

# Ambulatory Care Nursing Certification Review Course Syllabus

# **Ambulatory Care Nursing Certification Review Course**

## **Course Overview**

This course provides an overview of the potential content that may be tested on the ambulatory care nursing certification exam. It is a valuable opportunity to reinforce your knowledge of ambulatory care, identify your weak areas, and learn new information. Interact with nationally recognized faculty and colleagues to discuss information related to ambulatory care practice and the certification exam.

Course content is based on the test content outline for the ambulatory care nursing certification exam. All topics will be offered in an interactive, case problem-solving style to enhance critical thinking.

## **Learning Outcome**

After completing the Ambulatory Care Nursing Certification Review Course, the learner will be able to use the presentation to reinforce knowledge of ambulatory care nursing, self-assess the content areas where they need further review, and use the content presented as preparation for taking the certification exam.

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**REVISED 2019**

## **Ambulatory Care Nursing Certification Review Course \*\*\*\*\* AGENDA**

|     |                     |                                                                                                                                                                                                                                                                                |
|-----|---------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 15  | 8:00 am – 8:15 am   | Exam Criteria and Certification                                                                                                                                                                                                                                                |
| 20  | 8:15 am – 8:35 am   | Ambulatory Care Nursing Overview                                                                                                                                                                                                                                               |
| 40  | 8:35 am – 9:15 am   | Clinical Practice: <ul style="list-style-type: none"> <li>• Plan of Care and Care Management</li> </ul>                                                                                                                                                                        |
|     | 9:15 am – 9:25 am   | BREAK                                                                                                                                                                                                                                                                          |
| 40  | 9:25 am – 10:05 am  | Communication: <ul style="list-style-type: none"> <li>• Interpersonal Skills and Customer Service Skills</li> </ul>                                                                                                                                                            |
| 110 | 10:05 am – 11:55 am | Clinical Practice: <ul style="list-style-type: none"> <li>• Clinical Practice</li> <li>• Well Clients Preventive Care</li> <li>• Acutely Ill Clients</li> <li>• Clients with Chronic Conditions</li> <li>• Clients with Terminal Illness</li> <li>• Clinical Skills</li> </ul> |
| 30  | 11:55 am – 12:25 pm | Clinical Practice: <ul style="list-style-type: none"> <li>• Telehealth and Telephone Triage</li> </ul>                                                                                                                                                                         |
| 30  | 12:25 pm – 12:55 pm | Clinical Practice: <ul style="list-style-type: none"> <li>• Medication Management Systems</li> </ul>                                                                                                                                                                           |
|     | 12:55 pm – 1:40 pm  | LUNCH                                                                                                                                                                                                                                                                          |
| 20  | 1:40 pm – 2:00 pm   | Communication: <ul style="list-style-type: none"> <li>• Documentation and Informatics</li> </ul>                                                                                                                                                                               |
| 30  | 2:00 pm – 2:30 pm   | Education: <ul style="list-style-type: none"> <li>• Education</li> <li>• Health Promotion</li> <li>• Teaching and Learning Principles</li> <li>• Disease/Injury Prevention</li> </ul>                                                                                          |
| 30  | 2:30 pm – 3:00 pm   | Systems/Legal/Regulatory: <ul style="list-style-type: none"> <li>• Regulations, Standards, Accreditation</li> </ul>                                                                                                                                                            |
| 15  | 3:00 pm – 3:15 pm   | Systems/Legal/Regulatory: <ul style="list-style-type: none"> <li>• Quality Management</li> <li>• Operations</li> <li>• Documentation</li> <li>• Reimbursement</li> </ul>                                                                                                       |
|     | 3:15 pm – 3:25 pm   | BREAK                                                                                                                                                                                                                                                                          |
| 15  | 3:25 pm – 3:40 pm   | Professional Role: <ul style="list-style-type: none"> <li>• Scope of Practice</li> <li>• Ethics and Nursing Advocacy</li> </ul>                                                                                                                                                |
| 25  | 3:40 pm – 4:05 pm   | Professional Role: <ul style="list-style-type: none"> <li>• Legal and Ethical Issues</li> </ul>                                                                                                                                                                                |
| 35  | 4:05 pm – 4:40 pm   | Professional Role: <ul style="list-style-type: none"> <li>• Professional Development and Leadership</li> </ul>                                                                                                                                                                 |
| 10  | 4:40 pm – 4:50 pm   | Questions & Answers                                                                                                                                                                                                                                                            |
| 10  | 4:50 pm – 5:00 pm   | Wrap-Up/Evaluation                                                                                                                                                                                                                                                             |

## **CE Information and Disclosure**

### **Requirements for Successful Completion**

Attend 90% of the course offering in which contact hours are earned, complete the evaluation, and submit.

### **Conflict of Interest Disclosure**

No planner or speaker discloses an actual or potential conflict of interest in relation to the presentation.

### **Sponsorship or Commercial Support Disclosure**

This program has not received commercial support or sponsorship.

### **Learning Outcome**

After completing the Ambulatory Care Nursing Certification Review Course, the learner will be able to use the presentation to reinforce knowledge of ambulatory care nursing, self-assess the content areas where they need further review, and use the content presented as preparation for taking the certification exam.

### **Accreditation**

This education activity offering for 7.9 contact hours is jointly provided by Anthony J. Jannetti, Inc. (AJJ) and the American Academy of Ambulatory Care Nursing (AAACN).

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

AAACN is a provider approved by the California Board of Registered Nursing, Provider Number CEP 5366.

## **Ambulatory Care Nursing Certification Review Course Faculty**



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## **HOW & WHERE TO TAKE THE EXAM**

To download a registration catalog, including the application to take the exam, please visit [www.nursingworld.org/ancc](http://www.nursingworld.org/ancc) or call ANCC at 800-284-2378 for more information.

|                                        |
|----------------------------------------|
| <b>CREDENTIAL YOU WILL EARN: RN-BC</b> |
|----------------------------------------|

# Ambulatory Care Nursing Certification Review Course

## Exam Criteria and Certification

1

American Academy of Ambulatory Care Nursing  
Certification Review Course

FACILITATORS:  
E. Mary Johnson  
Denise Hannagan  
Susan Paschke  
Christine M. Ruygrok



*Many settings. Multiple roles. One unifying specialty.*

1

## Content Overview

2

- Clarify information and requirements of the certification exam
- Discuss the testing, preparation process, and test-taking tips
- Intense review of content based on the test content outlines from ANCC
- Suggest study resources and references related to ambulatory and telehealth nursing

2

## What is the difference between ANCC and AACN?

3

|                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>American Nurses Credentialing Center - ANCC</b></p> <ul style="list-style-type: none"> <li>• develops and oversees the certification exam</li> <li>• approves initial certification process as well as the renewal process</li> <li>• <b>ANCC Web Site – <a href="http://www.nursingworld.org">www.nursingworld.org</a></b></li> </ul> |  <p><b>American Academy of Ambulatory Care Nursing - AACN</b></p> <ul style="list-style-type: none"> <li>• provides experts to assist with writing test questions</li> <li>• provides this certification review course</li> <li>• Review Course Facilitators do not participate in the writing of the test questions on the ANCC examination</li> <li>• <b>AACN Web Site – <a href="http://www.aacn.org">www.aacn.org</a></b></li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

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## American Nurses Credentialing Center - ANCC

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On the ANCC website you will find information on: registration, eligibility, cost, and scheduling

- Registration details
  - Apply any time
  - Exam to be taken during a 90-day window
  - Scheduled through testing sites in your local areas
- 175 questions specifically related to ambulatory nursing
- 150 graded items - score is based on these
- 25 pretest items -no indication of which items are not graded

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## Eligibility Requirements

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- AD, Diploma, BSN or higher degree in nursing
- Current active RN license
- Minimum of 2,000 hours of clinical practice in ambulatory care and/or telehealth nursing within the last 3 years.
- 30 hours of continuing education in ambulatory care and/or telehealth nursing within the **last 3 years**

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## Domains of Practice

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Test content is divided into Domains of Practice  
The domain that applies to the section will be included in the title slide

Domains include:

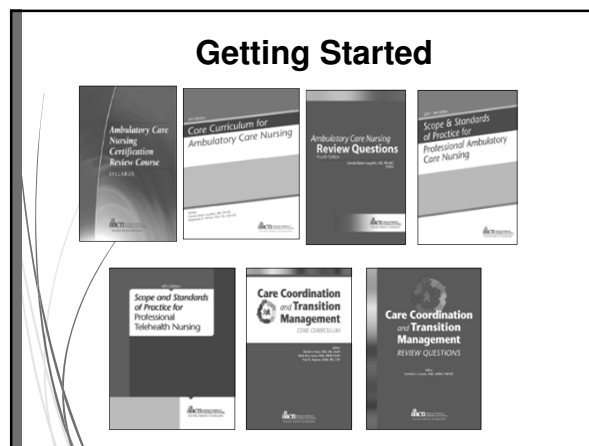
- Clinical Practice
- Communication
- Education
- Professional Role
- Systems/Legal/Regulatory

See ANCC Website for Test Content Outline

6

| 7 Exam Questions                |                |               |
|---------------------------------|----------------|---------------|
| Domains of Practice             | # of Questions | Percent       |
| Clinical Practice               | 76             | 50.67%        |
| Communication                   | 34             | 22.67%        |
| Education                       | 15             | 10%           |
| Professional Role               | 9              | 6%            |
| <u>Systems/Legal/Regulatory</u> | <u>16</u>      | <u>10.67%</u> |
| <b>TOTALS</b>                   | <b>150</b>     | <b>100%</b>   |

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9 **The Test and Tips for Testing**

- Time limit is 3 ½ hours
  - Budget time to allow for return to skipped questions
- Questions can be marked to return to them later
  - Can change answers until test is submitted
- See handout in syllabus for additional test taking tips, principles, and hints for success:
  - Read each item carefully
  - Pay attention to key words
  - Answer every question – no penalty for guessing
  - Select options that reflect nursing judgment

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10 **Certification**

- Results known immediately upon test completion
- Credential awarded: RN-BC
  - ✓ Board Certified in Ambulatory Nursing

**Re-certification**

- Certification must be renewed every 5 years
  - Multiple options to renew

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**STUDY HARD  
&  
GOOD LUCK**

**You are on your way to becoming an  
Ambulatory Care  
Board Certified Nurse**

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12 **Ambulatory Care  
Nursing Overview**

American Academy of Ambulatory Care Nursing  
Many settings. Multiple roles. One unifying specialty.

