusion Team, 3%
- Other, 1%
- Individual LPN/LVN, 6%
- Physician, 2%
- Nurse Practitioner, 5%
- Physician Assistant, 1%

IgNS Respondents

- Individual RN, 66%
- Nurse Infusion Team, 18%
- Other Type of Infusion Team, 1%
- Other, 1%
- Individual LPN/LVN, 14%
- Other, 1%
- Individual RN, 56%
- Nurse Infusion Team, 24%
- Other Type of Infusion Team, 3%
- Other, 1%
- Individual LPN/LVN, 6%
FLUSHING AND LOCKING LINES

All Respondents

- Individual RN, 65%
- Nurse Infusion Team, 18%
- Other, 3%
- Other Type of Infusion Team, 3%
- Individual LPN/LVN, 7.60%
- Physician Assistant, 0.30%
- Physician, 1%
- Nurse Practitioner, 2%

IgNS Respondents

- Individual RN, 69%
- Nurse Infusion Team, 16%
- Other, 1%
- Other Type of Infusion Team, 1%
- Individual LPN/LVN, 13%
- Other, 3%
INFUSION DEVICE REMOVAL

All Respondents

- Individual RN, 49%
- Nurse Infusion Team, 20%
- Other Type of Infusion Team, 4%
- Nurse Practitioner, 7%
- Physician Assistant, 3%
- Physician, 10%
- Other, 3%
- Individual LPN/LVN, 4%

IgNS Respondents

- Individual RN, 67%
- Nurse Infusion Team, 17%
- Other Type of Infusion Team, 1%
- Nurse Practitioner, 1%
- Other, 2%
- Individual LPN/LVN, 12%

All Respondents

Individual RN, 49%
Nurse Infusion Team, 20%
Other Type of Infusion Team, 4%
Nurse Practitioner, 7%
Physician Assistant, 3%
Physician, 10%
Other, 3%
Individual LPN/LVN, 4%
CHANGES IN INFUSION PRACTICE OVER THE LAST TEN YEARS
REPORTED CHANGES IN INFUSION TASK-WORK

All Respondents

- Assessment/Prep: 250
- Vascular Access: 500
- Administration: 400
- Monitoring: 150
- Dressing Changes: 300
- Flushing/Locking: 100
- Removal: 200

IgNS Respondents

- Assessment/Prep: 25
- Vascular Access: 25
- Administration: 30
- Monitoring: 15
- Dressing Changes: 20
- Flushing/Locking: 10
- Removal: 15
DIRECTION OF CHANGES IN TASK-Work

A 0.1 change on this scale represents reports from 10% of respondents that an infusion task has been reassigned from one occupational level to another—either up or down the “occupational ladder”—during the last 10 years.

(For example, the -.51 score for vascular access means that 51% percent of respondents indicated that the task had been reassigned one full level down the occupational scale over the last 10 years)

Occupational Levels

7-Physician
6-Physician’s Asst.
5-Nurse Practitioner
4-Infusion Team
3-Other type of Inf. Team (Vascular Access)
2-Individual RN
1-Individual LPN/LVN
REDUCTION/DISBANDING OF INFUSION TEAMS
30.9% Of respondents indicate that infusion teams have been disbanded or reduced in their place of work.

21.2% Of IgNS respondents indicate that infusion teams have been disbanded or reduced in their place of work.
REASONS

All Respondents

To reduce costs
Technology makes them unnecessary
Regulatory/reimbursement pressures
Lack of organizational resources
Individual nurses perform them just as well
Other (lack of administrative understanding)

ANN Respondents

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INFUSION TEAMS: MISCELLANEOUS INFORMATION

• 79% of all respondents say infusion teams are a good idea
• 46.51% work in facilities with an infusion team
  • 8.2 Average FTE on infusion teams
  • 77 Respondents reported more than 1 infusion team in organization
ORGANIZATIONS WITH AND WITHOUT INFUSION TEAMS: NURSE PERCEPTIONS AND EFFECTS
SUPPORT AND INDEPENDENCE

All Respondents

Social Support | Psychological Safety | Autonomy
---|---|---
With Infusion Team
Without Infusion Team

IgNS Respondents

Social Support | Psychological Safety | Autonomy
---|---|---
With Infusion Team
Without Infusion Team
TRUST AND SATISFACTION

Organizational Trust

Satisfaction

All Respondents

IgNS Respondents

With Infusion Team

Without Infusion Team

With Infusion Team

Without Infusion Team
PERCEIVED RESOURCES AND BURNOUT

All Respondents

IgNS Respondents

Resources for Infusions  Burnout  Intent to Turnover

With Infusion Team
Without Infusion Team

Resources for Infusions  Burnout  Intent to Turnover

With Infusion Team
Without Infusion Team
PERCEIVED SAFETY AND QUALITY

All Respondents

Safety Improvement
Safety Comparison
Organizational Comparison

IgNS Respondents

Safety Improvement
Safety Comparison
Organizational Comparison

With Infusion Team  Without Infusion Team

With Infusion Team  Without Infusion Team
IMPLICATIONS
PSYCHOLOGICAL SAFETY: A MEDIATING LINK

The presence of an infusion team is associated with a 4% increase in nurse psychological safety scores.

A 1-unit increase in psychological safety scores is associated with a .36 unit increase in perceptions of organizational safety.

The presence of an infusion team is associated with a 3.4% increase in nurse perceptions of safety in the organization in which they work, as compared with safety in peer institutions.
TAKEAWAYS

• Decreased use of infusion teams

• Increased reliance on bedside nurses

• Infusion teams affect key nurse outcomes
NEXT STEPS

• Publication of Findings from Survey #1

• Finalization of Survey #2
  • Draws on findings from survey #1
  • Opportunity for Collaboration
  • More specific and refined survey
  • A shorter survey!