American Academy of Ambulatory Care Nursing

Many settings. Multiple roles. One unifying specialty.

American Academy of Ambulatory Care Nursing Position Paper: *The Role of the Registered Nurse In Ambulatory Care*

Purpose

EXPLOSIVE CHANGES are occurring in the delivery of health services in ambulatory care settings. These changes, fueled by federal legislation, national reports about quality and safety, and consistently rising costs (Swan & Haas, 2011), challenge registered nurses to step forward and take a lead position in bringing health care reform to ambulatory care, also known as outpatient, environments (Institute of Medicine [IOM], 2011).

The American Academy of Ambulatory Care Nursing (AAACN) is the unifying professional organization for registered nurses in diverse types of ambulatory care settings. AAACN is committed to improving the quality of health care in outpatient settings, enhancing patient outcomes, and realizing greater health care efficiencies. The purpose of this paper is to articulate the essential role of the registered nurse (RN) in achieving these goals. RNs are critical to improving quality and safety and reducing costs in ambulatory health care systems.

Statement of AAACN's Position

It is the position of the American Academy of Ambulatory Care Nursing that:

- RNs enhance patient safety and the quality and effectiveness of care delivery and are thus essential and irreplaceable in the provision of patient care services in the ambulatory setting.
- RNs are responsible for the design, administration, and evaluation of professional nursing services within an organization in accordance with the framework established by state nurse practice acts, nursing scope of practice, and organizational standards of care.
- RNs provide the leadership necessary for collaboration and coordination of services, which includes defining the appropriate skill mix and delegation of tasks among licensed and unlicensed health care workers.
- RNs are fully accountable in all ambulatory care settings for all nursing services and associated patient outcomes provided under their direction (AAACN, 2011a).

These statements hold major significance for ambulatory health care systems and organizations; nurses and the nursing profession; health care professionals; consumers; regulatory agencies; and federal, state, and local governments. Registered nurses will partner with other health professionals to lead the transformation of American ambulatory care systems from a traditional medical model to a team-based system that advances a health care delivery model focused on preventing illness, disease, and unnecessary complications; promoting wellness; and eliminating unnecessary costs.

History of Health Services in Ambulatory Settings: Evolutionary Journey

Historically, in outpatient office settings, an individual physician or group of physicians examined patients, provided prescriptive medications, and performed uncomplicated treatments that did not require hospitalization. Patients were referred to other services or levels of care when indicated. Unlicensed assistive personnel working directly with physicians performed the majority of patient care tasks in the clinic and/or office settings. This often led to unlicensed assistive personnel performing activities commonly associated with professional nursing practice. RNs were few, as providers saw little need for professional nursing services (Mastal, 2010).

Fiscal caps for hospital care and technological advances in the 1980s and 1990s propelled a shift of health services from the hospital setting to ambulatory care settings. In addition to outpatient offices, diverse types of new ambulatory care settings emerged, such as ambulatory surgery centers, infusion centers, and diagnostic centers. In these new settings, patients had more acute and complex needs requiring supervision by professional registered nurses to ensure safe, quality care.

Increased patient complexity requires different types and higher levels of professional nursing care than those provided in the former, traditional outpatient offices. Ambulatory health care has transitioned from a physician-driven system to one that is patient centered, requiring the active participation of multiple health care professionals who provide both treatment for patients and leadership for health care systems.

AMERICAN ACADEMY OF AMBULATORY CARE NURSING TASK FORCE MEMBERS: Margaret Fisk Mastal, PhD, RN, Chair; Mary Vinson, DNP, RN-BC, CMPE, Board Liaison; Mary Anne Bord-Hoffman, MN, RN-BC; Catherine Futch, MN, RN, FACHE, NEA-BC, CHC; Linda Harden, MS, BSN, RN-BC; Anne Jessie, MSN, RN; June Levine, MSN, RN; Shirley M. Morrison, PhD, RN-BC, OCN; Valerie Noel, MSN, RN; Carol Rutenberg, MNSc, RN-BC, C-TNP.

