

aacn ViewPoint

The Voice of Ambulatory Care Nursing

Improving Clinical Emergency Response in an Outpatient Setting

Marianne Sherman, MSN, CNS
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With the collaboration of community responders and on-site ambulatory security and clinical staff, a clinical emergency response model was created and implemented in a new university-based ambulatory care center that was 6 miles from its associated tertiary care hospital.

Staff training, standardization of equipment, and ongoing evaluation all contributed to safe, rapid and expert stabilization and care of patients during clinical emergencies. FOCUS PDCA (see page 17

for acronym description), a process improvement tool, was used to assess, plan, and implement the emergency response program. A formal training program was developed to ensure staff competency for emergency response.

Services in the new ambulatory center included all medical and surgical subspecialties, as well as radiology and radiation oncology procedures to support a large, tertiary care cancer program. Patients who present in this setting have myriad complex medical problems and clinical emergencies are common.

Often, such a large ambulatory center is

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Representing the emergency response team are Aurora Fire Department members (back row, from left) Kris Anderson, Benrd Hoefler, and Paul Kropinak; and (front row, from left) Israel Cavazos, Jr., University of Colorado Health Sciences Center Police/Security Department; Bev Rush, Senior Fire Inspector, Aurora Fire Department; Marianne Sherman, Ambulatory Clinical Standards Coordinator, University of Colorado Hospital; and Kristin Paston, ACLS/BLS Coordinator, University of Colorado Hospital.

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Phoenix, AZ

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AAACN Viewpoint

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Sometimes It's Nice to be Reminded

Dear Colleagues,

Somehow it seems, for me anyway, that life is going by too quickly. There are so many things to do; so many pressures and deadlines to meet; so many competing expectations that it is easy to forget the things we should be grateful for. Health, home and family, meaningful work, the opportunity to live rich and fulfilling lives filled with challenge, opportunity, joy, sorrow, failure, loss, and oh so much more.

Recently, a friend and I traveled to Biloxi, Mississippi, for a weekend of relaxation and perhaps even a moment or two in the local casinos. On Saturday morning we went first to a casino we have often gone to in the past. As we neared the back of the casino, we came upon what appeared to be a chaotic moment. A stool was overturned, a man was lying on the floor, and a woman was crouched next to him. Another woman ran past us and asked a security guard to come and help because the man had fallen off his stool.

My friend asked if we should offer help but I said no, as it looked like they had enough help. The man was moving and there was a crowd around him. We went on to the nearby bank of machines we had been looking for. I sat down at one machine and my friend went around another bank of machines looking for one she wanted to try. My friend is a nurse. She couldn't resist going back to see how things were going with the man who had fallen. I couldn't resist either and as I turned around to look back to where he had fallen I saw my friend get down on her knees at his head. Obviously this was more than a simple fall.

I got up to better assess the situation at the same time that my friend called me. We were no longer on vacation. The nurse in each of us took over. I straightened the man out as she checked for a pulse and respiration. Neither was present. As we began CPR an EMT/Security Guard arrived with an AED, mask, and oxygen. An ambulance and emergency response team had been called but it would be several minutes before they arrived.

The EMT applied the AED pads. The three of us listened to the outcome of its assessment. "Prepare to shock"...we stopped CPR and sat back as the AED applied the shock. The patient was assessed again and a second shock applied. "Resume CPR" said the AED recording, and so we did. An oral airway was quickly inserted. Soon we were in the rhythm...five compressions and two breaths...five compressions and two breaths (OK, we know the new protocol is 15 compressions and two breaths, but we're old and we reverted back to the protocol we remembered best). In the background we could hear a woman crying. We later learned she was his wife. We could also hear others talking. "Thank goodness they know what they are doing." "Do you think he will live?" "What happened? Did you see anything?" "Have they called an ambulance?"

It felt as if we were in a time warp. Even though we heard the voices around us, it was really just two ancient nurses, an EMT, and a man in a lot of trouble. We continued our CPR, got oxygen flowing, and suddenly realized he was no longer purple and lifeless. He was breathing on his own and he had a pulse...faint at first...but it was there and it was his. Slowly we began to realize we had him back.



Catherine J. Futch

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Onboard Naval Ship Comfort

For non-combatants or U.S. servicemen and women, nurses provide quality care in a unique ambulatory setting.

'Nurses do it all.'

Nurses have heard this statement before. Onboard the USNS Comfort (Transport-Auxiliary hospital number 20, or T-AH 20), the saying is also "Nurse practitioners do it all with gusto."

On the Comfort, also known as "America's Most Prestigious Hospital Ship," Navy nurse practitioners are called on to care for America's best soldiers, sailors, and airmen as well as non-combatants.

In this article, AAACN member CDR James Fraley, FNP, MSN, from the Naval Health Care New England, Naval Ambulatory Care Clinic Newport, describes patient care during Operation Iraqi Freedom.



Friends and family members gather in Baltimore, MD, on June 12, 2003 to await the USNS Comfort as it returns from deployment in support of Operation Iraqi Freedom.

U.S. Navy photo by Aviation Maintenance Administrationman 1st Class John E. Reynolds.

James Fraley, FNP, MSN

The USNS Comfort, the last hospital ship commissioned by the Navy, is a 1,000-bed floating hospital, comprised of 15 medical-surgical wards, four Intensive Care Units with 80 critical care beds, and 12 operating rooms. The ship has a complement of 1,200 medical and support personnel to provide around-the-clock full emergency and operating room, lab, radiology, pharmacy and nursing services. The Comfort has medical-surgical specialty teams comparable to any major medical facility of its size; pulmonology, intensivists, cardiology, neurology, neurosurgery, orthopedics, burn specialists, cardiovascular surgery, and more.

The nickname for the Comfort is the "Comfort Inn." She earned this

nickname from the folks in New York City following the events of September 11, 2001, where she provided hotel services and ambulatory primary care services to thousands of workers. The ship offers the best possible service, and the crew prides themselves in the quality of care that they are capable of providing to patients.

Operation Iraqi Freedom

As the major medical referral center during Operation Iraqi Freedom, the ship's medical personnel treated over 600 patients from American and coalition armed services, merchant marines, Iraqi nationals (including women and children), and Iraqi enemy prisoners of war. This setting provided a unique opportunity for nurse practitioners (NPs) to demonstrate their

knowledge and skills while at the same time mentoring other nurses and hospital corpsmen in both inpatient and ambulatory care.

The NP community was very well represented during the operation in Iraq. While not all of the nurses functioned in the role that they were trained for, they all willingly accepted their assignments and pulled together for the care of the patients.

Unlike a shore-based hospital, the Comfort receives her patients primarily via air transport. A 120 x 120 foot flight deck supports the landing of any type of helicopter. The Flight Deck Triage Area, located just inside the ship from the flight deck, allows for the rapid assessment of the injured patients and prioritization for the Casualty Receiving area. Casualties are then

On USNS Comfort,

many nurses got their first experience working in an ambulatory setting.

moved into waiting elevators and transported to Casualty Receiving.

Casualty Receiving consists of 50 emergency room beds grouped into four to six bed bays. Patients are triaged in order of acuity (emergent, delayed, walking wounded) as they arrive in this area. The triage officer then assigns the patients to beds and in each bay a team of physicians, nurses, and corpsmen waits. The patients are evaluated and treatment begun before they are taken to x-ray, the operating room, or the ward.

During Iraqi Freedom, Casualty Receiving also served as an ambulatory care clinic for non-combatants. Approximately 300 patients were seen

and treated by the staff in this area. Many of the nurses assigned to Casualty Receiving experienced for the first time what it was like to work in an ambulatory care setting. NPs were invaluable in assisting these nurses in learning ambulatory care.

Life onboard the Comfort is good. There are hot showers, great meals (with fresh fruits and vegetables), laundry services, and the occasional sailors' treat of soft serve ice cream. Many of our fellow soldiers and sailors do not have these luxuries, and the staff is more than anxious to share these with them once they are aboard the "Comfort Inn." Some reporters, who lived onboard for short periods of time,

equated the ship to a small city, as they wandered through the barbershop, chapel, library, and a small ship's store.

