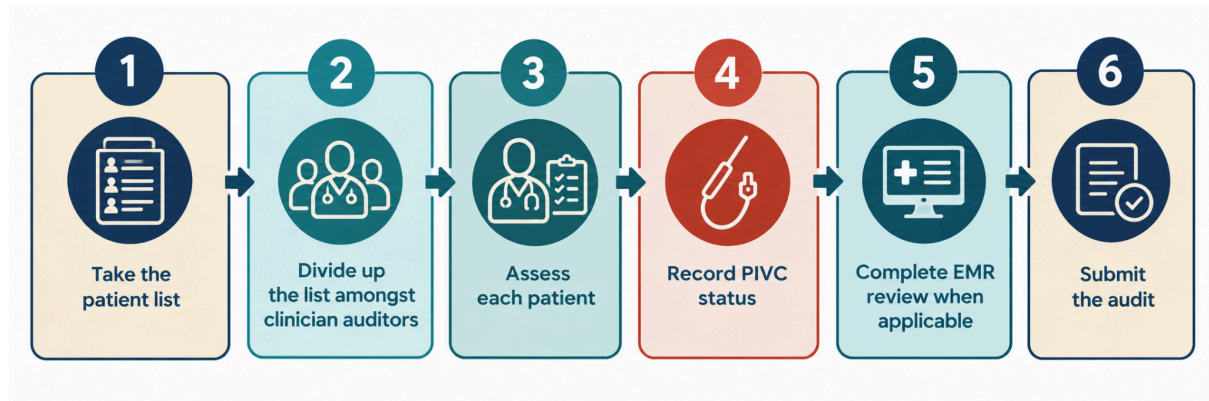




iIMPROVE PIVC Point Prevalence Snapshot Activity

Instructions



Before the audit

1. Watch the audit training video

Watch the audit video before conducting the Snapshot Audit to familiarise yourself with the process and data collection requirements. [Linked here.](#)

2. Confirm access to the audit tool with no system or access restrictions

Open the audit tool on the ward computer you will use on the day. Check that you can log in and access the survey on the computer you will be using before the day of the audit.

3. Complete a pilot audit

If possible conduct a pilot audit before November 1st to familiarise yourself with the tool and identify any access or technical issues. If you are unsure how to answer any question, please contact [us](#) for clarification. All pilot data entered before November 1st will be removed. After November 1st, if you enter test data or have any issues let us know and we can clean any issues.

4. With your audit team and PIVC champions choose a date and start time for your audit. We suggest including double staffing time and having at least 2-3 auditors depending on your ED size. We suggest having one or two auditor per ED area such as short stay. We recommend taking your snapshot at 10AM. Which will allow time to divide up areas and auditing to continue in during double staff time if required.

On the day of audit

1. At your allocated start time take a 'snapshot' of all patients in your ED. This may be electronic or paper based depending on your ED.

Include all eligible patients who were present in the ED at the nominated audit time, regardless of whether they have a PIVC inserted or not.

- Include waiting rooms, treatment areas, short-stay and observation areas.
- Do not add patients who arrive after the nominated audit time.
- If a patient has left before you can assess them, just do the medical records element of the tool.
- Patients without a PIVC will take <1 minute to complete the audit

If more than one clinician is conducting the audit, allocate patients to indicate who is responsible for auditing each patient.

2. Assess and record the information on the audit form for each patient once only.

Confirm whether the patient has a PIVC in situ at the time of the snapshot audit.

- No PIVC = record No
- PIVC requested, but not yet inserted = No
- Insertion attempted, but unsuccessful = No
- One or more PIVCs are in place = Yes

Patients without a PIVC must still be recorded as they contribute to the audit denominator.

3. Record multiple PIVCs correctly

Count the patient once and record the number of PIVCs they have. Assess each PIVC for the relevant audit criteria.

4. Select the worst-case scenario

If a patient has more than one PIVC, select the worst-case response for each question. For example, if only one PIVC is in an area of flexion, answer "Yes" for the flexion question. If one PIVC required three insertion attempts while the others were inserted on the first attempt, record "3 attempts".

Remember, the aim is not to capture perfect, patient-level data for every PIVC, but to take a pragmatic approach that identifies worst-case examples and opportunities for improvement.

5. Complete the EMR review

For patients with a PIVC who are discharged, critically unwell, unsafe and pose a risk to the assessor, or are unable to undergo a physical assessment for the audit, review the EMR and record the specified PIVC documentation and care information.

6. Protect patient privacy

Conduct observations and data collection in a manner that maintains patient privacy and confidentiality.

7. Complete the audit as a single point-in-time record or 'snapshot' of the patient's care

Do not continue auditing patients who arrive after your nominated audit commencement time.

After the audit

1. Submit your completed audit form to the iIMPROVE team at iimprove@monash.edu. You can then use the Dashboard to review your site's results, the Report Builder to create a customised report, or download the Excel file containing your data for further analysis.
2. Create your report for staff and leadership to see where your ED is doing well and has opportunities to improve.

Congratulations! You are now a Clinical Champion for PIVC practice at your health service.

Consider doing regular audits and reports to monitor and improve PIVC practices at your site.

Tips and Tricks

- Choose a time when double staffing is available to conduct the audit, ensuring adequate resources are available, particularly in larger and busier EDs.
- Pilot testing will help you feel more confident on the day of the audit; it will familiarise you with the process, and minimise any unexpected issues. Remember to complete your pilot testing before November 1st.
- Keep it simple, safe and pragmatic. The snapshot is designed to give you a quick picture of PIVC practice at your site.
- Choose worse case scenario if patients have more than one PIVC
- Start in the Short Stay Unit and work your way backwards towards the waiting room. This helps capture patients who are further along their ED journey while allowing patients in the waiting room to continue moving into treatment areas without disrupting their care.