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aacn ViewPoint

The Voice of Ambulatory Care Nursing

Julie Alban

Health care professionals have great "power" to significantly impact a person's life during crucial periods in his or her life. Each minute we have to spend with our patients can make a difference, good or bad. During an unexpected clinic appointment, 12 minutes made a critical difference in one patient's life.

When Mr. Smith walked into the clinic, his heart was heavy at the thought that he may have colon cancer. He recently had a colonoscopy performed in which eight polyps were removed. He was told after the colonoscopy that the biopsy results would be ready in two weeks and that he would be notified of the results via letter. The days were burdensome to Mr. Smith as he sat waiting moment by moment, hour by hour, day by day for "The Letter." Unable to wait any longer, he came to the VA primary care clinic, approached a clerk at 1:17 in the afternoon, asking to see his primary care provider to review the results. The clerk, seeing the apprehension on Mr. Smith's face, reached out to the nurse who looked up and printed the results. The nurse brought the results to the provider, hoping to catch her in between patients. As luck would have it, the provider had just walked her patient to the lobby and was preparing for the next patient. There was a five-minute window of opportunity.

Mr. Smith looked nervous and burdened with worry as the nurse called him into the doctor's office at 1:20 PM. The door closed behind him and the two were left to discuss the results. A few minutes passed and by 1:29 p.m., Mr. Smith could be heard thanking the doctor for her time, as he floated out of the clinic as if the weight of the world had been lifted. He received good news, great news…no cancer.

From the time the patient first contacted the clerk to the time the patient was seen, 12 minutes had passed. These were the 12 longest minutes of Mr. Smith's life, but 12 minutes in which this primary care team worked together to make a positive impact on Mr. Smith's life and make a difference.

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The Official Publication of the American Academy of Ambulatory Care Nursing

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Update: Nursing's National Issues and Initiatives

aaacn American Academy of Ambulatory Care Nursing

Many settings. Multiple roles. One unifying specialty.

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Suzi Wells

With the Presidential election now behind us, this President's Message provides me with a timely occasion to update AAACN members on a few current national issues that impact registered nurses. In mid-November 2012, as President of AAACN, I had the honor of attending the Nursing Organization Alliance (NOA) Fall Summit in Nashville, Tennessee, along with President-Elect Susan Paschke and Executive Director Cynthia Hnatiuk. The Alliance provides its members the opportunity to work cohesively to advance the profession of nursing by collaborating on issues of common interest. The NOA Fall Summit provided a valuable opportunity to become more informed about the status of our current political landscape, as well as the impact it may have on tomorrow's delivery of health care and the critical role the registered nurse will play.

It is fairly certain that the initiatives of the Accountable Care Act (ACA) will continue to be implemented, although we may see some challenges along the way. As we are aware, health care reform has strong implications for registered nurses, and there was much discussion of the ACA at the Fall Summit.

While attending the American Nurses Association (ANA) Organizational Affiliates meeting, held prior to the NOA Fall Summit, we experienced the power and influence of the AAACN membership as an ANA organizational affiliate. One of the morning's agenda items was on the topic of Sponsorship and Endorsement of Position Papers. The association leader who submitted this agenda item mentioned that it came from the AAACN request to endorse our Position Paper on the Role of the RN in Ambulatory Care. She was requesting not only that a definition of sponsorship and endorsement be developed, but also a standard process through which endorsements and sponsorships are requested by member associations. Our influence on ANA policy quite strongly demonstrated the value of our involvement as an organizational affiliate.

During the meeting, I was also privileged to have the opportunity to speak to the AAACN position on the Interstate Licensure Compact Act and provide an update on our ongoing work with the Centers for Disease Control (CDC). AAACN continues to work with the CDC on the establishment of a registry of telehealth nurses and call centers across the country, should it be needed to disseminate adult and pediatric clinical triage guidelines to clinicians during a severe level influenza pandemic.

The effort to reduce readmissions in the first 30 days after hospitalization or a skilled nursing facility stay has the attention of health care providers. We were informed during the ANA Organizational Affiliates meeting that on November 1, 2012, the Centers for Medicare and Medicaid (CMS) announced a final rule which provides physician payment for care coordination and transition care for patients discharged from the hospital and skilled nursing facilities. An ANA press release, dated November 15, 2012, mentions that payment codes for care coordination activities performed by registered nurses that reduce costs and improve patient outcomes are part of a new Medicare rule. ANA President, Karen A. Daley, PhD, MPH, RN, FAAN, states that "this Medicare rule is a giant step forward for nurses whose knowledge and skills play major roles in patients' satisfaction and quality of care" (ANA, 2012).

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Celebrating the 3rd Edition of the *Core Curriculum for Ambulatory Care Nursing*

After nearly two years of work by Editor Candia Baker Laughlin, MS, RN-BC, in editing and coordinating the revision of the *Core Curriculum for Ambulatory Care Nursing* (3rd ed.), a celebration was definitely in order upon its release. The AAACN Board of Directors charged Pat Reichart, Director of Association Services at the National Office, with the task of showing Candy their appreciation for her work and dedication on the new *Core.* Pat contacted Candy's assistant, Michelle Tiernan, at the University of Michigan to put a plan in place for a surprise "emergency meeting" on December 11, 2012. Pat mailed the first "hot off the press" copy of the new book to Michelle, and arranged for a congratulatory sign, flowers, and balloons to surprise Candy at the meeting. Michelle provided some treats and invited Candy's colleagues to join her in the meeting. Needless to say, Candy was definitely surprised! During the meeting, Candy received a congratulatory phone call from AAACN President Suzi Wells, President-Elect Susan Paschke, Director and Liaison Carol Andrews, Managing Editor Katie R. Brownlow, Editorial Assistant Jamie Kalitz, and Pat Reichart.

