**Emergency Department Wait Times**

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NURS 4572-28

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**Student statement:** By submitting this reflection, I am acknowledging that it is my own work. Comments are my own and have not been used in any previous work (inside or outside the institution). I have followed the rules outlined by my instructor and am compliant with the University of Windsor, St. Clair College, and/or Lambton College Academic Integrity Policy.

Student Name: Reem Boudali Student Number: 110007510 Date: November 28, 2022

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| **Category** | **Satisfactory** | **Unsatisfactory** | **Student Reflection (must be typed)** |
| **Look Back****(L)** | * Identifies **ONE** relevant clinical event/experience/ learning opportunity that was significant/impactful in one or two sentences.
* Describes this **ONE** clinical event so that the reader can gain an understanding of what occurred.
* Provides opinion/idea/perspective and feelings related to own. role/actions/performance in this clinical experience.
 | * Does not provide a clear and succinct description of ONE clinical event, experience or learning opportunity.
* Does not provide own feelings related to the clinical experience.
* Identified event, experience, or learning opportunity is not relevant to clinical practice.
 | Throughout my placement at the Emergency Department (ED) at Windsor Regional Hospital (WRH), I have noticed patients complaining of either a long time before entering the ED itself or spending a long time in the ED before seeing a doctor/being transferred. It can be frustrating as a nurse because we have no control in this regard. Physicians are busy with other patients and beds on other floors are filled. At a certain point in the waiting process, there are no further care responsibilities for the nurse because the only thing that needs to be done, is get the patient transferred to free up their bed for the next patient. |
| **Examine Experience****(E)** | * Selects a scholarly article that relates to this clinical experience (may use a CNO standard or BPG in addition to article, but not in lieu of an article).
* Briefly summarizes key ideas/findings of the article.
* Compares/contrasts own ideas/thoughts with those expressed by the author(s) with explanation.
 | * Does not incorporate a scholarly article.
* Summary of the key ideas/findings of the article are not included.

 * No explanation of the author’s ideas/thoughts compared/contrasted with own.
 | The article I found that long ED wait-times are correlated with high morbidity and mortality (Elkholi et al., 2021). The researchers attempted to create a patient flow in the ED to reduce patient wait times at a hospital in Saudia Arabia. There are different tools hospitals use in their triage process: fast-tracking (splitting patient outcomes into two), including a physician on the triage team, lean thinking methodology (eliminating useless activities), etc.. This study used the latter. Upon examination of patient patterns in this hospital’s ED, they found a lot of unnecessary foot traffic. Therefore, they worked with various members of the interdisciplinary team to determine a physical layout that would be efficient and logical for everyone. This included having registration and triage located out front when patients first arrive and vitals station (for triaging purposes) in the center to easily move patients from there after assessment (e.g., patient with concerning vitals can be sent straight to ED, respiratory rooms, or potentially back to waiting room without causing too much of a physical mess). Though the new layout took some adapting to, they were able to decrease median wait times from 27 to 4 minutes and the percent of people leaving before triage to 0% (Elkholi et al., 2021). |
| **Appraise** **and** **Analyse** **(A)** | * Discusses at least **two** other people’s ideas/opinions/ perspectives that should be considered related to this clinical event (how might they feel: e.g. client, peer, family, other discipline, etc.).

