

# Memphis Fire Department

Delayed Off-Loading of Stable Non-Emergent Patients

Joe Holley, MD FACEP Medical Director

Feb, 2011

Eagles
Dallas, Texas



## **Memphis Fire Department**

- \* Approximately 1,900 personnel
  - **\* 300+ Medics**
  - **% 1500+ EMTs**
- **\* 59 Stations**
- **\* 60 Engines**
- **\* 27 Truck Companies**
- **\* 36 ALS Ambulances**
- **\* 3 Heavy Squads**
- Sponsoring Agency for USAR Tennessee Task Force 1



### The problem.....

ED overcrowding resulting in delays in EMS Offload of patients

Biggest delays for the Non-Emergent Patient

Rarely needed Emergent treatment
Often use ED as primary care source
EMS often used as transport



#### The result.....

- **\* Poor unit utilization...**
- \* Long return to service delays
- **\* Frustration for EMS**
- \* Passive aggressive behavior from ED Staff
- **\* Upset patients**
- Ripple effect resulting in lack of adequate ambulance resources



- We focused on lowest acuity patients
  - Includes our previous ongoing efforts to keep them out of the system

Why?

Lowest need for EMS Services

Longest delay impact to the system

Easiest to Disposition



### **Which Patients?**

Eligible patients (patient must meet ALL of the following criteria):



- Greater than 16 years old and less than 65 years old
- Stable vital signs
- Non-Emergent complaint
- Patient can walk and talk
- Patient has had no medications nor interventions by EMS



# The Methodology

If the ED Nursing Staff has not accepted report and made efforts to offload the patient from the EMS stretcher within 20 minutes of arrival, request EMS Lieutenant presence in ED.

■ The ED Nursing Staff has not accepted in the EMS accepted report and made efforts to accepted the accepted report and made efforts to accepted report and made efforts to accepted the accepted report accepted the accepted report accepted report accepted the accepted report accepted the accepted report accepte

- If no progress is made within 15 minutes of the Lieutenants engagement, and the patient meets all the criteria above, EMS Lieutenant may perform the following:
- Ensure the patient's condition is unchanged
- Take the patient to the triage waiting area
- Document all contacts with ED personnel, and record names of Charge and triage nurse

- Ensure unit paramedic completes of an abbreviated, hand written EMS run report and ensures its delivery to triage or admissions.
- EMS is responsible to ensure hospital is aware of patient's presence in the waiting room.
- Return EMS Unit to service





- ☼ Discovered that while Hospital Administration understand EMTALA, and support the need to expedite offload and assume responsibility, that was rarely occurring in the ED.
- Made Nursing responsible, by recording their name and leaving the patient in the care of Triage



## **Issues Encountered**

- Changed the mindset of ED Nursing regarding the acceptance of patients
- Patients were informed that delivery by EMS did not "move them to the front of the line"
- Decreased Frustrations of EMS crews



#### Where we're headed.....

- Expand the Criteria for eligible Patients
- Allow the EMS Crew to make the call to deliver to Triage/Waiting room



#### **Questions?**

Joe.Holley@MemphisTN.gov

Feb, 2011

Eagles Dallas, TX