



OMGPiVC
One Million Global Catheters
PivC Worldwide Prevalence Study

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Purpose of the research

- The One Million Global (OMG) peripheral intravenous catheters (PiVC) study is an international prevalence investigation specifically targeting assessment and management of PiVCs across more than 50 countries.
- This study will be the largest of its kind ever attempted and will provide previously unavailable data on the prevalence and management of PiVCs including the average dwell of a PiVC and identifying risk factors contributing to PiVC failure.

Reason for the study



- The study will discover what is happening with PIVCs in clinical practice.
- Is clinical practice making the best use of evidence?
- Are we doing the best we can for our patients?
- If not, how can we do better?
- The study will help people to evaluate their own practice, compare it to the research, benchmark with other hospitals, and discover ways to improve patient safety and healthcare.

Aims of the study



- To identify and compare the prevalence of PIVCs in hospital populations worldwide.
- To evaluate the prevalence of PIVC complications (extravasation, phlebitis, occlusion, thrombosis) in patients with PIVCs worldwide.
- To benchmark international use of PIVCs, including cannula characteristics such as type and size, anatomical placement along with types of intravenous fluids and medications infused.
- To identify risk factors associated with PIVC failure.

More aims of the study

- To identify the prevalence of unused or unneeded catheters.
- To identify the current practice in PIVC dressing use and management.
- To identify the current practices in PIVC securement.
- To compare local hospital policies on PIVC insertion and management with international guidelines.
- To encourage future international collaborative research among vascular access nurses and physicians.

What's involved?



- On a given day in 2014/2015, participating organizations will be asked to conduct one assessment of all patients (both adults and children) with a PIVC.
- The chosen day will be decided by each hospital to suit workload, staffing, etc.

Study Process

- If you decide to participate, sign and return the Authorship Agreement form
- Send your hospital and/or ethics/IRB approval notice to us
- We will send you your unique study code and the link to the online data collection surveys
- If you prefer, you can complete the study on paper and scan/email/post it to us

Data to be collected

- All of the study tools will be available for completion on paper or on-line.
- Write your study code on each form! *Top right corner*
- The **Site Information form** is filled in once per hospital.



Country	
Region/State/Province	
Hospital/Site	AU0099
Number of hospital beds	
Date of review	

OMG PIVC Study Site Information Form

Please complete the following details about the use of peripheral intravenous catheters (PIVC) at this site.

Q 1.1 Role of person completing this form

- | | |
|---|---|
| <input type="checkbox"/> Intravenous Nurse Specialist | <input type="checkbox"/> Nurse Researcher |
| <input type="checkbox"/> Intravenous Medical Specialist | <input type="checkbox"/> Medical Researcher |
| <input type="checkbox"/> Intravenous Technician | <input type="checkbox"/> Research Assistant |
| <input type="checkbox"/> Clinical Nurse Specialist/Consultant | <input type="checkbox"/> Staff Nurse |
| <input type="checkbox"/> Infection Control Nurse | <input type="checkbox"/> Administrative Staff |
| <input type="checkbox"/> Nurse Educator | <input type="checkbox"/> Other _____ |

PIVC GUIDELINES

- Q 2.1 Does your hospital/site have PIVC insertion and maintenance guidelines for staff? Yes / No
If yes, please complete the following regarding your hospital's PIVC guidelines:
- Q 2.2 Do these guidelines state how often to change the PIVC? Yes / No
- Q 2.3 What is the guideline for frequency of replacing the PIVC?
 24-48 hours
 48-72 hours
 72-96 hours
 >96 hours
 Clinically indicated
 Other _____
- Q 2.4 Do these guidelines state how often to change the PIVC dressing? Yes / No
- Q 2.5 What is the recommended frequency of PIVC dressing change?
 24 hours and prn
 48 hours and prn
 72 hours and prn
 96 hours and prn
 > 96 hours and prn
 PRN only
- Q 2.6 Do these guidelines state how often to change the PIVC administration set? Yes / No
- Q 2.7 What is the recommended frequency of administration set change for crystalloid fluids (saline or dextrose solutions)?
 24-48 hours
 48-72 hours
 72-96 hours
 96 hours-7 days
 > 7 days
 Other _____
- Q 2.8 Does your hospital have guidelines for PIVC site assessment? Yes / No

Data to be collected

- The **Screening log** will be filled in on the day of data collection by each participating ward/unit.
- Documents *prevalence* of PIVCs and other IVs
- Documents *patient consent* for their details to be collected for study purposes.



Country	<i>AU0099</i>
Region / State / Province	
Hospital / Site	
Ward / Unit	
Date of review	

OMG PIVC Study Ward/Unit Screening Log

Please include all patients present on the ward/unit.

This log should contain no identifying patient information.

