Hand Hygiene In Primary Care Clinics

Kenneth L. Stiefvater, BSN, RN
Cathy Vigil, RN
Karen L. Jones, MS, RNC, CNS
Jeanne M. Yocke, MS, RN

In health care, the majority of infection control processes are designed for the inpatient setting. It is important to review these practices for applicability in outpatient/primary care clinic environments as well. The cornerstone of infection control is basic hand washing. Observational studies done in hospitals from 1981 to 2000 identified a poor compliance, with an overall average of only 40% of health care workers adhering to recommended hand hygiene procedures (Boyce & Pittet, 2002).

In 2002, the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) established its first annual National Patient Safety Goals (NPSGs) and associated requirements for improving the safety of patient care in health care organizations. These went into effect in 2003. JCAHO requires organizations to demonstrate how they are meeting these NPSGs. Since the beginning, reducing the risk of health case-associated infections has been on this list (JCAHO, 2006a).

In October 2004, JCAHO, the American Hospital Association, the Association for Professionals in Infection Control and Epidemiology, the Centers for Disease Control and Prevention (CDC), the Infectious Diseases Society of America (IDSA), and the Society for Healthcare Epidemiology of America launched a national campaign to urge Americans to “Speak Up” and take appropriate steps to reduce the spread of infection. One of the key activities identified in the “Speak Up” program was hand hygiene, called “washing hands” (JCAHO, 2006b).

The 2006, NPSGs continue to reflect the responsibility of reducing infections and using proper hand hygiene. The specific Safety Goal related to hand hygiene includes:

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Together Everyone Achieves More

Thank you for the opportunity to serve as your AAACN President for the coming year. I look forward to working with our Board of Directors, our management firm, and each of you – our volunteer leaders.

Rarely have I read a popular book that has more relevance to AAACN and ambulatory care nursing than Malcolm Gladwell’s *The Tipping Point*, a compelling book about how trends begin and why they succeed. Reading this book made me see ambulatory care nursing and AAACN’s message and membership in a new, different, and fascinating way. Gladwell talks about the emergence of trends and the phenomenon of word of mouth in terms of an epidemic (for example, spreading AAACN’s message and the value of membership and products is similar to the spreading of viruses). He talks about the characteristics of epidemics in action: contagious behavior, little changes have big effects, and change happens in a hurry. Gladwell reveals that all epidemics have a tipping point, “a place where the unexpected becomes expected, where radical change is more than a possibility. It is – contrary to all our expectations – a certainty” (Gladwell, 2000, 13-14).

I became a member of AAACN in 1990 after accepting my first role in ambulatory care as Director of the Admission Evaluation Center, a position that had been vacant for more than 6 months. During my final interview with Dr. Marg Sovie, the chief nursing officer, she jumped up from her chair, went behind her desk, and retrieved an AAACN brochure. She told me that as Director, I would join immediately, and I did. During my 8-week maternity leave in early 1991, she called me to tell me that I would be submitting an abstract for the 1992 AAACN Annual Conference. I replied, “I will?” She said, “Yes, you should be receiving a copy of the Call for Abstracts at your home shortly.” As an AAACN member, I already had the Call for Abstracts and had no intention of submitting an abstract! My abstract was accepted, and I attended and presented at my first AAACN conference in 1992 in San Antonio, Texas.

When I returned, Marg asked, “Who did you meet, what committee did you volunteer for?” I told her I met a few people, and that I volunteered for no presentations – a certainty” (Gladwell, 2000, 13-14).

The Three Rules for Epidemics

My first experience with AAACN is consistent with Gladwell’s belief that word of mouth epidemics are a function of the people who transmit the information. He talks about the “Three Rules for Epidemics”:

2. The Stickiness Factor.

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This article will seek to showcase the new national VA “MOVE” program, developed by the National Center for Health Promotion and Disease Prevention (NCP). MOVE utilizes the interdisciplinary team approach with the registered nurse, the primary care provider, and the registered dietician to help the patient set realistic goals for weight loss and to incorporate behavior changes that promote healthful eating habits. The program, which is in a modular format, focuses on evidence-based techniques, such as nutrition, physical activity, and patient education materials, which will be described. The program is being initiated as a pilot program at the James A. Haley Veterans’ Hospital, Tampa, FL, and represents a culture change, whereby the ambulatory care nurse is the key player in this new innovative approach toward promoting weight loss. This article will also highlight the positive patient outcomes achieved as a result of the patient participation in this program.

Historical Perspective

The MOVE Program is a national weight loss program developed by the VA National Center for Health Promotion and Disease Prevention (NCP). This evidenced-based program was piloted and implemented at the James A. Haley Veterans’ Hospital, Tampa, FL. According to NCP data, it is estimated that veterans who receive health care at VA facilities have higher levels of individuals who are overweight and obese. Approximately 70% to 74% of veterans are obese versus the general U.S. population at 64%. Research studies show that overweight and obesity increase the risk for hypertension, diabetes, heart disease, and certain cancers. These health care-related conditions significantly impact the resources of the health care delivery system nationwide.

Implementation of the MOVE Program At a Community-Based Outpatient Clinic

Veterans with a body mass index (BMI) of 25 or greater are invited and encouraged to participate in the MOVE program. Veterans enrolled in MOVE meet with the ambulatory care registered nurse to set weight loss goals. Afterwards, the ambulatory care registered nurse follows up with the veteran via telephone calls on a periodic base.

- Level three – If no success with Level one or two pharmaceutical medications may be prescribed (for example, orlistat [Xenical®]).
- Level four – The veteran enters an inpatient weight control program.
- Level five – The veteran is evaluated for bariatric surgery.

Currently, there are no patients enrolled in levels three, four, and five at the James A. Haley Veterans’ Hospital.

Program Benefits

Identified benefits for patients enrolled in the MOVE program include the following:
- Interdisciplinary weight loss counseling.
- Instructions in making wise food choices – supermarket tour.
- Behavior modification-access to psychological counseling.
- Support by registered nurses in reaching weight loss goals.

Conclusion

In conclusion, weight loss data are currently being collected and analyzed at the clinics’ Quality Management Program. Due to its success, an increased number of patients have been enrolled in the MOVE program, which is now being expanded to other VA satellite clinic sites.

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At the James A Haley VA, the pivotal role of the nurse has been recognized to the extent whereby a full-time registered nurse FTE has been allocated for the MOVE program. Nationally, the importance of MOVE has been recognized, and the Undersecretary of Veterans’ Affairs of Health has extended the MOVE program concept to the VA employees’ wellness program. This focus has been identified because high-priority veterans who are interested in learning more about MOVE are given the MOVE Web site (www.move.med.va.gov). This site affords the opportunity for the veterans to further download educational handouts.

Esther Brooks, MN, RN, is a Registered Nurse at the James A. Haley Veterans’ Hospital, Tampa, FL.