12

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## Content Overview

- Discuss the characteristics of ambulatory care nursing practice
- Describe the role of the ambulatory care nurse
- Differentiate Ambulatory Care Nursing from other specialty Nursing Practice(s)
- Discuss ambulatory patient population characteristics

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## Definition of Ambulatory Care Nursing

- Professional ambulatory care nursing is a complex, multifaceted specialty that encompasses independent and collaborative practice. (3<sup>rd</sup> edition, AACN Core Curriculum)
  - INCLUDES:
    - Clinical, Leadership, Education and Research Activities (AACN/ANA, 1997)
    - Applies clinical expertise rooted in nursing process
    - Includes clinical, organizational, and professional activities for individuals, groups, or populations who seek assistance with improving health and/or seek care for health related problems
    - Nurses are accountable for care provided (Standards of Care, Regulatory Standards and Nurse Practice Acts)

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## Characteristics of Ambulatory Nursing

- Nurse autonomy, critical thinking, nursing process
- Patient advocacy, ethics, holistic nursing care
- Patient and family decision making and care providers
- Skillful, rapid nursing assessment, patient education, patient engagement
- Long term relationships that promote patient/family trust

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## Ambulatory Care Nursing Defined in terms of:

- Wellness or Functional Goals
- Patient expectations
- Settings and encounters
- Sites include: hospital based, schools, retail based, assisted living, workplace
- Cost aligns with effective ways to maximize wellness, prevent illness, and minimize symptoms of acute minor ailments
- Support patients and families in the management of chronic disease throughout the lifespan

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## Definition of Ambulatory Care Nursing (AACN/ANA, 1997)

- Encounters are episodic
  - Less than 24 hours in duration
  - Occur singly or in a series
- Encounters may occur:
  - Face-to-face
  - Telehealth
  - Email (MyChart®, patient portals)
  - Other communication devices – smart phones, face-time, virtual clinics, biosensors, apps, etc.

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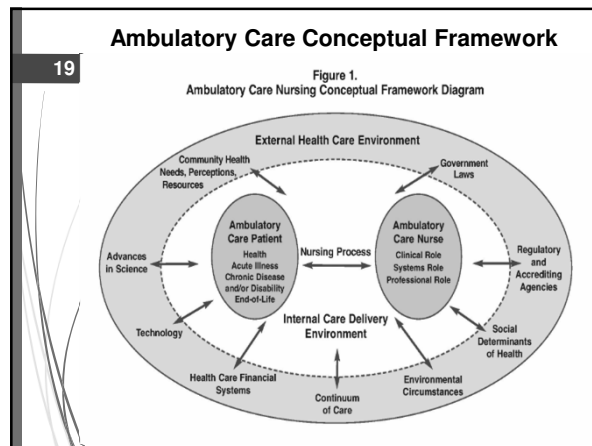
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## Definition of Ambulatory Care Nursing (AACN/ANA, 1997)

- Conceptual framework is a guide/map that specifies:
  - Essential concepts and skills in an area of practice
  - Relationships between major content and skill areas



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**20 Application of the Ambulatory Care Conceptual Framework**  
(AAACN/ANA, 1997)

- Design of ambulatory care delivery models
- Assist in development of:
  - orientation programs for ambulatory personnel
  - educational materials
  - performance appraisal
  - certification testing material
  - providing clarity of nursing role and dimensions vs. roles of other health care providers
- Act as a catalyst for further refinement of the role

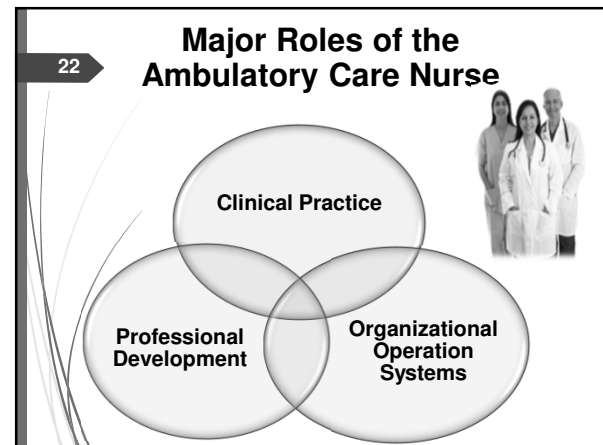
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**21 Challenges for Ambulatory Nursing**

Evolve From:

- Increasing volumes and patient acuity
- Communication, collaboration, delegation
- Care coordination, care management, continuity of care
- Use of evidence based protocols (algorithms, protocols, etc.)
- Technology evolution – face to face encounters vs. telehealth, patient portals, video virtual clinics, biosensors, mobile apps)
- Team member dynamics – overlapping roles

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**23 Clinical Role Dimensions**

- Patient Education
  - Primary
  - Secondary
  - Tertiary Prevention
- Advocacy
  - Compassion
  - Caring
  - Emotional support
- Care Coordination/Transition Management
- Assess, screen, triage, prioritize
- Outcome Management
- Protocol Development/Usage
- Communication using technology
  - Telephone triage
  - Virtual clinics
  - MyChart
- Collaboration with healthcare teams and patient
- Resource Identification
- Appropriate referral
- Clinical procedures
- Independent
- Interdependent
- Documentation

23

**24 Organizational/Systems Role Dimensions**

- Practice/Office Support
- Healthcare Fiscal Management
- Collaboration
- Conflict Management
- Informatics
- Context of Care
- Delivery Models
- Care of the Caregiver
- Priority Management
- Delegation and Supervision
- Ambulatory Culture
- Cross Cultural Competencies
- Political-Entrepreneurial Skills
- Patient Centered Care
- Regulatory Compliance
- Advocacy
- Legal Issues

24

25

### Professional Role Dimensions

- Evidence-Based Practice
- Leadership, Inquiry and Research Utilization
- Clinical Quality Improvement
- Staff Development/Self Care
- Regulatory Compliance/Risk Management
- Ethics/Advocacy
- Workload/Staffing
- Patient Navigator

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### Characteristics of Ambulatory Patient Populations

- Patient / Family / Significant Other
  - Initiates encounter/visit and often live in the community
  - Collaborate with interdisciplinary ambulatory care team regarding treatment regimen
  - Manages and provides health care between visits
  - Controls health care decisions and has choices
  - Can have long term relationships with ambulatory care providers

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### Ambulatory Care Patient Populations Defined:

**Major illnesses**

**Age**

**Type / Sources of reimbursement**

27

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### Ambulatory Patient Health Status – major illness

- Chronically ill
  - **Obesity**
    - 78 million BMI > 30
  - **Diabetes**
    - Leading cause of kidney failure – amputations- lower limbs, blindness
  - **Heart disease**
    - i.e. uncontrolled B/P, elevated LDL, smoking and too much sodium
  - **Stroke**
  - **AIDS**
  - Chronically ill persons can have acute illness and/or exacerbations of chronic disease
    - i.e., diabetic with the flu who also has hypoglycemia
- Terminally ill
  - End-stage liver disease
  - Uncontrolled diabetes
  - Cancer
  - ALS
  - End stage CHF

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### Ambulatory Patient Health Status - age

- Well or essentially healthy
  - Well baby checks
  - Women's annual
  - General physical
  - School physical
- Acutely ill but otherwise healthy
  - Ear infection
  - Appendicitis
  - Upper Respiratory
  - Pink Eye

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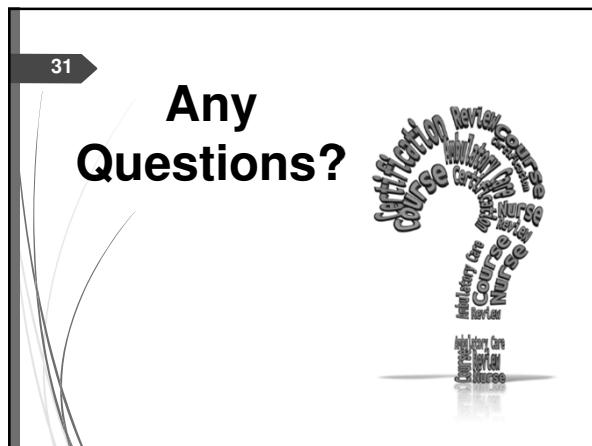
### Future Opportunities for Nurses in Ambulatory Care

➤ *Multiple diverse roles will result from and will continue to evolve as health care systems adapt to today's challenges in health care delivery*  
(Paschke, Nursing Economics, 2017)

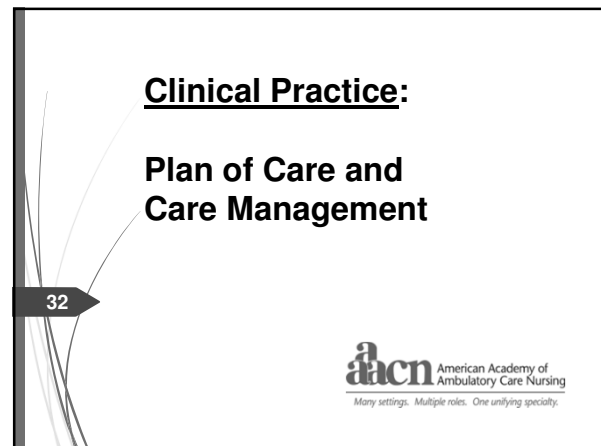
**American Academy of Ambulatory Care Nursing (AAACN)**

