

aaacn ViewPoint

The Voice of Ambulatory Care Nursing



The Role of the Registered Nurse in Ambulatory Care

A Position Statement from AAACN

A compelling discussion on one of AAACN's Email Discussion Lists regarding the critical role of the registered nurse (RN) in the ambulatory care setting led to the launch of a task force committed to addressing the issue by way of a formal statement representing AAACN's position. At the 2010 annual conference, AAACN members were invited to comment on a draft of the statement at the annual Town Hall meeting. The final statement is presented to you in this issue of *ViewPoint*. A task force is being convened to continue this work, with the goal of completing a detailed position paper which will summarize evidence supporting the value of the registered nurse and role delineation in the provision of ambulatory health care services.

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AAACN ViewPoint

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Publication Management by
Anthony J. Jannetti, Inc.

Happy New Year! In my last president's message, I summarized our annual fall board meeting at the National Office. A large part of this meeting involved working with a consultant on the development of AAACN's new strategic plan. Our last strategic plan was created in 2004, and with the changes in the economy and the many changes with health care reform, we determined it was in the best interest of the organization to move forward with a new plan.

AAACN's new strategic plan defines our direction as well as the allocation of resources to pursue our strategies. It includes our mission statement, and a newly created vision statement, identity, and core values. We have also identified goals with goal statements, priority objectives, and strategies.

Each strategy was prioritized. For those identified as most important, a board liaison and completion date were assigned, as well as measures of success and next steps. Most strategies will involve a task force and/or staff. The process was arduous, but stimulating, inspiring, and exhilarating.

On behalf of the AAACN Board of Directors, I am pleased to provide you with our new strategic plan. For several of the sections, I've included "notes" to provide you with some of our thoughts and rationale.

AAACN's Strategic Plan

Mission: Advance the art and science of ambulatory care nursing.

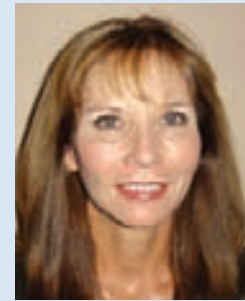
Vision: Professional registered nurses are the recognized leaders in ambulatory care environments. They are valued and rewarded as essential to quality health care.

***Notes:** We wanted our mission and vision statements to be complementary, yet distinct. In the vision, we were intentional about using "professional registered nurses" and will continue to use this phrase to describe our target member. It took a bit of time and courage to get to "THE recognized leaders" but we said it and we mean it – that is our vision. We believe ambulatory care nurses should not just be among the leaders, but should BE the leaders. By using the phrase "ambulatory care environments" we include telehealth and other current and possible virtual health and medical home situations. We want to be recognized as critical or essential to providing quality health care, and our vision is that we are compensated commensurate with that contribution.

Identity: The American Academy of Ambulatory Care Nursing is the association of professional registered nurses who:

1. Identify ambulatory care practice as a specialty that is essential to the continuum of accessible, high-quality, and cost-effective health care.
2. Are committed to their professional development and the quality of patient care in an ambulatory care environment and seek to actively engage in a community of like-minded professionals.
3. Foster understanding and appreciation for the vital role of professional registered nurses as leaders, coordinators of patient care, and care providers in an ambulatory care setting.

***Notes:** We added "specialty" in the first identity statement, and we will continue to build AAACN's image as a specialty. Our second statement is an addition that addresses three of the four key reasons members join and remain members. Our third statement is also a reason members join and renew their membership – they want to advocate for professional registered nurses to be leaders and coordinators of patient care as well as care providers. This is important because we want to be



Traci Haynes

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American Academy of Ambulatory Care Nursing Position Statement

The Role of the Registered Nurse in Ambulatory Care

Background

Ambulatory care nursing is a unique realm of specialized nursing practice. Ambulatory nurses are leaders in their practice settings and across the continuum of care. They are uniquely qualified to influence organizational standards related to patient safety and care delivery in the outpatient setting. Ambulatory care nurses are knowledge workers who function in a multidisciplinary, collaborative practice environment, where they utilize critical thinking skills to interpret complex information and guide patients and families to health and well being (Swan, Conway-Phillips, & Griffin, 2006).

“Historically, the outpatient setting was the ‘professional home’ of physicians. They saw the majority of their patients in their offices and referred them for other services or levels of care, as needed. Registered nurses were few, as the system was physician driven. However, fiscal caps for hospital care and technological advances moved patients from inpatient venues into the ambulatory care setting. Patients required higher levels of care than in the traditional outpatient settings, and the ambulatory venue saw a growth in the number of professional nurses” (Mastal, 2010, p. 267).

The transition of health care from the inpatient to the outpatient setting has led to challenges with access to care and coordination of services, and has increased the complexity of care delivered outside the hospital walls. This shift has dramatically increased the need for professional nursing services, as patients and their families require increased depth and breadth of care. Ambulatory RNs facilitate patient care services by managing and individualizing care for patients and their families, who increasingly require assistance navigating the complex health care system. In addition to the provision of complex procedural care, professional nursing services provide support with decision-making, patient education and coordination of services.