Julia Younce, MSN, RN, is a Registered Nurse at the James A. Haley Veterans’ Hospital, Tampa, FL.

The authors wish to acknowledge Leticia Rivera, BSN, RN, a Telephone Liaison for Care and Community-Based Outpatient Clinics, and a Nurse Manager, the James A Haley Veterans Hospital, Tampa, FL.

Additional Readings

**Volunteers Sought for Editorial Committee**

AAACN Viewpoint, the official publication of the American Academy of Ambulatory Care Nursing, is currently seeking volunteers to serve on the Editorial Committee of the newsletter.

The role of the committee will be to:
- Assist the editor with solicitation of manuscripts.
- Mentor new writers and assist in the occasional writing of manuscripts.
- Assist the editor in occasionally reviewing page proofs.
- Attend the annual conference and help the editor staff the AAACN Viewpoint booth.

If interested, please submit your CV to Carol Ford, Managing Editor, at fordc@ajj.com, or c/o AAACN National Office, East Holly Avenue/Box 56, Pitman, NJ 08071-0056.
In the job market, instant access is what you want.

Find it at the

AAACN Career Center

www.aaacn.org

Candidates

• Find your dream job. View hundreds of local, regional, and national job listings.
• Post your resume and let employers find you.
• Respond on-line to career opportunities.
• Receive e-mail notifications of new job postings.

Employers

• Post your job opportunity on-line.
• Gain access to a resume database of the nation’s best nurses.
• Resume Alert: Notifies you of a new resume posting.
• Job Alert: Tells candidates about your employment opportunities.

The AAACN Career Center is a member of the HEALTHECAREERS™ Network, a nationwide on-line recruiting network of professional health care associations.

For more information, visit our Web site at www.aaacn.org and click “jobs,” or contact the Customer Care Center at 888-884-8242. You may also send an e-mail to info@healthecareers.com.

President’s Message

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that make ambulatory care nurses stand out – in your organizations, in your work settings, with your patients and their families, with the public, with payers of health care, and with politicians, AAACN will grow and continue to be a strong voice for ambulatory care nursing – real nurses, with real issues, and real solutions.

Thank you for your active participation and volunteer leadership. I am interested in your views and you can reach me at beth.swan@jefferson.edu.

Beth Ann Swan, PhD, CRNP, FAAN, is AAACN President and Associate Professor, Thomas Jefferson University, Jefferson College of Health Professions Department of Nursing, Philadelphia, PA. She may be reached at beth.swan@jefferson.edu

References


Additional Reading


First AAACN Viewpoint Writer’s Award Announced

It is our pleasure to announce the winners of the first annual AAACN Viewpoint Writer’s Award, Mary Ann Bord-Hoffman, MN, RN, C, and Maggie Donius, MN, RN, for their article, “Loss in Height: When Is it a Problem?” This article graced the pages of the September/October 2005 issue, and it was offered for CE credit.

The authors took a different perspective on a very common problem. After citing research that demonstrated that not only women lose height as a sign of osteoporosis, they concluded through additional research that men do as well. Although osteoporosis is less common in men than in women, when it does occur in men, it can have more devastating outcomes. The authors elaborated on what ambulatory care nurses in a primary care clinic can do to address this problem by specifically illustrating several innovative methods that have been implemented at the San Jose VA Clinic.

The purpose of this annual award is to encourage and recognize excellence in ambulatory care nursing. Manuscripts published in Viewpoint on topics in ambulatory care nursing practice, clinical research, and professional development and leadership are eligible for consideration. The winner receives a $200.00 prize and is acknowledged in Viewpoint.
Above and Beyond Award Winner

Traci S. Haynes, MS, RN, CEN, was the recipient of the 2005 President’s Above and Beyond Award. President Regina C. Phillips, MSN, RN, chose to give the award to Traci for her tireless work on several major AAACN projects; she is a co-author for the Telehealth Nursing Practice chapter in the second edition of the AAACN Core Curriculum, she chairs the group that is updating the TNP Resource Directory, she updates and teaches the Telehealth Nursing Practice Core Course, and she has worked on the Public Relations/Marketing Task Force. She worked on these multiple projects concurrently while involved with an increased workload in her position at McKesson Corporation, Scottsdale, AZ, related to the impact of hurricanes and the delivery of critical medications to patients. She is a delight to work with and produces very high-quality, professional work. Her professional commitment is a great asset to this organization.

Another colleague also said, “Traci has been a great asset. She is now chair of the group working on the new membership brochure, poster, and quick screen. She has scheduled meetings for the convenience of the group that are very early in the day for her (7:00 a.m.). She is persistent and always follows up.”

President Phillips thanked Traci for her tireless contribution to the success of AAACN, and also thanked her on behalf of the membership.

Excellence Award Winners

Lt. Col. Carol A.B. Andrews was the recipient of the 2005 Administrative Excellence Award. Carol was recognized as a mentor who promotes collegial working relationships to improve patient outcomes. She initiated several new programs to improve processes and patient care, which led to several awards and higher Air Force ratings. She is an unparalleled educator and is recognized as a nursing expert. She was selected by the Surgeon General and has led the effort to re-engineer the role of Air Force Nursing world-wide.

Maj. Christine S. Taylor was the recipient of the 2005 Clinical Excellence Award. Christine was nominated by her peers for her contagious enthusiasm which has led to many successful organizational goals and awards. She is the go-to person for her leadership expertise, knowledge, and mentoring skills. She exhibits flawless management, exemplary leadership, and handles challenges head on. She embodies innovative leadership and extraordinary talent that exemplifies all aspects of today’s Air Force nurse leader.

The Excellence Awards are sponsored by the Anthony J. Jannetti, Inc. Nursing E nostrics Foundation.

Poster Winners

A total of 22 posters were on display at the Atlanta conference. Judging was difficult due to the high quality and educational value of every poster. Winners received prize ribbons and a certificate, and are as follows:

1st Place (tie)
- “Culture of Change: An Innovative Approach to Weight Reduction/Management Utilizing an Interdisciplinary Approach in an Ambulatory Care Setting.” Presented by Esther Brooks, MSN, RN, and Julia Younce, MSN, RN.
- “The Role of Nursing in Improving Blood Pressure Control.” Presented by Donna Y. King, BSN, RN, and Stephanie A. Mathis, BSN, RN.

2nd Place (tie)
- “Implementation of a Reengineering Program in Community Health Centers.” Presented by Ora Roberts, BSN, RN, and Carolyn Bell, BSN, RNC, CNA.
- “Implementing Advanced Clinic Access in Ambulatory Care: Changing the Delivery of Care from Provider Centered to Patient Focus.” Presented by Susan Mangery, BSN, RN, BS, MEd, CNA, BC, and Phillip B. Greenberg, MD.

3rd Place
- “Outcomes in a Nurse Practitioner Academic Practice Clinic for Indigent Patients.” Presented by Janet P. Moye, MS, RN, and Regina Hathaway.

