Intravenous Nursing
NEW ZEALAND

# GUARDIANS OF THE VEINS

## IVNNZ CONFERENCE 2026

**IVNNZ 19TH CONFERENCE**

INFUSION THERAPY | EXCELLENCE IN PRACTICE




**16 - 17 OCTOBER 2026**

ADDINGTON EVENTS CENTRE, CHRISTCHURCH



# CONTENTS


PRESIDENTS WELCOME

GENERAL INFORMATION

QUESTIONS LINK

SPONSORS

PROGRAMME

SPEAKERS

ABSTRACTS

POSTERS

EXHIBITORS

FEEDBACK

GUARDIANS
OF THE VEINS
IVNNZ CONFERENCE 2026

# PRESIDENTS WELCOME ADDRESS

19TH IVNNZ BIENNIAL CONFERENCE - CHRISTCHURCH, 16-17 OCTOBER 2026



Good morning everyone, and a very warm welcome to the 19th IVNNZ Biennial Conference here in Christchurch.

It is a real privilege to welcome you all today, and particularly special to be doing so as President of IVNNZ.

IVNNZ has been supporting healthcare professionals and promoting excellence in infusion practice for more than 30 years. What makes this organisation special, however, isn't simply what IVNNZ does – it is the people who make up our community. The nurses, clinicians, educators, researchers, industry partners and, most importantly, the people who are committed to providing the best possible care for our patients.

I would like to acknowledge our IVNNZ committee and thank them for the time, energy and enthusiasm they have put into bringing this conference together. As a voluntary organisation, so much of what we achieve happens because people are willing to give their time and share their expertise. I am incredibly grateful for that commitment.

Infusion practice continues to evolve, and we face plenty of challenges – increasing patient complexity, workforce pressures, new technologies and devices, and the ongoing need to translate evidence into safe, practical clinical care. It can sometimes be difficult to find the time to stop, reflect and learn.

That is why conferences like this are so important.

Over the next two days, I hope we not only learn from our speakers, but also learn from each other. Ask questions, share your experiences, challenge our thinking and perhaps take home one idea that makes a difference to your practice – and ultimately to your patients.

Thank you to our speakers, presenters, sponsors, exhibitors, committee members and everyone who has contributed to making this conference possible.

Most of all, thank you for being here and for being part of the IVNNZ community.

I hope you enjoy the conference, make some new connections, catch up with old colleagues and leave feeling inspired about the important work we do.

**Welcome to Christchurch, and welcome to the 19th IVNNZ Conference. It is wonderful to have you here.**

Organising Committee: Bronwynne Anderson, Michelle Casey, Brandon Chia, Tracey Kunac, Frederick Lajara, Linu Varghese, Ethan Walker

GUARDIANS
OF THE VEINS
IVNNZ CONFERENCE 2026

# GENERAL INFORMATION

19TH IVNNZ BIENNIAL CONFERENCE - CHRISTCHURCH, 16-17 OCTOBER 2026



## Registration desk

Located by the trade displays, the desk will be open before each day begins and at break times.

## Wi-Fi

Addington Events Centre has free unlimited Wi-Fi available.

**Network** – functions
**Password-** welcomeall

## Catering

All meals and beverages are included in the price of your registration. This includes the Friday Cocktail Evening and Saturday Breakfast Session.

## Trade displays

Located in the Silks Lounge, with the catering. Visit each stand for a stamp in your passport and enter the draw to win a prize.

## Enquiries

For all enquires visit the IVNNZ / Registration desk.

## QUESTIONS

We will be using Slido throughout the conference to encourage questions, interaction and audience participation.

One QR code will be used for all conference sessions. Simply scan the QR code below using your phone camera to access Slido.

**Once connected, you can:**

- Submit questions to speakers
- Vote on questions from other participants
- Take part in polls and interactive activities

*You only need to scan the QR code once. Keep the Slido page open on your phone throughout the conference and use it whenever the session facilitator invites you to participate.*

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IVNNZ CONFERENCE 2026



OCTOBER 2026 | Christchurch

# GUARDIANS OF THE VEINS CONFERENCE PROGRAMME OCTOBER 2026

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# FRIDAY 16 OCTOBER | DAY 1

07.45 - 10.00
**Conference Registration Desk open**

08.30 - 08.45
**Mihi Whakatau/Welcome**

0845 - 09.00
**IVNNZ Inc. President - Tracey Kunac**

## SESSION 1 - IVNNZ INC. PRESIDENT: TRACEY KUNAC

09.00 - 09.30
**Opening Address**
The History of IVNNZ 1993 – 2026
'Haere taka mua, taka muri, kaua e whai.'
Go in front, not behind, do not follow
Elizabeth Culverwell, Life Member IVNNZ

09.30 - 10.15
**Invited Speaker**
Vascular Access in Patients with Complex Needs: When a PICC Won't Work
Dr Wayne Collecutt, Interventional Radiologist Consultant, Christchurch Hospital

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10.15- 10.20
**Questions**

10.20 - 10.50
**Morning Tea and Trade Displays**

## SESSION 2 - CHAIRPERSON: MICHELLE CASEY

11.00 - 11.30
**Invited Speaker**
Care Without Judgement: A Peer-Nurse Conversation on Harm Reduction and Safer Care
Kay Eddy & Tara Lines, Rodger Wright Harm Reduction Service

11.30 - 11.55
**Submitted Paper**
Anatomical Variation in Midline Catheter Insertion Site, Tip Position and Clinical Implications: A Scoping Review
Cat O'Brien

11.55 - 12.20
**Submitted Paper**
Implementing the Central Venous Access Device (CVAD) high risk infection prevention bundle
Derek Smith

12.20 - 12.30
**Question & Discussion**

12.30 - 13.30
**Lunch and Trade Displays**

## SESSION 3 - CHAIRPERSON: JENNY HERETINI

13.30 - 14.00
**Invited Speaker**
'Living with a portocath -a patient perspective'
Mark Eastmond – Patient experience

14.00 - 14.25
**Submitted Paper**
A Haemostatic Solution to Early PICC Dressing Complications: A Multi-site Randomised Controlled Trial
Nicole Marsh

14.25 - 14.50
**Submitted Paper**
A pilot randomised controlled trial to assess first-time insertion success of short, bevelled versus standard peripheral intravenous catheters
India Pearse

**Question & Discussion**
14.50 - 14.55

**Afternoon Tea and Trade Displays**
14.55 - 15.25

## SESSION 4 - CHAIRPERSON: FREDERICK LAJARA

15.25 - 15.55
**Invited Speaker**
Cannula believe we do this in the community? IV Nursing@ Nurse Maude District Nursing
Nicky Rough, Nurse Maude Infusion Centre

15.55 - 16.20
**Submitted Paper**
STOP Matrix implementation at Middlemore Hospital.
Heidi Hall

16.20 - 16.45
**Submitted Paper**
The 'probelem' with probe cleaning: Building the case for safer ultrasound-guided vascular access
Rebecca Oskam-Schmidt

16.45 - 16.55
**Question & Discussion**

17.00 - 18.00
**Cocktails & Trade Displays**

# SATURDAY 17 OCTOBER | DAY 2

## BREAKFAST SESSION - CHAIRPERSON: ALLY HALE

07.30 - 09.00
**Registration desk open**

08.00 - 08.30
**Continental and/or Cooked Breakfast Buffet - Sponsored by BD**

08.30 - 09.00
**Invited Speaker**
SILVER SPONSOR
Experiences with ECG guided PICC insertion and the benefits you get from choosing this method.
Emma Nash

09.00 - 09.30
**IVNNZ 2026 Scholarship Recipient**
WoCoVa 2026 Conference feedback
Sarah Berger

