



Consumer Survey of Patients Experience on the Insertion and Management of Peripheral Intravenous Catheters (PIVC) at Healthscope Acute Care Hospitals

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Declaration and Acknowledgements



I have no conflicts of interest

Acknowledgements:

I begin today by acknowledging the Traditional Custodians of the land on which we meet today and pay my respects to their Elders past, present and emerging.

I extend that respect to Aboriginal and Torres Strait Islander peoples here today.

I would also like to acknowledge: Dr Gillain Ray- Barruel for assistance with developing this project, Healthscope Hospitals, Anita Hodge, and Tom Wood for assistance to add these questions into the question set.



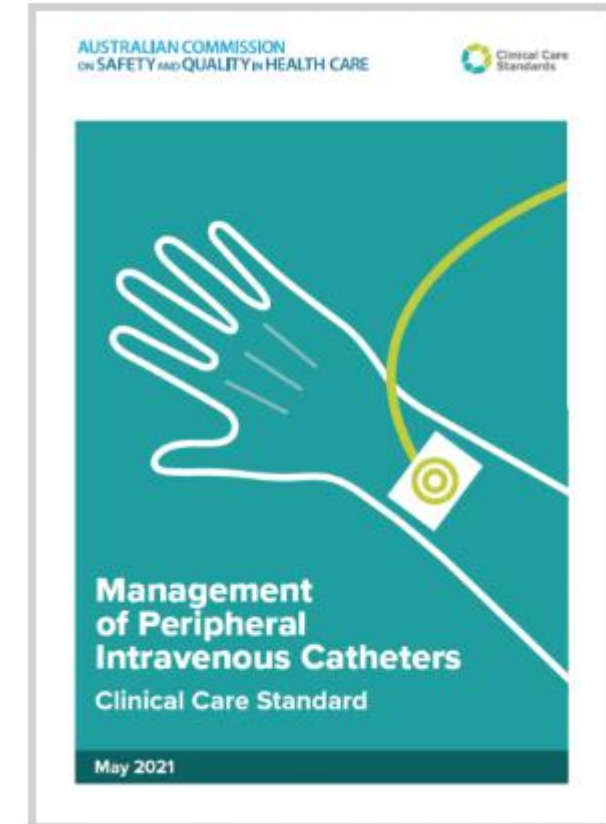
Issue

The Australian Commission on Safety and Quality in Healthcare (ACSQHC) released the Peripheral Intravenous Catheters (PIVC) Clinical Care Standard to provide governance to PIVC management in May 2021.

- There is limited published data about patients PIVC experience

We wanted to improve

- Patients, carers and clinicians' education and experience with PIVC management
- Compliance with the Clinical Care Standard
- Reduce preventable complications and infections
- Improve patient experience



Healthscope believes a positive patient experience is as important as a positive clinical outcome and is an industry leader in creating positive patient experiences.



What was done ?

What we know

- 70% of all patients will have a PIVC inserted at some stage during their hospital stay
- PIVC insertions can be painful
- Busy clinical workforce
- A need to improve PIVC education / staff understanding

What we did

- Developed set of 4 simple questions relating to their PIVC
 - Excluded Mental Health, Day Surgery and Day Rehab Hospitals
- With consumer input
 - ***Optional to complete the survey***

1. *During your hospital stay, did you have an IV cannula (a plastic tube in your vein for medicine or fluid) also called a drip?*
2. *Did you have any concerns about your IV cannula ?*
3. *Did you tell a healthcare professional about your concern with the IV cannula?*
4. *Were you satisfied with the healthcare professionals' response?*