Peach Certificate Winners

Four nurses visiting the exhibit hall were surprised by an exhibitor who awarded at random a $100 “peach” certificate toward AAACN educational resources or offerings. The winners were: Deborah Byrne-Barta, Juanita Chisom, Ann Lockhart, and Kristin Looney.
ANCC Awards a Free Registration To Ambulatory Certification Exam

Marilyn Mills, RN, Manager, Ortho Clinic & Specialty Services at the Children’s Hospital of Orange County, CA, was the lucky winner of the free registration to the American Nurses Credentialing Center Ambulatory Care Nursing certification exam. Marilyn entered her name at the ANCC Certification booth at the conference.

Closing Session Touches, Inspires AAACN Conference Attendees

Carol Rutenberg, MNSc, RN,C, facilitated the closing session, during which she showed the unselfish role nurses play during frequent disasters. Nurses who could not attend submitted their stories, which were read by Carol. Several nurses in attendance shared their stories from the stage while showing heart-wrenching photos of the destruction caused by Katrina and how nurses helped people through the tragedy of losing their homes and providing medical care along with food, clothing, and shelter. A special angel pin was designed by Rosemary Trevino of “Angels by Rosemary.” Each nurse who shared a story received a special Katrina angel as a thank you. This very special closing was moving, inspirational, and showed how amazing nurses are and how everyone comes together as the result of such a terrible disaster.

“On the Road” Courses Keeping Instructors Busy

E. Mary Johnson, BSN, RN, CNA, C, Candy Laughlin, MSN, RN, C, and Susan Paschke, MSN, RN, CNA, the three instructors for the Ambulatory Care Nursing Certification Review Course, were “on the road” for two consecutive weekends. These instructors taught the all-day course to prepare nurses to take the certification exam at the Ocean Medical Center, Brick, NJ, and the following weekend at the Beverly Hospital Hunt Center in Danvers, MA. These instructors will don their spurs to teach the next course at Christus St. Michael Health System in Texarkana, TX, in August.

Our Telehealth Nursing Practice Core Course (TNPCC) instructors are also keeping busy. Maureen Espensen, BSN, MBA, RNC, and Traci Haynes, MS, RN, CEN, recently taught this course to orient nurses new to the role of telehealth practice, enhance knowledge of telehealth practice, and to provide staff education and training in telehealth at the Arnot Ogden Medical Center in Elmira, NY. Schedules are also being confirmed to teach this course twice for Kaiser Permanente in Brooklyn Heights, OH, in July and again in December.

To find out how you can provide one of these “on the road” courses at your facility, contact Pat Reichart at 800-262-6877 or reichartp@ajc.com

2006 Joint Commission PTAC Conference

On March 7, 2006, the Joint Commission’s Professional and Technical Advisory Committees (PTACs) convened in Rockford, IL. PTAC members assist the Joint Commission in the development and refinement of standards, elements of performance, and survey processes. In addition to Ambulatory Care, there are six other PTACs: Behavioral Health Care, Home Care, Hospital, Laboratory, Long-Term Care/Assisted Living, and Network. After a stimulating general program, the 7 PTACs proceeded into individual sessions. The Ambulatory Care PTAC focused on standards review and revision in the following areas:

- Proposed Revision to the Plan of Care for Anesthesia.
- Revisions to Oversight Requirements for Contracted Services.
- Proposed Requirement for Vaccination of Staff, Students, Volunteers, and Licensed Independent Practitioners against Influenza.
- Changes to the Management of Human Resources Chapter.

The conference was very informative and demonstrated the Joint Commission’s dedication to utilizing feedback from the various ambulatory organizations that are represented on the Ambulatory Care PTAC.

Johnetta James, RN, MSN, is the AAACN JCAHO PTAC Representative. She may be reached at james029@mc.duke.edu

Angel Pins by Rosemary

Rosemary Trevino creates handcrafted angel pins and earrings that are unique and elegant at unbelievable prices! Her designs are created with quality materials of gold and silver plate. Rosemary specializes in custom designs, like the one she did for AAACN’s Closing Ceremony. She also makes nurse angels, telephone triage angels, and more. For more information, visit www.designsbyrosemary.com or call 832-693-1020.

"This was the first time I have attended the AAACN Annual Conference. It was a wonderful experience. Every speaker/presentation was exactly what I'd hoped to experience."
— Peggy McLean
Menomonie, WI
The Role of Nursing in Blood Pressure Control

The following is the abstract from one of the winning posters presented at AAACN’s 2006 Annual Conference in Atlanta, GA. The poster was presented by Donna Y. King, BSN, RN, and Stephanie A. Mathis, BSN, RN, and it tied for first place.

A hypertension class, implemented in May 2005 in Primary Care at the Washington DC VA Medical Center, was the basis for a poster session at the 2006 AAACN Atlanta Conference. The class was designed to educate patients on how to manage their blood pressure. Hospital QM had reported that through February 2005, the target blood pressure of less than or equal to 140/90 was at 55%, a significantly lower rate than all other Veterans Affairs Medical Centers. An estimated 18,000 veterans within the VISN 5 region have a diagnosis of hypertension. As of January 2006, 60% of the veteran population receiving care at the Washington DC Veterans Affairs Medical Center had a diagnosis of hypertension.

The teaching focused on identifying why hypertension is significant, understanding normal and abnormal values, and knowing complications that can occur. In addition, lifestyle modifications to manage hypertension, medications for hypertension, self-monitoring, and preparing for primary care appointments were also clarified.

In May 2006, the class will celebrate its first anniversary. There have been challenges with referrals to the class, but these have improved with advertising for the class in the clinics and throughout the hospital. Formal RN blood pressure followup appointments have also helped to increase referrals to the class. Positive results have already been witnessed with patients who have attended the class. Blood pressures less than 140/90 have already been reached by 49% of patients who attended the class, and there has been documented weight loss, smoking cessation, dietary changes, and exercise. Patient satisfaction with the class has been at 100%.

Donna Y. King, BSN, RN
Red Primary Care Clinic
Washington VA Medical Center

AAACN Founder’s Scholarship

The 2006 winner of the Founder’s Scholarship is Lula J. Smith from Edmond, Oklahoma. Lula is a new member of AAACN since July 2005, and the conference in Atlanta was the first AAACN Annual Conference that she attended. Lula submitted the following:

“Attending the 31st annual AAACN conference validated my belief – nurses are indeed making a difference with the support of this great organization. My thoughts were rejuvenated – AAACN brought a resurgence to our craft/skill/multifaceted discipline. I witnessed the concept of “usness” (not me or I), which is the epitome of teamwork magnified. You supplied the focus to new nurses, perspective to seasoned nurses, and invigorated nurses pondering exiting this profession. This year, you brightened the marquis lights of ambulatory care nursing and polished our symbolic lantern. You supplied each nurse with hope, focused knowledge, plus an opportunity to share and network – all keys to guarantee nursing excellence.”