09.30 - 10.00
**Trade displays (while tables cleared, and room reset.)**

## SESSION 5 - CHAIRPERSON: ETHAN WALKER

10.00 - 10.45
**Invited Speaker**
SILVER SPONSOR
Breaking the DIVA Cycle: From Repeated Attempts to Early Escalation
Matty McDonnell, Nurse Practitioner Infectious Diseases, Royal Brisbane and Women's Hospital, Brisbane, Australia

10.50 - 11.15
**Submitted Paper**
Post-insertion care of dialysis catheters in adult intensive care units: An Australian and New Zealand multicentre point prevalence study.
Amanda Corley

11.15 - 11.40
**Submitted Paper**
Mapping vascular access across the hospital: results of a rolling point prevalence audit
Cat O'Brien

11.40 - 11.50
**Questions**

11.50 - 12.25
**Lunch & Trade Displays**

## SESSION 6 - CHAIRPERSON: BRANDON CHIA

12.30 - 12.55
**Submitted Paper**
Compromised central venous access and device selection for therapeutic plasma exchange - A case report.
Miriam Morris

12.55 - 13.20
**Submitted Paper**
Developing Patient-Centred Outcome and Experience Measures for Central Venous Access Devices in Cancer Care
Emily Larsen

13.20 - 13.30
**Questions**

13.30 - 14.10
**Closing Speakers**
Vascular Access: looking back, looking forward through IPC eyes
Jill Rodricks and Sarah Berger

14.10 - 14.20
**Questions**

14.20 - 15.00
**Presentation of Awards and Prizes**
Presentation of Trade Prize
Introduction of IVNNZ Inc.
Executive Committee 2026-2028
Evaluations

Closing



GUARDIANS OF THE VEINS
IVNNZ CONFERENCE 2026

# SPONSOR ACKNOWLEDGEMENT

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IVNNZ gratefully acknowledge the following corporate sponsors committed to supporting the development and research towards excellent clinical practice in infusion therapy and vascular access.

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# SPEAKERS

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## Elizabeth Culverwell

Life Member IVNNZ

**The History of IVNNZ 1993 – 2026**

**'Haere taka mua, taka muri, kaua e whai.' - Go in front, not behind, do not follow**

Elizabeth has been an active member of IVNNZ Inc. since its inception in 1993.

During this time, she held the positions of President, Marketing Officer and was appointed an inaugural Life Member.

Elizabeth has extensive experience in Clinical Haematology, Apheresis and Vascular Access holding positions as Clinical Nurse Specialist, IV Nurse Educator and in 2017 appointed Clinical Nurse Consultant Vascular Access. Research and publications continue to be a key focus of her work promoting excellence in infusion therapy practice delivering health care to the population of Aotearoa New Zealand.

## Dr Wayne Collecutt

Interventional Radiologist Consultant, Christchurch Hospital

**Vascular Access in Patients with Complex Needs: When a PICC Won't Work**



After initially training and working as a physiotherapist, Wayne completed his medical degree at the University of Auckland School of Medicine.

He went on to complete his radiology training in Christchurch followed by a fellowship in interventional radiology. He has been working as a consultant at Te Whatu Ora Waitaha Canterbury since 2013.

Wayne is a diagnostic and interventional radiologist performing general and neurointerventional procedures. He has an interest in acute stroke treatment, interventional oncology, and vascular imaging.

Wayne is the current Network Training Director for sites extending from Waikato to Dunedin.



## Tara Lines

Harm Reduction Advisor, Rodger Wright Harm Reduction Service

**Care Without Judgment: A Peer–Nurse Conversation on Harm Reduction and Safer Care**

Tara brings over 30 years of lived experience with addiction and mental health, including 20 years of injecting experience, which shapes the way she connects with and supports people as a peer. Originally from the West Coast, she is working towards a Level 4 Health and Wellbeing Peer Support qualification and works as the Peer Navigator within the Rodger Wright Community Clinic, supporting people to access hepatitis C and other blood-borne virus screening and care. Tara is also a trained Harm Reduction Advisor, using her experience to build trust, reduce stigma, and connect meaningfully with her community.

Outside of work, she is a proud mum to three adult sons and has two cats.

GUARDIANS OF THE VEINS
IVNNZ CONFERENCE 2026

# SPEAKERS

19TH IVNNZ BIENNIAL CONFERENCE - CHRISTCHURCH, 16-17 OCTOBER 2026



## Kay Eddy

Harm Reduction Advisor, Rodger Wright Harm Reduction Service

**Care Without Judgment: A Peer–Nurse Conversation on Harm Reduction and Safer Care**

Kay started her nursing in Australia, working across mental health, acquired brain injury, and with adolescents affected by trauma. Since returning to Christchurch 10 years ago, Kay has specialised in sexual health and blood-borne virus care, with a strong commitment to harm reduction and equitable access to healthcare.

Kay is passionate about community education and empowering people with practical, accurate information about sexual health and blood-borne viruses, helping to reduce stigma and support informed choice. Her approach is grounded in compassion, respect, and an understanding of the real-world challenges people face.

Outside of work, Kay enjoys spending time with family and making the most of time at the beach.

## Cat O'Brien

Nurse Research, Nursing & Midwifery Research Centre, Royal Brisbane and Women's Hospital.

**Mapping vascular access across the hospital: results of a rolling point prevalence audit**



Catherine O'Brien is a Nurse Researcher at the Nursing and Midwifery Research Centre, Royal Brisbane and Women's Hospital, with extensive clinical experience in medical imaging and vascular access. She has specialised training and expertise in vascular access device insertion and management, including PICCs and midline catheters. Her research focuses on vascular access, with a particular interest in optimising patient outcomes through evidence-based care and advancing the safe and effective use of midline catheters.

Catherine has managed more than 10 clinical trials across a range of vascular access and healthcare improvement initiatives, including leading the first clinical trial evaluating Vascular Access Specialist Teams. She contributes to clinical research, audit, and implementation projects that support the translation of evidence into practice and strengthen research-informed clinical care.

Actively involved in vascular access research, Catherine has authored or co-authored more than 16 peer-reviewed publications and contributed to numerous presentations and dissemination activities. She is committed to generating clinically relevant, practice-informed evidence that improves patient outcomes, enhances healthcare delivery, and advances vascular access practice."




IVNNZ is proud to support Breast Cancer Awareness Month and recognise the impact breast cancer has on individuals, families and communities.

During the conference, delegates are encouraged to show their support by making a donation to the Breast Cancer Foundation NZ donation box located at the OBEX stand in the exhibition area.

Every contribution, big or small, helps support breast cancer awareness, education, research and patient support.

**www.breastcancerfoundation.org.nz/bcam**

GUARDIANS
OF THE VEINS
IVNNZ CONFERENCE 2026

# SPEAKERS

19TH IVNNZ BIENNIAL CONFERENCE - CHRISTCHURCH, 16-17 OCTOBER 2026



## Derek Smith

–

**Implementing the Central Venous Access Device (CVAD) high risk infection prevention bundle**

Derek graduated from Queen's Medical Centre in Nottingham, UK, in 2000 and moved to New Zealand in 2002, initially intending to stay for a one-year working holiday.

Throughout his career, Derek has worked across a range of clinical settings, including medical, surgical and intensive care. The majority of his experience, however, has been in Oncology and Haematology, where he developed a strong passion for vascular access and infusion therapy.

For the past five years, Derek has worked as an IV Clinical Nurse Specialist at Dunedin Public Hospital. In this role, he provides expert guidance on vascular access, supports complex patient care, and contributes to improving standards of intravenous therapy across the organisation.

Derek is committed to advancing clinical practice, enhancing patient-centred care and safety, and sharing his expertise in vascular access and infusion therapy with multidisciplinary teams.

