

gency department to operate within dual collaborative and autonomous roles.

The aim of this presentation is to describe the logistical and educational process involved in moving NPs from fast-track area treating patients of low acuity to higher acuity areas of the emergency department. This will include discussion on how NPs develop their ability to generate and interpret diagnostics, streamline referral processes and develop collaboration in managing complex presentations.

**Keywords:** Nurse practitioner; High acuity; Resuscitation role

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### Introducing a new collaborative model of practice: Embracing the transitional nurse practitioner role

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**Background:** Emergency departments (ED) are facing increasing workload and patient acuity. This led our department to develop and implement a streaming model using fast track principles. A component of this redesign was to establish a transitional emergency nurse practitioner (TENP) model.

**Aim:** The aim was to demonstrate (i) timely work-up and disposition decision making, and an early defined pathway for a non complex patient conditions; (ii) that experienced emergency nurses working within TENP model can safely and efficiently assess, treat, manage and discharge specific groups of patients; (iii) the appropriateness of TENP patient management skills; (iv) identify inappropriate management of patients or any adverse events; and (v) analyse TENPs patient groups and outcomes.

**Methods:** Meetings were held with nursing and emergency physicians, over a 6-month period, to support and design a new model of practice. Four transitional nurse practitioners (3.2 FTEs) were employed at one urban tertiary hospital covering 16 h 7 days/week. Evaluation of the TENP model included:

- the fast tracking area, EDIS analysis of performance, triage codes, patient length of stay, diagnostic groups and referral practices;
- a review of documentation;
- development of a competency workbook;
- an ED staff specialist and registrar TENP survey was conducted to identify general TENP progress in relation to documentation, diagnostic and investigation accuracy.

**Results:** (results will be provided for 12 months) Preliminary results (14 weeks) demonstrated a reduction in length of stay (for admitted and discharged ED patients), and the 'did not wait' patient group (reduced from 8% to 3%); and all triage category benchmarks have been reached. TENPs independently or collaboratively managed 1518 patients. TENPs managed 'see and treat' 1071 patients TENPs worked collaboratively with emergency physicians or registrars 425

patients. TENPs consulted and provided clinical leadership for 22 patients. Patients seen included Triage category 2 (2); 3 (32); 4(308); 5 (118). Average patient age was 39 years. The main patient groups, conditions or illnesses included musculoskeletal, wound management, abdominal, obstetric and gynecological, and medical. The medical survey demonstrates strong support for, and improvement in, clinical practice TENP patient management. Regular random documentation reviews of TENP patients were conducted. The TENP documentation audit scores varied between 21 and 25. Only two patients requested a medical review prior to discharge.

**Conclusion:** The collaborative model introduced demonstrated that TENPs are contributing significantly to and being valued for improvement of ED service delivery. The model supports the development of expert TENP knowledge and experience, identification of suitable patients groups.

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### The Trawalla incident: Examination of a code brown response

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On 28 April 2006 a semitrailer collided with a Melbourne bound V'Locity train at Trawalla, 40km west of Ballarat. Forty-one people were involved in the incident, including two who died on impact and one who was flown directly to Melbourne. Ballarat Health Services received the remaining 38 casualties.

This presentation will examine the incident in a number of areas:

- The first responder response: highlighting emergency management principles & the impact of first responder activity on the subsequent Ballarat Health Service Response.
- The impact of other agencies: such as the Municipal response and the Department of Human Services (Victoria).
- The Ballarat Health Service Response: discussing the issues surrounding the response from the clinicians to executive management, examining some of the key learnings and emerging issues that all health services may face in a Code Brown incident.
- How this incident was used an opportunity for improvement: including the generation of a report with recommendations, how those recommendations were implemented and development of a Code Brown Manual.

**Keywords:** Code brown; Emergency management; Mass casualty incident

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