WAITING ROOM NURSE ROLES IN THE EMERGENCY DEPARTMENT: CURRENT PRACTICE AND PRAXIS CONTEXT

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INTRODUCTION

• Internationally, emergency departments are under pressure due to increasing demands, overcrowding and increased waiting times

• The waiting room is a challenging area for patient care

• Poor patient outcomes and experiences

• In response some emergency departments have introduced a nurse dedicated to care for patients and families in the waiting room

• Episode of care commences on arrival

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INTRODUCTION

• Specific role allocated to emergency department waiting room
• Aim to:
  • decrease waiting times
  • increase patient satisfaction by commencing interventions early
  • reassess waiting patients
  • improve communication between the patient, family and clinical staff\(^3\)

• Limited literature exploring this role internationally

AIM

To explore the extent to which the waiting room nurse (WRN) role has been adopted and emergency department nurses perception of the role

METHOD

• Final phase of a multi-phase exploratory sequential mixed methods design study
• On-line survey was designed and used to collect data
• Survey development: ⁴
  - broad concepts identified
  - draft set of questions developed
  - establish face and content validity
  - establishing reliability

ETHICS

• Ethics approval from supporting university
• Permission gained from College of Emergency Nursing Australasia (CENA) to access their membership database
• Implied consent with completion of survey
SAMPLE AND RECRUITMENT

• Purposive sampling
• Members of CENA
• Recruitment via CENA secretariat who sent members an email inviting participation
  - link to survey
  - Participant Information Form
SURVEY DEVELOPMENT

Designed 4 stages:

• Identifying data for collection
• Draft questions
  - participant demographics
  - Waiting Room Nurse characteristics
  - supporting policies and protocols
  - communication and documentation
  - general comments
• Establishing validity of survey
• Piloting the survey

• 40 items across 5 sections
DATA COLLECTION

- Survey open four weeks in June 2017
- CENA secretariat sent reminder email one week prior to closure
DATA ANALYSIS

• Data downloaded from on-line platform in Excel spreadsheet
• Cleaned and coded prior to uploading into IBM SPSS Statistics
• Non-parametric tests
  - frequencies, percentages, median, IQR
• Qualitative data analysed using quantitative content analysis\(^6\)
  - identify keywords in literature and previous findings
  - word count for frequency of words
  - words with similar meaning identified
  - all similar terms counted together

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RESULTS - DEMOGRAPHICS

• Approx. 1/4 were from New South Wales and Victoria (n=48, 24.4% respectively)
• Represented 86 separate emergency departments
• 51 emergency departments (59.3%) allocated a WRN
• 1/3 held a Master qualification (n=67, 34.2%)
• 44% (n=87) were Registered Nurses (Division 1)
• Median years of nursing experience was 16 (IQR 2-45)
• Median years emergency nursing experience 12 (IQR 0.3-38)
• Majority were triage prepared (n=174, 88.3%)
• Most common title was Clinical Initiative Nurse (n=37, 39.4%)
RESULTS - WRN ROLE

1. Patient care

“to ensure that all patients in the waiting room are cared for throughout their journey” (ID 162)

- Expedite care (keyword n=44)
- Commence early management (keywords n=136)
- Assessment and monitoring (keywords n=91)
- Medications administered
  - paracetamol (n=98, 82.4%)
  - non-steroidal anti-inflammatory (n=86, 72.3%)
- Interventions performed
  - basic first aid/minor injury management (n=98, 82.4%)
  - blood glucose monitoring (n=93, 78.2%)
2. Patient Safety (keyword n=55)

“patient safety is by far the most important reason for a WRN” (ID 7)

- Ensuring patients are safe to wait
- Reassessment identified as vital aspect
  “monitored waiting room patients for signs of deterioration” (ID 192)

3. Escalation of care

- Re-triage (keywords n=35)
- Notifying specific staff members
  - Triage nurse (keywords n=49)
  - Nurse in charge (keywords n=45)
  - Medical officer (keywords n=27)
RESULTS - WRN ROLE

4. Triage responsibilities

- 73 (n=61.3%) permitted to triage if:
  - triage nurses workload was excessive (keywords n=62)
  - cover for breaks (keywords n=41)
  - triage ambulance arrivals (keywords n=12)

- Not permitted:
  - if not triage prepared (keywords n=9)

  potential for “role confusion” (ID 143) and loss of “clear role delineation” (ID 70) between the triage role and WRN

  could become distracted, not prioritising care needs of patients in the waiting room (ID 65)
RESULTS - WRN ROLE

5. Communication (keywords n=46)

“communication and support to visitors and patients in the waiting room” (ID 108)

“to make sure they [patients] felt cared for even though they are in the waiting room” (ID 25)