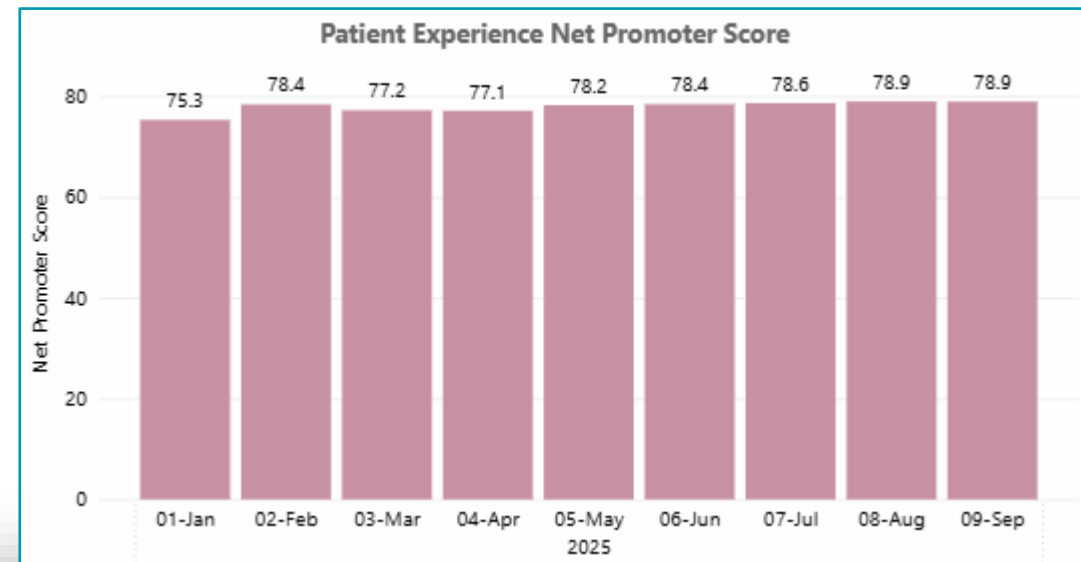
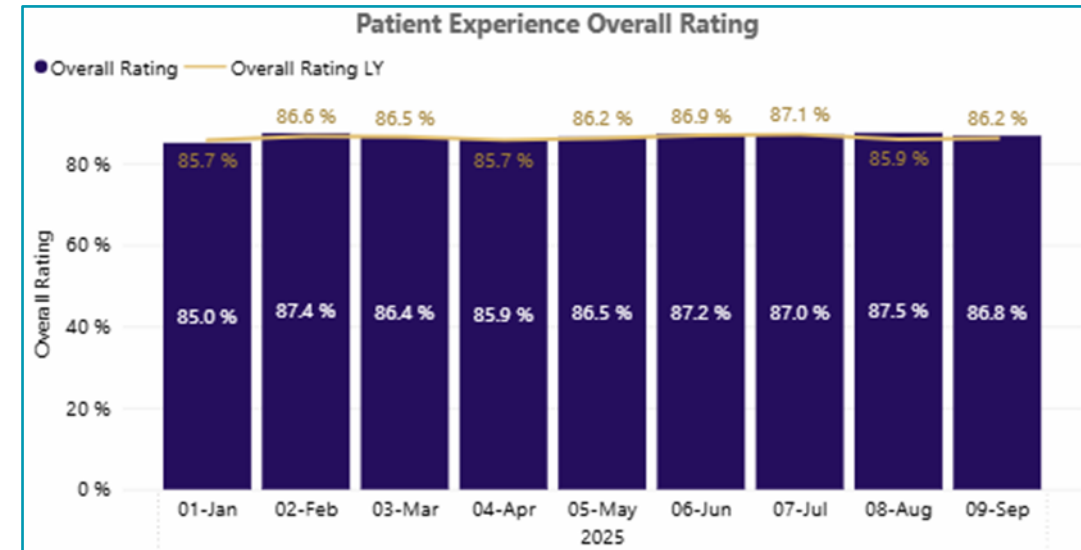
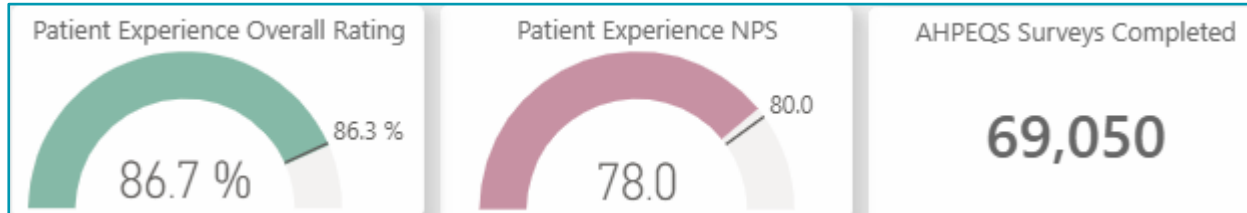
Questions added to the AHPEQS (Australian Healthcare Patient Experience Question Set) sent out post discharge as '***optional***' only

- ***1 Dec 2024 – 1 March 2025 = 1042 responses***
- ***1 Dec 2024- 1 October 2025 = 3712 responses***
 - ***24 October 2025= 3953***