“Many characteristics differentiate ambulatory care nursing from other specialty practices, including the settings, the characteristics of the patient encounters

and focus on groups, communities and populations, as well as individual patients and their families” (Mastal, 2010, p. 267). The current ambulatory care setting is diverse and multifaceted, requiring nurses highly skilled in patient assessment and with the ability to implement a broad range of nursing interventions in a variety of settings. RNs in ambulatory care must possess strong clinical, education and advocacy skills and demonstrate the ability to manage care in complex organizational systems. Registered nurses are uniquely qualified, autonomous providers of patient/family-centered care that is ethical, evidence-based, safe, expert, innovative, healing, compassionate and universally accessible.

Efforts to conserve financial and nursing resources, along with a lack of understanding of differing roles, has led many organizations to under-utilize RNs in ambulatory settings. The economic benefit of care delivered by RNs has been demonstrated by their impact on patient satisfaction, quality patient outcomes, patient safety, reduced adverse events, and reductions in hospital/emergency department admissions (Haas, 2008; Institute of Medicine, 2011; O’Connell, Johnson, Stallmeyer, & Cokingtin, 2001). The future of the American health care system depends upon our ability to utilize registered nurses to the maximum of their expertise, licensure and certification.

Position Statement

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

- RNs enhance patient safety and the quality and effectiveness of care delivery and are thus essential and irreplaceable in the provision of patient care services in the ambulatory setting.
- RNs are responsible for the design, administration and evaluation of professional nursing services within the organization in accordance with the framework established by state nurse practice acts, nursing scope of practice and organizational standards of care.

- RNs provide the leadership necessary for collaboration and coordination of services, which includes defining the appropriate skill mix and delegation of tasks among licensed and unlicensed health care workers.
- RNs are fully accountable in all ambulatory care settings for all nursing services and associated patient outcomes provided under their direction.

References

- Haas, S.A. (2008). Resourcing evidence-based practice in ambulatory care nursing. *Nursing Economic\$, 26(5)*, 319-322.
- Institute of Medicine. (2011). *The future of nursing: Leading change, advancing health*. Washington, DC: The National Academies Press.
- Mastal, M.F. (2010). Ambulatory care nursing: Growth as a professional specialty. *Nursing Economics\$, 28(4)*, 267-269, 275.
- O’Connell, J., Johnson, D., Stallmeyer, J., & Cokingtin, D. (2001). A satisfaction and return-on-investment study of a nurse triage service. *American Journal of Managed Care, 7*, 159-169.
- Swan, B.A., Conway-Phillips, R., & Griffin, K.F. (2006). Demonstrating the value of the RN in ambulatory care. *Nursing Economic\$, 24(6)*, 315-322.

Suggested Readings

- American Academy of Ambulatory Care Nursing. (2006). *Core curriculum for ambulatory care nursing* (2nd ed). Pitman, NJ: Author.
- American Academy of Ambulatory Care Nursing. (2010). *Scope and standards of practice for professional ambulatory care nursing*. Pitman, NJ: Author.
- American Nurses Association. (2004). *Nursing: Scope and standards of practice*. Silver Spring, MD: Author.
- American Nurses Association. (2005). *Principles for delegation*. Silver Spring, MD: Author.
- Haas, S.A., Gold, C.R., & Androwich, I. (1997). Identifying issues in nursing workload. *AAACN ViewPoint, 19(2)*, 8-9.
- Lucarelli, P. (2008). Thinking outside the exam room: Accessing community resources for patients in ambulatory care settings. *Nursing Economic\$, 26(4)*, 273-275.
- Hnatiuk, C. (2006). The economic value of nursing. *AAACN ViewPoint, 28(4)*, 1, 15.
- Price, M.J., & Parkerton, P.H. (2007). Care delivery challenges for nurses. *American Journal of Nursing, 107(6)*, 60-64.

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The Emerging Role of Disease Management Nurses for Chronic Disease Care

Patricia Chambers Carolyn Grolman

Chronic diseases such as heart disease, diabetes, obesity, and cancer affect 160 million Americans and account for 78% of today's health care costs (Hyman, Ornish, & Roizen, 2009). The primary causes of these chronic diseases are attributed to lifestyle and environmental factors: diet, sedentary lifestyle, smoking, chronic stress, and environmental toxins (Hyman et al., 2009). While chronic diseases are some of the most prevalent and costly of health care problems, they are also among the most preventable (Centers for Disease Control and Prevention [CDC], 2004).

A patient with chronic disease is complex and requires ongoing monitoring of multiple physiological, psychological, and social factors. Because of their unique skill sets, RNs are ideal partners to guide patients and help them develop comprehensive treatment plans and self-management strategies (Bard, 2010). Health Canada (2010) reported that the RN can play a strong role in the management of chronic illness. In fact, a key component to the effectiveness of an interdisciplinary chronic disease management model was the use of a single person (usually a registered nurse) to act as the first point of contact and coordinator of interactions with other providers and services.

Disease management (DM) nursing is an area in which ambulatory care nurses can collaborate with other members of the health care team to possibly revolutionize health care and, according to Hyman et al. (2009), "transform today's 'sick care system' into a true 'health care system'." DM nurses have an opportunity to make a profound impact on the burden of chronic disease management because of their focus on counseling, education, and lifestyle management.