## Mark Eastmond

Health Consumer

**'Living with a portocath - a patient perspective'**



I have lived rurally near Waiau in North Canterbury for the past 32 years where I have enjoyed the outdoor lifestyle. In partnership with my wife, Caroline, we have raised two fabulous daughters and operated a number of businesses from home, including mechanical engineering, jet boating & fishing tours and a hazelnut orchard & tree nursery.

At 65 I have been living with chronic illness for much of my adult life with frequent hospitalizations and numerous visits with various health professionals. I consider myself to have been fortunate along the way to have strong support from my family and key Dr`s and nurses who have helped me navigate the tough times and enabled me to take control of my own health and treatment.

In recent years my treatment options have diminished, and constant infections and long-term medications have taken their toll. My life expectancy has shortened, and my quality of life has been affected as I am no longer as physically able as I would like to be. I have been able to manage much of my treatment at home, administering antibiotics via portocath, and staying out of hospital as much as possible, so that I can make the most of the time that I have. This is important to me and has made a huge difference to my overall wellbeing and my independence.

I am happy to share my personal experiences in the hope that my insights may be helpful.

GUARDIANS OF THE VEINS
IVNNZ CONFERENCE 2026

# SPEAKERS

19TH IVNNZ BIENNIAL CONFERENCE - CHRISTCHURCH, 16-17 OCTOBER 2026



## Prof Nicole Marsh

Nursing and Midwifery Director for Research, Royal Brisbane and Women's Hospital.

**A Haemostatic Solution to Early PICC Dressing Complications: A Multi-site Randomised Controlled Trial**

Professor Nicole Marsh is the Nursing and Midwifery Director for Research at the Royal Brisbane and Women's Hospital. Her research program focuses on improving patient outcomes and reducing complications associated with vascular access across acute and critical care settings. She has quantified the international incidence of peripheral intravenous catheter failure and identified key risk factors associated with this complication. In recognition of her expertise, Professor Marsh contributed to the development of the Australian Commission on Safety and Quality in Health Care's Peripheral Intravenous Catheter Clinical Care Standard (2021), which is used by Australian hospitals to support and monitor clinical practice. She currently leads a multidisciplinary team investigating the clinical and economic benefits of different workforce models for vascular access device insertion, with the aim of improving patient outcomes and healthcare efficiency.

## India Pearse

RN, MN (Crit Care)

**A pilot randomised controlled trial to assess first-time insertion success of short, bevelled versus standard peripheral intravenous catheters**



India is a Nurse Researcher at the Royal Brisbane and Women's Hospital Nursing and Midwifery Research Centre in Australia. She is an experienced nurse researcher with a clinical background in adult intensive care. India has a research track record of both critical care and vascular access research, having published over 30 peer-reviewed publications and presented her team's findings at numerous vascular access and critical care assemblies. Her research has centred around management of vascular access devices in the ICU, mainly through innovations in dressing and securement. India is passionate about her work and is privileged to be able to advocate for improved patient outcomes through high- quality research.



## Nicky Rough

Nurse Co-ordinator, Nurse Maude Infusion Centre

**Cannula believe we do this in the community? IV Nursing@ Nurse Maude District Nursing**

Nicky is the Registered Nurse Co-ordinator for the IV Service at Nurse Maude District Nursing Organisation. Over her eight-year tenure with the organisation, she has developed a deep expertise and passion for intravenous therapy, managing complex clinical needs including central venous access devices (CVADs), Portacaths, venepuncture, and cannulation., where she has specialized in advanced intravenous therapy for eight years. Known among her colleagues as the "human ultrasound" for her exceptional clinical accuracy, Nicky is dedicated to optimizing patient outcomes in outpatient and community settings. Nicky's diverse nursing background also includes experience within the Brain Injury Rehabilitation Service at Burwood Hospital. Professionally driven and community-minded, Nicky balances her rigorous clinical leadership with her family life alongside her husband, Antz, and their two teenage foster daughters who have been with them since infancy.

GUARDIANS OF THE VEINS
IVNNZ CONFERENCE 2026

# SPEAKERS

19TH IVNNZ BIENNIAL CONFERENCE - CHRISTCHURCH, 16-17 OCTOBER 2026



## Heid Hall

-

**STOP Matrix implementation at Middlemore Hospital.**

Throughout her career, Heidi Hall has worked exclusively at Middlemore Hospital in Auckland, New Zealand, as a Registered Nurse, gaining broad clinical experience across a variety of specialties, including Orthopaedics, Geriatrics, Stroke, Neurorehabilitation and Paediatrics.

Her senior nursing experience began 20 years ago as Middlemore's inaugural Clinical Coach for New Graduate Nurses within Counties Manukau, before transitioning to specialise in IV therapy, Outpatient Antimicrobial Therapy (OPAT) and Vascular Access.

For nearly two decades, Heidi has had the privilege of working alongside esteemed colleagues as a Vascular Access Clinical Nurse Specialist. Interestingly, her role does not include line insertion. Instead, she is consulted to assess patients and provide advice regarding gold-standard vascular access device selection.

Following insertion, Heidi's expertise enables her to play an active role in the education of nurses, doctors, phlebotomists and patients, while supporting best-practice line care and maintenance, troubleshooting and removal across both inpatient and outpatient settings.

Her attention to detail is evident in her contribution to educational resources for hospital and community staff, as well as procedural documents at local, organisational, regional and national levels.

## Rebecca Oskam-Scmidt

-

**The 'probelem' with probe cleaning: Building the case for safer ultrasound-guided vascular access**



Rebecca Oskam-Schmidt, PGDipHealSc (Nursing), is one of two Intravenous (IV) Clinical Nurse Specialists for Otago, based at Dunedin Hospital. Her recent clinical experience spans Radiology, including PICC insertion and vascular access, as well as Infection Prevention and Control, providing a strong foundation in patient safety and quality improvement. Rebecca is passionate about advancing safe, evidence-based practice and supporting clinicians to deliver optimal vascular access care. Her particular interest in infection prevention has driven her work to improve ultrasound probe cleaning processes and promote safer ultrasound-guided vascular access, helping to reduce infection risk and improve patient outcomes.

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IVNNZ CONFERENCE 2026

# SPEAKERS

19TH IVNNZ BIENNIAL CONFERENCE - CHRISTCHURCH, 16-17 OCTOBER 2026



## Emma Nash

-

**Experiences with ECG guided PICC insertion and the benefits you get from choosing this method.**

Emma is a Specialty Clinical Nurse in Vascular Access and Medicine Management at MidCentral Health in Palmerston North. She works collaboratively with multidisciplinary teams across the hospital to plan and deliver the most appropriate vascular access solutions tailored to each patient's needs. Emma has over 30 years of experience as a Registered Nurse, along with seven years as an Anaesthetic Technician. Her career spans a wide range of clinical settings across both public and private healthcare. In 2019, she expanded her scope of practice by training and qualifying as a Registered Anaesthetic Technician. In this role, Emma developed advanced skills in PICC line insertion, which led to an opportunity to transition into vascular access full-time. Following the retirement of MidCentral's long-standing Vascular Access Nurse Consultant, she stepped into the role, continuing to build on a strong legacy while supporting high-quality patient care.

## Dr Sarah Berger

Nursing Director of Te Ratonga Ārai Mate | Infection Prevention and Control

**Vascular Access: looking back, looking forward through IPC eyes**



Dr Sarah Berger is Nursing Director for the integrated Infection Prevention and Control / Vessel Health Preservation and Intravenous Access Team for Canterbury and West Coast, Health New Zealand. She has over 45 peer-reviewed publications including three book chapters, with around $2.3m of grant and other funding as a contributing researcher. Sarah is an Associate Editor with the Journal of Interprofessional Care, a leading publication in the field of interprofessional research in health and social care including education and collaborative practice. Sarah is an experienced health services researcher, with expertise in qualitative methodology and is passionate about Vascular Access and improving collaboration among members of health care teams in the interest of vessel health preservation and minimising risk of healthcare associated infections.



