This webinar will share information from AAACN’s just-released Ambulatory Care Nurse-Sensitive Indicator Industry Report. Participants can expect to learn about the evidence behind NSIs in ambulatory care, existing NSIs with recommended changes for more meaningful use in ambulatory care, thirteen newly proposed measures that uniquely reflect the role of the RN in the ambulatory care setting, how to use NSIs to enhance quality reporting and national benchmarking to drive nursing excellence, and how the indicators are being developed and pilot tested.

Credit Hours: 1.0 contact hour

Accreditation Statement:
This educational activity is jointly provided by Anthony J. Jannetti, Inc. (AJJ), American Academy of Ambulatory Care Nursing (AAACN), and The Collaborative Alliance for Nursing Outcomes (CALNOC).

Anthony J. Jannetti, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.

Anthony J. Jannetti, Inc. is a provider approved by the California Board of Registered Nursing, provider number CEP 5387.

Disclosures
The Speakers and Planning Committee members have nothing to disclose.

Learning Outcome
By participating in this webinar the learner will be able to discuss the evidence behind Ambulatory Care Nurse Sensitive Indicators and how to quantify Ambulatory Care Nurse value with metrics.

Table of Contents

Presenters and Content Participants .................................................. p. 2
Presentation Slides ................................................................. p. 3
References .............................................................................. p. 15
CALNOC Recent Publications ..................................................... p. 17
Presenters and Content Participants

Presenters:

Nancy May, MSN, RN-BC, NEA-BC
• Chief Nursing Officer, Ambulatory Care Services, University of Michigan Health System
• Immediate Past President, American Academy of Ambulatory Care Nursing (AAACN)

Ann Marie Matlock, DNP, RN, NE-BC
• Service Chief, Medical Surgical Services, National Institutes of Health Clinical Center
• CAPT, United States Public Health Service
• Co-Chair, AAACN NSI Taskforce
• Co Editor, Ambulatory Care Nurse-Sensitive Indicator Industry Report
• AAACN/CALNOC NSI Development Steering Committee Member

Rachel Start, MSN, RN, NE-BC
• Director, Ambulatory Nursing, Nursing Practice and Magnet Performance, Rush Oak Park Hospital
• Co-Chair AAACN NSI Taskforce
• Co Editor, Ambulatory Care Nurse-Sensitive Indicator Industry Report
• AAACN/CALNOC NSI Development Steering Committee Member

Diane Brown, PhD, RN, CPHQ, FNAHQ, FAAN
• Senior Scientist and Founding Member, Collaborative Alliance for Nursing Outcomes (CALNOC)
• Executive Director, Medicare Strategy & Operations, Kaiser Permanente Northern California
• AAACN/CALNOC NSI Development Steering Committee Member

Content Participants:

Harriet Aronow, PhD
• Director, Data Management Services and Research Scientist, CALNOC
• Research Scientist, Cedars-Sinai Medical Center/Burns & Allen Research Institute
• AAACN/CALNOC NSI Development Steering Committee Member

Cyndee Nowicki Hnatiuk, EdD, RN, CAE, FAAN
• Chief Executive Officer, AAACN
• AAACN/CALNOC Steering Committee Member
Ambulatory Care Nurse-Sensitive Indicators: State of the Industry

Presented by
American Academy of Ambulatory Care Nursing (AAACN)

Co-Sponsored by
Collaborative Alliance for Nursing Outcomes (CALNOC)

Presenters

Nancy May, MSN, RN-BC, NEA-BC
AAMCN

Rachel Star, MSN, RN, NE-BC
AAMCN

Diane Brown, PhD, RN, CPHQ, FAAN
CALNOC

Ann Marie Mollick, DNP, RN, NE-BC
AAMCN

Introduction to AAACN

Nancy May, MSN, RN-BC, NEA-BC
AAACN Strategic Plan

• **Goal 1: Serve our Members**
  • Enhance the professional growth and career advancement of our members.

• **Goal 2: Expand our Influence**
  • Expand the influence of AAACN and ambulatory care nurses to achieve a greater positive impact on the quality of ambulatory care.

• **Goal 3: Strengthen our Core**
  • Ensure a healthy organization committed to serving our members and expanding our influence.

Health Care’s Mandate and Ambulatory Care Nursing’s Role

Health Care’s Mandate

• Nurses must lead the transformation of healthcare in all settings (IOM, 2010).
• Patient populations and where they receive care is changing drastically (AAACN, 2010; AHA, 2015; IOM, 2010).
• This shift in patient populations and the surge of patients needing primary care providers requires more RNs in ambulatory care (IOM, 2010).
Ambulatory Care Nurses are Key to Transforming Health Care’s Dysfunctions

- Health care spending
  - Half of U.S. health care dollars are spent on five percent of the population (Conwell & Cohen, 2002).

