



Ambulatory
Care

Nurse Executive



Toolkit

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Ambulatory Care Nurse Executive Toolkit

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Introduction

Strong leadership is imperative in today's healthcare landscape. With the transformation of healthcare from episode-based acute treatment to continuum-based lifespan treatment, ambulatory care nurses need to be equipped and empowered to lead so vast, diverse populations become healthier. This imperative requires leadership that has clinical, strategic, and operational competencies to lead the redesign of care delivery models.

The American Academy of Ambulatory Care Nursing (AAACN) Ambulatory Care Nurse Executive Toolkit is a collection of best practice strategies and tactics, collected from across the country and in current literature, aimed at supporting the ambulatory care nurse executive and other leaders in ambulatory or other healthcare settings.

Purpose

The role of leader is inherent within the role of the professional nurse. Still, it was the specific desire of this Task Force to support nurse executives in ambulatory care and other settings and to give different leaders the knowledge of the tactics to empower and advance top-of-scope nursing practice in ambulatory care.

AAACN is the specialty nursing association that promotes and advances the science of ambulatory care nursing. AAACN has equipped nurses in this setting and across the continuum with clinical Scope and Standards, toolkits, [Special Interest Groups](#) (SIGs), the development of [nurse-sensitive indicators](#), and other professional development structures such as the [Nurse Residency Program](#). AAACN sets the standard for nursing practice in this setting by establishing [position statements](#) on the current and visionary state of practice while continuing a strong advocacy voice in collaboration with other professional organizations and initiatives across the country.

AAACN's [Ambulatory Care Nurse Executive Task Force](#) conducted a survey of ambulatory care nurse executives in spring 2017, identifying gaps, challenges, and needs for this key group that, if empowered, may be able to advance nursing in this setting. A workgroup formed to address the findings of this [survey](#); this toolkit is the product of that work. The focus of the Task Force has always been to equip ambulatory care nurse executives with tools to assess their current state, identify ideal structures in which to leverage nursing, strengthen nurse executive description of role, develop processes to make the business case for the role of the nurse and redesigned care delivery in this setting, and to promote the value of the nurse through meaningful data capture and dissemination of best practices.

The Task Force was committed to representing ambulatory care nurse executives from a diverse array of structures to inform the toolkit, including nurse executives from the following facilities: academic medical centers, systems for health, large-size organizations, mid-size organizations, small organizations, community health centers, Federally Qualified Health Centers, rural health centers, and standalone ambulatory care practices.

Drawing from the vital work of the American Organization for Nursing Leadership (AONL), the Task Force obtained permission from AONL to utilize the AONL Nurse Executive Competencies (NEC) as a framework to organize a toolkit specific to the needs of nurse executives in ambulatory care and other settings across the healthcare continuum.

This Task Force has, from the beginning, sought to strengthen and empower nurse executives in the ambulatory care environment because there has been a shortage of leadership from nursing in this area. For that reason, the Task Force decided to support the use of the Nurse Executive title to leverage their influence functionally and administratively to create environments where nursing is practicing at top-of-scope in ambulatory care.

The Task Force created a statement on critical operational structures (see page 6) as a complement to the AONL NEC, that would be strategic for nurse executives to leverage in the ambulatory care environment to elicit this change.

[Exemplars](#) are available exclusively in the [online toolkit](#) for AACN members.

Background Documents:

- [2018 AONL Conference Presentation Comparative Nurse Executive Survey](#)
- [AACN Nurse Executive Crosswalk of Settings by Structural Elements](#)
- [AONL Nurse Executive Competencies](#)
- [AACN Strategic Plan](#)
- [AACN RN Role Position Statement](#)
- [AACN RN Role Position Paper](#)
- [AACN Ambulatory Care Nursing Definition](#)
- [AONL Nurse Leader Article: AONL Nurse Executive Competencies, 2005](#)
- [Future of Nursing 2020-2030 Report](#)

Description of AACN

AACN is a welcoming, unifying community for registered nurses in all ambulatory care settings. AACN offers ambulatory care nurses:

- Connections with other nurses in similar roles
- Help in advancing their practice and leadership skills
- Advocacy that promotes greater appreciation for the specialty of ambulatory care nursing

AACN is the only specialty nursing association that focuses on excellence in ambulatory care. The AACN mission is to advance the art and science of ambulatory care nursing.

[AACN's Strategic Plan](#)

AACN Goals

- **Goal 1: The Profession.** To advance the individual (RN) and the practice of nursing in ambulatory care settings.
- **Goal 2: Infrastructure.** To ensure operational excellence and effective governance as the foundation of our association.
- **Goal 3: Engagement and Experience.** To create a place where our people can thrive, personally and professionally.
- **Goal 4: Diversity, Equity, and Inclusion.** Integrate the practice of DEI into the fabric of AACN.

[About AACN](#)

Organizational Structures

When designing leadership roles in ambulatory care nursing, it is vital to consider organizational structure as paramount when thinking about the desired impact and outcomes of role implementation. These decisions can either facilitate or hinder the role and potentially limit success and stifle innovation. Unfortunately, many organizations only place value on traditional hierarchies, limiting interprofessional leadership relationships and communication, and ultimately has varying impacts on frontline teams.

The following key considerations should guide decisions around organizational structure:

1. Organizational structures should reflect the model of care it is supporting.

Health systems that deliver care across the continuum should develop an organizational structure that is the best fit for each area, including ambulatory care and post-acute care. Ambulatory care organizational structures will vary from acute care structures, given the focus on team-based models of care. When considering individual staff groups, it is essential to ensure supervisory leaders exceed education, licensure, and job duties of their subordinates. An example of this would be ensuring clinical leaders supervise clinical frontline team members.

➤ **Key questions to consider:**

- Is there a document or policy that defines the model of care in the organization?
- Does the leadership team structure mirror or reflect the expectation of teamwork at the frontline and model the expectation of team collaboration?
- Do non-clinical leaders supervise clinical personnel? If so, what are the challenges that have been encountered with this structure?

2. Leadership structures should be reflected at all levels of the organization.

When developing plans around organizational structure, one of the often-missed starting places is defining and describing expectations for how frontline teams should interact. By definition, leaders set the example for their departments not only in excellence but in manifesting the organizational structure through their communication and relationships with other leaders. Leaders lead by example and frontline staff learn cultural behavioral expectations through the establishment of cultural norms. Therefore, organizational structure should mirror what is expected at the frontline in terms of decision-making and professional expectations. For ambulatory care, focus on team-based care models call for a change in the traditional paradigm for organizational structure.

➤ **Key questions to consider:**

- Who does your chief nursing officer (CNO)/chief nurse executive (CNE) or other ambulatory care nurse leader role report to?
- Does the current reporting structure facilitate or produce barriers for top-of-license practice for frontline nurses?
- Are other vital leaders (chief executive officer, chief medical officer, chief operating officer, and others) expected by job description to support or empower the CNO/CNE or other top ambulatory care nurse leader role?

- Are all leadership team members and their departments oriented to expected structure when joining the organization? (Are they instructed in team-based care and their expectation to support and develop this model?)
- Is your CNO/CNE or other ambulatory care nurse leader role involved in the orientation or ongoing training/education for other disciplines?
- Are other leaders involved in the orientation or ongoing training/education for frontline nurses?

3. Creating a culture of value should be of the utmost importance to all leadership members.

When designing an organizational structure, care should be taken to define organizational values this structure is expected to support. Organizational structure should be considered a fluid document that can and should be reviewed and potentially changed if the design no longer fully reflects the currently defined values. Healthcare is fluid and changes rapidly; therefore, leaders should be prepared to adapt organizational structures to support practice transformation in team-based models. This could include adding positions, giving more authority to others, and other changes.

➤ **Key questions to consider:**

- Does your organization have defined organizational values?
- If so, does the organizational structure support these values?
 - **Example:** If a value is high-quality care, is there a leader dedicated to supporting the oversight of quality and the process for quality improvement? Do all leaders have this as a focus in their job descriptions?

4. Centralization vs. Specialization

Organizational structure must consider the various job roles and functions and, therefore, value specialization within the care model. Ambulatory care often includes sub-specialty clinics, outpatient surgery, and even specialized departments within primary care such as pediatrics, prenatal, behavioral health, etc. Many primary care clinics are working toward full integration of these services. There is often value to ensuring a key leadership member within the organizational structure is knowledgeable of the required competencies of each of these departments.

➤ **Key questions to consider:**

- Are there specialized departments within your organization?
- If so, how are these aligned concerning the associated CNO/CNE or ambulatory care nurse leader?
- Does this structure facilitate or impair operational or clinical success of the associated specialty department?

