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# Transitioning from acute care to ambulatory care

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## Perspectives in Ambulatory Care

# Transitioning 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.



Beth Ann Swan

**A**MBULATORY 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 is to describe and dispel myths associated with ambulatory

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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

of hospital stays and more acute care being delivered in ambulatory settings, the need for experienced, highly skilled nurses is unmet (Nevidjon & Erickson, 2001).

In March 2004, 56% percent of the RNs were working in hospitals, this is a decrease from 59% in March 2000 (“The Registered Nurse Population,” 2004). Twenty-nine percent of RNs were estimated to be employed in ambulatory care, community health, and public health settings, an increase from 24% in 2000 (“The Registered Nurse Population,” 2004). While the intensity of nursing care is likely to increase requiring more nurses per patient, the number of inpatients is not likely to increase as much. Rapid growth is expected in both patients and nurses in ambulatory care sites and hospital-based ambulatory care practices (Registered Nurses, 2006).

**Myth #4:** *Ambulatory care is less demanding and not as challenging or stimulating as most other areas of practice, and the work could easily become monotonous.* There are minimal limits on workload and frequent scheduling modifications due to patient flow making ambulatory nursing work often less predictable because it is controlled by patient and contextual factors (Swan, Phillips, & Griffin, 2006).

Differences exist in nursing interactions and care structures between acute and ambulatory care. These include the episode of care, treatment period, requirement for nursing, workload capacity, and control of timing (Hastings, 1987). Ambulatory care nurses provide care in person at well over 25 different types of setting, as well as remotely via telephone, the Internet, and other e-technologies. They may have a one-time only, brief encounter with a patient or care for a patient over many years (Swan et al., 2006). RNs are expected to build relationships and establish trust with patients and their families as they will return routinely to the ambulatory care setting for care over time.

**Myth #5:** *RNs in ambulatory care have limited opportunities for professional growth.* The opportunity for professional growth increases as the demand for ambulatory services expands and intensifies. With the movement toward Magnet® status, there are many opportunities for professional growth through membership in a professional organization. For example, the American Academy of Ambulatory Care Nursing (AAACN) is the association for professional nurses who identify ambulatory care practice as their specialty and essential to the continuum of high-quality, cost-effective health care. AAACN is the only specialty nursing association that focuses on excellence in ambulatory care. Second, achieving national certification in the ambulatory care specialty establishes a RN as an expert in this area of practice. With the diversity of existing and emerging practice areas in ambulatory care, opportunities to present and publish abound.

**Table 1.**  
**Recommended Ambulatory Care Orientation**  
**Content Areas**

Key Components
Ambulatory Care: Past, Present, and Future
Ambulatory Nursing Administration and Practice Standards
Specialty-Focused Practice Standards
Licensing, Reimbursement, Accreditation, and External Regulators
Organization of Care (scheduling, staffing, support, new visits, return visits, health promotion, culture, competencies, etc.)
Policies, Procedures, and Protocols
Levels of Care Provided: Primary, Secondary, and Tertiary
Screening and Referral Processes
Triage: Assessment and Disposition
Decision Making and Priority Setting
Communication and Documentation
Care Management including Nurse-Managed Clinics
Quality and Patient Safety Initiatives
Patient and Family Education
Clinical Leadership (staff development, evidence-based practice)
Collaboration Across Care Continuum and Conflict Resolution
Advocacy and Health System Management
Technology Applications (E-monitoring, virtual care)
Telehealth Nursing Practice

### 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-

**Table 2.**  
**Ambulatory Care Knowledge Resources**

<i>Ambulatory Care Nursing Administration and Practice Standards</i> (2007)
<i>Telehealth Nursing Practice Administration and Practice Standards</i> (2007)
<i>Telehealth Nursing Practice Resource Directory</i> (2007)
<i>Ambulatory Care Nursing Review Questions</i> (2007) (formerly Ambulatory Care Nursing Self-Assessment)
<i>Core Curriculum for Ambulatory Care</i> (2006) (2nd Edition)
<i>A Guide to Ambulatory Care Nursing Orientation and Competency Assessment</i> (2005)
<i>Ambulatory Care Nurse Staffing: An Annotated Bibliography</i> (2005)
<i>Telehealth Nursing Practice Core Course Manual</i> (2003)
<i>Ambulatory Care Nursing Certification Review Course Syllabus</i> (2002)
Live Audio Seminars on Various Leadership and Clinical Topics
AAACN <i>Viewpoint</i> publishes six times per year Continuing Education Offerings via CD

**NOTE:** Visit [www.aaacn.org](http://www.aaacn.org) for more information on these education resources.

ditionally a somewhat de-emphasized aspect of undergraduate nursing curriculum. Despite the changes in care delivery and the exponential growth in ambulatory care, nursing programs still use the hospital for the majority of their clinical rotations. Upon graduation, nurses search for positions in acute care. There is a belief that nurses transfer to outpatient positions as they get older, need to ease or slow-down from the hectic hospital pace, and finish their career in a less stressful environment. This could not be further from reality.

There is a beginning trend for new nurses to search for roles in ambulatory care. Hospital RNs are transferring to ambulatory care searching for new challenges and opportunities. Rather than “learning-by-doing,” nurses need new knowledge and enhanced skills to meet their learning needs as they transition to the ambulatory care environment. Recommended content areas for RNs (both newly licensed and experienced) orienting to the ambulatory care setting are listed in Table 1. This provides a framework that can be tailored depending on the organization.

## 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 broadness 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



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

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

can maintain and improve their knowledge, skills, and competencies through membership in a professional organization (for example, AACN), 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.

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. \$

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