## Matty McDonnell

Nurse Practitioner Infectious Diseases, Royal Brisbane and Women's Hospital, Brisbane, Australia

**Breaking the DIVA Cycle: From Repeated Attempts to Early Escalation**

Matty is a Nurse Practitioner specialising in Infectious Diseases and Vascular Access in Brisbane. He previously led the Vascular Access and Surveillance Team at Princess Alexandra Hospital, where he established Queensland's second nurse-led bedside PICC insertion service, improving timely access to care and patient outcomes.

As the primary author of the Queensland Wide Vascular Access Guidelines, Matty has helped shape vascular access practice across the state and continues to consult with the Queensland Infection Prevention and Control Unit (QIPCU) as a subject matter expert.

Passionate about patient-centred care, Matty is a strong advocate for nurses working to the full extent of their scope of practice. He is committed to advancing evidence-based practice, supporting clinical education, and driving quality improvement initiatives that enhance patient safety and outcomes. Through his leadership, education, and clinical expertise, Matty continues to contribute to excellence in vascular access and infectious diseases practice.

GUARDIANS OF THE VEINS
IVNNZ CONFERENCE 2026

# SPEAKERS

19TH IVNNZ BIENNIAL CONFERENCE - CHRISTCHURCH, 16-17 OCTOBER 2026

## Dr Amanda Corley



-

**Post-insertion care of dialysis catheters in adult intensive care units: An Australian and New Zealand multicentre point prevalence study.**

Dr Amanda Corley is a critical care nurse of 20 years+ experience and is an Associate Professor of Critical Care with Griffith University and Princess Alexandra Hospital. She has a strong national and international track record in patient-focused clinical and health services research. She has published over 100 peer-reviewed publications and 5 book chapters, with career funding of around $2.5m in competitive and industry grants. Her vascular access research spans peripheral intravenous catheters, central venous access devices, arterial catheters, but she is particularly interested in dialysis catheters and extracorporeal membrane oxygenation cannulae.



## Miriam Morris

-

**Compromised central venous access and device selection for therapeutic plasma exchange - A case report.**

Miriam Morris is a Registered Nurse with specialised expertise in Vascular Access Management and Infection Prevention and Control, serving the Waitaha and Te Tai o Poutini regions. She has gained extensive experience in assessing, managing, and maintaining both peripheral and central venous access devices, supported by her clinical background, which includes six years in the intensive care unit. This experience provided her with in-depth knowledge of vascular access care for patients with complex acute and chronic health conditions.

Miriam is committed to providing evidence-based, patient-focused vascular access care to achieve optimal clinical outcomes while reducing risks such as catheter-related bloodstream infections and device failures. She works collaboratively with multidisciplinary teams in acute and outpatient settings, offering specialist clinical support and expert advice to improve vascular access decisions and patient care.

In addition to her clinical duties, Miriam emphasises quality improvement and staff education. She actively promotes evidence-based practices through education, competency building, and initiatives aimed at ensuring safe, consistent, and high-quality vascular access care. Dedicated to enhancing patient safety and clinical excellence, Miriam strives to advance healthcare outcomes by fostering best practices, supporting ongoing learning, and encouraging innovation in vascular access management.

## Jill Rodericks

Clinical Nurse Specialist Te Ratonga Ārai Mate | Infection Prevention and Control



**Vascular Access: looking back, looking forward through IPC eyes**

Jill Rodricks is a Clinical Nurse Specialist and Surveillance Lead for the Transalpine Infection Prevention and Control (IPC) Service, Health New Zealand Te Whatu Ora, supporting Waitaha Canterbury and Te Tai o Poutini West Coast. Her areas of interest include emerging infectious diseases, multidrug-resistant organisms (MDROs) and healthcare-associated bloodstream infections (HABSIs). She is passionate about using surveillance and data to inform IPC practices and improve patient safety. Jill values interprofessional collaboration and capability building across clinical teams. She holds a Postgraduate Certificate in Health Sciences, with a focus on Nursing Leadership and Management. She is currently completing a Master of Health Sciences through the research pathway.

## PRESENTATION 1

Elizabeth Culverwell, Life Member IVNNZ

### The History of IVNNZ 1993 – 2026

**'Haere taka mua, taka muri, kaua e whai.'**
**Go in front, not behind, do not follow**

This presentation traces the journey of IVNNZ Incorporated Society (IVNNZ Inc.) Founded in October 1993 we celebrate 33 years, promoting excellence in infusion therapy practices delivering health care to the population of Aotearoa, New Zealand.

This is a story of belief, vision, courage and resilience. From a small seed it grew with enthusiasm and a strong belief, to become an internationally recognized Professional Specialist Nursing Organisation and an international affiliate of the Infusion Nurses Society of United States of America. Belief and success are closely linked; it is difficult to have one without the other. If you believe in something, believe it all the way implicitly and unquestionably.

## PRESENTATION 2

Dr Wayne Collecutt – Interventional Radiologist Consultant

### Vascular Access in Patients with Complex Needs: When a PICC Won't Work

Providing reliable vascular access can be challenging in patients with complex clinical needs, particularly when conventional options such as PICC lines are unsuitable or have failed. This presentation will explore the interventional radiologist's role in assessing and managing these challenging patients. Using real-life case histories, this presentation will discuss alternative vascular access strategies, decision-making, procedural considerations and management of complications. The presentation will highlight the importance of collaboration between interventional radiology, nursing and the wider multidisciplinary team to achieve safe, effective and sustainable vascular access tailored to individual patient needs.

## PRESENTATION 3

Kay Eddy and Tara Lines

### Care Without Judgment: A Peer–Nurse Conversation on Harm Reduction and Safer Care

Authors: Kay Eddy [1] , Tara Lines [1]
[1] Rodger Wright Community Clinic, Rodger Wright Harm Reduction Network, Christchurch, Aotearoa New Zealand

#### Introduction

People who inject drugs can experience stigma and judgement within healthcare settings, which can create barriers to accessing screening, blood tests, treatment and ongoing care.

Concerns about difficult venous access, previous experiences of healthcare and assumptions about drug use can influence whether people feel safe seeking care. The Rodger Wright Community Clinic provide low-barrier, person-centred healthcare alongside peer support, with a focus on building trust and improving health outcomes.

#### Aim

To explore how harm reduction nursing and peer-led practice can change the experience of healthcare for people who inject drugs. The work focuses on recognising the importance of vein health, understanding the realities of injecting drug use, and creating clinical environments where people feel respected and comfortable accessing blood tests, screening and treatment. By bringing together nursing expertise and lived experience, the service aims to reduce stigma, challenge assumptions and improve engagement with healthcare.

### Methods

A practice-based exploration of community harm reduction nursing and peer support, drawing on clinical practice and lived experience. The approach incorporates flexible access to care, peer navigation, blood-borne virus screening, hepatitis C treatment, sexual health screening, vein health education and support to access ongoing healthcare.

### Results

A collaborative peer–nurse approach supports people to engage with clinical care who may otherwise avoid or delay healthcare. Peer workers provide trust, advocacy and lived experience, while nurses bring clinical expertise alongside an understanding of harm reduction. Together, they support more meaningful engagement with healthcare.

### Conclusions

People who inject drugs deserve healthcare that recognises their expertise in their own bodies and experiences. Nurses who understand harm reduction, supported by peer workers who can provide voice and advocacy, can help create safer clinical encounters and reduce barriers to care. Changing how we think about people who inject drugs can change how they experience healthcare, with potential benefits for engagement, vein health and health outcomes.

