AMERICAN ACADEMY OF AMBULATORY CARE NURSING

Scope of Practice for Professional Ambulatory Care Nursing

I. Definition of Professional Ambulatory Care Nursing

Professional ambulatory care nursing is a unique domain of specialty nursing practice that focuses on health care for individuals, families, groups, communities and populations in primary and specialty care outpatient venues, non-acute community outpatient settings, and telehealth nursing encounters. Ambulatory care nursing is characterized by professional nursing staff responding to high volumes of patients in a short period of time, often dealing with issues in each encounter that can be unknown and unpredictable. Ambulatory care nurses address, in partnership and collaboration with other health care professionals, patients’ wellness, acute illness, chronic disease, disability and end of life needs; they are responsible for patient advocacy, coordination of nursing and other health services, implementation of nursing services and continuity of care.

Professional ambulatory care nursing includes those clinical, organizational, educational, professional and research activities engaged in by registered nurses for and with individuals and groups who seek care for health related problems and concerns or seek assistance with health maintenance and/or health promotion. These individuals/groups engage predominantly in self-care and self-managed health activities or receive care from family/significant others outside institutional settings. Ambulatory nurse-patient encounters take place in health care facilities, in telehealth service centers as well as in community-based settings, including schools, workplaces or homes (AAACN/ANA, 1997).

The major objectives of ambulatory nursing are aligned with other types of nursing: to protect and promote health; minimize suffering and maximize understanding during medical diagnostic and treatment phases; prevent illness and injury; apply nursing interventions to human responses in illness, disease and end of life circumstances; and actively advocate for optimal health care of individuals, families, communities and populations. Interactions between patients and nurses to achieve patient goals occur in the context of caring, compassion and sensitivity to the patient’s cultural and age-related needs.

Using the nursing process, professional ambulatory care nurses in person-to-person and telehealth clinical settings perform problem focused assessments of patients’ and/or caregivers’ primary concerns, identify the problem/s, analyze and integrate subjective and objective data, decide on a plan of nursing action, apply the appropriate nursing intervention and evaluate the outcomes.
II. Conceptual Framework

In 1998, AAACN nursing leaders and members collaborated to develop a conceptual framework for ambulatory nursing practice, identifying two major concepts – patient and nurse. The conceptual diagram below extends the original 1998 framework and diagram, identifying three major concepts: 1) Patient; 2) Environment; 3) Nurse.

**Patient**

Inherent within the concept of patient is that each individual is unique, functions holistically as a biological, psychosocial and spiritual being and is the center of patient-nurse interactions. Patients in the ambulatory care setting refer to individuals, families, caregivers/support systems, groups, and populations that approach the health system in a variety of circumstances or states. Patient health states are categorized as wellness or health, acute illness, chronic disease and/or disabled, and end of life.

Generally it is the patient that initiates contact with the ambulatory care system to meet their wellness concerns and health needs. Patients maintain control of the encounter and treatment with the nurse acting in a consultative role.

**Environment**

Environment as a concept helps define ambulatory nursing practice, setting it apart from other nursing specialties. In addition to the nurse-patient relationship and interactions, ambulatory care nurses address organizational, social, economic, legal and political factors within the health care system and in the external healthcare environment. The ambulatory care environment has two major dimensions:
1. The internal care delivery environment where patients access and receive care and the nurse actually practices;
2. The external environment refers to both the geographic locale of the specific health care practice and contextual factors in the greater ambulatory care environment.

**Internal care delivery environment.** The ambulatory nursing care delivery environment is dynamic and diverse - a broad scope of practice settings where patients seek health care treatment and where the professional nurse functions. The ambulatory nursing care delivery environment can include such settings as an individual physician’s office, group office practices, free standing health or nursing clinics, ambulatory surgery centers, telehealth services, care coordination organizations (that is case, care and disease management organizations), multispecialty health organizations (e.g. health maintenance organizations), military bases, prisons, schools, or comprehensive, integrated health care systems. Regardless of the setting, ambulatory encounters are always less than 24 hours.

**Healthcare external environment.** The external environment refers both to the physical, location of each health care practice setting as well as to health care contextual factors in the greater environment that affect ambulatory care in unique ways.

The external geographical locale and contextual factors that affect an individual ambulatory health care setting often influence that setting’s mission, patient population, and practices. These external contextual factors include, but are not necessarily limited to the surrounding community population’s specific needs, perceptions and resources, health policy, governmental laws, professional practice regulations, accrediting agencies, health care financing systems, advances in science and technology, i.e. scientific knowledge and diagnostic and treatment technologies as well as the information management systems that support and coordinate patient care through virtual information.
exchange. Further, each health care delivery setting is affected by community general circumstances such as socioeconomic conditions, cultural considerations, safety, transportation, pollutions, disasters, epidemics and/or pandemics, etc.

**Nursing**

Professional ambulatory care nursing as a unique domain of specialty nursing practice focuses on individuals, families, groups, communities and populations in primary care, non-acute community outpatient settings, and telehealth service settings. It is characterized by professional nursing staff responding rapidly to high volumes of patients in a short period of time, often dealing with issues that are unknown and unpredictable.

The scope of professional ambulatory care nursing is dynamic, evolving continually in response to changing societal and organizational needs and the expanding knowledge base of nursing’s theoretical and scientific domains (ANA 2003).

Ambulatory care nursing is categorized into three major roles, identified and defined as:

- Clinical
- Organizational/systems,
- Professional.

While defined separately, these roles are not necessarily mutually exclusive and frequently overlap. It is this overlap of roles that brings challenges and professional growth and adds dynamism, learning and diversity to ambulatory nursing practice.

**Clinical nursing role.** Ambulatory care nurses practice clinically by using the nursing process in their specific specialty role. Clinical nursing, both in the clinic setting and when providing telehealth services, requires expert nursing process skills: assessment of patient problems and concerns in limited time frames; the ability to critically analyze and integrate subjective and objective data related to patient concerns and conditions; capabilities to identify problems and pertinent goals; competence in planning appropriate nursing care; the ability to implement suitable, evidence-based nursing interventions, and appropriate evaluation of patient outcomes.

The clinical role also encompasses patient advocacy (compassion, caring, emotional support that is culturally competent and relevant to the patient’s age), referring patients to optimal health services, education about health promotion, prevention of disease and secondary complications, performing appropriate nursing procedures, consulting and collaborating with professional colleagues, careful, complete documentation of care given, and in general, managing clinical nursing care and practices and their outcomes. Inherent in the clinical role is the use and development of appropriate, evidence-based nursing knowledge and health care protocols.

**Organizational/systems role.** Nurses practice within the organizational/systems role when they administer and coordinate resources and direct clinical and organizational activities and workflow within their health care setting.

The organizational role has multiple dimensions: staffing, workload and competency concerns, workplace regulatory compliance and risk management, healthcare fiscal management, legal and regulatory issues, organizational cultural competence, the application of health informatics systems as well as diagnostic and treatment technologies, conflict management, structuring customer-focused systems, and patient and health advocacy within the organization and across the community.
Professional role. Ambulatory care nurses function within the professional role when they practice according to professional, ethical and organizational standards. The professional role also requires the use of evidence-based techniques, the evaluation of the outcomes of nursing practice, the lifelong expansion of educational knowledge and skills of self as well as contributing to that of other staff, and the continuous improvement of the quality of health care practices and outcomes. As professionals, ambulatory care nurses are expected to evidence leadership skills within the health care organization, in the community and across the nursing profession.

While some functions of all three roles are part of every ambulatory care nurse’s practice, emphasis on one of the roles may exist depending on the specific functional position of the nurse within the practice setting. For example, the telehealth services and clinical nurses will most likely focus largely on the clinical role requirements of their job descriptions, but organizational and professional role requirements are also expected depending on the organization’s structure and the unique situation.

Figure 1
III. Evolution of Modern Ambulatory Care and Nursing Practice

Modern ambulatory care nursing evolved over the 20th century particularly in the last quarter of the century. It was during this period that dramatic changes occurred in the American health care system after 20 years of focus on hospital care, relatively unrestrained growth of the health care industry, limited financial risk to the patient, and professional autonomy. These forces resulted in shifts in national health and fiscal policy.

