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RACP Feedback on ACSQHC Consultation Draft: Peripheral Venous Access Clinical Care Standard

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About The Royal Australasian College of Physicians (RACP)

The RACP trains, educates and advocates on behalf of over 17,000 physicians and 8,000 trainee physicians, across Australia and New Zealand. The College represents a broad range of medical specialties including general medicine, paediatrics and child health, cardiology, respiratory medicine, neurology, oncology, public health medicine, occupational and environmental medicine, palliative medicine, sexual health medicine, rehabilitation medicine, geriatric medicine, and addiction medicine. Beyond the drive for medical excellence, the RACP is committed to developing health and social policies which bring vital improvements to the wellbeing of patients.

Overview

The Royal Australasian College of Physicians (RACP) welcomes the opportunity to comment on the Australian Commission on Safety and Quality in Health Care's Consultation Draft Peripheral Venous Access Clinical Care Standards. The RACP represents a myriad of different specialty groups and the Consultation Draft was circulated to all these groups for comment. This submission represents a consolidated view of all the feedback that was received from different specialty groups.

Overall the RACP views the Consultation Draft as an excellent representation of evidence based clinical practice. However, there are a few suggestions for improvement and some opportunities for further clarification that should be incorporated into the final version of the Clinical Care Standard.

Opportunities for improvement or further clarification

- It is recommended that the Consultation Draft be edited to make it slightly briefer if possible as that would enhance the utility of the document.

- In the discussion on infection risk, the Consultation Draft currently recommends that clinicians use a 'suitable' antiseptic to clean the infection site but does not suggest a preferred antiseptic. It is recommended that the Commission further assess the evidence for the most suitable or preferred skin antisepsis and if possible, recommend a preferred antisepsis. It is noted that there is currently a good evidence base for 2% chlorhexidine[1] unless there is a documented allergy though the most recent Cochrane review suggests that further RCTs are needed to verify this.[2]

- Quality Statement 10 states that: 'A patient with a PIVC will have it removed … at an interval according to a current, locally endorsed evidence-based guideline.' It is recommended that the Commission further assess the strength of evidence of current guidelines which recommend an interval (usually 72 hours) for removal of the PIVC and clarify whether there is strong evidence for a particular maximum insertion interval.

- We recognise and acknowledge that the involvement of carers and families is already implied in the Draft where on p.13 it is stated that 'Although this clinical care standard does not specifically refer to carers and family members, each quality statement should be understood to mean that carers and family members are involved in clinicians' discussions with patients about their care, if the patient prefers carer involvement'. However it is recommended that the involvement of the carer or family be made more explicit where the Draft refers to the need for the 'patient' to consent or understand particular explanations or procedures in order to cover off paediatric patients who are unable to properly consent or understand explanations.

- We note that as these clinical care standards 'aim to support the delivery of appropriate evidence-based clinical care, and **promote shared decision-making** between patients, carers and clinicians' (p. 6) it would be valuable to find ways of disseminating information in these standards to patients as well as clinicians in patient friendly language. We therefore recommend that the Commission consider whether some of the patient-relevant information in the Consultation Draft could be moved into patient information sheets and expressed in accessible language.

[1] Darouiche RO, Wall MJ, Jr, Itani KM, et al. Chlorhexidine-alcohol versus povidone-iodine for surgical-site antisepsis. N Engl J Med 2010;362:18–26; Miller DL, O'Grady NP; Society of Interventional Radiology. Guidelines for the prevention of intravascular catheter-related infections: recommendations relevant to interventional radiology for venous catheter placement and maintenance. J Vasc Interv Radiol. 2012;23(8):997–1007; Entesari-Tatafi D, Orford N, Bailey MJ, Chonghaile MN, Lamb-Jenkins J, Athan E. Effectiveness of a care bundle to reduce central line-associated bloodstream infections. Med J Aust. 2015 16;202(5):247-50.
[2] Lai NM, Lai NA, O'Riordan E, Chaiyakunapruk N, Taylor JE, Tan K. Skin antisepsis for reducing central venous catheter-related infections. Cochrane Database Syst Rev. 2016;7(7):CD010140.