The NPs aboard the Comfort were called to serve and care for our nation's best, the young men and women who wear the uniform of the armed services. Serving in many varied roles, these men and women proved that NPs could indeed 'do it all and do it well.'

CDR James Fraley, FNP, MSN, is Commander, Naval Health Care New England, Naval Ambulatory Care Clinic Newport.

Note: This article contains the personal views of the author and not necessarily those of the USNS Comfort, Department of the Navy, or Department of Defense.

New E-Commerce System Enhances Member Benefits

To better meet the needs of its members, AACN has implemented a new, state-of-the-art electronic commerce computer system. To complement this new system, AACN's Web site (www.aacn.org) has been redesigned. The Web site now uses electronic commerce, or E-commerce, to simplify the on-line fulfillment process. The process uses electronic fund transfers and electronic data exchanges to complete transactions and update records.

The benefit of E-commerce is that it allows AACN members more control within the Web site. Members will now have the ability to change their contact information through the site. For instance, "if members move to a new address, change their phone number or email address, they can simply log in to the Web site and make their changes," according to AACN Internet Services Manager Scott Johnson.



Features

The E-commerce system allows members to:

- Purchase association products and memberships. The site contains a shopping cart, an order form listing products or services selected for purchase, and an automatic credit card validation

process. The buyer's computer will communicate directly with AACN's database, where information will be received and saved. Once the transaction to the database occurs, a product order can be filled or a service request can be completed.

- Register for conferences. Instead of filling out registration forms and mailing them back to the National Office, members can register directly through the Web site.
- Join chat rooms and bulletin boards for discussions. Members have the opportunity to create personalized passwords for access to "Members Only" areas of the site.
- Update membership records. Members can update their individual records on-line, without having to contact the National Office.

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Generations and Community...

Who Are We?

Catherine Futch, MN, RN, CNAA, CHE, CHC

Editor's Note: The following is an address given by AAACN President Catherine Futch at the Leadership Preconference, AAACN 2003 Annual Conference, Tampa, FL, on April 10. The presentation on the four generations of members who belong to the AAACN professional community was so well received that we are sharing it here with Viewpoint readers.

We are best when we know ourselves better than anyone else knows us. If that statement is true, and I believe it is, it implies that we must better understand what constitutes the community we refer to as the American Academy of Ambulatory Care Nursing (AAACN). Of equal importance is the need for us to understand the complexities that come with having multiple generations represented within our professional community.

Community often evolves from the desire of individuals to accomplish something together that they could not accomplish alone. It reflects a collaborative gathering of individuals who come together with common goals and beliefs.

The community that is AAACN is a gathering of ambulatory care nurses (leaders, practitioners, business owners, consultants, educators) bound by their interest and commitment to providing care in settings other than the traditional inpatient setting. AAACN members do have common interests and beliefs. We come together as a professional community to seek solutions to common problems, meet common needs, and accomplish common goals.

We are drawn to a professional community for a variety of reasons. Usually it is because we have an expectation of some value that will accrue to us as a result of being part of the association. We have common expectations about the information that will come to us; the benefits that will be received; the value that will come with membership, and the impact of common self-interests that will lead to further enlightenment of the individual and of the group as a whole.

Our members are our most vital assets. We must consider how we engage them...how we attract new members...and how we define effective involvement of members in the organization.

Effective involvement can mean a lot of things. It might be attending an annual meeting, working on a committee, chairing a special interest group or committee, providing input on an issue or simply keeping up with what is happening within the organization and within ambulatory care. There are many options. Tecker Consultants, LLC, identified three categories of member involvement. They named these categories "Mailboxers," "Networkers," and the "Intelligentsia."



John F. Kennedy and many other prominent figures greatly influenced America's Baby Boomers.

Mailboxers want a steady stream of information that will be of value in their daily work. They want AAACN to simply be a source of information. Networkers want to be more involved with others within AAACN. They find value in belonging to the AAACN community. They want to come to annual meetings and have plenty of time to dialogue with their colleagues from across the country. The value of membership for them lies in the networking opportunity. The intelligentsia want more. They want regular access to cutting edge information. They want to know the future before it arrives. They will continue to participate in the organization for as long as their "need to know" is met. (Tecker Consultants, 2002-03).

If members are our most important assets, then it is vitally important that we protect and nurture them. That means we have to use volunteers wisely. We have to understand the many competing demands our members face each day as they serve in a multitude of roles (parents, family members, care givers, employees, employers, community members). We have to find ways to offer enjoyable experiences for our members that cover a wide array of options: short-term involvement, long-term involvement, brief encounters, and big projects. We have to afford the opportunity for members to be engaged in meaningful work that provides for those involved a sense of personal reward and enhanced professional and personal self-esteem.

There is more to the AAACN professional community than appears on the surface. For the first time in our history we have four separate and distinct generations working

How do we as employers and leaders create and sustain an environment that will be supportive of each of the four generations?

shoulder-to-shoulder and face-to-face (Lancaster & Stillman, 2002). Each of these four generations has a bit of a different view of the world of work. Each generation brings its own set of values, beliefs, life experiences, and attitudes to the organization. Both employers and professional organizations are benefited by understanding how to lead, motivate, and retain the different generations.

Lancaster and Stillman have identified four distinct generations: Traditionalists, Baby Boomers, Generation Xers, and Millennials. They also identified for each generation who their most influential people were, what events helped shape their attitudes and beliefs, and what their clash points were (the collisions that arise when two generations bump headlong into each other).

Traditionalists

The Traditionalists were born between 1900 and 1945. They are some 75 million strong (Lancaster & Stillman, 2002). They grew up between two world wars and a depression. They learned to do without or do with very little, save for a rainy day, and avoid waste. Traditionalists learned to be loyal and to work together for a common goal. Symbols carry a great deal of weight for them and they have very strong beliefs about patriotism, hard work, and respect for leaders. The Traditionalists were influenced by people like Joe DiMaggio, Joe Louis, Joe McCarthy, Dr. Spock, Alfred Hitchcock, the Rat Pack, Franklin Roosevelt, Duke Ellington, Ella Fitzgerald, John Wayne, and Betty Crocker. They experienced Stalin, Hitler, Mussolini, Pearl Harbor, the Great Depression, Hiroshima, Korea, the Bay of Pigs, Midway, and Iwo Jima. A major clash point for the Traditionalists came when the chain of command, military style of management that had worked so well for them began to give way to the Baby Boomers and their desire to shake things up, change the world, and make it a better place to be.

Baby Boomers

The Baby Boomers were born between 1946 and 1964. They are some 80 million strong. They somehow managed to change every market they entered, from the supermarket to the job market to the stock market. Baby Boomers are very optimistic and they entered the workplace with a strong desire to leave their mark in the form of change and rediscovery. They were influenced by Martin Luther King, Jr., the Kingston Trio, Richard Nixon, John F. Kennedy, Eldridge Cleaver, Beaver Cleaver, Rosa Parks, Gloria Stienem, Captain Kangaroo, Janis Joplin, Elvis Presley, and the Beatles. Among the tragedies they experienced were the Watergate Hotel, the Hanoi Hilton, Chappaquiddick, and Kent State. Those tragedies were in stark contrast to sit-ins, love-ins, laugh-ins, and Woodstock.

The Baby Boomers lived the dreams of their parents, a home in the suburbs, a car in every garage, a chicken in

every pot. A constant stream of new products and new technology ranging from bell-bottoms to mood rings surrounded them as they experienced Rolex watches, TV, junk food, and junk bonds. Baby Boomers have lived up to their expectations. They are presently "manning the helms of a large number of key organizations" (Lancaster & Stillman, 2002).

Generation Xers

Generation Xers, born between 1965 and 1980, are often referred to as the most misunderstood generation. They are 46 million strong, making them the smallest of the generations. They have been very influential in the workplace.

Although marked by a big dose of skepticism, the Generation Xers have been very resourceful and independent. They count on their peers and themselves to get things done and they have produced remarkable accomplishments as managers, leaders, inventors, and entrepreneurs. Bill Gates, Bill Clinton, Monica Lewinsky, the Ayatollah Khomeini, Ted Bundy, Beavis and Butt-Head, Clarence Thomas, Newt Gingrich, Dilbert, Madonna, and Michael Jordan were among those who influenced the Xers. "They saw many of their heroes and role models exposed as someone with far too many human frailties to be a hero" (Lancaster & Stillman, 2002).

