

4.26% in 2003, 2.15% in 2004, and 0.74% year-to-date. Patient volume has increased by 17%.

Recommendations: At the initiative onset, August 2004, the emergency department met the guarantee 54% of the time, on average. Current commitment compliance is 98%. Continued monitoring of every matrix that affects patient wait times is an ongoing focus. Many factors contribute to the initiative's success. Emergency department patient arrival and flow, acuity level, and inpatient bed availability are the most important factors at this time.

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401-O. Precepting: Building a Strong Foundation. Ruthann Bowland, RN, CEN, PCS, Aultman Health Foundation, 2600 6th St. SW, Canton, OH 44710

Purpose: The implementation of a competency based assessment orientation process for registered nurses in the emergency department that improves observation, assessment, and prioritization skills was critical. The previous orientation focused only on skill completion. Current emphasis includes skill proficiency, critical thinking, customer relations, and patient advocacy.

Design: The Emergency Room Orientation Program is a departmental Process Improvement based on the Standards of Emergency Nursing Practice from the Emergency Nurses Association (ENA) Orientation Module. It focuses on technical skills and knowledge of the organization's standards and protocols. Skill competency evaluation occurs at the completion of orientation. Progress evaluation occurs at three- and six-month intervals.

Setting: This is a Level II Trauma Center in northeast Ohio servicing a population of over 80,000.

Participants: Four new-graduate registered nurses and four registered nurses averaging five years nursing experience participated in the orientation process. Fifteen mentors provided guidance.

Methods: The "Competency Assessment Orientation" section from the ENA Orientation Module provided the framework. The first component is a task-oriented Skills Matrix (checklist) identifying strengths and weaknesses assigning a numeric rating for each identified area. The second component assesses clinical and professional standards. Mentor assignment (1:1 nurse/mentor ratio) occurs in the third component. After orientation, each nurse participates in Mentorship Classes for one year. Each nurse participates in facilitated discussions and scenario role-plays in preparation for the variety of situations they will encounter in the emergency department. Orientation requirements are six weeks for new-graduate registered nurses and four weeks for experienced registered nurses. Three- and six-month interval evaluations monitor progress.

Results: Each new staff member and preceptor participates in weekly meetings to examine their progress and discuss any concerns. Eight registered nurses completed orientation in July 2005 and remain in the emergency department. When interviewed at the end of their orientation and at three months, 95% reported feeling confident to deliver complete care for the emergency department patient and provide excellent customer service. According to Press Ganey results, customer satisfaction has risen from 73% in April 2005 to 95% in October. In September, eight

new-graduate registered nurses and four registered nurses with nursing experience have begun the new orientation and evaluation process.

Recommendations: This new orientation process will continue (with revisions as needed) until sufficient data is available to analyze its appropriateness. Currently, this program is meeting the institution's expectations for enhancing the clinical skills and professional standards of new RN emergency department employees.

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402-O. An Innovative EMS Partnership to Reduce Emergency Department Throughput Times. Gordon Lee Gillespie, RN, MSN, CEN, CCRN, Mark Elam, RN, Marilyn Singleton, RN, Patient Transport Services, 420 Wards Corner Rd., Suite B, Loveland, OH, 45140

Purpose: Freestanding emergency departments (EDs) provide full-service emergency departments with no attached inpatient facility. All inpatient admissions are transferred to area hospitals. When the freestanding ED's throughput times (time from triage to discharge) are prolonged, congestion and patient dissatisfaction may occur. One factor for elevated throughput times may be the wait time required for ambulance transports. The purpose of this study was to determine if a pilot program in which a freestanding emergency department working in cooperation with a private transport service could reduce throughput times and ambulance response times (transport request to ambulance arrival).

Design: This was a descriptive study utilizing retrospective chart review. Data variables included call type (emergency vs. non-emergency), triage time, time transport requested, time ambulance arrived, and discharge time. The design facilitated determining if throughput and ambulance response times decreased after one year of program implementation.

Setting: This study took place at a freestanding emergency department working cooperatively with a private transport service located in southwestern Ohio.

Participants: 1,369 patients transferred by the partnered ambulance service listed on the freestanding ED transfer logs from April 2004 to June 2005 were included for data analysis. Current institutional guidelines provided for ensuring patient confidentiality.

Methods: Beginning July 2004, the transport crews began parking at the freestanding emergency department between transports to other customers and reporting their status to the charge nurse. The ambulance crews provided supplemental staffing in the freestanding emergency department between transports. As the crews had no other responsibility during this time, the transport company allowed their crews to supplement the ED staff in exchange for all transport business. Crew activities varied, dependent on scope of practice, state law, and medical director approval (e.g., venipunctures, intravenous therapy, and extremity splinting). Up to two crews were always available to provide supplemental staffing. The crews were not included in the freestanding ED staffing and not intended to replace registered nurses. The completed transports were grouped in 3-month increments from April 2004 to June 2005. The data management software, Statistical Package for the Social Sciences (SPSS), completed the variance analyses. The 3-month incremental groups

served as the independent variable and ED throughput times and ambulance response times served as dependent variables.

