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Citation

Authors' objectives
This report reviews the literature on the effectiveness of the Emergency Department Fast Track System.

Authors' conclusions
A key strategy that Emergency Departments (EDs) have developed and implemented to deal with prolonged waiting times for non-urgent patients is employing a fast-track system. Such a system provides a separate, on-site area that exclusively serves those ED patients with minor, specific, ambulatory, acute illness or injury. Limited small observational studies indicate that ED fast-track systems are efficient, safe, and satisfactory for low-acuity patients when compared to management of such patients in regular EDs. There are concerns that successful and popular ED fast-track systems may lead to increased ED utilization at the expense of primary care office visits and continuity of care. The success or failure of fast-track systems will likely depend on the degree to which EDs can provide appropriate fast-track patient selection procedures, separate on-site physical space, dedicated nursing and medical staff, and access to main ED services. Initial investment requirements and fixed costs of operating a fast-track system may represent barriers for implementation. However, once running, an ED fast-track system appears to be a useful strategy to enhance ED patient flow safely and economically.

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