**Drivers of change.** The changes were driven when major payers, i.e. the federal, state and local government agencies and employers, watched health care utilization and costs soar. Additionally, the public began to lose confidence in the health system’s ability to deliver results, assure access, and contain costs.

The primary impact of these changes has been a shift from the focus of care in hospitals to ambulatory settings, a shift from specialized care to primary and preventive care, and to move from an indemnity based insurance system for payment to a managed care system. Managed care systems are increasingly paying providers on a capitation basis rather than a fee-for-service basis. Further, governmental and regulatory agencies, rather than providers, are playing a larger role in setting standards for quality care and health outcomes (Mastal, 2006, pp. 29-34).

**Redefining health care.** Concurrently, health organizations began to redefine health care. The World Health Organization (WHO) in 1978 publicized that primary care was primary health care, “essential care . . . made universally accessible to individuals and families in the community . . . through their full participation and at a cost that the community and country could afford.”

WHO committed to work for the health of all world citizens by the year 2000 (WHO, 1978, p. 3). In that same year, the Institute of Medicine issued the first definition of primary care in the United States, conceptualizing it in terms of personal services rather than public health services, declaring it should be “accessible, comprehensive, coordinated and continual by accountable providers of health services” (IOM, 1978, p. 16).

**Primary care.** Primary care is essential care, the conceptual foundation for and the cornerstone of ambulatory health services. Primary care practitioners are expected to diagnose and treat patient problems as well as coordinate access to the use of other care levels. Primary care specialties generally include adult medicine, family medicine, pediatrics, and obstetrics/gynecology; they address and treat a wide variety of health care needs.

Practitioners in these primary care specialties coordinate the use of secondary care levels (e.g. hospitalizations, specialty referrals, advanced diagnostic/therapeutic care) and tertiary care (highly specialized and technological care). As healthcare evolved in this timeframe, the number of uninsured Americans increased and emergency department encounters for primary care issues soared resulting in high cost care (Mastal, 2006, p. 32-33).

Due to the high volume of individuals who accessed primary care, models of care delivery changed. Instead of the individual physician or Advanced Practice Registered Nurse (APRNs) having sole accountability, care began to be delivered by teams of physicians, APRNs, registered nurses, licensed practical nurses and unlicensed assistive
personnel. Roles and responsibilities were reshaped and formalized through organizational and professional policy.

Telehealth services emerge. To better manage increased costs and improve access to quality patient-centered care, telehealth nursing emerged as one care delivery strategy that was consistent with the conceptual framework of ambulatory care nursing. With the support of technology, telehealth nursing provides the caller with health information, offers decision support for timely access to the appropriate healthcare provider, and functions as part of the healthcare team managing the care of persons with chronic illness and/or disease.

By 1987, the American Academy of Ambulatory Nursing Administration, now known as the American Academy of Ambulatory Care Nursing (AAACN) published the landmark standards for professional ambulatory care nursing and administration, outlining for the first time a definition, philosophy and standards reflecting the unique ambulatory care nursing environment. Since then the standards have been revised six times, this version being the seventh revision.

In 1995, AAACN recognized the value of telephone nursing practice (as it was known at that time) established a special interest group (SIG) to define telephone nursing practice as an ambulatory care nursing subspecialty and to identify the mission and goals. In 1997, AAACN published the first set of standards for telephone nursing practice that became known as telehealth nursing in 2001. These standards have been revised three times since the 1997 version.

III. Practice Environment

Ambulatory care is defined as outpatient care in which individuals stay less than twenty-four hours in the health care environment and are usually discharged to their normal residential situation following the care episode. Ambulatory care encounters occur in clinic settings and on the telephone and are generally, although not always, initiated by the individual seeking information and/or care. The practice environment encompasses specific practice settings, usually defined in terms of the medical specialty, and the types of larger institutions in which these settings reside.

Practice Settings

The ambulatory health care system spans primary care when the patient first seeks care, through acute care, chronic care followup and palliative care in end of life situations. Ambulatory nurses care for patients in all phases of preventive care, health maintenance, diagnosis, treatment and follow up as patients move in and out of acute care settings.

Primary Care. Primary care is the cornerstone of ambulatory care with nurses practicing in:

- Internal medicine,
- Family practice,
- Pediatrics;
- Womens’s health clinics (OB/GYN);
- Telehealth services.
Nursing roles in primary care generally encompass clinical, organizational/systems and professional functions that can vary by organizational type. However, with the expansion of ambulatory care, nurses also practice in a variety of diagnostic and specialty clinics.

**Diagnostic and Specialty Care.** Subspecialties are numerous and diverse in both medical and surgical categories. Ambulatory care nurses practice in all the subspecialties, such as:

- Medical specialties (Allergy, Cardiology, Endocrinology, Gastroenterology, Infectious Disease, Neurology, Oncology, Psychiatry, etc.);
- Oncology Infusion Centers;
- Care management;
- Surgical specialties (General surgery, Cardiac surgery, Neurosurgery, Orthopedics, etc.);
- Ambulatory surgery centers;
- Diagnostic centers (e.g. cardiac, gastroenterology).

**Types of Ambulatory Care Organizations**

Ambulatory care nurses practice in a variety of organizational types. An organization’s characteristics are defined by its structure, patient population, financial and reimbursement mechanisms and the organization of primary and specialist providers (usually physicians). Within the types of ambulatory organizations there may also be internal differences based on size, regional location, network or health system affiliation and regional differences in health finance administration.

Major categories of ambulatory organizational settings include:

- University hospital outpatient departments;
- Community hospital outpatient departments;
- Solo and group medical practices;
- Telehealth Service Centers;
- Health maintenance organization (HMO) clinics and services;
- Government health systems (federal, state and local) including military bases;
- Community and freestanding centers such as:
  - Occupational health centers
  - School health clinics;
  - Shelters for the homeless;
  - Ambulatory surgery and special procedure centers;
  - Urgent care centers;
  - Care management or care coordination centers.

Since the early 20th century, university hospital outpatient clinics have been used as teaching opportunities for medical students, residents and other health care providers. In the 1980’s nurses in these clinics were among the first to begin to describe the role of the nurse in ambulatory care. As roles became more formally and clearly defined, nursing in ambulatory care often became innovative, including developing nurse-run clinics and other forms of collaborative practices. It was nurses in HMOs who were among the first to become involved extensively in assessment and triage and to identify telephone triage as a specific nursing function (Hastings, 2006).

The practice environments of ambulatory care nursing are diverse and numerous, intimately integrated in the American health care system. See Figure 2.
Figure 2-1 Context for Ambulatory Care Nursing Practice


Treatment Episodes
An episode of care in the ambulatory environment is a clinic or a telehealth encounter. The treatment is episodic rather than continuous and may include multiple episodes. Opportunity for direct observation of the person can be minimal in nature and time-compressed with the nurse, at least initially, relying largely on patient-reported symptoms. Nurses use the nursing process during diagnostic and treatment episodes that are patient and/or patient/family centered.

Treatment plan. The management of the treatment plan in ambulatory care settings is largely the responsibility of the patient/family system but the ambulatory care nurse, as consultant and advocate, pursues a more comprehensive understanding of the patient’s condition. Effectively questioning for additional subjective and objective data avoids gaps in critical information needed to make judgments about diagnosis and care. In recent years, many ambulatory care organizations have acquired more sophisticated information systems and nurses currently often have access to more objective data on the patient’s situation (Hastings, 2006).

Ambulatory care interventions. Historically, interventions by ambulatory care nurses tended to be patient-initiated, focused on health care advice, instructions on how to manage a condition in the home or how to prepare for diagnostic testing. In recent years, persons with more complex conditions and/or treatment regimens are being cared for by nurses in both outpatient and day hospital settings. The boundaries between
historical definitions of outpatient and inpatient care are slowly becoming blurred especially as related to chronic disease and disability (Hastings, 2006, p. 19).

