
Fast Track

Initiative Type

Model of Care

Status

Deliver

Added

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URL

<https://clinicalexcellence.qld.gov.au/improvement-exchange/fast-track>

Summary

Fast track is the allocation of patients into alternate 'streams' of appropriately resourced locations within the Emergency Department (ED), with emphasis being on dedicated clinical teams commencing care rather than the patient 'waiting to see a doctor'. Fast track is beneficial when the ED is:

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- at capacity and overcrowding necessitates ambulance diversion
 - not coping with a temporary increase in admissions
 - under pressure to free up ED beds accommodated by inpatient outliers – access block
 - experiencing increased numbers of ‘did not waits’ experiencing increased dissatisfaction from patients in the waiting room – formal complaints
 - regularly experiencing verbal abuse and aggression from frustrated patients towards clerical and clinical staff in the ED

Key dates

Dec 2013

Implementation sites

Multiple Hospital and Health Service EDs across Queensland

Partnerships

Multiple Hospital and Health Service EDs across Queensland

Key Contacts

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Aim

- standardising front-end processes to decrease practice variation and improve efficiency
- dedication to the continuum of service within this model
- sufficient number of experienced non-rotational staff dedicated to the model

Benefits

For patients:

- alternative option for emergency care, enabling timely access to treatment, particularly for those with minor injury or illness - effectively reducing the total waiting time and improving patient flow through the system
- removes eligible patients from mainstream (emergency department (ED)), opening up space to allow resources to be directed toward more acute patients
- patients treated by a nurse practitioner may have all their care, including discharge, completed by one clinician.

For staff:

- optimising ED front end operations and improved patient satisfaction
- decrease operational variation
- provision of protocol-driven treatment plans/clinical pathways, developed to guide the management of specific presentations

For the hospital:

- demonstrable impact on the waiting time for care and the total time in the ED
- patients are seen by a physician, so if they become a did not wait, they have not 'left without being seen'
- provides a focused treatment alternative to a regular emergency room visit
- alleviate critical bottlenecks into the ED.

Background

Establish a process for efficient management of sub-acute ambulatory patients in the ED as a way to safely manage the increasing demand for services. This ensures timely patient assessment, treatment and discharge.

Solutions Implemented

Various statewide EDs across Queensland have implemented the Fast Track model of care resourced by a variety of clinicians to meet the localised demands. Fast Track may be staffed by medical officers and/or nurse practitioners and ensure all clinicians have the opportunity to work to their full scope of practice. Early identification and streaming of suitable patients ensures the efficient flow of patients with lower acuity conditions, not likely requiring admission. Access to allied health, pathology and medical imaging ensures minimal delays in treating and discharging patients.

Evaluation and Results

- decreased percent of 'long wait' patients across all ATS categories
- decreased average ED length of stay
- decreased percent of did not waits
- improved patient and staff satisfaction
- decreased adverse events, complaints

Lessons Learnt

Fast Track model of care is an effective, efficient and safe way to see and treat low acuity patients identified as unlikely for admission. The model reduces waiting time for lower acuity patients identified as unlikely for admission. Provides opportunity for clinicians to work to their full scope of practice. Improves patient satisfaction through reduced waiting times.

Further Reading

[Emergency Medicine Journal: The effect of a separate stream for minor injuries on accident and emergency department waiting times](#)