PIVC: short peripheral intravenous catheter

- Medical
- Surgical
- Oncology/Hematology
- Intensive care unit
- Coronary care unit
- High-dependency / Step-down unit
- Obstetrics
- Day stay / short stay unit

Screening log number	Room/ Bed number	How many PIVCs in situ? (Please complete a data collection form for each PIVC)	Other vascular access (PICC, CVC, tunnelled catheter, dialysis catheter, implanted port, etc.)	Informed verbal consent to assess PIVC from patient or next of kin (yes/no)	Assessor's initials
0001					
0002					
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0020					

Data to be collected

- The **Data Collection form** is completed for every PIVC in situ on the ward/unit at time of data collection.



OMG PIVC Study
Data Collection Form

Hospital/Site	AU0099
Ward/Unit	
Room/Bed number	
Screening log number	
Age of patient	
Gender of patient	<input type="checkbox"/> Male <input type="checkbox"/> Female
Date and time of review	/ / 2014 ____:____ am/pm

Please obtain verbal consent and complete a separate survey for each PIVC. Thank-you!

PIVC: short peripheral intravenous catheter

This form should contain no identifying patient information.

Date of PIVC insertion (Ask patient if not documented)	Time of insertion (Ask patient if not documented)
____/____/2014 <input type="checkbox"/> Not documented day month	____:____ am/pm <input type="checkbox"/> Not documented
Reason for PIVC insertion (check all that apply)	
<input type="checkbox"/> IV fluids	<input type="checkbox"/> Blood product transfusion
<input type="checkbox"/> IV medications	<input type="checkbox"/> Parenteral nutrition
<input type="checkbox"/> Taking blood	<input type="checkbox"/> Chemotherapy
<input type="checkbox"/> Patient unstable / Requiring resuscitation	<input type="checkbox"/> Unknown
Catheter brand (See list)	Catheter product (See list)
Who inserted the catheter? (Ask patient if not documented)	Where was catheter inserted? (Ask patient if not documented)
<input type="checkbox"/> IV team	<input type="checkbox"/> Emergency department
<input type="checkbox"/> Nurse	<input type="checkbox"/> Operating room
<input type="checkbox"/> Doctor	<input type="checkbox"/> ICU/CCU
<input type="checkbox"/> Technician	<input type="checkbox"/> General ward/unit/clinic
<input type="checkbox"/> Other _____	<input type="checkbox"/> Radiology/Procedure room
<input type="checkbox"/> Unknown/Not documented	<input type="checkbox"/> Ambulance/EMS
	<input type="checkbox"/> Unknown/Not documented
PIVC position/site	Catheter gauge/size
<input type="checkbox"/> Hand <input type="checkbox"/> Upper arm	<input type="checkbox"/> 14 G (orange) <input type="checkbox"/> 22 G (blue)
<input type="checkbox"/> Wrist <input type="checkbox"/> Foot	<input type="checkbox"/> 16 G (grey) <input type="checkbox"/> 24 G (yellow)
<input type="checkbox"/> Forearm <input type="checkbox"/> Head	<input type="checkbox"/> 18 G (green) <input type="checkbox"/> 26 G (purple)
<input type="checkbox"/> Antecubital fossa	<input type="checkbox"/> 20 G (pink) <input type="checkbox"/> Not visible
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
PIVC site assessment (check all that apply) * Advise patient's nurse of these findings	
<input type="checkbox"/> No clinical symptoms	<input type="checkbox"/> Palpable hard vein cord beyond IV tip *
<input type="checkbox"/> Pain/tenderness on palpation *	<input type="checkbox"/> Streak/red line along vein *
<input type="checkbox"/> Redness > 1 cm from insertion site *	<input type="checkbox"/> Induration/hardness of tissues > 1 cm *
<input type="checkbox"/> Swelling > 1 cm from insertion site *	<input type="checkbox"/> Leaking PIVC *
<input type="checkbox"/> Purulence *	<input type="checkbox"/> Extravasation/infiltration *
<input type="checkbox"/> Itch / rash under dressing *	<input type="checkbox"/> Blood in line
<input type="checkbox"/> Blistering/skin tears under dressing *	<input type="checkbox"/> Partial/complete dislodgement of PIVC *
<input type="checkbox"/> Bruising/dried blood around PIVC	<input type="checkbox"/> Other _____
Has a PIVC site assessment been documented in the patient chart in last 24 hours? <input type="checkbox"/> Yes <input type="checkbox"/> No	

What data will be collected?

No identifying patient data will be collected!

- Age and gender of patient
- Type of health condition: Medical/surgical/oncology /critical care, obstetrics, etc.
- Date and time of PIVC insertion
- Cannula type/brand (if known)
- Who inserted the PIVC (if known)
- Where was the PIVC inserted (if known)
- Site/position of PIVC insertion
- Cannula gauge/size
- IV connectors in use
- PIVC site assessment
- IV securement method
- IV dressing type
- IV dressing assessment
- IV orders today (from med chart)
- IV fluids today (from med chart)
- IV medications today (from med chart)
- Patient satisfaction with the PIVC, scale 0-10

What happens to the data?



- You enter the data in the online database or fax/scan/email/post the data to us.
- We compile all the data and analyse the results.
- Each hospital in the study will be de-identified and have a unique identifier.

Data continued...