Silent Auction 2006

Once again, the Silent Auction was a huge success, and 2006 marked our biggest ever. This year, the Opening Reception and Silent Auction were held poolside, where the ambiance was tranquil, relaxing, and conducive to networking and catching up with colleagues. When the bidding got going, it was fun and fierce! To the surprise of many, we had no accidental dips into the pool, but we did have plenty of fun.

As in previous years, the generosity and response of AAACN members both in donating and bidding/purchasing items was overwhelming. This year, more than 80 items ranging from vintage nursing books, jewelry, nursing dolls, artwork, leadership books, cookbook collections, and 2 spectacular nursing quilts were available for auction. A total of $4,957 dollars was raised during the auction!

The Silent Auction raises monies for the AAACN Scholarship Program that provides funding for academic, research and professional activities. All members are eligible to apply. For more information on the Scholarship Program, contact the AAACN National Office.

A heartfelt thank you to everyone who donated items and who graciously opened their wallets and checkbooks to support the Auction. Time goes quickly, and it’s never too early to start thinking about what you will donate to next year’s Silent Auction!

Pamela Del Monte, MS, RN,C
Silent Auction Coordinator
Durham, NC

AAACN Hawaii Timeshare Drawing

There was a flurry of activity around one of the exhibit booths again this year as AAACN members, exhibitors, and other attendees bought tickets for a chance to win a week at a timeshare on the Kona Coast of the Big Island of Hawaii. The lucky winner was AAACN member Sally Robison. The timeshare was donated by Board member Kitty Shulman. The drawing raised $1,185.00 for the AAACN Scholarship Fund.
President’s Message

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Rule 1

Gladwell describes that epidemics are driven by the “Law of the Few” – a handful of exceptional people who are energetic, knowledgeable, and influential among their colleagues. He calls them “connectors,” “mavens,” and “salesmen.” Connectors are people with a special gift for bringing the world together; they know a lot of people, and they cultivate acquaintances. Mavens accumulate knowledge and have information about a lot of different things; they know the inside scoop. Salesmen are persuaders; they persuade us when we are unconvinced.

Starting an epidemic about ambulatory care nursing and AAACN requires communicating a message, not via e-mail or fax, but through human contact – through volunteer leaders who are connectors, mavens, and salesmen.

How many of you know E. Mary Johnson? She carries the AAACN message everywhere she goes – the voice for ambulatory care nurses – real nurses, real issues, real solutions. She has no personal agenda other than a concern for ambulatory care. Epidemics are heavily dependent on the involvement of people like E. Mary Johnson with a particular and rare set of social gifts. She is just one example of a connector. Are you an AAACN connector?

How many of you know Catherine Futch? I envision Catherine as a maven. When I was elected to the Board of Directors, Catherine was assigned to be my mentor. I often rocked the boat and Catherine nicknamed me the “X-er” for generation X. Catherine’s motivation was pure, to educate me and help me; she was not a persuader, but her expert opinion made me sit up and listen. Mavens have the knowledge, skills, and power to spark a word of mouth epidemic. Are you an AAACN maven?

Hopefully, many of you have gotten to know Pat Reichart, AAACN’s Association Services Manager. I view Pat as the ultimate salesperson – enthusiastic, charming, energetic – she often persuades in a subtle and sometimes unspoken manner. Are you an AAACN salesperson? AAACN is fortunate to have exceptional members – people capable of starting an epidemic.

Rule 2

Gladwell’s second rule is called “The Stickiness Factor.” The premise here is that there is a simple way to package information that under the right circumstances, can make it irresistible. AAACN has worked hard over the last year to develop a new structure and format for our materials – a verbal message depicted visually in our new membership brochures, posters, and quick screen. There are more in development for you to use in your organizations and work places to spread the word and create a “stickiness” about AAACN. Please contact the National Office if you would like copies of AAACN’s new brochure and poster.

Rule 3

The third rule is “The Power of Context.” This relates to the environment. Epidemics are sensitive to conditions and circumstances of the times and places in which they occur. According to the Division of Nursing Health Resources and Services Administration’s 1996 national survey of registered nurses, 25% of the RN workforce worked in the ambulatory care setting. In 2000, there were 823,542,000 ambulatory office visits to physicians; average number of visits per person was 3 (Medi-Lend Nursing Services, Inc, n.d.). The power of context is that the ambulatory care setting is the cornerstone of care.

I would like each of you to identify and recognize yourself or a colleague as a connector, maven, and/or salesperson, and I ask each of you to play the role of incubator for AAACN’s contagious message:

AAACN is the source of knowledge and education for ambulatory care and take advantage of our advocacy and community to expand your knowledge base, networking opportunities, and your presence at the table of decision makers.

Having just returned home from the hugely successful 2006 AAACN Annual Conference in Atlanta, and an “On the Road” ambulatory care review course hosted by Diane Resnick at Meridean Health in Brick, NJ, it seems like the 2007 conference in Las Vegas is a long way away. The theme for next year’s conference in Las Vegas is Shaping the Future of Ambulatory Care. Let’s get the connectors, mavens, and salespeople spreading the word and starting an AAACN epidemic!

I invite all AAACN members to become volunteer leaders as connectors, mavens, and salespeople, and together, we will lead the way in shaping the future of ambulatory care. What can each of you do to deliberately start a positive epidemic for AAACN?

• Be the tipping point for AAACN membership in your organization. Recruit just one member this year, and we will double our membership.
• Start the epidemic in your organization. Attend the 2007 AAACN Annual Conference in Las Vegas with a colleague, we will double our conference attendance.
• Contact a new colleague that you met at the conference and share a best practice, policy, or leadership tool.
• Share an AAACN product with a colleague.
• Spend time thinking about how to make your messages so compelling and more contagious, and how to reach as many ambulatory care nurses about AAACN as possible so that you cannot be ignored.
• Volunteer for a task force when you receive the broadcast e-mail or telephone call.
• Participate actively in a Special Interest Group (SIG).
• Apply for AAACN Scholarship Funds.
• Nominate a colleague or ask a colleague to nominate you for one of the Excellence Awards.
• Host an AAACN “On the Road Course” for ambulatory care certification review and/or the telehealth nursing practice core course.

By realizing the power of the ambulatory care context and by waving your stickiness factor – the characteristics

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More than 500 nurses convened at the AAACN 31st Annual Conference in Atlanta, GA, from March 23-27, 2006, where they shared best practices, networked, and attended special events. An enormous success, the conference opened with the Keynote Opening Address, “Three Steps to Power, Peace, and Perseverance: Lessons in Health Care from Mother Teresa,” presented by former television news anchor Anne Ryder. AAACN also hosted several pre- and post-conference workshops on such topics as accreditation, ambulatory care nursing certification review, and telehealth nursing. General sessions explored pandemics, evidence-based practice, and emotional intelligence. The closing session on March 26 entitled, “Challenges in Today’s World in Ambulatory Settings,” where speaker Carol Rutenberg discussed recent disasters and their impact, and invited the audience to share their own stories.