**Many Settings. Multiple Roles. One Unifying Speciality!**

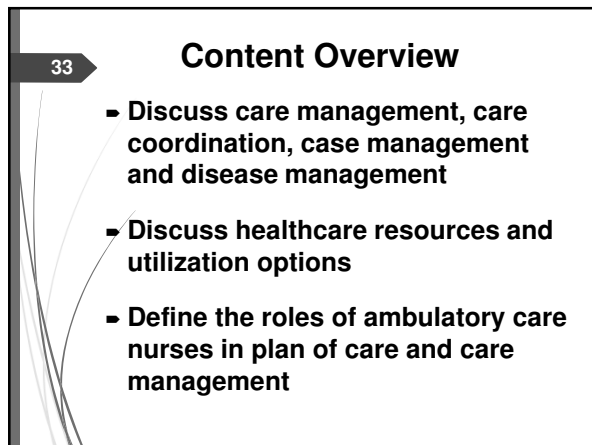
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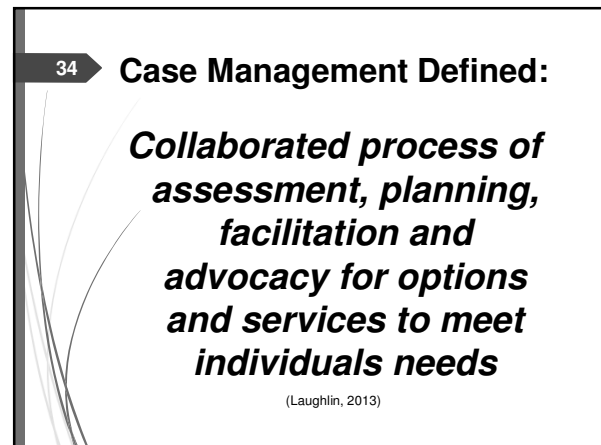
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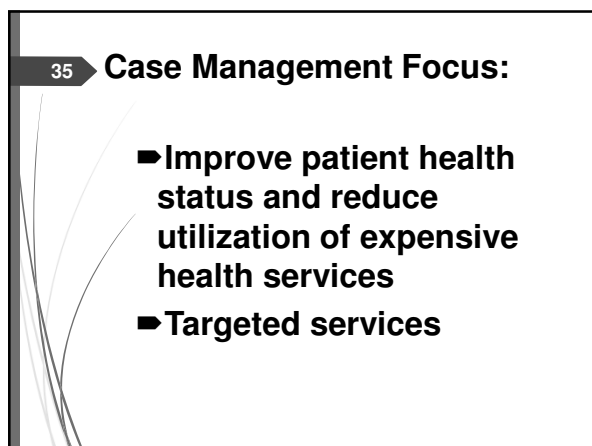
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37 **Continuum of Health Care**

- Definition: A concept involves a system that guides and tracks patients over time through a comprehensive array of health services spanning all levels and intensity of care.

himss.org  
HIMSS.7 -- Ambulatory HIE tool kit



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38 **Primary Care Defined:**

- World Health Organization (WHO)**
  - Health care is central function
  - Main focus of social and economic development
  - Begins where people live and work
  - Universally accessible to individuals and families in the community
- Institute of Medicine (IOM)**
  - Integrates public and private models
  - Primary care is central to the delivery of health service
  - Preventive services must link with population-based health programs
  - Public health functions and community organizations must become partners in clinical interventions and cost control

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39 **Continuity of Care: Gatekeeping**

- Physicians control access through medical orders
- Payers control use by authorizing or denying services
- Care coordinators access and integrate interdisciplinary actions including appropriate referrals to assist with the plan of care



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40 **Definitions of Care**

- Primary Care** – principle point of contact within a health care system - integrates primary services with other levels of care
  - Primary care involves the widest scope of health care
  - Continuity** is a key characteristic of primary care

40

41 **Definitions of Care** (continued)

- Secondary Care**
  - Synonymous with hospital services
- Tertiary Care**
  - Highly specialized
  - Highly technological hospital services

41

42 **Mass Casualty Triage**

First responders using START (Simple Triage and Rapid Treatment) to evaluate victims and assign them to one of the following four categories:

- Immediate (red)**
- Delayed (yellow)**
- Walking wounded/minor (green)**
- Deceased/expectant (black)**

<http://www.remm.nlm.gov/startadult.htm#more>

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## Understanding START Triage

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- Green = MINOR - Moving, Walking Wounded
- Black = DECEASED - No Respirations after head tilt
- Red = IMMEDIATE
  - Breathing but UNCONSCIOUS
    - RESPIRATIONS over 30
    - PERFUSION - capillary refill >2 sec or NO RADIAL PULSE - Control bleeding
  - MENTAL STATUS – unable to follow simple commands
- Yellow = DELAYED – all other situations
  - Respirations up to 30
  - Perfusion up to 2 sec
  - Mental status – follows commands

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## Coordination of Care

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- Responsibility of primary care providers
- Integrates the timely, appropriate, cost-effective use of health services across the care continuum
- Obtains/identifies resources to help individuals obtain health, social, and support services
  - Individually driven
  - Applies at different points across the lifespan
  - Includes provision for catastrophic and high cost medical care



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## Primary Care includes:

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Adult Medicine

Ob/Gyn

Pediatrics

Family Medicine



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## Care Coordination Model

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### Coordination of Care includes:

- Resource Utilization
- Transition Management
- Case Management
- Disease Management



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## Types of Management

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### ➤ Resource Utilization

Based on:

- Severity and acuity of presenting situation
- Skill and competence of the provider
- Type of therapy/intervention required
- Consumer preference
- Resources available
- Need for subsequent care

#### Example:

- PCMH Patient Centered Medical Home -
  - ❖ Provides care across the continuum
  - ❖ Payment based on quality vs. quantity of care
  - ❖ EBP
  - ❖ Collaborates across settings

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## Types of Management

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### ➤ Transitional Management

- The safe transfer of care from one setting to another or different level of care. This is key goal of ACO's.
- Medication regime
- Visits scheduled and completed
- Hand off communication is written/printed
- Patient centered medical record, accessible at every visit



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## Types of Management

- **Case Management**
  - Manages and evaluates medical necessity, appropriateness and efficiency of services under defined healthcare plan

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## Types of Management

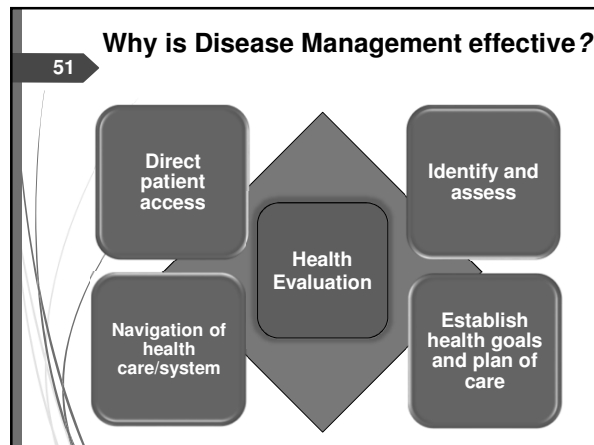
**Disease Management -**

- Focus on chronic disease management through education to patients to prevent exacerbations and further health complications
- Self management strategies
- Comprehensive treatment plans
- Nurse as part of collaborative team
- Partnerships including community
  - Weight Watchers, silver sneakers, passport programs
  - Electronic tools- Healthbuddy

**Example:**  
**ACO Accountable Care Organizations**

- ❖ Provider groups, including PCP, specialists and hospitals that accept responsibility for cost and quality of care delivered to specific patient populations

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## How does this happen?

- Priority Management
- Manage and direct patient access
- Monitor flow for effective and efficient clinical outcomes
- Assess and identify resources/referrals
- Assist in navigating health care system
- Set plan and goals
- Follow up of health care needs
- Evaluate health status/outcomes

■ **ADVOCATE FOR PATIENT**

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## High-Risk Populations

- Metabolic syndrome
- CHF
- Diabetes mellitus
- COPD
- Hypertension

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## Self Management

- Assisting the patient to deal with all that a chronic illness entails.
  - Symptoms
  - Treatment
  - Physical consequences
  - Social consequences
  - Lifestyle changes
- Skills required by the patient:
  - Learning and acting upon knowledge and skills to effectively manage chronic illness
- Create and maintain new behaviors and lifestyles
- Dealing with the emotional realities of chronic illness

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### Core Patient Skills in Self Management

- Positive patient and healthcare provider relationship
- Problem solving
- Decision making
- Action driven
- Resource utilization
- Tools to guide goals and action plans

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### Utilization Management Evaluation Process

- Hospital or Institution
  - Review of medical record to determine length of stay
- Ambulatory
  - Review of appropriate level of provider to deliver care
  - Review of level of care setting
  - Review of best standardized care plans based on EBP to manage patient with chronic conditions

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### Levels of Prevention

Primary

Secondary

Tertiary

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### Primary Prevention Involves

- Health promotion interventions
  - Nutrition education
  - Sex education
- Specific protections
  - Use of seat belts
  - Avoidance of allergens
  - Immunizations
- May be directed at individuals, groups, or populations
- Targets well populations or those already ill

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### Secondary and Tertiary Prevention

- Secondary Prevention involves:**
  - Early detection, diagnosis, and treatment
    - ✓ Mammography
    - ✓ Colonoscopy
- Tertiary Prevention involves**
  - Recovery, rehabilitation, and specific measures to minimize disability and increase functioning

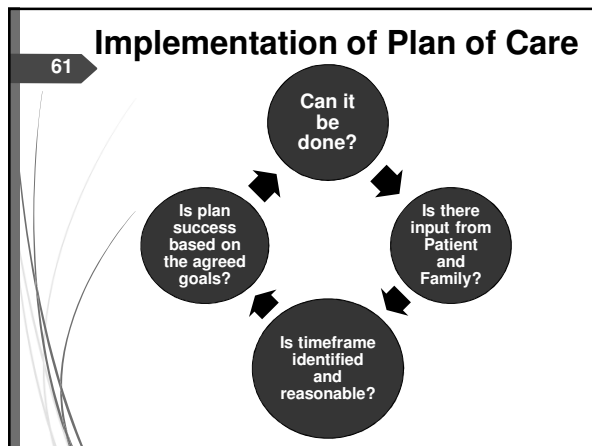
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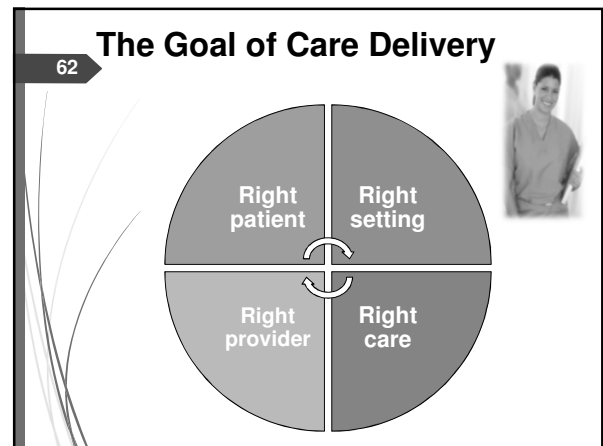
### Role of Ambulatory Nurse in Disease Management

