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internal agency (10.6%), critical care (10.1%), step-down (6.7%), pediatrics (6.7%), clinics (3.0%), behavioral health (2.6%), and other units (3.4%). Seven-five ED staff completed the optional attitude assessment (11.4% of the total 660 responses). Initial results indicate high levels of computer competency and favorable attitudes towards EHRs with comparable scores across job roles and nursing specialties (overall mean of 13.80 of a possible 15.00 points, standard deviation of 1.37). ED staff scores averaged 13.84 with a standard deviation of 1.40 and a median attitude assessment score of four out of a possible five.

Recommendations: The next phase should target analyses of the research data, instrumentation, and employee demographics to focus on the most successful and cost-effective interventions to reach those employees who most need help with the transition to electronic health records within this hospital system and other health care organizations.

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405-O. Emergency Preparedness Training – Emergency and Community Nurses' Perceived Needs. Alison Middleton, RN, BSc (Hons), RGN, Conventry University, United Kingdom, RC407 Richard Crossman Building, Coventry, Warwickshire, CV1 5FB

Purpose: Traditional emergency preparedness planning has focused on emergency department (ED) personnel. During the past 5 years, the world has witnessed anthrax attacks in the United States and worldwide Severe Acute Respiratory Syndrome (SARS) outbreaks. Freestanding community nurse-led clinic training is imperative. These are the likely sites of the initial clustering of unusual symptoms signaling an emergency event, resulting in the activation of the major incident plan. Current resources (managerial directives and training) shared by emergency departments and community nurse clinics require analysis for their appropriateness and use.

Design: The study utilizes a quantitative comparative structured survey determining the individuals' place of employment, previous major incident training (objective data), and if they believe their current training is adequate and appropriate (subjective data). A statistician and a clinical expert have confirmed the questionnaire's accuracy and appropriateness.

Setting: The study settings are both metropolitan – two emergency departments and two independent nurse-led community centers situated in the central region of the United Kingdom.

Participants: Participant selection used probability sampling (n = 100 as suggested by the statistician). Additionally, each participant must be a Registered Nurse (RN) with a minimum of one year of prior work experience (appropriate to the clinical setting). The selection questionnaire contains no identifying information, ensuring respondent confidentiality. Age range is from 20-65 years of age.

Methods: The Likert scale questionnaire ascertains what emergency preparedness training the nurses have completed and whether they believe their current level of training is sufficient and appropriate for their place of work. The survey methodology chosen allowed the researcher to minimize researcher bias and obtain concise quantitative empirical data. The Chi-Square test and a statistical software package provided the means for data analysis by the statistician.

Results: Anticipated preliminary outcomes indicate all personnel feel that additional training is required, particularly in specific clinical conditions such as SARS, anthrax, and smallpox presentation. Primary care staff personnel indicate that resource sharing with emergency departments would enhance their training. At the current time, ED personnel appear to have more focused training. Findings to date (literature and initial data) support these initial outcomes. Estimated availability date of all data and statistical data is the end of February 2006.

Recommendations: Anticipated outcomes support the premise of collaboration. Joint training sessions, on actual anticipated clinical presentations of SARS, anthrax and smallpox, and not just the principles of managing a major incident, would certainly enhance RN training and build links between hospital and community settings. Future studies could examine other health care professionals' (pre-hospital personnel, physicians, undergraduate nursing students) attitudes toward emergency preparedness training.

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406-O. A Management Strategy for Improving Emergency Department Triage Flow. Amy Kubbins, RN, BSN, CEN, Debby Taylor, RN, MBA Carolyn Boeckling, RN, BSN, CEN, Nancy Koehler, RN, CEN, Aultman Health Foundation, 2600 6th St. SW, Canton, OH 44710

Purpose: Press Ganey surveys revealed overall emergency department (ED) customer satisfaction with wait times at the 58th percentile. Identifying triage as the ED access point for patients not transported by ambulance clearly made it an obvious area to examine customer service, patient flow patterns, and current protocol for triaging patients into treatment categories. Reducing the time before treatment was implemented should improve ED patient flow. Increasing patient triage efficiency and reducing numbers of patients leaving before treatment should increase patient satisfaction.

Design: An institution defined performance improvement project focused on the efficiency of the current triage process and patient flow upon arrival at the emergency department. Variables that were considered included: emergency department turnaround time, current triage protocols and their impact upon patient flow, average ED triage waits times, complaints related to triage, and the number of patients leaving before treatment in the emergency department.

Setting: The setting was a Level II Trauma Center and teaching facility located in an urban community in the Midwest.

Participants: Nurses interested in a triage specialty formed the core team based on triage skills, customer satisfaction skills, and experience in nursing. From the eighty nurses surveyed, twenty-five registered nurses met the requirements who then received education specifically focused on customer relations, service recovery, and primary assessment skills. An ED triage council, consisting of the ED medical director, unit director, two patient care specialists, and five staff nurses, were responsible for project implementation and evaluation.