**Background:** The trauma program monitors delays in transport. It was found that there were significant delays in the ability to quickly provide ALS transport for patients to a higher level trauma center. Upon further investigation, it was found that local county EMS agencies were unable to aid in the 45+ mile transport from our hospital to the higher level of care facility due to limited resources (ALS ambulances and staff) within the surrounding rural three county areas in need of 911 coverage thus, patient transports were delayed.

**Method:** Trauma registry data was used to identify the delays occurring in trauma patient emergent transport. A process for expediting ALS transport in the emergency department was established. Two large private transport companies were voluntarily enlisted to cover 24/7 emergent transport from the emergency department (ED) to the next level of care during this project. Both services were able to provide 24/7 ALS transport coverage to the ED. The process was formulated as follows: 1. Both companies submitted cell phone numbers and email addresses to be added into the hospital pager system for all trauma activation notifications. 2. A monthly calendar was created for scheduled days, broken down by 12 hour rotations. 3. When the transport dispatch receives the page, a call is placed to the ED Charge Nurse. The ED Charge nurse apprises the transport company of the situation and can either dispatch the ALS transport ambulance or put them on standby. 4. At the point the charge nurse or physician requests the ALS transport, the agency has up to one hour to arrive with ambulance. Note: The one hour arrival time was originally part of the solution and was later found to be unacceptable. 4a. The transport company on rotation is allowed to keep two ambulances stationed outside of the ED 24/7. This is optional. Each company decides how many ambulances they need in rotation for the day. This is an incentive that the transport company has on their rotation day. Typically no other ambulances are allowed to park in the emergency bay area other than for the purpose of dropping off a patient. 5. Two transport agencies work together to provide backup coverage for each other, ensuring that an ALS truck is available 24/7. 6. Transport companies are allowed to take other transports out of the hospital and ED while stationed but they must be able to supply refill coverage when the assigned ALS ambulance is in service. 7. Feedback is given to both transport companies, by the trauma program, reflecting their performance.

**Results:** Data ranges of the project were as follows: 6/1/2015 was when our hospital obtained a trauma registry so the before data range was 6/1/2015 - 2/28/2016. 3/1/2016 is when this project began. The comparison data presented runs from 3/1/2016 - 2/28/2017. Project was shown to decrease the amount of time it takes to obtain ALS transport as well as the time it takes to transition patients to the next level of care. Previously, 40% of the time it took >30 minutes to obtain an ALS transport ambulance for emergent patients compared to 10% of the time after implementation. Studies show that when the transport agency responded to the emergency department in less than 30 minutes from time of dispatch, the amount of time the patient spent in the emergency department was, on average, 50 minutes less. In February the <30 minute standard was put into place. There were 3 transfer cases. All met compliance with <30 minute measure, creating a 1% decrease in the amount of time it takes to obtain ALS transport. Prior to February, obtaining an ALS transport within 30 minutes occurred 11% of the time. The 3 cases were not enough to correlate an impactful ED length of stay decrease beyond 50 minutes.

**Discussion:** RMC is in the process of moving from two to one transport company facilitating better communication and allowing for further business growth opportunities of the sole provider.