In contrast to hospital nurses who usually function as part of an organized nursing department under a nurse executive with voice at the governing body level, ambulatory care nurses function in a variety of health care organizations and often report to a non-nurse administrator. Registered nurses in ambulatory settings usually work independently or on teams within their specialty in partnership and collaboration with other professional health care providers and paraprofessionals.

**Ambulatory Care Nursing Characteristics**

Characteristics are unique features of ambulatory care nursing practice. Focus groups of experienced ambulatory care nurses identified the following characteristics of nursing practice in ambulatory care settings:

1. Nursing autonomy;
2. Patient advocacy;
3. Skillful, rapid assessment;
4. Holistic nursing care;
5. Client teaching;
6. Wellness and health promotion;
7. Coordination and continuity of care;
8. Long term relationships with patients and families;
9. Clinic and telephone triage, consultation, follow up and surveillance;
10. Patient and family control as the major caregivers, users of the health systems, and decision makers regarding compliance and care regimen;
11. Collaboration with others health care providers both internally and externally;

**Nursing Workload: Unpredictable**

Nursing workload (numbers of patients seen, spoken to and cared for) is variable as is intensity of care, limiting the predictability of workload. Census is *theoretically* predicted by the appointment system and/or telephone call volumes, but urgent and emergency cases and walk-in patients easily bypass schedules. Further, patients often fail to keep a scheduled appointment which spurs overbooking practices that also add to workload unpredictability (Hastings, 2006, p. 18-20).

**IV. The Science and Art of Ambulatory Nursing Practice**

Ambulatory care nursing practice is, like nursing in general, a learned profession and discipline requiring the application of a core body of knowledge from the biological, physical, behavioral and social sciences. It is both a science and an art. The science of ambulatory care nursing is based on a critical thinking framework known as the *nursing process*.

The art of ambulatory care practice is based on respect for the dignity of human beings and a compassionate approach to care and personal interaction. Respect and compassion imply that the nurse provides competent care throughout all practice
activities and collaborates and partners with health care colleagues, and patients as well as their families, significant others and caregivers.

**Science of Practice**
The science of ambulatory care nursing practice is based on a six-step nursing process – that is, nursing assessment, diagnosis, goal/outcome identification, planning, implementation and evaluation. These steps are central to the clinical decision making process and are used in evidence-based practice. Ambulatory care clinical nursing focuses on the needs of patients in all phases of health, illness and disease assisting patients to promote and maintain health and prevent or mediate illness, disease or disability. The nursing needs of patients are assessed holistically using available objective data as well as the subjective data from the patient and family. Nursing diagnoses and treatment/s are focused on the patient’s goals and responses to real or potential health concerns. Evaluation of progress toward outcomes is ongoing.

However, analytical thinking and critical decision making are essential in all ambulatory nursing roles. They are needed so that the nurse’s response to patients’, organizational or professional needs is appropriate, suitable interventions applied, and strategies that support optimal outcomes are used while mindful of the cost-effective utilization of resources.

**Art of Practice**
The art of ambulatory care nursing practice applies to all ambulatory care nursing roles. It is based on respect for the dignity of others and compassionate caring, embracing a multitude of dynamic processes that affect human interactions. These dynamic processes are intangible aspects that foster health and healing, such as listening, assisting, mentoring, coaching, empathizing, teaching, exploring, providing presence, being culturally competent, accepting, nurturing and resolving conflicts.

Ambulatory care nurses employ practices that in nature are:
- **Restorative** – practices that modify or mediate the clinical impact of illness, disease or disability;
- **Supportive** – practices that modify the impact of clinical/organizational/professional concern or dysfunction;
- **Promotive** – practices that mobilize healthy patterns of living and quality of life for individuals, families, organizations, communities and populations (ANA, 2004, p. 10).

**Professional Responsibilities**
Ambulatory care nurses respond to the changing needs of society, the expanding knowledge base of nursing’s theoretical and scientific domains, and mushrooming health care technology. Doing so requires visionary leadership in practice settings, the community and the profession, management skills in patient care settings and the profession, a sound personal and professional ethical code, continual knowledge development, review of nursing practice, evaluation of and improvement in the quality of patient and organizational outcomes, and the evaluation of safety, effectiveness and costs in planning and delivering nursing care.
V. Ambulatory Care Nursing Roles

Regardless of the nurse’s role or position in the organization, clinical ambulatory care nursing is the responsibility of the nurse. In essence, the nurse’s practice is based largely on independent expertise, whether or not the nurse functions on a team of nurses, a team with nurses and other health care colleagues, or is the only nurse in the practice. Because of the often unknown and/or the potentially grave nature of a patient’s problem, advanced critical thinking skills are required of the nurse. Further, as the nurse often practices in isolation with little time to confer with others, ambulatory care registered nurses are usually experienced nurses with strong clinical skills. The knowledge and skills required are beyond “novice” levels (Benner, 1982).

The nursing roles in ambulatory care settings include:
- Professional registered nurses
- Advanced practice nurses

Professional Registered Nurses (RNs)

Registered nurses (RNs) are those individuals who have successfully completed an accredited diploma, associate degree or baccalaureate educational program in nursing, qualify by national examination for RN licensure and are licensed and authorized by a single or compact group of state/s, commonwealth/s, or territory/s to practice nursing. All RNs, whether in clinical or non-clinical roles, are educated in the art and science of nursing to promote optimal health and function in all phases of life.

Ambulatory care nurses become proficient through broad and diverse experiences, advanced formal and continuing education, and certification in clinical care, nursing administration or in a host of other specialty roles, such as in informatics, education, professional development, research, care management, quality improvement or in a specific specialty practice.

Advanced Practice Registered Nurses (APRNs)

Ambulatory care advanced practice nurses are registered nurses who have acquired specialized clinical knowledge and skills to provide health care. They are expected to have a masters or doctoral degree and national certification.

They have built on the practice of the registered nurse by demonstrating a deeper and broader scope of knowledge, a greater synthesis of data, increased complexity of skills and interventions and significant role autonomy. Advanced practice registered nurses (APRNs) is an umbrella term identifying four advanced practice roles:
- Certified registered nurse anesthetist,
- Certified nurse-midwife,
- Clinical nurse specialist

In ambulatory care, APRNs function as aligned with the physician staff as providers of medical care rather than the nursing staff although collegial relations exist between them and the registered nurses who function in the clinic or in telehealth services. They also practice according to standards set by their specialty organization, state law/s and organizational policy and guidelines. Therefore, in light of the nature of their practice, the standards for their practice set by other professional organizations, standards for APRNs practicing in ambulatory care settings are addressed only briefly in this document – with specifics left to their professional organizations.
VI. Professional Trends and Issues

Ambulatory care nurses share the trends, issues and concerns that other nurses and other types of organizations face across the health care industry. However, ambulatory care settings and the nurses also have unique trends and issues.

General Trends and Issues

The health care industry is facing increasing costs with governmental and societal calls for healthcare reform. Employers are experiencing higher health insurance premiums for their employees, while consumers and beneficiaries have seen increases in deductibles and co-payments.

Further, there are increasing numbers of uninsured with limited access to and utilization of preventive or health maintenance care. Rather, because of high costs, the uninsured usually approach the health care system for acute or emergency care only when the problem has become complex – a situation which further drives the upward trend in costs (ANA 2004, p. 18).

Ambulatory care nurses, like most health professionals, deal with continual change in the care environment itself as well as with technology. Each nurse has an obligation to maintain knowledge and competency on a continuing basis as a lifelong learner, and evaluate the impact of new knowledge and change on the scope of ambulatory care nursing practice, keeping in mind ethical and legal implications for the patient as well as the nurse.

Ambulatory care nurses, like other nurse colleagues, also have concerns with multistate licensure, compacts among and between states especially as they impact nurses giving telehealth services who may be speaking to individuals in distant states or in other countries. Educational qualifications for professional nursing licensure and certification are also issues that ambulatory care nurses share with other nursing specialties.