5. Support and onboarding of new leaders

Growing your own versus hiring from the outside. Organizational structure is fundamental to growing a leadership pipeline for ambulatory care nurse leaders. This could come in the form of a career ladder or other system that allows for incremental growth and mentorship as employees continue to serve in the organization. This structure should have clear definitions and pathways to continue to grow and move to the next level. There should also be tools and training for existing leaders to support the identification and ongoing mentoring of potential future leaders.

➤ **Key questions to consider:**

- Does your organization have a career ladder for nursing team members?
- Does this structure have a seamless progression from new nurse to ambulatory care nurse leader over a series of steps or competency achievements?
- Does your CNO/CNE or ambulatory care nurse leader have training on specific tools or competencies to identify and mentor future ambulatory care nurse leaders? Does your organization have a transition to practice program?
- Are there other structures outside of your CNO/CNE or ambulatory care nurse leader to identify and mentor future ambulatory care nurse leaders?

6. Shared Governance

Shared governance structures are valuable and should be reflected in the overall organizational structure. Transparency of these structures is essential for recruitment and retention and ensures frontline staff have a voice in nursing practice and are an integral part of the interprofessional care team.

➤ **Key questions to consider:**

- Does your organization have an established shared governance structure in nursing?
- Is shared governance reflected in the organizational structure?
- Does your shared governance model support your professional practice model?
- How is the shared governance structure supported by the CNO/CNE, ambulatory care nurse executive, and organization?

7. Evaluation

Evaluation is key to a successful organizational structure. It must be designed in a way that ambulatory care nurse executives have clear accountability. This is beneficial to the organization as it supports the overall mission, vision, and values. Evaluation should include specific, measurable goals that often include financial, quality, safety, patient satisfaction, nursing certification rates, employee satisfaction, employee retention, and employee turnover. Metrics should be determined at least annually. Organizational structures should be aligned to ensure the CNO/CNE or ambulatory care nurse executive has adequate authority to deliver the specific metrics they are accountable.

➤ **Key questions to consider:**

- Does your organization have an evaluation plan that includes organizational structure as a part of the plan?
- Does the CNO/CNE or ambulatory care nurse leader have specific metrics for which they are accountable?
- Are these metrics reflected in their job description?
- Are the metrics easily measurable?
- Does the CNO/CNE or ambulatory care nurse leader have adequate authority to implement plans to improve on these metrics?
- If not, what are the barriers, and what would it take to remove them?

Ambulatory Care Nurse Executive Job Roles and Responsibilities

Introduction

- Although there is an increase in the Ambulatory CNO (ACNO) title, it is not widespread.
- The ambulatory care nurse executive title tends to influence responsibility and accountability for nursing practice and standards for nursing care and other professional practice roles.
- The infrastructure support for the ambulatory care nursing leadership role and responsibilities are varied, with some components such as professional development, research, and quality integrated into the enterprise system support or inpatient support structures. In contrast, others are supportive roles that report directly to the ambulatory care nurse executive.
- The ambulatory care leadership structures often have a dyad or triad model with a business manager or physician leader partnering with an ambulatory care nurse executive.
- There is inconsistency between ambulatory care nurse executive's inclusion on nurse executive and ambulatory executive committees. Some organizations will include the ambulatory care nurse executive while others do not.
- There is inconsistency among organizations regarding the partnership between the chief medical officer and the ambulatory care nurse executive.

Ambulatory Care Nurse Executive Roles and Responsibilities

As identified by the AACN Nurse Executive Task Force, the roles and responsibilities of the Ambulatory Care Nurse Executive should include but are not limited to the following:

- Partners and aligns the ambulatory nursing strategic vision with the organization's nursing strategic vision
- Member of governing boards
- Accountable for staff engagement
- Responsible and accountable for nursing practice and standards of care
- Responsible for nursing research and innovation
- Oversight of ambulatory care workforce professional development
- Oversight of ambulatory care regulatory and accreditation standards
- Responsible for ambulatory care nursing policies, protocols, and procedures
- Responsible for ambulatory care shared nursing governance
- Responsible for workforce management (attrition rates, job description development, compensation, etc.)
- Community partnerships such as colleges of nursing and other allied health professional training programs, local nursing professional organizations, community/public health organizations, etc.
- Partners with school of medicine physician leaders and affiliated medical group practice leaders.
- Partners with business operations and medical leadership regarding policies, process improvement, and quality initiatives.

Ambulatory Care Nurse Executive Job Description Examples

- [VP Ambulatory Nursing](#)
- [VP and CNO Ambulatory Patient Care Operations](#)
- [Director Ambulatory Care Nursing](#)
- [Ambulatory CNO](#)

Ambulatory Care Nurse Executive Competencies

Using the American Organization for Nursing Leadership (AONL) Nurse Executive Competencies as a framework, the task force adapted 14 of the competencies for the role of nurse executives in the ambulatory care setting. Each competency includes:

- The original AONL competency
- An introduction describing the competency
- Ambulatory care specific considerations
- Best practices and strategies for success
- References



Communication and Relationship Building

Academic Partnerships

Community Partnerships



Academic Partnerships

AONL Competency

- Determine current and future supply and demand for nurses to meet care delivery needs.
- Identify educational needs of existing and potential nursing staff.
- Collaborate with nursing programs to provide necessary resources.
- Collaborate with nursing programs in evaluating quality of graduating clinicians and develop mechanisms to enhance this quality.
- Serve on academic advisory councils.
- Collaborate in nursing research and translate evidence into practice.
- Collaborate to investigate care delivery models across the continuum.
- Create academic partnerships to ensure a qualified workforce for the future.

Introduction

A key concern for any nurse leader is employees' knowledge, skills, and abilities directly and indirectly under their supervision. It is vital to establish relationships with education and training programs in the communities the organization serves.

Academic-based systems often include physician residency programs and may also include schools of nursing and other health professions. Healthcare-based systems include hospitals and ambulatory care facilities and may have system-wide affiliations with health profession education systems.

Large and small group practices may have affiliations with various physician, nursing, and allied health profession education and training programs.

Rural health center clinics may be affiliated with hospitals but may not have training programs nearby, so recruitment can be particularly challenging.

Ambulatory Care Considerations

Unlike hospital systems, ambulatory care is generally done in smaller departments. Tasks and challenges vary from day to day. Many ambulatory care nurse leaders are operating in resource-poor health systems, so training dollars and time set aside for training may be lacking.

To create a safe environment for patients, it is incumbent upon the nurse leader in an ambulatory care setting to develop relationships with education and training programs to maximize the skill set of the newly graduated incoming workforce.

The ambulatory care nurse leader needs to advocate for knowledge, skills, and abilities specific to the organization's needs to be taught at schools and training programs. In most ambulatory care settings, the nurse leader is responsible for the work of registered nurses (RNs), licensed practical nurses (LPNs), and unlicensed personnel, so there are opportunities to partner with various types of programs.

Best Practices and Strategies for Success

There are templates and models for academic relationships from professional organizations and education systems.

While some resources are focused on strategies for education systems, they can be adopted by organizations to engage with partners. The [American Association of Colleges of Nursing](#) (2020) has a

toolkit available that includes consideration of players involved, partnership activities, environment, exemplars, and outcomes.

[Greer](#) and colleagues (2018) described how a medical school worked with other organizations to provide healthcare and other services to patients in households and mobile health units using an interprofessional approach to care.

The [Interprofessional Educational Collaborative](#) (2020) offers core competencies for practice, team-based competencies, and modules for interprofessional health education.

Strategies ambulatory care nurse leaders can champion include partnering with residency programs to house resident clinics, partnering with nursing schools to find creative ways to host nursing student rotations and preceptorships, and allowing medical assistants and other unlicensed personnel to do clinical rotations.

Suppose there is a shortage of medical assistant programs in the area. In that case, ambulatory care nurse leaders can feel empowered to write a letter of support for a grant to a local independent school district to start a medical assistant program.

The ambulatory care nurse leader can encourage the organization to partner with local educational programs to train incumbent workers to become medical assistants.

The ambulatory care nurse leader can partner with local nursing schools to build an ambulatory care perspective into the curriculum. A sample curriculum for ambulatory care nursing can be found on the [Health Workforce Initiative's](#) website from the California Community College Chancellor's office.

It is particularly helpful to offer to sit on advisory boards for various education and training programs to provide feedback on regional employers' needs. The ambulatory care nurse leader can influence curricula and encourage placement in facilities that will provide the experience needed for new graduates.

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Community Partnerships

AONL Competency

- Represent the organization to non-healthcare constituents within the community.
- Serve as a resource to community and business leaders regarding nursing and healthcare.
- Represent the community perspective in the decision-making process within the organization/system.
- Represent nursing to the media.
- Serve on community-based boards, advisory groups, and task forces.

