

MaineHealth

MaineHealth Knowledge Connection

Interprofessional Research and Innovations Council

2018

Patient Throughput Time in the Emergency Department: Can Obtaining Blood Specimens in a Pre-hospital Setting Increase Timeliness?

Arielle Rancourt
MidCoast Hospital

Follow this and additional works at: <https://knowledgeconnection.mainehealth.org/iric>



Part of the [Emergency Medicine Commons](#), and the [Other Analytical, Diagnostic and Therapeutic Techniques and Equipment Commons](#)

Recommended Citation

Rancourt, Arielle, "Patient Throughput Time in the Emergency Department: Can Obtaining Blood Specimens in a Pre-hospital Setting Increase Timeliness?" (2018). *Interprofessional Research and Innovations Council*. 5.

<https://knowledgeconnection.mainehealth.org/iric/5>

This Article is brought to you for free and open access by MaineHealth Knowledge Connection. It has been accepted for inclusion in Interprofessional Research and Innovations Council by an authorized administrator of MaineHealth Knowledge Connection. For more information, please contact mckeld1@mmc.org.

Patient Throughput Time in the Emergency Department:
Can Obtaining Blood Specimens in a Pre-hospital Setting Increase Timeliness?

Arielle Rancourt RN

Abstract

The Emergency Department (ED) at Mid Coast Hospital currently follows a practice in obtaining blood specimens in-hospital by emergency department staff; this is done despite the ability of pre-hospital personnel to obtain specimens at the time of intravenous catheter insertions. Our current practice may not be the most effective and timely method. Studies showed that there was no increase in hemolysis of blood specimens drawn by Emergency Medical Services (EMS), and that laboratory results were received quicker when blood specimens were obtained in a pre-hospital setting. The purpose of this quality improvement project is to decrease time from patient arrival to the hospital via ambulance to laboratory result time by way of EMS obtaining blood specimens in a pre-hospital setting compared to obtaining blood specimens in-hospital. A guideline was created for EMS to draw blood when starting an intravenous catheter (IV) prior to being brought into the ED. Retrospective data collection of patient time of arrival to the ED via ambulance and time laboratory receives blood sample for two groups will be compared. Group one consists of patients who arrived via ambulance to the ED with an IV in place and no blood specimens, group two consists of patient who arrived via ambulance to the ED with an IV in place and EMS obtained blood specimens. Results are to be determined. The Patient Care Guideline was established in August 2018, and data will continue to be collected throughout the year.