Candy Laughlin (seated, center), Editor of the Core Curriculum for Ambulatory Care Nursing *(3rd ed.), is congratulated by her colleagues upon the arrival of the first printed copy of her book.*

Candy is a dedicated member of AAACN who has shared her knowledge on numerous AAACN projects and publications. She served as Editor of the previous edition of the *Core*, as well as the AAACN *Review Questions.* She is currently revising the *Review Questions* to update the publication and reference content available in the new *Core*. In addition to being a Past President of AAACN, Candy has traveled the country teaching the Ambulatory Care Nursing Certification Review Course. There is no word that accurately describes what Candy has contributed to AAACN, but the word that comes closest is *amazing!*

member spotlight

Debra Toney

As the first Director of Nursing (DON) at the federally qualified Nevada Health Centers (NVHC) in Las Vegas, NV, Debra A. Toney, PhD, RN, FAAN, established the nursing services department, hired and trained the nursing staff, and achieved improved quality outcomes. Another major initiative she leads at the 16 NVHC locations throughout the state is the Patient Centered Health Home (PCHH).

Prior to the DON position, Debra worked with Rainbow Medical Centers (RMC) as its administrator and expanded the single primary care practice from one physician and three employees to one of the largest family practice/urgent care centers in southern Nevada. At the time of its acquisition by a Texas-based corporation, RMC had grown to seven full service medical centers with extended hours, outpatient diagnostic facility, 16 providers, and 150 employees. Support services included radiology, high complexity laboratory, EKG, and billing/collections services. As administrator, she provided leadership for all aspects of the clinical and administrative departments.

Over her 30 years of experience in the nursing and health care profession, Debra's practice-related scholarship focused on reducing/eliminating health disparities and increasing a diverse and culturally competent health care workforce. Her years of membership in AAACN were motivated by a desire to join like-minded nurses who understand ambulatory care nursing. She wanted to learn from the experts and develop a network of ambulatory care professionals. Her volunteer work with the organization includes participation on the literature review committee on care coordination and service with the leadership SIG, which she has found very helpful; Debra especially enjoys the networking opportunities. While she joins and participates in many of the webinars, she often uses the orientation to ambulatory care nursing guidelines with her staff and shares the newsletters and other information as well.

According to Debra, "One of the most rewarding aspects of working in an ambulatory care setting is the ability to impact the health of patients with whom [she] has developed long-term relationships." She enjoys teaching patients and seeing improvement in the quality of their lives.

Though some may see trying times as challenges, Debra sees them "all as opportunities for others to see the value of nurses and the knowledge we bring to the decision-making table" – something we all want others to know.

On a personal note, Debra enjoys reading, knitting, and spending time with her family. She is extremely proud that she was selected, in recognition of her community service leadership, to carry the Olympic Torch in London recently. In addition, she is active with the Institute of Medicine's Future of Nursing Campaign and serves as chair of the Nevada Action Coalition. Her future plans are to continue advocating for accessible quality health care for mankind and the elimination of health care disparities.

Deborah A. Smith, DNP, RN, *is an Associate Professor, Georgia Regents University, College of Nursing, Augusta, GA, and Editor of the "Member Spotlight" column. She can be contacted at dsmith5@gru.edu*

Get in the Spotlight!

If you would like to be featured in a future issue, please contact Deborah Smith at dsmith5@gru.edu to receive a brief set of introductory questions. These questions can also be found on the AAACN Web site (www.aaacn.org/viewpoint). Please include a high-resolution photo with your submission.

President's Message

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This news validates the value of the work that AAACN has been doing on care coordination and transition management. In January 2012, AAACN supported the convening of three expert panels to ultimately identify nine dimensions and associated activities of care coordination and transition management. Three past Presidents of AAACN – Dr. Sheila Haas, Dr. Beth Ann Swan, and Traci Haynes – facilitated these expert teams. The work of these three expert panels is close to completion.

Public Health Services Act Title VII and Title VIII are important programs in the development of the health care workforce. The purpose of these programs is to expand distribution of this workforce. Title VIII specifically focuses on the training of advanced practice nurses, improving the retention of nurses, and increasing the number of disadvantaged and minority nursing students (American Public Health Association [APHA], 2009). There is great concern that these programs could face budget cuts of 8.2%, greatly impacting the profession. This is an opportunity to mention that the AAACN Legislative Team is actively following Title VIII activity and often signs on to letters of support through our involvement in the Nursing Community forum. Our experience at the ANA meeting validated the importance of nurses sharing their voice.

If you have interest in the legislative process, you might want to learn more about the AAACN Legislative Team. The Legislative Team, chaired by Patty Silva, was created in 2008 for the purpose of utilizing legislative awareness and action to promote and protect quality patient care. Other legislative resources can be found on the AAACN Web site (www.aaacn.org) under *Practice Resources/Legislative Involvement.*

In these challenging times, I strongly encourage all nurses to keep informed and exercise our professional voice. As experienced ambulatory care nurses, we well understand our many settings and multiple roles. Our legislators do not necessarily have the same understanding. We learned at the NOA Fall Summit that the most effective way to communicate with your legislators is through a personal visit to their home office. Other effective vehicles are writing a letter or sending an email.

Please consider the importance of talking to your legislators about the role and value of the ambulatory care registered nurse. We are the experts, we have our stories to tell, and we can make a difference!

It was an honor and privilege to represent AAACN at the NOA Fall Summit. Being at the table with influential organizations such as the ANA and NOA provides an opportunity for AAACN to advocate for ambulatory care nursing at a national level. The opportunity also allows us to expand our influence, continuing to serve as the voice of ambulatory care nursing.