Introduction

The overview to *Healthy People 2020* Social Determinants of Health emphasizes, “Health starts in our homes, schools, workplaces, neighborhoods, and communities.” For an ambulatory care organization to be successful, it must have partnerships with community organizations, both formal and informal.

The ambulatory care nurse executive can help cement relationships that will help the organization and community. Relationships with other healthcare organizations, professional nursing organizations, community service providers, faith-based organizations, schools, local health clubs, and local businesses can benefit the nurse leader and the ambulatory care organization.

Ambulatory Care Considerations

Whether the ambulatory care nurse leader works in a large health system or a small practice, patients only come to the facility for brief episodes of care. Knowing the community’s resources for food, shelter, clothing, exercise, social interaction, etc., enables the nurse leader to guide patients to locate and use needed resources.

Relationships with patients in primary care can span decades and cross generations. The nurse leader has the opportunity for many touchpoints with patients. Nurse leaders in specialty care and ambulatory care procedure centers may have fewer touchpoints but still send their patients into the community to face daily challenges. They can provide resources and support to their patients, guiding them to groups facing similar diagnoses and challenges.

Best Practices and Strategies for Success

The Nurses on Boards Coalition is an excellent resource for the nurse leader to learn more about serving on boards of local organizations. As a board member of an organization, the ambulatory care nurse leader can provide unique input to guide the organization to use resources wisely and promote the community’s health ([Nurses on Boards Coalition](#), 2020).

Local chapters of professional organizations, particularly those representing ethnic groups in the community, are a resource for support for the nurse leader, scholarships and networking opportunities for nursing students, and assistance with community events such as health fairs. [National Association of Hispanic Nurses](#), [National Black Nurses Association](#), and [Philippine Nurses Association of America, Inc.](#) are useful resources.

Ambulatory care nurse leaders who serve an underserved population will find it beneficial to form relationships with community partners providing social services to underserved individuals. Food banks,

homeless shelters, drug and alcohol rehabilitation centers, and other agencies provide wraparound care for patients with many needs.

In outbreak situations or other health emergencies, having relationships already established can move health initiatives quickly to provide services for vulnerable patients (Duncan, 2018). Strong relationships with faith-based organizations and church leaders enable ambulatory care nurse leaders to reach patients who may not trust healthcare providers.

Providing health screenings after church services can open the door for communication about the need for medication and other health services in a non-threatening environment. According to the National Disaster Interfaith Network, it is important to have religious literacy and competency to interact with faith-based organizations during disasters. The group has tip sheets available for engaging faith communities (Federal Emergency Management Agency, n.d.).

Holding health-related classes and appointments in libraries can bring care to communities where patients feel comfortable. Forming relationships with local fitness clubs allows the ambulatory care nurse leader to recommend settings for patients to exercise. Becoming involved with local sports clubs can provide similar benefits and give the sports clubs the benefit of the nurse's health knowledge.

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Knowledge of the Healthcare Environment

Clinical Practice Knowledge

Delivery Models and Work Design

Governance

Shared Governance

Evidence-Based Practice/Outcome Measurement and Research

Patient Safety and Performance Improvement/Metrics



Clinical Practice Knowledge

AONL Competency

- Demonstrate knowledge of current nursing practice and the roles and functions of patient care team members.
- Communicate patient care standards as established by accreditation, regulatory, and quality agencies.
- Ensure compliance with State Nurse Practice Acts, State Board of Nursing regulations, state and federal regulatory agency standards, federal labor standards, and organization policies.
- Adhere to professional association standards of nursing practice.
- Ensure that written organizational clinical policies and procedures are reviewed and updated following evidence-based practice (EBP).

Introduction

The American Nurses Association (ANA), the professional organization for all RNs, has long assumed responsibility for developing and maintaining the scope of practice statement and standards that apply to all RNs. Each state is responsible for defining nursing scope of practice and establishing qualifications for licensure. RNs are required by law to carry out care per what other reasonably prudent nurses would do in the same or similar practice settings. Professional specialty nursing associations such as AACN set standards and have their scope of practice, which are authoritative statements of the duties all RNs are expected to perform competently. Standards of care describe a competent level of nursing care rooted in critical thinking and the nursing process. The nursing process includes assessment, diagnosis, and identification of outcomes, planning, implementation, and evaluation.

ANA's Nursing Scope and Standards of Practice describes the who, what, where, when, why, and how of nursing practice.

- **Who:** RNs and advanced practice registered nurses (APRNs) comprise the “who” and have been educated, titled, and maintain active licensure to practice nursing.
- **What:** Nursing is the protection, promotion, and optimization of health and abilities; prevention of illness and injury; facilitation of healing; alleviation of suffering through the diagnosis and treatment of human response; and advocacy in the care of individuals, families, groups, communities, and populations.
- **Where:** Wherever there is a patient in need of care.
- **When:** Whenever there is a need for nursing knowledge, compassion, and expertise.
- **Why:** The profession exists to achieve the most positive patient outcomes in keeping with nursing's social contract and obligation to society.
- **How:** Defined as the ways, means, methods, and manners nurses use to practice professionally.

A complete understanding of the following will allow the nurse leader greater success in the leadership role by informing thinking and decision-making.

- U.S. Boards of Nursing: Jurisdictional governmental agencies in the 50 states, the District of Columbia, and four U.S. territories responsible for regulating nursing practice.
- The Nurse Practice Act: Laws that describe licensure, nursing titles, scope of practice, and actions that may happen if the nurse does not follow the nursing law.

- Operating at the top of license: Practicing to the full extent of an individual’s education, training, and experience. Recognizing each healthcare team member brings a unique set of skills, experiences, and backgrounds to the clinical setting. Take advantage of the cross-discipline richness in caring for patients.
- Professional role development: RNs are accountable for their professional actions to themselves, healthcare consumers, peers, and society. Professional development and growth should include practicing in a congruent manner with cultural diversity and inclusion principles.
- **Collaboration:** Should take place with all stakeholders, and RNs should lead in their professional practice setting.
- **Competency:** RNs should seek knowledge and competencies that reflect EBP and futuristic thinking and are responsible for maintaining professional competency. Employers are responsible and accountable for providing a practice environment conducive to competent professional practice. Nurses and their organizations must embrace a culture of lifelong learning.

When describing how nurses complete professional thinking and activities, the nursing process emerges as an analytical, critical thinking framework. The framework depicts a dynamic and cyclical process that relies on bidirectional feedback loops.

- Standards of Practice: Describe a competent level of nursing practice demonstrated by the critical thinking model known as the nursing process.
- Standards of Professional Performance: Describe a competent level of behavior in the professional role appropriate to the nurses’ education and position.
- Clinical oversight and regulation: Should be directed to create conditions for fair competition in the ambulatory care market.
 - The New York Public Health and Planning Council suggests regulatory recommendations are a work in progress. Additional changes will depend on the evolution of ambulatory care. Despite the broad penetration of novel ambulatory care options across the United States, few policy precedents pertain to comprehensive ambulatory care oversight. The Public Health and Health Planning Council has a broad array of advisory and decision-making responsibilities for New York State’s public health and healthcare delivery system.
 - Some states have created state-level health planning councils or collaborative agreements to identify healthcare service needs, determine priorities for addressing those needs, and make recommendations for the appropriate supply and distribution of services and what outcomes are meaningful. An oversight or governance structure will improve alignment of individual ambulatory care practices with the entire organization.
 - In general, an associate chief of staff (ACOS) for ambulatory care would provide oversight for the scope of practice of licensed independent providers. The ambulatory care nurse executive leader would provide clinical oversight for the scope of practice for RN, LPN, and unlicensed assistive personnel. Ideally, this clinical oversight would be done collaboratively between the ACOS and nurse executive.

Regulation and accreditation are not the same. The healthcare industry is one of the most highly regulated and constantly changing entities. Additionally, accreditation is so essential that many accreditation requirements have the same power as regulations.

