OMG Study 12/9/2013 Edition 1

Welcome to the first OMG Newsletter!

Welcome to the first OMG Newsletter! We would first like to thank all of you who have shown keen interest in this project and who have helped spread the word!

Since my first humble email to a few 'friends' the study has turned into a somewhat juggernaut and has continued to steadily grow in capturing the imagination of clinicians across the world.

This study is the first of its kind to evaluate and compare the current state of PIVC use and practices from hospitals across the world.

This study will provide much needed data on PIVC care that can be translated into clinical practice. The overall aim is to reduce the burden of adverse patient outcomes associated with PIVC care which can have enormous benefits for hospitalised patients worldwide.

What have we been up to?

Since we commenced this project some 6 months ago we have been very busy developing:

- Data collection forms
- Our Website
- Ethics applications
- Translation of forms
- Consent forms
- On line data tool

We are happy to say that we have completed nearly all of this work and we are now ready to proceed with

"The study is the first of its kind to evaluate and compare the current state of PIVC use and practices from hospitals across the world"

OMG SOON TO TAKE OFF!

Between December 2013 and January 2014 we will be undertaking the pilot study. The pilot will be undertaken so that we can test the data collection system and make adjustments where necessary.

The pilot will be held in 15 hospitals across 14 countries. We wish to thank the following individuals who have given up much of their time already assisting us in developing the process and in some cases translating forms – purely out of good will.

Argentina:	Laura Alberto
Australia:	Tim Spencer & Nicholas Mifflin
Canada:	Jocelyn Hill
China:	Lili Jin
Greece:	Evangelos Konstantinou & Theodoros Katsoulas
India:	Gracy Joseph

the pilot (please see highlighted section).

The Research Plan:

The primary outcome measures we will be collecting in the study include:

1. Number of PIVCs insitu
2. Primary reason for PIVC insertion
3. Type of PIVC
4. Anatomical position
5. State of dressing and securement
6. Type of infusate
7. Cannula dwell
8. Evidence of Phlebitis / infection
9. Number of redundant PIVCs

Although this is a prevalence study, it will be logistically very difficult to get global participation on the same day. As such we have allowed for a more flexible study design whereby organisations can choose ***one day*** in 2014 to undertake the audit in their hospital.

What approval is required?

It is important that hospitals wishing to be part of the study have approval to do so by their hospital administration. We will ask you for this information when we recruit. Some institutions may ask for ethical approval prior to participation in this study. We can provide you with all documentation required so that you can supply to your institution and ethical review board.

How many Patients will I need to collect Data from?

We would like all patients within the hospital to be reviewed but we understand that this may not be feasible and we will gratefully accept what facilities have to offer.

Who can collect the Data?

The requirement of the data collector is they have an understanding of the care and management of PIVC's

Many large hospitals will be using a combination of people on the day including:

- Members of infection control
- Quality control / clinical governance nurses
- Nurse educators
- Nurse managers
- Specialist nurses
- Medical staff
- Final year medical and nursing students.

There may be other individuals available in your hospital that may assist also.

Italy:	Giancarlo Scoppettuolo & Laura Dolcetti
Malta:	Michael Borg & Ermira Tartari
New Zealand:	Ruth Barratt
Saudi Arabia:	Fiona Maclean
Scotland:	Linda Kelly
Spain:	Sonia Casanova & José Luis Micó
UK:	Sheila Inwood
USA:	Julie Jefferson
USA:	Janette Whitley

What is going to happen to the Data?

As previously mentioned all data will be de-identified as per strict ethical protocol. At the end of the study we will seek to publish the results in a high impact medical journal.

Although it will not be possible to nominate everyone who has contributed to the study as a co-author, the final participating hospitals and their coordinating investigators will be acknowledged in the paper as a contributor under each country.

There will also be opportunities after the main study has been published for individual countries to review their own data for potential publication. We will be happy to collaborate and assist you if you wish to do so.

So what's next?

We will be in contact in the New Year via another newsletter letting everyone know that it is time to formally register for the study.

In the meantime please speak to your hospital administration and get written acceptance to be part of the study. If they require ethical review then we can provide you with information including the study protocol.

Not yet registered but have received this newsletter?

If you have received this newsletter you are most likely on a vascular access distribution list. To find out more about the project, please go to our website (listed at the end of document). You will find detailed information about the project. Registering does not commit you to anything but rather puts you on our distribution list.

In Conclusion:

This has been a very busy year for us and I am sure for you also. Enjoy the Christmas season and we hope Santa Clause is good to you!

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