DM Nurse Role

The role of the DM nurse is to educate and encourage patients to adopt healthy lifestyle choices. The DM nurse can apply knowledge of the disease trajectory, consider the determinants of health, recommend preventive management, engage in patient teaching, assist in problem solving, and ensure patients are active partners in making decisions that will affect their health.

The holistic nature of RN education and use of the nursing process allows the DM nurse to assess patients and identify resources related to social and health care needs; advocate for patients; help patients navigate the health system; set plans and goals; follow-up with ongoing health care needs; and evaluate care received. These activities can delay and/or prevent both short- and long-term disease complications and dramatically

Table 1.

Potential DM Nurse Interventions for a Hypertensive Patient Based on Modifiable Risk Factors for Hypertension

Modifiable Risk Factor	Possible Intervention(s)
Elevated blood sugar	<ul style="list-style-type: none"> • Treat blood glucose to target through regular home glucose testing, dietary guidelines, and medication education
Excessive weight and fat distribution	<ul style="list-style-type: none"> • Provide dietary education (e.g. reading labels, evaluating food choices and portions) • Recommend regular physical activity (at least three times per week) • Provide behavior modification(s) • Provide education on weight reduction/maintenance
Stress	<ul style="list-style-type: none"> • Recommend relaxation techniques, exercise, cognitive behavioral therapy, combination therapy
Sedentary lifestyle	<ul style="list-style-type: none"> • Create a physical activity program
Smoking	<ul style="list-style-type: none"> • Provide smoking cessation education
Excessive alcohol intake	<ul style="list-style-type: none"> • Offer alcohol counseling
Hypertension	<ul style="list-style-type: none"> • Treat blood pressure to target through home monitoring education, medication therapy, medication education, low sodium diet, and stress reduction

Table 2.
Potential DM Nurse Interventions For a Patient with COPD Based on Modifiable Risk Factors

Modifiable Risk Factor	Possible Intervention(s)
Tobacco smoking	<ul style="list-style-type: none"> • Offer smoking cessation education/ counseling • Provide behavior modification(s)
Exposure to secondhand smoke	<ul style="list-style-type: none"> • Advocate for legislative changes • Become involved in a social marketing campaign geared toward public education, health promotion activities • Provide family education
Air pollution (dust, chemical, occupational exposure)	<ul style="list-style-type: none"> • Provide patient education (avoiding cigarette smoke, household cleaning products, strong odors, dust, exhaust fumes, smog)
Stress	<ul style="list-style-type: none"> • Recommend relaxation techniques, exercise, cognitive behavioral therapy, combination therapy
Early treatment (to slow damage to the lungs, prevent disease progression, and increase quality of life)	<ul style="list-style-type: none"> • Coordinate diagnostic testing • Offer counseling for smoking cessation • Recommend vaccination (annual influenza, one-time pneumococcal) • Review medications and device usage (long-acting bronchodilators, inhaled corticosteroids) • Help create and review a personalized action plan • Identify strategies and resources pertaining to dyspnea • Identify a support team, including a certified respiratory educator • Suggest possible referral for pulmonary rehabilitation
Prevent deconditioning due to inactivity	<ul style="list-style-type: none"> • Create an exercise program tailored for COPD patients • Provide breathing and relaxation techniques • Offer proper nutrition education to help the patient reach and maintain a healthy body weight

reduce health care costs while improving quality of life.

According to Molzahn (2010), traditional chronic illness care models do not treat patients as though they are unique individuals. Rather, patients tend to be fit into categories to manage their care according to prescribed protocols. DM nurses instead plan care in collaboration with their patients and depend on them to perform self-care behaviors to achieve

successful outcomes. In this patient-centered care model, patients, their families, and the health care team partner to coordinate care and meet the patient's needs (Savage, 2010).

There is a mounting body of strong evidence supporting patient-centered lifestyle management coaching and its effectiveness in reversing and preventing chronic diseases. In 2002, Knowler et al. found that lifestyle changes are more effective

than diabetes medications in reducing the incidence of type 2 diabetes in high-risk populations. Yusuf et al. (2004) conducted a study of 30,000 patients in 52 countries and found that lifestyle changes could prevent at least 90% of all heart disease.

Ford et al. (2009) evaluated how 23,000 individuals adhered to lifestyle behavior modification plans and found simple behaviors including smoking cessation and maintaining a healthy diet, body mass index, and exercise regimen prevented 93% of diabetes, 81% of heart attacks, and 50% of strokes. A narrative inquiry study done in Canada involving patient-centered care found patients were highly satisfied with care provided as evidenced with higher quality of life scores (Molzahn, 2009). Indeed, patient-centered lifestyle management care offered by DM nurses is a successful way to begin to decrease the burden of chronic disease.

Patient-centered care takes patients' past experiences and motivation for change into account. With this increased knowledge of patient behavior, DM nurses individually tailor lifestyle management plans with patients, making it easier for them to take the lead in managing their chronic disease. Table 1 describes possible DM nursing interventions for a hypertensive patient. Table 2 describes possible DM nursing interventions for a patient with COPD.

Making Changes

A DM nurse is most effective when he/she is a member of a collaborative team that includes: dietitians, physiotherapists, social workers, behavioral health consultants, mental health specialists, pharmacists, and of course, the primary care physician and patient themselves.