- *Regulation* involves rules that must be followed. Regulatory agencies for nursing define minimal standards of competency to protect the public. Examples of regulatory agencies include:

- Council of State Boards of Nursing
 - National Institute for Occupational Safety & Health
 - U.S. Department of Health & Human Services
- *Accreditation* is a seal of approval certifying that an organization or individual has met specific standards. Accreditation standards are set by a third party whose approval is a review of the organization's quality. Examples of accrediting agencies include:
 - The Joint Commission
 - Accreditation Association for Ambulatory Health Care
 - Accreditation Commission for HealthCare

Ambulatory Care Considerations

- AAACN develops and maintains the following scope and standards of practice for:
 - Ambulatory Care Nursing
 - Telehealth Nursing
 - Registered Nurses in Care Coordination and Transition Management
- High-performing ambulatory care facilities should be rooted in the Triple Aim (better health, higher-quality care, lower costs).
- Careful regulation of the ambulatory care market could make the broader healthcare system more efficient.
- Working with emergency departments to redirect inappropriate visits to ambulatory care services.
- Primary care practices have opportunities to expand their practice to a Patient-Centered Medical Home (PCMH), where team-based care is delivered by an interprofessional team of physicians, APRNs, RNs, pharmacists, social workers, etc.
- Population health in primary care to manage health outcomes.
- Know the current laws governing practice in the state in which one practices.
- Innovative ideas, including telehealth and technology.
- Primary care is often not equipped to address the psychosocial issues seen in many patients.
- Collaborative or integrated care models must be explored between all members of the ambulatory care environment, including shared documentation systems, care teams, and clinic design.
- Focus efforts on continuity of care: Ambulatory care nursing occurs across the continuum of care, and RNs are critical players in integrated models of care.
- Understand current ambulatory metrics.
- Focus on appropriateness of testing, medication errors, social determinants, and healthcare disparities.

Best Practices and Strategies for Success

- Advocating for legislative and regulatory changes
- Removal of practice barriers
- Improving access to care
- [Promotion of a healthy work environment](#)
- Optimal staffing
- [Policies and procedures that address workplace violence and incivility](#)
- [Magnet® designation](#)
- Culturally congruent practice

- [Nurse on boards](#)
- Lifelong learning
- Policies and procedures rooted in current EBP
- [Specialty certification in ambulatory care nursing](#)
- Mentoring programs
- Succession planning
- Collaborative practice with all members of the healthcare team

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Delivery Models and Work Design

AONL Competency

- Maintain current knowledge of patient care delivery systems and innovations.
- Articulate various delivery systems and patient care models and the advantages/ disadvantages of each.
- Assess the effectiveness of delivery models.
- Develop new delivery models.
- Participate in the design of facilities.

Introduction

Nursing leaders must have a well-rounded knowledge of the patient care delivery system continuum between multiple settings and stakeholders to include acute care, ambulatory care, health plan, social services, and community partners. The nurse leader shall be at the table with other executives to oversee and understand differences in payer-defined quality measures versus organizational provider outcomes.

Leveraging dashboards to include regional and local performance metrics and predictive analytics, the nurse leader shall anticipate staffing resources and clinical workload redesign based on local versus national standards. Health reform can be furthered and strengthened by the [Triple Aim Enterprise](#) concept, including Accountable Care Organizations (ACOs), bundled payments, and other innovative financing approaches; new models of primary care and virtual care such as PCMHs; sanctions for avoidable events, such as hospital readmissions or infections; and the continuous integration of information technology (Institute for Healthcare Improvement [IHI], 2012).

Ambulatory Care Considerations

Keeping the IHI (2012) Triple Aim framework in mind, the nursing leader shall influence and support staffing roles and models to impact a cost-effective, top-of-license practice, and patient-centered approach in the clinical workflow and care for the patient population based on health risk stratification using chronic disease registries and preventive health management strategies.

Best Practices and Strategies for Success

While primary care is the foundation for delivery system transformation, PCMHs alone cannot change the entire system. Data sharing among primary care, specialists, hospitals, and other providers continues to be essential to maximize chronic care coordination and transition management (CCTM). Population health nursing roles help facilitate a more global approach to preventive health patient reminders to patients as well as monitoring chronic disease indicators that establish acuity to target improved appropriate interventions such as home visits, joint primary care visits, electronic visits (e-visits), telephonic follow-up, and post-visit electronic outreaches.

PCMH Staffing Key Responsibilities May Include:

- Conduct clinic huddles and template management to provide access to care using face-to-face or virtual patient care based on risk stratification and patient preference.
- Schedule weekly care management conferences regarding high-risk patients.
- Deploy patient-driven goal management skills to include motivational interviewing and scripting.
- Analyze and leverage clinical informatics data using principles of CCTM and strategize based on:
 - Age-related and vulnerable population health data
 - Community health assessment

- Social determinants of health-driven care coordination support
- Monitor and improve patient satisfaction data such as customer service, service recovery, and conflict management.
- Reviewing quality assessment and performance improvement to include predictive analytics.

ACOs bring communities of doctors, hospitals, and other providers together to improve outcomes and lower costs. They collectively share in any savings if the ACO can show improved quality. Medicare and other insurers support these “shared savings” opportunities.

PCMHs provide the solid foundation ACOs must build to assure quality, patient-centered care. ACOs also help develop and redistribute primary care funding to develop critically important PCMH infrastructure (National Committee on Quality Assurance, 2020).

The nursing leader must possess the ability to be agile by role modeling in population health change management and decision-making in demonstrating the necessity to redeploy financial resources across a broader range of patients and conditions. This agility allows for better overall cost management, less variation within the population, and the ability to track and trend for quality and continuous assessment of the staffing work design.

The nursing leader must possess the ability to be agile by role modeling in population health change management and decision-making in demonstrating the necessity to redeploy financial resources across a wider range of patients and conditions, allowing for better overall cost management, less variation within the population, and the ability to track and trend for quality and continuous assessment of the staffing work design.

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Appendix

1. [Accountable Care Organizations: The Pioneer ACO Model](#)
2. [AAACN CCTM](#)
 - Care Transitions Models [Summary Comparison Tables](#)
3. [CCTM resources on AAACN](#)
4. Communication - Clinic Huddle Video: [Spectrum Health Medical Group Morning Huddles - May 2010](#)
5. [IHI Triple Aim Enterprise](#)

Governance

AONL Competency

- Use knowledge of the role of the organization's governing body in the following areas:
 - Fiduciary responsibilities
 - Credentialing
 - Performance management
- Represent patient care issues to the governing body.
- Participate in strategic planning and quality initiatives with the governing body.
- Interact with and educate the organization's board members regarding healthcare and value of nursing care.
- Represent nursing at the organization's board meetings.
- Represent other disciplines at the organization's board meetings.

Introduction

Health systems boards are governing bodies that serve in both an advisory and oversight capacity in health system owner's interest. Boards are intended to act as independent agents of the hospital/clinic as an intermediary between executive management and hospital/clinic ownership. The organization's bylaws dictate the specific structure, membership, and duties of boards. Typical responsibilities of hospital boards include establishing a broad organization strategy, financial resource allocation, internal auditing, risk management, future board member selection, and executive management nomination/selection (Satiani & Prakash, 2016).

In its groundbreaking report, *The Future of Nursing: Leading Change, Advancing Health*, the Institute of Medicine (IOM, 2010) recommended healthcare decision-makers ensure leadership positions be filled by nurses (Stalter & Arms, 2016). The Robert Wood Johnson Foundation *Campaign for Action* advocates for a nurse in every board room (Campaign for Action, n.d.). Nurse's call to serve on boards is important because nurses provide a unique perspective in the healthcare arena. Serving on boards allows nurses to partner with other leaders to promote change and advance health.

Ambulatory Care Considerations

Given nurses' ability to ensure patients receive coordinated care across the continuum, they are well-positioned to advise boards about partnering with post-acute providers. RNs are experts at managing transitions and coordinating patient care across settings and are best suited to evaluate post-acute care partners. Organizations with a goal of improving outcomes and lowering costs across the continuum of care should consider inviting RNs to serve on their boards (Benson & Weston, 2016).

Best Practices and Strategies for Success

The ambulatory care nursing executive should be an active member of the governing board. The ambulatory care nursing executive will help inform the governing body of patient outcomes and clinical staff value in team care delivery, and advocate for needed resources to accomplish goals.

Physician and nurse participation on healthcare boards provides expertise on continuous quality improvement and higher quality of care. As the single largest component of clinical staff, nurses directly interface with patients for the greatest percentage of time. This gives them a unique awareness of the healthcare needs of the community. Healthcare membership on boards provides a patient care

perspective on all board decisions to ensure patient safety and quality of care are not compromised (Satiani & Prakash, 2016).

Stalter and Arms (2016) list six competencies nurses need to serve as members of their respective boards:

1. Exercise professional commitment to serve on a governing board.
2. Be knowledgeable about board types, bylaws, and job descriptions.
3. Know standard business protocols, board member roles, and voting processes.
4. Use principles for managing effective and efficient board meetings.
5. Understand ethical and legal processes for conducting board meetings.
6. Employ strategies to maintain control in intense or uncivil situations.

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Shared Governance

Introduction

The nursing profession has long garnered society's trust (Gallup, 2017). As a discipline, it seeks to continually improve, develop new knowledge, and advance the health of patients and populations in its service (ANA, 2010). Since the early part of the 21st century, many authoritative sources have discussed the gaps and opportunities in healthcare (Berwick et al., 2008; IOM, 2001).

