

**Reducing the “just in case”  
Peripheral Intravenous  
Cannula in the Emergency  
Department**



BACKGROUND

# Peripheral Intravenous Cannula

**Most commonly performed invasive procedure in the ETC**

**Many PIVC are inserted but never used.**

**PIVC poses risk of infection and pain for patient.**

**Significant cost to the healthcare system.**



**“Are you 80% sure  
the PIVC will be used?”**



**Engage  
Stakeholders**

**Clinical  
champions**

**Campaign  
material**

**Active decision-  
making**

**Education and  
training**



Challenges	Actions
Regular Rotation of Junior Doctors who insert most of the PIVC in ETC	Session at ETC orientation for junior doctors
Unintuitive layout of PIVC Trolley	Restructure of trolleys
Poor adherence to ANTT guidelines and evidence based best practice	Implementation of Posiflush Education and support to use the equipment appropriately
Dynamic environment with short period for consumer engagement	Bold branding, open ended question



“Are you **80%** sure that this cannula will be used in your haemodynamically stable patient in the next **24hrs**”

# COST

\$22 per PIVC insertion  
Av. 15 minutes staff time

**\$200K per year saving at RBWH**  
**6300 PIVC avoided**



# CONSUMER IMPACT

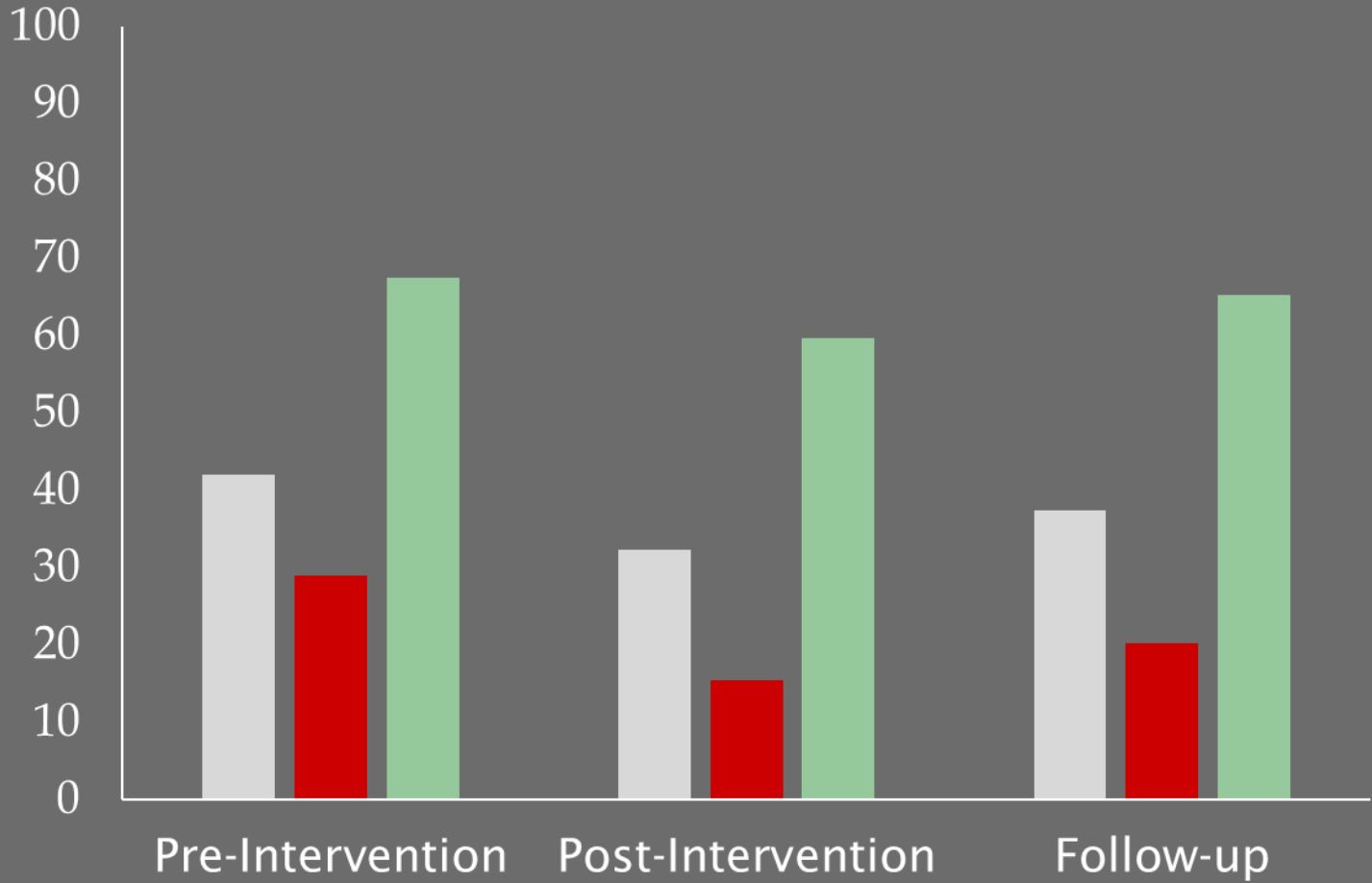
- Less pain
- Reduced risk of infection
- Encouraging shared decision making through bold branding