Ambulatory Care Trends and Issues

Ambulatory care organizations and nurses face multiple issues and challenging trends.

Access and preventive services not reimbursable. Ambulatory care nurses are on the front line of health care, particularly nurses in telehealth who are often the first contact for individuals with the health care system. These nurses are pivotal in ensuring that individuals have access to care that is appropriate safe, effective, timely, efficient, and equitable and which results in optimal health states for patients and cost-effective outcomes for healthcare organizations.

Nursing care that ensures appropriate access, is preventive or focuses on avoiding secondary complications is not reimbursable because it is not “visit” driven. Despite the critical nature of their work, ambulatory care nurses are “invisible” to the reimbursement systems – no coding system allows direct billing for the reimbursement of RN access and preventive care and services. Until financial support occurs, the patient-centered medical home does not truly exist.

Nursing role in the Medical Home model. As the health industry trend to establish a Medical Home for each individual advances, ambulatory care settings face multiple challenges. The Medical Home Model was designed to put physicians in primary care settings in charge of coordinating care. Many physicians, businesses and
patients see this model as the best way to improve care delivery with more optimal outcomes for consumers.

However, the success of Medical Home implementation is limited. A research study conducted by the University of California, San Francisco, the University of California at Berkley, and the University of Chicago that surveyed all large physician practices across the United States that treat patients with asthma, diabetes, congestive heart failure and depression, notes that there are serious lags in the implementation process. Physician practices often lack integrated information systems, do not have the resources to form primary care teams, and do not always collect and report patient outcomes (Washington Post, September 10, 2008).

The Medical Home concept continues to develop. The major principles include: personal physician, physician-directed medical practice, whole person orientation, care coordination, quality and safety, enhanced access and payment. Care takes place in multiple organizational and community settings. The variety of care settings calls directly for care/case management: assess, plan, implement, coordinate, monitor and evaluate options and services to meet the person’s health and human service needs across the continuum of services.

The evolution of the concept of medical home offers new opportunities for ambulatory care nurses (Garrett 2009). Defining the role of the ambulatory care nurse in supporting the implementation of the Medical Home Model is critical and is best accomplished through nursing care/case management and/or care coordination activities, including telehealth services.

**Electronic technology.** Electronic information technology is both a challenge and an advantage. These systems need to be accessible, seamless and user-friendly. They are utilized to support and coordinate patient care through virtual information exchange. This exchange of information can include: triage of symptoms, consumer education, disease or condition management, appointment scheduling and confirmation, specialist referrals, electronic medical records, communication of lab results and others tests, etc. Using technology in this way is consistent with the medical home concept to make care more patient-centered and reduce the risk of fragmented care which reduces optimal outcomes and increases organizational costs.

Additionally, innovative technology is currently being engineered to improve nurses’ efficiency. Some of these innovations (iPhones, robot teachers and mentors, PDAs to dispense and document medications, and communicator badges) are being piloted to improve the nursing practice (Spader 2009). Ambulatory care nurses and their employing organizations need to be a part of testing and evaluating the cost-effectiveness of these new nursing tools.

**Defining quality of care and outcomes.** The issue of quality of care and performance improvement has increased in visibility and intensity across the health industry, including ambulatory care settings. It is also a major challenge for ambulatory care nursing practice. Ambulatory care organizations and nurses need to partner with the diverse accrediting agencies that affect our nursing practice, e.g. the Joint Commission for Health Care Organizations (JCAHO), the National Committee on Quality Assurance (NCQA), the National Quality Forum (NQF), the Utilization Review Accreditation Committee (URAC), the Commission on Accreditation of Rehabilitation Facilities (CARF), and other agencies that are setting the measurement standards for ambulatory
Further, ambulatory care nurses and organizations need to learn to go beyond structure and process issues. Outcome measures, while more elusive to measure, are critical to the future of healthier patients and high performing organizations.

A major issue for ambulatory care nurses is to identify, define and report on measurement items that reflect the work of nursing practice, a practice that is diverse and occurs in multiple types of settings. In addition to measurement items, nurses need to understand the coding systems that document ambulatory care nursing practices and outcomes.

Another quality issue is to define and enforce state nurse practice laws for physicians and/or administrative personnel. It is not unusual for a physician to delegate to assistive personnel, care duties that are the purview of the registered nurse.

New graduate nurses in ambulatory care. Ambulatory care nurses have historically been experienced nurses. But that needs to change. Ambulatory settings need to create and implement strategies that will provide a healthy pipeline for new registered nurses to choose and stay in ambulatory care (Haas, 2009). It is critical that these strategies include a mentoring environment that introduces and supports the new nurse’s growth of professional knowledge and skills while maintaining a safe patient environment.

Growing leaders and leadership abilities. Further, ambulatory care nurses are challenged to identify potential nurse leaders and begin developing leadership competencies for both new and experienced nurses. Leadership potential needs to be analyzed in the context of the organization so that nurses can develop leadership skills in the clinical setting, as organizational managers, administrators or executives and in professional nursing organizations or community agencies (Swan & Moye, 2009).

Improving health in the future. Finally, whatever the organizational practice setting, ambulatory care nurses will need to continue to partner with other nurses and health care professionals to meet, even exceed the goals of Healthy People 2010, and actively participate in the development and achievement of goals for Healthy People 2020 (Healthy People 2010 home page, www.healthypeople.gov).

VII. Ambulatory Care Nursing Standards

The American Academy of Ambulatory Care Nursing (AAACN), as the specialty nursing organization for nurses practicing in ambulatory care, is responsible for establishing and publishing the standards for ambulatory care nursing practice. These standards are authoritative statements that describe the responsibilities for which ambulatory nurses are accountable. In this version, the standards have been separated into two domains: Clinical Practice and Professional Performance.

Standards of Clinical Practice

The six Clinical Practice Standards address the science and art of nursing clinical practice in ambulatory care- the nursing process. The nursing process is a rational, systematic method of planning and providing nursing care. It was developed by Ida J. Orlando in the late 1950’s as she observed nurses as they practiced.

It has been refined by the profession over the intervening decades and now has six steps that are the basis of the standards of clinical practice in nursing (ANA 2009):
**Assessment** – is the professional nurse’s systematic, dynamic collection and analysis of the patient and the presenting problem, using physiological, psycho-socio-cultural, spiritual, economic, and life-style data as well as the patient’s response to the problem.

**Nursing Diagnosis** – is a professional nursing statement that represents the nurse’s clinical judgment about the patient’s response to actual or potential health conditions or needs.

**Identification of expected outcomes/goals** – the professional nurse identifies, using input from the patient/family, other health professionals, and current scientific evidence, specifies the expected outcomes of an individualized plan of therapies and/or treatment/s.

**Planning** – the professional nurse outlines a set of written statements that set measurable and achievable short and long-term goals to meet expected outcomes.

**Implementation** – the professional nurse provides nursing care services to meet the patient’s needs and goals and documents all activities.

**Evaluation** – is the professional nurse’s continual appraisal of the patient’s status and the effectiveness of the care received, revising the care plan and interventions as appropriate.

**Standards of Professional Performance**

The eleven Professional Performance Standards for ambulatory care nursing address identify a competent level of behavior in the organizational and professional dimensions of each ambulatory care nurse’s specific role. These behaviors include activities related to:

- **Nursing administrative practice**
- Education
- **Professional Practice Evaluation**
- Collegiality
- Collaboration
- Ethics
- Research
- Environment
- Performance Improvement
- Resource Utilization
- Leadership
STANDARD 1
ASSESSMENT

The ambulatory care registered nurse systematically assesses and collects focused data relating to an individual patient’s or population’s health needs and concerns.