Community partnerships connecting patients to specific programs (e.g. group exercise, diet, and disease education) and linkages between health and social services are also valuable care partners. Collaborative, team-based approaches to health management are ideal for meeting the health care needs of those living with chronic illness (Bard, 2010).

Unfortunately, concentrating only on individual lifestyle changes neglects the fact that lifestyles are in fact collective products of society as a whole. Today's society incorporates such habits as: super-sizing meals; consuming soft drinks and processed foods; and spending hours playing video games or sitting in front of a television (Kreindler, 2009).

DM nurses typically find themselves working as advocates to promote large-scale social changes that address the characteristics of unhealthy lifestyles. Indeed, health promotion is a key component of the DM nursing role. At times the DM nurse may be involved in interventions directed at promoting healthy workplace and school environments, social marketing campaigns, or initiatives aimed at alleviating poverty, making healthy behaviors more convenient and affordable, instituting diversity outreach, and developing community partnerships (Kreindler, 2009). Activities such as these add rich color and flavor to the development of the DM nursing role.

Chronic disease is a serious, expensive, and escalating international health care problem (Genius, 2007). The health care system in North America was designed to respond to acute health care concerns. These acute incidences have tended to "crowd out" routine monitoring and maintenance of chronic conditions. As a result, chronic illness patients often receive little attention until they manifest acute complications of their diseases (Kreindler, 2009). The emerging role of the DM nurse specialist in educating and collaborating with patients, coordinating care within a multidisciplinary team, and advocating for patients and policy changes is essential in changing the face of chronic illness care.

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References

- Bard, R. (2010). A team approach to better care. *Canadian Nurse*, 106(1), 3.
- Centers for Disease Control and Prevention. (2004). *The burden of chronic diseases and their risk factors*. Atlanta, GA: Author. Retrieved from http://www.cdc.gov/nccdphp/burdenbook2004/pdf/burden_book2004.pdf
- Ford, E., Bergmann, M., Kroger, J., Schienkiewitz, A., Weikert, C., & Boeing, H. (2009). Healthy living is the best revenge: Findings from the European Prospective Investigation into Cancer and Nutrition-Potsdam study. *Archives Of Internal Medicine*, 169(15), 1355-1362.
- Genius, S. (2007). An ounce of prevention: A pound of cure for an ailing healthcare system. *Canadian Family Physician*, 53(4), 597-599.
- Health Canada. (2010). *Primary health transition fund*. Ottawa, ON: Author. Retrieved from <http://www.hc-sc.gc.ca/hcs-sss/prim/phctf-fassp/index-eng.php>
- Hyman, M., Ornish, D., & Roizen, M. (2009). Lifestyle medicine: Treating the causes of diseases. *Alternative Therapies*, 15(6), 12-14.
- Knowler, W., Barrett-Connor, E., Fowler, S., Hamman, R., Lachin, J., Walker, E., Nathan, D., & Diabetes Prevention Program Research Group. (2002). Reduction in the incidence of type 2 diabetes with lifestyle intervention or Metformin. *New England Journal of Medicine*, 346(6), 393-403.

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The Emerging Role of Disease Management Nurses for Chronic Disease Care

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Objectives

The purpose of this CNE article is to describe the developing role of the RN in chronic disease management. After reading the information presented in this article you will be able to:

1. Identify what skills RNs possess that make them ideal partners to guide patients in the development of their treatment plans and self-management strategies.
2. Describe the DM nurse role as a member of a multidisciplinary team.
3. Discuss potential nursing interventions a disease management nurse could use when caring for a patient with a chronic disease.

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These articles were reviewed and formatted for contact hour credit by Rosemarie Marmion, MSN, RN-BC, NE-BC, Education Director.

- Kreindler, S. (2009). Lifting the burden of chronic disease: What has worked? What hasn't? What's next? *Healthcare Quarterly*, 12(2), 30-41.
- Molzahn, A. (2010). Chronic illness is one part of a lifestory. *Canadian Nurse*, 106(1), 22.
- Savage, A.I. (2010). Implementing a patient-centered medical home model in a primary care clinic. *AACN ViewPoint*, 32(3), 6-8.
- Yusuf, S., Hawken, S., Ounpuu, S., Dans, T., Avezum, A., Lanas, F., McQueen, M., Pais, P., Varigos, J., Lisheng, L., INTERHEART Study Investigators. (2004). Effect of potentially modifiable risk factors associated with myocardial infarction in 52 countries (the Interheart study): Case-controlled study. *Lancet*, 364(9438), 937-952.

The New Health Care Reform Law: What Patients Need to Know

The United States has just come through a very contentious round of mid-term elections. During many of the candidates' ads and debates, much was said about the Patient Protection and Affordable Care Act (PPACA) signed into law in March 2010 by President Obama. Some of what was said was true, some false, and some very misleading.

As ambulatory care nurses, we need to be aware that many of our patients just do not know what to believe about health care reform. They may have no idea what benefits they may receive and in many cases, they don't know how to access the benefits. They are also concerned, given what was said during the campaign, that the U.S. cannot afford health care reform. One reliable Web site available to check on information promulgated about health care reform is FactCheck.org, a project of the Annenberg Public Policy Center that monitors the media and aims to clear up misconceptions about U.S. politics.