Keep “patients informed of their progress, wait times [and] cause of delays in treatment” (ID 41)

“providing comfort and reassurance” (ID 197) and being able to de-escalate anxious patients and families (ID 36, 43) and “alleviate stress” (ID 120)
RESULTS – EXPERIENCE & PREPARATION

• Median two years emergency nursing experience
• No minimum time but depends on length of time it takes for the nurse to develop the skills and knowledge (n=21, 32.8%)
  
  “not specified in years rather in skill, experience and communication abilities” (ID 157)

• Triage preparation not required (n=64, 60.4%)
• Post-graduate qualifications not required (n=102, 96.2%)
• Additional preparation required varied:
  - in-house courses (keywords n=12)
  - workbooks (keywords n=32)
  - orientation/supernumerary period (keywords n=23)
RESULTS – SUPPORTING POLICIES

• Standing orders (n=106)
  - Nurse-initiated analgesia (n=62, 58.5%)
  - Nurse initiated x-ray (n=41, 38.7%)
  - Nurse initiated pathology (n=41, 38.7%)

• Clinical pathways (n=39)
  - chest pain (n=30, 76.9%)
  - nausea/vomiting/diarrhoea (n=28, 70%)
  - abdominal pain (n=13, 33.3%)
RESULTS – CHALLENGES & PERCEPTIONS

• Workload (keywords n=23)
  “only one nurse is available for the role with up to 30 patients in the waiting room at a time” (ID 22)

• Resources (keywords n=18)
  - difficulty accessing medical officers and appropriate space

• Limited hours of operation (keywords n=7)
  “restrictions on staffing in peak times is detrimental to the amount of care that can be given to patients” (ID 22)
RESULTS – CHALLENGES & PERCEPTIONS

• Workplace reallocation (keywords n=7)

  “pulled to other areas when the department was busy” (ID 42)

• Skill mix (keywords n=7)

  “mostly a junior role which when [the] department is busy can be a liability as things are missed or not assessed properly due to inexperience or treatment is unable to be commenced early if [WRN] is not competent at interventions” (ID 197)

• Personal safety (keywords n=6)

  “the waiting room can be [an] unsafe area” (ID 193)

  “risk of assault from mental health and substance abuse clients” (ID 122)
RESULTS – CHALLENGES & PERCEPTIONS

• Unclear expectations (keywords n=4)
  “order a whole lot of stuff that can't be done in the waiting room” (ID 174)

• Supporting policies (keywords n=3)
  “lack of protocols and restriction of ordering pathology and imaging limits the role and benefits for patients” (ID 22)

• Effects of potential exposure to continual negative experiences
  “very stressful and lonely” (ID 163), and “may be confronting” (ID 16)

  “constantly given complaints re wait times” (ID 85)
RESULTS – CHALLENGES & PERCEPTIONS

• Perception is that it is an essential role (keywords n=19), especially during busy periods (keywords n=4)

“is vital and allows for superior care to waiting room patients as well as avoiding any deterioration that may otherwise be missed” (ID 25)
DISCUSSION

• Patient Safety
  • Expedite care early minimises delays in treatment
    - increased wait times can have a detrimental impact on patient outcomes\textsuperscript{7,8,9}
  • Assessment and reassessment
    - detect clinical deterioration and escalate care needs early\textsuperscript{10}
• Communication
  - poor patient outcomes have been linked to failed communication\textsuperscript{11}
  - relieve stress and provide comfort\textsuperscript{12}

\textsuperscript{8} Holden, D. & Smart, D. (1999). Adding value to the patient experience in emergency medicine: What features of the emergency department visit are most important to patients?, *Emergency Medicine*, 11(1), 3-8
\textsuperscript{9} Swancutt, D. et al. (2017). Not all waits are equal: An exploratory investigation of emergency care patient pathways, *BMC Health Services Research*, 17(1)
DISCUSSION

• Variations
  - experience and preparation\textsuperscript{13}
  - supporting policies\textsuperscript{14}

• Challenges
  - high exposure to occupational stressors\textsuperscript{15,16}

16. Li, H. et al. (In press). Quantification of burnout in emergency nurses: A systematic review and meta-analysis, *International Emergency Nursing*
WRN PRAXIS

• Incorporate skills, knowledge and expertise
• Develop meaningful connections (therapeutic relationships) with patients and families
• Compassionate and caring nursing practice
• Unique experiences
CONCLUSION

• Workload of WRN was observed to be variable and unpredictable
• Therapeutic communication and ongoing assessment central to the role
• Perception that experienced, triage prepared emergency nurses as being more efficient in the role
• Praxis included delivering holistic, patient-centred care to patients and families
• Key to ensuring patient safety in waiting room
• Consideration needs to be given to the identified negative aspects of the role