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Classifying quality nursing care initiatives: Framework for ambulatory surgery nursing practice

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Classifying Quality Nursing Care Initiatives: Framework for Ambulatory Surgery Nursing Practice

The demand for information about quality is greater now than ever. Despite the significance of quality to consumers, providers, and insurers of health care, information related to this phenomenon, although plentiful, has been plagued by the lack of consistent definitions, frameworks, and outcome measurements. This inconsistency leads to the inability to compare and evaluate patient outcomes from study to study and across practice settings. Many authors present a penetrating analysis of historical and policy trends and market forces that have made outcomes the hallmark of health care (Bloom, 1990; Lang & Marek, 1991). Policy trends toward health care reform, managed competition, global budgeting, and health care report cards have created a rush to develop outcome profiles for hospitals and individual providers (Kissick, 1994). With the persistent threat of bankruptcy in an era of cost containment, emphasis on outcomes is seen in two ways (Epstein, 1990). First, outcomes can measure the relative effectiveness of different nursing interventions that eliminate unnecessary spending. Second, outcomes are used as prospective and retrospective monitoring systems (Schroeder, 1993; Stewart & Archbold, 1992).

Outcomes of inpatient care have received increased attention over the past several years. However, far less experience and scant data on patient outcomes in the ambulatory care arena exist, despite the fact that more people receive health care services in ambulatory settings than in any other setting (Palmer, 1988). In 1996, more than 80% of all surgical procedures will be performed on an outpatient basis (American Hospital Association, 1994). In addition to the rising volume and types of surgery performed on an outpatient basis, patients with more complex medical problems are now considered appropriate candidates for outpatient surgery. Health care organizations, physicians, health care policymakers, and health care administrators approach ambulatory surgery as though the long-term impact on the economy is unquestionably favorable, without considering the impact of patients' postoperative health and functioning (Pauly & Erder, 1993).

Assessing recovery, including symptom distress and functioning, is increasingly significant because extended operations requiring longer anesthesia are being performed in the ambulatory surgery setting. In these settings, care delivery must be implemented in a fast-paced and demanding environment, and symptom management and immediate return to baseline functional status are critical since patients must assume responsibility for their own care (care not delivered by a health care provider).

Impact of Ambulatory Surgery on Care

Nursing care in ambulatory surgery settings, defined as a setting where operative procedures are performed in a surgical facility where admission and discharge of the patient occurs on the same day, is critical to successful patient outcomes as nurses must provide supportive, physical, educational, and emotional care vital to patients' well-being. However, recent increases in the numbers of patients having ambulatory surgery have had an enormous impact on the process of care, the way in which nurses provide care, and the manner in which patients perceive this care. Further, the interpersonal process of nursing care has been challenged as a result of the increased focus on technology and cost-containment strategies (Taylor, 1995). The forces of a competitive marketplace mandate that health care services be provided using the least costly combination of human and physical resources. There is no assurance that these scarce and costly resources will be allocated to nurses (Buerhaus, 1986). It is imperative for nurses to demonstrate the outcomes of nursing interventions on patient conditions and recovery to reinforce nursing care as a central component in successful health care delivery in ambulatory surgery settings.

A research base evaluating the quality of ambulatory surgery exists, but mortality and morbidity are

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the predominant outcomes evaluated. As important as these data are, they only represent part of the picture that must be considered in trying to assess patient outcomes. In addition to outcomes, evaluating ambulatory surgery must focus upon processes of nursing care and factors that enhance or inhibit the ability to provide competent, appropriate, timely, and effective nursing interventions.

An Integrated Approach

To address these concerns, it is critical not only to just measure outcomes but also measure other variables using an integrative framework that examines the relationship of patient characteristics, provider characteristics, processes of care, and patient outcomes. The ultimate reason for evaluating patient care is improving patient health (Benson, 1992). This can be accomplished using an integrated approach.

Donabedian (1966) conceptualized the evaluation of patient care in terms of structure, process, and outcome. Structure refers to the resources used in providing care and to the situation in which that care is provided; process refers to the activities that comprise care; and outcomes are the consequences to the patient's level of health. Donabedian conceptualized outcomes as a change in health that can be attributed to the care being provided (Donabedian, 1980). The structural characteristics of the settings in which the care takes place can influence the process of care. Similarly, the process of care will influence outcomes. Donabedian's (1969) recommendation for a comprehensive approach to evaluating care included the definition of health and concurrent or coordinated assessment of all three components, to the extent that each of the elements is measurable under the constraints of a given situation. In addition, this framework identifies the point of care delivery one might target in order to assess the structural, process, and outcomes phenomena as patient, provider, and/or organization as depicted in Table 1.

The intersections of the columns and rows constitute a set of generic definitions of quality that are broad in scope, intuitively clear, and easily applied in an ambulatory surgery setting. Thus this conceptualization can be employed systematically to operationalize quality initiatives. Further, nurses will recognize that through this process, the values underpinning different courses of action become more explicit and can be evaluated comparatively for their appropriateness and success. The basis for evaluating patient care is the knowledge about the relationship between nursing interventions and their consequences to the health and welfare of individuals within the context of the organization.

