Peripheral intravenous (IV) access is one of the most common procedures performed in Emergency Departments across the United States. Successful IV access is critical in providing timely diagnosis and treatments. Individuals with difficult venous access (DVA) may experience delays in care due to prolonged wait times for successful phlebotomy and intravenous access.

In order to translate this evidence-based practice to the ED setting, a multidisciplinary quality improvement team, consisting of clinical technicians, nurses, administrators, and physicians convened a workgroup to develop and implement the ED difficult access, “Access in Minutes” AiM team.

Preliminary results showed that we reduced the amount of time needed to insert peripheral IV access among (N=135) patients ($p < 0.05$) from pre-intervention and post-intervention time periods. By using a dedicated difficult access team we also significantly reduced the number of attempts necessary to obtain successful peripheral IV access from a mean 3.9 to 1.3 attempts ($p < 0.05$).

Practice Recommendations
- Identify patients with DVA
- Initiate an appropriate team to promote successful venipuncture
- Using a designated team can reduce unsuccessful attempts, increase timely placement and improve patient satisfaction.

Conclusion
Through this process, we learned the importance of identifying patients who have DVA, then initiating the appropriate team to promote successful IV insertion and venipunctures; with a goal of reducing number of attempts, and decreasing time to treatment. Next steps include a research project to create a predictive scale to identify patients with difficult access to facilitate more timely activation of the AiM team.