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Ambulatory Care Registered Nurse Performance Measurement

EXECUTIVE SUMMARY

- ▶ On March 1-2, 2010, a state-of-the-science invitation- al conference titled "Ambulatory Care Registered Nurse Performance Measurement" was held to focus on measuring quality at the RN provider level in ambulatory care.
- ▶ The conference was devoted to ambulatory care RN performance measurement and quality of health care.
- ▶ The specific emphasis was on formulating a research agenda and developing a strategy to study the testable components of the RN role related to care coordination and care transitions, improving patient outcomes, decreasing health care costs, and promot- ing sustainable system change.
- ▶ The objectives were achieved through presentations and discussion among expert inter-professional par- ticipants from nursing, public health, managed care, research, practice, and policy.
- ▶ Conference speakers identified priority areas for a unified practice, policy, and research agenda.
- ▶ Crucial elements of the strategic dialogue focused on issues and implications for nursing and inter-profes- sional practice, quality, and pay-for-performance.



Beth Ann Swan

IDENTIFYING COLLECTIVE AND individual contributions of registered nurses (RNs) in ambulatory care and the value of their impact on patient outcomes is a recurring concern nationally. This topic emerged as one of importance through the work of the Expert Panel on Quality Health Care of the American Academy of Nursing, the work of the American

Academy of Ambulatory Care Nursing (AAACN), and the issues raised by the Institute of Medicine (IOM) reports (IOM, 2000, 2001, 2003) and recent calls for

comparative effectiveness research related to the quality of health care in America. In March 2006, dur- ing the AAACN Annual Conference, presentations and dialog indicated an urgency to develop a means to demonstrate the value of the role. Then, in May 2006, Americans for Nursing Shortage Relief con- vened a meeting of a group of 51 national nursing organizations for a congressional briefing to address the ever-increasing shortage of nurses and nurse fac- ulty in the United States. Three nurse leaders present- ed the evidence on the economic value of (a) RNs in hospitals, (b) advanced practice nurses, specifically certified registered nurse anesthetists, and (c) Magnet™ recognition. One of the areas not addressed was ambulatory care and the economic value of RNs in this practice setting. Subsequently, an evidence- based review article was published that provided an overview of the role of the RN in ambulatory care and described the economic value of RNs, direct and indi- rect financial benefit, in the ambulatory care setting based on outcomes of care delivered by RNs (Swan, Conway-Phillips, & Griffin, 2006).

On March 1-2, 2010, a state-of-the-science invita- tional conference titled "Ambulatory Care Registered Nurse Performance Measurement" was held in Philadelphia at the Dorrance H. Hamilton Building at Thomas Jefferson University, and focused on measur- ing quality at the RN provider level in ambulatory care. The conference was funded by the Agency for Healthcare Research and Quality (AHRQ) via the small grant program for conference support (1R13HS018895-01). Additional funding and support was garnered from the Robert Wood Johnson Executive Nurse Fellows Program and Thomas Jefferson University. Conference partners included the American Academy of Ambulatory Care Nursing, Kaiser Permanente, and Loyola University Marcella Niehoff School of Nursing. The conference leaders were Beth Ann Swan, Sheila Haas, and Marilyn Chow.

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Table 1.
List of Presentations