Results: Ambulance crews provided nearly 30 hours of staffing support per month to the freestanding emergency department. Overall, throughput times for non-emergency transports decreased by five minutes and ambulance response times decreased by fourteen minutes for all emergency transports.

Recommendations: An emergency medical service partnership can positively influence throughput times for freestanding emergency departments and provide valuable staffing support. Based on these results, the program should be considered by all freestanding emergency departments where expedited transports are essential. Staff satisfaction surveys should be implemented to monitor the ongoing process.

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403-O. Organ Donation: Permeating the Vision! Mary J. Ross, RN, BSN, CEN, Clarian Health Partners/Methodist Hospital of Indiana, 1701 N. Senate Blvd., Indianapolis, IN 46202

Purpose: A national collaborative brought the hospital together with the local Organ-Procurement-Organization (OPO) with a purpose of increasing the hospital's conversion rate to a minimum 75% (organ conversion rate = eligible donors ÷ actual donors). Nationwide, seventeen people waiting for organs die each day. This identifies a desperate need for organ donors.

Design: The design was based upon the quality improvement process utilized by the hospital, Plan-Do-Study-Act model. Four outcomes were measured and reviewed monthly: organ conversion rate, referral rate, timely referral rate, and rate of appropriate requestor. Appropriate requestor as defined by the OPO is someone who is working for them and has gone through extensive training. These were standard outcomes set by the OPO.

Setting: The setting is a Level 1 Trauma Center and teaching facility located in central Indiana.

Subjects: Participants included the entire emergency department (ED) staff (160 nurses, 26 physicians, 26 secretaries, 42 ED technicians). The multi-disciplinary team was comprised of a chaplain, social worker, and one nurse from each of the seven critical care areas (coronary care, cardiovascular care, adult critical care, neurological critical care, pediatric critical care, emergency department, and operating room services).

Methods: The primary method of intervention was staff education. An informal ED staff survey identified a knowledge deficit of when and how to make referrals to the OPO. Staff was educated on the clinical triggers for OPO notification: patients with a Glasgow-Coma-Scale of < 5 and terminal patients prior to being terminally weaned. A variety educational and awareness raising strategies readied staff: departmental meeting presentations, e-mails updates for staff, bulletin board postings, trauma chart stamp, one on one correspondence and a banner representing how ED co-worker's lives were personally touched, by receiving or giving the gift of life through organ donation.

Results: The collaborative began in September of 2004. Clinical trigger use education began January 2005. Prior to the collaborative the emergency department referral rate was 12%, as of September 2005, the referral rate is 33%. The conversion

rate went from 53% in 2004, to 69% by September 2005. The total number of organ donors in 2004 was 39 and by September 2005 the number year-to-date is 38. As of September 2005 referral rate was 97%, timely referral rate 97%, and appropriate requestor was 100%.

Recommendations: There is a need to measure and evaluate the effectiveness of each component used in the project implementation. A future revision will identify and include the appropriate tools to achieve and maintain the minimum 75% conversion rate. The reality is that this is a primary hospital entrance for potential organ donors. The option of organ donation, despite it coinciding with a time of great sorrow and grief, should be an option for every family.

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404-O. Assessing Attitudes and Competencies of Clinical Staff Toward Electronic Health Records. Lynne C. Andrus,¹ RN, MSN, Colleen Mullins,² RN, MSN, ¹The University of Texas at Austin, School of Nursing, 1 University Station, NUR 2102, Austin, TX 78701; ²Seton Healthcare Network, 1601 Rio Grande St., Suite 410, Austin, TX, 78701

Purpose: The move from paper to electronic health records (EHRs) is challenging and expensive for health care organizations. Emergency department (ED) staff influence the early acceptance of EHRs because this department is often where EHRs initially implement within an organization. If the ED nurses believe a change is important and relevant to their practice, implementation outcomes tend to be more positive. This study assessed 203 ED staff and 2,180 other clinical staff for computer competencies and attitudes toward EHRs.

Design: This descriptive study design ascertained ED and other clinical staff competencies and attitudes toward clinical use of computers and EHRs. An in-depth literature review indicated outdated and conflicting findings regarding skills and attitudes towards computers and use of computerized patient records in health care settings.

Setting: A not-for-profit, multi-hospital system in Central Texas (7 hospitals and 3 clinics) participated in this study.

Participants: 2,383 clinical staff participated in the study of which 203 were ED staff (141 registered nurses (RNs), 7 licensed vocational nurses (LVNs) and 55 clinical assistants). The research team was led by an ED registered nurse (and nursing doctoral student), a nursing practice director, and organizational and software company representatives.

Methods: Participating staff completed a 15-question interactive online computer competency test assessing Internet and other computer skills. An optional on-line Likert-style attitude assessment on computers and EHRs was also available. Testing for instrument reliability and validity is underway. Using a train-the-trainer protocol, unit educators assisted employees who lacked basic computer skills needed to access the computerized testing and tracking system.

Results: The response rate of completed computer competency tests was 56.1%. The 203 ED scores (8.5% of total scores) were compared to the study total of 2,383 scores including medical-surgical (23.2%), perinatal (12.8%), peri-operative (12.4%),