



September 22, 2022

Jay Prosser, RN, CNO
Saint Vincent Hospital
123 Summer Street
Worcester MA 01608

Dear Jay:

As registered nurses, you the Chief Nursing Officer, both of us co-chairs of the bargaining unit and every St. Vincent/MNA nurse bear legal and ethical accountability for the safety and care of our patients. We are writing to urge you in the strongest possible terms to rescind the decision to eliminate our highly skilled and absolutely essential IV Therapy Team. These professionals provide a valuable service to the hospital, our physicians and most importantly to our patients. Their elimination will not only degrade patient satisfaction, but more importantly will increase the risk of serious harm and unnecessary suffering for our patients, expose our staff to preventable needlestick injuries, and yes, result in the loss of revenue due to the complications that will result from this decision.

Time and again studies have measurably demonstrated the value of expert IV teams. The expertise of the IV team is critical toward minimizing hospital acquired infections related to IVs and to efforts to control the SVH readmission rate and other patient care metrics. Studies have shown that an intravenous therapy team responsible for insertion and maintenance of peripheral intravenous catheters reduces the risk of bloodstream infections. Here at SVH, the expertise of the IV team is responsible for not only the care and maintenance of central lines but other specialized procedures and care that a bedside nurse does not and would not have occasion to provide on a regular basis. The IV team does far more than simply start peripheral IV's.

We know that JCAHO and the CDC recommend having specialized trained teams to provide vascular access and care. JCAHO has reported that "Studies have shown that the use of specialized vascular access teams (or IV teams), consisting of trained nurses or technicians who use strict aseptic technique during catheter insertion and follow-up care, can reduce the risk of phlebitis, bloodstream infections, and costs. See: "Preventing Central Line-Associated Bloodstream Infections: A Global Challenge, A Global Perspective." The CDC recommends the following for preventing intravascular catheter-related infections: "Designate only trained personnel who demonstrate competence for the insertion and maintenance of peripheral and central intravascular catheters."

Because of the specialized training and experience of the IV nurses, many SVH patients are relieved of the pain of frequent, difficult, and unsuccessful peripheral IV insertions. This is a current strength of SVH. So much so, that many patients who have had this experience in the past will come into SVH and specifically ask for the IV nurses.

Finally, it is important to note that no other hospital in the city and few in the state have made this decision and those that did have reversed it after suffering the inevitable negative consequences.

This decision is inconceivable with the current staffing situation, including, the more than 100 RN position vacancies, the continual weekly trickle of resignations of experienced nurses, together with the high number of recently graduated, novice nurses who are already struggling to acclimate themselves to a challenging acute care environment. Nurses approach us daily concerned for the safety of their patients, their practice and the stability of their units. Our patients deserve the highest standard of care and dignity. This is the foundation and obligation of St. Vincent nurses.

We respectfully request to meet with you as soon as possible to discuss our urgent call for the administration to rescind this plan. We await your response.

Sincerely,



Marlena Pellegrino RN, MNA Co-Chair



Dominique Muldoon, RN, MNA Co-Chair