- Advocate
- Educate
- Encourage – Coach
- Assist in problem solving
- Ensure patients are active in making decisions

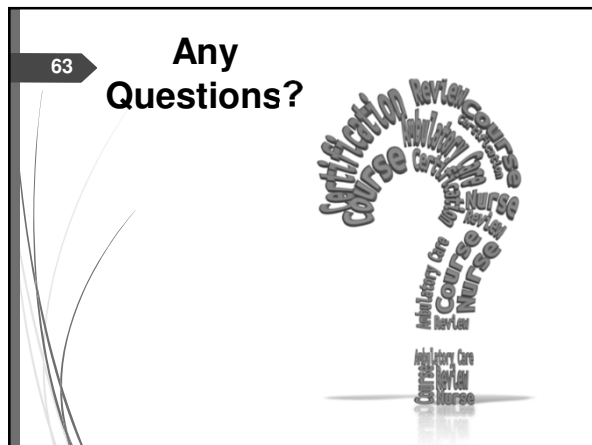
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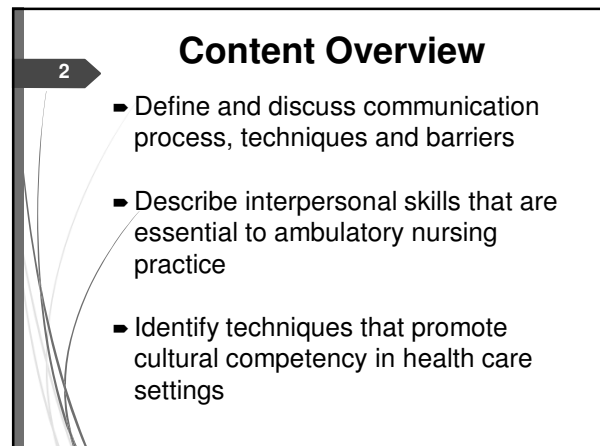
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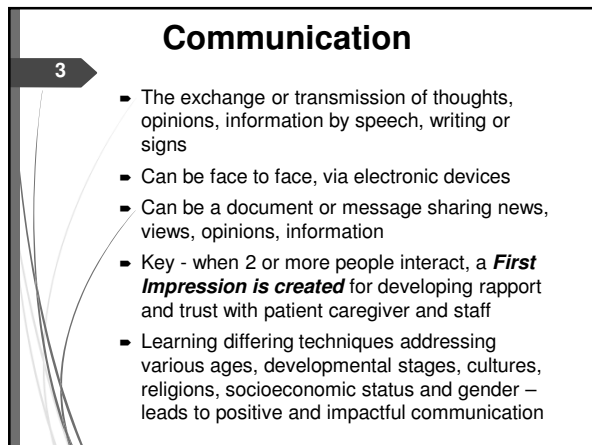
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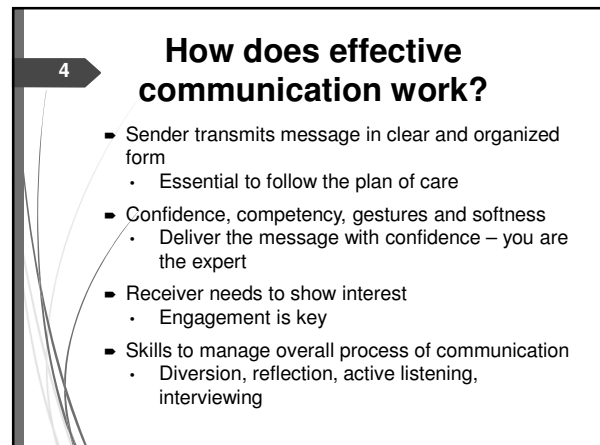
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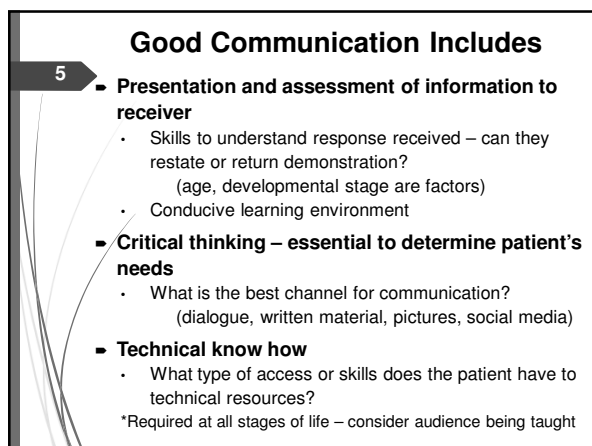
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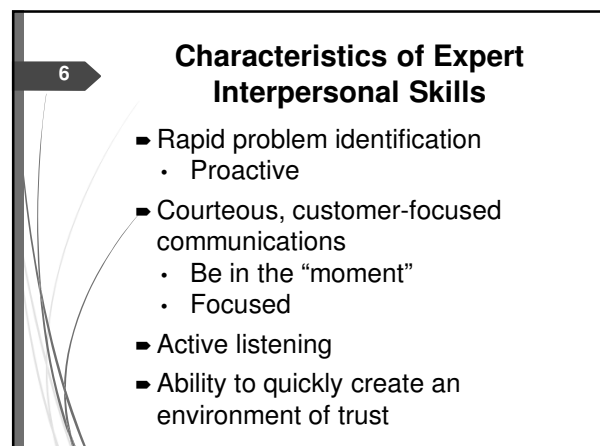
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4



5



6

## Communication skills and considerations

7

- Manage the overall process of communication by:
  - Expressive skills to deliver the message through:
    - Words
    - Facial expression
    - Body language
    - Maintain eye contact
  - Patient's differing needs:
    - Speak clearly
    - Use plain language
    - Use of assistive devices as needed
  - Remember: High volume impaired population(s)
    - Elderly
    - Traumatic brain injury
    - Stroke victims

7

## Communicating with Patients

8

### • Sensory Impairment - Hearing Loss

- Speak clearly at a slow to moderate pace
- Look directly at the person while speaking
- Write down key words
- Shouting distorts facial expression

8

## Communicating with Patients continued

9

### Sensory Impairment – Vision

- Speak clearly and be explicit when giving instructions/ directions
- Consider room lighting
- Provide large print versions of material - use contrast - *black ink on white background preferable*
- Establish your exact location

9

## Communicating with Patients continued

10

### Cognitive Impairment

- Depression
- Dementia (caused by degenerative brain diseases)
  - Apraxia (decline in motor activities)
  - Aphasia (difficulty in expressing thoughts and emotions, as well as difficulty in understanding verbal messages)
- Intellectual deficit

10

## Communication Matters

11

Why it matters:

Examples:

- Test Instructions
- Medication regimes
- Life threatening diagnosis
- Pediatric Instructions
- Genetic testing

11

## Nursing Assessment of Communication

12

- Content theme
  - What are the thoughts and feelings being expressed
- Communication patterns
  - How are they being expressed
  - Discrepancy in content, body language, vocalization
- What's "not" being said

12

## Types of Behaviors:

13

- Aggressive behavior
  - Dominating / you statements / fixing blame
- Passive behavior
  - Response that denies rights in order to avoid conflict
- Assertive behavior (preferred)
  - Ability to say no
  - Ask for what you need
  - Appropriately express positive and negative thoughts
  - Initiate, continue and/or terminate interaction

13

## Communication Connecting Care Coordination

14

- Respect the patient/family in making decisions about health care
- Clear delineation of the functions of each discipline and team member
- Multidisciplinary assessment, discussion of treatment options and agreement of a treatment plan, goals and priorities
- Measurement and documentation of collaborative outcomes

14

## Collaborative Practice Model

15

### Patient care requires a team of professionals

- Nursing
- Social Work
- Physical Therapy
- Pharmacy
- Respiratory Therapy
  - Each has own scope of practice
  - Services may overlap
- Physicians have broadest scope of practice and authority
- Patient requirements dictate the degree of involvement of various team members, which can vary with each encounter

### Examples:

- Metastatic disease
- Renal disease
- Other chronic illness

15

## Characteristics of a Collaborative Team

16

- Goals, values, and mission agreed upon
- Open, honest communication
- Roles and responsibilities defined
- Tasks and time frames known
- Team norms and processes established
- Monitors to evaluate team performance
- A unified front: mutual trust, respect, support
- Share responsibility and accountability
- Diversity in style and scope of practice valued
- Relevant information shared and discussed

16

## Communication Barriers

17

- Perception and Language Differences
- Information Overload
- Inattention
- Time Pressures
- Distraction/Noise
- Emotions
- Poor memory/retention
- Variance between verbal and body language
- Deletion - leaving out parts of message
- Communicating in a "round about way" - "Haven't you left yet?"
- Recognition that family members are prohibited from expressing themselves in their culture - ("We never discussed/talked about this." Can create a lifetime of communication difficulties.)

