Australasian Emergency Nursing Journal xxx (2017) xxx–xxx

Contents lists available at ScienceDirect

Australasian Emergency Nursing Journal

journal homepage: www.elsevier.com/locate/aenj

Research paper

Emergency department waiting room nurse role: A key informant perspective

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ARTICLE INFO

Article history:
Received 16 June 2016
Received in revised form 8 December 2016
Accepted 8 December 2016
Available online xxx

Keywords:
Emergency departments
Key informants
Waiting room
Emergency nursing
Patient safety
Interview

ABSTRACT

Background: Emergency departments have become overcrowded with increased waiting times. Strategies to decrease waiting times include time-based key performance indicators and introduction of a waiting room nurse role. The aim of the waiting room nurse role is to expedite care by assessing and managing patients in the waiting room. There is limited literature examining this role.
Methods: This paper presents results of semi-structured interviews with five key informants to explore why and how the waiting room nurse role was implemented in Australian emergency departments. Data were thematically analysed.
Results: Five key informants from five emergency departments across two Australian jurisdictions (Victoria and New South Wales) reported that the role was introduced to reduce waiting times and improve quality and safety of care in the ED waiting room. Critical to introducing the role was defining and supporting the scope of practice, experience and preparation of the nurses. Role implementation required champions to overcome identified challenges, including funding. There has been limited evaluation of the role.
Conclusions: The waiting room nurse role was introduced to decrease waiting times and contributed to risk mitigation. Common to all roles was standing orders, while preparation and experience varied. Further research into the role is required.

Introduction

Hospital emergency departments (EDs) continue to face challenges including increasing patient presentations [1], an aging population [2] and limited resources [1]. As a result EDs have become overcrowded and waiting times have increased, contributing to poor patient outcomes [3] and poor patient and family experiences in the ED [4]. To decrease waiting times a number of strategies have been introduced including time-based key performance indicators (KPIs) and the introduction of a waiting room nurse role [5].

KPIs relating to waiting times include overall length of stay in ED and time from triage to treatment. The National Emergency Access Target (NEAT) requires that 90% of patients are transferred or discharged from the ED within four hours of arrival [5]. Time from triage to treatment is measured against a patient's clinically relevant waiting time, as determined by their triage category. Triage categories indicate urgency of care, based on the patient's presenting condition [6]. The process of allocating a triage category is referred to as a primary triage decision. Secondary triage decisions relate to initiating patient care and patient disposition, for example providing analgesia or commencing investigations [7]. In Australia, the five tier Australasian Triage Scale (ATS) is used to allocate triage categories [8]. The KPI requires a percentage of patients within each category to be seen within the allocated time. For example the Category 3 KPI requires that 75% of patients in this category must be seen within 30 min [9].

Decreasing waiting times is a focus of the waiting room nurse role. The nurse in this role provides care for patients in the ED waiting room after triage. Aims of the role are to assess and monitor the condition of patients' in the ED waiting room, commence interventions early, detect clinical deterioration and improve communication between patients, families and staff [10].

There is however, a paucity of literature in relation to the impact of waiting room nurse roles on patient outcomes and ED workflow and performance. Existing literature identified a lack of clarification

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http://dx.doi.org/10.1016/j.aenj.2016.12.002
1574-6267/

about the role, and the support required to make the role effective [10]. The scope of the role has been defined by standing orders, clinical guidelines and pathways [11] which guide decision making [12]. Those undertaking the role were reported to need effective interpersonal communication skills with patients and staff [12,13]. While nurses reported that the role improved patient care and outcomes [11,14], there was limited evidence to support that the role improved patient outcomes [10], as waiting times and patient length of stay [12] did not decrease [11]. Understanding why the role was first conceived and introduced is an important initial step in the evaluation of the implementation and effectiveness of the role.

Materials and methods

This paper presents the results of a study exploring why and how the waiting room nurse role was implemented in Australian EDs.