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Suzi Wells, MSN, RN, *is Manager, Answer Line, St. Louis Children's Hospital, St. Louis, MO. She can be contacted at snw4713@bjc.org*

Nurse in Washington Internship (NIWI)

The Nurse in Washington Internship (NIWI) provides nurses the opportunity to learn how to influence health care through the legislative and regulatory processes. Participants learn from health policy experts and government officials, network with other nurses, and gain hands-on experience through scheduling visits and meeting with their members of Congress. NIWI is open to any RN or nursing student who is interested in an orientation to the legislative process and is planned for March 17-19, 2013, in Washington, DC. Learn more at www.nursing-alliance.org or call 859-514-9157.

Instructions for Continuing Nursing Education Contact Hours

The Medical Office Tracer: An Innovative Method for Quality Improvement

Deadline for Submission: February 28, 2015

To Obtain CNE Contact Hours

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2. Upon completion of the evaluation, a certificate for 1.0 contact hour(s) may be printed.

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Objectives

The purpose of this continuing nursing education article is to inform ambulatory care nurses and other health care professionals about improving and evaluating a nurse triage system and factors that impact nurse triage in a busy college health center. After reading and studying the information in this article, the participant will be able to:

1. Describe tracer methodology and The Joint Commission accreditation process.
2. Explain the purpose of using tracers during the survey and how they promote sustainable improvements.
3. Discuss the structure and importance of weekly meetings, as well as how they impact outcomes.
4. Identify the benefits and long-term results of utilizing the tracer method.

The authors, editor, and education director reported no actual or potential conflict of interest in relation to this continuing nursing education article.

This educational activity has been co-provided by AAACN and Anthony J. Jannetti, Inc.

AAACN is provider approved by the California Board of Registered Nursing, provider number CEP 5366. Licensees in the state of California must retain this certificate for four years after the CNE activity is completed.

Anthony J. Jannetti, Inc. is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

This article was reviewed and formatted for contact hour credit by Rosemarie Marmion, MSN, RN-BC, NE-BC, AAACN Education Director. Accreditation status does not imply endorsement by the provider or ANCC of any commercial product.

The Medical Office Tracer: An Innovative Method for Quality Improvement

Andrea DeCola
Kathleen J. McIntee

Since 2004, The Joint Commission (TJC) has used tracer methodology during their accreditation process. This methodology sequentially follows a patient's experience with an organization, analyzing systems in place throughout the organization. This methodology leads to less time reviewing policies and processes, and more time evaluating the use of these processes by the caregivers providing care to these patients (Joint Commission Resources, Inc., 2007). Prior to the TJC change to this methodology, many health care organizations were able to make temporary, unsustainable changes with the sole purpose of impressing the surveyors. With the tracer methodology, this is nearly impossible. The change to the tracer methodology for surveys was designed to promote compliance with standards that can be maintained long-term (Katzfey, 2004).

The tracer can provoke anxiety in even the most seasoned staff, as they are most likely to be interviewed by TJC surveyors. To develop a comfort level and understanding of this methodology for the front line caregivers, a model Front Line Tracer Group was initiated. It included eight individual medical practices. These medical offices are within the Rochester General Health System (RGHS). RGHS has a total of two hospitals, 42 medical offices, two nursing homes, and a center for independent living within this system.

Purpose

The purpose of this model Front Line Tracer Group is to utilize front line nursing staff, primarily LPNs, to perform mini tracers within their offices. A lead RN within the offices serves as the group facilitator. The group participants trace the experience the patient had during his or her encounter with the office, often through chart review or staff interviews, focusing on a specific defined standard expected to be met during the encounter (in this case, TJC standards). The mini tracers follow the same principles of tracer methodology used by TJC, focusing only on a very specific standard and area, in contrast to following the patient throughout the whole system or the entire encounter. The mini tracer allows a microscopic look into the patient experience, enabling more precision in pinpointing specific problem areas and processes within each patient encounter. This in turn provides specific areas for improvement. It requires a much shorter amount of time to complete because it is so focused.

With an emphasis on learning, and in a neutral and supportive manner, the participants educate co-workers on standards and processes as they identify gaps in TJC standards. The significance of this process being neutral in nature cannot be minimized. The group's sole purpose is to identify gaps, regardless of the cause of the gap, and to provide education to the rest of the staff on the identified problem. Pointing fingers at performance issues of co-workers is not part of the process or an outcome in this model Front Line Tracer Group.

Although this group was developed to prepare for TJC survey, the group can also be utilized for identification of gaps in standards of care in all areas where quality improve-

ment is desired. The model and the process of the group would be the same whether used to identify a desired outcome or best practice; trace the patient encounter to ensure the outcome was met; or find a solution when a gap has been identified (i.e., a desired outcome is not being met).

Method

Each office identifies a volunteer participant to be part of the Front Line Tracer Group. The participants are all nurses who work on a daily basis with patients and have close contact with providers. This is important as it ensures that the participants are fully capable of understanding, utilizing, and following the standards and processes that are identified to be traced on a daily basis. As a participant of the group, they are responsible for tracing, identifying, and sharing solutions for the gaps that are identified. This gives the front line staff the accountability to ensure they are meeting expected standards and following processes in the areas where they work daily.

Weekly Meetings

Weekly meetings among the tracer members are held, maintaining consistency of the meeting format and focus. The meetings are 30 minutes in length and held at the same time each week. A telephone conference bridge is set up and used for all meetings. This allows the participants to call in from anywhere – their regular office, another office if they have been floated, or even from their home. This consistency in format provides the participants with time to adequately prepare a co-worker within his or her office to represent the office if unable to attend a meeting, assuring all offices are represented each week.

