

PRACTICE OVERVIEW

Low-Acuity Fast Track

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Overview

The challenge

There has been a rise of low-acuity patients entering the emergency department in recent years. As a result, emergency departments see low-acuity patients occupying needed beds, and a lag on patient flow. In response, many organizations have created a fast track system to move patients quickly through the ED. But, many fast tracks lack stringent acuity requirements to keep them operating effectively.

The organization

Mary Washington Hospital is a community hospital in Fredericksburg, Virginia.

The approach

Restructured their fast-track to only include patients who need the fewest resources. They renamed the low-acuity area the “Super Track.”

The result

Mary Washington has seen a decreased ED length of stay for low-acuity patients and have less beds occupied by low-acuity patients.

Approach

Mary Washington discovered that ESI (emergency severity index) level three patients were driving up the overall fast-track length of stay, which prompted them to radically refine fast track patient eligibility. Using results from data analysis, administrators restructured the fast-track to include only ESI level four and five patients and renamed the area the “Super Track.”

In addition to refining the inclusion criteria, Mary Washington administrators tracked the arrivals of low-acuity patients to the emergency department by time of day to determine peak demand. Then, they used that information to staff the Super Track with two physician assistant¹-nurse teams, each of which has the ability to handle at least two patients per hour. With lower-acuity cases to treat, the staff is able to cycle through one to two more patients per hour than the previous fast-track area.

Super Track optimizes resource allocation



Two physician assistants and two nurses in the area



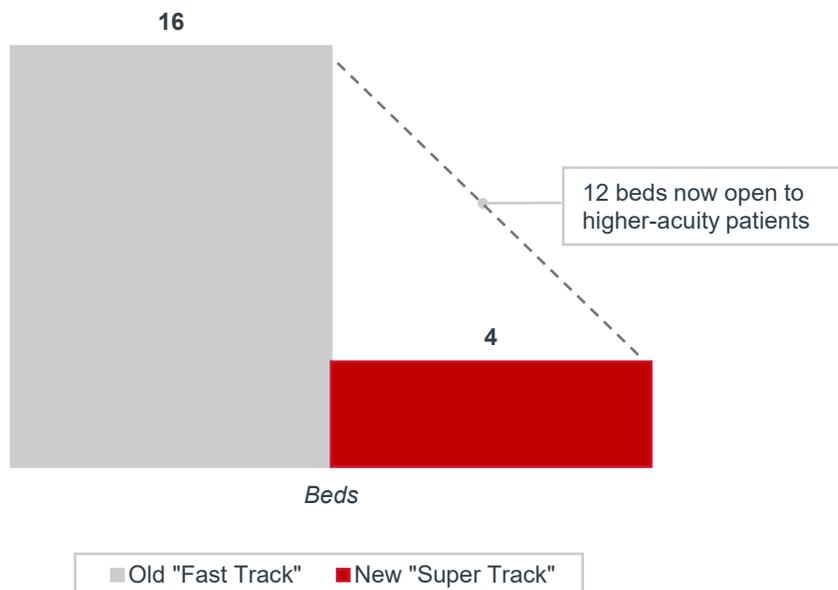
One physician-assistant nurse team allotted two rooms and one chair for splitting and other minor procedures

Results

Along with the Super Track's increased productivity, low-acuity patients are released from the ED anywhere from 30 to 90 minutes after arrival, depending on whether tests are needed.

Perhaps an even bigger victory for Mary Washington is that space once dedicated to low-acuity patients went down from 16 beds to four rooms and a couple of treatment chairs; this freed 12 beds, which are now used to accommodate higher-acuity patients.

Beds allocated to low-acuity patients



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