The Generation Xers saw a large number of major institutions called into question. As they grew up, the divorce rate tripled, leading to quickly rising numbers of single parent households and latchkey programs. Generation Xers have emerged with a distrust for the permanence of either institutional or personal relationships. Thus "they put more faith in themselves as individuals and less faith in institutions that appear to have failed them over time" (Lancaster & Stillman, 2002).

Generation Xers made the transition from chain of command, to change of command, to self-command. They watched the birth of cable TV, digital TV, satellite TV, VCRs, video games, fax machines, microwaves, cell phones, computers and Palm Pilots®.

Millennial Generation

The Millennial Generation was born between 1981 and 1999. They are about 76 million strong and are often referred to as the Echo Boom, Generation Y, the Baby Busters, or Generation Next (Lancaster & Stillman, 2002). The oldest of the Millennials are now entering the workplace and choosing memberships in professional associations.

They are a smart, practical, and techno-savvy generation. The Millennials are comfortable with the challenges of modern life. They don't hesitate to get involved when things go wrong. They are loyal, optimistic, and have just enough skepticism to be cautious. Prince William, Chelsea Clinton, Tinky Winky, Ricky Martin, Barney, Britney Spears, Mark McGuire, Sammy Sosa, and Venus and Serena Williams are influencing the Millennials. They have experienced chat rooms, Okalahoma City, 9/11, Saddam Hussein, cyberspace, outer-

Table 1.
The Clashpoints

Clashpoints	Traditionalists	Baby Boomers	Generation Xers	Millennials
Career Goals	Build a legacy	Build a stellar career	Build a portable career	Build parallel careers
Rewards	Satisfaction of a job well done	Money, title, recognition, the corner office	Freedom is the ultimate reward	Work that has meaning for me
Balance	Support me in shifting the balance	Help me balance everyone else and find meaning myself	Give me balance now, not when I am 65	Work isn't everything. I need flexibility so I can balance all of my activities.
Retirement	Reward	Retool	Renew	Recycle

From Lancaster and Stillman, *When Generations Collide*, 2002.

space, Columbine, kid snatching, Desert Storm, and the war in Iraq. They have had access to a wide range of technology since birth. The Internet is a friend for them and they use it to visit any place they would choose.

Millennials value diversity. Their focus is on collaboration, not commands. They are tough to bully because they are accustomed to sticking up for themselves. From the moment they enter the workplace or join an association, they seek to contribute and collaborate. The Millennials have the benefit of being in touch with each of the three preceding generations. It is this very contact that may afford them the opportunity to become truly the greatest generation (Lancaster & Stillman, 2002).

Cuspers

Spanning each of the generations are the Cuspers. They stand in the gap between two generations and so they often become experts at mediating, translating, and mentoring. The Traditionalists/Baby Boomer Cuspers were born between 1940 and 1945. Baby Boomer/Generation Xer Cuspers were born between 1960 and 1965 and the Generation Xer/Millennial Cuspers were born between 1975 and 1980 (Lancaster & Stillman, 2002).

The Traditionalists/Baby Boomers are old enough to relate to the values and work ethics of the Traditionalists and young enough to have gotten excited about challenging the status quo. They remember the Shadow and they remember rocking to Elvis Presley. The Baby Boomer/Generation Xers were too young for the protest movements of the 60s and the disillusionment of the 70s. Many were still in school in the 1980s and managed to survive without a computer. They lived in a down economy and so often had to scratch for opportunities. Generation Xer/Millennial Cuspers are still being defined. They have the caution of the Xers and the optimism of the Millennial generation (Lancaster & Stillman, 2002).

Each of the generations have brought their own perspectives to the table when it comes to career goals, rewards, balance, and retirement. Their differences, referred to as "clashpoints" by Lancaster and Stillman, help define the uniqueness of each of the generations (see Table 1).

Conclusion

Now comes the real challenge. How do we as employers and leaders of associations create and sustain an environment that will be supportive of each of the four generations? Each of the generations have brought to the workplace and to associations different experiences and different expectations. The key lies in understanding the differences in their values and in their expectations of themselves and those around them.

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Additional Resource

- Tecker, G.H., Frankel, J.S., & Meyer, P.D. (2002). *The will to govern well*. Washington, D.C.: ASAE Foundation.

Catherine Futch, MN, RN, CNAA, CHE, CHC, is AAACN President and Regional Compliance Officer, Kaiser Permanente, Smyrna, GA. She can be reached at catherine.futch@kp.org.

Be Part of AAACN's Member-Get-A-Member Campaign

- Recruit three members between April 13, 2003 and December 31, 2003 and receive \$100 off future AAACN programs or products!
- Recruit the most members (six or more) and be the lucky member who wins registration, airfare, and lodging to AAACN's 2004 Conference in Phoenix!

Membership applications may be filled out on-line at the AAACN Web site, www.aaacn.org. You may also call the National Office at 1-800-262-6877 to obtain applications. Make sure the colleagues you recruit fill in your name as the "Recruiter" on their membership applications so you qualify.

AAACN Offers Scholarships and Awards

Application Deadline: January 15

AAACN's scholarship and awards program offers members an opportunity to advance their education, become certified, attend a conference, conduct research, and be recognized for excellence in administrative, clinical, and geriatric ambulatory nursing through the following awards:

Excellence Awards

Sponsored by the Anthony J. Jannetti, Inc. Nursing Economic\$ Foundation

Two nurse members will be recognized as positive role models through mentoring, sharing expertise, effective management of rapidly changing situations, and improving patient care outcomes. Two awards of \$500 will be given, one for Excellence in Administrative Ambulatory Nursing and one for Excellence in Clinical Ambulatory Nursing Practice.

Nurse Competence in Aging Award*

Provided through Nurse Competence in Aging Grant funded by The Atlantic Philanthropies (USA), Inc. awarded to the American Nurses foundation (ANF) on behalf of ANA.

A nurse member who has demonstrated outstanding commitment to care for older adults will be recognized. A \$250 award will be given to the nurse who meets this criteria.

Scholarship Award**

Funded through Silent Auction fund raising, personal, and corporate donations

Nurses who have been a AAACN member for a minimum of 2 years may receive an award for payment of tuition, books, and academic supplies.

Research Award**

Funded through Silent Auction fund raising, personal, and corporate donations

Nurses who have been a member for a minimum of 2 years who submit a research abstract and proof of acceptance of the research study, and agree to present the research findings at the AAACN Annual Meeting and/or publish an article in *Viewpoint* may be awarded funding for a research project.

How to Apply

Applications for all awards receive a blind review and are scored on an objective point system.

- Contact the AAACN National Office at 800-AMB-NURS (262-6877) or e-mail Pat Reichart at reichartp@ajj.com to request the award criteria and an application. **Please indicate which award you are applying for.**
- Candidates may be nominated by a colleague, supervisor, or may be self-nominated.
- Deadline for all awards: **January 15, 2004**
- All awards will be presented at the annual conference on March 19, 2004 in Phoenix.

Please consider supporting the AAACN

Scholarship/Awards program. Honor a colleague, family member, or support your specialty. Donations are tax deductible and may be sent to: AAACN Scholarship Fund, P.O. Box 56, Pitman, NJ 08071-0056.

**One-time award in 2004*

***Number of awards given and amount (\$100-\$1,000) based on number of applications and funds in scholarship account.*

In Brief

Peg Mastal, AAACN past president, and Pam DelMonte, Program Planning Committee, represented AAACN at the American Nursing Shortage Relief Alliance reception in Washington, DC, September 9, 2003. The reception was a tribute to the Uniformed Services (Army, Navy, and Air Force) Nurses, Federal Nurses, and American Red Cross Nurses for their contributions to America since 9/11. AAACN is a member of this alliance and one of the sponsors of the reception.

AAACN's Board of Directors in June endorsed the Joint Commission on Accreditation of Healthcare Organizations (JCAHO) Universal Protocol for Preventing Wrong Site, Wrong Procedure, Wrong Person Surgery. The protocol is the result of a Wrong Site Surgery Summit held in May, 2003. Following the summit, the protocol was posted on the JCAHO Web site for public comment where more than 3,000 physicians, nurses and administrative personnel provided their input and suggestions. Over 90% of the respondents supported creating and adopting a Universal Protocol for preventing wrong site surgery. The suggestions received were used to make final refine-

ments to the Protocol and Implementation Guidelines.

