

PAPER WEIGHT: Dr. David Goodman, a national expert in researching the physician workforce, coauthored an op-ed essay titled “Doctors No One Needs” for the December 23, 2009, issue of the *New York Times*.



changes were implemented, wait times under 12 minutes were green. Now, Tracy says, anything over 10 minutes is red.

Save: Rethinking the process has also helped the phlebotomy labs save money. For one thing, they were able to cut down on the amount of supplies they need to keep on hand. They are also working on using more straight needles and fewer butterfly needles. Straight needles work just as well for most patients and cost significantly less than butterfly needles, which are still used for patients whose veins are more difficult to access. That change alone could lead to annual savings of about \$150,000.

“We’re not where we want to be yet, but we’re getting there,” says phlebotomy supervisor Michelle Gour. “We’ve already saved a lot of money.”

The phlebotomy staff has also taken steps to improve the process of taking inpatient blood

samples, allowing them to improve the percentage of samples that are analyzed by 8:00 a.m. Gour says that getting those samples collected and analyzed as early as possible allows physicians and patients to make decisions about treatments earlier in the day, making it easier to discharge patients or schedule procedures.

As a result of the changes, the results of blood tests now get from the lab to the physicians who ordered them 40% more quickly. Gour says that both patients and physicians have commented on the changes. The improvement is also evident on patient survey forms, with satisfaction rates on the rise since the changes were implemented.

Mission: “Not only did we speed up our process, but we improved the patient experience, which is what our mission is all about,” says Harhen.

AMOS ESTY



JON GILBERT FOX

A quality improvement project in Dartmouth-Hitchcock’s outpatient phlebotomy lab cut the average waiting time for patients from 22 minutes to five minutes or less.

F A C T S & F I G U R E S

Emergency exit

1979

Year emergency medicine became a recognized specialty

1982

Year DHMC hired its first certified emergency physician

1995

Year DHMC became a Level I Trauma Center



2

Number of physicians (both residents) who saw patients in DHMC’s Emergency Department (ED) before 1982

14

Number of certified emergency physicians on the staff now

25,700

Number of certified emergency physicians in the U.S. now

12,000

Number of patients per year seen in DHMC’s ED in 1982

32,000

Number per year seen now

2010

Year DHMC’s first certified emergency physician, Dr. Norman Yanofsky, is retiring as section chief

SOURCES: AMERICAN BOARD OF EMERGENCY MEDICINE, DHMC