Management of Peripheral Intravenous Catheters Clinical Care Standard: 04b-Proportion of patients with a PIVC in situ over an area of flexion

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Identifying and definitional attributes

Metadata item type:	Indicator
Indicator type:	Indicator
Short name:	4b-Proportion of patients with a PIVC in situ over an area of flexion
METEOR identifier:	733360
Registration status:	Australian Commission on Safety and Quality in Health Care, Standard 25/05/2021
Description:	The proportion of patients with a PIVC in situ over an area of flexion.
Rationale:	An appropriate PIVC should be selected and inserted in a suitable site to minimise the risk of failure and other device-related complications, taking into account the patient's clinical condition and preferences for the location of the PIVC.
Indicator set:	<u>Clinical care standard indicators: Management of Peripheral Intravenous Catheters</u> <u>Australian Commission on Safety and Quality in Health Care</u> , Standard 25/05/2021

Collection and usage attributes

Population group age from:	All ages
Computation description:	Both the numerator and the denominator include patients with a PIVC in situ with a dwell time \geq 24 hours.
	For the 'numerator', the entry point, or cannula body should not lie over an area of flexion. Area of flexion defined as cubital fossa, wrist, or ankle.
	Presented as a percentage.
Computation:	(Numerator ÷ Denominator) x 100
Numerator:	The number of patients with a PIVC in situ inserted over an area of flexion.
Denominator:	The number of patients with a PIVC in situ.

Representational attributes

Percentage
Real
Person
N[NN]

Source and reference attributes

Submitting organisation:	Australian Commission on Safety and Quality in Health Care
Reference documents:	Australian Commission on Safety and Quality in Health Care 2021. Peripheral Venous Access clinical care standard. Australian Commission on Safety and Quality in Health Care, Sydney.
	Schults JA, Kleidon T, Chopra C, et al. 2020. International recommendations for a vascular access minimum data set: A Delphi consensus-building study. BMJ Quality & Safety.