University of Kentucky's football field and subsequently deconstructed two months later before ever being used, costing the hospital $6.7 million dollars. Lack of tests and knowledge about the disease in combination with over ordering labs and CT scans in an attempt to risk stratify. There was no reliable way to obtain COVID-19 testing or deliver the results and this led to increased non-sick patients presenting to the ED just for information.

Conclusion: The COVID-19 pandemic highlighted many shortcomings of our hospital system and its preparedness for a pandemic or mass disaster. The silver lining of these failures was the implementation of system wide improvements in throughput and preparation within our emergency department.

Mapping Nurses' Advanced Roles in Emergency Departments Globally

*Alessandro Lamberti-Castronuovo MD, MSC, PhD[1,2],
Roberta Franchini[3], Luca Ragazzoni MD, PhD[1,2], Alberto
Dal Molin PhD[3]*

1. CRIMEDIM—Center for Research and Training in Disaster Medicine, Humanitarian Aid and Global Health, Università Del Piemonte Orientale, Novara, Italy
2. Department for Sustainable Development and Ecological Transition, Università Del Piemonte Orientale, Vercelli, Italy
3. Department of Translational Medicine, University of Piemonte Orientale, Direzione delle Professioni Sanitarie - A.O.U. Maggiore della Carità di Novara, Novara, Italy

Introduction: It is widely recognized that there is an increasing demand for healthcare in emergency departments (ED) around the world as well as a global shortage of healthcare workers (HCWs). This has led to ED overcrowding, which increases risks of avoidable complications and suboptimal care provision. Since ED overcrowding impacts patients, staff and quality of care, new strategies are needed for optimizing patient throughput and reducing waiting times. One such strategy is to reconsider the specific roles and professional duties of different cadres of HCWs. Empowering nurses to take on some of the tasks historically performed by physicians is a promising solution for improving ED healthcare provision. However, nurses' professional responsibilities and competencies differ significantly from country to country. There are few studies about best practices and how to effectively implement such task-shifting strategies. The aim of this study is to map the evidence published in the scholarly literature on nurses' advanced roles in ED as a strategy for reducing overcrowding, facilitating ED throughput, and, ultimately, improving quality of care.

Method: A mapping review was performed by searching the following databases: PubMed, Embase, Scopus and Web of Science.

Results: A total of 168 studies were analyzed and the data were grouped according to the countries where advanced tasks were implemented. The type of tasks that were carried out were: autonomous management of patients with minor injuries, triage-based ordering of exams and administration of therapy and management of patient flow.

Conclusion: In some high-income countries having nurses take on advanced roles is well-established, and it contributes to reducing overcrowding in ED. Further evidence is needed to assess the barriers and facilitating factors to implementing this strategy in other contexts.

Critical Decision-making in Medical Command and Control During Early Covid-19: An Interview Study

*Jenny Pettersson RN, MSc[1], Carl-Oscar Jonson PhD[1],
Marc Friberg MSc[1,2], Anton Björnqvist MSc[1,2], Peter Berggren
PhD[1,2], Jessica Frisk PhD, MD[3], Erik Prytz PhD[2,1]*

1. Center for Disaster Medicine and Traumatology, Department of Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden
2. Department of Computer and Information Science, Linköping University, Linköping, Sweden
3. Department of Surgery in Norrköping, Department of Biomedical and Clinical Sciences, Linköping University, Linköping, Sweden

Introduction: A resilient health care system is expected to withstand disruptive events and consistently deliver high quality care by continually adapting, learning, and improving. To achieve these expectations, medical command and control teams are responsible for making relevant strategic decisions, reallocating resources, and initiating cooperation. Early during Covid-19, medical command and control teams were faced with an unforeseen increase in number of patients, as well as unknown disease mechanisms and treatment regimes. Timely and adequate decision-making to become a resilient healthcare system and maintain high quality care was necessary. The aim of the present study was to describe the challenges and strategies in a medical command and control team during the early phase of the Covid-19 pandemic.

Method: A semi-structured retrospective in-depth interview study with phenomenological approach and inductive design was used. Thirteen experienced decision makers serving in a regional medical command and control team were interviewed using the Critical Decision Method. The interviews were analyzed using manifest conventional content analyses.

Results: The respondents described twelve separate episodes during the Covid-19 management. The analysis resulted in five themes: organization, adaptation, common operational picture, assumptions, and analysis. Organization described how organizational challenges affected the decision-making process. Adaptation described the strategies to overcome the obstructive organizational factors. Common operational picture described how challenges in lack of available information affected decision-making and strategies used in creating situational awareness. Assumptions offered descriptions of strategies used to make decisions. Analysis emphasized descriptions and strategies affecting the decision-making process.

Conclusion: This study enables a better understanding of how medical command and control teams can be organized and structured, while also highlighting challenges in maintaining high-quality care during unexpected events. The findings obtained in the present study provide further knowledge about