Within the context of these many sobering reports has been many similar reports calling on the nursing profession to lead the creation of solutions that bridge these gaps and result in a more seamless care delivery system across the continuum (IOM, 2010; Macy, 2016). The IOM (2010) specifically noted the strategic positioning of nurses, at all points in the care continuum, with discipline-specific elements uniquely important for this dynamic moment in healthcare.

The contract that nursing has with society (ANA, 2010) mandates nursing be governing a top-of-scope, autonomous practice in all of its roles and settings, so that full partnership and leadership of solutions within the interprofessional team may be attained. Professional governance (PG), a longtime structure of nursing management of discipline-specific accountabilities, is a structure that propels leadership, ownership, and adherence to the trust society has given it as a profession (Christman, 1976; Clavelle et al., 2016). Supporting and sustaining PG in any setting where a nurse works are essential to achieving the great call placed on nursing to lead in these current times.

Ambulatory Care Considerations

Ambulatory care nurses have traditionally not been included in professional governance structures that empowered top-of-scope practice and autonomous involvement in the interprofessional team. This is largely due to, historically, their role fell very much within the context of a medical model of operations. As healthcare evolves, and every profession's need to emphasize its contribution and maximize its efforts to improve outcomes increases, it is vital nurses in the ambulatory care sector manage their practice.

"Ambulatory care RNs are well-prepared to assume an expanded role in the design and delivery of high-quality care, defying traditional boundaries, and working in redefined interprofessional relationships, expanded community partnership and non-traditional healthcare settings" (AAACN, 2017, p. 1).

PG is a structure that propels nurses toward ownership of practice, environment, and excellent patient care. With the imperative ambulatory care nurses assume top-of-scope practice and lead healthcare transformation, organizations must seek to engage in structure development and culture change that supports nursing professional governance in the ambulatory care setting.

Best Practices and Strategies for Success

Literature is emerging on best practice models for ambulatory care shared governance. Many groups seek to start their shared governance journey by assembling a representative group of constituents to form a steering committee or task force to achieve a "right-fit" structure for their organization.

A fundamental driving principle is inclusivity of all practice settings in this work and the chosen structure. All patient populations cared for by these constituent nursing groups in ambulatory care can best manage the nursing service to these populations. It is also imperative to include nurses from all role types, emphasizing direct care so real-time patient care decisions can be made. Common topics for the group

include practice problems, quality improvement, research, and needed education (Smolensky et al., 1999).

Evaluation is also key to continued sustenance of a shared governance structure. Seeking to obtain metrics such as engagement, turnover, and increased certification or education may reflect the health of a shared governance structure (Hosli et al., 2018). Use of a validated tool to assess the organization's effectiveness has been cited (Meyers & Costanzo, 2015).

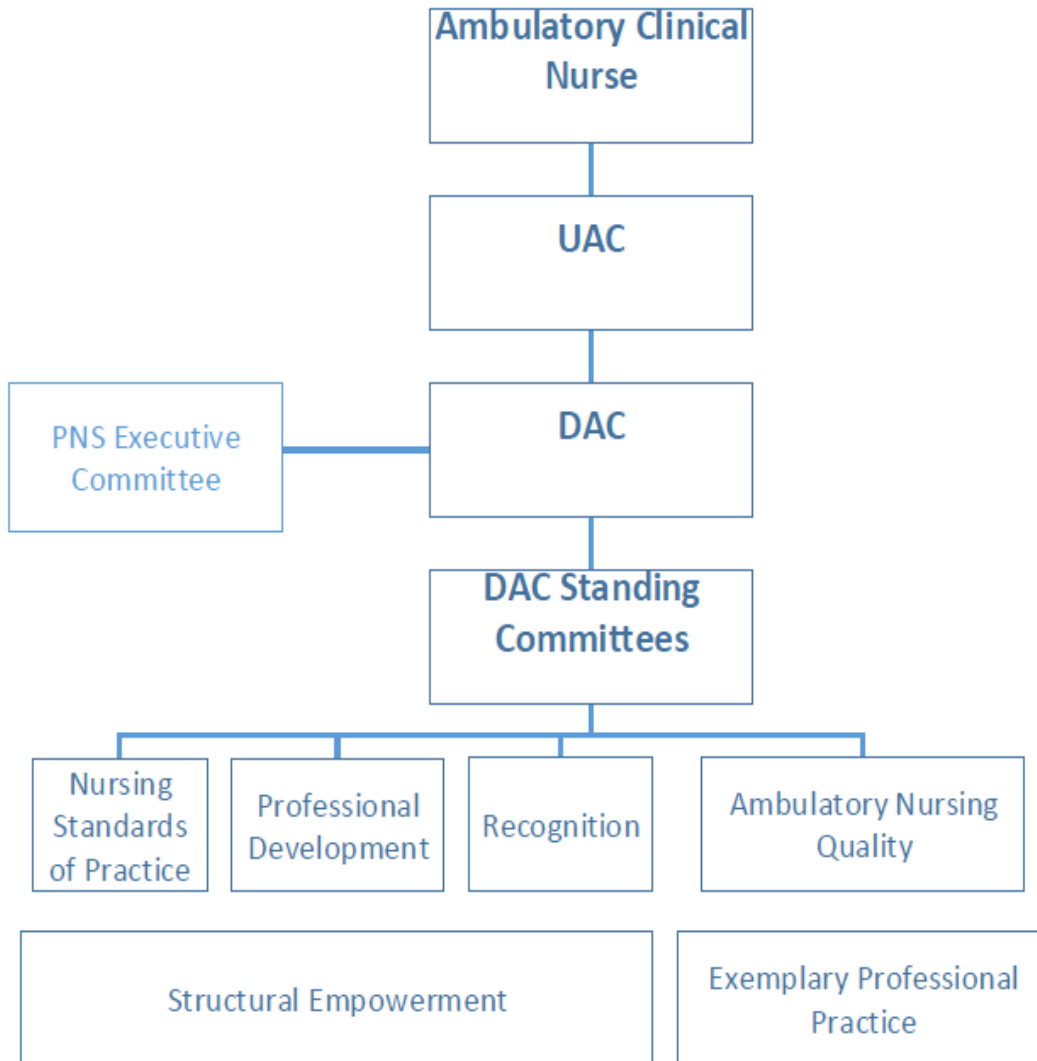
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Appendix

1. **Structure:** The following graphic displays of shared governance are given with consent from each organization to share examples for structure.

Rush Ambulatory Nursing PNS Structure



Source: Rush University Medical Group. Used with permission.

Rush Oak Park Hospital Organizational Structure Inclusive of Ambulatory into Whole

We Are NPGO

Nursing Professional Governance Organization

How is NPGO Organized?



Every Nursing Practice Area is Represented

| EXECUTIVE COMMITTEE REPS | NPGO STANDING COMMITTEES | NPGO UNIT/DEPARTMENT AREA COMMITTEES |
|---|---|---|
| <p>Governs the Operations of NPGO and Nursing Practice throughout the Organization President, President Elect, Treasurer, 3 Center, 6West, Rush Oak Park Physician's Group RNs, APNs, Cath Lab/IR, CNO/Nursing Administration, Employee Health, Endoscopy, ED, ICU, NGF, Dep of Nursing Practice, OR, PACU, Dept. of Clinical Effectiveness, Same Day Surgery, Telemetry, Cardiac Rehabilitation, CNLs and Wound Care Clinic</p> | <p>Manage the Specific Areas Where Nursing Practice is Sculpted Peer Review, Evidence-Based Practice and Research, Education, Clinical Practice and Policy, Staffing Nurse Advisory Board, Awards and Recognition, APN Practice Council, Population Health, Skin Care, CUSP, Safe Patient Handling and Falls, Nursing Excellence</p> | <p>Manage Practice Pertaining to the Patient Populations Cared for in Specialties Across Nursing 3 Center, 6 West, Rush Oak Park Physician's Group RNs, APNs, Cath Lab/IR, Endoscopy, ED, ICU, NGF, OR, PACU, Same Day Surgery, Telemetry, Cardiac Rehabilitation and Wound Care Clinic, CNL Group</p> |

Source: Rush Oak Park Hospital. Used with permission.

University of Michigan Inclusion of Ambulatory Care into Entire Structure



Source: Michigan Medical Nursing. Used with permission.

Evidence-Based Practice/Outcome Measurement and Research

AONL Competency

- Use data and other sources of evidence to inform decision-making.
- Use evidence for establishment of standards, practices, and patient care models in the organization.
- Design feedback mechanisms to adapt practice based upon outcomes from current processes.
- Disseminate research findings to patient care team members.