What is true is that we cannot afford health care as it was prior to enactment of PPACA; insurance increases each year have become greater than increases in wages for those who have insurance through work. The U.S. spends more than 16% of its Gross Domestic Product (GDP) on health care, while most industrialized countries (England, Germany, Japan, Taiwan, and Switzerland) spend less than 10% of GDP on health care (World Health Organization [WHO], 2000). There is an excellent PBS program, "Sick Around the World" that highlights these issues (see Sidebar).

The cost of health care adds to the cost of producing products and, thus, U.S. products are more expensive and less competitive on the world market. In addition, although the U.S. spends more on health care, it has much poorer outcomes than other industrialized countries that spend much less. According to a WHO Report (2000), the U.S. ranks 37th in health care quality in the world. The WHO report rates national health care performance according to five criteria: Life expectancies, inequalities in health, the responsiveness of the system in providing diagnosis and treatment, inequalities in responsiveness, and how fairly systems are financed.

A primary responsibility of ambulatory care nurses is to raise patients' consciousness about the options provided by

Note: Complete Web sites for all resources noted in this column are listed in the sidebar, Online Resources for Patients. Links to these resources are available at www.aaacn.org (click Resources > Health Care Reform).

PPACA and increase their understanding of how to access those options. The health care reform law has three main foci:

1. Health insurance reform
2. Health promotion, wellness, and prevention of disease
3. Enhancing access to safe, quality health care

There is an excellent overview of PPACA in the five-minute video, "How Health Care Reform Really Works" designed for consumers by Ellen-Marie Whelan, NP, PhD, the Senior Health Policy Analyst and Associate Director of Health Policy at the Center for American Progress. Dr. Whelan explains very simply how the recently passed health care reform bill will give Americans better care and reduce the deficit (see Sidebar).

Other Web sites also offer consumer information. The Consumer Reports site offers a consumer's guide to health care reform and a health care blog (see Sidebar). The American Nurses Association site offers both a timeline for implementation of the health care reform law and information on how the health care reform law benefits consumers (see Sidebar).

In a recent blog post, Kathleen Sebellius (2010), Secretary of Health and Human Services, says that although increases in health care costs are "partly due to rising medical costs and utilization of services, they are also due to rising insurance company administrative costs, including marketing and salaries of CEOs." She goes on to say that the "administrative

Online Resources for Patients

American Nurses Association

- **Timeline for implementation of health care reform law:** www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HealthSystemReform/Health-Care-Reform-Legislation-Timeline.aspx
- **How the health care reform law benefits consumers:** www.nursingworld.org/MainMenuCategories/HealthcareandPolicyIssues/HealthSystemReform/Health-Care-Law.aspx

Consumer Reports

- **Consumer's guide to health care reform and a health care blog:** www.consumerreports.org/health/home.htm

FactCheck.org

- **Non-partisan articles about U.S. politics:** www.factcheck.org

HealthCare.gov

- **The Insurance Finder tool:** <http://finder.healthcare.gov>

How Health Care Reform Really Works

- **Video from Ellen-Marie Whelan, Center for American Progress:** www.seiu.org/a/healthcare/the-best-resources-on-the-internet-for-the-health-care-reform-law.php

Sick Around the World

- **PBS program:** www.pbs.org/wgbh/pages/frontline/sickaroundtheworld

costs contribute little or nothing to the care of patients and the health of consumers” and are the reasons for the insurance reforms in the health care reform act. PPACA will require insurance companies to spend 80-85% of premiums on actual health care services and quality improvement activities rather than on overhead.

Sebellius (2010) states:

Any insurer that does NOT spend 80-85% on actual health care services and quality improvement activities will also have to give plan members a rebate based on their excess spending in administrative costs.

Here’s an example of how this would work. Today the average insurance plan for a family of four from a small employer costs \$13,250 per year. Under the new rules, insurers would have to spend between \$10,600 and \$13,250 of that premium on health care and quality. In today’s market, some insurers report spending as little as 60% of premium dollars on care. Under these rules, unless those plans change their spending habits, they would have to refund nearly \$3,500 to each family they insure (para 4-5).

Created under PPACA, the HealthCare.gov Web site was launched July 1, 2010, and is the first site of its kind to present information about private and public health insurance coverage options in one place to make it easy for patients/consumers to learn about and compare their insurance choices. Although there are easily accessible Web sites with information on benefits and access to health care insurance and health care, there has not been a consumer-focused campaign that is designed to reach all potential health care consumers in the U.S. According to a HealthCare.gov Fact Sheet, the site and its Insurance Finder tool “are critical new tools for consumers, making the health insurance market more transparent than it has ever been” (HealthCare.gov, 2010). The Insurance Finder tool (see Sidebar) provides “price estimates for private insurance policies for individuals and families, allowing consumers to easily compare health insurance plans – putting consumers, not their insurance companies, in charge and taking much of the guesswork and confusion out of buying insurance” (HealthCare.gov, 2010).