<p>What Is Known about RNs' Contribution to Quality Across the Health Care Continuum and in the Context of National Policies?</p> <hr/> <p>"Call to Action: Framing the Problem of Measuring the Quality and Value of RNs in Ambulatory Care," <i>Marilyn Chow and Sheila A. Haas</i></p> <p>"Setting the Stage: Opportunities and Challenges in Measuring the Quality and Value of RNs in Ambulatory Care in the Context of National Policies," <i>Ellen Kurtzman</i></p> <p>"The Evidence: Strategies and Measures for Quality and Patient Safety," <i>Ronda Hughes</i></p> <p>Solutions</p> <p>"Meaningful Solutions in Meeting Quality Goals of the Patient-Centered Primary Care Medical Home: RNs as Care and Transition Coordinators," <i>Candia Laughlin and Marie Beisel</i></p> <p>"Meaningful Solutions in Meeting Quality Goals of the Patient-Centered Primary Care Medical Home: RN Roles in Project IMPACT," <i>Carol Saur</i></p> <p>How Can National Models Guide the Development of Nursing Sensitive Quality Indicators That Will Measure the Impact and Value of RNs in Meeting Quality Goals of the Patient-Centered Medical Home?</p> <hr/> <p>"Defining and Measuring Care Coordination and Care Transitions in Guided Care," <i>Katherine Frey</i></p> <p>"CMS Demonstration Project with High Risk Populations," <i>Jean Kaufman</i></p> <p>"Meaningful Solutions in Meeting Quality Goals of the Patient-Centered Primary Care Medical Home: RNs as Care and Transition Coordinators," <i>Susan Paschke and Sheila Haas</i></p>	<p>How Can Physicians and Stakeholder Groups Contribute to the Development of Nursing Sensitive Quality Indicators That Will Measure the Impact and Value of RNs in Meeting Quality Goals of the Patient-Centered Medical Home?</p> <hr/> <p>"Elliot Physician Network's Medical Home Pilot Project," <i>Amy Dobson</i></p> <p>"NCQA Certification as a Level 3 Patient Centered Medical Home," <i>Richard Wender and Christine M. Arenson</i></p> <p>"Developing and Testing Ambulatory Care Quality Measures: Application to Nursing Sensitive Measures," <i>Neil Goldfarb and Bettina Berman</i></p> <hr/> <p>How Can National Quality Measurement Initiatives and Health Information Technology Initiatives Guide the Implementation and Testing of Nursing Sensitive Quality Indicators That Measure Care Coordination and Transition in the Patient-Centered Medical Home?</p> <hr/> <p>"Pay-For-Performance: Implications and Opportunities for Nurses," <i>Neil Goldfarb and Bettina Berman</i></p> <p>"National Initiative for Children's Healthcare Quality," <i>Charles Homer</i></p> <p>"National Database of Nursing Quality Indicators (NDNQI): Lessons Learned from the Acute Care Nursing Sensitive Indicators," <i>Nancy Dunton</i></p> <p>"Addressing Patient Behavior as a Factor in Ambulatory Care Quality Improvement," <i>Christopher N. Sciamanna</i></p> <p>"Optimizing Technology to Capture Nursing Sensitive Quality Indicators," <i>Ida Androwich</i></p> <p>"Methodological and Technical Issues Related to Cost-Effectiveness Research," <i>Kevin Frick</i></p>
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Conference Objectives

The conference was devoted to ambulatory care RN performance measurement and quality of health care. The specific emphasis was on formulating a research agenda and developing a strategy to study the testable components of the RN role related to care coordination and care transitions, improving patient outcomes, decreasing health care costs, and promoting sustainable system change. The objectives were achieved through presentations and discussion among expert inter-professional participants from nursing, public health, managed care, research, practice, and policy. A list of invited experts and presentation titles are included in Table 1.

The attendees focused upon measuring quality at the RN provider level in ambulatory care in support of AHRQ's mission to improve the quality, safety, efficiency, and effectiveness of health care for all Americans. To date, four of the five specific aims of the conference have been met, as follows: (a) a state-of-the-science research "working" conference was conducted; (b) two nursing-sensitive quality indicators, care coordination, and care transitions were identified; (c) methodological and technical issues related to measure development and testing have begun to be identified; and (d) draft recommendations have been developed for a research demonstration project. The fifth specific aim, disseminate conference findings to

organizations and individuals that have the capability to use the information to improve the quality of health care services, is currently underway.

Prior to the conference, participants received and were asked to read a series of articles on (a) the dimensions of the current and future RN roles in ambulatory care (Haas & Hackbarth, 1995a; Haas & Hackbarth, 1995b; Haas, Hackbarth, Kavanagh, & Vlasses, 1995; Hackbarth, Haas, Kavanagh, & Vlasses, 1995), (b) the value of RNs in ambulatory care (Swan et al., 2006), (c) nurse workload in ambulatory care (Swan & Griffin, 2005), (d) workload and performance indicators (Griffin & Swan, 2006), and (e) nursing-sensitive quality indicators in ambulatory care (Swan, 2008). During the 2-day invitational conference on ambulatory care RN performance measurement, there were 17 presentations, six working sessions, and a summary 3 hour working/planning session. All conference proceedings were recorded and transcribed.

The conference was organized around four questions that were addressed by the 17 papers listed in Table 1 from over 30 invited experts:

1. What is known about RNs' contribution to quality across the health care continuum and in the context of national policies?
2. How can national models guide the development of nursing-sensitive quality indicators that will measure the impact and value of RNs in meeting quality goals of the patient-centered medical home?
3. How can physicians and stakeholder groups contribute to the development of nursing-sensitive quality indicators that will measure the impact and value of RNs in meeting quality goals of the patient-centered medical home?
4. How can national quality measurement initiatives and health information technology initiatives guide the implementation and testing of nursing-sensitive quality indicators that measure care coordination and transition in the patient-centered medical home?

Conference speakers identified priority areas for a unified practice, policy, and research agenda. While there was recognition of some strides in demonstrating the value of RNs in ambulatory care quality, considerable discussion focused on the urgency for advancing a quality agenda. Specifically, concern was expressed about whether continuing an incremental, decentralized approach related to measuring quality at the RN provider level in ambulatory care would yield desired results.