An updated action register is maintained on a shared drive and sent to each participant, along with the previous meeting minutes, prior to each meeting. The action register is a document used to track the topics traced by the team, any actions or follow-up recommended by the group to improve processes or close gaps, the responsible person and date for follow-up, and outcomes resulting from the follow-up. There is opportunity for all participants to review both documents and suggest changes deemed necessary.

Half of the meeting is spent discussing the tracer for the following week. The standard that will be traced is defined and is accompanied by any evidence-based research or processes in place that support the standard, all done by the RN facilitator of the group. This information is sent to participants prior to the meeting to allow them time for review. Understanding the reasoning behind the standards is helpful in meeting the requirements and provides participants with talking points to use when educating their co-workers.

In the second half of each meeting, the results of the most recently completed tracer are shared with the group, using a round robin format. Each office participant shares his or her results with the group. If standards are not being met, the participant shares the education given to co-workers and possible barriers to not meeting the requirements. Best practices are shared from the offices where standards are met. When necessary, recommendations from the group are forwarded to the appropriate areas for review. This may include practice managers, nurse managers, and the quality department – anyone who can aid in closing the identified gaps.

Benefits

This model offers several benefits. Participants are given the research supporting the standards, affording them a better understanding of "the whys" of what they are doing. They become more comfortable with the talking points of the standards, which ultimately makes the actual survey smoother and less stressful. Best practices are identified among the group and shared. In an effort to close the gaps, they are then discussed and implemented in offices where barriers exist. In the end, the Front Line Tracer Group model has heightened awareness of TJC and its standards, prompting more discussion and focus on areas in need of improvement, including standards and quality issues beyond TJC (e.g., areas in billing and operational office issues). The positive effects of the group are felt long after the survey is completed.

The number of tracers that can be done is significant with this model, touching several staff in many offices, in a relatively short amount of time. This format also allows duplication in many areas of the organization, not only clinical areas.

This Front Line Tracer Group also allows for measurement of outcomes. Outcomes can be measured by auditing charts, assessing staff knowledge, or utilizing traditional tracer methodology post completion of the front line tracers to assess compliance of a specific topic. Comparing audit results pre- and post-coverage of the tracer also provides measurable results, assessing either the need for further coverage of the topic or the success in the front line tracer's ability to close the barriers to meeting standards.

Outcomes at RGHS have included a measured and maintained increase in compliance of identified standards (see Figure 1), development of a nurse-to-nurse report guide, change of verbiage in policies, process changes within work areas, and changes in documentation tools. Not only was accreditation received by the TJC, the medical group was also recognized for several best practices. Accountability, empowerment, and engagement within the staff were also achieved. The following email and comments from staff support the value of this methodology.

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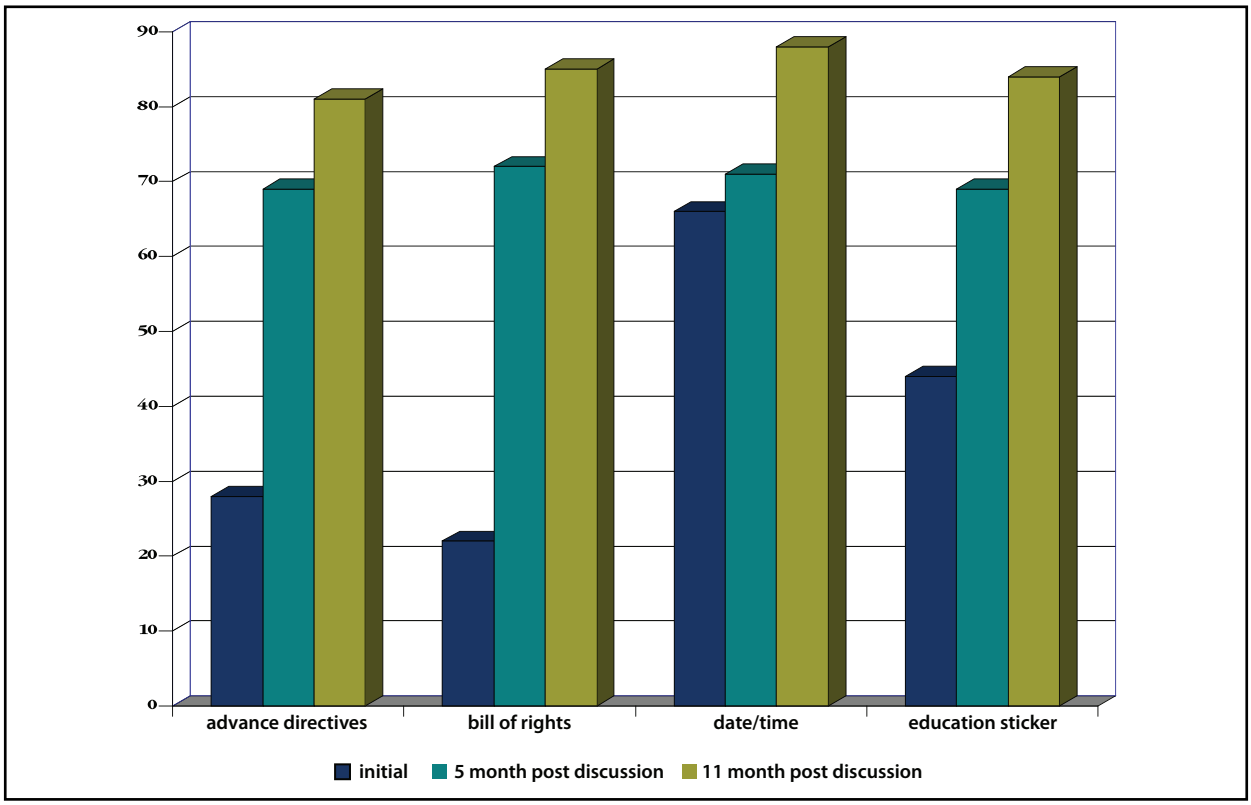
Figure 1.
Percent Compliance of Varying Regulatory Requirements (Initial, 5 Months, and 11 Months After Initiating Front Line Tracer Group)