17

### ■ Conflict Definition:

- Tension arising from incompatible needs, in which the actions of one frustrate the ability of the other to achieve a goal

### ■ Sources of Conflict:

- Incompatible goals
- Different perceptions of facts
- Different behavioral expectations
- Competition for status
- Lack of resources or "unfair" distribution
- Differences in styles of communication
- Varying beliefs about process for performing work

### ■ Factors that influence conflict:

- Gender
- Cultural socialization
- Role socialization



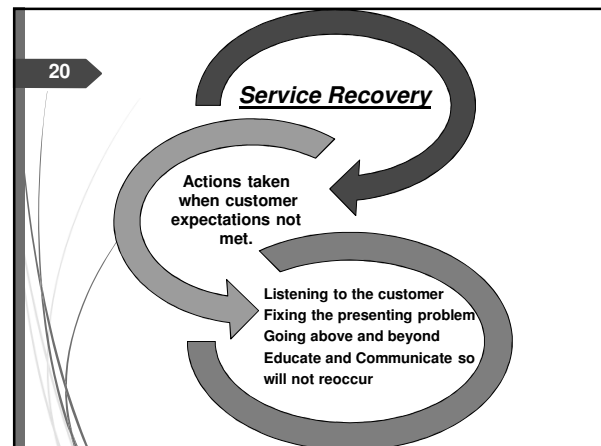
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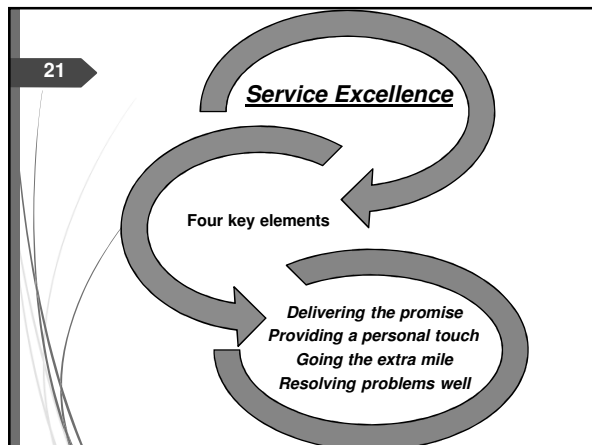
### Approaches to Conflict Management

- Avoiding
- Competing
- Accommodating
- Compromising
- Collaborating
- Conflict Management by Collaboration
  - Recognize conflict exists
  - Look for shared interests, goals, what satisfies the majority
  - Clarify differences and value them
  - Respect other's point of view
  - Identify options for change
  - Implement
  - Evaluate

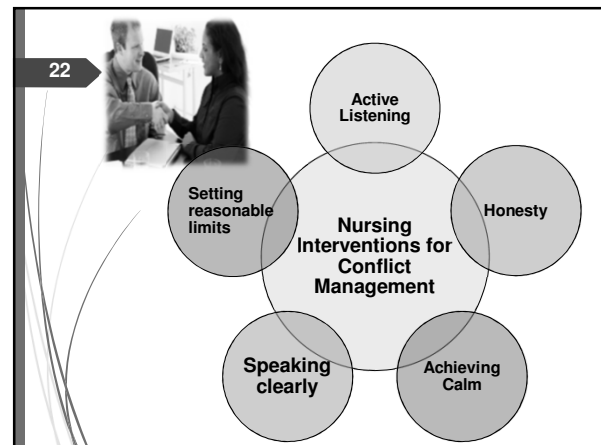
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21



22

**23**

### Cultural Competence

- Ability to develop an awareness of one's own self and existence without letting it have undue influence on those from other backgrounds
- Components of Cultural Competence
  - Cultural knowledge
  - Cultural skills
  - Cultural encounters
  - Cultural awareness
  - Cultural desire

23

**24**

### Culture Awareness

- The way a person perceives the world
- Serves as a guide for beliefs and practices
- Complex – usually unconscious
- Why is this important?
  - Increased diversity of populations
  - Racial and ethnic minorities may receive less routine care

24

25

## Cultural Beliefs

Beliefs Affect:

- How and from whom a person will seek care
- How self care is managed
- How health choices are made
- How a patient responds to a specific therapy

www.deltaaetc.org

25

26

## Cultural Barriers

- Delays seeking care
- Mistrust of the healthcare system
- Lack of knowledge on use of health care systems
- Language – need for interpreters
- Time constraints of healthcare providers
- Financial
- Personal beliefs
- Misinterpretation of patient behaviors

26

27

## Influences of Health

### Social Determinants of Health

- High quality education
- Nutritious food
- Decent and safe housing
- Affordable, reliable public transportation
- Culturally sensitive health care providers
- Health insurance
- Clean water
- Non-polluted air

healthypeople.gov

27

28

## Types of Cultural Differences

|                    |                       |
|--------------------|-----------------------|
| Race               | Job-related abilities |
| Gender             | Marital status        |
| Age                | Family status         |
| Religion           | Values                |
| Ethnicity          | Clothing              |
| Weight             | Appearance            |
| Educational level  | Personality traits    |
| Physical           | Technical abilities   |
| Mental             | Generational          |
| Sexual orientation |                       |

28

29

## Elements of Cultural Differences

- Communication styles**
  - Modify patterns of communication
  - Identify and avoid gestures that could be misinterpreted
- Space**
  - Physical distance, Distinct zones
- Social Organization**
  - Who is primary decision maker?
- Time**
  - Includes clock and calendar, orientation to past, present, future

29

30

## Examples of Cultural Differences

- Environmental Control**
  - Individual's perceived ability to control external occurrences
- Internal, external locus of control**
  - Can be source of safety and security
- Ethno pharmacology**
  - Effect of cultural and genetic factors on absorption, metabolism, distribution and elimination of pharmaceuticals – may be enzyme response (ultra metabolizers/poor metabolizers)

30

**31**

## EXAMPLES: Native American Culture

### Health Values and Beliefs

- Medicine and religion strongly interwoven
- Health results from being in harmony and universe
- Do not believe in germ theory
- Illness and pain are caused by something that occurred in past or will happen in the future

www.Healthzone.com- Delmar, Division of Thompson Learning

31

**32**

## African-American Culture

### Health Beliefs and Values

- Religious beliefs and church affiliations are sources of strength and affect ideas about health and illness
- Alternative modes of healing include herbs, prayer, and laying of hands
- Members are comfortable with close personal space when interacting with family and friends

Saunders Comprehensive Review for the NCLEX – RN EXAMINATION 2014

32

**33**

## Hispanic/Latino-American Culture

### Health Beliefs and Values

- Dramatic body language (gestures/facial) or verbal expression may be used to express emotion or pain
- Confidentiality is important
- Avoiding eye contact may indicate respect or attentiveness
- Comfortable with close proximity with family, friends
- Direct confrontation usually disrespectful
- Politeness and modesty are important

■ NCLEX-RN, 6<sup>th</sup> edition, p 41

33

**34**

## Muslim Culture

### Health Beliefs and Values

- Religious rules can pose risk factors
- Sensitive to contact with men who are not related - preference for same gender providers
- Duty to preserve life and prevent premature death – In medical emergencies, – saving the life takes precedence over who intervenes
- Death is predestined by God
- Little focus on preventive screening – may forego breast or cervical cancer screenings due to modesty issues
- Believe illness and death should be met with patience, meditation, and prayer
- Important to discuss dietary requirements – avoid pork and any medication that contains alcohol

■ Modernhealthcare.com, Selvam, A (2013, July 27)

34

**35**

## Chinese American Culture

### Health Beliefs and Values

- Request permission to touch patient before doing so
- Limit eye contact
- Avoid gesturing with hands
- Clarify responses to questions
- Alternative methods of healing are often used

■ NCLEX-RN, 6<sup>th</sup> edition, pl 41

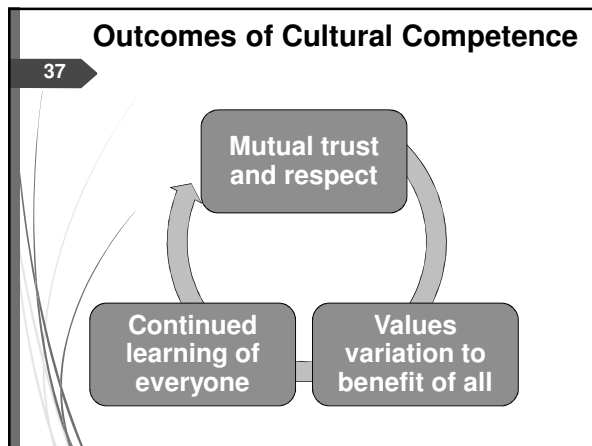
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**36**

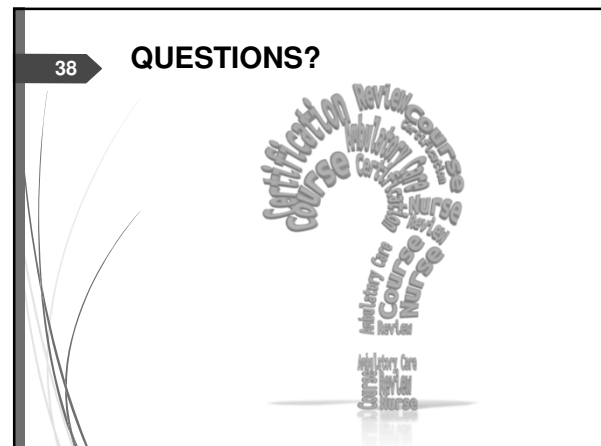
## Nursing Responsibility for Cultural Competence

- **Education**
  - Understanding key aspects
  - Use of web sites
  - Research studies
- **Sensitivity and Appreciation**
  - Sexual preferences
  - Belief systems
- **Cultural Desire**
  - Internal motivation to want to know
- **Accommodation and adaption**
  - Collect relevant information
  - Engage in cross cultural interactions

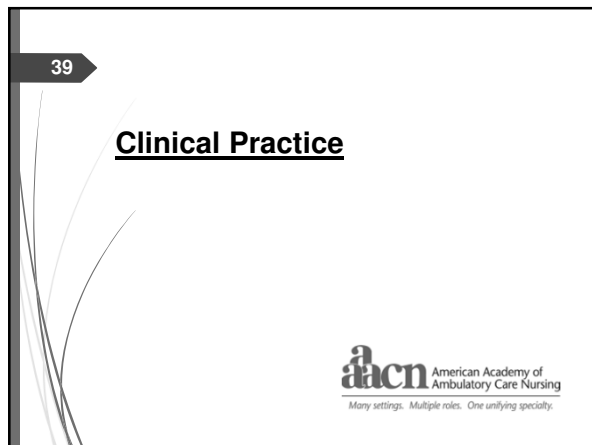
36



37



38



39

- 40
- ### CONTENT OVERVIEW
- Describe the nursing process in the ambulatory setting, including assessment methods and triage.
  - Discuss the nursing considerations for well clients and for clients with acute, chronic, or terminal conditions
  - Identify the knowledge and skills necessary to perform onsite testing, invasive and non-invasive procedures.