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Ambulatory Care: Current State

The current advances in patient care and technological complexity are a result of a confluence of increased patient acuity, evolving practice models, an increase in ambulatory care regulation, and new professional roles. The ambulatory care environment has experienced significant growth in the numbers of patients presenting with acute illness, chronic disease, and/or disabilities (Stokowski, 2011). In 2007, there were an estimated 994.3 million outpatient visits made to physician offices (Hsiao, Cherry, Beatty, & Rechsteiner, 2010), up from 906 million visits in 2003 (Swan, Conway-Phillips, & Griffin, 2006). Fifty-eight percent of the 2007 visits were to primary care providers (Internal Medicine, Family Practice, Pediatrics, and Obstetrics and Gynecology). Primary care is the cornerstone of ambulatory health services (Hsiao et al., 2010).

Care models in today's ambulatory environment are constantly evolving toward team relationships between licensed professionals and unlicensed personnel. Patients are receiving innovative health services, such as care coordination and referral to internal and external health care resources. Patients also receive assistance with transitioning between different types of services and levels of acuity, as well as support in navigating the health care system. In addition, there has been a shift in focus from curing illness to promoting wellness and reducing unnecessary costs (Mastal, 2006; Palsbo & Mastal, 2006).

Government and private sector regulatory agencies and quality improvement organizations set standards governing the delivery of ambulatory health care services and outcomes. Accreditation by agencies such as The Joint Commission (2012), the National Committee on Quality Assurance (NCQA) (2011), or the National Quality Forum (NQF) (2012) has become the gold standard for health care systems. In many organizations it is predominantly registered nurses who implement, monitor, and sustain the quality measures associated with accreditation and regulatory requirements.

Telephone interviews with nurse leaders and experts in ambulatory care nursing practice, conducted by AAACN, revealed that in selected organizations registered nurses have positively impacted quality of care, patient safety, and patient satisfaction (AAACN, 2012a). These organizations have been complying with nationally established quality standards for a number of years. They are forging ahead with many innovations designed to improve quality and safety. For example, their organizations have quality committees specific to various clinical specialties that meet regularly to identify problems, define benchmarks, and disseminate preferred practices. They have nursing representation at the board of director level and report regularly on nursing quality, and safety concerns and successes. In addition, many of the managerial and staff registered nurses are already participating in and expanding their roles on the organizations' treatment and leadership teams to energize their ambulatory care systems. As these activities evolve, they advance the quality of care and services, improve patient outcomes, and enhance organizational efficiencies.

AAACN also conducted an online survey of members and their professional colleagues. The 464 registered nurses who responded clearly identified professional nursing activities that add the greatest value to patient care in ambulatory settings. These activities include critical thinking, patient and family education, advocacy, and care coordination in clinic settings and via telecommunication technology (AAACN, 2012b).

Ambulatory Care: Nursing Challenges

Ambulatory settings employ 25% of the registered nurses in the United States and 33% of the registered nurses with master's or higher degrees (DHHS, 2010). While the numbers of registered nurses and licensed practical/vocational nurses in ambulatory care have increased steadily, there remains significant confusion regarding appropriate roles for both licensed and unlicensed caregivers (AAACN, 2011a).

Regulatory standards require designated elements of professional assessment, diagnosis, care planning, and intervention at each ambulatory encounter. Complex care often requires significant education, care coordination, and clinical management that are best provided by professional registered nurses. Additionally, invasive procedures performed in outpatient settings require ongoing assessment and evaluation to ensure optimal patient outcomes. RNs are essential in delivering this care.

Further, telehealth nursing services are an increasing presence in ambulatory care. These services bridge and supplement ambulatory care encounters. Telehealth nursing services assist patients in making informed decisions regarding access to care, monitor patients' conditions, and manage care for both acute and chronic illnesses. This care is provided using telephone, computer, and other forms of health surveillance technologies (Park, 2006; Wilson & Hubert, 2002; Wong, Wong, & Chang, 2005).

Ambulatory health care is diverse and invites the creation of care teams with multiple levels of responsibility, both technical and professional. In recent years the American College of Physicians has established standards for the Patient Centered Medical Home (PCMH). A PCMH is a "team-based model of care led by a physician who provides continuous and coordinated care throughout a patient's lifetime to maximize health outcomes" (American College of Physicians, 2012a, p.1). Additionally, the Centers for

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Medicare and Medicaid Services (2012) have outlined criteria for Accountable Care Organizations (ACOs) who care for Medicare patients. These organizations are comprised of formal teams of physicians and other health professionals, contractually responsible for providing comprehensive health services for specific populations. These entities are "accountable for organizing and aligning health care services to deliver seamless, coordinated care whether the ACO is contained within a single corporate structure or is an organized network of independent but associated health care professionals" (American College of Physicians, 2012b, p.1). The advent of ACOs presents unique opportunities for professional ambulatory care nurses to partner with physicians and other colleagues to lead the coming changes.

