
Role of the RN in Ambulatory Care Tip Sheet and Exemplars

In January 2017, AACN published its updated Position Paper on the Role of the RN in Ambulatory Care. This Tip Sheet is provided as a tool to support nurses in using the position paper within their organizations. Key points and examples of practice applications are included.

Background

The transition of health care from acute to ambulatory care settings has increased the complexity of care delivered outside acute care hospitals, bringing changes to accessing, implementing, and coordinating care services. This shift has dramatically increased the need for professional nursing services in ambulatory care settings to meet patients' complex needs. In addition to providing complex procedural care, professional nursing services furnish support to patients and families in decision-making, navigating complex health care systems, coordinating services, and applying strategies that enhance disease management.

Ambulatory care registered nurses (RNs) work both independently and collaboratively across the continuum of care, partnering with patients, caregivers, providers, and other health care professionals in the design and provision of care in an expanding array of community health settings. Further, they have expertise in the development, implementation, and measurement of quality indicators specific to the ambulatory care environment that will improve clinical practice and patient outcomes.

Recommendations

Health care providers, insurers, and educational systems can contribute to the emerging paradigm of health care in the United States by:

- Recognizing and supporting RNs as leaders in the transformation of health care in the ambulatory care setting (IOM, 2010).
- Encouraging RNs to practice at the top of their license, education, and expertise to affect quality and cost through patient engagement, care coordination, enhanced teamwork, resource reduction, improved access, and quality and outcome improvement.
- Partnering with faculty and schools of nursing to design undergraduate and graduate curricula to prepare nurses for new roles in ambulatory care.
- Implementing ambulatory care nurse residencies in health facilities for new nurses and experienced nurses new to ambulatory care practice.
- Ensuring that government and insurance carriers recognize cost reductions that RNs provide under new reimbursement models linked to improved outcomes.
- Engaging RNs to lead, participate in, and support performance improvement activities that promote and enhance quality and safety, improve efficiency in care delivery, and evaluate impact on patient outcomes.
- Urging researchers to build the science of ambulatory care nursing by engaging in the development of new knowledge and innovation that will expand the evidence base needed to support improved quality practice.

Role of the RN in Ambulatory Care Exemplars

Recommendation: Encouraging RNs to practice at the top of their license, education, and expertise to affect quality and cost through patient engagement, care coordination, enhanced teamwork, resource reduction, improved access, and quality and outcome improvement.

Exemplar #1: Nurse-Led FMT Procedure

Children's Hospital Colorado

Fecal Microbiota Transplant (FMT) is a new treatment for recurrent C.diff infections with resolution of infection as high as 90%. Ambulatory care RNs at Children's Hospital Colorado worked with GI specialists to initiate a nurse-driven FMT procedure delivering stool donor bank-derived fecal material into the stomach via nasogastric tube (NGT) or gastrostomy tube (G-tube).

Outcomes

Treatment success in pediatric patients is comparable to published data.

Exemplar #2: Health Information Technology Tools to Support the Implementation of a Complex Care Management Program

Community Health Center, Inc. (CHCI) Middletown, CT

An electronic dashboard was developed through the collaboration of frontline RNs, Business Intelligence, the Quality Improvement Department, and the Ambulatory Chief Nursing Officer to provide nurse care managers (NCMs) with decision support for Complex Care Management Program across 12 clinical sites.

The dashboard is updated daily by extracting data from individual electronic health records based on an algorithm using Uniform Data System (UDS) measures along with other clinical markers. It is then populated with the medical record numbers of patients who meet these criteria, including uncontrolled hypertension, diabetes and asthma. The dashboard lists a patient's last recorded blood pressure, hemoglobin A1c, and smoking status. It indicates whether the patient has had two or more visits to an emergency room within six months, and if the patient has 4 or more chronic conditions listed on their active problem list.

Outcomes

The dashboard lends timely decision support and organization to NCMs to improve their ability to identify patients who would most benefit from Complex Care Management.

Recommendation: Engaging RNs to lead, participate in, and support performance improvement activities that promote and enhance quality and safety, improve efficiency in care delivery, and evaluate impact on patient outcomes.

Exemplar #1: Enhanced Nurse Visits for Patients with Uncontrolled HTN

Mayo Clinic, Rochester MN

Development and testing of a nurse visit series to assist patients with uncontrolled hypertension (HTN). This visit includes patient-centered lifestyle management education and hypertension medication titration and monitoring utilizing a nursing protocol and provider directed order set.

Outcomes

- 93% achieved BP goal compared to usual care group 86%.
- Nurses' outcomes comparable to usual care but in much shorter time period.
- Average weeks to goal RN: 2; provider: 17.
- Provider satisfaction high (63% likely or very likely to enroll).
- Nurse satisfaction high (70% very satisfied).
- Patient satisfaction very high (100% very satisfied).
- Protocol/order set performed well with minimal need for provider advice.

