Expert Clinician Role in Ambulatory Care Nursing

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Objectives

1. Describe the role of the ambulatory care nurse
2. Describe “expert nursing”
3. Identify expert clinical nursing characteristics and behaviors that demonstrate AAACN Administrative and Practice Standards

Ambulatory Care Nursing Specialty Practice (Haas, 1998)

Unique area of practice characterized by:
- Nursing autonomy
- Patient advocacy
- Skillful, rapid assessments of patients
- Holistic care
- Client teaching
- Wellness and health promotion
- Coordination & continuity of care
Ambulatory Care Nursing Specialty Practice (continued)

- Long-term relationships with patients & families
- Telehealth care delivery: triage, follow-up, consultation & surveillance
- Patients & families provide the care and control decisions
- Collaboration with other health care providers
- Case management

Differences Between Nursing Roles: Inpatient vs. Ambulatory

<table>
<thead>
<tr>
<th>Aspect of Role</th>
<th>Inpatient Practice</th>
<th>Ambulatory Practice</th>
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</thead>
<tbody>
<tr>
<td>Treatment episode</td>
<td>Inpatient admission</td>
<td>Visit or phone encounter</td>
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<tr>
<td>Observation mode</td>
<td>Direct and continuous</td>
<td>Episodic, often using patient as informant</td>
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<tr>
<td>Management of treatment plan</td>
<td>By nurse, with input from patient &amp; family</td>
<td>By patient &amp; family, with input from nurse</td>
</tr>
<tr>
<td>Primary intervention mode</td>
<td>Direct</td>
<td>Consultative</td>
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<tr>
<td>Organizational presence of nursing</td>
<td>Nurse-managed department</td>
<td>May or may not have formal structure for nursing</td>
</tr>
<tr>
<td>Workload variability &amp; intensity</td>
<td>Determines by bed capacity and admission criteria</td>
<td>Theoretically determined by scheduling system and phone volumes</td>
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Conceptual Framework for Ambulatory Care Nursing

Developed by a “think tank” of expert members of the American Academy of Ambulatory Care Nursing (AAACN) in 1998

Depicts the scope of ambulatory nursing practice

Identifies the nurse and the patient population as the two major concepts
Organizational/Systems Role
- Practice/office support
- Healthcare fiscal management
- Collaboration/conflict management
- Informatics
- Context of care/delivery models
- Care of the caregiver
- Priority management/delegation/supervision
- Competencies
- Ambulatory culture/cross cultural
- Political/entrepreneurial skills
- Customer-focused
- Regulatory compliance
- Advocacy, interorganizational & in community
- Legal issues
- Workload

Professional Role
- Evidence-based practice
- Leadership inquiry and research
- Utilization
- Clinical quality improvement
- Staff development
- Regulatory compliance, risk management
- Provider self-care
- Ethics
Clinical Nursing Role

- Patient education
- Advocacy (compassion, caring, emotional support)
- Care management
- Assess, screen, triage
- Telephone practice
- Collaboration/resource
- Identification and referral
- Primary, secondary, & tertiary prevention
- Clinical procedures, independent/interdependent/dependent
- Communication/documentation
- Outcome management
- Protocol development/usage

Clinical Judgment (Benner, Tanner & Chesla, 1996)

Terms “clinical decision making,” “nursing process,” and “critical thinking” are part of it, but also the “thoughtless mastery of the everyday.” (Dreyfus & Dreyfus, 1986)

Includes unconscious, non-analytical aspects of judgment.

“…the ways in which nurses come to understand the problems, issues, concerns of clients/patients, to attend to salient information, and to respond in concerned and involved ways… deliberate, conscious decision-making [competent] … and the holistic discrimination and intuitive response [proficient and expert].”

Evolution of Clinical Judgment (Benner, Tanner & Chesla, 1996)
The first edition was published 1987. As the specialty has expanded and the outpatient environment has gone through dramatic changes, the standards were revised.