Introduction

- Evidence-based medicine is the conscientious, explicit, and judicious use of current best evidence in making decisions about individual patient care. The practice of evidence-based medicine means integrating personal clinical expertise with the best available external clinical evidence from systematic research (Sackett et al., 1996).
- EBP is considered the gold standard of care, yet research suggests it takes up to 17 years to implement EBP recommendations (Luciano et al., 2019).

Ambulatory Care Considerations

- Create Infrastructure: Use of shared governance committees, EBP workshops.
- Develop and Implement Standing Protocols/Orders: Coordinate with providers, training, informatics support, top-of-license, streamline processes, improve efficiency, coordination with legal and risk management.
 - [Medicare State Operations Manual: Appendix A -- Conditions of Participation \(482.24 Medical Records\)](#)
 - [UCSF Center for Excellence in Primary Care -- Standing Orders](#)

Best Practices and Strategies for Success

- Strategies to make EBP the norm (Luciano et al., 2019)
 - Understand the data: How relevant is EBP to local context?
 - Examine resources: How can substitutes be made without compromising results?
 - Define goals: What are goals, and how can they be met?
 - Identify preferences: How can adoption be made more comfortable?
- Elements for adoption of EBP (Cullen & Hanrahan, 2018)
 - Vision
 - Infrastructure
 - Climate
 - Resources
 - Reporting
 - Recognition
- Identify an EBP model for the organization to frame clinical inquiries. Model examples are:
 - [Veterans Administration Comparison of Evidence-Based Practice Models](#)
 - [Johns Hopkins Nursing Evidence-Based Practice Model](#)
 - [University of Iowa Hospital and Clinics Evidence-Based Practice](#)
 - [The Seven Steps of Evidence-Based Practice](#)
 - [Calculating the Return on Investment from Evidence-Based Practice](#)
 - Formula for calculating return on investment for EBP
 - [ECRI Institute - Penn Medicine Evidence-based Practice Center](#)

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Patient Safety and Performance Improvement/Metrics

AONL Competency

- Support the development of an organization-wide patient safety program.
- Monitor clinical activities to identify both expected and unexpected risks.
- Support a Just Culture (non-punitive) reporting environment, supporting a reward system for identifying unsafe practices.
- Support safety surveys, responding and acting on safety recommendations.
- Lead/facilitate performance improvement teams to improve systems/processes that enhance patient safety.
- Articulate the organization's performance improvement program and goals.
- Use evidence-based metrics to align patient outcomes with the organization's goals and objectives.
- Establish quality metrics by:
 - Identifying the problem/process.
 - Measuring success at improving specific areas of patient care.
 - Analyzing the root causes or variation from quality standards.
 - Improving the process with the evidence.
 - Controlling solutions and sustaining success.

Introduction

There are various ambulatory care practice settings such as contact centers, surgical centers, behavioral health facilities, hospital-based integrated practices, and freestanding facilities. Ambulatory care organizations must ensure the care delivered is appropriate by the right provider in the right venue at the right time based on the uniqueness and complexities of each practice setting.

The ambulatory care nurse executive can help embed practice standards and implement policies that provide guardrails to ensure compliance with regulatory requirements, practice acts, safe practices, and quality standards are achieved. The ambulatory care nurse executive is an influencer to establishing a Just Culture that is foundational to the organization's ability to provide a safe environment for patients and staff.

Ambulatory Care Considerations

The practice setting and the scope of services provided, as well as the staff skill mix, must be considered to establish an appropriate ambulatory care quality and safety program. The ambulatory care nurse leader provides role clarity to ensure that various skill mixes are valued and utilized appropriately. Role confusion occurs when unlicensed staff work outside of their scope of practice or licensed staff work routinely below their scope of practice and licensure. Role clarity provides clear guidelines and workflows that ensure the right staff members perform the tasks within their training and practice standards. Likewise, to reinforce proper role oversight, the ambulatory care nurse executive should ensure a process in place for clinical supervision for areas where clinical staff report to nonclinical leaders.

Resources such as policy and procedure guidelines, quality specialist, infection preventionist, and pharmacist support vary with each organization's ambulatory care infrastructure and require the ambulatory care nurse executive to be mindful of the potential safety and quality issues that may occur.

Finally, the ambulatory care nurse executive is an influencer of a safety culture and ensures a Just Culture is in place. A Just Culture promotes safety events and the reporting of near misses. Safety events should be reviewed to identify drifting from safe practices and trends. Near misses are opportunities to review a potential safety concern and establish safe practices to enhance further patient and employee safety.

Best Practices and Strategies for Success

- Ambulatory care organizations should have established quality and safety committees specific to various clinical specialties with metrics that can be benchmarked.
- Trending performance metric results are important in understanding if safety and quality is improving or declining.
- Ambulatory care nurse executives should be aware of national metrics and databases to benchmark ambulatory care performance. The National Committee for Quality Assurance provides Healthcare Effectiveness Data and Information Set (HEDIS) measures to set standards and rate health plan organization performance in categories such as effectiveness of care, access and availability of care, and risk-adjusted utilization.
- The National Database for Nursing Quality Indicators was developed by ANA to improve the quality of care by associating nursing care with patient outcomes.
- The Agency for Healthcare Research and Quality (AHRQ) is a federal organization designed to improve healthcare safety and quality in the United States. AHRQ offers toolkits that include ambulatory care quality and patient concerns such as transitions of care, surgical centers, and laboratory testing.

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Leadership

Foundational Thinking Skills (Business Acumen)

Change Management



Foundational Thinking Skills (Business Acumen)

AONL Competency

- Address ideas, beliefs, or viewpoints that should be given serious consideration.
- Recognize one's method of decision-making and the role of beliefs, values, and inferences.
- Apply critical analysis to organizational issues after a review of the evidence.
- Maintain curiosity and an eagerness to explore new knowledge and ideas.
- Promote nursing leadership as both a science and an art.
- Demonstrate reflective leadership and an understanding that all leadership begins from within.
- Provide visionary thinking on issues that impact the healthcare organization.

Introduction

Nursing executives must have the following key skill sets:

- Manage own emotional intelligence with keen social awareness.
- Display competent confidence to enable adequate decision-making.
- Possess business skills and competencies to carry out organizational strategic planning.
- Participate and lead an accountable, highly collaborative healthcare team that shares common goals using data for continuous performance improvement.
- Utilize multiple modalities of communication at all levels.
- Maintain a keen sense of awareness of internal and external environments to analyze the market competition and advocate and disseminate new knowledge and innovations.
- Support patient safety initiatives and population health management outcomes using technology.
- Ensure professional development for self and emerging leaders.

Ambulatory Care Considerations

- Ambulatory care nurse executives influence through complex matrix organizational structures and navigate through internal and external politics to achieve ambulatory care sensitive goals regarding finance, operations, and performance improvement (Hempstead et al., 2014).
- Hospital and ambulatory care nurse executives should strive for clinical integration of acute and ambulatory care settings using shared governance across the continuum (AAACN, 2017; Haas & Swan, 2014).
- It is crucial ambulatory care nurse executives ensure adequate resource utilizations such as staffing models based on ambulatory care workload, appropriate onboarding, and retention efforts focusing on the investment in clinician, staff, and patient relationship engagement (Blustein et al., 2017; Laughlin, 2013).
- The ambulatory care nurse executive ensures 24/7 patient clinical advice access to outpatient clinical care teams in collaboration with physician leadership.

Best Practices and Strategies for Success

- Communication - Clinic Huddle Video: [Spectrum Health Medical Group Morning Huddles - May 2010](#)
- Clinical Integrated Network - Magnet Recognition: [CHRISTUS Mother Frances Hospital -Tyler Receives Prestigious Magnet Designation](#); [Nurse Leaders Engaging the Community: Magnet Designation and Survey](#)

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Change Management

AONL Competency

- Adapt leadership style to situation needs.
- Use change theory to implement change.
- Serve as a change leader.

Introduction

Change management allows organizational leaders to prepare and support the transition or transformation of an organization's goals and processes. Starting with the passage of the Affordable Care Act, the ambulatory care practice setting has been engaged in ongoing transitions and transformations, including care delivery models and payment models. Ambulatory care nurse executives need to transform care teams to meet the needs of the population they serve.

Ambulatory Care Considerations

- The complexities of ambulatory care drive the AONL competency for nurse executives to serve as change agents.
- Ambulatory care nurse executives lead others to understand the importance, necessity, impact, and change processes as the paradigm shifts to manage population health across the continuum (American Organization of Nurse Executives, 2015).
- People change most effectively when they clearly understand the change process and believe in the change outcome.
- Change model from Red Tree Leadership & Development depicts moving from status quo to the zone of Innovation (Red Tree Leadership & Development, 2012).