40

- 41
- ### ASSESSMENT OF ALL PATIENTS
- 
- INVOLVES THE NURSING PROCESS**
- Assessment
  - Diagnosis
  - Planning and organizing
  - Implementation
  - Evaluating responses
  - Reassessment and revision of the plan

41

- 42
- ### THE APPROACH TO COLLECTING THE DATA:
- Systematic approach to collecting data:
    - Individual:
      - ✓ chief complaint, weight, BP, etc.
    - Community:
      - ✓ health risks
      - ✓ environmental conditions
      - ✓ financial resources, etc.
  - Includes subjective and objective data
    - past medical history/EMR
    - Patient stated history
    - Labs/diagnostic testing
  - Guides the development of the plan
- 

42

## ASSESSMENT TYPES

**43** ➤ **Comprehensive**

**Provides baseline information as foundation of care planning**

- new patients
- changes in condition/new problems
- Pre-op or pre-procedure

Collects clinical data  
head to toe assessment  
body systems approach

Also includes psychosocial, emotional, and spiritual assessments

- Evaluation of patient strengths:
  - family/caregiver support
  - financial resources
  - emotional resources

43

## ASSESSMENT TYPES

**44** ➤ **Problem-focused**

- symptomatic call or visit (e.g. abdominal pain)
- Assessment of appropriate associated systems
- Differential diagnosis
  - ✓ Bowel patterns
  - ✓ Left or right sided, upper or lower quadrant
  - ✓ Recent urination, pain with urination
  - ✓ LMP

➤ **Time-lapsed assessment or reassessment**

- management of chronic illness (e.g. hypertension, diabetes)
  - ✓ Periodic assessment
  - ✓ Logs
  - ✓ Nutrition intake
  - ✓ Medications
  - ✓ Exercise
  - ✓ Improvement/decline?

44

## ASSESSMENT TYPES

**45** ➤ **Population assessment**

- risk of lead poisoning or prevalence of obesity
  - ✓ Age of buildings
  - ✓ Community programs
  - ✓ Nutrition and Exercise
  - ✓ Ethnic/Culture Prevalence

➤ **Emergency assessment**

- Unconscious/unresponsive patient
  - Rapid assessment
    - ✓ CALL THE CODE
    - ✓ Initiate CPR (C-A-B!)

45

## Review Performing a Physical Assessment

**46** ➤ **Performed in order of:**

- Inspection
- Palpation
- Percussion
- Auscultation

➤ **Except** for abdominal assessment which is:

- Inspection
- Auscultation
- Percussion
- Palpation



46

## Nursing Diagnosis

**47** ➤

- Analyze and interpret the data
- **Needs**
  - Identify the client's or population's response
  - Actual or potentially unhealthy activities
    - ✓ A nursing intervention can help to change toward positive health
- **Strengths**
  - Identify the client or population's healthy response
    - ✓ A nursing intervention can support or strengthen healthy activities



47

## Planning

**48** ➤

- Comprehensive, coordinated, individualized plan
- Involves the patient and family
- Jointly determine goals and desired outcomes
- Reference resources and determine what guidelines apply
- Apply critical thinking to determine priorities and appropriate nursing interventions



48

## Implementation

49

- Perform the nursing actions to resolve, prevent, or manage problems
- Includes independent and medically-directed actions
- Patient education and teaching
  - Inform the patient about the nursing/ collaborative plan
- Always consider patient support, comfort, and safety
- Some interventions may be delegated

49

## Evaluation

50

- Determine effectiveness of the interventions and the degree of goal attainment
  - Was the patient comfortable with the plan and able to comply?
- Was the outcome measurable?
  - Nurse-sensitive outcomes
    - ✓ e.g., improved comfort
  - Collaborative outcomes
    - ✓ e.g., improved serum glucose control
- Revise the plan, as indicated



50

51

## Clinical Practice:

### Well Clients Preventive Care

51

## US Preventive Services Task Force Recommendations

52

### USPSTF The Guide to Clinical Preventive Services

- Evidence-based recommendations
- Published by the Agency for Healthcare Quality & Research (AHRQ)
- Developed by an independent panel of experts in primary care and prevention
- Reviews the evidence of effectiveness and develops recommendations for clinical preventive services.
- Uses up-to-date relevant literature and quality of evidence
- Sometimes stir controversy with recommendations
  - e.g., breast cancer screening

### TO ORDER:

- WEBSITE : <https://ahrqpubs.ahrq.gov>
- CALL 1-800-358-9295 to order the USPSTF Book



52

### Screening Recommendations- Invasive Procedures

53

- **Mammography** (USPSTF, 2014).
  - recommended every 2 years for women ages 50 to 74 yrs.
- **Pap smears** (USPSTF, 2014)
  - Strongly recommends cervical cancer screening in women with a cervix:
    - Women ages 21-65 every 3 years
    - Screening before age 21 not recommended regardless of sexual history
  - **And then** Recommended annually until 2 or 3 consecutive cytological smears are normal and then every 3 years up to age 65

53

### Screening Recommendations- Invasive Procedures

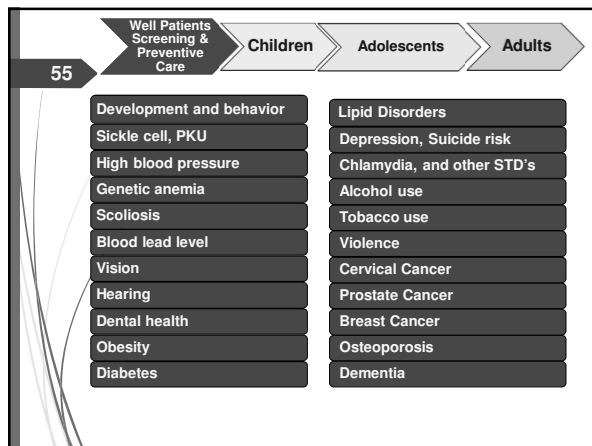
54

- **Colorectal screening** (USPSTF, 2014)
  - Men and Women Ages 50-75

### SCREENING OPTIONS:

- Fecal occult blood testing (FOBT) annually
- Flexible sigmoidoscopy every 5 years with high sensitivity Fecal Occult Blood Test every 3 years
- Colonoscopy every 10 years
  - Begin earlier than 50 years and/or more frequently with greater risk, family hx of first degree relative colorectal cancer

54



55

**56**

## Healthy People 2020

- Statement of national health objectives designed to identify the most significant preventable threats to health and to establish national goals to reduce these threats
- Created by scientists both inside and outside of Government, sponsored by Office of Disease Prevention and Health Promotion, U.S. Department of Health and Human Services
- Leading Health Indicators (LHI) are used to measure the health of the US over 10 years
  - Each LHI has one or more objectives

56

**57**

## Healthy People 2020 Leading Health Indicators- LHI

- Access to Health Services
- Clinical Preventive Services
- Environmental Quality
- Injury and Violence
- Maternal, Infant and Child Health
- Mental Health

[www.healthypeople.gov](http://www.healthypeople.gov)

57

**58**

## Healthy People 2020 Leading Health Indicators- LHI

- Nutrition, Physical Activity and Obesity
- Oral Health
- Reproductive and Sexual Health
- Social Determinants
- Substance Abuse
- Tobacco

[www.healthypeople.gov](http://www.healthypeople.gov)

58

**59**

## Sickle Cell Screening

- Screening for all newborns mandated in all 50 states and District of Columbia
- Sickle cell anemia affects 1 in 500 African-American newborns born in US – smaller proportions in other ethnic groups.
- Children with sickle cell anemia are vulnerable to life-threatening pneumococcal infections.
- Important to address with patient / caregivers
  - Infection control
  - Pain control
  - Fatigue

<http://www.nihbl.nih.gov/health/health-topics/topics/sca>

59

**60**

## Depression Screening- Adolescents

- Screening of adolescents begins anywhere from the age of 12-18 for major depressive disorder (MDD)
- MDD may be present when these symptoms cluster together and persist for 2 weeks or more
  - Symptoms:
    - Persistent sadness, Irritability
    - Loss of interest or pleasure in most activities
    - Social isolation
    - Decline in school work
    - Anger
    - Sleep and appetite disturbances
    - or non-specific pain

Patient Health Questionnaire for Adolescents [PHQ-A]  
The Beck Depression Inventory-Primary Care Version [BDI-PC]

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61

## Suicide Risk Factors

- Depression, other mental disorders, or substance abuse disorder
- Certain medical conditions
- Chronic pain
- A prior suicide attempt
- Family history of a mental disorder or substance abuse
- Family history of suicide
- Family violence, including physical or sexual abuse
- Having guns or other firearms in the home
- Having recently been released from prison or jail
- Being exposed to others' suicidal behavior, such as that of family members, peers, or celebrities

61

62

## SAFE-T

Suicide Assessment Five-step Evaluation and Triage

- 1 IDENTIFY RISK FACTORS  
Note those that can be modified to reduce risk
- 2 IDENTIFY PROTECTIVE FACTORS  
Note those that can be enhanced
- 3 CONDUCT SUICIDE INQUIRY  
Suicidal thoughts, plans, behaviors, and intent
- 4 DETERMINE RISK LEVEL/INTERVENTION  
Determine risk. Choose appropriate intervention to address and reduce risk.
- 5 DOCUMENT  
Assessment of risk, rationale, intervention, and follow up

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Substance Abuse and Mental Health Services Administration  
www.samhsa.gov

## Suicide and Crisis Intervention

Assists clinicians in conducting a suicide assessment using a 5-step evaluation and triage plan to identify risk factors and protective factors, conduct a suicide inquiry, determine risk level and potential interventions, and document a treatment plan.

*Suicide is the 10th leading cause of death in the US.*

62

63

## Homicide and Domestic Violence

Ask & Document:

The Top Five Risk Factors

Has the abuser:

1. Ever used, or threatened to use, a gun, knife, or other weapon against victim?
2. Ever threatened to kill or injure victim? (document complete and accurate quotes of the threats)
3. Ever tried to strangle (choke) the victim?
4. Is abuser violently or constantly jealous?
5. Has abuser ever forced victim to have sex?

