



Fast Track X-ray in Austin ED

Dr. Simon Judkins alias Dr Carolyn Cooper
Emergency Physician

Austin Health

PhD, MBBS, FACEM, MAppSc

Why Fast-Track XRAY?

- In early 2007, the Austin Health ED Director was approached by the regional division of GP to highlight a pending problem.
- A private radiologist who provided RACF portable radiology services was retiring and no-one was willing to provide this service.
- Why?: the service was not economically viable

The Potential Solutions

- Community private radiology facilities had been canvassed - they have no nursing support for such patients
- Austin Health Outpatient Radiology - patients need to be mobile and self-caring/or have a personal carer.
- Solution: refer all patients who need xrays to the Emergency Department.
- ED's response – ‘not happy, Jan!’

Setting

- There are (30-40) RACF in the Austin catchment
- (10-15) patients/week need xrays for conditions that do not require ED assessment.
- Patients referred to ED would spend an minimum of 4 hours in the ED

Triage :15mins

Cat 4-5: (60-120)mins for assessment - busy days:
hrs.

Xray: (30-60)mins

Non-urgent transport: 2-4hrs

Method

- Called together involved parties
- ED
 - Ambulance
 - GP's & Division of GP
 - Aged-care liaison nurse
 - Radiology Staff

Developed a pathway to allow RACF patients to access radiology without formal admission to the ED.

Fast-Track X-ray- objectives

- To provide a fast and efficient non-urgent xray service to RACF residents referred by their GP
- To reduce unnecessary Emergency Department presentations & cubicle block by aged care residents requiring radiology.
- To meet a 'wait and return' ambulance time < 30 minutes
- To provide GPs and RACF with timely radiology services and results
- To reduce the disruption & distress for the aged patient

STEPS

1

GP decides that resident needs an X-ray
Is resident eligible for Austin Fast Track X-ray service?
If **YES**, go to step 3 If **NO**, go to step 2

Eligibility Criteria:

- Is a resident of an aged care home
- Is NOT urgent
- Requires ambulance transport
- Requires an X-ray, not ultrasound or CT scan
- Does NOT require assessment in the Emergency Department
- Is expected to be returned to the aged care home for ongoing care

2

NOT Eligible

For example:

- Case is urgent (send to ED)
- Resident likely to require admission (send to ED)
- Resident needs ultrasound or CT scan (if ambulant, book in to usual radiology service. If need ambulance transport, send to ED in usual way)

3

YES Eligible for Fast Track X-ray
Complete the following steps:

3.1

PHONE non-urgent ambulance on 1300 366 313 and state that the resident requires "Austin Fast-track X-ray"

3.2

COMPLETE and FAX *Austin Fast Track Radiology notification and registration form* to Austin ED on 9496 3572

Ambulance may want a copy of the *Austin Fast Track Radiology notification and registration form*

3.3

PHONE Austin ED on 9496 4898 to confirm that fax arrived (you do not need to call to book the X-ray)

3.4

COMPLETE *Austin Radiology Request form* (blue & white)

- To be completed by GP or aged care home staff on behalf of GP
- Include GP instructions
- Write aged care home name in "copy to" section

3.5

SEND these **two completed forms** with resident:

- *Austin Fast Track Radiology notification and registration form*
- *Austin Radiology Request form* (blue & white)

4

Send resident for Fast Track X-ray in non-urgent ambulance with two forms

X-ray will be reported by ED consultant
ED consultant will determine whether resident returns to aged care home (most likely outcome) or whether resident requires ED admission

