Update from AAACN Task Force on Ambulatory Nursing Sensitive Indicators

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Nancy May, MSN, RN-BC, NEA-BC
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Objectives:
1. Describe the current task force’s charge by the AAACN Board of Directors to make recommendations for Ambulatory NSI
2. Describe the work of the task force to date
3. Outline next steps following the task force recommendations

AAACN Board Charge (Spring 2013) for new Task Force
“Develop and identify nurse sensitive processes and outcomes indicators related to the role of the registered nurse in ambulatory care.”

Taskforce Work Summary
1. Task Force Membership
2. Review current measures
3. Identify filter questions for selection process
4. Brainstorm potential measures
5. Literature Review Approach
6. ANA Ambulatory NSI Summit Participation
7. Town Hall – membership input

Task Force Membership
Chair: Sharon Eck Birmingham, DNSc, MA, BSN, RN, Associate Professor & Eck Birmingham & Associates
Board Liaison: Nancy May, MSN, RN-BC, NEA-BC, Baylor Scott and White Health
Rosemarie Battaglia, MSN, RN, Children’s Hospital at the Medical University of South Carolina
Nena Bonuel, PhD, RN, CCRN, CNS, ACNS-BC, Harris Health
Diane Storer Brown, PhD, RN, CPHQ, FNAHQ, FAAN, Collaborative Alliance for Nursing Outcomes (CALNOC)
Stefanie Coffey, DNP, MBA, FNP-BC, RN-BC, VA System, Florida
Eileen Esposito, DNP, RN-BC, CPHQ, Catholic Health Services of Long Island
Kris Grayem, MSN, CNP, RN, Akron Children’s,
Ann Jacobson, PhD, CNS, ACNS-BC, Kent State University
Kathleen Martinez, BSN, RN, CPN, Children’s Hospital Colorado
Jeffrey Mathieu, MSN, RN, Past President of AAACN
Ann Marie Matlock, RN, DNP, NE-BC, National Institutes of Health Clinical Center
Mary Morin, RN, NEA-BC, RN-BC, Sentara Medical Group
Catherine Rhodes, MSN, CRNP, WHNP-BC, RNC-OB, SANE-A
Karen Seifert, MSN, RN, CDE, Mayo Clinic Arizona
Rachel Start, MSN, RN, Director, Magnet Program, Education/Coordination, Rush Oak Park Hospital
Deborah Timmer, MHS, RN, CEN, University of Wisconsin Hospitals and Clinics
Nancy Dunton, PhD, NDNQI Newest US Army colleagues

Filter Questions – Guide measure selection
- Important to patients and families
- Impact on organizational performance and reimbursement
- Relevant to AAACN member practice
- Available in standardized or endorsed metrics
- Adequate in volume and repeated over time for measurement
- Readily accessible or available in electronic format
Measures Brainstormed

Structure
- Nurse staffing,
- Practice model
- Patient education methodology,
- Falls risk assessment,
- Discharge instructions methodology,
- Care Coordination
- Tele-Health

Measures Brainstormed

Process
- Content and type Patient education
- Tele-health - triage decision and/or teaching
- Medication review & education
- Follow-up phone call

Measures Brainstormed

Outcomes
- Patient safety
- Patient satisfaction, engagement
- Medication adherence
- Immunization rate, HbA1c
- ED visit rate
- 30 day Readmission

ANA Ambulatory Summit
- Purpose/urgency- for inclusion in Magnet manual
- Jan 2014 Summit in Washington DC
- 8 members from taskforce participated and contributed the following:
  - AAACN Membership represented
  - Lifespan expanded to include Pediatrics,
  - AAACN Ambulatory definition promoted,
  - Telehealth and Patient Education
  - Commitment to Care Coordination

Top Indicators Selected at ANA Summit(2014):
1. Pain Measurement
2. Blood Pressure Measurement
3. Depression Screening
4. Medication Reconciliation
5. Hospital Readmissions

Task Force Next Steps
1. Solicit input from Members at Town Hall
2. Explore collaboration with ANA
3. Continued Task Force Work
   - Identify and recommend indicators to AAACN Board
   - Pilot indicators

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Input from members...

We are listening...

Many Thanks to...

- AAACN Membership for input
- Board for Charge and Support
- Task Force members for expertise and leadership