Ways to Use Standards in the Specialty

1. Provide guidance for the structure and processes in the delivery of ambulatory care nursing (such as policies/procedures, role descriptions, competencies)
2. Guide the provision of quality patient care
3. Facilitate professional nursing development (such as educational programs, orientation, certification activities)
4. Stimulate participation in research and evidence-based practice
5. Guide quality management initiatives
6. Guide ethical practice and patient advocacy

Standards of Professional Nursing Practice

I. Ambulatory Administrative Nursing Practice
II. Staffing
III. Competency
IV. Clinical Nursing Practice
V. Continuity of Care
VI. Ethics
VII. Environment
VIII. Nursing Knowledge Development
IX. Performance Improvement
X. Leadership
Standard III: Competency

Professional ambulatory care nurses employ current nursing knowledge, incorporate evidence-based nursing practices, and technical skill necessary to complete their assigned job responsibilities within their scope of practice. Nurse executives, administrators, and managers specify the expected nursing competencies, roles, and responsibilities for job performance in clearly written position descriptions, policies, protocols, and procedures that are accessible for all staff.

Standard IV: Ambulatory Care Nursing Practice

Professional nurses in ambulatory clinical settings use the nursing process and incorporate evidence-based practices into the delivery of patient-centered care and services. Nurse executives, administrators, and managers define the scope of clinical nursing practice and design optimal clinical nursing care delivery systems.

Standard V: Continuity of Care

Professional ambulatory care nurses facilitate continuity of care utilizing the nursing process, multidisciplinary collaboration, and coordination of all appropriate health care services throughout the care continuum. Ambulatory nurse executives, administrators, and managers plan, provide and evaluate the organizational resources and practices that promote continuity of care within the organization and across health systems.
Let’s break that down

- Scope of practice
- Nursing process
- Current nursing knowledge
- Evidence-based practice
- Patient-centered care
- Coordination & collaboration

Scope of Practice
Kaiser Permanente

- I am accountable for knowing the legal scope of my job.
- I have unique competencies that define the care that I give.
- I have acquired a specific level of knowledge that I bring to the care experience.
- I ask questions as technology advances and my role changes.

Kaiser Permanente RN
Scope of Practice

- Application of the nursing process
- Delegation
- Accept and implement orders
- Telephone practice
- Administration of medication
- Standardized procedures & protocols
- Licensing & Credentialing
Nursing Process

- Assessment
- Nursing Diagnosis
- Planning
- Implementation
- Evaluation
- Reassessment and revision of the plan

Applies to individuals and populations of patients

Assessment

Systematic collection of data about an individual client for the purposes of judging that person’s health/illness status and actual or potential healthcare needs.

It involves collecting information, taking a nursing history through interview, physical examination, and obtaining information from the family/significant others and the patient’s medical record.

Progressive Expertise: Assessment Skills

<table>
<thead>
<tr>
<th>Competent</th>
<th>Proficient</th>
<th>Expert</th>
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<tbody>
<tr>
<td>Independently and completely performs assessment to provide effective patient care for a given patient population. Recognizes specialized data.</td>
<td>Independently and consistently performs goal-focused &amp; individualized assessment when caring for all patients, including those with complex pathophysiologic and psychosocial needs.</td>
<td>Exhibits highly developed assessment abilities that exemplify a comprehensive understanding of the total patient/family situation.</td>
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Diagnosis

The judgment or conclusion that occurs as a result of the nursing assessment.

Analyze and interpret the data

- **Needs** - Identify the client’s or population’s response which is actually or potentially unhealthful and which a nursing intervention can help to change in the direction of health
- **Strengths** – identify the client or population’s healthful response which a nursing intervention can support or strengthen

### Progressive Expertise: Nursing Diagnosis

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<td>Prioritizes key nursing diagnoses to address physical and psychosocial/emotional areas.</td>
<td>Individualizes nursing diagnoses based on assessment data.</td>
<td>Individualizes nursing diagnoses based on assessment data and integrates that with the diagnoses and priorities of other disciplines in order to provide comprehensive, whole person care.</td>
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Planning

The actions deliberately designed, selected and performed to implement the plan of care
• Involves the patient/family, other caregivers, members of the team, etc.
• Sets patient-centered realistic goals
• Identifies actions necessary to achieve the goals

Implementation

Carrying out planned approaches to patient care
• Technical skills for procedures
• Educational tools
• Community resources
• Referrals for ancillary and specialty care (DME, Home Care, etc.)
• Delegate, as appropriate