- We will not share your data with other organisations.
- We will publish the results by country, not by hospital, so your own results will remain confidential.
- Any data you collect remains the property of your hospital.
- The results will be published in a peer-reviewed journal and presented at international conferences.



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What are the benefits for my hospital?

- Benchmark with other hospitals in your local area or country.
- Compare performance, identify areas for further education, patient safety initiatives, quality control issues, use of consumables (dressings, IV cannulas), number of redundant cannulas, etc.
- Acknowledgement of participation in the study in the final journal publication

What are the risks?



- This is a very low risk observational study.
- No interventions are planned, but if a PIVC problem is detected, the patient's nurse will be notified.
- This study has Griffith University Human Research Ethics Committee approval, NSW HREC approval and QLD HREC approval. It has also been approved by many overseas ethics committees.

How to register

- Go to the website www.omgpivc.org
- Click 'Register Here'

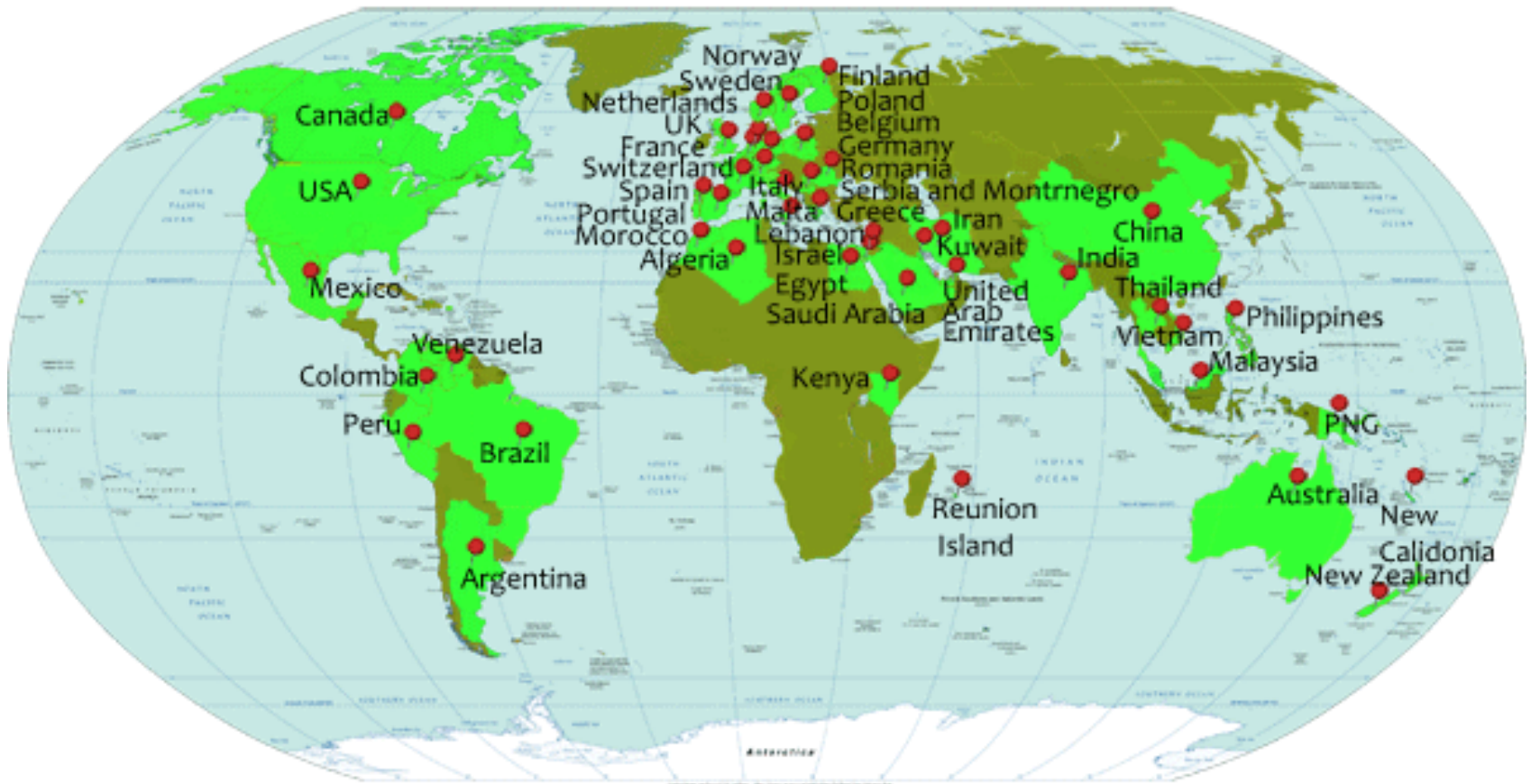
We will then send you everything you need to get going.

What happens next?



- After you register, we will contact you and keep you informed about the study.
- We will send you all the study documents in your language of choice.
- If your site needs Ethics/IRB approval to proceed, we can help with this.

Over 550 hospitals in more than 50 countries have now signed up!





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Thanks for your interest!

We hope you decide to join!

Email: omgstudy-group@griffith.edu.au