Emerging care delivery models often require patient care coordination and care transition, processes that registered nurses have been conducting for years (Cipriano, 2011). There is potential for all care team members to contribute significantly to positive outcomes for patients and families. However, there remains a lack of consensus among health care professionals regarding the appropriate scope of responsibility for licensed and unlicensed health care workers in this new environment (AAACN, 2011a). There is often confusion about scope of practice and lack of clear understanding about the appropriate utilization of registered nurses and other health care personnel. Thus, registered nurses may be performing below their scope of practice or they may be pressed to function beyond their scope. Licensed practical nurses (LPNs), licensed vocational nurses (LVNs), and unlicensed assistive personnel may be performing tasks above their legal scope of practice, particularly in office-based settings. Due to issues such as cost, availability, and perceived value for the dollar, many ambulatory care settings fail to employ registered nurses, choosing instead to allow "nursing care" to be provided by myriad types of licensed and unlicensed nursing personnel. There is often no standardization or quality control to define and direct appropriate role delineation, which contributes to role confusion and may compromise patient safety.

As the care needs of patients increase and become more complex, so does the demand for professional caregivers with the knowledge, skill, and ability to deliver the care. Comprehensive health care includes care coordination that focuses on health promotion, disease prevention, smooth transitions between levels and types of care, health education, and management of symptoms to avoid secondary complications from disease and/or disability. The registered nurse is the team member most qualified to effectively coordinate such aspects of care (AAACN, 2006; Cipriano, 2011).

Professional Nursing

The practice of professional nursing is licensed and regulated in each state by its Board of Nursing. The Board of Nursing administers each state's nurse practice act, which defines the practice of nursing in their state. Because there are over 50 jurisdictions, there are over 50 separate definitions of registered (or professional) nursing.

It is not uncommon to find mention of the nursing process (assessment, diagnosis, goals, plan, implementation, and evaluation) in the definitions provided by State Boards of Nursing. In fact, the distinction between professional and vocational or practical nursing is often found in the extent to which each group may independently perform various elements of the nursing process. Some states have defined registered nursing using language that gives more insight into the unique nature of professional nursing.

The National Council of State Boards of Nursing published a document, the Model Nursing Practice Act (MNPA) in 1994 with periodic updates. The MNPA states that nurses assess a patient's health status and authorize "independent nursing decisions and nursing diagnoses" as within the scope of RN practice (National Council of State Boards of Nursing, 2011, p. 5). The MNPA defines the scope of RN practice generally to be "assisting clients to attain or maintain optimal health, implementing a strategy of care to accomplish defined goals within the context of a client-centered health care plan, and evaluating responses to nursing care and treatment" (National Council of State Boards of Nursing, 2011, p. 3).

Ambulatory Care Nursing: Professional Growth

Ambulatory care nursing has developed as a specialty and as a profession over the past 30 years from the 1970s to the present time. Since its recognized inception as a professional nursing specialty in the late 1970s, there has been focus on nursing phenomena related to outpatient settings. The specialty initially focused on defining and implementing professional ambulatory care nursing standards. These were first published in 1987 and have been revised every 3 years since that time. The latest version, *Scope of Practice and Standards of Practice for Professional Ambulatory Care* (AAACN, 2010; AAACN, 2011b) addresses the dimension of professional practice for the specialty.

In the 1990s, ambulatory care nurses achieved significant progress in advancing their professionalism. The first conceptual base was established in the late 1990s (Haas, 1998) and was expanded into a formal conceptual framework in 2010 (Mastal, 2010). In the mid-1990s, AAACN consolidated telehealth professional nursing practice as a subspecialty of professional ambulatory nursing care. This subspecialty defined, developed, and published their body of knowledge and skilled expertise (AAACN, 2009). Telehealth nursing standards were established in 1997 and have been revised periodically (AAACN, 2011b).