Evaluation

The reassessment of the client to determine the extent to which objectives/goals have been met and whether further interventions are needed.
Progressive Expertise: Planning/Implementation/Evaluation

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<td>Practice driven by theory and experience.</td>
<td>Practice relies on previous experience for focused analysis of problems &amp; solutions with individual patient modification in order to meet outcomes.</td>
<td>Practice is driven by an intuitive base and is self-directed, flexible, &amp; innovative.</td>
</tr>
<tr>
<td>Independently develops, implements, and evaluates plan of care that recognizes subtle changes in patient’s condition and adapts plan as indicated.</td>
<td>Accommodates unplanned events and evaluates/responds appropriately with speed, efficiency, flexibility and confidence.</td>
<td>Is consistently effective in providing holistic care that ensures positive change even in the most challenging patient situations.</td>
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What are sources of nursing knowledge applied in your practice?

- Evidence-based practice guidelines
- Standards of care, standard references
- Competencies reviews for tasks and procedures (RN, LVN, MA)
- Peer review
- Audits and other quality monitoring
- Text book knowledge supported by experience
Evidence-Based Practice Defined

“Conscientious and judicious use of current best evidence in conjunction with clinical expertise and patient values to guide health care decisions. Best evidence includes empirical evidence from randomized controlled trials; use of information from case reports, scientific principles and expert opinion.”

(Titer 2007)

Evidence-Based Practice

The goal of evidence-based practice (EBP) in nursing is to promote improved interventions, care, and patient outcomes. The transfer of research evidence into practice is a complex process, and changing provider behavior is a challenge, even when the relative advantages are strong.

Sources of EBP

Government sources – AHRQ www.ahrq.gov (USPSTF)
- National Guideline Clearinghouse www.guideline.gov
- US Preventive Services Task Force
- CDC/Advisory Committee on Immunization Practices

Professional Organizations – AHA, ONS

Repositories, national databases – Cochrane Collaboration www.cochrane.org/index.htm
- Zynk Health – by subscription, peer-reviewed summaries

Nursing Literature - Cumulative Index to Nursing and Allied Health Literature (CINAHL) www.cinahl.com
- EBN Online, Evidence-based Nursing http://ebn.bmj.com
KP of Southern California Clinical Practice Guidelines

Clinical Practice Guidelines Web Site
http://cl.kp.org/pke/scal/cpg/cpg/

online version of the Clinical Practice Guidelines Handbook.
The site also provides electronic links to health education materials and Pharmacy formulary information

KP EBP: Aspiration Technique for Subcutaneous/Intramuscular Injections (Crawford, 2008)

Key summary of evidence
• Aspiration not reliable indicator of needle placement
• Not necessary for SC injection
• No evidence w/ or w/o blood return confirms needle placement or eliminates possibility of IM into blood vessel
• Fears of adverse reactions primarily from intra-arterial injection of PCN/other large molecule meds
• Most nurses do not follow slow aspiration guidelines and perform procedure too quickly to be effective

KP EBP: Aspiration Technique for Subcutaneous/Intramuscular Injections (Crawford, 2008)

Recommendations for consideration
• Until a standard can be determined, injection techniques must be individualized to pt, equipment, and medication being administered in order to decrease risk of incorrect needle placement
• Aspiration not indicated for SC injection of vaccines, immunizations and insulin
• Not indicated for IM injections of vaccines and immunizations
• May be indicated for IM injections of large molecule medications, such as PCN
Patient-Centered Care

“Health care that establishes a working partnership with patients and their families to ensure decisions are made that respect and honor patients’ wants, needs, and preferences and to ensure that patients have the education and support they need to act as a central resource in their own health and/or the health of their family.” (National Quality Report on Health Care, 2000)

Patient Centered Care Requires…

…that the patient health education, health behavior change and patient self-care management and support strategies critical to the prevention and management of both acute or chronic illness be characterized by the patient centered communication, education and partnership demonstrated to be essential to the effectiveness of these strategies.

(Center for the Advancement of Health 1996, Center for the Advancement of Health 2000).