Morning all!
Today during our weekly conference call, we discussed our final tracer and the potential need for subsequent meetings was brought up. These meeting have shed a lot of light and helped our offices educate staff to standards of best practices! We have traced many of our own offices and made improvements and recognized many of our own gold stars. I am looking for your input. Are there any areas where you feel 'OUR' office (GI) could use some work? If so, please respond before next Friday, and I will do my best to try to make improvements one way or another.
"Teamwork makes the dream work!"
– Abby

Colleen B., an LPN interviewed during the TJC survey stated, "The outcome of the tracers proved their effectiveness at our Joint Commission surveys. There were no deficiencies in the office I was in. We went from an office never using tracers to having the understanding and purpose of a tracer. I also found that a lot of the policies implemented come from tracers. Our huddles turned into discussing policies once our survey was done, but tracers often came back up during discussions. Dawn W., an LPN who was also interviewed during the TJC survey (in a different office) stated, "From the tracer group, I gained knowledge on the standards of care with a better understanding of how to meet, and more importantly, exceed those standards of care. I am proud to take ownership of the level of care provided."

Conclusion

The objectives of the model Front Line Tracer group in a medical office setting utilizing front line staff to perform tracers has proven to be beneficial. The staff feel more knowledgeable on standards, share best practices with each other, identify barriers to meeting standards, and feel an ownership; not only for the success of the survey, but with the improved level of care given long after the TJC surveyors are gone.

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Andrea DeCola, BSN, RN, BC, *is Clinical Leader, Rochester General Medical Group, Rochester, NY.*

Kathleen J. McIntee, BS, MSM, RN, *is a Nurse Manager, Rochester General Medical Group, Rochester, NY.*

New Officers Elected

Results of the AAACN 2013 National Office Election are in. 271 members voted in the online election to select the future leaders of the association. Newly elected officers begin their term at the close of the annual conference. The Nominating Committee begins its work recruiting candidates for the next election during the conference. Congratulations to these members who have volunteered to serve the association, and you, our members:

President Elect	Marianne Sherman, MS, RN-BC
Directors	Nancy May, MSN, RN-BC Debra L. Cox, MS, RN Wanda C. Richards, CAPT, NC, USN
Nominating Committee	Rocquel Crawley, MBA, BSN, RNC-OB, NEA-BC Stefanie Coffey, DNP, MBA, FNP-BC, RN-BC

AAACN extends it appreciation to Liz Greenberg, PhD, RN-BC, C-TNP; Sherry Smith, MSN, RN, MBA; and Kathryn B. Scheidt, MSN, RN, MS, who also ran for office and were not elected.

Marianne Sherman

Nancy May

Debra Cox

Wanda Richards

Rocquel Crawley

Stefanie Coffey

- February is National Heart Month and the focus should also be on women who experience cardiac problems as well. To promote Wear Red Day in your organization, refer to http://www.nhlbi.nih.gov/educational/hearttruth/materials/wear-red-resources.htm. This Web site, sponsored by the National Heart, Lung, and Blood Institute, contains promotional Web banners, flyers, and toolkits to share the "heart truth" with your female patients.

- The American Association of Blood Banks reports that over 10.8 million people donate blood products every year, of which 29% are first-time donors. To begin the new year, take the time to share with your patients and family members the importance of saving lives through regular blood product donations. Visit http://www.aabb.org/resources/bct/pages/bloodfaq.aspx for frequently asked questions about blood donation.

- Glaucoma is an eye condition that can lead to blindness without appropriate treatment. For information on glaucoma, the use of eye drops, low vision resources, and a medication guide, check out the Glaucoma Research Foundation at http://www.glaucoma.org/treatment/literature.php.

- Cancer prevention information should always be available for the patients and family members. More than 50% of cancers can be prevented through nutritional choices, nicotine cessation, exercise, and increased awareness of symptoms. For links to further information, check out the *Stay Healthy* section on the American Cancer Society site at http://www.cancer.org/healthy/index.

Carol Ann Attwood, MLS, AHIP, MPH, RN,C, *is a Medical Librarian, Patient Health and Education Library, Mayo Clinic Arizona, Scottsdale, AZ, and a* ViewPoint *Editorial Board member. She can be contacted at attwood.carol@mayo.edu*

The 12-Minute Difference

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We have the power – the amazing gift to make a difference in the lives of those we care for – *if* we choose to do so. From the clerk, to the nurse, to the doctor, each of these health care professionals made the conscious choice to make a pivotal difference in the life of this one patient.

What is your choice?

Julie Alban, MS, MPH, RN-BC, *is a Staff Nurse in Primary Care, The Villages Outpatient Clinic, The Villages, FL. She can be contacted at julie.alban@va.gov*

Editor's Note: *The cover photo depicts the primary care team at The Villages VA Outpatient Clinic who assisted the patient in this story. Shown (l-r) are: Bill Yagatich, CMSgt, USAF Ret, Medical Support Assistant; Momo Hlaing, MD, Staff Physician; and Julie Alban, MSN, MPH, RN-BC, Staff Nurse. Special thanks to Carmen Ortiz for providing the picture.*

What Happens in Vegas…

What happens in Las Vegas at the April 23-26, 2013, annual conference won't "stay in Vegas," as the popular phrase goes. It is our expectation that nurses who attend the conference will take back what they learn to enhance their practice, improve patient care, and share what they learn with their colleagues! With FREE Online Library access for two colleagues when one nurse registers for the main conference, your colleagues back home can access all of the sessions in the Online Library for free.