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Also in the late 1990s, AAACN collaborated with the American Nurses Credentialing Center (ANCC) to develop and conduct certification examinations for nurses in ambulatory care settings. AAACN constructed materials and a review course to assist nurses in preparing to take the examination. Ninety-two nurses successfully completed the first certification examination in late 1999. Revisions of the examination have occurred regularly and began to include content addressing telehealth nursing practice. The most recent revision by ANCC identifies five domains of practice for registered nurses to certify in ambulatory care nursing: clinical practice, communication, professional issues, systems, and education (ANCC, 2012a). Today, there are an estimated 1,800 registered nurses certified by ANCC as Ambulatory Care Nurses (ANCC, 2012b).

In 2001, the profession issued its first iteration of a body of ambulatory care nursing knowledge: The *Core Curriculum for Ambulatory Care Nursing* (AAACN, 2001) with a revision completed in 2006. This core curriculum remains a significant and relevant resource, utilized by many nurse leaders in ambulatory settings.

In 2011, AAACN formalized the definition of ambulatory care nursing, which identifies and defines the unique practice of the registered nurse in outpatient settings.

> "Professional ambulatory care nursing is a complex, multi-faceted specialty that encompasses independent and collaborative practice. The comprehensive practice of ambulatory care nursing is built on a broad knowledge base of nursing and health sciences, and applies clinical expertise rooted in the nursing process. Nurses use evidence based information across a variety of outpatient health care settings to achieve and ensure patient safety and quality of care while improving patient outcomes.
>
> "Ambulatory care includes those clinical, organizational and professional activities engaged in by registered nurses with and for individuals, groups, and populations who seek assistance with improving health and/or seek care for health-related problems. Registered nurses promote optimal wellness, participate in the management of acute illness, assist the patient in managing the effects of chronic disease and disability, and provide support in end-of-life care. The ambulatory care registered nurse is accountable for the provision of nursing care in accordance with relevant federal requirements, state laws and nurse practice acts, regulatory standards, the standards of professional ambulatory care nursing practice, other relevant professional standards, and organizational policies" (AAACN, 2011b, p. 6).

Professional growth has empowered registered nurses in outpatient settings to improve their abilities to think analytically and critically, develop advanced clinical skills, and partner with other health care professionals in leading the design of improved outpatient systems and delivery models. Registered nurses in outpatient settings are poised to improve the quality of services and safety for patients.

Supportive Literature

Several landmark descriptive studies were published in the mid-1990s, which provided a foundation for defining and describing the practice of nursing in ambulatory care settings. These studies addressed core dimensions of the ambulatory staff nurse role (Haas, Hackbarth, Kavanaugh, & Vlasses, 1995a), which enhance patient safety and quality. The use of evidence in the design of new models of nursing care delivery by RNs (Haas & Hackbarth, 1995b), the development of nursing intensity measures, standards, clinical ladders, and quality improvement programs specific to the ambulatory nursing environment are described (Haas & Hackbarth, 1995c). References to the development of quality indicators for ambulatory nursing continued to appear in the literature during the late 1990s (Mastal, 1999) as nurses demonstrated leadership and collaboration in coordinating services for patients in the ambulatory setting. Models of performance measurement for ambulatory nurses have emerged in recent years (Swan, Hass, & Chow, 2010.)

Published evidence documenting the value of the registered nurse in ambulatory care settings has increased steadily in the last decade, as RNs have demonstrated accountability in the provision of care. These studies demonstrate positive relationships between nurse-provided services, improved patient health outcomes, and patient satisfaction (Buchholz, Wilbur, Miskovich, & Gerard, 2011; Wong & Chung, 2006).

Several studies have demonstrated positive outcomes for chronically ill patients, including reduced readmissions, reduction in secondary complications, reduced mortality, and reduced cost of services for patients managed in nurse-run clinics (Cipriano, 2011; Peter et al., 2011; Raftery, Yao, Murchie, Campbell, & Ritchie, 2005; Schadewaldt & Schultz, 2008). Nurses were among the first to implement clinical guidelines for hypertension in primary health centers in Finland (Alanen, Valimaki, & Kaila, 2009), demonstrating accountability for design and implementation of quality services.