AAACN members are now looking forward to 2007, when the 32nd Annual Convention will be held March 29-April 2 at the Las Vegas Hilton, Las Vegas, NV.
Conference attendees network and discover new leadership skills during the Leadership Symposium.

3. The AAACN Silent Auction was a success, raising $4,957.00 for the AAACN Scholarship Program!

4. Kathryn Scheltt, MSN, CPHQ (left), and Vickie J. Leger, MS, RNC, are all smiles as they head into the Opening Ceremonies.

6. 2005-2006 AAACN Board of Directors pose with Scarlet O'Hara and Rhett Butler!

7&10. Members of the U.S. military were present in full force during the conference.

8. Lt. Col. Carol A.B. Andrews (U.S. Air Force) receives the AAACN Administrative Excellence Award from 2005-2006 President Regina Phillips, MSN, RN (sitting), and Anthony J. Jannetti, Inc. Vice President Cynthia Nowicki Hnatiuk EdD, RN, CAE, during the Award Ceremonies.

9. Candy Laughlin, MS, RN,C; Carole Becker, MS, RN; Karen Griffin, MS, RN, CNAA; and E. Mary Johnson, BSN, RN, CNAC, share a few laughs in the Exhibit Hall.

11. Former television anchor Anne Ryder presents her opening Keynote Address to attendees.

12. Incoming President Beth Ann Swan, PhD, CRNP, FAAN, receives the President's gavel from outgoing President Regina Phillips, MSN, RN, and officially begins her term as AAACN President.

13. Carole Becker, MSN, RN, and Karen Griffin, MSN, RN, CNA, sell products at the AAACN booth.

VA SIG Meeting Minutes

Date: March 24, 2006
Time: 4:00 p.m. – 5:15 p.m.
Location: Sheraton Atlanta Hotel, 165 Courtland Street, Atlanta, GA

Members Present: Esther Brooks, MN, RN (Co-Chair Elect); Mercy Cherian, RN; Mary Anne Bord-Hoffman, MN, RN,C; Elizabeth Corley, RN, MHSM; Kimberly Corwin, MEd, RN; Lydia Carrasquillo, BSN, RN,C; Evelyn Donato; Pamela Del Monte, MS, RN,C; Carmina Fogarty, RN; Eileen Farrell, BSN, MPH; Christine Gimotea, RN, BC; Karen Griffin, MSN, RN, CNAA; Cheryl Handy, MN, RN, CNA; Crystal Hardy, BSN, RN; Awilda Meeks, BSN, RN, MPA; Janie McKenzie, MSN, RN; Barbara Soncrant, RN; Lula Smith, BSN, RN,C, MPH; Sandra Sutton, RN; Mary Walker, BSN, RN, BC; Diane Winfrey, MSN, RN, CS; Julia Younce, MSN, RN (Chair)

Educational Speaker: Sharri Rittenhouse, MSN, NP, from the Atlanta VAMC

Presiding: Julia Younce, MSN, RN, Chair the VA SIG; Esther Brooks, MN, RN, Chair-elect (both from the James A Haley VA, Tampa, FL)

1. The VA SIG San Diego 2005 Meeting Minutes were approved as written.
2. Mary E. Walker, BSN, RN, BC, from the Atlanta VA, agreed to become the new Chair-elect.
3. Pamela Del Monte, the Assistant Director of Field Operations for the National Center for Health Promotion and Disease Prevention, conveyed greetings from the VA Chief Nurse Cathy Rick. Pamela Del Monte also reported that for the coming year, the Employee Wellness Program and the move Program will be a priority for the current Under Secretary for Health Jonathan B Perlin.
4. Julia Younce reviewed the following VA SIG accomplishments for 2005-2006 which are as follows:
   a. The VA SIG Web site was updated.
   b. A summation of the 2005 VA SIG meeting minutes was published in Viewpoint (May/June 2005).
   c. The VA SIG submitted an article on “Chronic Pain Management” for publication in Viewpoint.
   d. Quarterly reports were submitted to the AAACN National Office throughout the year, and communication pertaining to SIG affairs was maintained.
   e. Sharri Rittenhouse, MSN, NP, from the Atlanta VA, accepted the VA SIG invitation for an educational discussion on the Nurse Professional Standards Board, proficiency writing, and the proficiency writing process at the 2006 AAACN Annual Conference.
   f. Created a brochure with information pertaining to the VA SIG, which was distributed at the joint SIG table during the 2006 AAACN Annual Conference.
   g. Contributed crystal pieces to the Silent Auction on behalf of the Scholarship Fund.
   h. The VA SIG Chair and Chair-elect attended the AAACN Leadership Conference Symposium in 2005 and 2006.
   i. Contributed poster presentations for the 2005 and 2006 AAACN Annual Conferences.

Using Data to Set a New Course for Leadership SIG

In 2004, the Chair of the Management SIG, Janet Moye, RN, realized that we needed a new direction. The SIG was known as the “Management SIG,” but Janet knew we were more than that – she knew that every ambulatory nurse was a leader, a pioneer of sorts, striving through everyday acts of excellence to foster the profession of ambulatory nursing. Janet refocused the direction of the SIG into a model of leadership. New goals and objectives were written, and the Leadership SIG was born!

I attended the Leadership SIG meeting for the first time at the 2005 AAACN conference. In the room I found over 50 colleagues with exciting ideas and passionate needs, but something was missing. Though Janet, along with Sandra Palmisano, gave it everything they had, perhaps additional manpower was needed to run a dynamic organization. One or two people cannot do it alone.

Earlier this year when Janet put out the call for a new Leadership SIG chair, I responded. I wanted and needed more from AAACN in terms of leadership support. Wagner and Hollenbeck (1998) describe charismatic leadership as “the ability of the leader to communicate new visions of an organization to followers.” This type of charismatic or transformational leadership raises the awareness of the importance of group goals, often getting people to transcend their own interests for the good of the whole (Wagner & Hollenbeck, 1998).

While I knew what I needed from the organization, it was important for me to validate that others had the same needs. A new, overarching goal was drafted for the
Leadership SIG that would clearly define our purpose. The goal of the Leadership SIG, “to develop and support ambulatory leaders,” was accepted by unanimous vote at this year’s Leadership SIG meeting. Next, I set out to query the group as to their needs for additional leadership education. Nine topics were chosen based on input from 4 nursing leaders within AAACN, and a 3-point scale (“very interested,” “somewhat interested,” and “not interested”) was used to determine relevance.