Measurement Criteria:

Professional ambulatory care nurses:

- Collect subjective and objective health status data from multiple sources (patients, caregivers, members of the health care team, documented records, and other relevant sources);
- Use appropriate evidence-based assessment techniques and instruments in collecting pertinent patient or population data;
- Prioritize data collection activities based on the patient’s or population’s immediate health need or the nurse’s judgment of anticipated patient needs;
- Synthesize available data, information and nursing knowledge relevant to the presenting health situation to identify patterns and variances;
- Prioritize the data and information collected based on the patient’s or population’s condition and preferences, the situation, and/or anticipated needs;
- Documents the information and data collected in a retrievable format.
STANDARD 2
DIAGNOSES

The ambulatory care registered nurse analyzes the assessment data to determine the nursing diagnoses for health promotion, health maintenance, or health-related problems or issues.

Measurement criteria

Professional ambulatory care registered nurses:

- Derive the diagnosis/es based on the analysis of assessment data and information, current nursing knowledge and evidence based practice/s;
- State the diagnosis/es using standardized language and recognized terminology;
- Validate the diagnosis/es and/or issues with the patient, caregivers, other providers when possible and where appropriate.
- Documents the diagnosis/es or issues to facilitate the determination of expected outcomes and plans;
- Prioritizes the diagnoses based on the patient’s condition and preferences, the situation, cultural and age-specific considerations, and/or anticipated needs.

Additional Measurement Criteria for Nurse Executives, Administrators, and Managers

Ambulatory Nurse Executives, Administrators, and Managers:

- Encourage professional nursing staff to attend educational sessions that address the development of nursing diagnoses;
- Provide guidance to nursing personnel to develop and utilize nursing diagnoses;

STANDARD 3
OUTCOMES IDENTIFICATION

The ambulatory care registered nurse identifies expected outcomes for a plan of care individualized for a specific patient, group or population.

Measurement Criteria:

Professional ambulatory care nurses:

- Derive expected outcomes from the diagnoses;
- Involve the patient, family, and other healthcare providers in making shared decisions about formulating expected outcomes;
- Consider associated risks, benefits, costs, current scientific evidence, and clinical expertise when formulating expected outcomes;
- Define expected outcomes in terms of the patient values, preferences, spiritual, cultural and ethical considerations, age-related issues, the environment, or situation considering as well associated risks, benefits and costs, and current scientific evidence;
- State a time estimate for attainment of expected outcomes;
- Develop expected outcomes that provide direction/s for continuity of care;
- Modify expected outcomes based on changes in the status of the patient or re-evaluation of the situation;
- Document expected outcomes as measurable goals.
STANDARD 4
PLANNING

The professional ambulatory care registered nurse develops a plan of care that prescribes nursing strategies and alternatives to attain expected outcomes.

Measurement Criteria

Professional ambulatory care nurses:

• Develop an individualized nursing plan for patients seeking care for health promotion, health maintenance, or health-related situational problems;
• Employ current nursing knowledge and evidence-based nursing practices, in the plan of care;
• Include the patient, appropriate caregivers and other health professionals in making shared decisions about prioritizing plans and strategies;
• Consider patient or population needs in terms of age, gender, race, cultural values and practices, ethical and legal considerations, environmental factors, and the anticipated risks and benefits of interventions for individualized plan development;
• Incorporate a timeline for plan implementation and goal achievement, reevaluation or reassessment, follow-up care and care coordination as appropriate;
• Ensure plan activities that reflect current rules, regulations, statues and evidence-based standards and practices;
• Develop a plan with consideration of the most valid, cost-effective, evidence-based care and integrates current trends and available research;
• Consider the economic impact of the plan;
• State the plan using standardized language and recognized terminology;
• Use the plan to provide direction for other members of the health care team.

Additional Measurement Criteria for nurse executives, administrators, and managers:

Nurse Executives, Administrators, and Managers:

• Set policies for evaluation of patient nursing plan development;
• Facilitate the coordination of multidisciplinary and interdisciplinary teams to integrate the nursing plan into the patient plan of care;
• Continuously evaluate organizational systems that support and improve the planning process.

STANDARD 5
IMPLEMENTATION

The professional ambulatory care registered nurse implements the identified plan of health care.

Measurement Criteria

Professional ambulatory care nurses:

• Implement the plan of care in partnership with the patient, caregivers and other health professionals in a timely manner, prioritizing intervention/s based on the patient’s condition, preferences, situation, and /or anticipated needs;

• Implement the care plan utilizing the unique knowledge, skills, and competencies required in ambulatory nursing practice to promote, maintain, or restore health or support end of life situations;

• Coordinate with community resources when appropriate;

• Serve as the point of contact for coordination of care across multiple service agencies and/or health care organizations;

• Utilize competent, evidence-based nursing interventions during clinical visits, telephone encounters, and electronic communications according to state regulations, regulatory agency standards and organizational policy and procedure;

• Provide age appropriate care in a culturally and ethnically sensitive manner.

• Document all nursing care and services implemented into the patient record;

• Use available organizational technology including automated medical records in nursing interventions and documentation;

• Ensure that all components of the nursing process are documented in the health record, including nursing assessments, plans, interventions, patient outcomes, and nursing evaluation.

STANDARD 5a
COORDINATION OF CARE

Professional ambulatory care registered nurses coordinate the delivery of care within the setting of practice and across health care settings.

Measurement Criteria

Professional ambulatory care nurses:

- Adhere to organizational staffing plans, position descriptions, policies, protocols, and procedures related to nursing professional practice;
- Delegate appropriate nursing interventions to nursing team members based on their demonstrated competency, state practice acts, available evidence-based guidelines, regulatory and governmental standards, and organizational policy with defined outcome measures;
- Plan for the reevaluation and follow-up of nursing care delivered as needed by the patient’s condition or patient’s request.
- Provide relevant information across levels of care within one or more health care systems and when the patient’s care is transferred between and among different specialties and/or within one or more organization(s).
- Facilitate continuity of care utilizing the nursing process, multidisciplinary collaboration, and coordination of all appropriate health care services and community resources across the care continuum;

Additional Measurement Criteria for Nurse Executive, Administrators and Managers

Ambulatory care Nurse Executive, Administrators, and Managers:

- Develop and implement a plan or contracts of agreement between multidisciplinary health care service providers, community resource providers, and allied health care providers to facilitate seamless continuation of care throughout the ambulatory care setting.
- Plan for, institute and evaluate practices that promote the organization’s capacity to provide the resources that ensure continuity of care among health specialties and disciplines and across health care systems.
HEALTH TEACHING AND HEALTH PROMOTION

Professional ambulatory care nurses employ strategies that promote individual and community wellness.

Measurement Criteria

Professional ambulatory care nurses:

- Orient the patient/caregiver to the health care delivery system, services, access to care, and available resources.
- Educate and support patients and caregivers in developing skills for self-efficacy to promote, maintain, or restore health, such as healthy lifestyles, risk reducing behaviors, age and developmental needs, activities of daily living and preventive care;
- Use health teaching methods and approaches appropriate to the situation that recognize the age, gender, race, ethnicity, diversity, and cultural norms of the individual patient and incorporate the patient’s and caregivers’ ability to understand and participate in the plan of care;
- Integrate into practice the findings of quality of care and performance improvement initiatives that improve the quality of nursing practice, patient care services, consumer outcomes, and organizational effectiveness and efficiency.
- Nurse executives, administrators, and managers, ensure that organizational resources are adequately allocated and deployed so that nurses update their knowledge base through educational activities, engage in evidence-based nursing practice, participate in quality of care and performance improvement initiatives, and use nursing, clinical and health system research findings.
Standard 5c
Advanced Practice Registered Nurse

There are large numbers of Advanced Practice Registered Nurses (APRNs) in ambulatory care settings. They function differently than professional registered nurses and standards for their practice are different.