# CLINICAN IMPACT

- Less time spent inserting “just in case cannula”
- Empowerment - promotion of active clinical decision making using the motto

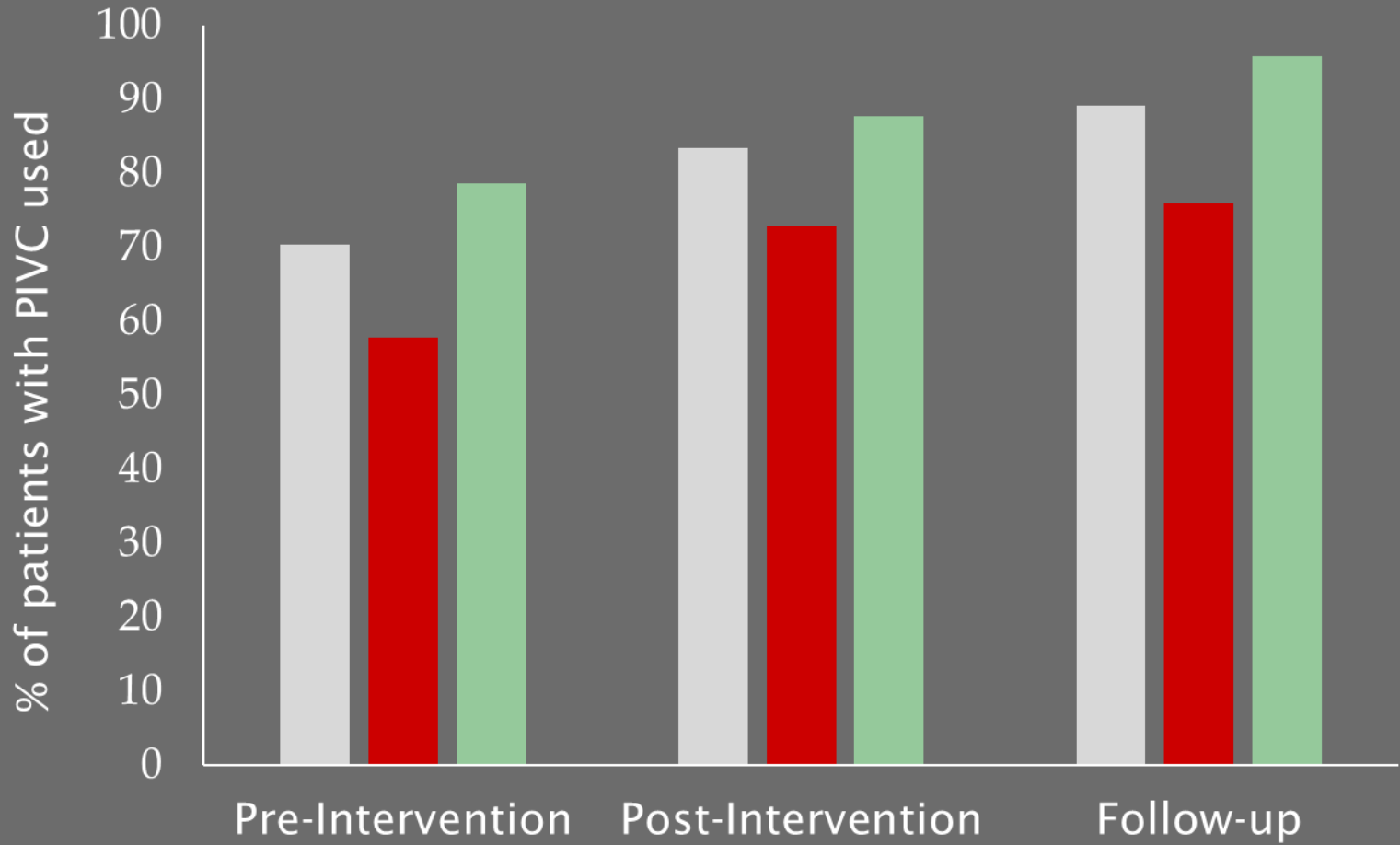


% of patients with PIVC inserted



- All Patients
- Home
- Ward





- All Patients
- Home
- Ward





- **Simple**
- **Cost effective**
- **Good for patients**
- **Good for Health services**
- **Shown to reduce “just in case” PIVC**

**Want to hear more?**

<http://thesgem.com/2018/01/sgem204-hold-the-line-ivs-arent-always-required/>

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