The Nine Leadership Education Topics

1. Effective Leadership
   • Leadership vs. management
   • Emotional Intelligence and leadership
   • Developing high performing teams
   • Blending members of varied generations in a cohesive, high-performing team

2. Change Theory
   • Transformational leadership
   • Adapting to change
   • Understanding the stress of organizational change
   • Creating an organizational culture change

3. Efficiency
   • Fast track decision making
   • Decision/Impact matrix
   • In/out of the scope framing

4. Organizational Framework
   • Working in accordance with the strategic plan
   • Using a dashboard approach
   • Using a balanced score card

5. Program Development
   • How to write a business plan
   • How to propose and support a new program or service

6. Financial Efficiency and Monitoring
   • Financial key performance indicators (KPI)
   • Basic budgeting

7. Service Excellence
   • Why service excellence?
   • Service excellence and employee satisfaction
   • How to create a culture of service excellence?

8. Quality Management
   • Performance improvement basics (indicators, measurements, initiatives, data analysis, basic statistics, etc)
   • Regulatory compliance (JCAHO, DOH, etc.)

9. Human Resources
   • Coaching and mentoring
   • Talent acquisition and behavioral interviewing
   • Trans-generational work force
   • How to blend a high performance team with members of varied generations

I was very interested in the perceptions of new members of AAACN, and I brought the survey tool to the New Member Orientation at the 2006 Annual Conference, which took place the night before the opening session. Approximately half of the completed surveys were from this group; the remaining surveys were from randomly selected AAACN members who were simply asked if they would complete the survey and hand it back to me. There were 513 attendees at the 2006 AAACN conference, and 106 completed the survey. This represents a 21% participation rate and is considered a statistically significant sample.

Results of the Survey

Results of the Leadership SIG conference survey are as follows:

- Of the 106 surveys, 92% of all responses were favorable and recorded as either “very interested” or “somewhat interested.”
- The topic with the most amount of interest was “Effective Leadership,” receiving a 98% rating (76% very interested and 22% somewhat interested). Two respondents indicated a response of “not interested.”
- The second-most requested topic was “Service Excellence,” which received a 96% rating; 63% marked “very interested,” and 33% marked somewhat interested.” Four respondents indicated “not interested.”
- Three topics received a 93% rating. These included “Human Resources,” “Efficiency Tools,” and “Organizational Framework.” Within this percentile, Human Resources received the most amount of “very interested” marks (66%), followed by Efficiency Tools (56%). Organizational Framework was skewed toward somewhat interested at 53% with 40% indicating very interested.
- “Quality Management” scored a 92% rating with 54% indicating a “very interested” response.
- Change theory rated 89%.
- “Program Development” rated 85%.
- “Financial Efficiency” and “Monitoring” rated 82%.

My colleagues and I had theorized that the greatest amount of interest would be generated from staff nurses or front-line managers who aspired to a leadership position. Three questions were added to the survey instrument to determine current position, professional status, and education level.

- The majority of respondents were RNs (89%) with Bachelor’s degrees (51%) who were in positions of supervisor or manager (56%).
- 18% of respondents were administrators or directors, and 38% of all respondents held Master’s degrees.
- 15% were staff nurses or in clinical positions, 2 were LPN/LVN and 7 were Nurse practitioners. 2% held diplomas, 8% held associates degree, and 1% held a Doctorate.

As identified by the demographics above, seasoned nurses in leadership positions responded to the need for additional leadership education and support. Forty-two respondents indicated interest in participating in the Leadership SIG.

This year we added many new members to our SIG, but most importantly, we have refocused and re-energized the Leadership SIG. This year, I will be the chair and Janet Moye will be the co-chair. Janet will focus on the e-mail communications, and she, with the help of Margarita Gore, will structure the Leadership SIG page into a more...
dynamic resource. Janet will send out a leadership question to the SIG membership each month and compile the results for reference on the AAACN Web site. Under development are FAQs from previous member-submitted questions and concerns on topics of leadership, and a policies/protocols reference page. Members will be able to view policies that have been vetted by the Leadership SIG membership and can be used as a basis for policy development at other member organizations.

My focus this year will be to work with the SIG and AAACN leaders to structure the above noted leadership topics into a leadership development program or curriculum. I am grateful for the support of our Leadership SIG Board Liaison and AAACN President, Beth Ann Swan, and the ambulatory leaders, Margarita Gore (chair-elect 2006-2007) and Donna Paul (chair-elect 2007-2008), who have volunteered to take the torch and carry it into the future. Thank you to all our members; I look forward to working with you this year on our new exciting pathway. Remember, we will only be successful when we all work together! E-mail us today and find out how you can get involved.

Eileen M. Esposito, RNC, MPA, CPHQ  
Chair, Leadership Special Interest Group (SIG), 2006-2007  
esesposito@nshs.edu

Reference

Pediatric SIG Update
We were really happy to see a lot of new faces at the Pediatric SIG meeting this year. Everyone was very enthusiastic, and we are looking forward to starting new projects. The group discussed two issues—topics we are interested in hearing more about at future conferences and staffing issues in pediatric ambulatory care settings. We have a good core group working on each of these topics. If anyone is interested, please sign up for the Pediatric SIG list serve (go to the AAACN Web site and follow the instructions).

Barbara Pacca, BSN, RN, CPN  
Pediatric SIG Chair  
Philadelphia, PA

Staff Education SIG Update
The Staff Education Special Interest Group’s mission is to improve the practice of staff education and development in the ambulatory care nursing setting. The group’s vision is to be known as the primary provider of consultation and resources for staff education and development in ambulatory care nursing.

Current goals of the Staff Education SIG consist of two areas of focus:

- To include activities that support the AAACN Strategic Plan.
- To improve the competency of nurses responsible for staff education and development through education programs, resources, and mentoring.

Objectives for 2006 include:

- Development of approaches to operationalize A Guide to Ambulatory Care Nursing Orientation and Competency Assessment.
- Presentation of A Guide to Ambulatory Care Nursing Orientation and Competency Assessment to attendees at the 2006 AAACN Conference.
- Development of a survey for ambulatory care educators to assess how the Staff Education SIG can help them integrate A Guide to Ambulatory Care Nursing Orientation and Competency Assessment into their role and functions.
- Development of a directory of ambulatory nursing staff educators that will be available to nurses through the AAACN Web site.

Last year, a core group of Staff Education SIG members developed A Guide to Ambulatory Care Nursing Orientation and Competency Assessment. This state of the art reference, which completely sold out at the at the AAACN conference in Atlanta, is available by logging onto the AAACN Web site (www.aaacn.com). The Staff Education SIG’s goal of promoting use of the guide by educators and managers is being addressed by integrating the guide in educational presentations and dialogue within AAACN and additional professional organizations to which we belong, and diffusing the tool within our home organizations.