On December 2, 2003, the Joint Commission will host a national conference on wrong site surgery. At that time, they will hold a news conference to announce plans for implementation of the Universal Protocol, and will list AAACN as one of the organizations that has formally endorsed it. AAACN commends JCAHO's efforts to improve health care quality and patient safety.

The Universal Protocol will become effective for accreditation purposes on July 1, 2004. The protocol and its accompanying Guidelines for Implementation are available on the JCAHO Web site at www.jcaho.org/accredited+organizations/patient+safety/wss_universal+protocol.htm.

AAACN was invited by JCAHO to participate in the review of the revised standards for Infection Prevention and Control for the Ambulatory Health Care program. The five standards relate to the presence of an organization-wide infection prevention and control program, a written plan, the appropriate individuals to coordinate the program, and the collection and analysis of data. **Susan Paschke** represented AAACN in this review.

Keynote Address, Special Sessions to Feature Innovative Topics

The 2004 AAACN Annual Conference is in the final planning stages and will be held in Phoenix, AZ, March 18-22, 2004 at the Hyatt Regency Phoenix.

As usual, the planning committee has worked diligently to provide an exciting, informative slate of sessions. As the world of ambulatory care nursing continues to evolve, it becomes increasingly important to stay informed about clinical, legal, legislative, and leadership topics.

The keynote speaker and the special session speakers will highlight the importance of ambulatory care nurses, as well as our changing professional world.

Keynote Address

The keynote speaker for the 2004 conference will be **Catherine Rick, RN, CNAA, FACHE**, Chief Officer, Office of Nursing Services, Department of Veterans Affairs (VA). Ms. Rick provides leadership and guidance to the VA's 56,000 nursing personnel who care for 5 million veterans each year. Her role and expertise give her a unique view of our profession and make her a perfect speaker for the conference.

In her presentation, "Ambulatory Care Nurses Bridge the Chasm," Ms. Rick will discuss the final report of the Committee on the Quality of Health Care in America chartered by the Institute of Medicine. This hallmark report is entitled "Crossing the Quality Chasm: A New Health System for the 21st Century" (2001). It addresses quality-related issues and outlines a strategic direction for redesigning the health care delivery system. Care coordination and patient self-management are the overarching principles supporting the proposed reforms. By virtue of their role in health care, nurses are positioned to carry out these principles.

Ms. Rick is a dynamic and highly respected speaker; conference attendees will be energized by her vision of ambulatory care and enlightened by the power she sees in our work.

Special Sessions

The AAACN Special Sessions are 2 hour, in-depth reviews of important topics.

Speakers for these sessions are carefully considered by the program planners and selected to discuss issues that are of utmost relevance to participants.

Linda D'Angelo, MSN, RN, MBA, CMPE, a AAACN past president, is an Independent Consultant in Illinois as well as the Acting COO for DBMS, Inc. Her presentation is entitled "\$\$\$\$ Show me the Money \$\$\$\$: Who Pays for Health Care Today?" Ms. D'Angelo will provide insight into health services financing in the United States, including patient demand for medical and health care services as well as the sources of revenues and money flow to and through delivery systems. Various financing incentives that arise, as well as challenges facing delivery systems, will be included.

Yvonne Garcia, BSN, RN, is an American Indian Nurse Advocate with the Southern Arizona VA Health Care System in Tucson, AZ. Her topic, "Partnerships and Change: Indian Health, Traditional and Western Medicine," will focus on the importance of cross-cultural considerations and Navajo Indian traditions. When indigenous people from a traditional medicine culture seek care in a western medicine setting, there may be conflict and misunderstanding on both sides. The impact of such conflict on health care, and the nursing implications, will be explored.

Pam Turner, RN, is a Charge RN, Emergency Department/Relief Shift Coordinator with the Flagstaff Medical Center in Flagstaff, AZ. Ms. Turner, who is a member of the International Association of Forensic Nurses (IAFN), will discuss how to assess patients who present to ambulatory care clinics for signs of abuse and trauma. Ms. Turner will be joined by colleagues who work in an ambulatory care surgical center. The presenters will discuss signs and symptoms as well as interventions that ambulatory care nurses should take to help these patients. Recognizing abuse is often difficult due to subtle signs and the victim's denial, and proper education will help health care providers ensure appropriate care and/or referral.

Share Your Nursing Stories

If you plan on attending the AAACN Annual Conference, March 18-22, 2004, in Phoenix, AZ, and have a funny or inspirational nursing story to share with your colleagues, please e-mail a brief synopsis to Pat Reichart, reichartp@ajj.com, at the AAACN National Office by **December 1**.

Nurses will tell their stories during the Closing Session of the conference. The format is intended to be fun and informal, and will be an enjoyable way to connect with others as they share their nursing experiences.

You don't need to be a polished speaker, simply tell your story from the heart. Story presentations should run no longer than 5 minutes. We look forward to hearing from you.

Tri-Service Military SIG to Hold Preconference

March 17, 2004

Phoenix, AZ

**'Military Contributions to
Forging New Partnerships and
Championing Change'**

The annual meeting of the AAACN Tri-Service Military Special Interest Group (SIG) will be on March 17, 2004, from 8:00 am - 5:00 pm.

Each of the U.S. Army, Navy, and Air Force Nurse Corps Chiefs will brief attendees on the current status of the nurse corps and the vision for the future. Additional briefings will provide insight into strategies and programs supporting the future of military medicine.

Registration is open to all AAACN members. Contact CDR Sara Marks, NC, USN at marks@nwdc.navy.mil, Col Monica Secula, USA, NC, at Monica.Secula@AMEDD.ARMY.MIL, or Lt Col Carol Andrews, USAF, NC at Carol.Andrews@lakenheath.af.mil.

Meet the Candidates

President-Elect Candidates

Susan M. Paschke, MSN, RN,C, CNA

**Assistant Director, Office of Accreditation
Cleveland Clinic Foundation, Cleveland, OH**



What an honor to be a candidate for AAACN president-elect! I have been associated with this organization for the past 15 years, initially through the Cleveland Local Networking Group (LNG). It was there that I first experienced the value of AAACN and the impact that the members of the organization have in shaping the future of

health care. Over the years, I have had the opportunity to watch AAACN and its members grow and mature into the professional organization that sets the standard for ambulatory nursing throughout the country.

My desire to serve as president-elect comes from a firm belief in the vision and goals of AAACN and in the talents and abilities of its members. If elected, I will bring to this position a variety of skills gained through experiences in management, education, and organizational leadership.

The opportunities and experiences I have had while serving on a variety of AAACN committees, speaking at annual conferences and teaching the certification review course have afforded me the good fortune of working with exceptional leaders who have demonstrated their vision for and commitment to AAACN. I welcome the challenge of continuing that legacy.

I am proud to be a AAACN member! As an organization, we have much to be proud of but there is still more to do in "Advancing the art and science of ambulatory care nursing." By working together to achieve the goals set forth in the AAACN strategic plan, seeking creative and innovative means to expand the membership, and supporting and celebrating ambulatory nurses, I believe we will accomplish our mission and I am committed to doing my part to help that vision become a reality.

AAACN member since 1994.

AAACN activities: Membership Council co-chair, 1999-2003; Membership Council member, 1994-present; Nominating Committee member, 2001-present; instructor, Ambulatory Certification Review Course, 2000, 2001, 2003; Curriculum Revisions for Ambulatory Certification Review Course; presenter, Certification Review Course on Digiscript™, Conference Presentations, 1999, 2001, 2003; poster presentations, 1996, 1998; LNG chair (Cleveland

Academy of Ambulatory Care Nursing), 1993-1999; LNG member, 1989-present.

Other professional activities: President, Kent State University Nursing Alumni Council, 2000-present; Board of Directors, Kent State University Nursing Alumni Council, 1996-present; member, Kent State University College of Nursing Advisory Board, 2001-present; regional facilitator – Ohio Colleagues in Caring project; member, National Association for Healthcare Quality, Ohio Association for Healthcare Quality, Northeast Ohio Association for Healthcare Quality; member, Ohio Association of Advanced Practice Nurses; member, American Association of Office Nurses; member, Sigma Theta Tau, Delta Xi Chapter.