Ambulatory care advanced practice nurses:

- Advanced practice nurses (APNs) function uniquely in the ambulatory setting as part of both the nursing and medical teams according to separate and specific federal and state laws, licensure regulations, and organization-specific policy.
- Function as nurse providers of care either as an independent practitioner or in collaboration with a physician based on state licensure mandates, regulatory statutes, and organizational policy.
- Practice as guided by the American Nurses Association standards, Nursing Scope and Standards of Practice, the standards of their specific professional practice organization, state and federal regulations, and organizational policy.
- Consult, as appropriate, with other practitioners, physicians, multidisciplinary service providers and communicates all pertinent patient health care data during consultation for seamless continuation of effective patient care
- Ensure that patients have opportunities to voice opinions, without fear of recrimination, regarding care and services received, and to have these issues reviewed and resolved according to regulatory guidelines and organizational policy.
- Use effective professional communication skills and tools to acquire and disseminate relevant information to patients, caregivers, and health care providers across the care continuum
- Include the patient and appropriate caregivers in making shared decisions about health care plans and activities, including consultation requests to other providers, and consult recommendations that alter any previously agreed upon plan of care.
- Use prescriptive authority, procedures, referrals, treatments, and therapies in accordance with state and federal laws and regulations.

STANDARD 6
EVALUATION

The registered nurse evaluates patient progress toward the attainment of stated outcomes.

Measurement Criteria:

Professional ambulatory care nurses:

- Conduct a systematic, ongoing and criterion-based evaluation of the outcomes in relation to the structures and processes prescribed by the plan and the indicated timeline;
- Integrate current evidence into process of evaluation;
- Include the patient, caregivers and others involved in the care situation in the evaluative process;
- Evaluate the effectiveness of the planned strategies in relation to patient responses and the attainment of the expected outcomes, including the individual patient’s values and preferences, age, spiritual practices, ethical considerations and the environment;
- Document the results of the evaluation;
- Use ongoing reassessment data to revise the diagnoses, expected outcomes, and the implementation of the plan as needed;
- Document reassessment of patient status, evidence of patient and family participation and responses, including the rationale for the revisions in the plan of care;
- Disseminate the results to the patient, caregivers and others involved in the care or situation, as appropriate, in accordance with state and federal laws and regulations and organizational policy;
- Evaluate professional practice decisions based on independent nursing judgment utilizing appropriate self-regulation and accountability

Additional Measurement Criteria for the Nursing Executives, Administrators and/or Managers

Ambulatory care Nurse Executives, Administrators and Managers:

- Synthesize the results of the evaluation analyses to determine the impact of the plan on the affected patients, families, groups, communities and institutions.
- Use the results of the evaluation analyses to make or recommend process or structural changes, including unit specific or organizational policy, procedure or protocol documentation, as appropriate.
Nurse executives, administrators, and managers structure, preserve and expand the ambulatory care organizational environment so that professional nurses, other licensed nurses and nursing assistive personnel deliver safe, patient-centered, evidence-based, quality nursing care and services in a team environment.

Measurement Criteria:

Nurse Executives, Administrators, and Managers:

• Ensure that nursing clinical practice is consistent with professional nursing practice standards, applicable legal statutes, and state regulations addressing nursing practice and the delivery of health care in the ambulatory setting;

• Collaborate with organizational colleagues and act within organizational guidelines to formulate strategic, operational, and financial plans that:
  • Establish the parameters and allocate the resources required to deliver safe, evidence-based, affordable, and culturally competent, age-relevant nursing care and services.
  • Maintain communication conduits that promote nurses collaborating with other health care team members.

• Encourage professional nurse participation in policy development and shared decision making related to nursing practice and nurse-related patient care issues.

• Champion nursing staff participation in learning opportunities, organizational quality and performance improvement activities, and relevant research initiatives that advance the delivery of nursing and health care and services in the ambulatory setting.

• Ensure that written organizational charts delineate nursing authority, accountability, and lines of communication among nurses and other members of the health care team;

• Provide clearly defined, written position descriptions and performance standards for each category of nursing and nursing assistive personnel that includes accountability for each employee’s scope of practice and their role within the health care team.

• Develop and implement a staffing plan within organizational guidelines to ensure that sufficient nurses and nursing assistive personnel are available to deliver safe, quality patient care.

• Maintain current standards of practice and clinical guidelines for the provision of ambulatory care nursing in all practice settings;

• Institute policies and practices that include professional nursing staff in making shared decisions about nursing practice.
• Facilitate quality and performance improvement activities that foster excellence in nursing practice and patient care, improved health outcomes, and enhanced organizational services;

• Integrate nursing quality improvement activities into the organizational plan, foster interdisciplinary collaboration, and identify the effectiveness of nursing care across delivery systems

• Provide and promote education and training opportunities for continued nursing knowledge development, competency validation, and evidence-based nursing practice;

• Maintain employee records that include evidence of current licensure, evaluation, and validation of clinical competence, continuing education, and any certification or verification of special skill;

• Advocate during budgeting cycles for the funding of appropriate staff positions, equipment, and supplies that ensure the delivery of safe, cost-effective, quality nursing care and services;

• Represent nursing on organizational decision-making boards and committees, providing input into strategic, operational and financial plans, and system changes that impact the delivery of nursing care and services and patient care outcomes;

• Support and facilitate staff involvement in the identification of clinical, ethical, and legal issues through participation in risk management and peer review activities;

• Institute strategies that facilitate the utilization of research as an evidence base for professional ambulatory nursing practice;

• Collaborate with professional nursing staff, using shared decision making, to implement the scope of nursing practice and nursing standards across the organization for registered nurses and technical and assistive nursing personnel;

• Plan for and institute practices that promote the organization’s capacity to provide the resources that ensure continuity of care among health specialties and disciplines and across health specialties and disciplines and across health care systems.

• Set standards for and role model ethical practices in all business situations and patient care settings;

• Actively participate in decisions that address ethical risks, benefits, and outcomes for patients and staff;

• Create and preserve a non-discriminatory environmental climate so that human resource interactions and the delivery of care and services are conducted in an open, fair, objective manner that is sensitive to socio-cultural diversity.
• Adhere to regulatory, ethical, and professional standards in business and care delivery practices;

• Partner collaboratively with others at all levels of the organization to create an environment of excellence, trust and continual learning
The ambulatory registered nurse attains knowledge and competency that reflects current nursing practice.

Measurement Criteria:

Professional ambulatory care nurses:

• Pursue educational and professional experiences that expand their nursing knowledge, skills, and competency.

• Participate in ongoing, diverse educational activities related to appropriate nursing and health care knowledge, health system effectiveness and professional issues;

• Demonstrate a commitment to lifelong learning through self-reflection and inquiry to identify learning needs;

• Seek experiences that reflect current practice in order to maintain skills and competence in clinical practice or role performance;

• Acquire knowledge and skills appropriate to the specialty area, practice setting, role, or situation;

• Actively seek, encourage and support certification in their clinical specialty;

• Maintain professional records that provide evidence of competency and life long learning;

• Maintain personal professional records that include evidence of current licensure, evaluation, and validation of clinical competence, continuing education, and any certification or verification of special skill sets;

• Use current research findings and other evidence to expand knowledge, enhance role performance, and increase knowledge of professional issues.

• Promote the strength and effectiveness of the nursing profession through membership and active participation in professional and community organizations.

STANDARD 9
PROFESSIONAL PRACTICE EVALUATION
The ambulatory care nurse evaluates one’s own nursing practice in relation to professional practice standards and guidelines, relevant statutes, rules, regulations and organizational position descriptions.

Measurement Criteria:

Professional ambulatory care nurses:

- Provide age appropriate care in a culturally and ethnically sensitive manner.
- Participates in systematic peer review as appropriate.
  - Actively engage in periodic performance evaluations based upon the performance standards described in the organizational job description
  - Takes action to achieve goals identified during the evaluation process.
  - Provides rationales for practice beliefs, decisions, and actions as part of the informal and formal evaluation processes
- Demonstrate competence through regular review of their work performance, verification of credentials, and participation in ongoing education and updates of procedures, equipment, regulatory guidelines, statutes, and the reassessment of practice specific competencies
- Engage in self-evaluation of practice on a regular basis, identifying areas of strength, as well as areas in which professional development would be beneficial;
- Admit to and learn from mistakes and failures, taking immediate action to remedy mistakes, failures, and ineffective situations;
- Obtain informal feedback regarding one’s own practice from patients, peers, professional colleagues, and others.