A few highlights of this year's conference include:

Pre-Conference Workshops

Ambulatory Basics and Beyond will help you go from novice to expert when you explore the work and workflows in ambulatory practice. You'll receive practical tips and tools for integrating quality measures into everyday practice that will assure safe, efficient, and patient-centered care that meets regulatory requirements and positively impacts revenue and reimbursement.

Writing for Publication: "Let's Git Er Done" offers what you need to know to complete a manuscript or get your ideas on paper. You'll receive in-depth, individualized, and intense support and interaction to help you create a manuscript fit for publication.

Keynote Address

Why Courage? will explore what is meant by the word *courage* as a leadership skill and why it is so important in today's rapidly changing world. You'll learn how to become a more courageous leader.

General Session

Ambulatory Care RN Care Coordination Competencies will offer an overview of the work of AAACN expert panels, which will be used to facilitate discussion on the dimensions of care and the importance of a patient-centered model that harmonizes the role of the RN in care coordination with the interprofessional care team.

Town Hall

Patient and Nurse Wellness will share what is going on in the area of wellness as it relates to the caregiver and patient in ambulatory care settings. You'll be invited to share your thoughts and initiatives on taking care not only of your patients, but also of yourselves via open microphones.

Post-Conference Workshops

If you are planning to get certified, the *Ambulatory Care Nursing Certification Review Course* is a full day of valuable information to prepare you for the ANCC certification exam. The course is also a great overview of ambulatory care nursing practice if you are new to ambulatory care.

The *Telehealth Nursing Practice Core Course (TNPCC)* post-con is another great all-day overview of telehealth nursing practice. If you are new to telehealth nursing, are considering a career change, or want to brush up on the basics, this course is for you.

The Networking Luncheon, Special Interest Group sessions, Leadership and Telehealth tracks, exhibit hall, poster displays, Opening Reception, Silent Auction, and an array of Concurrent and In-Brief sessions also make this conference one you definitely will want to attend! Learn more at www.aaacn.org/conference.

The AAACN Annual Conference: Why Attend?

Advance Your Practice

By attending the conference, you can earn continuing nursing education (CNE) credits while learning about a variety of topics within the realm of ambulatory care nursing. You will find many informative posters and some interesting presentations. You may return to your place of work with ideas for a professional project or a new way to do something.

Enhance Your Leadership Skills

Once you attend, you may want to present a poster on a topic of interest or do a podium presentation at a future conference. You might be inspired to write an article for the *ViewPoint* newsletter; the enthusiastic editorial staff will help you along. You never know where this might lead your career!

Connect with Colleagues

Whether you attend by yourself or with colleagues and friends, the conference provides an opportunity to get connected with other nurses, including those in our military. You may find new friends or meet up with old ones. You could even meet someone who will help you to solve a dilemma at your current job or send your career on a new path.

Be Part of a Bigger Picture

Attending the AAACN Annual Conference "gets you out of your box" or your normal day-to-day job, making you feel more a part of a larger picture—the nursing profession.

Have Some Fun!

Traveling to the conference gives you a chance to see new places. Each year, the conference is held in a different part of the country, rotating between popular cities. At every conference, the organizers incorporate a bit of the local culture into the opening ceremony. This is always very interesting! For instance, in Las Vegas, we were treated to 'Elvis' singing "Viva Las Vegas." In Philadelphia, a lively and colorful Mummers band entertained us. San Antonio conference attendees heard a Mariachi band playing. And in Orlando in 2012, Mickey Mouse greeted us!

Attendees also have the opportunity to explore the area on their own or with friends and colleagues at the end of a full conference day. You will return to work feeling refreshed!

Deborah M. Byrne-Barta, BSN, RN-BC, CPN, *is employed by The Children's Hospital of Philadelphia, Philadelphia, PA. She can be contacted at barta@email.chop.edu*

CorporateMember spotlight

AAACN Welcomes Newest Corporate Member

eHealth Technologies™ (www.ehealthtechnologies.com) is improving continuity of care for more than half of America's top 100 hospitals by enhancing patient and physician satisfaction by streamlining transitions of care, and by providing the right patient information – when and where it is needed.

SEE how referral workflow enhancements increase patient satisfaction and access to care while reducing referral leakage by:

1. Ensuring that any external medical record, pathology, and medical image is available as an integral component of your facility's everyday workflow;
2. Enabling automated communication with referring physicians to streamline referrals and provide real-time patient status;
3. Eliminating the costly reliance on CDs to share medical images between providers;
4. Empowering EMR users with "single-click" access to medical images in the context of the rest of the patient record.

And for business leaders, we provide valuable real-time reporting on referral patterns so that hospitals can proactively and intelligently monitor their referral business.

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Advertise with AAACN and reach more than 2,600 nurse managers and supervisors, nurse administrators and directors, staff nurses, educators, consultants, NPs, and researchers – the ideal audience for your sales and marketing message!