Regina C. Phillips, MSN, RN

**Process Manager,
Delegation Compliance Department
Humana, Inc., Chicago, IL**



AAACN's vision to be the premier nursing organization for ambulatory care is both inspiring and invigorating. Having been a member for over 9 years I consider it an honor and privilege to run for the president-elect position. I bring over 26 years of ambulatory care nursing experience in various leadership and management roles.

Through my association with AAACN I have been enriched both professionally and personally. I have the skills and knowledge needed to assume a leadership role in this progressive organization and look forward to the opportunity to serve the members.

During my current tenure on the AAACN Board of Directors, I have had the opportunity to participate in an exhilarating activity that resulted in the identification of seven mega issues facing ambulatory care nursing in the next 5 to 10 years. These issues include expanded life expectancy; ethics and integrity in our business and clinical practice; legislation and regulations; vulnerability imposed by war and bioterrorism; alternative sites of care; financial pressures; and workplace issues. Developing the current strategic plan with clearly defined goals to address these issues was a rewarding experience. I believe these activities and their results will help fulfill AAACN's goal of being the "Voice of Ambulatory Care Nursing." As the legislative liaison and a recent Nurse in Washington Intern, I have gained

2004 AAACN Elections

The 2003-2004 Nominating Committee presents the candidates for the 2004 elections. AAACN members will be asked to vote for one person for President- Elect, three people for the Board of Directors, and one person for the Nominating Committee. Ballots will be mailed in November.

insight into the legislative forces driving health care policy and an understanding of how nurses can be involved and influence decisions affecting health care policy as they relate to clinical practice in the ambulatory care setting.

I envision AAACN as one of the most prominent, respected professional nursing organizations that is a trusted source of information, practice standards, and research relevant to ambulatory care nurses both nationally and internationally. I see us providing the type of educational activities and resources that will enhance ambulatory care nurses' development of practitioner and leadership skills to continue the viability of AAACN and ambulatory care nursing. Our efforts to enfold the next generation of nurses in our embrace, and mentor and develop new leaders will insure the future of this exceptional organization.

AAACN member since 1994.

AAACN activities: Treasurer and Director, AAACN Board of Directors, 2001-present; legislative liaison; board liaison to *Viewpoint* and *Nursing Economic\$* editors; contributing author to *Viewpoint* and *Nursing Economic\$*; board liaison to 2002 Program Planning Committee; chair of the 2001 Program Planning Committee; co-chair of the 2000 Program Planning Committee; pre-conference coordinator for 1999 annual conference; participant in historical presentations (portrayed Mabel Staupers) at the 1998 annual conference; presenter in 1995 Research Forum.

Other professional activities: 2003 Nurse in Washington Intern; Loyola University of Chicago School of Nursing Alumni Organization; Cancer Control Nursing Network.

Board of Directors Candidates

Carol A.B. Andrews, BSN, MS, RN, CNA, BC
Deputy Chief Nurse, 48th Medical Group
U.S. Air Force, RAF Lakenheath England



It is a pleasure to be considered as a candidate for the Board of Directors. I have been part of AAACN for the last 8 years, and as a member, have appreciated the influence AAACN has had on ambulatory care nursing practice. Significant achievements for AAACN have included defining the scope of practice and the development of standards and core curriculum for ambulatory care nursing. I have been a nurse for 23 years, 13 of which have been in ambulatory care in a variety of capacities including clinical nursing, home health, health care integration, infection control, and health promotion/prevention. I have held positions such as clinical nurse, nurse manager, organizational commander, deputy and interim chief nurse of U.S. Air Force medical treatment facilities of various sizes.

As I enter my second year of serving AAACN as the Air Force Co-chair of the Tri-Service Military Special Interest Group (SIG), I am again impressed with the interest and deep respect that AAACN provides to the military nursing community. Working with the military SIG has given me an in-depth appreciation of the professionalism that AAACN promotes. Defining the scope of practice and development of practice standards have been significant achievements for AAACN that have been embraced by the U.S. Air Force. It has truly been an honor to promote this organized approach to ambulatory care nursing among military nurses. Ambulatory care nursing is where "the rubber meets the road" between patients and the health care system. How that is handled can determine the entire course of treatment and outcome for the patient. AAACN's professional and organized approach has paved the way for positive clinical outcomes.

The U.S. Air Force is dedicated to promoting nursing leadership and advancement of nursing practice, which is what AAACN is all about. As a board member I will dedicate myself to further advance the art and science of ambulatory care nursing among the entire AAACN membership. I am proud to be involved with such a dynamic and professional group and welcome the opportunity to serve AAACN in a greater capacity as we meet challenges in the future.

AAACN member since 1995.

AAACN activities: Air Force Co-chair of Tri-Service Military Special Interest Group

Other professional activities: Member of the Academy of Military Surgeons of the United States.

Board of Directors Candidates (continued)

Kari J. Hite, RN, MN, CDE

Quality Management Coordinator
Southern Arizona VA Healthcare System
Tucson, AZ



I first discovered AAACN while doing a literature search during my master's program in 1994. It was a wonderful discovery to find an organization that was addressing ambulatory care nursing issues. The first conference I attended was in San Diego and my eyes and heart were opened up to the many professional opportunities AAACN has

to offer ambulatory care nurses. I have enjoyed and benefited both personally and professionally from several conferences. I often think of the annual conference as food for my nursing soul. As *Viewpoint* has expanded, it provides nursing sustenance during the year, and when conflicts arise to attend our annual meeting.

The entire nursing profession is challenged with changing work environments, increasing workloads, an aging population, increasing consumer demands, cost constraints, and a nursing staff shortage. Ambulatory care nurses work in various settings providing care for many diverse population groups. The AAACN leadership over the past 20+ years has identified trends and worked to address professional nursing issues such as the rise of telehealth nursing and clarification of the ambulatory care professional nursing role. AAACN has diligently worked to increase awareness among professional peers by championing certification and identifying future professional needs.

I envision AAACN as an organization that will identify alternative methods of providing education to members via electronic mailing lists, *Viewpoint*, potential regional level conferences; and by refining the role of ambulatory care nurses, continuing to mentor new ambulatory care professionals, and nurturing the nursing soul of older members. Nurses have very large hearts, skilled helping hands, and vast professional knowledge that our communities need. I foresee AAACN as an organization that will continue to promote professional nursing over the next millennium.

AAACN member since 1994.

AAACN activities: TNP SIG, 1994-1999; VA SIG, 1999-present; Membership Council, 2002-present.

Other professional activities: Member, Sigma Theta Tau-Omicron Tau chapter; member, American Association of Diabetes Educators; Certified Diabetes Educator since 1989; member, Southern Arizona Chapter of Diabetes Educators (previously served on nominating committee and as secretary, currently, vice-president and on the education committee); member, Catholic Social Services Board.

Anita Markovich, MSN, RN, MPA, CPHQ

Director, Quality Services Division
Our Lady of Lourdes Memorial Hospital, Inc.
Binghamton, NY



The first year I became a AAACN member, I discovered an organization that is dedicated to developing, defining, guiding, and understanding the diversity of care that ambulatory care nurses provide and the challenges they face. Ambulatory care nurses are pioneers, seeking new areas of care that take patients out of the bound-

aries of a hospital. They are using new technologies to lead the way in defining health care of the future. To guide ambulatory care nurses on this journey, the AAACN has also been a pioneer; an organization of "firsts": first with ambulatory care and telehealth nursing standards and first with ambulatory care nursing certification.

My participation in AAACN and the strong networking it fosters helped me over the past 8 years in my position as Clinical and Practice Director in ambulatory care. In this position, I implemented clinical standards in 14 primary care practices and walk-in services and defined ambulatory care nursing. I mentored nursing leaders to achieve certification. I also shared responsibilities for fiscal management and accountability. In my current position, and as part of a hospital that provides more than half of its services in ambulatory care, I continue to educate and implement clinical excellence. As a AAACN member, I was mentored by many current AAACN leaders and participated in several successful projects. I have attended the Leadership Symposium for the past 2 years which has enabled me to participate in strategic planning and fiscal review.