Additional Measurement Criteria for Nurse Executives, Administrators and Managers:

Ambulatory care Nurse Executives, Administrators and Managers:

- Engage in a formal process seeking feedback regarding role performance from individuals, professional colleagues, representatives, and administrators of corporate entities, and others.
The ambulatory care registered nurse positively interacts with and contributes to the professional development of peers and colleagues.

**Measurement Criteria:**

Professional ambulatory care nurses:

- Share knowledge and skills with peers and colleagues as evidenced by such activities as patient care conferences or presentations at formal or informal meetings.
- Serve as mentors for new staff, colleagues and students;
- Provide peers with feedback regarding their practice and/or role performance;
- Interact with peers and colleagues to enhance one’s own professional nursing practice and/or role performance;
- Maintain compassionate and caring relationships with peers and colleagues;
- Proactively anticipate and recognize the needs of others, using positive interactions and creative solutions to achieve effective outcomes;
- Contribute to an environment that is conducive to the education and professional growth of healthcare providers;
- Contribute to a positive, supportive and healthy work environment;
- Promote healthy self-care activities and stress management, connecting positively with self, colleagues, and other staff;
- Use effective professional communication skills and tools to acquire and disseminate relevant information to patients, caregivers, and healthcare providers across the care continuum.

**Additional Measurement Criteria for the Nurse Executives, Administrators and Managers**

Ambulatory care Nurse Executives, Administrators and Managers:

- Participate on multi-professional teams that contribute to role development and, directly or indirectly, advance nursing practice and health services.

**STANDARD 11**

**COLLABORATION**
The ambulatory care registered nurse collaborates with patient, family, and other health professionals in the conduct of nursing practice.

Measurement Criteria

Professional ambulatory care nurses:

- Communicate openly with patients, caregivers, and other healthcare professionals regarding patient care and the nurse’s role in the provision of that care;

- Partner with patients, caregivers and appropriate health care providers and resource agencies to develop a documented plan of care that is focused on outcomes and decisions related to treatment modalities and the delivery of services;

- Unite with colleagues to effect positive clinical and organizational changes and elicit improved patient and organizational outcomes.

- Use effective professional communication skills and tools to acquire and disseminate relevant information to patients, caregivers, and health care providers across the care continuum.

- Develop and evaluate documentation tools that ensure and support continuity of care within the organization and across health care systems.

STANDARD 12
ETHICS
The professional ambulatory care nurse applies the principles of professional codes of ethics and ensures individual rights in all areas of practice.

**Measurement Criteria**

Professional ambulatory care nurses:

- Participate in the identification and resolution of ethical concerns, utilizing professional codes of ethics within professional and institutional parameters;

- Actively engage in identifying and resolving the ethical concerns of patients, colleagues, or systems by discussing them with nursing colleagues, nursing managers, and members of the organizational ethics committee;

- Utilize the principles contained in the American Nurses Association Social Policy Statement and Code of Ethics;

- Preserve patients’ rights to confidentiality, privacy, and self-determination within legal, regulatory, and ethical parameters.

- Ensure that patient care reflects the cultural, spiritual, intellectual, age, educational, and psychosocial differences of individual patients, families, and communities;

- Disclose to supervisory personnel any observed illegal or incompetent practices and decisions made by real or potentially impaired health care personnel;

- Advocate for informed decision making by the patient or legally designated representative;

- Ensure that patients have opportunities to voice opinions, without fear of recrimination, regarding care and services received, and to have these issues reviewed and resolved according to regulatory guidelines and organizational policy;

- Educate and support patients in developing skills for self-efficacy;

- Project a therapeutic, professional approach to patients, colleagues, and staff, maintaining appropriate role boundaries.

**STANDARD 13**

**RESEARCH**
The professional ambulatory care registered nurse integrates research findings into practice to focus nursing services on cost-effective ways to maximize wellness, prevent illness, and manage acute and chronic disease and disabilities to effect the most attainable, positive health status over the patient’s life span, up to and including a peaceful death.

**Measurement Criteria:**

Professional ambulatory care nurses:

- Support and facilitate the utilization of research as an evidence base for professional ambulatory nursing practice;

- Search the literature (hard copy or Web-based) for research related to relevant issues.
  - Evaluate the research evidence using criteria for scientific merit.
  - Implement appropriate and approved best practices, including research findings, to guide practice decisions
  - Evaluate the intervention and the outcomes.

- Participate in and evaluate the findings of quality and performance improvement studies and/or research.

- Evaluate applicable research findings and share relevant findings in nursing, organizational, community, and societal forums;

- Initiate, support and/or participate in pertinent nursing, health care, and health system research studies;

- Participate as appropriate to their level of knowledge in clinical, nursing, and organizational/systems’ research studies designed and conducted by professional, credentialed researchers.
  - Such activities may include:
    - Identifying clinical problems related to patient care delivery and/or ambulatory nursing practice
    - Participation in approved data collection, using scientific methods
    - Participation in formal committees or programs
    - Using research findings in the development of policies, procedures, and standards of practice in nursing care.

- Disseminate relevant research finding across organizational, community, and professional forums.

**Additional Measurement Criteria for Nurse Executives, Administrators, and Managers:**

Ambulatory care Nurse Executives, Administrators and Managers:
• Ensure that organizational resources are adequately allocated and deployed so that nurses update their knowledge base through educational activities, engage in evidence-based nursing practice, participate in quality of care and performance improvement initiatives, and use nursing, clinical and health system research findings;

• Ensure that research conducted in the clinical and/or organizational environment:
  o Undergoes review and approval by an Institutional Review Board (IRB).
  o Adheres to ethical principles.
  o Is congruent with organizational goals, policies, and standards, minimizes risk and/or untoward outcomes for participants.
  o Uses methodology that makes acceptable demands on participants and organizational resources.
  o Offers potential for enhancing patient care delivery and care outcomes, nursing practice, and organizational/system effectiveness.

• Balance the costs and benefits to patients, staff, and the organization of participating in research studies;

• Collaborate with organizational and nursing colleagues to establish opportunities for nursing staff to participate in research/research findings implementation about nursing practice and nursing-related patient care concerns within the organizational setting;

• Facilitate quality and performance improvement activities that foster excellence in nursing practice and patient care, improved health outcomes, and enhanced organizational services;

• Support and encourage nurse researchers to publish findings through activities such as presentations, publications, consultations, professional nursing organizations, journals and clubs.

STANDARD 14
ENVIRONMENT
Professional ambulatory care registered nurses actively engage in organizational initiatives that create and maintain a safe, hazard-free, ergonomically correct, confidential, and comfortable environment for patients, visitors, and staff.

Measurement Criteria

Professional ambulatory care nurses:

- Integrate written policies and procedures that relate to confidentiality, infection control, fire, safety, security, harassment, equipment management, hazardous waste handling, and emergency situations into the practice setting;

- Actively participate in orientation and ongoing education programs that are current and relative to creating and maintaining a safe, hazard-free, confidential, ergonomically correct, and comfortable work setting;

Key Points

- Topics include, but are not limited to, fire, patient and staff safety and security, acts of terrorism, cardiopulmonary resuscitation (CPR), Health Insurance Portability and Accountability Act (HIPAA), infection control, Occupational Safety and Hazards Administration (OSHA) regulations, equipment safety, harassment, and confidentiality.
  - An ongoing safety program includes monitoring, identification, prevention, and correction of safety, security, and health hazards; breaches of confidentiality in the work environment; and documentation of findings and actions taken;
    - Mechanisms are in place to provide feedback to those reporting unsafe conditions and those who are charged with the responsibility of developing corrective action plans.

- Utilize preventive and screening programs and appropriate interventions if exposure occurs and/or if risk to occupational exposure is reasonably anticipated, ensuring that:
  - Post exposure to infectious disease treatment and followup is confidentially maintained employee information;
  - Latex-free products are readily available.