Reviewed PeX and NPS – Healthscope Overall

Results include Medical /Surgical, Obstetrics, ICU, Rehab inpatients and day procedures

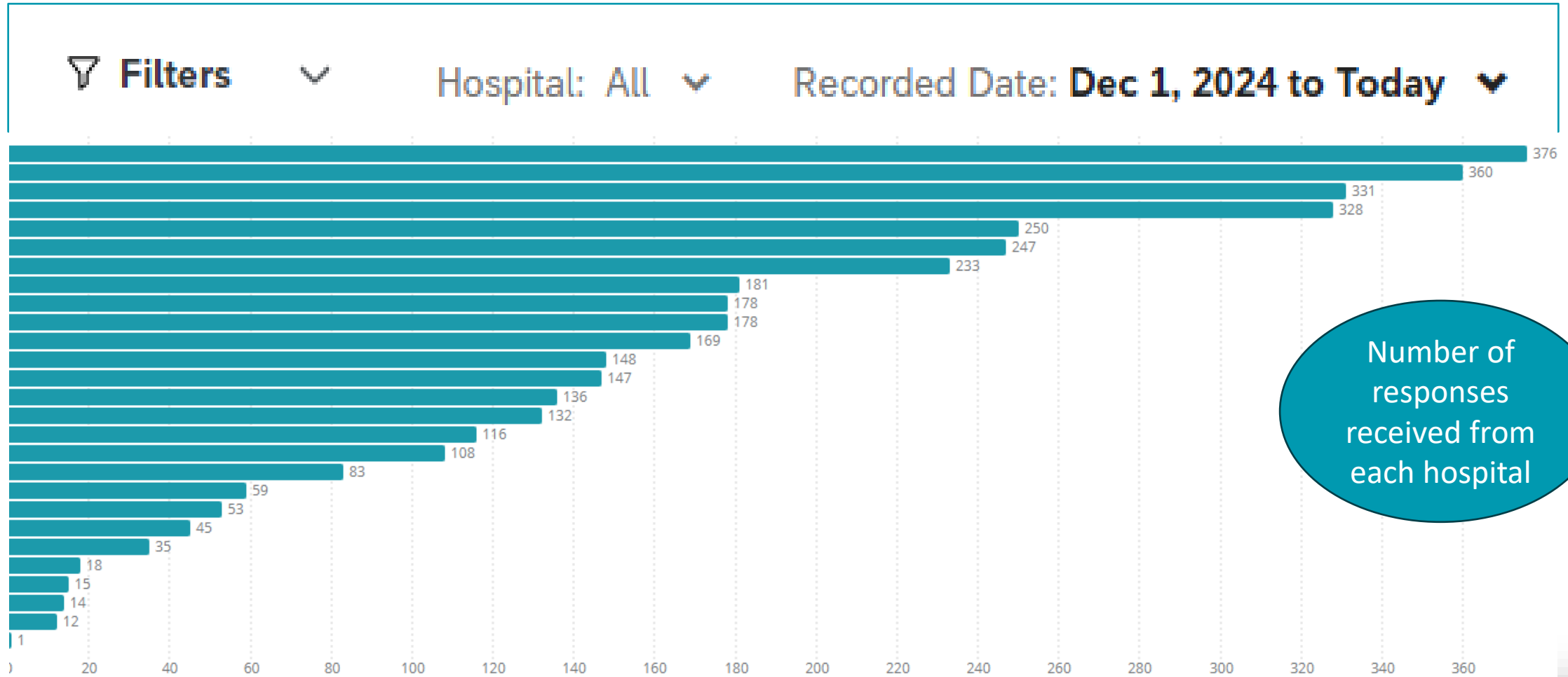


PeX and NPS does not include:

Mental Health, Emergency Department presentations unless admitted, Oncology, Sleep Studies, Hospital in the Home (HITH)

- **Oncology Day Infusion Centers – separate survey**
 - **NPS and Overall Rating questions were added to the PIVC survey on 16 October 2025**

Dashboard



In the back of my hand, was very sore and the tubing would catch anything so had to keep my hand very still so unable to use or move it. I was having blood transfusions and cannula was in the joint of my arm so each time I moved my arm the machine alarm went off. I also had trouble eating I now have an infection a haematoma and am on antibiotics