**\*\***A reflection graded as ***excellent would also include the following:**** Examines perspectives surrounding this event at the level of nursing in general, and/or society in general (e.g. impact on health care system/nursing profession, political, financial, cultural influences on Canadians).
* Identifies how the event/situation challenged own perspective(s) and status quo (usual way of doing things).
* Poses questions that should be considered due to their significance to nursing practice.
 | * No other perspectives are discussed.
* Only one other perspective is discussed
 | From patients’ perspectives, it can be frustrating to wait without any updates. Sometimes, patients see ED functioning firsthand and don’t understand what is taking so long (e.g., seeing nurses sit at the nursing station or seeing clean beds). This is because ED process is not clearly communicated to patients. Resources like infographics or signs that briefly show the workflow (e.g., triage -> wait -> admit -> see physician… etc.) may help solve this issue. To the general public, this is a worrying issue. Stories of ERs shutting down due to overflow or seeing long wait-times on hospital websites can discourage people from seeking care when it is actually necessary. This is concerning from a public health perspective because it causes a snowball effect where important health issues pileup and cause further issues down the road.Before entering nursing, I also used to question why ED wait-times were so long without understanding the background to the issue. Now that I work in such an environment, I have a glimpse to the logistics required to run an ED (though I understand, I know practically nothing compared to what is actually required). This is why it is important to disseminate this information to others who don’t get that type of exposure normally. |
| **Research** **and** **Revision****(R)** | * Provides summary of learning from this clinical experience and from the article findings.
* Identifies what they could have done differently in this clinical experience.
 | * Summary not provided
* Does not identify what they could have changed about their own role/actions/performance in this clinical experience.
 | Overall, I learned patient wait times are a result of several factors and that prolonged wait-times can have negative results on patient outcomes. Patient and staff patterns need to be analyzed with input from all stakeholders to determine how to solve issues and reduce wait-times whether it’s through using different assessment/triage tools or altering the physical layout of the environment.What I could’ve done differently would be to observe ED functioning and see where there is room for improvement at my level. One example my preceptor noticed was that when patients are brought into the ED by EMS, they are kept on stretchers until they get a room even if there are free beds in the hallway. This takes up space in the hallway and also wastes time, since the patient will get transferred into that bed once they get a room. We could bring this up to management and recommend that patients get immediately moved into a free bed so that stretchers can be removed from the hallway area.  |
| **New Perspective****(N)** | * Incorporates specific examples of how this new/enhanced knowledge will be implemented into future practice as a nurse.
* Identifies a nursing resource(s) that will assist to develop this aspect of practice (e.g. identify a specific nursing textbook etc.).
 | * No specific examples for implementation into future practice are incorporated.
* Does not identify a nursing resource to assist with learning
 | In the future, I can use this information for quality improvement initiatives on my floor. These discussions can be with managers and employees who deal with bed management. My hands-on experience with patient handoff can provide insight to creating workflows that are more efficient and reduce patient wait-times through the ED. Current research on bed management and patient overflow within in-patient settings are the best resources for this issue as it is not something that is taught in school or offered in textbooks generally. |
| **Concept Identification** | * Identifies and describes key curricular concepts that influence the experience (minimum one in 1st year; two in 2nd year; three in 3rd year; minimum four in 4th year)

(critical thinking, know-based practice, evidence informed decision-making, health, teaching & learning, professional practice, communication, leadership, collaboration, safety, person family centered care, and informatics) | * Does not identify and/or describe related curricular concepts that relate to the experience/reflection.
 | Critical thinking – analyzing the effects of wait-times on careCommunication and Collaboration – working and talking with other providers and floors to understand the current situation and formulate a plan that is efficient and effectiveProfessional Practice – understanding hospital-based issues vs individual-based issues and trying to minimize individual-based issues by completing all nursing expectations in a timely and safe manner |
| **References and APA Format** | * Scholarly article(s) and any additional resources (CNO, BPG) correctly cited in reflection in APA format.
* Title page in correct APA format
* Reference in correct APA format
 | * Incorrect APA format throughout reflection
* Incorrect APA format on title page
* Incorrect APA format for article(s) and/or other sources.
 | **Student Reference(s) in APA Format:** Elkholi, A., Althobiti, H., Al Nofeye, J., Hasan, M., & Ibrahim, A. (2021). No wait: New organised well-adapted immediate triage: A lean improvement project. *BMJ open quality*, *10*(1), e001179. https://doi.org/10.1136/bmjoq-2020-001179 |
| **Grade:** | **□ Satisfactory □ Excellent**  |  **□ Unsatisfactory**  |  |
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