Much of the Democratic Party’s campaign regarding health care reform was funded and occurred prior to passage of the health care reform act. Much of the Republican campaigning during the midterm elections was funded and focused on negative aspects of the health care reform law. And now, newly elected Republican leadership in the House of Representatives say they will repeal the PPACA. This would be very hard to do given that the Government Accounting Office (GAO) determined that PPACA would decrease health care spending over the next ten years and any replacement for PPACA proposed and voted in by the new Congress would have to have the same savings within it. Also, President Obama has veto power over any new health care bill that does not meet the U.S. needs for access and quality at a reasonable cost.

The real current danger is that the new Congress could also under-fund or not fund mandates within PPACA. Such lack of funding would undermine all or many of the reforms

in PPACA such as prevention and wellness and support of expansion of the health care workforce in the area of primary care.

Now is the time for ambulatory care nurses to better understand the health care reform law so that we can help patients and their families better understand it and take advantage of access through insurance reform and programs, especially wellness and prevention offerings.

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References

- HealthCare.gov. (2010). HealthCare.gov Insurance Finder gets better for consumers. HealthCare.gov Newsroom. Retrieved from http://www.healthcare.gov/news/factsheets/insurance_finder_gets_better.html
- Sebellius, K. (2010). More value for your dollar. HealthCare.gov Health Care Notes. Retrieved from http://www.healthcare.gov/news/blog/medical_loss_ratio.html
- World Health Organization. (2000). *World Health Organization assesses the world's health systems*. The world health report 2000 press kit. Retrieved from http://www.who.int/whr/2000/media_centre/press_release/en/index.html



● Heart disease is the number one cause of morbidity and mortality for both men and women in the United States. Visit these Web sites for heart healthy eating tips:

- **American Heart Association: No Fad Diet Tips**
www.heart.org/HEARTORG/GettingHealthy/WeightManagement/No-Fad-Diet-Tips_UCM_305838_Article.jsp
- **Mayo Clinic: Mediterranean Diet**
www.mayoclinic.com/health/mediterranean-diet/CL00011
- **Medline Plus: Heart Healthy Eating**
www.womenshealth.gov/faq/heart-healthy-eating.pdf

● Eating disorders can be problematic for both patients and their family members. Find reliable health information on eating disorders from the National Eating Disorders Organization. www.nationaleatingdisorders.org/information-resources/general-information.php

● Glaucoma is the second leading cause of blindness. Check out the Senior Health page on the National Institutes of Health Web site. With these special pages, your patients can change font size and contrast, and they can listen to audio of the narrative if they have hearing or visual impairments. www.nihseniorhealth.gov/glaucoma/toc.html

Carol Ann Attwood, MLS, AHIP, MPH, RN,C, is a Medical Librarian, Patient Health and Education Library, Mayo Clinic Arizona, Scottsdale, AZ, and a ViewPoint Editorial Board member. She can be reached at attwood.carol@mayo.edu

Maintaining and Gaining Engagement

Over the past several years, this column has focused on the various challenges and rewards of managing patients and families via the telephone. The topics were written for nurses in both the clinic and call center setting. As we move into 2011, the goal is the same – to provide professional practice principles that can be applied to everyday practice, wherever that may be.

Although many who read this column are telephone triage nurses, the articles will apply to all nurses. Nursing is an amazing profession. There are very few careers that provide such a vast array of opportunities. As a nurse, you may be in an inpatient or outpatient setting. (If you are reading this publication, you are most likely in the latter work environment.) In ambulatory care, the opportunities are immense. You may be a school nurse assisting children and young adults; an employee health nurse at a manufacturing firm offering wellness education and first aid to factory workers; a manager of a nurse-run clinic providing disease management; or a nurse in an urban or rural clinic delivering a variety of patient care services.

Whatever the setting in which you are employed, there is one fact: Nursing is a rewarding but demanding profession! The responsibilities can be overwhelming. From the beginning of your day until it ends, the work is continual. Whether the patients are in front of you and you are providing face-to-face care, or you are connecting to the patient via telephone or other technology, you are required to be 100 percent focused. The acuity of patients at home or in the clinic setting has increased over the past several years and this adds to the level of nursing care that is required.

There are other factors that are increasing our workloads. In the current environment of uncertainty regarding the impact of health care reform, many health care organizations are not filling vacancies. Nursing staff are expected to handle more work with fewer staff members. This creates a list of responsibilities that cannot realistically be met, and nurses feel frustrated or guilty that they cannot deliver the standard of care they want to deliver. As I listen to nurses across the country, the message is clear – they are exhausted. This exhaustion can compromise safe patient care, which puts everyone at risk. It can also encourage nurses to want to leave the profession.

It is a fact that when individuals continue to work under conditions that have high demands, but feel that the work they are producing is substandard, the development of complacency or “burnout” is highly possible. So, the question we each must ask ourselves is, “How can I stay engaged, energized, and effective in this evolving environment?”

In 2011, this column will focus on providing ways to create or maintain engagement in nursing, specifically in

telehealth nursing. After reading, you may be more excited than ever about the work you do. Or you may decide that you have reached a point at which making a change is the best option – that may be in nursing or in your life. If you are feeling a bit overwhelmed or burned out, the information that will be relayed in this column may rekindle your nursing passion. Wherever you are along the *love-for-nursing* spectrum, there will be information to incorporate into your practice.

I look forward to writing this column for another year. If any of you would like to share your strategies for keeping engaged in nursing, send your creative and innovative ideas my way!