Nurses found it difficult to find my veins, therefore had many attempts in various locations I think 9 in total !
Notified the nurse due to chemotherapy my veins were not good, took no care and when I told her the pain was excruciating, she basically ignored me and would not adjust, this lasted 10 mins as she tried to get it in and draw blood

I have good veins at the back of my hands, putting in a cannula in the cubital fossa was a poor choice due to causing discomfort

The cannula inserted in the back of my hand became blocked. Nursing staff were great. As I has a second cannula inserted in theatre, they promptly removed the blocked cannula ad used another! Excellent aseptic technique and very gentle

It was placed into the vein at an angle which made it stick out to the side of my hand and consequently caught on things. It results in a leakage and became a nuisance

No one in their right mind would insert a cannula into the right elbow on a right-handed person.....why didn't they just go for the left wrist above their wrist joint or back of the left hand I have no idea... my veins are very easy to find

IV cannula not flushed or inspected by nursing staff during any shift post procedure (only put in for operation and not used since

The initial cannula was incorrectly applied with a second cannula successfully inserted, hence 2x cannulas into my left arm. The following day the ward nurse noticed 2x cannulas and removed the 1st one as it was not required, making a comment that she didn't understand the 2nd one was needed

It was unclear how long it would need to be left in (in each hand) and what level of pain I ought to have felt from them. I was also unsure if air bubbles in the IV were a problem

It was put into my elbow. This caused my forearm to swell with the worry as to weather a clot might carry up further and I had to experience my cat scans

3 attempts to find a suitable vein – left arm, ankles, finally success in right arm

After a week I still had a huge black purple bruise on my left arm

It kept bleeding they moved it a few times. I had huge bruises after



Question 1 and 2

1. During your hospital stay, did you have an IV cannula (a plastic tube in your vein for medicine or fluid) also called a drip?

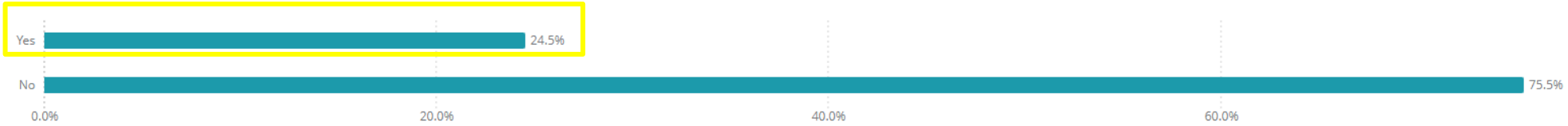
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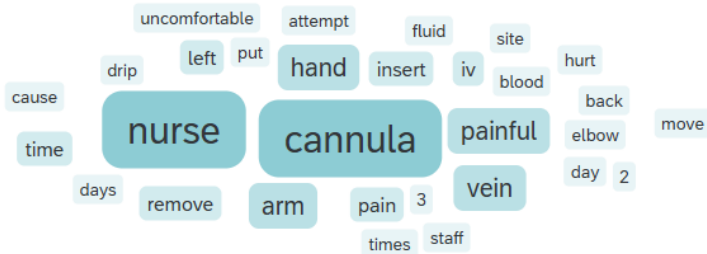
2. Did you have any concerns about your IV cannula?

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2. Did you have any concerns about your IV cannula?



What were your concerns?



Excellent aseptic technique and very gentle!

