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Transitioning from acute care to ambulatory care

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Transcending from Acute Care to Ambulatory Care

Executive Summary

- Trends in health care financing and changes in care delivery from the hospital to outpatient settings have caused an unprecedented demand for registered nurses in ambulatory care.
- Nurses transition to ambulatory care expecting to use the same knowledge base and skill set used in their acute care practice.
- While some knowledge and skills may be transferable, competencies (and additional knowledge and skills) needed by acute care nurses and ambulatory care nurses are not the same.
- The purpose of this article is to describe and dispel myths associated with ambulatory care nursing practice and discuss the knowledge, skills, and competencies that nurses must possess in order to practice safely and effectively in this specialty.

Ambulatory care is an efficient, alternative way of organizing care and delivering health services. As the costs of acute care services increase, patient care is being shifted to the outpatient setting resulting in increased ambulatory care visits. In addition to rising patient volume, the profile of patients cared for in this setting is changing, reflecting sicker patients with one or more chronic illnesses. This trend is driving the need to employ more nurses in the outpatient setting. One result of this shift is the influx of nurses from acute care to ambulatory care. While some knowledge and skills may be transferable, competencies (and additional knowledge and skills) needed by acute care nurses and ambulatory care nurses are not the same. The purpose of this article to is describe and dispel myths associated with ambulatory care nursing practice and discuss the knowledge, skills, and competencies that nurses must possess in order to practice safely and effectively in this specialty.

Myths

Nurses and other health care providers unfamiliar with the diversity and demands of ambulatory care may have misconceptions about this nursing specialty, as well as the knowledge, skills, and competencies required by registered nurses (RNs) who practice in this setting. Myths that must be dispelled follow.

**Myth #1:** RNs who work in ambulatory care settings cannot “cut it” in acute care because they cannot care for complex patients. As lengths of hospital stays have decreased, the work of RNs in ambulatory care, regardless of the type of setting or service, is becoming more and more complex (Schim, Thornburg, & Kravutske, 2001).

The specialty of the work carried out in ambulatory care settings requires RNs with critical care skills and/or specialized education and training. For example, the movement of more complex patients and procedures to outpatient settings; ambulatory surgery postoperative patients who are more complex and require skilled triage and care; the many diverse services provided to communities through ambulatory care practices (pediatric and adult chemotherapy, outpatient procedures and some with sedation); and a wide variety of research projects including cardiology research and procedures requiring advanced telemetry skills all require highly skilled education and training.

**Myth #2:** RNs in ambulatory care do not require specialized nursing skills or judgment, since most of ambulatory care nursing practice is dictated by protocols, guidelines, or algorithms. Critical thinking skills and clinical judgment are essential in the ambulatory care setting because RNs are making rapid assessments of sicker patients in a time-constrained environment.

RNs are responsible for a tremendous number of patients seen daily in outpatient settings. There is often only one RN in any given practice. In addition, they are responsible for telephone triage and other telehealth nursing practices, and therefore, knowledgeable and skilled RNs are required. RNs are expected to have autonomy and achieve a certain level of independence while keeping outpatient practices running productively, maintaining quality, effective and safe care, and expanding areas of nursing practice as needed. This requires critical thinking and sound clinical judgment.

**Myth #3:** Ambulatory care settings are not experiencing the nursing shortage. With decreased length...
Strategies for Successful Transition

Nurses transition to ambulatory care expecting to use the same knowledge base and skill set used in their acute care practice. However, the knowledge, skills, and competencies required for ambulatory care nursing are different from the hospital setting. Educational preparation, as well as continuing education opportunities, have not kept pace with this shift in practice. Consequently, many RNs are not adequately prepared to practice in ambulatory care. Organizations can employ several strategies so that RNs can successfully transition to ambulatory care nursing practice.

**Orientation**

Caring for patients in the outpatient setting is tra-
Knowledge Resources

With new technologies, advances in practice, changing health care needs, and increased complexity in ambulatory care over the last 10 years, this area is now recognized as a specialty nursing practice. Specialty nursing practice is, “the exercise of higher levels of nursing judgment, discretion, and decision making in an area of practice with a specific focus and body of knowledge and practice” (Affara & Styles, 1992, p. 5).

As in any specialty nursing practice, there is basic knowledge that is unique and there is continuously new information, knowledge, evidence, and research being developed. This proliferation of information is extending the boundaries and complexity of ambulatory care. Therefore, nurses transitioning to ambulatory care have certain learning needs. In addition, it is critical that ambulatory care nurses realize the importance of being lifelong learners to ensure ongoing competence.