Kathryn Koehne, RNC-TNP, is a Nursing Systems Specialist, Department of Nursing, Gunderson Lutheran Health Systems, and a Professional Educator for Telephone Triage Consulting, Inc. She may be contacted at krkoehne@gundluth.org

what's new at aaacn.org

Track Your Contact Hours Easily

AAACN now provides you with an online tool to help you track the continuing nursing education (CNE) contact hours you have earned. If you are working toward recertification or need to complete CNE activities for license renewal, you know just how valuable this record will be!

To access your CNE record, log in to your account at www.aaacn.org and click on the link “Review CNE Record” in the sidebar.

The contact hours that you have earned with AAACN will automatically be loaded into your CNE record. This includes our Annual Conference, *ViewPoint* articles, Webinars, and other activities in the AAACN Online Library.

If you earn contact hours through another provider, click on the link “Add a Self Reported Credit” to record them as part of this list. A simple form will provide you with the necessary input fields and it will be recorded as soon as you hit the “Save” button.

CNE transcripts for activities completed in the AAACN Online Library (www.prolibraries.com/aaacn) will still be available in the Online Library and can be accessed at any time.

We hope this new resource will aid you in your professional development as we strive to make www.aaacn.org one of your key online destinations!

Rebekah Lazar is Manager, Internet Services, American Academy of Ambulatory Care Nursing, Pitman, NJ. She can be reached at rebekah@ajj.com



Annual Conference

A Can't-Miss Education Event!



What trends are on the horizon for ambulatory care and telehealth nursing? How will health care reform affect ambulatory care nursing practice? Discover these answers and more at the AACN Annual Conference, April 6-9, 2011, in San Antonio!

Come Early for More Education (And More Contact Hours)

Pre-Conference Workshop: Issues and Challenges to Enhancing Practice With Informatics

Wednesday, April 6

Earn 3.0 contact hours

As dramatic changes take place in health information technology and make health care safer, your ability to embrace these evolving technologies is more important than ever. Patrick Shannon, MS, RN, CPHIMS, will describe how to integrate these new systems into ambulatory care nursing practice and how to engage in this time of change.

U.S. Air Force Ambulatory Care Nurses Pre-Conference

Monday, April 4

Earn 6.5 contact hours

Air Force nurses and technicians and other military personnel in ambulatory care and outpatient settings are invited to attend the third annual U.S. Air Force Pre-

conference. Clinical practice, outpatient care, the role of clinic nurses, and many other topics will be discussed.

Tri-Service Military Pre-Conference

Tuesday, April 5

Earn 7.0 contact hours

Attendees will hear briefings from Air Force, Army, and Navy Corps Chiefs and learn about military nursing issues at this annual pre-conference.

Military pre-conference events are held in conjunction with the AACN Annual Conference.

Separate registration fee for all pre-conference events.

Why Else Should You Attend?

- Hear from incredible speakers presenting an array of clinical, management, and leadership topics, including telehealth and military.
- Earn up to 18.5 continuing nursing education contact hours during the conference. Additional contact hours are available for post-conference education.
- Connect with colleagues, friends, vendors, and many other participants at the Opening Reception, Silent Auction, Networking Luncheon, Town Hall, and other events.
- Explore the amazing city of San Antonio, with its storied history, fine cuisine, and cultural attractions galore!

Register online at www.aacn.org by February 23 for Early Bird rates!

Laura Morano is ViewPoint Issue Editor



Laura Morano

Laura Morano, RN, CPN, MA, one of our newest Editorial Board members, is serving as Issue Editor for the January/February issue. Laura has been a member of the ViewPoint Editorial Board since Fall 2009.

Laura is the Clinical Operations Manager for the dermatology, gastroenterology, nephrology, and transplant clinics at Seattle Children's Hospital, in Seattle, WA. In this role, she manages the clinics' daily operations and partners with ambulatory directors to facilitate quality improvement projects.

She has worked at Seattle Children's Hospital since December 2006, previously serving as clinical nurse supervisor and manager of Children's Consulting Nurses, including the Children's On-Call and Children's Resource Line

programs. Laura received the Ambulatory Above and Beyond Award from Seattle Children's Hospital in 2008. Before moving to Washington state, Laura worked as a registered nurse in Delaware at a pediatric clinic office and a children's learning center.

Thank you for all you do for ViewPoint, Laura!

Position Statement

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- Swan, B.A., & Griffin, K.F. (2005). Measuring nursing workload in ambulatory care. *Nursing Economic\$, 23(5)*, 253-260.
- Uppal, S., Jose, J., Banks, P., Mackay, E., & Coatesworth, A.P. (2004). Cost-effective analysis of conventional and nurse-led clinics for common otological procedures. *Journal of Laryngology and Otology, 118(3)*, 189-192.
- Vlasses, F.R., & Smeltzer, C.H. (2007). Toward a new future for health-care and nursing practice. *Journal of Nursing Administration, 37(9)*, 375-380.

President's Message

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recognized and rewarded for our contributions and we want to be THE coordinators of patient care in ambulatory care environments. We can't expect this to happen without each of us advocating individually and collectively through AACN.