Twenty-eight conference participants attended the Staff Education SIG meeting in Atlanta, and participants were diverse, dynamic, and enthusiastic. Brainstorming conducted in this meeting surfaced a common and major challenge for educators, which included education, scope of work, and competency for medical assistant/certified nurse attendant/medical office assistants. The Staff Education SIG will review and prioritize this issue and others that surfaced during the meeting.

A written survey was presented to attendees at the 2006 Annual Conference to obtain feedback about:

- A Guide to Ambulatory Care Nursing Orientation and Competency Assessment.
- Recommended competencies for ambulatory care staff educators.

The Staff Education SIG has a goal to produce a resource that identifies basic competencies for ambulatory care staff educators in time for the AAACN 2007 Annual

Ambulatory Certification Fall Date

**Exam:** October 14, 2006  
**Application deadline:** June 30, 2006  
July 28, 2006, with $35 late fee  
Go to [www.nursecredentialing.org](http://www.nursecredentialing.org) for more information or call 800-284-2378  
Go to [www.aaacn.org](http://www.aaacn.org) for more information on test preparation resources.
Conference in Las Vegas, NV. Research is in progress, and the SIG is collecting educator job descriptions and competencies from its members because the current literature search primarily focuses on hospital-based educators. The SIG encourages readers to participate in this production by forwarding your organization’s staff educator job descriptions and competencies via email to Carol.Brautigam@KP.org or via fax at 303-788-1171.

Lynne Jacobsen stepped forward at the Atlanta meeting and agreed to co-chair the SIG with Carol Brautigam in 2007. Lynne and Carol will be coached and prepared for their new role during 2006 by DiAnn Hughes and Lenora Flint, current co-chairs for 2006. Belinda Doherty has joined the SIG as the board liaison replacing Charlene Williams, AAACN President-elect. Congratulations and thank you to all of you.

If you are a staff educator, manager, or administrator responsible for staff education and would like more information about the Staff Education SIG, please contact the 2006 co-chairs at the e-mail addresses below.

The Staff Education SIG looks forward to having you join our next 2007 meeting in Las Vegas.

DiAnn Hughes
Staff Education SIG Co-Chair
DiAnn.E.Hughes@KP.org

Lenora J. Flint
Staff Education SIG Co-Chair
Lenora.J.Flint@KP.org

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The Staff Education SIG looks forward to having you join our next 2007 meeting in Las Vegas.

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Hand Hygiene
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- Goal 7: Reduce the risk of health care-associated infections.
- 7A: Comply with current CDC hand hygiene guidelines (JCAHO, 2006c).

JCAHO reviewers routinely question staff about the Hand Hygiene (HH) compliance rates. Additionally, organizations are being asked how their process improvement activities are assuring that hand hygiene rates are being maintained or improved.

Denver Health Community Health Services (DH-CHS) participated in an agency-wide program of documenting, evaluating, maintaining, and where necessary, improving hand hygiene activities. DH-CHS is part of the Denver Health and Hospital Authority, a nationally recognized safety net health care system. DH-CHS is one of the largest federally funded community health centers in the United States. In 2005, DH-CHS provided more than 360,000 preventive and primary care visits to the citizens of Denver through 9 facilities/primary care clinics and 12 school-based clinics, encompassing 22 clinical units. This article will focus on the 8 family medicine clinics.

The Hand Hygiene project in the DH-CHS was organized and conducted by the DH-CHS Infection Control Coordinator. The project began in the second quarter of 2005. The initial step was to identify current HH compliance rates in the clinic environments. A surveillance tool was developed that identified HH compliance prior to and following patient contact.

Self-rating at the DH-CHS sites reported 100% compliance. However, when selected staff observed hand washing at these sites, the hand hygiene compliance rates were found to be much lower (see Figure 1).

Overall, staff observations were made without the clinic staff knowing that their hand washing activities were being watched and recorded. Twenty staff observations were made at each site using the hand hygiene surveillance tool. The disparity between initial self-monitoring and surveillance results could have resulted from several issues. Possible issues identified were lack of staff knowledge relating to the importance of hand hygiene in the prevention of the spread of infection among staff and clients. In addition, there may have been no clear definition of what was expected (for example, each staff observation necessitates hand washing before and after patient contact). The availability of convenient HH products may have also been a factor.

The HH compliance rates among the categories of staff observed were also found to be divergent (see Figure 2) This chart identifies the 4 categories of staff observed for hand washing practice before and after patient contact. The DH-CHS categories of staff include:

- MD – Physician, resident.
- ACP – Advanced care practitioner: Physician assistant, certified nurse midwife, nurse practitioner.
- RN – Registered nurse.
- MA – Medical assistant.

After reviewing the results of these initial observations, an improvement plan was developed, the cornerstone being the education process. Data collected in second quarter were identified as the baseline hand hygiene compliance rates. The goal in the improvement plan was not only to achieve 100% HH compliance, but also to encourage the staff to have good HH procedures become “automatic” to them.

The strategy that was developed included the following processes:

### Figure 1
Denver Health Community Health Services
Percent Compliance with Hand Hygiene

<table>
<thead>
<tr>
<th>Site</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>Clinic 1</td>
<td>44%</td>
<td>67%</td>
</tr>
<tr>
<td>Clinic 2</td>
<td>44%</td>
<td>33%</td>
</tr>
<tr>
<td>Clinic 3</td>
<td>67%</td>
<td>8%</td>
</tr>
<tr>
<td>Clinic 4</td>
<td>33%</td>
<td>0%</td>
</tr>
<tr>
<td>Clinic 5</td>
<td>8%</td>
<td>29%</td>
</tr>
<tr>
<td>Clinic 6</td>
<td>0%</td>
<td>50%</td>
</tr>
<tr>
<td>Clinic 7</td>
<td>29%</td>
<td>50%</td>
</tr>
<tr>
<td>Clinic 8</td>
<td>50%</td>
<td>33%</td>
</tr>
</tbody>
</table>

### Figure 2
Health Care Workers Compliance

<table>
<thead>
<tr>
<th>Category of Staff</th>
<th>1st Quarter</th>
<th>2nd Quarter</th>
</tr>
</thead>
<tbody>
<tr>
<td>MD</td>
<td>88%</td>
<td>64%</td>
</tr>
<tr>
<td>ACP</td>
<td>64%</td>
<td>79%</td>
</tr>
<tr>
<td>RN</td>
<td>79%</td>
<td>54%</td>
</tr>
<tr>
<td>MA</td>
<td>54%</td>
<td>33%</td>
</tr>
</tbody>
</table>
A program of staff education was initiated, utilizing the CDC hand hygiene guidelines. These guidelines include the importance of washing immediately before and immediately after patient contact and the length of time to complete a hand washing, as well as the types of HH products to use (Boyce & Pettit, 2002).

This educational information was presented in a self-learning packet that could be completed at the staff member's convenience, as it was electronically accessible.

All staff were mandated to complete the education package before the next quarter’s hand hygiene surveillance.

