

Supplementary Material

Hospital staff perspectives on the cost and efficiency of peripheral intravenous catheter use: a case study from three Australian hospitals

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Supplementary material file S1. Interview Topic Guide

1. How are PIVC insertions funded within your hospital? How does this differ between clinical departments?
2. Can you describe any specific funding models currently in place for PIVC insertions? Have other PIVC funding models been trialled?
3. How are costs of PIVC-related complications calculated and funded within your hospital? Is there any budget allocated for specific type of complications?
4. Who is responsible for decisions regarding PIVC resourcing?
5. How is PIVC budgeting and resourcing viewed and understood by relevant stakeholders?
6. What are the challenges associated with budget and funding for PIVC procedure in the hospital?
7. Who undertakes PIVC insertions throughout the hospital? How are staff wages for PIVC insertions funded and resourced?
8. If inserters are called from one hospital department to undertake a difficult insertion in a separate department, how are these costs recouped or accounted for?
9. How is PIVC insertion training and re-accreditation of staff funded? How adequate are these amounts?
10. If you currently use ultrasounds for PIVC insertion, how many are required at your hospital?
11. How are ultrasounds funded for initial buying and subsequent regular maintenance?
12. What are different costs centres or accounting systems involved in financing of PIVC insertions?
13. What are the methods or software systems used for cost analysis in the hospital?
14. Would a DIVA identification and escalation pathway be a financially viable option for your hospital? If so, how would it fit into your current PIVC budget?
15. What could be the main financial constraints for DIVA pathway implementation?
16. Is there anything else you would like to add?