If elected, I will continue to be dedicated to working together with AAACN's talented leaders to accomplish our strategic goals; to promote fiscal soundness, assuring a self-sustaining organization; to support the strong networking among our dynamic members; to mentor our leaders of tomorrow; and to work together with leaders and members to share our knowledge and expertise to promote clinical excellence and face the challenges in ambulatory care nursing. I would appreciate your vote and the opportunity to serve as a AAACN leader.

AAACN member since 1996.

AAACN activities: Co-chairman, Standards SIG; member of the AAACN Standards Revision Task Force, **Ambulatory Care Nursing Administration and Practice Standards** (2000); reviewer for the **Core Curriculum for Ambulatory Care Nursing**; AAACN/alternate member for the Professional and Technical Advisory Committee (PTAC) for JCAHO.

Other professional activities: Member of the National Association of Healthcare Quality (NAHQ).

Sara M. Marks, CDR, NC, USN

Program Manager, Health Service Support Doctrine
United States Navy
Newport, RI



I believe in the AACN values of excellence in care delivery that improves the health of individuals and communities; collaborative leadership; partnerships and alliances among providers and health care organizations; proactive innovation and risk-taking; customer focused services; and continual advancement of professional

ambulatory care nursing practice. I am dedicated to the advancement and influence of the art and science of ambulatory care nursing.

As a nurse in the Navy, I have had the opportunity to experience a variety of professional assignments. My experiences include managing family practice, pediatric, and primary care clinics, designing and implementing a wellness center at a small hospital, and providing health consultations related to environmental concerns and review of healthy lifestyles at an overseas military base. My current assignment involves the development of health service doctrine in support of our naval forces and testing of new medical concepts for the delivery of care in the future. The patient population involved is diverse and includes our service men and women as well as the spectrum of the world population that can be encountered in any humanitarian or disaster relief mission.

Since associating with AACN, I have been actively involved with the Tri-service Military SIG. Through this SIG, I have had the opportunity to network with Army and Air Force nurses as well as other Navy nurses and civilian counterparts. It's an exciting world with multiple professional opportunities for nursing.

As a AACN member, it is an honor to be associated with the finest in the nursing profession. If elected to the AACN Board of Directors, I will be fully committed to meeting all duties and responsibilities.

AACN member since 1996.

AACN activities: Navy co-chair for the Tri-service Military SIG, 2003, 2004.

Other professional activities: Specialty Leader for the Chief, Bureau of Medicine and Surgery for Community Health Nursing.

Remember to Vote!

Keep this issue of *Viewpoint* as a reference and look for your ballot in your mailbox in November.

Kitty Shulman, MSN, RN, C

Director, Children's Specialty Center
St. Luke's Regional Medical Center
Boise, ID



As an active AACN member since 1988, I have witnessed how the organization has grown and focused on meeting the needs of its diverse membership. My participation on four program planning committees since 1999 and most recently as chair for the 2004 Conference in Phoenix has given me the opportunity to interact with

and learn from many segments of our membership. AACN's leadership has always been at the forefront of identifying and leading changes that benefit ambulatory care nurses in all settings. As a member of the Board of Directors, I would work to further develop the organization's potential and continue to explore new avenues to firmly establish ambulatory care nursing as a part of nursing's mainstream. I am committed to being a part of the organizational leadership necessary to thrive in today's ambulatory care nursing environment.

AACN member since 1988.

AACN activities: Program Planning Committee member, 1999, 2001, 2002, co-chair 2003, chair 2004; Silent Auction chair, 2001, 2003; AACN State Representative for Idaho; Pediatric SIG; Treasurer, Greater Los Angeles Area Networking Group (1997-1998); Ambulatory Care Nursing Certification Review Course instructor, 2003

Other professional activities: Member, Sigma Theta Tau and American Association History of Nursing.

Beth Ann Swan, PhD, CRNP

Associate Director, Office of International Programs
& World Health Organization (WHO) Collaborating
Center for Nursing and Midwifery Leadership
University of Pennsylvania School of Nursing
Philadelphia, PA



As a member of AACN for 13 years, I value the vision, mission, and strategic direction of the organization in moving ambulatory care nursing practice forward nationally. For example, AACN has been a leader in responding to the changing ambulatory care environment by developing telephone nursing practice standards, offering a tele-

phone nursing practice core course, promoting the use of technology to connect our members with each other, and evolving AACN *Viewpoint* into a cutting-edge publication to rival most nursing journals. *Viewpoint* is widely recognized as the "Voice of Ambulatory Care Nursing."

Beth Ann Swan

continued

Over the past 2½ years, I have had the opportunity to serve as a volunteer leader on the AAACN Board of Directors. As some of you may know, I am often referred to as the “generation X-er” of the group, thanks to former President E. Mary Johnson. I believe there is a mutual respect among the generations in this organization and a desire to grow an intergenerational membership beginning at the local, grassroots level.

I have been fortunate to participate in a dynamic organization, work side-by-side with experts and national leaders in ambulatory care, and contribute to the organization as a whole. All these experiences have been personally and professionally rewarding. It would be an honor and a privilege to continue to serve on the AAACN Board of Directors.

AAACN member since 1990.

AAACN activities: Secretary & Director, AAACN Board of Directors, 2001-2004; chair, Practice Evaluation & Research Committee, 1999-2001; chair, Research Committee, 1998-1999; member, Research Committee, 1996-1998; Recipient of New Investigator Award, 1996; author, *AAACN Viewpoint*; author, *Nursing Economic\$* “Perspectives in Ambulatory Care” column.

Other professional activities: Adjunct Assistant Professor, Family & Community Health Division, University of Pennsylvania School of Nursing; Associated Faculty, Hartford Center for Geriatric Nursing Excellence, University of Pennsylvania School of Nursing; member, Primary Review Panel, Strengthening the Evidence Base on Effective Nursing and Midwifery Services: A Preliminary Global Framework, World Health Organization.

diverse individuals and groups who have helped shape the past, present, and future of ambulatory nursing practice and health care.

Currently, I work in a telehealth setting but my nursing experience includes medical-surgical nursing, neurology, ENT, psychiatry, and pediatric and adult ambulatory care. I am also very active in the community volunteering my services to work with the organization that provides health care to the underserved in the City of Cleveland. As a candidate for the nominating committee I feel that my 30 years in the nursing profession, my multispecialty background and my sensitivity to the needs of others will allow me to select qualified candidates who will sustain the momentum of the organization and keep it at the forefront of nursing leadership and professionalism.

AAACN member since 1997.

AAACN activities: Telehealth Nursing Practice (TNP) member, TNP SIG Steering Committee, 1998-2002; co-chair, TNP SIG, 1998 -1999; chair, TNP SIG, 1999 -2000; education committee chair, TNP SIG, 2001-2002.

Other professional activities: ANA/ANCC expert panel member for the Ambulatory Care Nursing Certification Exam; Board of Directors, Care Alliance Organization, Sigma Theta Tau.

Nominating Committee Candidates

Pamela Del Monte, MS, RN, C

Clinical Director for Primary Care
Veterans Affairs Medical Center
Washington, DC



I wholeheartedly believe AAACN to be premier in its representation of the nurse practicing in the ambulatory setting. I believe in the values and goals of AAACN and have always been proud of the organization's ability to draw together practitioners from all aspects of ambulatory care nursing.

My professional experiences are diverse; I have been in the ambulatory setting for 10 years. During that time, I have seen ambulatory care nursing struggle with the issues of budgetary constraints, difficulties in recruitment, professional competency, and the delivery of cost-efficient quality care. Professionally and personally, my growth has been significantly enhanced by my membership and activity in this organization. As a member, I have been mentored to speak at the national conference and to become active in both membership recruitment and program planning.

As we continue to grow and strengthen the foundation for ambulatory care nursing, I realize that we need to recruit members and leaders who have the vision of growing the organization. Our leadership of tomorrow needs to develop

Charlene Williams, MBA, BSN, RN, BC

Manager, Nurse on Call
Cleveland Clinic Foundation
Cleveland, OH



I joined AAACN through the encouragement of Marilynn Breudigam, my former nurse manager and former AAACN Board Member. I also received a lot of encouragement from my peers in the CAACN, the Cleveland Local Networking Group (LNG). These influences prompted me to submit a poster presentation and attend

the AAACN 1997 Annual Conference. Since that time I have attended all of the AAACN annual conferences and in total I have presented at five of those I have attended.