Quarterly surveillance would be performed over the next year. Charge nurses from each clinic were trained by the infection control nurse on how to use the surveillance tool and were asked to select and train a staff member, from their respective clinics, who will subtly observe fellow staff members and HH compliance.

Managers were responsible for maintaining hand hygiene compliance issues in their respective clinic environments.

The agency’s infection control committee established the “acceptable” hand hygiene threshold level of compliance at 100%. At Clinic 6 (see Figure 1), hand hygiene compliance was 0%, which required immediate intervention. This clinic deals primarily with an émigré clientele, which added additional educational needs for both staff and patients. The educational plan at Clinic 6 included both clients and staff, and focused on the second and third quarters of the year.

The seriousness of the hand hygiene issue was first addressed with staff using one-on-one education, staff meetings, specific infection control and hand hygiene inservices, and demonstrations. Next, waterless hand hygiene products (such as foam and gel pumps) were placed in easily accessible areas for both staff and clients. The staff followed through with sharing the foam and gel hand hygiene techniques with clients arriving for care.

Clinic 6 was able to not only educate themselves on the importance of hand hygiene, but also educate a population of non-English-speaking clients who came from a wide variety of nations, including third world countries, where the use of water for hand hygiene is not the highest priority. As a result, this clinic was able to raise their hand hygiene compliance to 90% by the fourth quarter, a wonderful success story. This educational model was also implemented at all other clinics.

The next two quarters of observation showed an overall increase in the percentage of hand hygiene compliance among staff (see Figure 3).

Based on the response to the educational program, findings in the observations, and discussions with staff, HH surveyors concluded that:

- Increased rate of compliance reflected that HH is perceived by staff as effective in preventing personal infections as well as decreasing spreading infection to others.
- Staff recognize the importance of hand hygiene to protect patients from hospital-associated infections (DH-CHS Infection Control Team, 2005).
- Staff recognize that hand hygiene is a critical component of patient safety and can save lives in health care settings (Cockshut, 2004).

It was relatively apparent that a Hawthorne effect (a phenomenon in observational research that impacts the outcome of the study because subjects know they are being watched) was taking place. By the third quarter, staff recognized hand hygiene surveyors, and it was suspected that the hand hygiene compliance rates were higher when the surveyors were in the clinic.

The next steps with the hand hygiene campaign at Denver Health Primary Care Clinics include:

- The completion of the HH self-learning packet is now mandated for annual competency review for all employees.
- To mitigate the Hawthorne effect from use of surveyors who were clearly identified as being in the clinic for that reason only, each clinic is identifying a staff member(s) to do the quarterly hand hygiene surveillance.
- Quarterly hand hygiene surveillance will continue in all clinics.
- Those clinics with 100% compliance will continue regular quarterly reviews.
- Clinics with less than 100% compliance will have focused education and inservices on hand hygiene, and will participate in

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We are currently seeking an Administrator of Ambulatory Services to be a strong collaborative leader for its outpatient clinics. Over 60 primary and specialty clinics are located in Charlottesville and surrounding communities. This position reports to the Chief Clinical Officer and is a key position in the Clinical Care Services Division. The successful individual will possess proven fiscal and human resources management skills and be able to demonstrate effective working relationships with physicians and other staff, as well as the ability to manage complex operations. Experience in an academic medical center and hospital-based clinic structure is a plus. Master’s degree in health or business field strongly preferred. To be competitive, applicants must have a minimum five years’ health care experience with progressive management responsibilities. UVA Health System offers a very competitive salary and benefits package.

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“spot checks” occurring randomly until a compliance level of 100% is attained.

With increased agency-wide media attention, hand hygiene is now an expectation in all environments at Denver Health and Hospital Authority. The Hand Hygiene Campaign included system-wide screen savers on all computers describing HH activities and a contest for slogan-creation encouraging the use of hand sanitizers. These slogans were then placed above the new alcohol-based foam dispensers. There was also a poster campaign during National Nurses Week and during National Hospital and Healthcare Week.

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References

Additional Reading
On January 30, 2006, the accounting firm of Gold, Meltzer, Plasky, and Wise provided the accountant’s review report to the AAACN Board of Directors. A review consists principally of inquiries of company personnel and analytical procedures applied to financial data. Although it is substantially less in scope than an audit, it is done in accordance with generally accepted auditing standards.

The review report concluded the following:

“We have reviewed the accompanying statements of assets, liabilities, and fund balances – modified cash basis of the American Academy of Ambulatory Care Nursing, Inc., as of December 31, 2005. Based on our review, we are not aware of any material modifications that should be made to the accompanying financial statements in order for them to be in conformity with the basis of accounting.”

In January 2005, AAACN converted its fiscal year to a calendar year (CY). This report will highlight some of the variances in the expected and actual revenues and expenses for CY 2005.

Total revenues for calendar year 2005 were $718,463, expenses totaled $674,536, and revenues in excess of expenses were $43,927. On the revenue side, there was an 11% increase in membership dues and a 39% increase in annual conference revenue. There was a 112% revenue increase in certification review course and a 62% increase in core curriculum revenues. There was additional realized revenue from several new products that were introduced in 2005, such as the Ambulatory Care Orientation and Competency Assessment Guide, Ambulatory Nurse Staffing Bibliography, and the Ambulatory Care Nursing logo products.

On the expense side, there was an overall 21% increase in expected expenses, mainly due to a 74% increase in administrative operations and a 9% increase in membership services. The increase in both of these expenses was driven by the significant increase we experienced in membership, especially with the organizational group discount program initiated in 2005. There was also a 20% increase in management fees and a 16% increase in annual conference fees due to a greater than anticipated attendance. There was also a 200% increase in the area of education materials due to the development of new education resources and promotional materials.

A breakdown of the 2005 revenues and expenses is provided in the accompanying pie charts. These charts show that the major revenue source is education at 64%, while membership dues account for 28% of total revenues. In the expenses chart, education is also the largest expense at 38%, followed by membership (23%), national office management (19%) and administrative services (16%). The focus on education is consistent with AAACN’s mission and strategic plan.

Calendar year 2005 opened with a fund balance of $198,583 and closed with a balance of $242,510. The AAACN Board of Directors and staff will continue to focus on increasing revenue streams and decreasing expenses guided by the strategic plan.

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Treasurer

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Viewpoint, the official publication of the American Academy of Ambulatory Care Nursing, announces a call for manuscripts for the 2006 Viewpoint Writer's Award.

The purpose of this annual award is to encourage and recognize excellence in ambulatory care nursing. Manuscripts published in the newsletter on topics in ambulatory care nursing practice, clinical research, and professional development and leadership are eligible for consideration. Articles published in 2006 are eligible for consideration. An awards committee will select the winning manuscripts. The award, consisting of $200, will be presented at the 32nd Annual AAACN Conference. The winner will be notified by mail and announced in Viewpoint.

Please contact the AAACN National Office for author guidelines and more information:

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