Best Practices and Strategies for Success

- Change management is the movement from current state to a desired future state. It is the role of leadership to articulate the organization's goals and help team members understand and adopt the proposed change.
- Literature shows nurse leaders with advanced degrees are better prepared to manage change and minimize resistance than leaders with less education (Diab et al., 2018). This supports the expectation of a minimum education requirement of a master's degree for nurse leaders.
- Traditional baccalaureate nursing curricula remain focused on inpatient medical-surgical nursing. Ambulatory care nurse leaders are responsible for collaborating with academic institutions to expose students to a broader range of clinical settings while changing the curricula to reflect better the roles of nursing in the real world (Fuller & Hansen, 2019).
- Understanding the [Red Tree Change Model](#) change model helps you diagnose where you are in the change process and what you need to do next.
 - Both organizations and individuals experience change in the same way. The Red Tree Change Model illustrates the process that people go through when dealing with change. While the duration and shape of the curve in each zone of The Red Tree Change Model will vary from change to change, the model can be used consistently to diagnose where you are and what to do next. It also helps determine whether a change has been successful.

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Business Skills

Financial Management

Information Management and Technology

Human Resource Management

Strategic Management



Financial Management

AONL Competency

- Articulate business models for healthcare organizations and fundamental concepts of economics.
- Describe general accounting principles and define basic accounting terms.
- Analyze financial statements.
- Manage financial resources by developing business plans.
- Establish procedures to ensure accurate charging mechanisms.
- Educate patient care team members on financial implications of patient care decisions.

Introduction

- Nurse leaders need a keen sense of awareness on insurance contracts, as well as federal funding and reimbursement for care delivery services rendered.
- Changing landscape on reimbursement for care delivery places focus on a decrease in cost with improved outcomes in pay-for-performance measures.
- Bundled services for acute care arose in the 1980s with diagnosis-related groups for care episodes; now bundled care is in ambulatory and post-acute care.
- Nurse leaders should develop business acumen with spreadsheets, operation costs, fiscal terms, forecasting, budget planning, cost of care, staffing, and supply costs to fiscally manage costs related to practice settings.

Ambulatory Care Considerations

- Patient-Centered Medical Homes started in 2010 to address care coordination and began paying for care coordination and health promotion for a panel of patients through team-based models.
- In 2017, MACRA law focused on reimbursement for ambulatory care services with at-risk payment models for access to care and quality outcomes leading to more robust care coordination models such as Comprehensive Primary Care Plus.
- Ambulatory care areas are now seeing similar changes with capitated plans that pay for bundled care across the continuum (e.g., joint replacement).
- Care delivery models are shifting to 24 hours or fewer care episodes for operating room procedures requiring new skill sets for ambulatory care nurses.
- Care coordination through telehealth platforms is being implemented.
- Care coordination reimbursement codes are available for post-acute care settings that nursing can impact through telehealth. Billing by providers post-discharge within 30 days could occur if readmission was prevented as a result of RN care coordination.
- Nurse leaders must develop reports for charge capture to ensure care coordination codes are billed correctly and revenue is captured.
- Reimbursement for Medicare annual visits can be completed by the RN and billed by the provider.
- Ambulatory care expansion of services continues to grow; thus, understanding of markets and patients' needs is imperative for growth and expansion of services. An example is the increase in telehealth use per the 2020 CARES Act, which was passed due to the COVID-19 pandemic.
- Ensuring the ambulatory care nurse executive has the financial acumen to manage cost to the practice is imperative when determining skills needed to care for patients with complex care needs.
- When implementing innovation, consider the return on investment during assessment phase.

- Ambulatory care nurse executives need to sit on supply chain decision-making bodies to ensure nursing input into purchasing supplies and equipment and standardization of products across the system.

Best Practices and Strategies for Success

- RNs can view all *Welcome to Medicare Wellness and Annual Medicare Wellness* visits that can capture preventive care needs for patients 65 and older. RNs are uniquely qualified to complete all the assessments required in the visit (Centers for Medicare & Medicaid Services, 2020).
- Billing and coding are done under the provider; however, additional revenue is captured under HCPCS code G0438. It provides access to care when a provider can see more acute patients. For the Federally Qualified Health Center (FQHC) setting, a provider-to-provider component is required; however, the visits are completed by RNs (Bluestein et al., 2017).
- Bill transition of care codes under the provider for complex care coordination across transition from acute care to post-acute care settings.
- Include nursing in the design of community expansion of services to ensure populations match the market's needs.
- Use of FQHCs for patients with low income and other social determinants of care to ensure the Triple Aim of right care, right cost, right setting is met.
- Identify patients with complex care needs through data analytics in search engines to ensure high-cost resources are appropriately used for care coordination to impact overall cost of care.
- Determine high users of the emergency department and manage cost burden to the health system by effective care coordination (Hempstead et al., 2014).
- Use advance practice nurses to provide care for a panel of patients and independently bill for services with productivity standards versus shared visits that the physician captures revenue for solely.
- Standardize templates across health system to ensure flexibility in care design.
- Use alternative visit types such as virtual visits for capitated care using RNs and advance practice teams for care advice or care coordination.
- Provide 24/7 access to care advice through nurse triage after hours.
- Ensure care team members work to highest level of education to perform key job responsibilities.
- Connect appropriate consults with pharmacists, social workers, or other providers when providing care coordination needs to prevent readmission.
- Connect patients to community resources to reduce burden to health systems for social determinants of health.

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Appendix

[Providing and Billing Medicare for Transitional Care Management Updated November 2014](#)

Information Management and Technology

AONL Competency

- Use technology to support improvement of clinical and financial performance.
- Collaborate to prioritize establishment of information technology resources.
- Participate in evaluation of enabling technology in practice settings.
- Identify technological trends, issues, and new developments as they apply to patient care.
- Provide leadership for adopting and implementing information systems.

Introduction

- Healthcare delivery is transforming due to the use of new technology and information management systems, including the widespread use of electronic health records (EHRs).
- Artificial intelligence has a vital role in healthcare, including the development of precision medicine and providing diagnosis and treatment recommendations (Davenport & Kalakota, 2019).
- Technology in the healthcare setting has many benefits and causes concern and anxiety in healthcare workers due to “information overload” and difficulty prioritizing information.
- Nurses are critical partners in implementing technology in healthcare.
- Integrating new technology offers challenges (Huston, 2013) to nurse leaders including:
 - Balancing the human element with technology.
 - Balancing cost risks and benefits.
 - Training a technology-enabled workforce and assuring ongoing competency.
 - Assuring that technology use is ethical.

Ambulatory Care Considerations

- Initial implementation of EHRs focused on a billing and regulatory-centered approach to documentation. To improve ambulatory care, EHR workflows move to a clinician-centered system (Patterson et al., 2015).
- Identify strategies concerning telehealth, including nursing telehealth, nursing telephone triage, e-visits, video visits, and remote patient monitoring.
 - [Telehealth: A Path to Virtual Integrated Care](#)
 - [American Hospital Association: Use of Telehealth in Hospitals and Health Systems](#)
 - [Center for Connected Health Policy](#)
- Benefits and concerns regarding secure messaging through patient portals require “rules of engagement” for patients (Sieck et al., 2017).
 - **Benefits:**
 - Asynchronous communication
 - Electronic record of communication
 - **Concerns:**
 - Unfocused or insufficient information in messages
 - Inappropriate message topic
 - Incorrect use of message feature

Best Practices and Strategies for Success

- Establish employee social media guidelines and policies (Ventola, 2014).
 - Include information on discrimination, harassment, wrongful termination, leaking of confidential or proprietary information, damage to the organization's reputation, and productivity.
- Use of artificial intelligence for prevention, detection, diagnosis, and treatment of disease.
 - [American Hospital Association: Artificial Intelligence and Care Delivery](#)
 - [American Hospital Association: Surveying the Artificial Intelligence Health Care Landscape](#)
- [AONL Guiding Principles for the Chief Nurse Executive, Chief Information Officer, and Industry Partners to Work Together to Leverage Technology to Enhance Clinical Outcomes](#)
 - Establish a culture of collaboration between the chief nurse executive (CNE), chief information officer, and industry partners.
 - Build relationships and trust.
 - Create strategic and operational alignment.
 - Establish a culture of collaboration for innovation and transformation.
- [AONL Guiding Principles for Defining the Role of the Chief Nurse Executive in Technology Acquisition and Implementation](#)
 - Nurse executives should be involved in executive leadership meetings regarding all stages of information technology (IT) acquisition and assure nursing representation on user group meetings. They should proactively evaluate current and new technology to know how these can serve the organization.
 - Develop a selection committee to develop a standard set of questions for the selection/rejection process and site visits. Clinicians should be leaders of clinical implementations.
 - Nurse executives should review contracts, paying special attention to the parts of the agreements that refer to clinical practice, phasing, resources, and expectations.
 - Nurse executives play a critical role in managing the implementation process that should be congruent with their vision for the future. They should review the project timeline and budget to ensure it covers necessary activities and anticipated resources.
 - Nurse executives should work with other members of the senior leadership team to determine the value proposition. Integrate patient safety and quality into the return-on-investment analysis/processes, regardless of where they are conducted. Base benefits on sound evidence whenever possible.
- [Workflow Assessment for Health IT Toolkit](#)
 - At least one staff member should be assigned to oversee the assessment of current and anticipated workflows.
 - Health IT workflows should be assessed at implementation and on an ongoing basis.