## PRESENTATION 4

Cat O'Brien

## Anatomical Variation in Midline Catheter Insertion Site, Tip Position and Clinical Implications: A Scoping Review

O'BRIEN [C1]; KLEIDON [T2,3]; BARKER [N3]; MARSH [N1,3,4]

1. Royal Brisbane and Women's Hospital; 2. Queensland Children's Hospital; 3. The University of Queensland; 4. Griffith University

### Introduction

Midline catheters (MCs) are an increasingly utilised vascular access device for intermediate duration intravenous (IV) therapy. Positioned between peripheral IV catheters and central venous access devices (CVADs) on the vascular access continuum, MCs offer advantages for patients with difficult intravenous access. However, rapid adoption, paired with inconsistent terminology and insertion practices, has created uncertainty around device classification, safe use, and guideline development.

### Aim

To map current evidence on adult midline catheter insertion site, tip position, confirmation methods, and infusion practices.

### Methods

A scoping review was undertaken applying the Arksey and O'Malley framework and reported using PRISMA ScR. A search of PubMed, CINAHL, Embase and Cochrane Library was undertaken for studies published between 2014 and 2025, alongside grey literature searches for relevant clinical practice guidelines. Narrative synthesis was guided by the PAGER framework.

### Results

Twenty seven studies (n=13,653 participants) and 13 clinical practice guidelines were included. Most studies were observational (n=20), with seven randomised controlled trials. MCs were consistently inserted in the upper arm, commonly the middle third, though anatomical detail varied. Tip position ranged from distal to the axilla, to axillary and subclavian veins, with no clear consensus on optimal position. Tip confirmation methods included ultrasound guided tip localisation, radiography, fluoroscopy, and external measurement, with increased imaging utilised for deeper tip placement. Most studies restricted infusion therapy to peripherally compatible infusates, although one third reported vesicant administration.

### Conclusion

Contemporary MC practice is characterised by substantial heterogeneity and increasing convergence with CVAD techniques, including deeper tip location and imaging

## PRESENTATION 5

Derek Smith

### Implementing the Central Venous Access Device (CVAD) high risk infection prevention bundle

#### Introduction

Central venous access device (CVAD)–related bloodstream infections (BSIs) remain a significant healthcare concern. Health Quality & Safety Commission (HQSC) data show that approximately one-third of healthcare- associated bloodstream infections (HABSIs) are linked to CVADs, despite the relatively small number of patients requiring them. This highlights a disproportionately high risk.

Although the mechanisms of infection—such as contamination during insertion, handling, and maintenance—are well understood, infection rates persist. Infection prevention and control (IPC) measures are often applied inconsistently or in isolation rather than as part of a coordinated strategy. Additionally, while infection sources are frequently identified, the precise causes are not always clear.

To address this, a shift from fragmented practices to a comprehensive, bundled approach was identified as necessary.

#### Aim

A targeted CVAD high-risk infection prevention maintenance bundle was introduced for patients at increased risk of infection. The aim is to standardise care, reduce practice variation, and improve adherence to evidence-based interventions, ultimately reducing CVAD-related BSIs.

The bundle combines key interventions to address all entry points for microorganisms:

1. Exit-site protection: SecurePort IV tissue adhesive or chlorhexidine gel dressings to minimise microbial

entry at the insertion site.

2. Intraluminal protection: KiteLock 4% to reduce colonisation and biofilm formation within the catheter

lumen.

3. Connector protection: SwabCap to reduce contamination of needleless connectors during access.

#### Results

Outcomes will be presented using BSI surveillance data and patient case studies, including examples of

KiteLock used for both treatment of line colonisation and prophylactic prevention

## PRESENTATION 6

Mark Eastmond

### ‘Living with a portocath -a patient perspective’

#### Patient Perspective:

I have lived rurally near Waiau in North Canterbury for the past 32 years. Together with my wife, Caroline, we have raised two daughters and operated several businesses from home, including mechanical engineering, jet boating and fishing tours, and a hazelnut orchard and tree nursery.

Now aged 65, I have lived with chronic illness for much of my adult life, experiencing frequent hospitalisations and numerous interactions with doctors, nurses and other healthcare professionals. I consider myself fortunate to have had strong support from my family and key healthcare professionals who have helped me navigate difficult times and, importantly, enabled me to take greater control of my own health and treatment.

In recent years, my treatment options have diminished. Recurrent infections and

long-term medications have taken their toll, affecting my physical abilities, quality of life and life expectancy.

Being able to manage much of my treatment at home, including administering intravenous antibiotics through a Port-a-Cath, has allowed me to stay out of hospital as much as possible. This is not simply about convenience. Remaining at home provides independence, control and the opportunity to make the most of the time I have.

My experience highlights the importance of listening to what matters to patients and supporting self-management wherever clinically appropriate.

### Conclusion:

Healthcare is not only about treating illness; it is also about enabling people to live as independently and meaningfully as possible. I hope sharing my experience provides insight into the value of partnership, continuity of care and supported home treatment.

## PRESENTATION 7

Professor Nicole Marsh

## A Haemostatic Solution to Early PICC Dressing Complications: A Multi-site Randomised Controlled Trial

Nicole Marsh[1,2,3], India Pearse[1,3], Catherine O'Brien[1], Emily Larsen[1,3], Amanda Corley[1,3], Amanda Ullman[2], Steve Frost[4,5], Evan Alexandrou[4,5]

1. Royal Brisbane and Women's Hospital
2. The University of Queensland
3. Griffith University
4. Liverpool Hospital
5. University of Wollongong

### Introduction

Peripherally inserted central catheters (PICCs) commonly experience exit site bleeding, especially among patients with malignancy or critical illness. Site bleeding disrupts dressing integrity, leading to dressing failure and an increased risk of central line-associated bloodstream infection (CLABSI). Traditional chlorhexidine (CHG) impregnated dressings reduce microbial colonisation but lack haemostatic properties. A novel potassium ferrate haemostatic disc (PFHD) has been developed to promote rapid haemostasis but is yet to be tested for PICC dressings.

### Aim

To evaluate the effectiveness of adding a PFHD to PICC dressings in reducing dressing failure.

### Methods

A two-centre superiority randomised controlled trial was conducted at Royal Brisbane and Women's Hospital and Liverpool Hospital. Adults (≥18 years) requiring a PICC (≥48 hours) were randomised to either PFHD (StatSeal®) plus standard dressing (intervention), or hospital policy CHG-based dressings (control). The primary outcome was dressing failure (bleeding, lifting, or leaking). Secondary outcomes included all-cause dressing failure, adverse and serious adverse events, CLABSI and local infection.

### Results

A total of 160 participants were enrolled (n=78 intervention; n=82 control). Most were oncology patients (n=98; 61%) with a mean age of 61 years. Dressing failure was significantly lower in the intervention group (31%) compared with control (56%) (Hazard Ratio (HR) 0.40, 95% Confidence Interval (CI) 0.24–0.675; p<0.001). All-cause dressing failure occurred in 53% versus 71% in the intervention and control groups, respectively (HR 0.508, 95% CI 0.327–0.789; p=0.002). Median dressing survival more than doubled in the intervention group (6.9 vs 3.0 days). Bruising was more common in the intervention group (39% vs 23%). There were no infection or serious adverse events.

### Conclusion

A haemostatic dressing combination significantly reduced PICC dressing failure and improved dressing dwell compared with standard care dressings. PFHD should be considered to preserve PICC dressings for cancer care and critically ill patients.

