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Multidisciplinary evaluation of an emergency department nurse navigator role: A mixed methods study

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ABSTRACT

Aim: To utilise multidisciplinary staff feedback to assess their perceptions of a novel emergency department nurse navigator role and to understand the impact of the role on the department.
Background: Prolonged emergency department stays impact patients, staff and quality of care, and are linked to increased morbidity and mortality. One innovative strategy to facilitate patient flow is the navigator: a nurse supporting staff in care delivery to enhance efficient, timely movement of patients through the department. However, there is a lack of rigorous research into this emerging role.
Design: Sequential exploratory mixed methods.
Methods: A supernumerary emergency department nurse navigator was implemented week-off-week-on, seven days a week for 20 weeks. Diaries, focus groups, and an online survey (24-item *Navigator Role Evaluation* tool) were used to collect and synthesise data from the perspectives of multidisciplinary departmental staff.
Results: Thematic content analysis of cumulative qualitative data drawn from the navigators' diaries, focus groups and survey revealed iterative processes of the navigators growing into the role and staff incorporating the role into departmental flow, manifested as: *Reception of the role and relationships with staff*; *Defining the role*; and *Assimilation of the role*. Statistical analysis of survey data revealed overall staff satisfaction with the role. Physicians, nurses and others assessed it similarly. However, only 44% felt the role was an overall success, less than half (44%) considered it necessary, and just over a third (38%) thought it positively impacted inter-professional relationships. Investigation of individual items revealed several areas of uncertainty about the role. Within-group differences between nursing grades were noted, junior nurses rating the role significantly higher than more senior nurses.
Conclusion: Staff input yielded invaluable insider feedback for ensuing modification and optimal instigation of the navigator role, rendering a sense of departmental ownership. However, results indicate further work is needed to clarify and operationalise it.
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1. Introduction

Hospital and emergency department (ED) crowding is a major international issue,[1] affecting patients and staff,[2–4] and quality of care.[5–8] ED crowding is linked to staff stress,[9] decreased staff satisfaction and retention,[2] prolonged inpatient length of stay (LoS),[2,3] and has financial implications.[10,11] Access block has been linked to increased ED and hospital LoS, ambulance diversion, morbidity and mortality.[3,9,12]

At the time of this study, the Australian National Emergency Access Target (NEAT) had been introduced with the aim of improving patient throughput, thus alleviating potential backlog and overcrowding, and avoiding access block. It required 90% of ED presentations to be admitted, transferred or discharged within four hours,[13] a stipulation subsequently paused at 83% in response to the Queensland Clinical Senate's commissioned research findings.[14,15] The *Blueprint for Better Healthcare in Queensland*[16] outlined structural and cultural improvements, reiterating the Metropolitan

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Emergency Department Access Initiative[17] that aimed to improve patient access to ED. Directives to correct system deficiencies included *Guidelines for the Implementation of the Clinical Initiatives Nurse* (CIN) *Role in EDs*.[18] The primary purpose of this role is to improve Patient Off Stretcher Time (30-min handover target), patient flow through ED, and handover processes, and to provide care to patients in the ED waiting room.[19] While the CIN role is purported to have achieved timely intervention and reduced did-not-wait rates,[20] the role varies in description and execution,[21] with little evidence regarding outcomes,[22] albeit some anecdotal evidence that the position assists in wait time reductions.[21] A key characteristic is that CINs are generally assigned to the front end of the department, initiating treatment before patients are seen by medical staff.[22]

A complementary, more apposite solution for improving patient flow is the emerging role of ED navigator, a nurse that monitors and expedites patient movement through the department by supporting staff in delivery of care, and facilitating the patient's journey through ED to ensure it is efficient and timely. Introduction of navigators was reportedly one of the most effective initiatives in Western Australian Health's successful attainment of NEAT targets, improving performance "about 15% overnight"[23] by their monitoring of the timeline of every patient and encouraging timely bookings, referrals, decision-making and patient transfer/discharge. An American study demonstrated success with a similar role, the 'pivot' registered nurse (RN), reducing door-to-door provider time by 10 min, LoS by one hour, and patients that left before treatment commenced by 2.5%.[24] However, a review of ED staffing after the introduction of navigators in Western Australian public hospitals recommended that the role be re-examined, clearly defined and evaluated,[25] particularly given the paucity of research in the literature. Concern was also expressed about bullying behaviours of incumbents in the role.[25] A longer follow-up was also recommended[26] as current literature is premature in evaluating the effect of a nurse navigator on clinical outcomes, and various government reports tend to detail implementation of the role without supporting evidence and in the absence of valid controls. This lack of peer-reviewed studies evaluating the navigator role highlights a gap in current knowledge and the need to gather rigorous evidence regarding this emerging role, especially perceptions of the role held by the staff of the clinical context in which it is enacted.