Marketing opportunities include:

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- Corporate sponsorships
- Premium advertising
  - *ViewPoint*, the AAACN official newsletter
  - AAACN Web site
  - AAACN monthly enewsletter
  - Online Library
  - Conference program book

For more information, contact Marketing Director Tom Greene at tom.greene@ajj.com or 856-256-2367.

health care reform

View health care reform resources online at:
www.aaacn.org/health-care-reform

Affordable Care Act: Options for Accessing Health Insurance

Sheila A. Haas

Now that the Presidential election is over and President Obama will continue in his position for four more years, the Patient Protection and Affordable Care Act (PPACA) will remain in place and phased/incremental implementation of the PPACA will continue. Unfortunately, some of the major provisions of the PPACA are not well known or understood by consumers and providers, or have been all but ignored by some states that were hoping for election of Governor Romney and repeal of the PPACA.

As was discussed in prior *ViewPoint* "Health Care Reform" columns, access to affordable insurance will be provided through state Insurance Exchanges. These one-stop marketplaces will enable:

> Consumers and small businesses to choose a quality, affordable private health insurance plan that fits their health care needs. Exchanges will offer health insurance options that meet consumer-friendly standards; facilitate consumer assistance, shopping for and enrollment in a private health insurance plan; and coordinate eligibility for premium tax credits and other affordability programs that ensure health insurance is affordable for all...the public will have the same kinds of insurance choices as members of Congress. (HealthCare.gov, 2011)

States had the option of designing their own insurance exchanges or collaborating with the federal government on the design of insurance exchanges or going with a federal insurance model to be implemented in the state. Designs were to be submitted in 2012 and approved December 14, 2012. As of November 9, 2012, 14 states have legislation enacted to establish a PPACA Compliant Health Insurance Exchange. Five states have legislation pending or tabled. And 25 states have legislation that failed, was withdrawn, expired, or vetoed. Current actions on the part of each state are outlined on the HealthCare.gov site under *Center on Budget and Policy Priorities.*

Knowing what your state's status is with regard to design and implementation of the Affordable Insurance Exchange is essential for ambulatory care nurses. Ambulatory care patients need to know that there are options for them to obtain affordable, high quality, private insurance. The HealthCare.gov site offers Fact Sheets with information on implementation of Exchanges, as well as information about Exchanges and Essential Health Benefits. This site also offers an interactive Frequently Asked Question (FAQ) tool to help consumers find answers to insurance coverage-related questions (http://www.healthcare.gov./law/features/choices/exchanges/index.html).

Other poorly understood provisions of the PPACA are those relating to insurance reform regarding enrollment of persons with pre-existing health conditions. The PPACA insurance reform provisions, when they take effect in 2014, will provide annual and special enrollment periods when health plans must accept all applicants regardless of their health. The provisions also prohibit health plans from using health status when setting premiums for individual or small employers (Section 1201 of the Patient Protection and Affordable Care Act of 2010). Persons who have a health problem or who are at higher than average risk of needing health care are referred to as having a *pre-existing condition* (Kaiser Family Foundation, 2012). Health insurance plans have been reluctant to enroll such persons, because they know they are more likely to use more and more expensive services than other enrollees. Persons and families with employer-provided health insurance have group insurance and pre-existing conditions are not as great an issue. Persons without employer insurance or government-funded insurance such as Medicare, Medicaid, and Veterans' Health insurance (to name a few) often buy non-group health insurance.

Persons with pre-existing conditions experience many challenges when searching for such insurance. First of all, companies offering non-group insurance can charge higher premiums to individuals based on their health status. In 2010, the federal government established the Pre-Existing Condition Insurance Program (PCIP) to offer insurance in all states to people with pre-existing conditions who have been uninsured for more than 6 months (Kaiser Family Foundation, 2012). This program has been under-subscribed, most likely due to lack of knowledge of its existence. It will expire at the end of 2013 when the PPACA insurance provisions regarding pre-existing conditions come into effect.

A second major challenge for persons with a pre-existing condition in search of non-group health insurance is benefit exclusion periods. Some group health insurance plans have these also. Benefits for coverage for a pre-existing condition can be denied to new enrollees for a defined period of time. Pre-existing conditions exclusions (PECEs) usually come into play when a claim is filed and the insurance company investigates whether the claim relates to a health condition the enrollee had prior to enrollment. A PECE claim may be denied, but other unrelated health care coverage may continue. The federal government sets standards for PECE provisions in group plans, while state laws regulate non-group plans. The federal standards for group health plans are fairly rigorous and use a restrictive defini-

tion of a pre-existing health condition: "exclusions periods cannot be longer than one year, and can apply only to conditions for which a person actually sought medical advice, treatment, or diagnosis during the six-month period immediately preceding enrollment in the plan" (Kaiser Family Foundation, 2012, p. 3). "Standards in some states permit non-group health plans to impose longer exclusion periods, to look much further back in time for evidence of a pre-existing health condition, and to use a more subjective standard in determining whether a pre-existing health condition exists" (Kaiser Family Foundation, 2012, p. 3). Another challenge is switching between plans. It is one of the reasons and risks that persons with pre-existing conditions have found to be a deterrent to taking on new employment.