Linkage to Patient Advocacy

Support a process of informed decision making by the patient/family by

- Providing education
- Facilitating access to care
- Assuring continuity of care
- Improving patient satisfaction
- Problem-solving related to patient complaints and patient safety issues,
- Participating in risk management
Progressive Expertise: Advocacy & Ethics

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<td>Mobilizes appropriate</td>
<td>Challenges situations and/or decisions that obstruct positive patient</td>
<td>Challenges and adapts systems to maximize the benefits for patient</td>
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<tr>
<td>resources in response to</td>
<td>outcomes and works to remove barriers</td>
<td>care</td>
</tr>
<tr>
<td>situations that have</td>
<td>Anticipates patient/family needs</td>
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<tr>
<td>potential to negatively</td>
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<tr>
<td>impact patient/family</td>
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<td></td>
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<tr>
<td>outcomes.</td>
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<tr>
<td>Recognizes ethical</td>
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<tr>
<td>issues and seeks</td>
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<td>assistance in addressing</td>
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<td>them</td>
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Patient education

- More than just teaching and learning: requires behavioral change for self management
- Part of ambulatory care nursing practice for well clients, and those with acute, chronic and terminal conditions
- Provided face-to-face, on phone, through printed materials, Web reference, and other means

The Process of Teaching

- Redman, 2007

- Assessment of need to learn
- Assessment of motivation
- Unpytest situation and setting of objectives with learner
- Evaluation and re-teaching, if necessary
Health Belief Model

Goal Setting: Is there something you would like to work on to improve your health this week?

Goal is
1. Specific
2. Limited
3. Achievable
4. Measurable

Gauge the patient's conviction on 10 pt scale (>7)
Gauge the patient's confidence on a 10 pt scale
Arrange follow-up

Six A’s of Behavioral Counseling

1. **Address the Pt’s Agenda** – top 1 – 2 concerns today
2. **Assess** – beliefs, behaviors and readiness to change
3. **Advise** – provide information about the pt’s condition, the health risks and the benefits of change
4. **Agree** – collaboratively select a health related goal
5. **Assist** – in identifying pt’s personal barriers and resources
6. **Arrange** – for follow-up to reinforce pt self-management behaviors and respond to changing challenges
Motivational Interviewing

Goal-directed counseling style used with patients who may not seem ready to make behavior change considered necessary (e.g., in addiction therapy)
Being employed with patients making lifestyle changes, but have discrepancy between their own goals and their current behavior
Patient does most of talking to help resolve their ambivalence

Five Techniques in MI

1. Expressing empathy
2. Developing discrepancy
3. Avoiding argument
4. Rolling with resistance
5. Supporting self-efficacy
Progressive Expertise:
Patient/Family Education

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<tr>
<td>Accurately assesses patient/family’s readiness to learn, organizes and executes individualized learning plan, evaluates and modifies approach as indicated.</td>
<td>Identifies learning needs of designated populations. Works collaboratively to develop strategies to meet learning needs. Revises and develops patient ed materials. Seeks out challenging pt/fam ed opportunities.</td>
<td>Anticipates pt/fam learning needs and utilizes a variety of teaching strategies appropriate to the pt’s needs. Serves as expert resource and facilitates other staff in improving pt ed. Collaborates with other disciplines to develop &amp;/or implement pt/fam teaching programs.</td>
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Chronic Conditions

- 10% of US patients account for 80% of all health care costs, and 75% of those costs are related to chronic conditions
- Total estimated US medical and social costs associated with heart disease and stroke was $475.3 billion in 2008 (AHA, NHLBI)

Chronic Care Model (CCM)

E. Wagner, MD Group Health Cooperative Supported by the RWJF
Clinical Information Systems

- KP has an industry leading EHR, HealthConnect
- Facilitates full spectrum of personalized care:
  - Proactive patient outreach
  - Education
  - Lifestyle adjustments
  - Effective medication management
  - Other
- Technology alone cannot solve our health care system problems.

