This article discusses how the introduction of new ways of working has resulted in a more cost-effective service for the delivery of intravenous (IV) antibiotic therapy in a community setting” Baker and Lyden-Rodgers (2016).

Abstract:

This article discusses how the introduction of new ways of working has resulted in a more cost-effective service for the delivery of intravenous (IV) antibiotic therapy in a community setting. When community IV therapy was originally initiated in the trust, the system involved two nurses to check calculations and oversee the administration of IV antibiotic therapy.

However, as the demand for IV therapy escalated, and with some patients requiring multiple visits, pressures on community nursing teams created challenges relating to capacity and demand. This service improvement project involved two phases. Phase one examined patient safety and the administration of IV antibiotics by one nurse. Phase two reviewed the administration of IV antibiotic via a timed bolus route. Following the analysis, the implementation of these initiatives demonstrated maximisation of resources, a release of nurses’ time to care and improvements to the patient experience.

Reference:


Thank you to our partners for supporting IVTEAM