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Introduction

In the Fall of 2004, the American Academy of Ambulatory Care Nursing (AAACN) embarked on a project to produce an annotated bibliography on ambulatory care nurse staffing as a response to the growing need of our members for research-based models of ambulatory care nurse staffing. Adequate nurse staffing is critical to the delivery of safe, cost-effective, and quality patient care in every nursing care setting. This fact has been proven time and again through various research studies and recognized by various accrediting bodies such as the Joint Commission on Accreditation of Healthcare Organizations (JCAHO). However, the information available on required or optimal ambulatory care nurse staffing for the various settings is limited or non-existent.

AAACN believes this publication will address this gap and be the first step in establishing ambulatory care staffing guidelines. With over 100 references, this publication is an important and valuable resource for anyone seeking timely, comprehensive information related to ambulatory care nurse staffing models and tools.

Annotated Bibliography Introduction

In late September 2004, a literature review was conducted using PubMed, MEDLINE, CINAHL, Cochrane Database of Systematic Reviews, Database, and HealthStar databases. The search was limited to articles from 1990 to date and later expanded to include 1980 to date. This was done when it was apparent that many of the substantive articles on the topic were written in the 1980s. Primary search terms used were ambulatory care, ambulatory care facilities, personnel staffing and scheduling, nursing staff, staffing patterns, staffing models, and patient intensity. Secondary search terms used in combination with primary search terms were clinics, outpatient service, pain clinics, nurse-managed centers, professional practice, primary health care, physician practices, ambulatory surgery, telenursing, telehealth, call centers, urgent care centers, and oncology clinics. References from retrieved articles were also searched and contributed to the decision to expand the publication dates. Articles selected for inclusion were published between 1980 to the present; ranged from descriptive in nature to research-based literature; and focused on the scope and dimensions of ambulatory care nursing practice, ambulatory care nursing workload, nursing intensity and patient classification, and ambulatory care nurse staffing. Ambulatory care nursing was broadly defined and included telehealth nursing practice.

The annotated bibliographies are organized by focus area:
1. Scope and dimensions of ambulatory care nursing practice.
3. Ambulatory care nurse staffing.

Each category is ordered chronologically with the earliest publication listed first.

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**Scope and Dimensions of Ambulatory Care Nursing Practice**


The author describes an exploratory study utilizing the Delphi technique to identify the activity categories in ambulatory care nursing. A description of the Delphi technique is included along with a summary of their process of identifying the appropriate domains through the development of consensus. The author identifies the following as activity categories in the domain of ambulatory care nursing: patient counseling, health care maintenance, patient education, primary care, therapeutic care, normative care, and non-client centered care. These domains may be helpful in forming the basis of a staffing model but would need to be further developed and weighted.


Although written over 10 years ago, the information in this article is applicable to today’s ambulatory care setting. The author provided thoughtful insight into the needs of the future. The article clearly defines the differences in scopes of practice between ambulatory and inpatient nurses. For example, nursing care in the outpatient area is accomplished under the realm of medical services, not part of a hospital room charge. The patient, not the nurse or other medical care provider, controls the timing of care. The patient’s problems can be ill-defined, without a clear beginning or end. There is an immediate demand for service, but the staffing requirement for this service is not clear. A registered nurse may not be needed to provide care at every visit and would not prove to be a cost-effective means of giving patient care.

The article suggests adhering to a set of standards to ensure quality of care. One important reason stated for developing the standards of care is to help maintain quality when acuity and complexity of the ambulatory care patients is on the increase. Nurses hired to work in an ambulatory setting will need to be independent workers and thinkers. The article points out there is no formal education for this specialized area of nursing. The orientation and continuing education of an ambulatory nursing staff is another important aspect of the administrator’s job.

It is the nurse administrator’s responsibility to staff based on a thorough assessment of the patient population needs. It is important for the administrator to clearly define job responsibilities so nurses are not utilized in non-nursing activities. This will be particularly important in the next few years as ambulatory care expands and the number of nurses declines. It will be imperative for administrators to be capable of predicting upcoming workload and staff according to those predictions with competent and efficient staff.


In this first of a four-part series, the authors attempt to identify the scope and dimensions of current ambulatory nursing practice, project the role for the future, and determine future guidelines for delegation of activities. Using a descriptive, cross-sectional survey of ambulatory care nurses in a variety of settings nationwide, 606 nurses responded to a questionnaire created for the study representing three areas of ambulatory nursing practice: clinical practice, management, and quality improvement/research. Each item was ranked on how often it was performed, how important it was considered to be by the nurse, and what level of care provider could perform the activity. Confirmatory factor analysis was used. Eight core dimensions were identified for clinical practice and three for quality/research. More frequent performance of the lower-level dimensions and activities were reported with less frequent opportunities for use of disciplinary knowledge and critical thinking. Also discussed are factors that attract and keep nurses, and barriers that inhibit practice in ambulatory care.


This article focuses on describing current nursing practice and projections for future nursing practice in relation to developing effective models of nursing care delivery. Nine core dimensions were identified for the future staff nurse role regarding Clinical Practice and three for Quality Improvement/Research. Professionalism (use of nursing knowledge, hands-on clinical care, acting as a resource and problem solver) was identified most often as a component of the ideal future staff nurse role. Factors important to nurse executives in determining models of care such as mission and philosophy of the organization and the internal and external environments are discussed. The article concludes with descriptions of various models of care: primary prevention, primary health care, primary nursing, case management, and paired-partners.