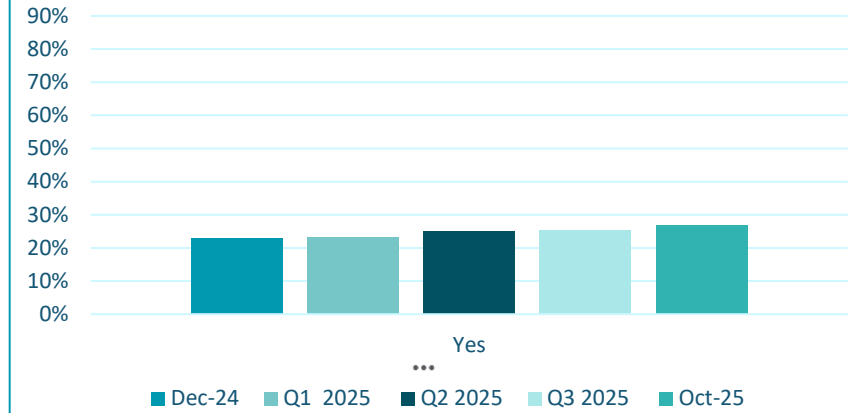
22 days ago

i was hard to find a vein , the dr listened and got my vein in one go

22 days ago

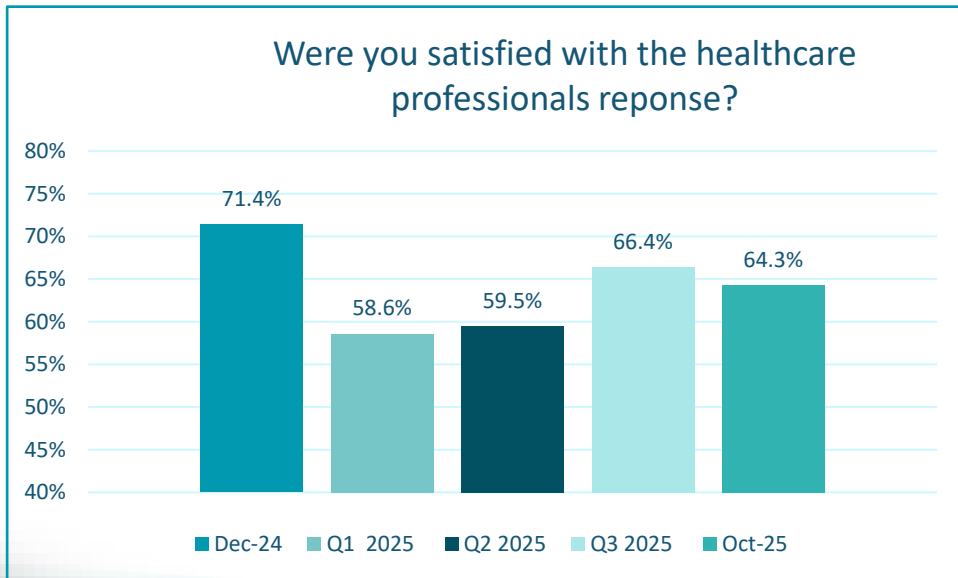
Due to thin skin had a few problems. Most nurses very good at attaching them and any problems fixed quickly

Did you have any concerns about your IV?



Question 4

4. Were you satisfied with the healthcare professional's response?



Healthcare Associated *Staphylococcus aureus* Blood Stream Infection rate

- increased Q2 and Q3 2025
- with a decrease in Q4 2025
 - Education and awareness program across all hospitals



Where to now?



Data for action

Improved understanding for clinical staff who insert and manage PIVC from a patient's experience

- Words are powerful to enhance improvement and change
- Healthscope PeX and NPS remain above industry peers
 - **We can further raise these results by improving patients experience in PIVC**

Compliance with PIVC Clinical Care Standard

Improve patient experience with insertion, duration and management of PIVC

Improve clinical and patient experience outcomes

Data presented at relative meetings

Reportable to Executive teams – **engagement has been positive**

Focus on new graduate intake

Targeted education to all clinicians

Review

- Healthcare Associated *Staphylococcus aureus* blood stream infections
- Action plan- education program and promotion to relevant teams
- Other initiatives TBD
 - **Patient care boards**
 - **IV starter pack stickers**



- I IDENTIFY if a device is present**
 - D DOES the patient need the device?**
If no longer in active use, consider device removal.
 - E EFFECTIVE function?**
Is the device functioning as intended?
If not, troubleshoot as per policy or remove device.
 - C COMPLICATION-FREE?**
If complications are noted, troubleshoot or remove device.
 - I INFECTION prevention**
Hand hygiene before and after patient and device care.
Careful handling and disinfection of device access points.
 - D DRESSING & securement**
Ensure dressings are clean, dry and intact.
Secure devices to prevent tugging or patient injury.
 - E EVALUATE & EDUCATE**
Discuss device plan with patient & family. Educate as needed.
 - D DOCUMENT your decision**
Continue, troubleshoot, change dressing, or remove device.
- Always consider local policy,
and consult with team & patient as required.*



Results

We were totally surprised at the number of responses received from an 'optional survey'

Results for the first three months returned >1000 responses across 25 acute hospitals for an *optional survey*

- 23.8% had concerns about their PIVC care
- 17.1% did not tell their healthcare worker (HCW)
- 40% were not satisfied with their HCW response

Results to date (1 December 2025- 24 October 2025)