Once I joined AAACN, I immediately became involved with the Telehealth Nursing Practice SIG. This afforded me the opportunity to be associated with a very dynamic group of individuals who have become the leaders in setting the standards and assuring the excellence of telehealth nursing practice nationwide. My experience with this group has enabled me to meet and network with a wide variety of

our political influence and keenness. We need to recruit leaders who will continue to bring together all nurses in the incredibly diverse arena of ambulatory care nursing.

I am delighted to be considered for a position on the nominating committee for AAACN. If elected, I will assist the organization to meet the ever-evolving needs of the membership and its leadership of tomorrow. I am proud to be part of such a professional and dynamic organization

AAACN member since 1996.

AAACN activities: Membership Council, 1999-present; Program Planning Committee, 2001-present.

Other professional activities: Member, Sigma Theta Tau.

Cynthia D. Pacek, MBA, RN, CNA

Clinical Trials Coordinator
New England Regional Headache Center
Worcester, MA



AAACN has been and continues to be a tremendous resource for me in my professional and personal growth. Through this dynamic organization, I found the tools needed to help frame ambulatory care nursing practice in the organizations with which I am employed.

Ambulatory nurses are carrying on the long nursing tradition of being in the forefront of progress and change. At each crossroad, nurses are there bringing and adapting skills in patient advocacy, patient education, direct care, care coordination, and leadership. The outcomes of these efforts are evident in collaboration with patients, providers, organizations, and the community.

As a professional practicing nurse I've been blessed with the opportunities to work in both acute care and ambulatory care. I've had experience in the private sector, public sector, and the community health center arena. In each of these experiences, AAACN was there.

My desire to serve on the Nominating Committee is fueled by my desire to support and advance AAACN's mission and strategic goals. AAACN is an organization that is on the cutting edge, it is a mighty organization positioned to

Are You Willing to Serve AAACN?

Volunteers are always needed to serve on AAACN committees and task forces; and to offer critiques or feedback.

Positions in several areas will be filled over the next several months. If you would like to contribute some of your time to AAACN, please go to our Web site at www.aaacn.org, and click on "About AAACN." You may also contact the AAACN National Office to request a Willingness to Serve form by calling (800) AMB-NURS or (856) 256-2350 or e-mailing aaacn@ajj.com.

continue to define ambulatory care nursing practice through its support of research and changing practices. This is an organization comprised of outstanding leaders and mentors who see challenge as yet another opportunity to have an impact on the health care of patients and communities through nursing practice.

For me, this is an opportunity to repay what has been so generously given. I thank you for considering me for your vote.

AAACN member since 1988.

AAACN activities: Co-chair, Standards SIG, 1994-1998; AAACN Revision Workgroup, 2000; moderator, AAACN annual meetings, 1997-99, 2001; presenter, AAACN Annual Meeting, 2000; AAACN Leadership Symposium: 1998-2002.

Other professional activities: Member, American Association of Office Nurses.

Christine M. Ruygok, RN, MBA

Director, Clinical Strategy Consulting Department
Southern California Permanente Medical Group
Kaiser Permanente
Pasadena, CA



Ambulatory care has been my practice setting for the last 20 years and I have managed primary and sub-specialty clinics in both the private and HMO environment. Currently, I am the Director of Clinical Strategy Consulting for a large HMO in California, consulting on ambulatory systems and practice. As a result, I have had the

opportunity to fully understand the increasing demands and expanding role of the ambulatory nurse.

I have been a AAACN member since 1999 and have had the privilege of serving the organization on the Membership Committee, as well as presenting a poster and speaking at our annual conferences. AAACN's goal and vision to be the premier nursing organization for ambulatory care is based on the value of being responsive to its members and providing leadership related to ambulatory care practice. I am committed to the vision of our organization and believe my background, experience, and desire to serve AAACN can contribute to our organization.

If elected, I am committed to devoting my time and energy to advance our AAACN values. I hope to have the opportunity to serve you as a member of the Nominating Committee.

AAACN member since 1999.

AAACN activities: Member, Membership Committee since 2001; co-chair, Membership Committee since 2002; poster presenter, 2001 Annual Conference; speaker, Annual Conference, 2002 and 2003; presenter, local AAACN Greater Los Angeles Area Networking Group (GLAANG), June 2002.

Other professional activities: Member, Association of California Nurse Leaders; poster presenter, *Nursing2000* conference.

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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@healthcareers.com.

President's Message

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Perhaps this would not be his time to leave this world.

The firemen arrived and took over. The EMT continued to help and we stepped away and began to console the man's wife. We found out that her name was Judy and her husband was Ted. They were on vacation. Never did they dream that as Judy sat on the stool next to Ted, he would suddenly fall off his stool in a full arrest.

The team had an IV going and had done an endotracheal intubation. Ted was moving his arms and crying out. His lungs were filling with air and he was sustaining his heartbeat. They carefully put him on a stretcher and transported him via ambulance to the nearest emergency room.

The EMT was gone, housekeeping was there to clean up, the crowd was scattering, and Judy had gone to be with her husband. We looked at each other and wondered had all of this really happened? Had we really helped save a life?

We later ran into the EMT who also worked as a security guard. We hugged each other and talked about how glad we were that we had each been there. The EMT told us that in 15 years or so she had tried to resuscitate several victims with no success. This was the first time that a person had actually lived.

She had heard from the hospital ER. Ted was doing well. He had a 95% chance of leaving the hospital fully intact. We all felt like crying and laughing and celebrating all at once. We had done what we knew to do, we had done it instinctively, and the results were that Ted and Judy had more time together. What a day.

Lillian Wald in her recounting of the experience that led her to leave the classroom and open the House on Henry Street said "I rejoiced that I had training in the care of the sick that in itself would give me an organic relationship to the neighborhood in which this awakening had occurred." We shared her feeling that day. We rejoiced that we had a profession that had provided us with a body of knowledge and skill that allowed us to respond in an immediately helpful way. We had saved a man's life and we had affirmed again that no matter our current work or title or position. at the end of the day we were nurses and we could still rise to the occasion when needed.

So there you have it. Ours is a grand profession even with all of its warts and challenges and burdens. We are among an elite group that can say we've been well prepared and we can stand the tests that come our way. Thank goodness that this is the profession we chose.

As you read this, I'm sure many of you had a similar experience today. You saved a life or made a meaningful difference for someone or eased the pain and suffering that comes with illness and injury. Hooray for you and for all nurses everywhere. We are more than able to meet the challenges we face today and those that await us as we move toward all of the tomorrows yet to come.

Catherine Futch, MN, RN, CNAA, CHE, CHC, is AAACN President and Regional Compliance Officer, Kaiser Permanente, Smyrna, GA. She can be reached at catherine.futch@kp.org.

Clinical Emergency Response

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located adjacent to a hospital and hospital staff provide a team that responds to medical emergencies in the outpatient area. However, a new hospital planned for the same site as the Ambulatory Care Center would not be built for 5 years, creating the need for a different emergency response program that could span the 6-mile distance between sites.

Emergency Response

The goal of clinical emergency response in the ambulatory setting is to provide rapid and effective stabilization of patients. Clinical data show that for every minute CPR and defibrillation is delayed in cardiovascular emergencies, the survival rate of the patient is reduced 7-10% (AHA, 2002). Recent technological advances in equipment have improved the availability of defibrillators in public settings from airports to schools to ambulatory centers. To meet the need for early defibrillation, the American Heart Association recommends use of Automatic External Defibrillators (AED) as part of the Basic Life Support (BLS) response (AHA, 2002; Coward, 2000).

In a community setting, emergency response is most commonly provided by local fire/rescue first responders who are trained as EMTs and paramedics. Working under defined protocols with physician preceptors, they can stabilize and transport patients quickly 24 hours a day. The challenge of the emergency response planning team was to create a model that meshed the skills and availability of ambulatory physicians, nurses, and other health care staff with those of community fire/rescue responders.