PRESENTATION 8

India Pearse

## A Haemostatic Solution to Early PICC Dressing Complications: A Multi-site Randomised Controlled Trial

Nicole Marsh[1,2,3], India Pearse[1,3], Catherine O'Brien[1], Emily Larsen[1,3], Amanda Corley[1,3], Amanda Ullman[2], Steve Frost[4,5], Evan Alexandrou[4,5]

1. Royal Brisbane and Women's Hospital
2. The University of Queensland
3. Griffith University
4. Liverpool Hospital
5. University of Wollongong

### Introduction

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### Conclusion

A haemostatic dressing combination significantly reduced PICC dressing failure and improved dressing dwell compared with standard care dressings. PFHD should be considered to preserve PICC dressings for cancer care and critically ill patients.

## PRESENTATION 9

Nicky Rough

### Cannula, Believe We Do This in the Community? IV Nursing @ Nurse Maude District Nursing

Intravenous therapy is often associated with the hospital environment, but increasingly, patients are receiving IV treatment safely in their own homes and communities. This presentation explores the role of Nurse Maude District Nursing in Christchurch in delivering IV therapy outside the traditional hospital setting.

The presentation will provide an insight into the practical realities of community IV nursing, including peripheral cannula insertion and management, vascular access assessment, administration of IV medications and fluids, monitoring for complications, and ongoing patient assessment.

Through clinical examples and real-world experiences, the presentation will demonstrate how district nurses safely manage patients requiring IV therapy in the community while supporting continuity of care, patient independence and hospital avoidance. It will also explore the challenges of IV therapy in the home environment and the importance of nursing knowledge, clinical judgement, communication and collaboration in delivering safe, effective and patient-centred care.

## PRESENTATION 10

Heidi Hall

### STOP Matrix implementation at Middlemore Hospital.

In 2023 the New Zealand Health Quality and Safety Commission (HQSC) identified Counties Manukau (CM) District was experiencing increased incidents of hospital-acquired Staph. Aureus bacteraemia (HA-SAB), exceeding the national median by a factor of nearly two, prompting CM to establish the PIVL Wananga SAB Implementation Task Force. This task force, comprised of key stakeholders, including Infection Prevention and Control Specialists, Clinical Quality and Risk Managers, medical SMOs, and senior nursing staff, convened a Peripheral Intravenous Line (PIVL) Wananga to analyse the contributing factors and develop a targeted quality improvement plan. The Wananga concluded that profession-specific quality improvement initiatives would be most effective, resulting in multiple initiatives and the development of the “STOP Matrix” by Medicine Division senior nurses in collaboration with the Patient Safety and Quality Assurance Team and the Vascular Access Team. The “STOP matrix” empowers nurses to make evidence-based decisions regarding timely removal of PIVL that have nil clinical indication to remain in-situ thereby mitigating HA-SAB risk. By design the “STOP matrix” provides a simple framework for clinical decision-making, equipping nurses with a resource to support their professional judgement when assessing and managing PIVLs. Trialing the “STOP matrix” in four adult medical for two months showed 4 key outcomes:

1) an increase in PIVL’s removed on day 0 and day 1

2) a decrease in PIVLs in the ACF (48% to 42%)

3) an increase in PIVL insertion documentation in eVitals (75% to79%)

4) an increase in PIVL assessment score documentation in eVitals (60% to 71%), and improved documentation within patients’ clinical notes.

In addition to aligning with the World Health Organisation and HQSC drive to reduce bloodstream infection associated with the use of intravenous catheters, the successful “STOP Matrix” trial demonstrates its potential to significantly reduce HA-SAB infections resulting in its proposed implementation across all adult wards at CM.

## PRESENTATION 11

Rebecca Oskam-Schmidt

### The 'probelem' with probe cleaning: Building the case for safer ultrasound-guided vascular access

#### Introduction

Ultrasound-guided peripheral intravenous catheter (PIVC) insertion is widely used to support vascular access. In 2023, concerns were identified regarding the decontamination of non-critical ultrasound transducers used across multiple clinical settings. Variation in probe cleaning, use of sterile gel, and application of probe covers raised concerns about infection prevention practices and patient safety. A quality improvement project was undertaken to evaluate current practice and identify opportunities for standardisation.

#### Methods

A survey of clinical staff was undertaken in 2023 to assess infection prevention practices associated with ultrasound-guided vascular access. In 2024, an audit across Southern hospitals examined transducer inventories, documentation, and decontamination processes for non-critical ultrasound probes. Findings informed a business case for practice improvement. In 2025, Tristel Duo NCU, a chlorine dioxide-based foam system for intermediate-level disinfection of non-critical ultrasound probes, was trialled within Southland anaesthetic and cardiology diagnostic services.

#### Results

The survey and audit identified variation in probe decontamination, use of sterile gel, application of probe covers, documentation, and equipment management. Findings highlighted potential patient safety risks arising from inconsistent infection prevention practices and a lack of standardisation across services. The Tristel Duo NCU trial demonstrated a practical intermediate-level disinfection option for non-critical ultrasound transducers. The subsequent release of the 2026 Australasian Society for Ultrasound in Medicine guidelines validated concerns identified locally and reinforced the need for change. Collectively, these findings provided the evidence required to support a business case for a standardised approach to ultrasound transducer decontamination.

#### Conclusions

This project identified opportunities to strengthen infection prevention practices associated with the use of non-critical ultrasound transducers across Southern. Through survey, audit, and evaluation of an intermediate-level disinfection system, it generated the evidence supporting a business case for standardised decontamination processes. The findings have particular relevance for ultrasound-guided vascular access, supporting safer, more consistent patient care.

## PRESENTATION 12

Emma Nash

### Following the Signal: My Journey with ECG guided PICC Placement

This presentation shares my clinical experience using ECG-guided tip confirmation for PICC placement, with a focus on the benefits of real-time feedback to support catheter navigation, tip location and correct placement.

I will discuss the practical considerations and learning gained through using ECG guidance in everyday vascular access practice, including my experience with its use in patients with atrial fibrillation (AF) and how I approach these cases safely and confidently.

The presentation will also touch on newer technology, including the SiteRite™ 9 system, and how advances in vascular access technology continue to support clinical practice.

Drawing on real-world experience, I will explore how ECG guidance has influenced my practice, supported clinical decision-making and increased confidence in achieving appropriate PICC tip placement, with the overall aim of delivering safe, efficient and patient-centred vascular access care.

## PRESENTATION 13

Matty McDonnell

### Breaking the DIVA Cycle: From Repeated Attempts to Early Escalation

Difficult Intravenous Access remains a common yet under-recognised challenge across healthcare settings. Without clear guidance and with increasing numbers of vulnerable patients, clinicians are often faced with difficult vascular access decisions. This session examines why DIVA matters, the hidden clinical and financial burden, and how healthcare organisations can improve outcomes through evidence-based assessment, escalation pathways, and clinician education to improve vascular access outcomes for high-risk patients.

## PRESENTATION 14

Dr Amanda Corley

### Post-insertion care of dialysis catheters in adult intensive care units: An Australian and New Zealand multicentre point prevalence study.

Lucy Shinners[1,2]; Felicity Edwards[3,4,5]; Samantha Keogh[2,4,6]; Melissa J. Bloomer[1,7]; Kevin B Laupland[3,4]; Jayesh Dhanani[3,4,8]; Amanda Ullman[2,9,10]; Andrea P. Marshall[1,11]; Nicole Marsh[1,2,6,9]; Annabel Levido[2,4,6,9]; Emily N Larsen[1,2]; Naomi E Hammond[12]; Serena Knowles[12]; Amanda Corley*[1,2]

The George Institute for Global Health and the Australian and New Zealand Intensive Care Society Clinical Trials Group

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#### Introduction

Dialysis catheters are essential for critically ill patients with renal failure but have the highest complication rate of all central venous catheters in intensive care units (ICU). Evidence informs catheter insertion and therapy modes limited guidance exists for the post-insertion care that patients depend on to maintain safe and effective dialysis access. This study aims to estimate dialysis catheter prevalence; examine local policies guiding post-insertion care; describe current catheter dressing, securement and locking practices; and quantify insertion site complications.