[http://justicewomen.com/tips\\_dv\\_assessment.html](http://justicewomen.com/tips_dv_assessment.html)

63

64

## Obesity Screening

- Screen all adults and children for obesity
  - Offer counseling and behavioral interventions to promote sustained weight loss for obese adults
- Central adiposity increases risk for cardiovascular and other diseases independent of obesity
  - Waist circumference can be a measure of central adiposity

**Body Measurement:**  
**Body Mass Index (NHLBI, 2017)**

✓ Wt in kg/Ht<sup>2</sup> in meters  
✓ Reliable and valid for identifying adults at increased risk for mortality and morbidity

- Normal BMI = 18.5 – 24.9
- Overweight BMI = 25.0-29.9
- Obese BMI = 30.0-39.9.
- Extreme obesity = >40

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65

## Alcohol Misuse Screening

- **"Risky" or "hazardous" drinking**
  - Women: more than 7 drinks per week (1 per day) or more than 3 drinks per occasion
  - Men: more than 14 drinks per week (2 per day) or more than 4 drinks per occasion
- **"Harmful drinking"**
  - Experiencing physical, social, or psychological harm from alcohol use but do not meet criteria for dependence
- **"Dependence"**
  - Unable to control drinking; drinks increasing amounts; experiences withdrawal symptoms if without
- **Screening tools:**
  - National Institute on Alcohol Abuse & Alcoholism <http://www.niaaa.nih.gov/Publications/AlcoholResearch/>
  - ❖ Alcohol Use Disorders Identification Test (AUDIT) is considered the most accurate alcohol screening tool.

65

66

## Recommended Immunization Schedule

- **Tetanus, diphtheria, (Td)** - one every 10 years
  - After age 19 it is recommended to exchange a Tdap in place of one Td to boost the pertussis
    - Example:
      - Patient age 30 = Td 1980, Td 1990, Td 2000, **Tdap 2010**, Td 2020
- **Human papillomavirus (HPV)** – 3 doses through age 26
  - Start ages 11-12
- **Influenza** – Annual
  - all ages >6 months (2016)
- **Zoster** – 1 dose ≥ 60 yr.
- **Measles, mumps, rubella (MMR)** – 2 doses prior to school entry
  - Adults born during or after 1957, give ≥1 dose
- **Varicella**-
  - If no immunity by 12 months – 2 doses

cdc.gov

66

## Recommended Immunization Schedule

67

### ■ Meningococcal Vaccine

- 1 or more doses – provider recommendation
- All pre-teens and teens
- First-year college students living in dormitories
- Others at risk

### ■ Pneumococcal polysaccharide

- 2 doses between the age of 19-64
- After the age of 65 - 1 dose

### ■ Hepatitis A

- Can be given at 12 months – adult
- 2 doses

### ■ Hepatitis B

- Can be given 1 month – adult years
- 3 doses



67

## Childhood Immunizations

68

### ■ Live, attenuated vaccines

- A "live" weakened cultivated version of the organism closely related but less dangerous than the organism itself.
- alerts the immune system to produce a stronger antibody response
  - ✓ Herpes Zoster
  - ✓ Varicella
  - ✓ MMR

### ■ Inactivated vaccines

- Are "produced" and contain toxoids, protein subunits, or killed organisms – produce a weaker but still effective antibody response
  - ✓ Influenza
  - ✓ Tetanus
  - ✓ polio



### Study hint:

• See early and late childhood immunization schedules in syllabus

• <http://www.cdc.gov/vaccines/recs/default.htm>

68

## Vaccine for Children Program

69

### ■ National Childhood Vaccine Injury Act of 1986

- Requires a Vaccine Information Sheet – VIS be provided for immunization administration to everyone prior to receiving the vaccine
  - Includes the right to refuse
- Requires reporting of adverse event of vaccines and toxoids to U.S. Dept. of Health and Human Service
- Vaccines acquired through public purchasing must report adverse events to local, county and/or state health departments



69

## IM Injection sites for Infants to Teens

70

| Age                                | Needle Size                                         | Location                                               |
|------------------------------------|-----------------------------------------------------|--------------------------------------------------------|
| Newborns<br>(1st 28 days)          | 5/8"                                                | Anterolateral thigh muscle                             |
| Infants<br>(1–12 mos.)             | 1"                                                  | Anterolateral thigh muscle                             |
| Toddlers<br>(1–2 yrs)              | 1" - 1 1/4"<br>5/8" – 1"<br>Can be dependent on wt. | Anterolateral thigh muscle<br>or deltoid muscle of arm |
| Children and Teens<br>(3–18 years) | 1" - 1 1/4"<br>5/8" – 1"<br>Can be dependent on wt. | Anterolateral thigh muscle<br>or deltoid muscle of arm |

Use 22-25 gauge needle depending on child size

70

71

## Clinical Practice:

### Acutely Ill Clients

71

72

## Triage Assessment

### ■ Settings:

- Face-to-face
- Telephone

### ■ Prioritization of Symptoms:

- Initial assessment
  - ✓ Performed to identify immediate needs
  - ✓ Identify and refer to appropriate level of care

### ■ Appropriate level of care is based on:

- Needs of the client
- Personnel available and competency
- Technical resources available
- Provider resources for hands off

72

## Medical Emergencies

73

- Ensure staff orientation and education in handling emergencies to include staff's role during emergency
- Skills required (BLS, ACLS, PALS)
- Competency assessment/re-assessment
  - Annual Mock Drills
- Age-specific medical equipment and medications for emergency care
  - crash cart, resuscitation equipment
- Ensure staff competence in recognizing acute changes
- Complete documentation
- Debriefing after event with staff



73

## Medical Emergency Assessment

74

- CHEST COMPRESSIONS\*
- AIRWAY
- BREATHING

### Perform in the order of: C-A-B

Although ventilations are an important part of resuscitation, evidence shows that compressions are the critical element in resuscitation.

1. Check for responsiveness
2. Check for breathing, absence of or abnormal
3. Call for help
4. Check for pulse no longer than 10 seconds
5. Give 30 compressions
6. Open the airway and give 2 breaths
7. Resume compressions



\* American Heart Association, 2010

74

## Medical Emergency - Shock

75

- Caused by injury or condition that affects blood flow
  - Severe allergic reaction, anaphylaxis
  - Significant blood loss
  - Heart failure
  - Blood stream infections
  - Dehydration
  - Poisoning
  - Burns
- Can lead to organ failure and may be life-threatening
- Requires emergency treatment/management

75

## Medical Emergency - Shock

76

- Symptoms:
  - Rapid, weak, or absent pulse
  - hypotension
  - Rapid, shallow breathing
  - Cool, clammy skin
  - Dilated pupils
  - Confusion
  - Anxiety
  - Loss of consciousness
  - Dry mouth, decreased urine output

76

## Medical Emergency - Shock

77

- Treatment:
  - First Aid and/or CPR if necessary
  - Epinephrine for anaphylaxis
  - Transfusion for hypovolemia
  - Medications for cardiac symptoms
  - Antibiotics for infection

77

## Communicable Disease Modes of Transmission

78

- Indirect contact:
  - Occurs when a pathogen can withstand the environment outside its host for a long period of time
  - Ingesting food and beverages contaminated by contact with a disease reservoir
  - The fecal-oral route of transmission, in which sewage-contaminated water is used for drinking, washing, or preparing foods
    - Examples - gastrointestinal diseases such as cholera, rotavirus, norovirus, cryptosporidiosis, and giardiasis.

78

**79 Communicable Disease Modes of Transmission**

- **Direct contact:**
  - Hand contact in touching an infected person
  - Inhaling of infectious droplets emitted by sneezing or coughing
  - Intimate sexual contact
    - Examples: ringworm, AIDS, trichinosis, influenza, rabies, and malaria, West Nile virus.




79

**80 Infection Control Practices**

**Prevent Transmission**

- Hand Hygiene Compliance takes at least 20 seconds
- Personal Protective Equipment (OSHA)
- Standard Precautions

**Control Exposure Risks**

- Communicable diseases
- Blood/body fluids
- Knowing "dwell" time of therapeutic/diagnostic time something such as a PICC line, IV can remain until it should be taken out, unless earlier need to do so.



80

**81 Lyme Disease**

- Bacterial infection transmitted by bite of infected black-legged deer tick
- Symptoms:
  - Early – small red bump at site
    - Rash (erythema migrans) – expanding red area with clearing in center (bulls-eye pattern) – hallmark of the disease
    - Flu-like symptoms – fever, fatigue, body aches
  - Later – may occur weeks or months later
    - Rash (erythema migrans) in other parts of body
    - Joint pain and swelling usually of the knees
    - Neurological symptoms – meningitis, Bell's palsy, limb numbness or weakness
    - Hepatitis
    - Impaired memory
- Treatment:
  - Oral or IV antibiotics
  - Symptom management

81

**82 Pediatrics - Cephalohematoma**

- Hemorrhage of blood between the skull and the periosteum that occurs during childbirth
- May be caused by prolonged 2<sup>nd</sup> stage of labor or forceps delivery
- If severe, may lead to jaundice, hypotension, anemia
- Can take weeks to resolve
- May need to rule out skull fracture
- No treatment

82

**83 Pediatrics – Newborn Conjunctivitis**

- Red eye in a newborn caused by infection, irritation, or a blocked tear duct
  - ❖ May be caused by antimicrobial drops given at birth
- Symptoms:
  - Drainage from eye
  - Red, puffy, tender eyelids
- Treatment:
  - Combination of topical, and either oral or intravenous antibiotics
  - Rinsing the newborn's infected eye with a saline solution to remove drainage

83

**84**

**Clinical Practice:**

**Clients with Chronic Conditions**

84

85

## Triage and Assessment of Chronic Conditions

- Diagnosing the primary disease
- Identifying secondary problems, psychosocial
- Treatment problems/effectiveness
- Self-management knowledge, behaviors

85

86

## “Treat to Target”

- a therapeutic concept that considers well defined and specific physiologic targets as aims in controlling the pathophysiology of certain diseases
- a disease treatment strategy whereby an individual and their health care provider set specific targets or goals for improved health outcomes.
  - guides adjustments in the administration of an intervention and facilitates target achievement
  - rationale for a specific target is based on comprehensive, evidence based, generally accepted target values
- Useful in treating:
  - Diabetes
  - Cardiovascular disease (HTN, Hyperlipidemia)
  - Rheumatoid arthritis

86

87

## Endocrinology: Cushing Syndrome

- Occurs when body is exposed to high levels of cortisol produced by the adrenal gland over extended time.
- Signs and symptoms
  - A fatty hump between shoulders
  - A rounded face (“moonface”)
  - Pink or purple stretch marks on skin.
- Can also result in high blood pressure, bone loss and diabetes.