Telehealth nursing services are uniquely associated with the practice of ambulatory care nursing. A growing body of knowledge over the past decade documents the positive impact of nurse triage and telehealth services on patient satisfaction, improved access to care, and reduction in emergency department visits (Chang, Mayo, & Omery, 2002; Larson-

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Dahn, 2001; Little, Saul, Testa, & Gaziano, 2002; Moscato et al., 2007; O'Connell, Towles, Yin, & Malakar, 2002; Tschirch, Walker, & Calvacca, 2006; Valanis et al., 2003; Valanis et al., 2007; Vinson, McCallum, Thornlow, & Champagne, 2011; Wetta-Hall, Berg-Copas, & Dismuke, 2005; Wilson & Hubert, 2002; Wong et al., 2005; Young & Ireson, 2003). Telehealth services also promote self-care. Seven of every eight people who sought advice from a telephone helpline staffed by nurses followed the self-care advice they received (Williams, 2012).

Health care reform and the emerging concept of the PCMH model has brought attention to the need for newly defined roles which include ambulatory nurses as members of multidisciplinary teams (Carver & Jesse, 2011; Nutting et al., 2010; Reid et al., 2009; Sims, 2011). Studies authored by ambulatory nurses have documented positive outcomes related to team-based care coordination for individuals with disabilities (Palsbo, Mastal, Reardon, & English, 2006). RN-directed programs for chronically ill populations have been associated with improved patient outcomes and reduced costs (Mastal & O'Donnell, 2007; Palsbo et al., 2006). Ambulatory care registered nurses are well positioned to lead and facilitate health care reform activities, particularly in the documented ambulatory role dimensions of advocacy, telehealth, patient education, care coordination, and transitional/community outreach (Swan & Haas, 2011).

Conclusion

Over the past decade, professional nurses in ambulatory care have increased their organizational leadership expertise and identified a unique body of nursing knowledge specific to ambulatory care environments (AAACN, 2001; 2006, 2012c). Additionally, in face-to face and telehealth encounters, they have established regular, consistent relationships with patients and families, frequently sustained over long periods of time. The combination of advancing knowledge, leadership skills, and positive relationships with patients and families position registered nurses to contribute constructively to the emerging models of ambulatory health care.

The evolving medical home concept reinforces the critical need for registered nurses to provide chronic disease management, care coordination, health risk appraisal, health promotion, and disease prevention services (IOM, 2011; Cipriano, 2011; Mastal et al., 2007; Palsbo et al., 2006). This confluence of abilities and accomplishments provide ambulatory registered nurses with unique capacities to partner with other health professionals in reforming the U.S. health care system. Ambulatory RNs are competently poised to lead improvements in service delivery within their organizations and beyond – improvements that will enhance health outcomes for patients (IOM, 2011).

The need for health care reform, improved safety, and quality of services and improved population health outcomes calls for strong and immediate actions on the part of ambulatory registered nurses to:

- Communicate the powerful story of professional progress made by ambulatory care nurses and articulate their ability to positively impact patient care and outcomes.
- Expand the body of knowledge for ambulatory care clinical and telehealth nursing practice by conducting and/or applying the findings of scientific studies that build evidence-based nursing practice.
- Lead organizational efforts to define and implement professional nursing roles that promote autonomy, enhance collaboration, improve patient care, and address core competencies in care coordination and transition management.
- Ensure electronic health records (EHRs) include robust documentation tools that support professional ambulatory and telehealth nursing practice.
- Establish strategic alliances between health systems and academic institutions to develop curricula that prepare students to practice as registered nurses in ambulatory care environments.
- Pursue partnerships with regulatory and standard setting agencies to identify and measure indicators of patient safety and quality of care in ambulatory nursing practice.
- Design organizational structures and cultures that spur and reward innovation.
- Collaborate with professional organizational colleagues to define the duties and responsibilities for each member of the health care team.
- Develop an agenda that informs the nursing community, health care professionals, and political stakeholders at the local, state, and federal levels of the value and cost effectiveness of professional ambulatory care nurses.

The time to act is now.

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American Academy of Ambulatory Care Nursing
P.O. Box 56, Pitman, NJ 08071-0056
1.800.AMB.NURS (262.6877) • Fax 856.589.7463
aaacn@ajj.com • www.aaacn.org

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