



# Emergency Department: Is it Worth the Wait?

Beth Hullett, Chelsea Smith, Christina Bankston,  
Sarah Roller

Dean: Dr. Mary Bess Griffith, PhD, RN, FNP, CS, CNE  
Faculty Advisor: Dr. Marcia Barnes, DNP, APRN, ACNP-BC



## BACKGROUND/SIGNIFICANCE

According to the Emergency Nurses Association (2017) triage is the process of assessing and collecting relevant information about individual patients that present to the emergency room for care. Triage also helps establish the urgency of care needed. The Emergency Nurses Association (ENA) further recommend the use of a valid and reliable triage acuity system. Rapid and accurate triage is important for timely care and optimal patient outcomes (ENA, 2017). According to Fraser and colleagues (2016), the rate of patients leaving without being seen (LWBS) is a performance indicator. The authors found the main reasons patients reported leaving without being seen was the longer than expected wait times and concluded that shorter wait times and communication with ongoing assessment may reduce this rate (Fraser et al., 2016). The percentage of patients who leave the emergency department without being seen has been found to range between 0.84% to 15% in US hospitals (Fraser et al., 2016). Without solutions to reduce this rate, more people will leave without being seen causing conditions to deteriorate, delaying care, and poor outcomes. Patients' conditions can deteriorate while waiting so re-triage could identify timely a change in the overall condition. Patient safety and outcomes in the emergency department are directly linked to the triage process and needed timely care. In patients in the emergency room, how is treatment affected by hourly re-triage while patients are in the waiting room in comparison to no reassessment over extended wait times?

## METHODS

- This review examined how treatment may be affected by improved triage methods and communication while patients are in the waiting room. Research terms included emergency department and triage times, emergency department and left without being seen (LWBS), emergency department and reassessment, emergency department and waiting times. The CINAHL database was used through the Cumberland University Vise Library. Five studies were found in peer reviewed journals, written in English, and published in the last five years to answer the PICO question.
- Peplau's Theory of Interpersonal Relationships focuses on effective communication and therapeutic relationships between the nurses and the patients. Peplau emphasized patients' experiences and the impact that the nurse-patient relationships have on those experiences (Hagerty, Samuels, Norcini-Pala & Gigliotti, 2017). By using this theory and focusing on effective communication and therapeutic relationships, it may improve the LWBS rates because the nurses are reassessing patients more often in the waiting room more often and communicating to ensure that their condition is not declining.



## RESULTS

- Rice (2016) determined communication improved wait times in the ED from 40 to 23 minutes and showed decreased patient complaints. Registration at the bedside, adding staff to fast track low acuity patients, allowing nurses to order routine lab tests, staff huddles each shift, were all contributing factors.
- Vashi et al (2019) described the use of Lean Quality improvement methods at a VA medical center. The intervention used was a Rapid Process Improvement Workshop which was implemented over the course of a month. During the workshop they identified problems such as delays from veteran check in to nursing triage, from triage to room placement, from rooming to RN evaluation, and from rooming to MD evaluation. The resolutions to these problems included such changes as restructuring triage by pulling veterans directly into a room when available to minimize waiting room stay, assigning additional nurses to triage duties during peak flow hours, improving communication by standardizing the shift huddle schedule, and using proactive ED bed management systems. The primary outcome was decreasing "Door to Doctor" time by 12.6 minutes. The "Door to Triage" time was reduced to 6.3 minutes.
- Fraser and colleagues (2016) leaving without being seen (LWBS) patients and control patients had similar expectations, opinions, and experiences. LWBS patients reported longer wait times than were expected. These patients suggested shorter wait times and more information on how long the wait would be would help to improve this. It was determined that both groups had patients that needed to be admitted, showing that LWBS patients do carry a risk.
- Burgess, Kynoch, and Hines (2019) were successful in improving triage practice with best practice guidelines. They found that triage guidelines may not reflect best evidence related to interventions, vital signs, or first point of contact, even though they are considered best practice. When implementing EBP guidelines, department capacity, available time, and available resources must be closely considered. EBP improves patient outcomes, satisfaction, and safety.
- Innes, Elliott, Plummer, and Jackson (2018) determined that waiting room nurses contributed to patient safety as they were able to be in the room and pick up on when a patient was declining faster than if there was not a waiting room nurse present. Waiting room nurses use a holistic approach to give the patients a better experience by giving the patient's attention in the waiting room and communicating with them while they were waiting to go to the emergency room.

## PRACTICE IMPLICATIONS

Practice implications of implementing these findings include, not only improved patient outcomes but also improved quality of care from the nursing staff. Improving communication allows the nurses to work more effectively and provide more timely care for the patients. Triage process improvements such as adding nursing staff during high flow times will reduce workload on the nurses which contributes to the quality of care and optimal patient outcomes. Implementations such as adding waiting room nurses to improve the patients' experience while waiting, as well as monitoring the patients for potential decline will decrease the incidence of LWBS. This is important to overall patient outcomes, as patients who LWBS are possibly declining elsewhere, without medical care. Additionally, improved patient satisfaction and fewer complaints help the hospital in terms of reimbursement and revenue.

## CONCLUSIONS

The most common cause of patient complaints in the emergency department is excessive wait times. Patients with long wait times are more likely to LWBS, and therefore are more likely to have poorer outcomes. When interviewed, patients agreed that shorter wait times and better communication would have decreased their likelihood of leaving (Fraser, et al). Utilizing Peplau's Theory of Interpersonal Relationships to guide nurse patient communication, evidence in the literature that supported improving the triage process and communication with the patients in the waiting room will improve patient satisfaction and decrease the incidences of LWBS, improving outcomes. This review has confirmed that with improved and effective triaging processes and improved communication among staff and patients in the waiting room and using a proactive ED management system decreased wait times significantly (Vashi, et al). Ongoing research is needed to support best practices.

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