



Advancing global patient care excellence.



FACTS

- New Measure Sets will empower ambulatory care nurses to use evidence based information for improvement.
- An estimated 1 billion ambulatory visits occur in the U.S each year and up until now there has been no standardized measure sets to benchmark performance in this setting. *
- The advancement into ambulatory creates a common set of safety metrics designed to measure the value of nursing across a continuum of nursing care. *
- This knowledge is critical to support new models of health care delivery and improve patient care. *

* Source: The Institute of Medicine's (IOM) first Quality Chasm report, *To Err Is Human: Building a Safer Health System*

CALNOC Ambulatory Service Lines and Measures

CALNOC (Collaborative Alliance for Nursing Outcomes) the nation's first database registry of nursing sensitive indicators is now embarking on another industry changing offering with the introduction of Nursing Sensitive Measures for ambulatory settings. This expansion into ambulatory is the first of its kind and will administer standardized measure sets that will allow organizations to benchmark performance across settings and provide understanding of the impact of nurse staffing on processes of care and patient outcomes.

In response to the critical need to measure nursing in an ambulatory setting, CALNOC and the American Academy of Ambulatory Care Nurses have formed a strategic collaboration to develop New Ambulatory Nurse Sensitive Indicators designed to improve patient safety and quality across the entire care continuum. CALNOC's New Measure Sets and Service Lines consist of the following components:

- **Surgery and Procedure Centers**
This initial measure set will capture the value of nursing by identifying the structure of care based on the volume of patient onsite visits, procedures including operating room minutes, staffing hours per volume, skill mix and staff education. Tracking the process throughout including medication administration safety processes and measuring the outcomes to improve patient safety and quality.
- **Cancer Centers**
To provide value, Cancer Centers are being clustered with each other, so they will be able to benchmark exclusively with other Cancer Centers. Within the category, special report groups will allow those centers that are members of national organizations (such as NCI Designated Centers, National Comprehensive Cancer Network, or American Association of Cancer Institutes) to benchmark with other members. Current benchmark performance measures include patient volume (e.g., number of visits, procedures, cancellations/no shows, or minutes); nurse staffing (e.g., RN, LVN, Unlicensed Assistive Personnel, APN, other licensed professionals); and patient outcomes (e.g., "Wrongs", Burns, Falls, Injury Falls, and Hospital Transfers).
- **Urgent Care Centers**
Our new ambulatory unit type, Urgent Care Center, recognizes the rapid expansion of health care services into the community. More and more health systems as well as community providers are opening and offering urgent care services as part of a comprehensive continuum of care. This Ambulatory Care Service Line, will be able to benchmark their performance on nurse staffing, volume, throughout (e.g., rates of patients leaving without being seen, before treatment was completed, admissions to discharge times, etc.) and patient outcome (e.g., Falls, Injury Falls, Percent Admitted to Hospital).

To participate in the only Ambulatory NSI Registry or information, please contact CALNOC at 888.586.1994 or info@calnoc.org.

CALNOC. Leading the quest for global patient care excellence since 1996.

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CALNOC Ambulatory Measures: Surgery Centers, Procedure Units, Cancer Centers

Structure	Process	Outcomes
<p>Volume</p> <ul style="list-style-type: none"> Number of patient onsite visits (denominator) Number of procedures <p>Staff Hours per Volume and % mix</p> <ul style="list-style-type: none"> RN; LVN/LPN; APN Unlicensed Assistants Other licensed professional staff (PT, OT, RD, MSW, LCSW, etc) Staff Turnover <p>RN Education & Certification</p> <ul style="list-style-type: none"> Education Levels and Certification Rates (staff and nursing management) International recruitment N Years of Experience N Years in Area of Specialization 	<p>Throughput</p> <ul style="list-style-type: none"> Number (%) of no-shows, late cancellations Operating room minutes for ASC <p>Medication Administration Safety Processes – Percent of Doses:</p> <ul style="list-style-type: none"> Charted Immed after Admin Compared with MAR Distracted/Interrupted Explained to Patient Labeled Throughout Process Two Forms of ID Checked 	<p>Adverse Events</p> <ul style="list-style-type: none"> Wrong: Site, Side, Patient, Procedure, Implant Patient Burns Patient Falls Patient Injury Falls Hospital Transfer/ Admission <p>Medication Administration Safety Outcomes – Percent of Doses:</p> <ul style="list-style-type: none"> No Errors Drug Not Available Error Extra Dose Error Omission Error Unauthorized Drug Error Wrong Dose, Form, Route, Technique, Time Errors
<ul style="list-style-type: none"> Stratified by hospital based or free standing; predominately adult, pediatric or all ages Benchmarking Report Groups available for specialty subpopulations (e.g., Orthopedic Centers, CVIC, NCI Cancer Centers, etc.) 		

CALNOC Ambulatory Measures: Urgent Care Centers

Structure	Process	Outcomes
<p>Volume</p> <ul style="list-style-type: none"> Number of patient visits/encounters (denominator) <p>Staff Hours per Volume and % mix</p> <ul style="list-style-type: none"> RN; LVN/LPN; APN Unlicensed Assistants Other licensed professional staff (PT, OT, RD, MSW, LCSW, etc) Staff Turnover <p>RN Education & Certification</p> <ul style="list-style-type: none"> Education Levels and Certification Rates (staff and nursing management) International recruitment N Years of Experience N Years in Area of Specialization 	<p>Throughput</p> <ul style="list-style-type: none"> Pts Left without being seen (LWBS) per 100 encounters Pts Left before treatment complete (LBTC) per 100 encounters Pts Left against medical advice (AMA) per 100 encounters Time from Arrival to Departure <p>Medication Administration Safety Processes – Percent of Doses:</p> <ul style="list-style-type: none"> Charted Immed after Admin Compared with MAR Distracted/Interrupted Explained to Patient Labeled Throughout Process Two Forms of ID Checked 	<p>Adverse Events</p> <ul style="list-style-type: none"> Percent of Encounters Admitted to Hospital Falls per 1000 Encounters Unassisted Falls per 1000 Encounters Injury Falls per 1000 Encounters Moderate+ Injury Falls per 1000 Encounters <p>Medication Administration Safety Outcomes – Percent of Doses:</p> <ul style="list-style-type: none"> No Errors Drug Not Available Error Extra Dose Error Omission Error Unauthorized Drug Error Wrong Dose, Form, Route, Technique, Time Errors
<ul style="list-style-type: none"> Stratified by hospital based or free standing; predominately adult, pediatric or all ages 		

CALNOC Service Lines and Measure Sets

Service Line	Staffing/ Volume/ AE Incidence	Falls	Pressure Ulcer/ Restraint	Med Admin Accuracy Studies	Hospital Acquired Infection (HAI)	HCAHPS	RN Education Certification	Meaningful Use eMeasures HAPU 3+
Adult Acute Care	X	X	X	X	X	X	X	X
Maternal/ Child	X	X		X	IF APPL	X	X	
Pediatrics	X	X	X	X	IF APPL	X	X	X
Post Acute	X	X	X	X	IF APPL	X	X	X
ED	X	X	X	X			X	X
Surgery/ Procedure Centers	X	X		X	IF APPL		X	
Cancer Centers	X	X		X	IF APPL		X	
Urgent Care	X	X		X	IF APPL		X	