- Individuals with chronic conditions
  - High proportion of health care services treat chronic conditions that are expensive to manage resulting in increased spending (Olin & Rhoades, 2005).

- Multiple illnesses combined with social complexities
  - Factors such as mental health and substance abuse, extreme medical frailty, and a host of social needs such as social isolation and homelessness add to the complexity (Berwick, Nolan & Whittington, 2008).

- Care providers recognize the need for better coordinated care that leverages community resources
  - Social determinants such as food, housing, and safe environments often are lacking, but payment structures in the health care system do not allow such alignment (Freeman, 2006).

What is Ambulatory Care Nursing?

- A complex, multi-faceted specialty of independent and collaborative practice.
- Built on a broad knowledge base of nursing and health sciences.
- Applies clinical expertise rooted in the nursing process.
- Uses evidence-based information to achieve and ensure patient safety, quality care, and improved patient outcomes.

(AAACN Position Paper: Role of the Ambulatory Nurse, 2010)

Role of the Ambulatory Care Nurse

- Delegate care for episodic illness management
- Telephone triage
- Med reconciliation
- Health coaching
- Assessment of health care needs
- Practice management
- Case management chronic care needs
- Hospital transition
- Prevent ED visits
- Reduce readmissions
- Save costs
- Improve satisfaction
- Enhance quality

(Smolowitz, 2014)
Reaching a Tipping Point: Assigning Meaningful Value to the Role of the Ambulatory Care Nurse

Ann Marie Matlock, DNP, RN, NE-BC
Rachel Start, MSN, RN, NE-BC

Key To Many Gaps in Ambulatory Care: Nurse-Sensitive Indicator Development

“There are major gaps in understanding numbers and types of health professionals, where they are employed, and what roles they fill. Yet this knowledge is critical to support new models of health care delivery and improve patient care...The Campaign should play a role in convening, supporting, and promoting collaboration among organizations and associations to consider how they might create more robust data sets and how certain data sets can be organized and made available to researchers, policy makers, and planners.”

(IOM, 2015)

AAACN NSI Work Timeline

May 2013: AAACN NSI TF Starts
January 2014: ANA Ambulatory Summit
2015: Dissemination Process Starts
October 2015: AAACN and CALNOC Collaborative Agreement
March 2016: CALNOC Ambulatory Surgery Measures Set
May 2016: AAACN Publishes Industry Report
Summer 2016: Start development of measures with CALNOC
2017-2018: Further measures released by AAACN & CALNOC
AAACN NSI Industry Report: Available Measures for Benchmarking

AAACN Ambulatory Care Nurse-Sensitive Indicator Industry Report

1. Available Measures for National Benchmarking in Ambulatory:
   - NDNQI: Care Coordination: Medication Reconciliation (8-2014)
   - Care Coordination: Pending Diagnostic Test Results (8-2014)
   - Many organizations were unaware that these were developed or available—quality departments usually service the inpatient setting traditionally
   - CALNOC: Ambulatory Site Demographics (3-2016)
   - Ambulatory Volume Measures (Denominators) (3-2016)
   - Staffing, Skill Mix and Patient Hours (3-2016)
   - Ambulatory Surgery Center/Procedure Center Adverse Outcomes of Care: Wrong Site, Side, Procedure, Implant (3-2016)
   - Ambulatory Surgery Center/Procedure Center Patient Burns (3-2016)
   - Ambulatory Surgery Center/Procedure Center Patient Falls (3-2016)
   - Ambulatory Surgery Center/Procedure Center Patient Falls with Injury (3-2016)
   - Ambulatory Surgery Center/Procedure Center All Cause Hospital Transfer/Admission (3-2016)

AAACN NSI Industry Report: Proposed Indicators for Development

2. NSIs proposed by AAACN NSI Task Force for further development through collaboration with CALNOC: Adapted Measures
   - Ambulatory Care Nurse Readmission Across the Lifespan
   - Care Coordination: Appropriate Referral
   - Reflects telephone triage process and acuity of patient
   - Patient Engagement: Measurement of Patient Activation Measure (PAM) and associated improvements
   - Administration of Vaccine Per Non-Specific Patient Protocol
   - Clean Urine Specimen Measure

AAACN NSI Industry Report: Proposed Indicators for Development

3. NSIs proposed by AAACN NSI Task Force for further development through collaboration with CALNOC: New Measures
   - Care Coordination: Appropriate Referral
   - Reflects telephone triage process and acuity of patient
   - Patient Engagement: Measurement of Patient Activation Measure (PAM) and associated improvements
   - Administration of Vaccine Per Non-Specific Patient Protocol
   - Clean Urine Specimen Measure