- 24.5% have concerns about their IV
- 18.7% did not tell their HCW
- 37.5% were not satisfied with the HCW response

Whilst the statistics are still very similar, free text comments have significantly improved with many positive comments now being fed back

- Large scale education program across all sites to raise awareness
- Re education : Best Practice Bundle – PIVC Insertion and Management



PIVC Best Practice Bundle – insertion and maintenance

Aseptic technique and hand hygiene must be strictly adhered to for insertion and maintenance of all PIVC

PIVC Insertion Bundle

Strict compliance with WHO 5 moments for hand hygiene

- **Clear indication** for the device
- **Clinician discussion** with patient regarding indication, placement and past experience 'DIVA' (*Difficult Intravascular Access*). **Consumer information**
- **Aseptic technique** using an 'IV Dressing pack' on a dedicated trolley and a saline flush, preferably Prefilled Saline Syringes e.g. PosiFlush
- **Consider** use of a safety cannula
- **Avoid areas of flexion** i.e. antecubital fossa unless justified, use smallest gauge and biggest vein possible
- **No more than 2 attempts** – refer to another clinician, consider ultrasound
- **Skin preparation** 2% chlorhexidine in 70% alcohol (unless contra-indicated) or povidone iodine in 70% alcohol
- **Flush** Gentle pulsatile flush, preferably use **Prefilled Saline Syringes, e.g. PosiFlush**
- **Dressing** - Sterile, transparent, semipermeable dressing
- **Securement and stability** obtained
- **Documentation** on HMR/ progress notes (indication, date, time, device, gauge, LOS to be insitu)

Developed by: Infection Prevention and Control Committee.

Endorsed by: Nursing and Midwifery Governance Council.

PIVC Maintenance Bundle

Strict compliance with WHO 5 moments for hand hygiene

Refer to I-DECIDED each shift



(Inspect-Access-Flush)

- **Accessing device-** 'Scrub the hub' with friction - 70% alcohol or 2% CHG in 70% alcohol (as per state requirements) for 15-20 seconds
- **Allow to dry** for 30 seconds
- **Flushing – Gentle pulsatile flush, preferably use**
 - Prefilled Saline Syringes, e.g. PosiFlush
- **Review switching** IV to oral medications
- **Documentation - site each shift /MO review**
- **Replace** PIVC at 72hrs/document or rationale for variation e.g. 'DIVA' (*Difficult Intravascular Access*).
- **Remove** if VIP score 1 or >, **not accessed or required in next 24hrs**



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PIVC – Best Practice Bundle

Insertion

- Indication / involve patient
- Aseptic Technique
- 2%CHG in 70% Alcohol (unless contraindicated / Paediatric)
- No more than 2 attempts per clinician
➔ ultrasound
- Avoid areas of flexion
- Patency- Flush preferably use Prefilled Saline Syringe, e.g. PosiFlush
- Dressing – dry, secure and stable
- Document

PIVC in Emergency Departments

• Insertion

Must be clinically justified /relevant / indicated

- No 'Just in case PIVC'

• Ongoing access

- Avoid cubital fossa / areas of flexion (problematic for patients admitted)



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Removal

- Inserted by an: ambulance/another HCF/emergency (aseptic technique not adhered to) remove within 24hrs.
- Replace @ 72hrs **OR** document 'DIVA' (*Difficult Intravenous Access*)
- Not accessed/used in last 24 hr.
- VIP score 1 or more
- Switch: IV to oral medications



Conclusion

This optional question set was simple to develop and would be easily implemented at other healthcare facilities.

- PIVC insertion can be uncomfortable
- Patients do not often speak up eg site preference
- Results indicate patients **do wish** to provide feedback to improve theirs and others experience

Summary

- It is simple and easy to do
- Healthscope used Qualtrics (electronic)
 - QR codes/ paper/ MS forms/ survey monkey
- Involve a consumer consultant in the design of the question set and in the interpretation of the results
- Results and the free text comments are more positive in quarter 4 of 2025

Lessons Learnt

This is thought to be one of the first surveys in Australian Private Hospitals to review PIVC experience.

The data will improve clinicians to understanding patients experience whilst improving compliance with the Clinical Care Standard.

Responses indicate there is value of collecting this data to improve care with the management of PIVC.

Comments have **'power'** for improvement

- Executive teams are interested
- Hospitals all have access to the dashboard to present current data and comments at relevant meetings

The PIVC question set will remain as a permanent survey





Healthscope