Recommendations reflected five major areas for strategy development:

1. The context for RNs contribution to ambulatory care quality and in the context of national policies.
2. Methodological and technical aspects of measure development and testing.

3. Advancing a research agenda.
4. Development of health information technology.
5. Strategic collaborations.

Recommendation Summaries

By necessity, crucial elements of the strategic dialogue focused on issues and implications for nursing and inter-professional practice, quality, and pay-for-performance. Strategic priorities were purposely categorized according to common themes, rather than practice, research, and policy, to emphasize the importance of integration and collaboration among stakeholders in the quality agenda. Summaries of recommendations for five major areas for strategy development follow.

1. *Framework for RNs contribution to ambulatory care quality and in the context of national policies*
 - Recognize a substantial portion of ambulatory care depends on an inter-professional team that significantly influences outcomes of care, and RNs are integral team members.
 - Build on current assets in the areas of measure endorsement, public reporting, and performance-based payment programs, and seek opportunities to "join up" with other professional organizations.
 - Describe and define ambulatory care RNs' contribution to "value driven health care."
 - Examine new opportunities within the Patient Protection and Affordable Care Act related to the medical home and improving patient outcomes, decreasing health care costs, and promoting sustainable system change.
 - Explore a set of care coordination and care transition measures reflected in Centers for Medicare and Medicaid Services (CMS) rule making.
2. *Methodological and technical aspects of measure development and testing*
 - Explore care coordination and care transition measures that demonstrate nurses' cognitive work and accountability in National Quality Forum's (NQF) Episode of Care Model, not necessarily nursing centric/specific.
 - Consider harmonization of existing provider measures, as well as site of care measures.
3. *Advancing a research agenda*
 - Conduct a survey of RNs in ambulatory care guided by NQF's portfolio of care coordination of preferred practices and performance measures. Pilot the survey with AACN members and then survey ANA members who work in ambulatory care.
 - Discuss with CMS' Center for Medical Operations the possibility of mining data from CMS demonstration projects in ambulatory care that include RN data.

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and were reduced to 0.6%, one of the lowest rates in Maryland. Another indicator, which definitely impacts their bottom line, is a significant reduction in unit-acquired pressure ulcers. Their medical units ranked highest in overall reduction of pressure ulcers by 28%.

Summary

Conducting these interviews with the nurse executives referenced in this article was a real honor and pleasure. Their pride and enthusiasm exuded in their discussions of their Magnet journey. Obviously the journey to Magnet can be arduous but these individuals played a key role in not only beginning the quest but also ensuring their RN staff stayed engaged throughout the process.

Cost benefits became obvious, especially in light of the overall significant reductions in RN turnover, which would not be completely attributed to a down economy. Studer Group's data suggest every 1% reduction in turnover saves direct costs of \$250,000 and \$500,000 in indirect costs (Betbeze, 2010).

Perspectives in Ambulatory Care

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- Conduct a study examining "variability" of RNs work in ambulatory care settings; structure, process, and outcomes demonstrating the contributions of RNs; discern if there is location and/or geographic variability or the potential to diminish variability across locations and/or geography.
 - Conduct a prospective research demonstration project comparing usual care versus RN care manager of multiple chronic disease management.
4. *Development of health information technology*
 - Consider "meaningful use" when collecting measures electronically.
 - Consider the role of personal health records as a tool for data collection.
 5. *Strategic collaborations*
 - Explore opportunity to collaborate with the American Medical Association related to Physician Quality Reporting Initiative efforts and NQF's National Priorities Partnership (NPP) work group on care coordination.
 - Explore opportunity to collaborate with the American Hospital Association (AHA) related to NQF's NPP work group on care coordination.
 - Work with Nursing Alliance for Quality Care related to the policy agenda and implications for measuring quality at the RN provider level in ambulatory care.

Short of a monumental event that will shake the foundations of health care today, rapid and dramatic change in ambulatory care RN performance measurement is not predicted in the near future. As yet, the necessary demand and incentives are not in place. However, opportunities exist to align the necessary forces to create change related to measures of care

Therefore, some organizations have saved as much as \$13 million! Additional cost savings can be derived in lowering the average length of stay (ALOS). Lowering the percentage of patients developing unit-acquired pressure ulcers significantly impacts their ALOS, thereby improving the bottom line.

Certainly, we will see more organizations/facilities engaging in the journey to Magnet. Hopefully these insights from those who have traveled this road will be beneficial. \$

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coordination and care transitions. Examples from critical analysis of the state of ambulatory care RN performance measurement from the perspective of one major stakeholder group, professional nurses, indicate evidence exists that ambulatory care RNs are well positioned to make meaningful change happen. This change can only happen through collaboration and leadership. \$

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