Design and sample

An exploratory approach using key informants was used to address the aim. Exploratory designs enable exploration of a phenomenon when little is known about it [15,16], in this case introduction of waiting room nurse roles. Key informants are individuals with a high level of knowledge and/or engagement with the topic of interest, and are respected as being experts in the field. Purposive sampling was therefore used to recruit key informants [17] relevant to the waiting room nurse role. The authors consulted with emergency nurse leaders in key positions in the College of Emergency Nursing Australasia (CENA), the peak professional body representing emergency nurses in Australia [18], and reviewed published literature on the phenomenon to identify six key informants. They held positions of authority and had experience in implementing a waiting room nurse role into an ED, and accordingly could provide an insider view of role need and development, with reflection and in-depth insight into the phenomenon [19,20].

Ethical considerations

This study adhered to the National Statement on the Conduct of Human Research by the Australian National Health and Medical Research Council and was approved by the supporting university Human Research and Ethics Committee. Key informants were recruited via publically available email addresses. Written informed consent was obtained.

Data collection

Initially six key informants were approached for involvement, and five consented to participate. Data saturation was achieved within this sample and no further interviews were required [21]. Interviews were undertaken by the first named author and audio-taped. Three interviews were face to face, in a location convenient to the key informant, while two were conducted by phone. Interview duration ranged from 13 to 41 min (average 25 min). Participants were asked to clarify meaning of responses during the interview.

Semi-structured interviews were conducted using an interview guide. The interview guide consisted of six open-ended questions used to seek clarification, explore previous answers and ensure that the research aim was met [17]. This format allowed for uninterrupted responses from key informants [22]. The trigger questions were: (i) what were the reasons for ED waiting room nurse role being implemented?; (ii) who performs/ed the role; their level of nursing and emergency nursing experience and educational preparation (formal and informal)?; (iii) were there any specific preparations prior to commencing in the role (e.g. orientation)?; (iv) what are/were the responsibilities and skills to be undertaken?; (v) were there any underpinning protocols/governance?; and (vi) was any evaluation of the role performed? Prompts were used to refocus key informants where necessary.

Data analysis

Interviews were transcribed verbatim and responses de-identified. Transcripts were analysed separately using thematic analysis, to systematically classify data into categories and then themes representing similar meanings. Transcripts were repeatedly read as a whole so that researchers immersed themselves in the data. Exact words or phrases were then highlighted and assigned codes, as transcripts were re-read word for word to identify emerging concepts. Categories were identified from the codes as relationships and links were recognised [23,24]. This approach enabled a detailed understanding of key informants' perceptions and experiences of implementing the role [23,25]. Emerging categories and themes were then discussed by the research team until consensus was achieved [26,27]. Each key informant was sent a copy of their own interview transcript and a summary of the results, enabling them to provide feedback, clarify points, question interpretations and present alternate reasons or opinions [28].

Results

The five key informants were experienced emergency nurses who participated in policy development and implementation of an ED waiting room nurse role. Their professional backgrounds varied across education, ED management and hospital management from five metropolitan EDs in two Australian states (Victoria and New South Wales). Key informants all had more than 10 years of ED experience, and held positions as Unit Manager, Clinical Nurse Consultant, Nurse Educator, Practice Development Leader or Practice Development Nurse during implementation of a waiting room nurse role in their ED.

From the interview data, seven categories (Table 1) were identified which were then merged into five themes (Table 2): Expedite care; Three pillars of introduction; Funding sources; Challenges to implementation; and Evaluating the benefit. These themes are discussed below, with de-identified direct quotes used as exemplars or to clarify issues (for example narrative from the first key informant interview is reported as KI 1).

Table 1
Identified categories.

	Patient Safety	Scope of Practice	Experience	Preparation for the Role	Funding	Role Conflict	Evaluation
KI 1	√	√	√	√	√	√	√
KI 2	√	√	√	√	x	√	√
KI 3	√	√	√	√	x	x	√
KI 4	√	√	√	√	√	√	√
KI 5	√	√	√	x	√	x	√

Please cite this article in press as: Kelli I, et al. Emergency department waiting room nurse role: A key informant perspective. Australas Emerg Nurs J (2017), http://dx.doi.org/10.1016/j.aenj.2016.12.002