Decision Support: Provide information and identify gaps at point of care

Daily Actionable Clinical Report

Delivery System Design

- Define and expand roles to take a team approach to managing care
  - Physician
  - Medical Assistant
  - Outpatient Office Assistants
  - Pharmacists
  - Nurses
  - NP/PA
  - Social Worker
  - Data Manager
  - Patients/Families

- Redesign the work appropriate to level of training/professionalism of team members
Nursing Supported Diabetes Road Map Construct

Patients do not always progress through categories in a sequential fashion. Episodic events, life changes and co-morbidities may impact glucose control.

Collaboration

Working together toward a common goal
Sharing knowledge to resolve problems, decide issues and set goals within a structure of collegiality
Accepting joint responsibility for patient care
Characteristics of a Collaborative Team

- Consensus of goals, values & vision
- Roles & responsibilities clearly defined
- Accountability for outcomes shared
- Tasks & time frames identified
- Team performance monitored

Characteristics of a Collaborative Team

- Processes established for decision-making & conflict resolution
- Open, honest communication
- Mutual respect, trust, support
- Diversity acknowledged & valued
- Data & analyses shared

Progressive Expertise: Collaboration with the Health Care Team

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<td>Recognizes &amp; values professional collaborative communication &amp; positive effect on patient outcomes</td>
<td>Acts as resource to nursing &amp; HC team is sought out by members of multi-disciplinary HC team frequently initiates consults w/ HC team actively collaborates w/ other health professionals in delivering care recognizes need &amp; calls for team conference</td>
<td>Through shared values &amp; a clear professional identity demonstrates &amp; role models an interdisciplinary approach to patient care participates and/or leads team conference</td>
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Continuity

Care received over time and across venues that is coordinated
Information flows
Plan of care flows
Handoffs are seamless
Patient-centered across the continuum

Evolution of Chronic Care Management Models

- Early HMO Model (1980-1990)
  - Primary care provider as “gatekeeper”
  - Focus on decreasing utilization
- Chronic Care Models
  - Dependent upon payers contracting for programs
  - Disease-based
- Medical Home Concept

Patient-Centered Medical Home

- 2004 – American Academy of Family Physicians: “Personal Medical Home”
- 2006 – American College of Physicians “Advanced Medical Home”
- 2007 – AAP, AAFP, ACP and AOA endorsed a combined statement “Joint Principles of the Patient-Centered Medical Home”
Patient-Centered Medical Home Principles

• An ongoing relationship with a personal physician trained to provide first contact, continuous, comprehensive care
• Physician-directed medical team with shared responsibility for ongoing care of patients
• Whole-person orientation through all stages of life
• Coordinated care, integrated across all elements of the health care system facilitated by information technology

Patient-Centered Medical Home Principles

• Quality and safety as hallmarks to provide evidence-based care and involvement in continuous improvement
• Enhanced access to care including new options of communication
• Payment that recognizes the added value to patients who have a medical home

NCQA Patient-Centered Medical Home: Standards for Certification

• Access & communication
• Patient self-management support
• Tracking referrals
• Patient tracking & Registry functions
• Electronic prescribing
• Performance measurement & improvement
• Care management
• Tracking tests
• Advanced electronic communications
Patient-Centered Medical Home
Overview of Current Pilot Activity (as of April 2008)

Multi-Payer pilot discussions/activity
Identified pilot activity
No identified pilot activity

Role of the Nurse in PCMH:
Interdependent contributions
- Using patient registries to identify high risk/complex
- Self-management goal setting
- Medication management protocols
- Test ordering and management protocols
- Resolving financial barriers
- Patient education
- Referral for specialty services
- Coordination of care
  - Among team members
  - Across the health system

Role of the Nurse in PCMH:
Unique, independent contributions
- Identifying and addressing deficits in care
- Identifying and resolving of barriers to self care and adherence to the mutually-developed plan
- Motivational interviewing and behavioral change strategies
- Assessment and intervention for functional status issues
- Meeting additional patient education needs
Expert Clinician Role in Ambulatory Care Nursing

- Recognizes scope of practice
- Expertly applies the nursing process
- Demonstrates nursing knowledge & skill
- Integrates evidence-based practice
- Provides patient-centered care
- Leads coordination & collaboration

“What lies behind us and what lies before us are tiny matters compared to what lies within us.”

Ralph Waldo Emerson