- Comply with organizational policies, protocols, and guidelines addressing the prevention of the spread of infection and allergic reactions, the disposal of biohazardous waste, and the maintenance of a safe, comfortable environment, ensuring staff:
  - Handle and dispose of medical waste and sharps in a manner consistent with regulatory and organizational guidelines;
  - Have access to and use alcohol based hand cleansing solutions, hand washing and eye wash stations, and personal protective equipment in the clinical areas where occupational exposure is a risk.
- Assist in identifying needed environmental services and space by making recommendations and/or changes to assure the environment is accessible and functional to patients, staff, and visitors.

- Maintain the physical space and professional practices that ensure patients’ have access to care and privacy, security, and confidentiality of personal health information.
  - The space accommodates the delivery of nursing care and the administrative activities associated with the patient encounter.
  - Age-specific and diverse population needs are considered and accommodated.

**Key Points**
- Physical and spatial arrangements are considered to maximize patient safety and confidentiality.
- Engineering controls may be required to support diverse patient needs. Examples include:
  - Room arrangements are adequate to accommodate interpreters for language and American Sign Language (ASL) and chaperones of the same sex or family members.
  - Clinical areas have chairs that facilitate the elder patient in rising easily from the chair.
  - Chairs in orthopedic waiting rooms have higher seats with arms to accommodate patients with recent hip replacement.
  - Doorframes are painted in contrasting colors to alert the visually impaired.

- Utilize current, available medications, medical equipment, supplies, and technology in the practice environment.

**Key Points**
- All equipment and medication must be relevant to each practice population and the characteristics of the patients who are the recipients of care.
- Examples include different age groups, cultures, and diagnoses.

**Additional Measurement Criteria for Nurse Executives, Administrators, and Managers**

Ambulatory care Nurse Executives, Administrators, and Managers:

- Create and maintain organizational conditions, conducive to ensuring that patients, staff, and visitors have access to and use of equipment, medications, supplies, and technology in a safe, hazard-free, ergonomically sound, confidential, and comfortable environment.

**STANDARD 15**
**PERFORMANCE IMPROVEMENT**
The professional ambulatory care registered nurse enhances the quality and effectiveness of clinical practice, the organizational system and professional nursing practice.

Measurement Criteria

Professional ambulatory care nurses:

- Continuously monitor clinical nursing practice to identify opportunities for the improvement of quality of care and safety;
- Institute evidence-based improvements;
- Promote and sustain an environment where patients, families, caregivers, visitors, and staff provide input for patient care improvement activities;
- Clearly identify, report, manage, and minimize actual or potential risks to safety;
- Contribute to data collection that monitors nursing and organizational performance.

Key Points

Data collection and monitoring activities include but are not necessarily limited to:

- Staff opinions/needs surveys and input, perceptions of risks to individuals and suggestions for improving patient safety, and willingness to report adverse events.
- Patient satisfaction surveys, including their needs and expectations, how well those needs are met, and how the organization can improve patient safety.
- Organization performance, patterns, and trends in:
  - Medication management and administration.
  - Use of blood and blood products.
  - Operative and other invasive procedures.
  - Provision of care, treatment, and services, including documentation of care.
  - Improving customer satisfaction.
  - Infection control.
  - Adverse/sentinel event reporting and analysis.
  - Biohazardous conditions.
  - Staffing effectiveness.
  - Quality control and improvement.
  - Patient and staff safety including attention to the National Patient Safety Goals.
  - Work environment.
  - Ethics, rights and responsibilities.
  - Management of information and communication.

Additional Measurement Criteria for Nurse Executives, Administrators, and Managers

Ambulatory care Nurse Executives, Administrators, and Managers:
Identify opportunities and set priorities to continuously improve nursing and organizational performance through the following activities:

• Set standards, serve as a role model, and set expectations for conducting and participating in performance improvement initiatives.
• Provide resources and educational opportunities to implement performance improvement activities.
• Foster communication, collaboration, and coordination of improvement efforts.
• Elicit input from staff, patients, and families.
• Delegate performance improvement activities as appropriate.
• Ensure the systematic aggregation and analysis of data, and the use of appropriate statistical tools and techniques.
• Use data analyses to make changes that improve performance, quality of care/treatment/services, customer satisfaction and outcomes, work environment, and patient and staff safety.
• Continually compare internal data over time and identify variances that may indicate excellence or the need to improve.
• Compare organizational findings against appropriate benchmarking opportunities.

Implement an ongoing, proactive program to identify and eliminate safety risks to patients or staff and risks for unanticipated adverse events.

Key Points

• Choose a method to capture important data to include the following elements:
  • Select high-risk process to be analyzed.
  • Describe chosen process.
  • Identify ways in which the process could break down or fail to perform as desired.
  • Identify possible effects the failure could have on patients or staff.
  • Prioritize the potential process failures.
  • Determine why this failure could occur.
  • Redesign the process to minimize risk to patient or staff.
  • Test and implement the redesigned process.
  • Monitor effectiveness of the redesigned process.
  • Appropriate actions are taken when planned improvements are not achieved or sustained.

Implement processes for addressing real and potential adverse events.

STANDARD 16
RESOURCE UTILIZATION
The ambulatory care registered nurse considers factors related to effectiveness, cost and impact on practice and the organization in the planning and delivery of nursing and health care services.

Measurement Criteria

Professional ambulatory care nurses:

- Evaluate factors related to availability of resources, effectiveness, efficiency, cost and benefits and the impact on clinical practice and the organization when choosing nursing options that would result in the same outcome/s;

- Employ effective, cost-effective ways to maximize wellness, prevent illness, and manage acute and chronic diseases and disabilities to effect the most attainable positive health status over the patient’s life span, up to and including a peaceful death.

- Assist the patient and caregiver/s to identify and access appropriate and available services to meet their health needs and concerns;

- Evaluate economic factors related to safety, availability, effectiveness, efficiency, benefits and the impact on clinical practice and the organization when choosing nursing options that would result in the same outcome/s;

- Assist the patient and caregiver/s to become informed consumers about the options, costs, risks and benefits of health care services.

STANDARD 17
LEADERSHIP
Professional ambulatory care registered nurses develop and demonstrate leadership behaviors in practice settings, across the profession, and in the community.

Measurement Criteria

Professional ambulatory care nurses:

• Demonstrate respect for the dignity, worth, and contributions of others;

• Admit to and learn from mistakes and failures, taking immediate action to remedy mistakes, failures, and ineffective situations;

• Proactively anticipate and recognize the needs of others, using positive interactions and creative solutions to achieve effective outcomes;

• Advocate for healthy, safe environments in clinical practice, organizational environments, and community settings;

• Assume responsibility for managing all aspects of the nursing process and the coordination of care, including the supervision of technical and assistive personnel;

• Participate in or direct projects, committees, and activities related to nursing and health care practice in clinical, organizational and community settings;

• Collaborate with colleagues, supervisors, other professionals, and co-workers to build and maintain effective, dynamic professional relationships and teams;

• Participate actively in organizational, shared, decision-making situations that improve nursing practice, organizational performance, and outcomes;

• Promote the strength and effectiveness of the nursing profession through membership and active participation in professional and community organizations.

Additional Measurement Criteria for Nurse Executives, Administrators, and Managers

Ambulatory care Nurse Executives, Administrators, and Managers:

• Inspire and define shared visions and directions, identify goals, develop action plans, and initiate activities that improve nursing practice, organizational performance, and healthy patient outcomes;
• Create and maintain learning environments based on shared decision making, evidence and research, organizational strategic directions, and advances in the health care industry;

• Initiate and/or manage small and large-scale, evidence-based change sensitive to organizational culture and the values and perspectives of personnel;

• Institute practices and model behaviors that inspire and engage nurses and others to perform optimally, focused on the organizational mission and achievement of patient goals.

• Address conflict openly, using tactful, sensitive measures to mediate mutually beneficial resolutions;

• Influence organizational decision-making bodies to formulate policy and take actions that enhance nursing and health care practices, expand health system capabilities, and improve the health of individuals and the community;

• Partner collaboratively with others at all levels of the organization to create an environment of excellence, trust and continual learning;