#### Methods

A prospective, multicentre point prevalence study of patients ≥16 years was conducted across Australian and New Zealand ICUs.

#### Results

Data were collected from 52 ICUs and 786 patients; 89 (11.3%) had a dialysis catheter, 35 (39.3%) were receiving renal replacement therapy. Compared to those without, patients with dialysis catheters were younger, had higher illness severity, and longer ICU stays. Over 90% of ICUs had local policies guiding post-insertion care, with most recommending chlorhexidine-impregnated dressings (57.7%), suture securement (80.8%), and insertion site inspection once per shift (73.1%). In practice, bordered polyurethane and chlorhexidine-impregnated dressings were most used (75.2%), with sutures the primary securement method (89.8%). Heparin was the most frequent locking

solution (59.3%), followed by 0.9% saline (18.5%) and citrate (5.6%). Insertion site complications occurred in 15.7% of patients and 10.1% of dressings were unclean, wet, or disrupted.

### Conclusion

Dialysis catheters were present in around one in 10 ICU patients and identified a younger cohort with greater illness severity, longer ICU stays, and higher mortality. While most ICUs reported local dialysis catheter post-insertion care policies, these were not consistently aligned with contemporary best practice guidelines. In contrast, bedside post-insertion practices tended to reflect evidence-based recommendations more closely than the local policy. Collectively, these findings emphasise the urgent need to generate high-quality dialysis catheter-specific evidence in.

## PRESENTATION 15

Cat O'Brien

## Mapping vascular access across the hospital: results of a rolling point prevalence audit

O'Brien [C1], Larsen EN[1,2], Gavin [N1,4], August [D1,2], Keogh [S1,4], Duff [J1,4], Corley [A1,2], Kearney [L1,3], Dulhunty [J1,3], Takashima [T2,3], Marsh N[1,2,3,4]

1. Royal Brisbane and Women's Hospital; 2. Griffith University; 3. The University of Queensland; 4. Queensland University of Technology

### Introduction

Vascular access devices (VADs) are used across nearly all patient populations and care settings to deliver time critical treatments such as antimicrobials and chemotherapy. Although essential, they create a direct portal into the body that bypasses natural barriers, placing patients at risk of infection. Nearly two thirds of hospital acquired bloodstream infections are associated with VADs. In addition, VADs contribute to non infectious complications, including occlusion, thrombosis, and medical adhesive–related skin injury (MARSI).

### Aim

To estimate the frequency of VADs and related complications.

### Methods

A rolling point-prevalence audit was conducted at the Royal Brisbane and Women's Hospital in 2025. VADs present on day zero were followed for three consecutive days to assess prevalence and complications.

### Results

On day zero of the audit, a total of 607 patients were included, with 422 VADs recorded. The largest age group was 40-64 years (n=192; 31.6%), with 9.2% (n=56) ≤6 months and 11.4% (n=69) ≥80 years. Patients had a mean of 0.70 VADs (SD 0.75; range 0-4). Overall, VAD utility per 100 patients was 56.7, highest in ICU (100.0), Cancer Care (77.6), and Surgical Services (62.6). ICU demonstrated the greatest burden, with approximately 2.8 VADs per patient. The most common device was the peripheral intravenous catheter (PIVC) (n=321; 76%), followed by peripherally inserted central lines (n=42; 9.9%). A total of 122 PIVC complications were observed, most commonly phlebitis (n=60; 18.7%) and infiltration (n=32; 9.9%). VAD failure occurred in 20% of VADs (n=84) and was highest for PIVCs (n=76; 23.7%).

Conclusion: VADs are highly prevalent and essential to care, but complication rates remain substantially high. One in five devices failed within the short audit window, with PIVCs contributing most complications. These findings support the need for improved surveillance and management strategies to reduce VAD-related harm and improve patient outcomes.

## PRESENTATION 16

Miriam Morris

### Compromised central venous access and device selection for therapeutic plasma exchange - A case report.

Authors: Morris M, Culverwell E

#### Introduction

Planning a successful therapeutic plasma exchange (TPEX) procedure requires thoughtful selection of a vascular access device. Literature suggests patients requiring long term TPEX typically lack suitable venous access due to vessel depletion. An apheresis port with a single lumen 9.6fr catheter provides continuous 'draw and return' access, as well as ability to support rapid flow demand during the procedure.

#### Case Description

This case report provides insights into case management innovations prompted by a complex patient with an autoimmune condition requiring long-term therapeutic plasma exchange. The vein study demonstrated such a significant vessel depletion only one specific device size was appropriate for this patient.

#### Case management

Best practice guidelines review was required as well as consultation with clinical experts including interventional radiologist, neurologist and vascular access nurse consultant. An apheresis port was chosen for TPEX therapy due to specific advantages such as durability and high flow tolerance. A key problem encountered was a time intensive search for an appropriate access cannula with different cannula brands and sizes tested. In addition, a needless connector with a straight fluid path that accommodates flow rates of >600mls/min was chosen. Furthermore, due to the limited patient chest tissue structure, the apheresis port was slightly mobile, and the flow quality was impacted by the patient's position. Additionally, an innovative dressing technique was required to support the cannula hub and connector, to prevent kinking and device related pressure injury.

#### Conclusion

Apheresis ports are an important component for vascular access management in patients requiring ongoing TPEX. Understanding vascular history, device selection, care requirements and complication prevention strategies supports safe and effective treatment delivery while promoting vessel health preservation and patient centred care.

## PRESENTATION 17

Emily Larsen

### Developing Patient-Centred Outcome and Experience Measures for Central Venous Access Devices in Cancer Care

Emily N. Larsen[1,2], Amanda J. Ullman1-4, Nicole Marsh[1-3], Mary Fenn[1], Penny Comans Inglis[1], Claire M. Rickard[1,3,8], Nicole Gavin[2,5], Amanda Corley[1-3], Brighid Scanlon[2,3,5], Doreen Tapsall[6], Raymond J. Chan[7], Joshua Byrnes[1,3]

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### Introduction

Central venous access devices (CVADs) are essential in cancer care for chemotherapy and supportive therapies, but can substantially affect patients' physical, emotional, and social wellbeing. Existing generic patient-reported outcome and experience measures (PROMs and PREMs) do not adequately capture these impacts. This study aimed to develop a CVAD-specific PROM and PREM, to better reflect consumer experiences and outcomes.

### Methods

A multiple-methods study was undertaken between November 2020 and July 2023. Preliminary concepts were informed by a systematic review and the items of existing generic tools (one PROM, two PREMs). A modified-Delphi process with an expert panel (priority survey, n=14; consensus meeting, n=9) expanded and refined the item pool. Consumer perspectives were explored through focus groups (n=7 consumers). Separate semi-structured interviews with clinicians (n=5) and consumers (n=5) refined item wording, response scales, and comprehensiveness. PROM items reflected CVADs impact on health, function, or wellbeing, whereas PREM items reflected experiences of care processes, services, and interactions with healthcare professionals. Content validity was assessed using think-aloud cognitive interviews with patients (n=10), examining item relevance, comprehension, and interpretation. For psychometric testing, the survey was distributed to 350 patients at a quaternary hospital.