Barriers to non-group health insurance access for persons with pre-existing conditions exist to avoid adverse selection, which is explained below:

> When coverage is voluntary and unsubsidized, the people who need it most are the most likely to enroll at any given price, and without screening, a health plan may end up with a pool of enrollees that is sicker and more costly than the average population. This causes premiums to rise and makes coverage unattractive for the majority of potential applicants. Providing broad access to coverage for people with pre-existing health conditions without charging them very high premiums is not realistic without significantly restructuring the market or creating new and heavily subsidized alternative insurance options for them.... The ACA addresses the adverse selection issue by providing significant new tax subsidies to people purchasing non-group coverage and by imposing tax penalties for people who can afford coverage but do not enroll (the latter was called the Individual Mandate and part of the Supreme Court decision in June). These policies together are intended to encourage enough healthy people to enroll to offset any additional costs that might occur from covering people with pre-existing health conditions. (Kaiser Family Foundation, 2012, p. 4)

Knowledge about PPACA-established Insurance Exchanges is essential for ambulatory care nurses, especially those who are working with patients with chronic illnesses. These patients may be currently paying exorbitant premiums for non-group health insurance because they do not know about the PPACA-established PCIP insurance that continues through 2013. Further, these patients need to know that in 2014, health Insurance Exchanges will be available in each state to facilitate affordable choices in private health insurance for all, including those with pre-existing conditions. These Exchanges are designed to assist persons with the sign-up for insurance and determination of eligibility for federal supplemental premium funding. In Massachusetts, where universal health care currently exists,

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AAACN & AAP: Partnering in Patient Care

Multidisciplinary. Collaborative. Interprofessional. These terms are being used with increased frequency in health care to describe meetings, initiatives, projects, and teams. This seems to indicate a necessity for a team approach for optimal patient care. Most people who are the givers or recipients of care would agree that health systems feel complex, uncoordinated and, at times, chaotic. In order to improve quality, safety, and efficiency, it is essential to join forces and work as a coordinated team with the patient and family at the center and as the focus for all our efforts.

In your work setting, you may be participating in a multidisciplinary care team or an interprofessional committee or task force. And, whether you exclusively manage patients over the telephone or as part of your work, collaborating with the patients' primary care providers by phone, electronically, or face-to-face, is essential at times. A team approach is very important for optimal care. At this time in health care history, coordinated care is essential.

A mutually respectful nurse-physician relationship is important in the clinic setting, but it is also important to be a partner with physicians at the executive level and higher. In 2008, the Robert Wood Johnson Foundation (RWJF) collaborated with the Institute of Medicine (IOM) to evaluate how the profession of nursing would be impacted by health care reform. The goal for this evaluation was to create a futuristic framework that would strengthen the nursing workforce at the local, state, and national level. In 2010, the *Future of Nursing* report was published and contained specific action-oriented recommendations. One of the recommendations was that nurses should partner with physicians and other health professionals to redesign health care in the United States (IOM, 2010).

The American Academy of Ambulatory Nursing (AAACN) supports this recommendation and goes one step farther by actively partnering with other professional organizations to engage in discussions that impact patient care. According to AAACN President Suzi Wells, MSN, RN, a formalized partnership with the American Academy of Pediatrics (AAP) Section on Telehealth Care (SOTC) began in 2008. Wells states,

> Andrew Hertz, MD, FAAP, was then the Chair of the Section and, as an advocate for nursing, he understood our practice and knew that AAACN was *the* association for ambulatory care nurses and acknowledged that telehealth nurses are an integral

part of ambulatory care. Drew and I had developed a collegial relationship and he approached me with his vision of partnering because nurses best understand how to educate other nurses.

Wells presented his request to the AAACN Board of Directors for discussion/decision and the partnership was approved and the role of AAACN Liaison to the AAP SOTC was developed. Wells served as the first liaison and I have the honor of being the current AAACN Liaison. The main goal of this role is to assist the AAP SOTC with the continuing education of nurses working in the field of pediatric telehealth.

Suzi Wells and I agree that it is gratifying and energizing to collaborate with physicians who are dedicated to telehealth. One of the responsibilities of this role is to attend the AAP annual national conference. I attended the SOTC executive meeting in New Orleans this past October. It was a privilege to participate in discussions that relate to telehealth care and provide a nursing perspective.

The current Chair of the SOTC Section is Peter Dehnel, MD, FAAP who continues to support and confirm the importance of the role of nursing in telephone triage and the AAACN-AAP collaborative relationship. He shares,

> Telephone care is generally a joint activity in pediatric practices between the nurse and the clinician(s). Telephone care is an important aspect of contact between families and pediatric practices and the nurse will often serve as the telephone interface of that relationship. Care advice that nurses give through telephone conversations needs to reflect the overall opinion of the practice in which they are working and, as such, needs to reflect the principles and policies of that practice. Because the nurse is usually acting on behalf of the clinic, the clinicians in that practice will assume the majority of the liability risk of the care that the nurse provides for the families of that practice.
>
> Telephone care is very much a 'team sport.' Fully understanding the optimal role that everyone can provide is critical to doing telephone care extremely well. Because SOTC provides guidance to the entire AAP, close collaboration with AAACN is critical to providing the best guidance possible. An ongoing relationship between AAACN and AAP will help to facilitate that collaboration.

The link between the AAACN and AAP SOTC via the liaison role is an example of a respectful and effective nurse-physician partnership that is promoted in the IOM *Future of Nursing* report. The collaboration between these two professional organizations will allow for dialogue and decision-making, leading to the implementation of changes that will result in improved quality, access, and value in delivering patient-centered care (IOM, 2010).

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Health Care Reform

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this Web-based sign-up and checking for supplemental funding eligibility takes, on average, about 30 minutes.

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ViewPoint is in search of manuscript reviewers. AAACN members who have practiced in any area of ambulatory care nursing for at least three years are eligible to join. If you would like to volunteer your time and efforts to this group, please send a copy of your curriculum vitae (CV) to Managing Editor Katie R. Brownlow, ELS, at katie@ajj.com.

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AAACN is a welcoming, unifying community for registered nurses in all ambulatory care settings. Our mission is to advance the art and science of ambulatory care nursing.

Web Site Offers New Way for Members to Access Information

As a result of moving our Web site to a new platform, there is an updated way for members to access the "members only" information and your personal membership information on the site. If you are a member:

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