Conclusion

Registered nurse visits utilizing evidence-based standards can support patients' ability to achieve blood pressure control in a shorter period of time, as compared with usual care, with high patient, provider, and nurse satisfaction, opening provider access for patients with more complex needs.

Role of the RN in Ambulatory Care Exemplars

Exemplar #2: Cost Savings Through Use of Ambulatory Infusion Center vs ED for Pediatric Migraine Treatment

Children's Hospital Colorado

Chronic headaches and migraines are a significant cause of missed school and extracurricular activity for school age/adolescent populations. The emergency department (ED) is often used for treatment for fluids and intravenous medications. Average cost of care for ED headache treatment for each patient was \$2,539-\$3,375 compared to average cost of care in an ambulatory infusion center of \$700-\$900.

The clinic RN identified high ED utilization and cost for this patient population, then expanded nurse telephone triage guidelines to allow RNs to refer patients directly to the infusion center. She also worked with the infusion center to increase access.

Outcomes

Use of the infusion center increased 272% over one year while ED visits decreased. There was high patient and RN satisfaction with the new process.

Exemplar #3: Development of a Transitional Care Center to Decrease Readmission Rate for Heart Failure Patients

Yale New Haven Hospital

In 2012 Yale New Haven Hospital (YNHH) had a readmission rate of 30% for heart failure (HF) patients. This prompted the development of a Transitional Care Center (TCC), a collaborative practice model between inpatient units and ambulatory care resources.

Transitional Care Management (TCM) focused on six interventions:

Acute Phase

1. Visit by APRN in hospital
2. HF specific discharge planning
3. 7-day follow up appointment scheduled prior to discharge
4. Patient/Caregiver HF education initiated prior to discharge

Transition Phase

5. 48-Hour discharge phone call

Secondary Care

6. Interventions to increase same provider continuity:
 - o Medication reconciliation
 - o Continued Education

At the end of the first year a study was done to evaluate:

- Consistent provision of the 6 TCM interventions.
- Patient demographics and baseline characteristics.
- Adherence to TCM interventions.
- The effect of TCM on 30-day all-cause readmissions.

Outcomes

Among the HF patients receiving care through the TCM, the 30-day readmission rate was lower than the published national rate, suggesting TCM was effective for reducing HF readmission in the high-risk population.

Role of the RN in Ambulatory Care Exemplars

Recommendation: Implementing ambulatory care nurse residencies in health facilities for new nurses and experienced nurses new to ambulatory care practice.

Exemplar #1: Improving the Onboarding Process for Clinical Staff in the Ambulatory Care Setting

Wellstar Medical Group

(230 medical specialties)

A robust, comprehensive 4-week residency and onboarding program was created for the ambulatory care clinical staff including simulation, extensive preceptorship and competency completion to ensure patient safety and quality is met before the new employee even steps into their new role independently.

Outcomes

New employees feel supported and satisfied with their orientation experience, patient safety is elevated, quality is being taught at the front end.

Recommendation: Urging researchers to build the science of ambulatory care nursing by engaging in the development of new knowledge and innovation that will expand the evidence base needed to support improved quality practice.

Exemplar #1: An independent DNP project in the ambulatory care setting looked at the use of culturally sensitive education on heart health in the African American (AA) community.

Background

Cardiovascular disease is the foremost cause of mortality of adults in the United States. Although there have been substantial improvements in hypertension awareness in the general population, African Americans continue to suffer disproportionately in hypertension and related heart disease.

Purpose

The purpose of this scholarly project was to determine if the use of culturally appropriate education would impact the awareness of risk factors associated with heart disease in AA adults in a church-based setting.

Methods

- A pre- and post-test design was utilized.
- Project setting – interdenominational church located in suburban Houston.
- Target population – African American adults.
- Diverse ages (25-75 or >) (n=19).
- Participants recruited directly from congregation.
- Flyers and letters of participation were distributed.
- Education and healthy habits were provided using the NIH evidence-based heart health manual.
- Evaluation tools:
 - General Self-Efficacy Scale (GSES)
 - Hypertension Evaluation of Lifestyle & Management Scale (HELM)

Results

- Two Paired Samples t-test used to examine mean scores/standard deviation and p value
- Mean of GSES significantly increased from pre-intervention (M=3.44, SD=.53)
- Post-intervention (M=3.60, SD=.39) p=0.005
- Mean of HELM did not significantly increase from the pre-intervention (M=1.89, SD=.24)
- Post-intervention (M=1.76, SD=.14) p=0.056

Conclusions and Clinical Implications

- Nurses are ideally situated to inform patients about HTN and other risks related to heart disease.
- Awareness of disparities that affect individual needs are gained through the nurse's community involvement.
- Patient attitudes on health are influenced by cultural differences and beliefs.
- Nurses must respect those differences to build trust and increase communication.
- Nurses can proactively assess patient needs for social services to address medication affordability.

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