(AAACN, 2016)
Exemplars Highlighted

- RN ambulatory care manager reduced readmission rate (Sentara)
- RN ambulatory care manager population health management metric (Sentara)
- Decreased pediatric emergency room visits per patient population (Medical University of South Carolina)
- Opioid use monitoring and safety at pain center (RIC)
- Reduction of readmissions via follow up phone call process (University of California, Davis Health System)
- Team BMI – Management of pediatric overweight and obesity in pediatric primary care (Medical University of South Carolina)
- Wound healing rate
Who is CALNOC?

The nation’s only Nurse Sensitive Registry developed and managed by nursing.

- The Collaborative Alliance for Nursing Outcomes (CALNOC) launched in 1996 as one of six ANA pilot sites that contributed to development of the ANA NDNQI.
- Self-sustaining, non-profit nurse sensitive benchmarking registry.
- Interactive access to facility-specific and group benchmark reports on nurse sensitive outcomes to organizations nationally across the western states.
- CALNOC mission: To advance global patient care excellence, outcomes and performance measurement efforts.
- Leveraging the dynamic nursing outcomes database and reporting system.
- Providing actionable data to guide decision making, performance improvement, and public policy.
- Conducting research to optimize patient care excellence.
- Building leadership expertise in the use of practice-based evidence.

Who is CALNOC?

The nation’s only Nurse Sensitive Registry developed and managed by nursing.

- CALNOC’s nurse scientist team continues to contribute to the healthcare industry through ongoing measure development, practice-based evidence research and publications, and as the measure developer for the National Quality Forum Pressure Ulcer and Restraint Use prevalence measures for acute care.
- CALNOC continues to support the electronic health record evolution as a specialized registry for meaningful use incentives.

The Power of CALNOC Measurement Development: Nurse Sensitive Measure Evolution

2004 2006-08 2009

NQF TJC CMS
The Power of Publishing Benchmarks to Improve the Industry

Table 4 Medical Surgical Benchmarks: Staffing Variables and Patient Characteristics (Percentiles)

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<th>Mean</th>
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<td>0.55</td>
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<td>5.23</td>
<td>8.07</td>
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Benchmarking Measure Sets

At a unit level within a hospital or service line or for entire health systems...........

Structural Measures
- Hours per patient/day or visit
- Skill mix
- Rates of patients to licensed staff
- Use of contract staff
- Sitter utilization
- Nurse education, certification, and years of experience
- Staff voluntary turnover
- Maternal/Child deliveries
- ED encounters/day
- Ambulatory visits/volumes

Process Measures
- Risk assessment for falls
- Pressure ulcers and skin
- Protocol implementation for fall and pressure ulcer prevention
- Restraint use
- Medication safe practices
- Patient/fall turnover
- ED patient flow

Outcome Measures
- Fall rates
- Injury fall rates
- Hospital-acquired pressure ulcer prevalence
- Medication error rates
- NHSN HAIs
- ED left without being seen or before treatment complete
- Ambulatory never events & burns
- Ambulatory all-cause hospital transfer
The ASC Quality Collaboration (ASC QC) is a cooperative effort of organizations and companies interested in ensuring that ASC quality data is measured and reported in a meaningful way.

2007: Five ASC QC facility-level measures were endorsed by the NQF:
- Patient Burn
- Prophylactic IV Antibiotic Timing
- Patient Fall in the ASC
- Wrong Site, Side, Patient, Procedure or Implant
- Hospital Transfer/Admission

2008: A sixth ASC QC facility-level measure was endorsed by the NQF:
- Appropriate Surgical Site Hair Removal

Initial Measure Set
Ambulatory Surgery Centers & Procedure Units

<table>
<thead>
<tr>
<th>Phase: Structure of Care</th>
<th>Phase: Process of Care</th>
<th>Phase: Outcomes of Care</th>
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<tr>
<td>• Volume:</td>
<td>• Volume:</td>
<td>• Wrong: Site, Side, Patient, Procedure or Implant</td>
</tr>
<tr>
<td>- Number of patient onsite visits (denominator)</td>
<td>- Number of procedures per procedure type for ASC.</td>
<td>- Patient Burns</td>
</tr>
<tr>
<td>- Number of no-shows, late cancellations</td>
<td>- Operating room minutes for ASC.</td>
<td>- Patient Falls</td>
</tr>
<tr>
<td>- Number of procedures</td>
<td>-</td>
<td>- Hospital Transfer/Admission</td>
</tr>
<tr>
<td>- Staffing Hours per Volume</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- RN</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
<td>- LVN/LPN</td>
<td>-</td>
<td>-</td>
</tr>
<tr>
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<td>-</td>
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</tr>
<tr>
<td>- Other licensed staff (PT, OT, M.D., LSW, etc.)</td>
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<td>-</td>
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<tr>
<td>- Other licensed professional staff</td>
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</tr>
<tr>
<td>- Other licensed professional staff</td>
<td>-</td>
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</tr>
</tbody>
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Definitions Published in Nursing Economic$
Data Collection and Benchmarking

Sample Reports

Support for Standardized Data Collection

Organization data systems vary greatly. Code Books and planning tools guide participants through data capture and submission planning.