A variety of planning and problem solving tools are used in a health care setting. In particular, performance improvement models are used as an approach to study processes that result in improved patient outcomes that are sustainable over time (JCAHO, 2002).

Already in use in the university hospital system was a common model, FOCUS PDCA (Gloe, 1996; Quality Resource Group, 1992) in which a multidisciplinary team organizes, plans, assesses, and supports implementation of process change. Teamwork is essential to effective communication, cooperation, and coordination (Dignan & Carr, 1992). Because of the many variables that influence emergency response and the associated patient risk, ambulatory clinical emergencies provide an ideal focus for a process improvement team.

Critical to the success of an emergency response program are the knowledge and skills of ambulatory care staff. Janouskas (2001) contends that a continuous curriculum that includes unit-specific orientation, critical thinking scenarios, and demonstration of skills and documentation are essential to achieving staff competency during clinical emergencies. McConnell (1998) has shown that people have better learning recall and skill acquisition when more than one sense is stimulated. A successful training program would need to include adult learning principles, engage multiple senses, and provide practice with emergency scenarios.

Critical to the success of an emergency response program are the knowledge and skills of ambulatory care staff.

FOCUS PDCA

FOCUS PDCA was chosen by this university-based ambulatory care center as its problem solving quality model. It is simple to use, adaptable to multidisciplinary teams, and includes continuous checks to make sure outcomes are sustained. Typically, a team consists of a leader, a facilitator, and team members from every facet of the processes under study.

The template for FOCUS PDCA (Quality Resource Group, 1992) consists of several steps:

- F - Find problem areas.
- O - Organize a team that knows the process.
- C - Clarify the current process.
- U - Understand the sources of variation.
- S - Select the process to improve.
- P - Plan the improvement.
- D - Do/implement the improvement.
- C - Check to make sure that the changes are in place.
- A - Act to maintain the gains.

Team

A multidisciplinary team was organized to determine response needs and to create an emergency response program. Team members included the ambulatory care safety manager; Advanced Cardiac Life Support/Basic Life Support (ACLS/BLS) coordinator; campus security staff; clinic and ancillary department staff; physicians; and community fire/rescue responders.

Nursing participants included the Director of Nursing for Ambulatory Care and Emergency Services and the Ambulatory Clinical Nurse Educator. Physician consultants included hospital emergency physicians, anesthesiologists, and radiation oncologists. Advice and support was also received from quality and safety experts from within the organization as well as ambulatory care and hospital administration.

Study of Processes and Issues

Key facts about current processes were gleaned from occurrence, anecdotal, local 911 and code reports, as well as from program assessment. Policies and department protocols were reviewed for applicability to the new setting.

Observations about the current process included the following:

- Clinic staff and physicians had no standard process for emergency response in the new setting, resulting in variability of response and outcome.

- 911 response was used for some emergency situations, but lack of coordination with campus security and local fire/rescue resulted in unclear directions, inadequate communication, and delayed response.
- Fire/rescue responders had difficulty locating the floor and room where the emergency was located because of the size and complexity of the ambulatory care buildings.
- The mobility of staff and physicians within and among clinical settings resulted in an unpredictable availability of BLS trained clinic staff throughout all locations of all buildings and an inability to locate and use emergency equipment.
- No single mechanism was defined to transport patients back to the tertiary hospital or to a closer community hospital setting.
- Many clinics were located on each floor of the ambulatory care buildings. AEDs were installed in two locations on each floor. Emergency supplies varied by location.
- All nurses, medical assistants, and other clinical staff were trained annually on BLS, but ACLS requirements varied by department based on need.

Ambulatory Care Emergency Response Program

Five key variables of a clinical emergency response program were identified and incorporated into the new program. They included:

- Defined roles and process
- Communication
- Standardized equipment and supplies
- BLS skills and use of equipment
- Response time

Defined roles and process. The ambulatory emergency response program consists of BLS certified responders from the departments, a 911 response from the community fire/rescue, and communication to on-site security to assist with the flow of people and equipment.

In each department, staff define, review, and practice staff roles during an emergency. A summary card by each phone lists the basic roles that need to be assigned to one or more staff member:

- Who is the team leader?
- Who is in charge of the clinical emergency?
- Who calls 911?
- Who gathers the emergency equipment?
- Who initiates the BLS?
- Who escorts the response team to the patient?
- Who manages other patients/visitors in the waiting room or care area?

Communication. A communication script located on a prompt card by each phone guides communication to local fire/rescue responders (see Figure 1).

Standardized Equipment and Supplies. The driving principle behind equipment selection is the type of clinical emergency response. Standardizing equipment helps ensure that the staff will have the appropriate equipment available and be able to use it safely and effectively.

AEDs are installed on each floor in unlocked cabinets.

Figure 1.
Ambulatory Clinical Emergency

Call 911.
My name is _____ .
State the emergency.
The emergency is (medical/non-medical).
The patient is (breathing/not breathing).
The patient is (conscious/not conscious).
The patient is an (infant, child, adult).
Ambulance transport is needed immediately.
The building address is: _____ .
The 911 team needs to use the _____ entrance.
The room number is _____ or location is _____.
The phone number is _____.

An audible alarm is triggered when opened. An erasable pen located within the cabinet is used by the first responder to note the location of emergency on the cabinet door. Subsequent staff who respond to the audible alarm are quickly alerted to the room location.

Oxygen is available in each department. Clinical emergency supplies such as airway adjuncts, oxygen masks, IV supplies, and basic medications are located in a prominently labeled response box.

BLS Skills and Use of Equipment. All clinical staff participate in mandated BLS and equipment training. Department orientation and training is done using materials scripted for consistency by the Ambulatory Clinical Educator. Training includes real-life scenarios, hands-on practice, lecture, and knowledge testing.

A 'Train the Trainer' model is used so that one staff member in each department who is formally trained is responsible for training other staff members. Annual skills verification with hands-on use of emergency equipment is done for all nursing and medical assistant staff. Practice scenarios reinforce critical thinking skills. Competency is verified during orientation, Mock Code drills, and annual skills training.

Response Time. Rapid response time by staff and community responders is essential to save lives. Mock Code drills are first practiced by departments and then formally conducted with cooperation of the local fire/rescue responders.

An assessment tool was devised to measure response time; role assignment; communication with 911 and security; availability and deployment of equipment and supplies; and staff competency. The tool is used during Mock Code drills. Review of equipment checklists, 911 tapes, and emergency response times combined with data collected during Mock Code drills provides information on the effectiveness of the Emergency Response Program. Community fire/rescue responders participate in the evaluation of each drill or actual emergency response, and their input is also used to identify improvements.



Marianne Sherman (left) and Kristin Paston demonstrate mock code skills.

911 response to medical emergencies at the new Ambulatory Care Center averages 5 minutes. Data collected on emergency response are tracked as part of the ongoing process improvement program and an ongoing team monitors the program's effectiveness.

Conclusion

When an ambulatory care center is located a distance from its associated hospital, an ongoing clinical emergency response program that involves community responders ensures a rapid and expert response.

The FOCUS PDCA model offered a systematic approach for ongoing improvement in emergency response time and performance. Use of a performance improvement model to guide the improvement project provided structure, ensured the participation of a multidisciplinary team involved in the response process, helped identify potential obstacles, and created a framework for training and implementation.

Standardizing equipment and conducting Mock Code practices contributed to improved staff competency and confidence. Collaborating with community responders on Mock Code drills improved skills and provided the opportunity

New E-Commerce System

continued from page 4

For over a year, the Internet Services Department at Anthony J. Jannetti, Inc., AAACN's management firm, has been researching and designing the new system. The new Web site is designed to facilitate growth in association membership, conference registrations, and product sales.

"With the launch of this new site, AAACN is creating a resource center and adding greater value to membership," Johnson said. "By making the site more attractive and easier to use, AAACN hopes to increase the number of visitors to the site and foster an on-line community for its members."

AAACN members are encouraged to take advantage of the many resources that can now be accessed, and to let colleagues know about AAACN's redesigned site.

nity to identify 'best practice.' Benefits of this collaboration are evident through improved communication and collegial relationships between staff and community responders. Most importantly, patients experiencing clinical emergencies benefited from rapid and expert emergency response.

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