Many ambulatory care knowledge resources exist for new nurses, those transitioning, and those practicing for many years in ambulatory care (see Table 2). The purposes of these resources include (a) guiding professional practice; (b) providing a foundation for the level of competence expected; (c) evaluating RNs’ performance; (d) improving the quality of nursing care; (e) planning health services, staffing, and resource requirements; and (f) enhancing professional identity. Description and excerpts from these resources may be found at http://www.aaacn.org.

There is continuing nursing education opportunities associated with most of these resources.

Skills and Competencies

In addition to knowledge resources, acute care nurses will need to enhance their skills and competencies as they transition to ambulatory care. While some skills and competencies may be generally applicable in both settings, the complexity and breadth of their scope make practice in the outpatient setting more difficult. Some key areas of differentiation requiring additional skills and competencies are illustrated in Table 3.

In looking to the future, it will be important to dispel the myths about nurses and the organization of ambulatory care nursing practice. Enhancing this important area of practice in nursing education will be key. For example, preparation at the undergraduate nursing level must include theoretical and experiential components that focus on recommended ambulatory care content areas described previously. Collaborative efforts between nursing education and ambulatory care organizations may be one solution to address the gap and ensure adequately prepared RNs for ambulatory care.

Once practicing in the outpatient setting, nurses...
Providing nurses with the necessary knowledge, skills, and competencies in order to practice effectively outside the acute care setting is essential to assuring quality and cost-effective care along the continuum of care.

### REFERENCES

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**Table 3. Selected Key Skills and Competencies**

<table>
<thead>
<tr>
<th>Organization of Care</th>
<th>Ambulatory Care</th>
<th>Acute Care</th>
</tr>
</thead>
<tbody>
<tr>
<td>May or may not be formal structure for nursing.</td>
<td>Nurse-led structure.</td>
<td>Inpatient admissions.</td>
</tr>
<tr>
<td>Encounter can be in-person or via telephone.</td>
<td>Inpatient admissions.</td>
<td>Continuous and direct.</td>
</tr>
<tr>
<td>Observations and care are episodic over an extended period of time.</td>
<td>Plan of care directed by the patient/family with input from the nurse.</td>
<td>Plan of care by nurse with input from patient and family.</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Screening and Referral Processes</td>
<td>Basic to ambulatory care nursing.</td>
<td>Not a primary function of acute care nurses.</td>
</tr>
<tr>
<td></td>
<td>Identifying at-risk individuals and groups for screening.</td>
<td>Physician identifies at-risk patients.</td>
</tr>
<tr>
<td></td>
<td>Requires skills and knowledge about referral resources for services.</td>
<td>Patient pool limited to those admitted to hospital.</td>
</tr>
<tr>
<td></td>
<td>Patient pool from entire community and surrounding areas.</td>
<td></td>
</tr>
<tr>
<td>Triage: Assessment and Disposition</td>
<td>Involves the patient, family, and a potentially uncontrolled or unstable environment.</td>
<td>Focuses on the individual in a defined environment.</td>
</tr>
<tr>
<td></td>
<td>Nurses working with limited data requiring triage skill, critical thinking, and clinical judgment in setting care priorities.</td>
<td>Nurses have access to medical information and nursing assessments from which care is determined.</td>
</tr>
<tr>
<td>Decision Making and Priority Setting</td>
<td>Shared decision making with the patient and family with goal of patient independence.</td>
<td>Decisions influenced by physician orders and hospital protocols.</td>
</tr>
<tr>
<td></td>
<td>Driven by characteristics of the patient's environment and the availability of resources and eligibility requirements (social, geographic, and special needs of the individual as must be considered).</td>
<td>Driven by the confines of the hospital, as well as individual characteristics.</td>
</tr>
<tr>
<td>Advocacy and Health System Management</td>
<td>Nurses advocate for individual patients and their families.</td>
<td>Confined to hospital setting with limited contact with other organizations.</td>
</tr>
<tr>
<td></td>
<td>Complex and involved, requiring inter-disciplinary and inter-organizational coordination.</td>
<td>Nurses advocate for individual patients.</td>
</tr>
</tbody>
</table>

can maintain and improve their knowledge, skills, and competencies through membership in a professional organization (for example, AAACN), pursuing certification in ambulatory care nursing, and becoming lifelong learners in this specialty area. This continuing development can be facilitated by hospital-based outpatient practices and ambulatory care organizations supporting nurses with both onsite and external educational and learning opportunities.


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