The Power of Business Intelligence Reports

- Customized reports that examine patient outcomes that influence costs and reimbursement and the resources deployed to achieve outcomes.
- Benchmark structure and process performance against like hospitals or organizations, other facilities in a system, Magnet centers.
- Compare unit-based performance within service lines.
- Drill down to the unit level to understand processes that affect patient safety and quality to better understand where to prioritize improvements.
- Identify other units or systems that are doing better – to learn from their best practice.
The Power of Custom Report Cards

Tutorials and training sessions help organizations create the reports that align with their unique strategic priorities.

Benchmark Report Examples
PILOT DATA FOR ILLUSTRATION ONLY

Benchmark Report Examples
PILOT DATA FOR ILLUSTRATION ONLY
CALNOC Ambulatory Implementation & Development - Phase II & III

Phase II: 2016
- Phase I ASC & Procedure Unit measures incorporated into CALNOC benchmarking repository.
- Ambulatory "User" Group to advise future unit types and settings.

Phase III:
- Incorporate metrics already gathered by Magnet Journey facilities. For example, RN education, certification, years of experience, and voluntary staff turnover are already captured for those on the Magnet Journey.
- Development of volume or workload measure that captures care coordination or navigation; activities in collaboration with AANA to capture encounters in which the nurse is directly engaging with the patient/family or with another provider in evaluating patient status, formulating plan of care, measuring goal attainment and determining treatment outcomes.
- Consideration of previously endorsed measures:
  § Documentation of current medications
  § Medication Reconciliation
  § Pain assessment and follow up
  § Advanced Care Plan for Age 65+
  § Fall Risk Assessments (for the home environment) and Plan of Care
  § Pending Diagnostic Tests
  § Ambulatory CAHPS (Consumer assessment of Healthcare Providers & Systems)
  § Avoidable admissions

Contact AAACN and CALNOC

Web: www.aaacn.org
Email: aacn@aaacn.org
Phone: 800-262-6877

Web: www.caland.org
Email: info@calnoc.org
Toll Free Phone: 888-586-1994

Download the AAACN Ambulatory Care Nurse-Sensitive Indicator Industry Report
www.aaacn.org/NSIReport
References


CALNOC Recent Publications

- 2015 Aydin, C., Donaldson, N., Stotts, N., Fridman, M., Brown, D. S., **Modeling Hospital-Acquired Pressure Ulcer Prevalence on Medical-Surgical Units: Nurse Workload, Expertise, and Clinical Processes of Care.** This study modeled the predictive power of unit/patient characteristics, nurse workload, nurse expertise, and hospital-acquired pressure ulcer (HAPU) preventive clinical processes of care on unit-level prevalence of HAPU’s. *Health Services Research.* Apr;50(2):351-373.

- 2015 Spetz J., Brown D.S., Aydin C. **The Economics of Preventing Hospital Falls. Demonstrating ROI Through a Simple Model.** The objective of this study was to assess the cost savings associated with implementing nursing approaches to prevent in-hospital falls. The *Journal of Nursing Administration.* Jan;45(1):50-57.


- 2013 Brown, D.S., & Woolosin, R. **Safety Culture Relationships with Hospital Nursing-Sensitive Metrics.** This study explores linkages between staff perceptions of safety culture (SC) and ongoing measures of hospital nursing unit-based structures, care processes and adverse patient outcomes. *Journal for Healthcare Quality.* Jul/Aug;35(4):61-74.


- 2013 Spetz, J., Mark, B.A., Herrera, C.N., Harless, D.W. **Using Minimum Nurse Staffing Regulations to Measure the Relationship Between Nursing and Hospital Quality of Care.** This study test whether changes in licensed nurse staffing led to changes in patient safety. *Medical Care Research and Review,* 70(1).


- 2010 Donaldson, NE & Shapiro, SE. **Impact of California mandated acute care nurse staffing ratios: literature synthesis.** *Policy, Politics and Nursing Practice,* 11(3), 184-201, August.