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Human Resource Management

AONL Competency

- Ensure development of educational programs to foster workforce competencies and development goals.
- Participate in workforce planning and employment decisions.
- Use corrective discipline to mitigate workplace behavior problems.
- Evaluate the results of employee satisfaction/quality of work environment surveys.
- Support reward and recognition programs to enhance performance.
- Formulate programs to enhance work-life balance.
- Interpret and ensure compliance with legal and regulatory guidelines.
- Provide education regarding components of collective bargaining.
- Promote healthful work environments.
- Address sexual harassment, workplace violence, verbal and physical abuse.
- Implement ergonomically sound work environments to prevent worker injury and fatigue.
- Develop and implement emergency preparedness plans.
- Analyze market data about supply and demand.
- Contribute to the development of compensation programs.
- Develop and evaluate recruitment, onboarding, and retention strategies.
- Develop and implement an outcome-based performance management program.
- Develop and implement programs to re-educate the workforce for new roles.

Introduction

An examination of the Bureau of Labor Statistics monthly Current Employment Statistics survey data from 2007 to 2017 reveals two-thirds of the 2.5 million new jobs in healthcare were in ambulatory care settings.

Ambulatory care includes home health, physician and other provider offices, freestanding clinics, dental offices, and laboratories. Overall, healthcare jobs grew by 19%, with growth rates of 11% in hospitals, 12% in nursing and residential care, and 30% in ambulatory care settings. Within ambulatory care, home health had the fastest rate of job growth at 49%, physician offices grew 17%, and jobs in all other ambulatory care settings grew 34% (Turner et al., 2017).

The top challenges for human resources in healthcare are staff shortages, turnover, employee burnout, and training and development.

Ambulatory Care Considerations

- Developing a Medical Assistant Scope of Practice
 - [American Association of Medical Assistants](#)
 - [Occupational Analysis of Medical Assistants](#)
 - [Medical Assistant State Scope of Practice Laws](#)
- Analyze and develop Ambulatory Care Staffing Models that meet the needs of patient population.
 - [Workforce Roles in a Redesigned Primary Care Model](#)
 - [Measuring Nurse Workload in Ambulatory Care](#)
 - [How Many Staff Members Do You Need?](#)
 - [Staffing Patterns of Primary Care Practices in the Comprehensive Primary Care Initiative](#)
 - [What is ONS's Perspective on the Ambulatory Staffing Dilemma?](#)
- Develop a Nursing Residency and Transition to Ambulatory Care Nursing Practice program.
 - [AAACN Nurse Residency Program](#)

Best Practices and Strategies for Success

- Develop an annual workforce planning model.
 - [Developing an Effective Health Care Workforce Planning Model](#)
- Develop strategies to manage workplace violence, incivility, and bullying.
 - [American Nurses Association Violence, Incivility, and Bullying](#)
 - [AONL Guiding Principles: Mitigating Violence in the Workplace](#)
 - [AONL Elements of a Healthy Practice Environment](#)
 - [Healthy Workforce Institute](#)
- Develop and implement standard orientation and competency programs for all clinical staff.
- Conduct annual staff performance management reviews, including yearly goal setting and evaluation.
- Conduct annual employee satisfaction surveys and develop actionable plans based on results transparent to staff.
- Understand the dynamics of leading in a work environment that includes collective bargaining of professional and non-professional staff (Budd et al., 2004).

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Strategic Management

AONL Competency

- Create the operational objectives, goals, and specific strategies required to achieve the strategic outcome.
- Conduct SWOT and gap analyses.
- Defend the business case for nursing.
- Utilize the balanced scorecard analysis to manage change.
- Evaluate achievement of operational objectives and goals.
- Identify marketing opportunities.
- Develop marketing strategies in collaboration with marketing experts.
- Promote the image of nursing and the organization through effective media relations.

Introduction

- Nurse leaders need a keen sense of awareness on how organizational strategic priorities in healthcare organizations impact care delivery and alignment with mission, vision, values, goals, and capabilities.
- Understanding current state by conducting a SWOT analysis helps identify an organizational business need and desired outcome along with strengths of the organization and threats if a change is not implemented.
- Growth in aging populations with multiple comorbid conditions supports strategic expansion of services in ambulatory care settings.
- Changing landscape on reimbursement accelerates the need for innovative care delivery models to be implemented into future states through strategic initiatives and a balanced scorecard to measure the cost-effectiveness and return on investment.
- Use of data to help drive decisions in strategic planning ensures resources are adequate for the population served, and care teams can meet the needs of the community served.

Ambulatory Care Considerations

- Understanding the needs of the community, state, and national policy trends allows ambulatory care nurse leaders to advocate and strategically impact care through innovative care delivery models for ambulatory care nursing.
- Use of the business model will help build a case for change that addresses strategic fit to facilitate the desired outcome.
- Ambulatory care settings without strong nursing administrative structures to include the nurse's voice may result in key models without strong nursing influence that impacts care delivery.
- Often ambulatory care settings do not have nurse administrators for crucial business decisions embedded into structures.
- Ambulatory care nursing programs focus on clinical skills in undergraduate programs and not business-savvy skills.
- Understanding how to build a business case for change.
- Knowing fundamental principles in creating a plan and possessing the emotional intelligence to be flexible to meet organizational needs.
- Ensure regulatory and healthcare policies along with evidence-based best practices are included in building a strategic plan.
- Partner with key stakeholders to identify and socialize ideas to gain conscientiousness with the change.

- Work with a mentor who has been successful in building a business plan to share successful strategies.
- Conduct a literature review on nursing impact on strategic planning.

Best Practices and Strategies for Success

- Partner with key stakeholders to identify and socialize ideas to gain consensus with the change, such as chief nurse executive, chief operating officer, chief strategic officer, and chief medical officer.
- Work with a mentor who has been successful in building a business plan to share successful strategies.
- Conduct a literature review on strategic planning to guide the process.
- Don't be afraid to ask for help!

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Appendix

Key Components of Business Plan

1. Executive Summary
2. Market Analysis
3. Competitor Analysis
4. SWOT
5. Mission, Vision, and Strategic Objectives
6. Strategy Map and Balanced Scorecard
7. Key Initiatives to Reach the Strategic Objectives
8. Strategic Roadmap
9. Dashboards to Track and Manage Progress

Steps of Conducting Strategic Planning:

1. Conduct Kick-off Meeting
2. Provide Business Insights
3. Define Mission and Vision
4. Identify Key Strategic Objectives
5. Create Strategy Map
6. Create Balanced Scorecard
7. Identify Required Initiatives to Reach Strategic Objectives
8. Create a Successful Reporting Process

Benefits of Strategic Planning

1. Clearly defined strategy for nursing
2. Ownership for the plan to own
3. Uses resources effectively on priorities for the nursing community
4. Places value on nursing for the organization
5. Provides ongoing framework to report progress to the organization and nursing community

Background

Purpose

The AACN Nurse Executive Task Force focused on the importance of nursing leadership in the ambulatory care setting and the need to develop structures that underscore nursing, value, ownership, accountability, and collaboration within the interprofessional team so that ultimately the best care can be provided to patients and families across the continuum.



Following a survey of nurse executives in 2017, a need was identified to work on opportunities, challenges, barriers, and advocacy from the ambulatory care nurse executive perspective. The Task Force includes members from different ambulatory care areas, including academic medical centers and large, mid-size, small, community health, and rural health ambulatory care practices.

Initial work identified the current state and optimal state of nurse executive roles and organizational structures for each ambulatory care practice area. The Task Force is now creating an online toolkit that addresses the 14 nurse executive competencies developed by the American Organization of Nurse Leaders and interprets them for use in ambulatory care.

Task Force members presented [“Nurse Executive Leadership in Ambulatory Care”](#) at the 2019 AACN Annual Conference discussing the differences in competencies for nurse executives functioning in large, mid-size, rural, and academic practices.

The Task Force’s time and contribution to AACN are greatly appreciated.

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