Shaping the Evolution

At the heart of the discussion about ambulatory surgery reform is the need for a more active role on the part of perioperative nurses in shaping the evolution of ambulatory surgery. As they attempt to develop a more active role, ambulatory perioperative nurses must identify the anticipated impact of ambulatory surgery on postoperative patient outcomes. In addition, they must test how their nursing interventions affect patient outcomes. Certainly, the presence or relief of symptoms and return to baseline health are two ways in which patients define or understand outcomes after ambulatory surgery. Examining symptom distress (outcome) and functional status (outcome) will further extend patient outcome-based knowledge in this setting. In addition, the role of nursing interventions (process), along with a consideration of preoperative comorbidity (structure) will allow a more comprehensive evaluation of other factors thought to influence patient care outcomes.

Ambulatory surgery patients are discharged following a brief in-hospital recovery to fully recover at home. Patients may continue on a trajectory of increasing symptoms in the face of limited home resources. By identifying the factors that patients and families consider important indicators of quality, ambulatory surgery nurses can supplement traditional nursing interventions with other initiatives that are both more perceptible and understandable to patients and their families. For example, nursing interventions designed to enhance the patient's confidence and knowledge in managing symptoms while in the recovery room and, thus, decreasing symptom distress post discharge, may contribute to the prompt return of the patient to baseline functional status post surgery. Further, when nurses have an understanding of patients' and families' perceptions of nursing interventions, nurses can better match the needs of patients and families to the resources of the health care system. Ultimately, nurses' increased understanding of patients' perceptions helps them create a positive interpersonal climate between themselves and patients, a climate that in turn promotes patient well-being (Price, 1993).

Donabedian's approach to evaluating patient care,

Table 1.
Donabedian's Framework for Ambulatory Surgery Nursing Practice

	Structure	Process	Outcome
Patient	Comorbidity ASA Physical Status Age Gender Race Marital Status Insurance Employment Status Diagnosis Preoperative: Symptom distress Functional status	Perception of Nursing Care Surgical Procedure Type of Anesthesia Length of Procedure Length of Anesthesia Length of Recovery	Symptom Distress Functional Status Morbidity Mortality Return Visits Patient Readiness Family Readiness
Provider	Nursing Assessment Nursing Diagnoses Education Licensure Staff Mix Appearance of Staff	Interpersonal Process: Nursing interventions Collegiality Nature of communication Honest treatment of patients and families Delivery of care Technical Process: Nursing interventions Treatment skillfully Applied Practice guidelines	Nursing Outcomes: Patient satisfaction Family satisfaction Symptom management Provider satisfaction
Organization	Hospital Based Freestanding Equipment Available Size Volume Ownership Governing Board Building Design Signage Cleanliness Presence of Convenience Ease of Access Parking	Efficiency in Patient Flow Length of Waiting Periods	Patient Satisfaction Family Satisfaction

with its emphasis on the relationship of structure, process, and outcome, provides a useful framework for classifying quality initiatives and guiding ambulatory surgery nursing practice. Nurse managers and nurses must take an active role in assessing and evaluating patient care and in planning and implementing practice changes. For example, nurses must identify whether the level of assessment is the patient, provider (for example, nurse), or organization (for example, specialty unit) and must specify the structure, process, and outcomes to be targeted, as illustrated in Table 1. Outcomes must be linked to specific processes, and outcome information should include enough of the nurse's population to make it meaningful and useful.$

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Capitol Commentary

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would think that these characteristics necessitate a greater need for health care. Yet rural residents have less access to health care services and rural Medicare beneficiaries have lower utilization rates for hospitals and physicians than their urban counterparts. Over the past 15 years, inequitable payment rates for services, difficulty in finding health care providers, and the closure of hundreds of rural hospitals have characterized rural America's struggle with issues that are as difficult to wrestle with as the problems now facing urban areas.

Medicare beneficiaries in rural counties frequently have no managed care option while their urban counterparts have not only a managed care option but can often choose among a number of plans. In addition to differences in the availability of plans, concomitant differences also exist in benefits. For example, let's say that two sisters in their 70s live in different counties. One resides in Dade County, Florida (Miami) while the other lives in rural Wibaux, Montana. Because of where she lives, the Wibaux Medicare beneficiary only has access to traditional Medicare FFS benefits. Her sister in Miami has a choice of health plans, and a number of benefits not available in FFS plans including a substantial prescription drug benefit. The Miami resident also has reduced co-payments and deductibles. Bottom line, the sister in Miami pays less in out-of-pocket costs and also gets more benefits from her health plan.

In summary, every provider recognizes that health care has been a vortex of change in recent years. While these changes may seem most noticeable in metropolitan areas, rural America is caught up in challenges that are no less stressful or complex. The continuation of inequitable policy and threats to frontline federal programs designed to address health care problems in rural America should serve as a catalyst for increasing attention to this population's needs. As is apparent from the need for correction in the AAPCC formula, consequences of this renewed attention may affect all of us directly and indirectly, regardless of where we work.$