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Communique

Peripheral Venous Access Clinical Care Standard Roundtable meeting: 6 March 2019

Purpose of this document

This Communique is provided to Roundtable attendees for their use when providing an update on the development of the Peripheral Venous Access (PVA) Clinical Care Standard to state and territory health departments, nominating organisations or relevant key organisations. Unless otherwise indicated, this summary reflects work-in-progress discussions.

Meeting details

A Roundtable for the development of the Peripheral Venous Access Clinical Care Standard was held on 6 March 2019. The key purpose of the Roundtable was to consider the evidence and seek advice from experts and consumers on the development of a clinical care standard on peripheral venous access. Details of the Roundtable attendees will soon be available on the Commission's website.

Draft clinical care standard

The evidence sources to underpin the clinical care standard, scope, goal, and quality statements were discussed. The following points provide an overview of these discussions:

Evidence sources to underpin the clinical care standard

In order to drive improvements in care, clinical care standards are underpinned by the best available evidence. The Commission uses a rapid review methodology to identify guidelines, standards of practice, policies, systematic reviews and meta-analysis. Where a randomised control trial could impact on guideline recommendations, these studies are also considered.

To further support development, the Commission appointed two external providers to conduct two in-depth literature reviews. These reviews were structured to better understand the:

- Techniques for preventing and managing adverse events associated with the insertion and use of PIVCs
- Infection prevention and control methods associated with the insertion and use of PIVCs.

The results of these reviews have been used to validate the Commission's findings to date, and inform what parts of the patient pathway the quality statements should focus to support improvements in care.

Scope

The original scope of the clinical care standard was in relation to the care that patients aged 18 years and over should receive to reduce complications associated with the insertion, management and removal of PIVCs. However, it was agreed to include geriatrics and paediatrics in the scope, noting that the standard of care should apply across all populations.

The clinical care standard covers the period from when a patient is identified as requiring peripheral intravenous therapy through to its completion, and subsequent removal of the device. It applies to all healthcare settings where PIVCs may be inserted or managed, or infusion therapy is given, including public and private hospitals, sub-acute facilities, outpatient and day procedure services, and emergency services, such as ambulance services. It also applies to general practice and other community settings where PIVCs may be used, including outreach services such as hospital in the home (HITH) settings.

The use of central venous catheters (CVCs) or peripherally inserted central catheters (PICC) is out of scope for this clinical care standard

Goal

To minimise the risk of avoidable harm to patients associated with the insertion, management and removal of peripheral intravenous catheters (PIVCs).

Draft Quality Statements

Discussion on improvements to the quality statements and implementation issues to consider included the following:

1. **Identify need for intravenous access**
   This statement covers the need to ensure the IV route is only used when clinically appropriate and due consideration is given to other routes of administration. The need to revisit this every time a decision around continuing peripheral access is made was noted.

2. **Inform and partner with patients.**
   This statement covers that patients receive information and education about their need for intravenous access and the procedure and that they are involved in decisions regarding the insertion and management of their venous access device to help reduce the risk of catheter-related complications. Implications of informed consent, health literacy concerns and the need for ongoing communication were discussed.

3. **Credentialing of clinicians**
   This statement covers the need to ensure venous access devices are inserted by trained and competent clinicians, that the right device is chosen and inserted in the correct location, causing the least trauma and optimising the patient experience. Care and maintenance of the device by appropriately trained clinicians was also referenced. Use of the term credentialing vs competency and/or training was discussed and will be considered in terms of implications for implementation.

4. **Document care.**
   This statement covers the routine documentation of the insertion, maintenance and removal of the device, and regular review of the device and surrounding tissue. Issues around documentation requirements, including potential for the use of electronic medical records (EMR), were discussed.

5. **Prepare to insert the PIVC**
   This statement covers identification of the most appropriate peripheral insertion site and device to meet the patient's clinical needs, including consideration of advanced techniques where veins are not easily visible or palpable. The need to further consider patient preferences and ensure patients are well-prepared for insertion was noted.

6. **Limit number of insertion attempts.**
   This statement covers a defined limit on the number of attempts to successfully insert a PIVC and consideration of the impact of multiple failed insertion attempts on the patient experience. The need for escalation protocols/pathways for difficult intravenous access (DiVA) patients was discussed as an implementation issue, noting that no attempt may be clinically indicated.

7. **Insert and stabilise the PIVC.**
   This statement covers the use of hand hygiene and aseptic technique when inserting a PIVC and ensuring the insertion site is stabilised/secured with a sterile transparent semi-permeable dressing in order to minimise the risk of complications and to allow for monitoring of the device and surrounding tissue.

Securement, including the use of appropriate dressings and extension sets, was discussed. It was noted that the most variation in clinical practice exists in relation to Quality Statements 7 and 8 and the need for more research/evidence could be included in the supporting text.

8. **Access and flush the PIVC.**
This statement covers the use of hand hygiene and aseptic technique when accessing a PIVC and ensuring the device is flushed at intervals in accordance with local policy to minimise risk of device failure. The need to reference additional information around cleaning access points, use of needle-less connector, and what it means to safely flush the device in supporting text was discussed.

9. **Review use and ongoing need.**
This statement covers the review of a PIVC device and insertion site, and documentation of its ongoing need in order to reduce the risk of complications. The need for further guidance on how often reviews should be undertaken, what is being assessed and when to remove or not was discussed in terms of implementation issues.

10. **Undertake safe removal and replacement.**
This statement covers the safe and appropriate removal and replacement of a PIVC at an interval according to a current, locally endorsed guideline, or at the first sign of malfunctioning, phlebitis or infection. The need to focus on removal of the device was noted, but any ongoing need for therapy must also be considered when making this assessment.

Indicator development
A set of indicators will be developed as part of the PVA Clinical Care Standard.

Next steps
A small working group will be established to assist with finalising the draft clinical care standard and indicators for public consultation. The clinical care standard will be updated according to feedback from the Roundtable meeting and in consultation with the working group going forward.

The need to come back to Roundtable attendees for specific expertise may also be required. Roundtable attendees will be kept informed of the development progress and notified regarding their participation in the public consultation process, which will likely occur around July 2019.

What is a Clinical Care Standard?

Clinical care standards play an important role in improving the delivery of appropriate care and reducing unwarranted variation. They identify and define the care people should expect to be offered or receive, regardless of where they are treated in Australia. A clinical care standard is a set of specific, concise statements (quality statements) and associated indicators that act as markers of high quality, patient-centred care for a specific clinical condition or defined part of a clinical pathway.

For more about the clinical care standards, including FAQs and details of previous standards go to www.safetyandquality.gov.au/ccs

Prepared by: Clinical Care Standards Program, Australian Commission on Safety and Quality in Health Care.