

**Hospital Name:**  
Valley Hospital Medical Center

**Address:**  
620 Shadow Lane  
Las Vegas, NV 89106  
(702) 388-4000

**Contact:**  
Jim Holtz  
Director of Emergency Services

2007 ED Volume: about 34,000  
Growth from 2006: 10%  
Total Staffed Hospital Beds: 404  
Acute ED Beds: 54  
Fast Track: Yes  
Clinical Decision Unit: No

**Problem to be Resolved:**  
Long offload times and  
ambulance gridlock

**Tools Provided:**  
EM Xpress Flyer  
EM Xpress Job Description

**Key Words:**  
Offload times  
Patient parking

**Lessons Learned:**  
Designating staff members to  
assist EMS providers in  
offloading ambulance patients  
in the ED can facilitate timely  
offloads even at times when  
there are no available ED beds.

**Reason for Change:**

In 2005, the Las Vegas legislature passed Senate Bill 458, which requires hospitals to transfer the care of patients from EMS to hospital staff within 30 minutes of an ambulance's arrival. There is no penalty for a hospital not meeting this standard, but each hospital must track delays and publicly report offload times.

At the time this legislation was enacted, Valley Hospital Medical Center was seeing ambulance offload times ranging from around 20 minutes to more than 6 hours in some extreme cases.

**Implementation:**

To address the issue of long offload times, Valley Hospital Medical Center created a program which they called EMXpress, which is essentially "pit crews" to facilitate the timely transfer of care from EMS providers to ED staff. The ED pit crews are staffed with ED technicians. The pit crews help offload the patient quickly and safely so that the ambulance can return to service sooner. While the ED technician is assisting with the patient offload, an RN receives the report of the patient's condition. If a bed is not immediately available for the patient, the patient is instead transferred to one of five gurneys located in front of the nurses' station. The ED techs can then perform an initial workup on the patient until he or she can be moved from the gurney to a bed.

**Results/Impact:**

As a result of the EMXpress program, the average transfer of care time at Valley Hospital Medical Center's ED decreased from about 19 minutes to less than 10 minutes from 2006 to 2007. At the same time, both ambulance traffic and total ED visits increased by 10 percent. Also, patient satisfaction relating to ED efficiency and wait times reached the 80<sup>th</sup> percentile in the second quarter of 2007. An additional benefit from this program is that relationships between the hospital and ambulance providers improved significantly.



# Introducing EM Xpress

## 11 a.m. to 11 p.m. Daily

Goal: Reduce EMS waiting time  
so you can begin responding to other calls as soon as possible.

### How It Works:

- Bring your patient to Valley Hospital
- Check-in with the Transfer of Care software
- Give report to the Charge Nurse or the EM Xpress personnel
- Offload your patient
- Done - the Charge Nurse will check you out – drive safely!

Valley Hospital Center Emergency Critical Care Center

**ED Tech II / EMXpress Position**

Description/Job Duties/Guide

1. Shift 1100 to 2330
2. Wear approved apparel for assignment.
3. After clocking in, proceed to the charge nurse desk, utilize Charge Nurse II radio/cell phone. Receive update on unit status from Charge Nurse.
4. PRIMARY JOB DUTIES:
  - a. Off-load EMS crews immediately into:
    - i. EMXpress Locations 1-8
    - ii. **Transfer the patient in the TOC (transfer of care) software, use immediate transfer as much as possible.** Advise crew to proceed to the charge nurse desk to give report.
  - b. Assist Charge Nurse in triaging patients when necessary or directed by the Charge Nurse on duty. Usually this will occur when there is more than one crew waiting.
    - i. If patient remains in an EMXpress location, place patient on monitor if required, obtain current set of vitals (including temperature) and document on the RN T-Sheet. Complete clothing list.
  - c. Draw required labs and label as required by RN standing order sheet or Physicians order sheet, under the direction of the Charge Nurse.
  - d. Monitor Patients in EMXpress location for the charge nurse on duty. Report any changes as required/needed.
  - e. Assist Charge Nurse with patient flow.
5. Secondary Job Duties (NO EMS CREWS WAITING/AVAILABLE ER BEDS):
  - a. Off-load EMS crews into available ER Bed
    - i. Have patient change into patient gown, or assist patient with this requirement.
    - ii. Place patient on bedside monitoring equipment.
    - iii. Draw required labs and label as required by RN standing order sheet or Physician order sheet.
    - iv. Advise primary nurse of patient's arrival and chief complaint.
  - b. Assist ER staff as required or necessary.
6. THE DO NOT'S:
  - a. Leave the unit without advising the charge nurse.
  - b. Transport patients to the floor, unless under extreme conditions and with approval from the charge nurse.
  - c. Assist RN's on the floor only with the approval of the charge nurse on duty.
7. REMINDERS:
  - a. Your primary duty is to off-load EMS crews and monitor those patients for the charge nurse on duty.
  - b. We have other ED Techs working in the ER, there duties remain the same.

This program is a work in progress. Its success depends on you, and your diligence in off loading EMS crews to get them back on the street and out of the hospital within 30 mins. The TOC (transfer of care) software must be maintained and updated frequently. Your suggestions and ideas are always welcome.