Core Values: Individually and collectively, our members are guided by our deep belief in:

- Responsible health care delivery for individuals, families, and communities
- Visionary and accountable leadership
- Productive partnerships, alliances, and collaborations
- Appreciation of diversity
- Continual advancement of professional ambulatory care nursing practice

***Notes:** We added "families" to the first bullet to make it more inclusive and comprehensive. In the third bullet, we added "collaborations" to partnerships and alliances, so that all internal relationships within member groups have the same standards and importance as external relationships. We then added the last point to express our deep commitment to furthering the practice of ambulatory care nursing, knowing that it will improve health care for all.

Goal 1. Serve Our Members

Enhance the professional growth and career advancement of our members.

***Notes:** This goal is focused on serving our members' personal growth and professional development needs. Delighting our members is our first and foremost goal. If our members are happy, our association will thrive.

We must provide the highest level of professional development and recognize the value of networking, research, and evidence-based practice. We must utilize technology in bringing knowledge forward. Members want the ideal member experience. They want to feel a sense of belonging and be part of something bigger than themselves.

Priority Objectives

- 1.1 Build a deeper sense of professional community.
- 1.2 Use technology innovatively.
- 1.3 Engage members in building the body of knowledge for ambulatory care nursing.
- 1.4 Provide innovative, interactive professional development opportunities.
- 1.5 Inform and engage members about health care reform.

Goal 2. Expand Our Influence

Expand the influence of AACN and ambulatory care nurses to achieve a greater positive impact on the quality of ambulatory care.

***Notes:** This goal is about advocating for professional registered nurses and better health care outside of our membership. We need to take our members to the next level by helping them become advocates so that they can make a case in their workplace. Advocacy is not just legislative, but advocating for a position, [eg, clinical roles as outlined in AACN's position statement], etc. Nobody can empower us, we can only empower ourselves.

This is AACN's "moment in time" as a result of health care reform and we should seize the moment. We cannot do business as usual. We have to be very "guerilla" about making sure professional registered nurses are in the center of decisions being made about ambulatory care. We must expand our influence in order to have a greater impact on ambulatory care.

Priority Objectives

- 2.1 Promote the value of the role of the RN in ambulatory care.
- 2.2 Develop and implement an advocacy agenda that addresses opportunities presented by health care reform.
- 2.3 Build strategic alliances.

Goal 3: Strengthen Our Core

Ensure a healthy organization committed to serving our members and expanding our influence.

***Notes:** Goal 3 is the engine behind Goals 1 and 2. It focuses on our operational structures such as human resources (members, volunteer leaders, and staff), culture and governance, brand marketing, and finances. Without a strong and healthy organization, we cannot excel in delighting our members and expanding our external influence.

Priority Objectives

- 3.1 Recruit and retain members.
- 3.2 Promote leadership development of volunteer members.
- 3.3 Align organizational cultures and structures with commitment to greater innovation.
- 3.4 Articulate and communicate our powerful story.

AACN's new strategic plan will help us to grow as an organization. It is an exciting time to be involved in health care and we are positioning ourselves to stay strong, be healthy, and embrace our future.

**I'd like to extend a special "thank you" to Pat Reichart, AACN's Director, Association Services, and Carol Andrews, AACN's Secretary, for taking such comprehensive "notes" during our strategic planning session.*

Traci Haynes, MSN, RN, CEN, is Regional Director of Clinical Operations, National Healing Corporation, Boca Raton, FL. She can be reached at traci.haynes@nationalhealing.com

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AACN is the association of professional registered nurses and associates who identify ambulatory care practice as a specialty that is essential to the continuum of accessible, high quality, and cost-effective health care. Its mission is to advance the art and science of ambulatory care nursing.

Congratulations to Newly Elected AACN Board and Nominating Committee Members

Thanks to the convenience and ease of electronic ballots, AACN conducted its 2011 National Office Ballot online. The following members were elected to positions on the AACN Board of Directors and Nominating Committee. They will take office at the close of the 2011 conference in San Antonio in April.

Suzanne N. Wells, BSN, RN, was elected to serve as AACN President-elect. Wells is Manager, Answer Line, St. Louis Children's Hospital, St. Louis, MO. Wells will become AACN President in 2012.

In her candidate statement, Wells described how she will support AACN members: "I will first and foremost support the strategic goals of AACN. With the implementation of health care reform over the next several years, I will ensure that our membership has the resources and information necessary to become actively engaged in the process. Most importantly, I will work diligently on your behalf to provide the necessary support to assure AACN continues to be the voice of ambulatory care nursing."

Two members were elected to serve on the Nominating Committee: **Pamela Del Monte, MS, RN-BC**, Associate Chief Nurse/Ambulatory Care Service, Department of Veterans Affairs, Durham, NC; and **Sherry Smith, MSN, RN, MBA**, Disease Specific Reviewer and Senior Consultant, Joint Commission and 3CN, Oakbrook Terrace, IL, and Phoenix, AZ. The Nominating Committee oversees the annual elections process and reviews the annual awards and scholarship applications.

Members interested in running for a National Office position are asked to contact a member of the Nominating Committee via the AACN National Office at 800-262-6877 or aacn@ajj.com.



Suzanne N. Wells



Pamela Del Monte



Sherry Smith