2. Methods

2.1. Aim

The aim of this study was to utilise multidisciplinary staff feedback to assess their perceptions of a novel ED nurse navigator role and to understand the impact of the role on the department.

2.2. Design

This study utilised a sequential exploratory mixed methods approach with emphasis placed on the qualitative component in order to better understand the role and its impact. Qualitative data were collected using focus groups and the navigators' diarised observations. This was followed by quantitative data collection using an online survey. This evaluation was part of a larger controlled trial that objectively assessed the effects of a nurse navigator on NEAT and other time-based outcomes.[27] Ethical approval was obtained from the Hospital Research Ethics Committee (HREC/14/QPCH/23). Staff participation was voluntary and all participants provided consent. To ensure confidentiality all data are de-identified.

2.3. Setting

The study was conducted in the ED of a 630-bed suburban, tertiary hospital during May 2014–May 2015. The ED had experienced recent growth through rapid expansion, having transitioned to co-located adult and paediatric services.[28] The annual number of presentations was around 13,000 at the end of 2006. This rose significantly to 21,000 when it was first opened as a tertiary ED in 2007, and increased rapidly to 71,850 presentations (52,298; 73% adults) in the year the navigator was implemented (2014), and with respect to case-mix and complexity.

2.4. Implementation phase

A supernumerary nurse navigator role was implemented on a week-off-week-on basis for a 20-week period involving nearly 20,000 presentations during the whole 20-week period. A navigator worked eight hours per day during the peak activity period of 12.30–20.30 h, seven days per week. This rostering process allowed for comparison to be made between the weeks of the nurse navigator and the weeks without. It also served to mitigate ED staff confusion regarding navigator on/off days, to offset possible delayed effects of the role, and for pragmatic planning of the incumbents' workload. Their role was to facilitate patients' movement through ED while freeing team-leaders to focus on overall flow. This was achieved by monitoring patient timelines, flagging those approaching target times or stalled in processes, identification and troubleshooting of crisis areas, and undertaking time-consuming tasks such as co-ordination of bookings/patient transfers, updating patient information, and expediting referrals and decision-making. Two senior, highly experienced ED nurses were recruited from within the department to the navigator role. They were identified by cyclamen-coloured shirts labelled 'Nurse Navigator'. When not in that role, they worked their usual roster in their senior capacity.

2.5. Evaluation phase

To evaluate the navigator role from a multidisciplinary perspective, data were collected during and after the implementation phase using three methods: daily diaries; focus groups; and an online survey.

2.5.1. Data collection

Throughout the 20-week implementation phase, the navigators maintained a regular, reflective diary to provide an insider's view of working in this novel role. Using an electronic notebook, they were instructed to detail daily activities, observations and reflections that they considered were significant.

Focus groups were convened midway (to capture staff feedback and to allow for potential role modification; which was not required) and at the conclusion of the implementation phase (to gather further staff feedback and recommendations). A purposive sample of ED staff (multi-professional) that had worked during the implementation phase was invited to participate via posters displayed throughout the department and presentations at in-service sessions. All who responded were included. The focus groups were facilitated in an ED tutorial room by the same member of the research team (external to the ED), recorded and lasted from 30–60 min. Scheduling was dictated by shift timetabling and where possible, tailored to dovetail with other sessions in order to capture staff already stepped out of the clinical environment. However, participation on the day was often opportunistic, dictated by variable department activity and resultant participant availability at that time. Utilising open-ended questions, all participants were asked to describe the navigator role, what was working well, what was not working well, suggestions for modifications to the role, and whether they would recommend the role to another ED.

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