Resident returns to aged care home with X-ray report

OR

Resident admitted to Emergency Department

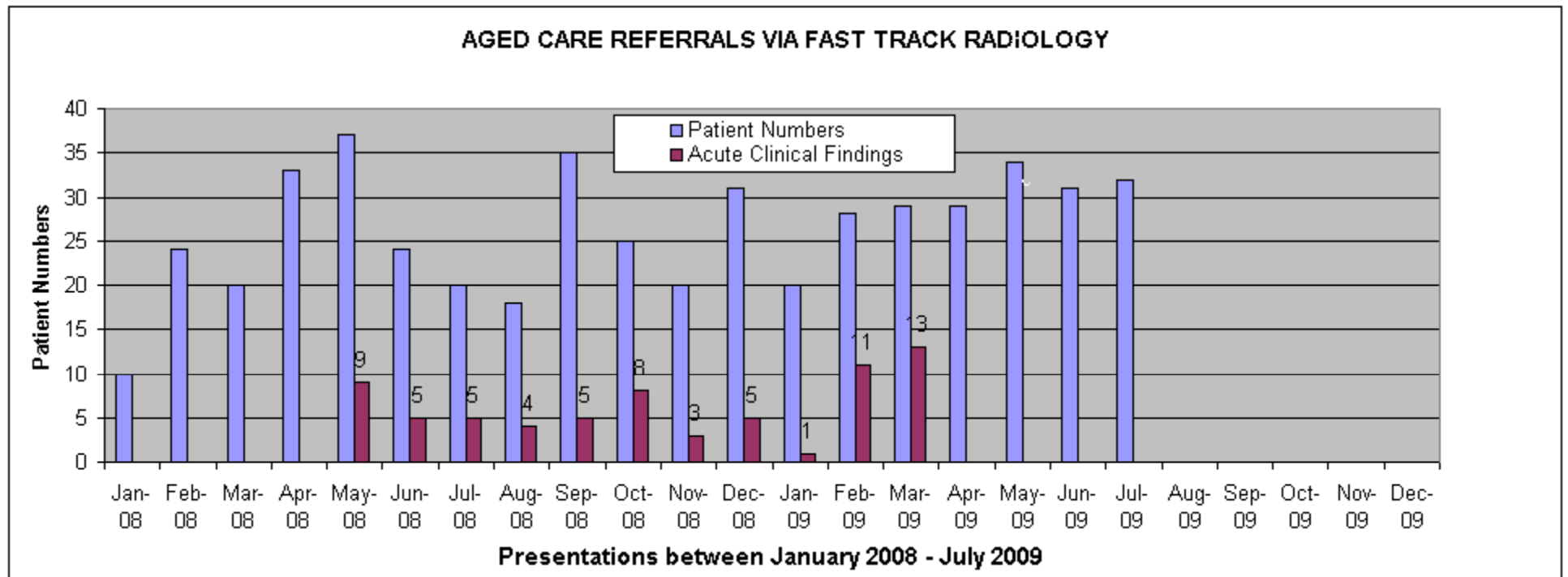
5

Inform GP of result of X-ray

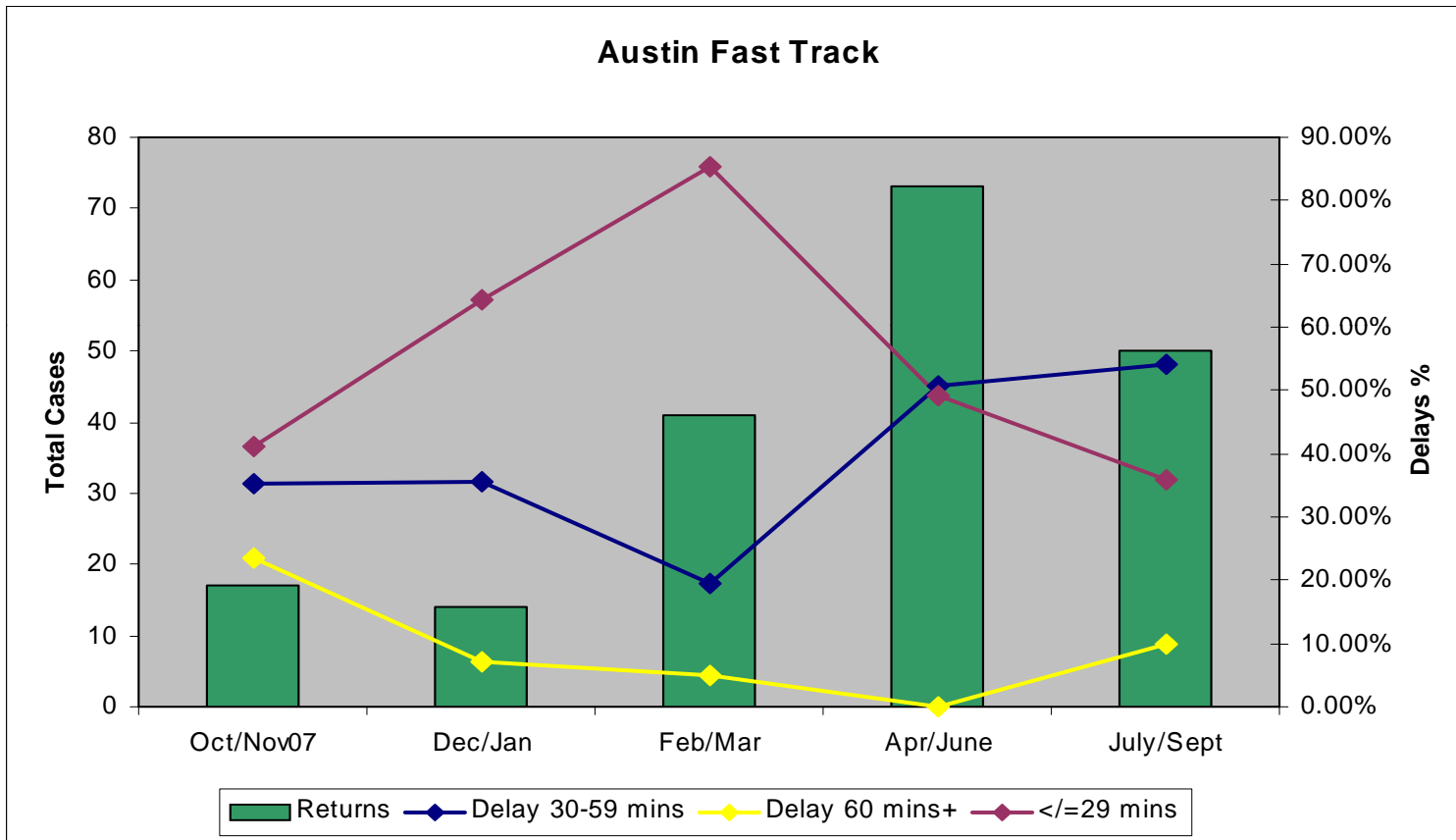
Inform GP of admission



The numbers....



Ambulance turn-around times



Residential Outreach Service

- Fast track xray marries well with the ROS.
- RACF patients who fit the F/T xray criteria can be assessed in RACF by ROS after xray.
- Or, patients sent for F/T xray can be referred to and treated by ROS (pneumonia, fractured pelvis, etc)
- The management plan can be instituted without the patient requiring an ED stay.

Case anecdotes:

The two programs have cross-pollinated on a number of occasions to avoid ED presentations.

1. A demented elderly patient with a persistent cough and SOB. Assessed by ROS re possible aspiration. Patient was sent for F/T xray & results viewed by ROS physician.

Patient returned to N/H with normal xray and GP follow-up.

2. Patient with fall and laceration. Treated by ROS in RACF, F/T xray arranged for potential fracture.

No #, returned to aged-care facility.

Potential problems:

- Turnaround times too long & in-efficient use of ambulance service
 - delays at Radiology - patients arrive when ED is busy & do not get priority.
 - delays in xray review - MDT Consultant busy & unable to immediately review films
- Inappropriate patient referral
- Poor patient follow up
- Acceptance of process by ED staff

Learnings and Next Steps:

- Plan & fund before introduction - funding for project/project officer prior to implementation.
- Dissemination of information a problem
 - (270 -280) GP's in area
 - (30-40) RACF keen to use the service.
- A 'pilot' without funding: how to move forward?
- GP division funding is withdrawn - project ceases.
- Other regional RACF desire the service.

