

Introduction

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.

Practice Question

Can the implementation of a dedicated difficult access team reduce the time from lab order to lab completion on patients with DVA as compared to our current practice in the Adult ED?

Summary of Evidence

A literature search was conducted using CINAHL, PubMed, and Google Scholar data bases. A final selection of 22 articles were reviewed using the Johns Hopkins Nursing Evidence-based Practice model and guidelines.



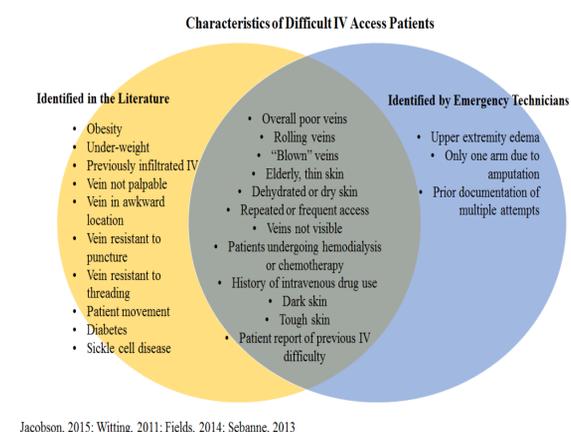
- Standards of practice
- Strategies for cost savings
- Use scoring systems to identify DVA
- Using dedicated teams can reduce lab to completion times for patients with DVA

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.

Translation to Practice/Evaluation

Pilot Intervention: Implementing 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.