n the spring of 2013, the American Academy of Ambulatory Care Nursing’s (AAACN) board of directors commissioned a task force to identify and define nurse-sensitive indicators specific to the ambulatory care setting. Members included indicator development experts from the Collaborative Alliance for Nursing Outcomes (Calnoc) and the National Database of Nursing Quality Indicators® (NDNQI®), as well as a past president of AAACN who was part of the original work done by the American Nurses Association (ANA) in the late 1990s to identify indicators sensitive to nonacute settings. Members of the task force represented all geographic areas in the United States and a broad range of practice settings.

Shifting focus
Over the past 2 decades, healthcare delivery has shifted from the inpatient setting to the ambulatory care setting. According to the American Hospital Association, inpatient admissions per 1,000 persons decreased 12%, from 119 in 1993 to 106 in 2013. In the same time frame, the average inpatient length of stay dropped from 7.0 to 5.4 days, inpatient surgeries decreased from 10.2 to 9.1 million, outpatient surgeries increased from 12.6 to 17.4 million, and the total outpatient visits in community hospitals increased from 1,422 per 1,000 persons to 2,145 (a 50% increase). Although this shift has occurred, the RN workforce in the outpatient setting, and particularly in primary care, has declined. The move from inpatient to ambulatory care settings has created challenges with access to care and coordination of services, and increased care complexity.2

The National Association of Community Health Centers estimates that 56 million people have inadequate access to a primary care medical provider and health centers need to increase the number of patients served from 16 million to 30 million, which requires another 16,000 to 20,000 RNs.3 According to HHS.gov, 17.6 million uninsured people have obtained healthcare coverage under the Affordable Care Act (ACA).4 With a dramatic reduction in the number of people who are without insurance, there’s an expectation that more RNs are needed. A recent Commonwealth Fund report estimated the impact of the first 5 years of the ACA: primary care visits are increased by 3.8% per week and visits to hospital outpatient departments by 2.6% per week nationally.5 The report’s authors suggested that the current supply of hospitals and physicians can absorb the increase through adapted delivery models, including nurse-managed centers, and increased use of advanced practice nurses.5

The percent of RNs employed in ambulatory care—clinics, physicians’ offices, and health centers—remained unchanged between 2004 and 2008 at 12%.5 Market forces suggest that percentage distribution will need to change to accommodate the shift of care from inpatient to ambulatory settings. It’s also evident to the professional nurses in ambulatory care settings that identifying, defining, and measuring the elements of their practice related to patients’ care and outcomes are critical. To date, the value of the ambulatory care RN’s role in patient outcomes hasn’t been measured.
The need for meaningful measurement

Members of the AAACN Nurse-Sensitive Indicators Task Force reviewed published information about ambulatory care nursing and quality. This review included a definition of ambulatory care nursing, defining characteristics of the professional RN, a short overview of the history of nursing quality, and the work of the task force in the development of a nursing metrics set. The results have been compiled in an industry report made available by the AAACN.6

Task force members began this journey using an evidence-based practice approach to identify and develop measures that can be applied to the ambulatory nursing care environment. This was accomplished using a variety of methods, including:

- reviewing historical efforts to measure nursing care quality and outcomes
- conducting a literature review of quality metrics
- eliciting expert opinion
- reviewing current standards, scope, definitions, and dimensions of ambulatory care RNs
- reviewing all currently endorsed measures in the ambulatory and acute healthcare settings

The literature review revealed that although efforts were undertaken in the past to identify the work and role of the RN in the ambulatory care setting, outcome measures endorsed by the Ambulatory Surgery Center Quality Collaboration (ASCQC).8,9 (See Table 1.) The CALNOC pilot tested a series of ambulatory surgery and procedure unit measures in 2015 for release in 2016.10 (See Table 2.) In its review of all currently endorsed healthcare indicators (nonspecific to nursing), the task force proposed several new indicators to be adapted for the ambulatory nurse. (See Table 3.) Finally, the task force developed and proposed four indicators for complex development. These indicators weren’t taken from already endorsed healthcare indicators; rather, they were the product of feedback from AAACN membership and knowledge of emerging significant healthcare trends. (See Table 4.) Some components of the proposed indicators/measures are new and untested.7

As the volume and complexity of patients in the ambulatory care setting continue to rise, developing nurse-sensitive indicators becomes increasingly important.

Table 1: Existing measures

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| Press Ganey/NDNQI    | • Care coordination: Medication reconciliation  
|                      | • Care coordination: Pending diagnostic test results                      |
| ASCQC                | • Adverse outcomes of care bundle: Wrong site, wrong side, wrong patient, wrong procedure, wrong implant  
|                      | • Ambulatory surgery patient burns  
|                      | • Ambulatory surgery patient falls  
|                      | • Ambulatory surgery patient falls with injury  
|                      | • Ambulatory surgery hospital transfer/admission                         |

Table 2: Available measures for ambulatory surgery and procedure centers benchmarking

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<th>Source</th>
<th>Measures</th>
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| CALNOC  | • Ambulatory site demographics  
|         | • Volume measures (denominators)  
|         | • Staffing skill mix and patient care hours per visit  
|         | • Adverse outcomes of care:  
|         | — Wrong site, wrong side, wrong patient, wrong procedure, wrong implant  
|         | — Patient burns  
|         | — Patient falls  
|         | — Patient falls with injury  
|         | — Hospital transfer/admission                                              |

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whereas others are documented in the literature in a subset of nursing environments. Proposed measures may act as catalysts to assist in assigning value to key ambulatory nursing role dimensions that have the potential for positive patient outcomes, yet have been inadequate and/or inconsistently measured. The task force and the AAACN are fully aware that nursing quality metrics will be an ongoing process as future changes occur in ambulatory care settings. Therefore, the AAACN and CALNOC established a collaborative partnership in 2015 to measure the development of the proposed measures.

Work in progress
As the volume and complexity of patients in the ambulatory care setting continue to rise, developing nurse-sensitive indicators becomes increasingly important. For the first time, there are several indicators available for use in the ambulatory care setting. As this body of work continues to develop, the indicators and metrics for use in a variety of ambulatory care settings will increase. Ambulatory nurse leaders need data to hold resource and patient outcome discussions with senior leaders and boards, and nursing practice will be a vehicle to achieve the triple aim of affordable, accessible, quality care.

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Table 3: Proposed indicators for adaptation from existent, endorsed healthcare measures

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<th>Source</th>
<th>Measures</th>
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<tbody>
<tr>
<td>AAACN Nurse-Sensitive Indicators Task Force</td>
<td>• Readmission across the lifespan&lt;br&gt;• Pain assessment and follow-up&lt;br&gt;• Ambulatory nurse screening for high BP and follow-up care&lt;br&gt;• Ambulatory nurse-sensitive screening for depression&lt;br&gt;• Patient falls in the institution&lt;br&gt;• Ambulatory nurse-sensitive screening for future falls risk&lt;br&gt;• Ambulatory nurse screening for body mass index&lt;br&gt;• RN demographics&lt;br&gt;• Patient satisfaction</td>
</tr>
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Table 4: Proposed new indicators for development and endorsement*

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<tr>
<th>Source</th>
<th>Measures</th>
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<tbody>
<tr>
<td>AAACN Nurse-Sensitive Indicators Task Force</td>
<td>• Care coordination: Appropriate referral (tele-triage measure)&lt;br&gt;• Patient engagement: Use of patient activation measure&lt;br&gt;• Administration of vaccine per nonpatient-specific protocol&lt;br&gt;• Clean urine specimen measure</td>
</tr>
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*Pilot and development underway, CALNOC/AAACN Steering Committee, 2016