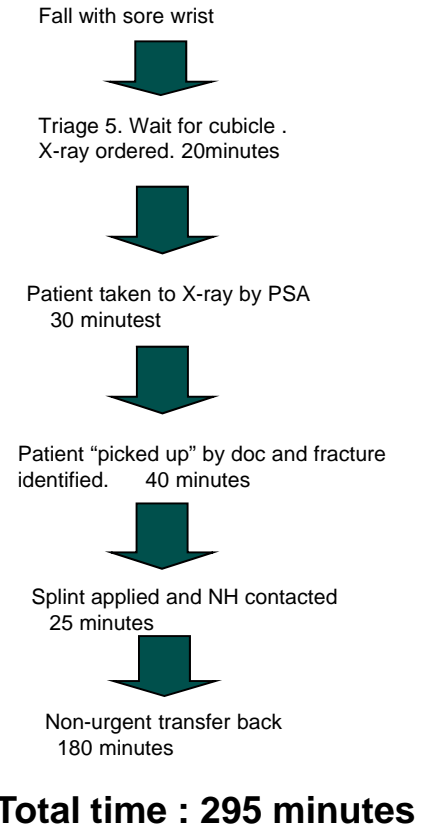
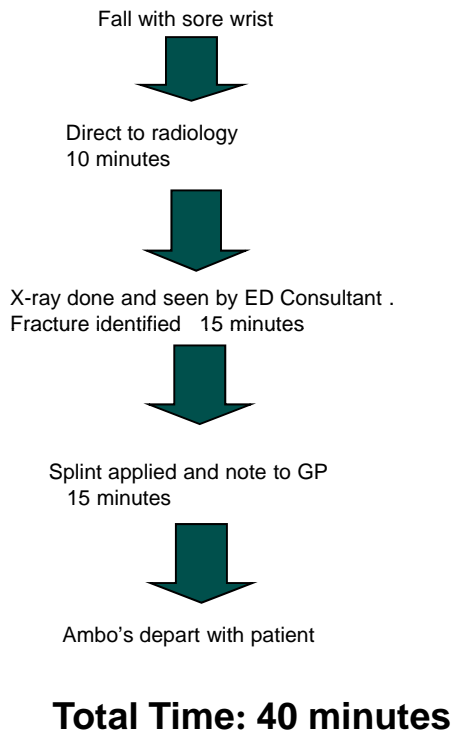
What's next?

- The utilization of the Fast-track xray will increase as the ROS team become more established as a viable treatment alternative for RACF
- > January 2010: the same pathway may include CT.
- Ultrasound unlikely: ambulance 'wait-&-return' time would extend for the procedure times.

Fast Track

vs.

Traditional



Fast Track vs. Traditional

Fall with painful hip



Direct to radiology
10-15 minutes



Fracture identified by radiographer
D/W ED consultant and ANUM
Moved to cubicle. 15 minutes



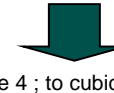
Ortho called and bed requested
20 minutes



Patient moved to ward
180 minutes due to Access Block

**Total time -50 minutes
(230 with Access Block)**

Fall with hip pain



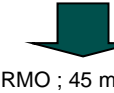
Triage 4 ; to cubicle
15-20 minutes



Seen by nurse; X-ray ordered.
20 minutes



X-ray performed
50 minutes



S/B RMO ; 45 minutes



Ortho called and bed requested ;
20 minutes



Moved to ward 180 minutes

**Total time- 145 minutes
(325 with Access Block)**

A viable service??

Does the service meet the objectives?

Provides a service to:

- Non-urgent patient of RACFs

- Community RACFs & GPs

- Reduces ED attendances

- Fulfils ambulance turn-around times

Thank you