### Results

Initial item generation identified 49 unique items (21 outcome; 28 experience) across 18 domains. Following iterative refinement through Delphi review, consumer focus groups, clinician and consumer interviews, and cognitive interviewing, the item pool expanded to 114 items. The final instrument comprised 50 outcome items across five domains (Activities of Daily Living, Instrumental Activities of Daily Living, Pain and Discomfort, Psychological Burden, Body Image) and 64 experience items across six domains (Shared Decision-Making, Education, Post-Insertion Care, Experiences with Staff, Confidence, Discomfort). Survey results are forthcoming.

### Conclusions

The final item pool captured multidimensional CVAD-related experiences and outcomes and provides a foundation for psychometric testing and validation of a CVAD-specific PROM and PREM.

## PRESENTATION 18

Jill Rodericks and Dr Sarah Berger

### Vascular Access: Looking Back, Looking Forward Through IPC Eyes

Vascular access and infection prevention and control (IPC) are intrinsically linked, with safe vascular access practices playing a critical role in reducing healthcare-associated bloodstream infections. This presentation takes a reflective look at the evolution of vascular access and IPC, exploring how practice has changed and what lessons can inform the future.

We will examine the history and development of vascular access and IPC, alongside current healthcare-associated bloodstream infection (HABSI) surveillance data. A complex patient case involving a bloodstream infection will provide a practical perspective, highlighting the challenges associated with vascular access, infection prevention, clinical decision-making and patient outcomes.

Looking forward, the presentation will consider emerging challenges, innovations and opportunities for improving vascular access safety and infection prevention. By connecting historical practice, current evidence and future directions, we aim to encourage clinicians to reflect on how everyday vascular access decisions can influence patient safety and quality of care.

POSTER 1

# Staff experience of an after-hours vascular access specialist team pilot project: a single-centre, cross-sectional survey

Berger, S.J. [1,2] , Francis, P.G. [1] , Culverwell, E.A. [1]

1 Vascular Access Management and Infection Prevention Service, Canterbury and West Coast, New Zealand;

2 Department of Nursing, University of Otago, Christchurch, New Zealand

## Introduction

Over a third of adults and up to half of children presenting to hospital meet criteria for difficult intravenous access (DIVA), characterised by non-visible and non-palpable veins either with or without a tourniquet 1-3 . There was an organisational need for development of a formal escalation pathway after two failed peripheral intravenous catheter insertion attempts, as well as for DIVA patients. Funding was secured for a one-year nurse-led vascular access specialist team pilot project.

The Vessel Health Preservation and IntraVenous Access (VIVA) Team delivered a seven-day service prioritising after hours work. As one key pilot project outcome measure, aim was to gain insights into staff experience of the VIVA team at a large tertiary-level university hospital in New Zealand.

## Methods

An exploratory cross-sectional survey was conducted using a self-developed online questionnaire with 14 items on a five-point Likert scale and a further four open-ended questions. Dissemination was via internal email and posters placed around campus with a QR code to scan. Participation was anonymous and voluntary. Descriptive analysis of data was undertaken.

## Results

529 respondents participated with 78% Registered Nurses, 9.7% House Officers, 6.6% Registrars and 5.7% other professional roles. 56% of respondents undertook peripheral intravenous cannulation, with 42.2% of these somewhat confident, 37.5% very confident and 12% extremely confident in their own skills. 74.8% of respondents were extremely confident and a further 21.5% very confident infirst attempt insertion success by the VIVA Team for even the most difficult of DIVA patients. Three central themes emerged from content analysis of free text responses: a) improved standards of care for DIVA patients with reported perceptions of a reduction in multiple failed insertion attempts and enhanced patient trust; b) positive impact on clinical workload efficiencies with reported perceptions of faster commencement of treatments and investigations; c) campus flow disruptions with anticipated negative consequences from discontinuation of the pilot VIVA Team project reported.

## Conclusion

As complexity of patient care evolves, innovative models for leveraging nursing expertise in vascular access may foster best practice, vessel health preservation, enhance clinical workflows and increase first attempt insertion success for DIVA patients.

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POSTER 2

## Embracing the role of 'Guardians of the Veins': how infection prevention nurses contribute to patient safety through active surveillance of healthcare-associated bloodstream infections

Rodricks J, Butcher S, Berger, S.

### Background

Preventable harm from healthcare-associated infections (HAIs) is a significant patient safety issue. Among HAIs, healthcare-associated bloodstream infections (HABSI) carry the highest morbidity and mortality, which means reliable and objective HABSI surveillance data is needed for organisational quality indicators. Surveillance of health care-associated infections illuminates trends over time and identifies speciality areas and patient groups at higher risk. This in turn enables monitoring of appropriate targets and informs quality improvements programmes. Aim was to characterise Waitaha Canterbury district HABSI cases.

### Method

A single-centre retrospective HABSI review was conducted for all adult inpatients admitted to Waitaha Canterbury facilities. Data were extracted from the ICNet™ electronic surveillance platform and supplemented by clinical chart review for the past three years (1 July 2023 to 30 June 2026).

### Results

722 HABSI cases were identified in adult inpatients aged 16 and older (mean age 62.7) (male n = 448, 62%; female n = 274, 38%). The most common source of healthcare associated bloodstream infection (as per CDC definitions) was vascular access devices (n = 187, 25.9%). This was followed by mucosal barrier injury (n = 142, 19.7%), and urinary tract infection (n = 107, 14.8%). Causative pathogens were Escherichia coli (n = 192, 23.1%), Staphylococcus aureus (n = 130, 15.7%), and Klebsiella pneumoniae (n = 60, 7.2%).

### Discussion

While incidence of healthcare-associated bloodstream infections is highly contextual to clinical settings and patient-related risk factors, nevertheless, the most frequent source of HABSI was vascular access devices. As Kaitiaki 'guardians of the veins', we face a complex practice challenge to improve safe management of vascular access devices to minimise risk of infection. This calls for a multi-pronged approach with surveillance data informing decision-making, use of appropriate vascular access device care bundles and effective collaboration between vascular access practitioners, infection control nurses and their clinical colleagues.

POSTER 3

# Beyond the blood draw: evaluating blood culture contamination at a tertiary university hospital Emergency Department

## Background

Sepsis is a life-threatening medical emergency that can rapidly lead to organ failure and septic shock. Blood cultures remain a gold standard in diagnosing bloodstream infections in patients with suspected sepsis and is critical to guide switch from broad spectrum to targeted antimicrobial therapy. However, diagnostic value is highly dependent on the quality of pre-analytical collection practices. A concern was raised about levels of contamination in samples sent from a tertiary university hospital Emergency Department (ED). With the absence of an established baseline and limited understanding of contributing risk factors at collection, aim was to formally measure blood culture contamination as a quality metric for evaluating adherence to best-practice collection standards.

## Methods

A retrospective audit of ED blood cultures specimens was undertaken from March to May 2026. Blood cultures were analysed per episode (counting each eligible patient encounter once, rather than each individual blood culture set collected). Data reviewed included number of sets collected and contaminant microorganisms, categorised as skin, mucosal or environmental flora.

## Results

A total of 1,446 positive blood cultures were reviewed. Contamination rate was 4% (n=60), exceeding the international best-practice standard benchmark of < 3%. 70% (n=1,010) of episodes involved single-set collection and 30% (n=436) multiple sets. Contaminated episodes were equally distributed between single (n=30) and multiple (n=30) set collections. Skin flora accounted for 78% of contaminants, followed by mucosal (15%) and environmental flora (7%).

## Discussion

Contamination rates above the international best practice guidelines, high single-set collection and predominance of skin flora highlighted an urgent need for improvement initiatives. Targeted quality interventions will focus on aseptic technique and appropriate set collection, with repeat audit planned to evaluate their impact. Improved blood cultures collection will support implementation of time-sensitive sepsis care bundles.

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