<http://www.mayoclinic.org/diseases-conditions/cushing-syndrome/basics/definition/CON-20032115>

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88

## Endocrinology: Cushing Syndrome

- Treatments for Cushing syndrome can return cortisol production to normal and noticeably improve symptoms.
- The earlier treatment begins, the better the chance for recovery.
- Treatment may include
  - Surgical removal of growths or the adrenal gland(s)
  - If external steroid use is determined to be the cause, gradual tapering and removal of the steroid may be recommended.
  - Drugs that block the excessive production of certain hormones may also be administered.
    - Adrenal corticosteroid inhibitors block one or more enzymes in the steroid synthesis pathway and are used to treat Cushing syndrome.

<http://www.mayoclinic.org/diseases-conditions/cushing-syndrome/basics/definition/CON-20032115>

88

89

## Endocrinology - Addison's disease

- Also called adrenal insufficiency
- Occurs when the body produces insufficient amounts of cortisol and aldosterone produced by your adrenal glands
- Treatment
  - **Oral corticosteroids:** Prednisone, dexamethasone, Hydrocortisone (Cortef), methylprednisolone or cortisone acetate
  - **Corticosteroid injections**
  - **Androgen replacement therapy:** To treat androgen deficiency in women, dehydroepiandrosterone (DHEA) can be prescribed

<http://www.mayoclinic.org/diseases-conditions/addisons-disease/basics/treatment/con-20021340>

89

90

## Endocrinology - Diabetes

- A disease marked by abnormal levels of sugar in the blood, caused by the body's inability to produce or use insulin properly.
  - If untreated, can cause problems with circulation, vision, renal function and nerve damage.
- Insulin is a hormone that helps move blood sugar into cells where it's used for energy.
- Insulin resistance is a condition in which the body is unable to use insulin properly.
  - can lead to high blood sugar levels
  - closely linked to overweight and obesity
- Significant hyperglycemia can lead to emergency complications such as diabetic ketoacidosis or diabetic hyperosmolar syndrome.
- Persistent hyperglycemia increases risk for long-term complications such as cardiovascular disease, blindness or kidney failure.

90

91

## Diabetes: Assessment

- Primary disease**
  - Serum glucose
  - Hemoglobin A<sub>1</sub>C
- Secondary problems**
  - Retinal exam
  - Kidney function
  - Foot exam with monofilament
  - Sexual function
  - Infections
- Associated risk factors**
  - Weight
  - BP
  - Lipids
  - Smoking

✓ Classic symptoms are:

- Polyuria
- Polydipsia
- Hyperglycemia
- Unexplained weight loss



91

92

## Diabetes: Assessment continued

- Treatment problems and effectiveness**
  - Hyper and hypoglycemia
    - ✓ Signs and Symptoms
  - Oral or insulin therapy
- Self-management knowledge and behaviors**
  - Diet
  - Activity
  - Glucose monitoring
  - Skin and foot care
- Sick day knowledge**
- Injection skills (if needed)**



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93

## Plasma Glucose

- Criteria for diagnosis of diabetes\***
  - FPG >126 mg/dl on 2 separate occasions
  - OR
  - Hemoglobin A1C 6.5% or higher
  - OR
  - 2-hour PG >200 mg/dl during an OGTT.
  - OR
  - Symptoms of diabetes plus a random plasma glucose concentration >200 mg/dl.

\*American Diabetes Association (2017)

93

94

## Cardiovascular – Heart Failure

- Inability of the heart to pump adequate supply of blood to organs – Most often due to problem w/ left ventricle - blood begins to back up
- Right sided heart failure – (R) side not pumping to lungs as normal (often triggered by L sided failure)**
  - Leg edema, SOB, abdominal bloating, excessive fatigue
- Left sided heart failure – (L) ventricle loses ability to contract- blood backs up into lungs = moist, wet**
  - Pillows to rest (orthopnea), SOB, pulmonary edema

94

95

## Heart Failure Diagnosis

- Echocardiogram
- Ejection fraction:
  - measures amount of blood in left ventricle after systole - determines how well heart is pumping
    - ✓ Normal value – 55-70
    - ✓ Less than 40 – may indicate heart failure
    - ✓ More than 75 may indicate hypertrophic cardiomyopathy

\*\*See appendix for Heart Failure causes, symptoms, meds

95

96

## Cardiovascular - Stroke

- A stroke occurs when a vessel in the brain ruptures or is blocked by a blood clot
- RISK FACTORS:** smoking, hypertension, atrial fibrillation
- Stroke types:**
  - Hemorrhagic (weakened blood vessel: bleed in brain)
  - Ischemic (blocked blood vessel)
    - accounts for 87 percent of all stroke cases
- STROKE Symptoms:**
  - FAST (face drooping, arm weakness, speech difficulty, time to get help – 911)
  - BEFAST includes balance and eyesight (vision changes)
  - tissue is treasure – 3 hr window- t PA-gold standard
- Treatments:**
  - t PA
    - Angioplasty/stents
    - Carotid endarterectomy
  - Rehabilitation

American Heart Association/ American Stroke Association – 2017

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97

Cardiovascular

Wellness/Prevention Education

► **Lifestyle changes:**

- Quit smoking
- Maintain weight
- Track daily fluid intake
- Limit alcohol intake
- Manage stress
- Monitor B/P

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98

Metabolic Syndrome

► a group of risk factors that raises risk for heart disease and other health problems, such as diabetes, stroke and heart disease

► Requires at least **three metabolic risk factors** to be diagnosed

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99

Metabolic Syndrome Risk Factors

► Excess fat in the stomach area (abdominal obesity) = greater risk factor for heart disease than excess fat in other parts of the body, such as on the hips

► high triglyceride level or taking medication to treat high triglycerides

- Triglycerides are a type of fat found in the blood

► A low HDL cholesterol level or taking medication for low HDL cholesterol.

- HDL = "good" cholesterol - helps remove cholesterol from arteries
- low HDL cholesterol level raises risk for heart disease

► High Blood Pressure or taking medication for high blood pressure

- over time, can damage the heart and lead to plaque buildup

► High fasting blood sugar or taking medication for high blood sugar

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100

Metabolic Syndrome

► **GOALS:**

- HTN
  - ✓ <130/85
- FBS
  - ✓ <100
- HDL – "happy"
  - ✓ >50 for women
  - ✓ >60 for men
- LDL – "lousy"
  - ✓ < 100
- Triglycerides
  - ✓ < 150
- Waist circumference
  - ✓ <35" for women
  - ✓ <40" for men

► **RISK FACTORS:**

- Smoking
- Lack of exercise
- Insulin resistance
- Obesity
  - ✓ current US obesity rates
  - ✓ 36% (2015 )
  - ✓ 50 % (2030 )

100

101

Pulmonary Diseases

► **Air Flow Limitation**

- associated w/ abnormal inflammatory response of the lung
- Usually progressive
- Onset usually happens in 5<sup>th</sup> decade
- Associated symptoms: dyspnea, hypoxia, hemoptysis, productive cough

► **Chronic Obstructive Pulmonary Disease (COPD)**

- **Emphysema**- Abnormal enlargement of air spaces
- **Chronic bronchitis** - airways that carry air in and out of lung are partly blocked
  - ✓ Associated symptoms: constant and/or productive cough, smokers cough, excess sputum, shortness of breath (SOB), wheezing

► **Asthma**- Chronic lung disease that inflames and narrows airways

- Reactive airway disease– airways react, swell and cause chest tightness, SOB – difficulty breathing
  - triggers – exercise, pollen, cold, foods, odors/smells

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102

Pulmonary Diseases

► **Screening tests – Spirometry**

► assesses how well lungs work by measuring how much air is inhaled, how much is exhaled and how quickly it is exhaled

► **Life style changes**

- Smoking cessation
- Weight control
- Nutritional support
- Breathing exercises:
  - **Pursed lip breathing** : Pucker/ purse lips (think of whistling)
  - Conserves energy, calming, helps control SOB**
    - Inhale, normal breath in-count 4,
    - Exhale – breath out count to 4
  - Use when changing position or when breathing is labored- i.e. getting up, rolling over, walking upstairs

► **Pulmonary Rehab**

► **Immunizations**

- Annual influenza
- Pneumonia

102

**103 Renal – Nephrotic Syndrome**

- Causes increased protein excretion in urine
- Caused by damaged glomeruli – inability to filter waste and remove excess fluid
- Symptoms:
  - Edema in ankles, feet, around eyes
  - Foamy urine
  - Weight gain due to fluid retention
  - Fatigue
  - Loss of appetite
- Complications:
  - Blood clots
  - Hypertension
  - Acute/chronic kidney disease

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**104 Renal – Nephrotic Syndrome**

- Diagnosis:
  - Urine protein, albumin
  - Blood protein levels
  - Kidney biopsy
- Treatment
  - Antihypertensives
  - Diuretics
  - Cholesterol reducing meds
  - Anticoagulants
  - Corticosteroids to decrease inflammation

104

**105 Neurology - Dementia**

- Alzheimer's Disease
  - A progressive, degenerative disorder that attacks the brain's nerve cells, or neurons, resulting in loss of memory, thinking and language skills, and behavioral changes.
  - Most common cause of **dementia**, or loss of intellectual function, among people aged 65 and older.
- Alzheimer's Facts:
  - ✓80% of communication is non-verbal
  - ✓6/10 Alzheimer's patients wander
  - ✓Visual field becomes narrower over time – 12x12

105

**106 Neurology – Multiple Sclerosis**

- an Immune-mediated process – antigen unknown
- body's immune system creates abnormal response against the central nervous system - nerve signals interrupted between brain and other parts of the body.
- Myelin – fatty tissue surrounding nerves is affected – myelin insulates the nerves/fibers
- MS seems to be more prevalent farther from the equator, possibly vitamin D related – more sunlight exposure could be a possibility
- Studies have shown smoking to increase the risk of developing MS - if stopped during the onset of MS, can slow the progression

National Multiple Sclerosis Society

See teaching plan in reference section

106

**107 Musculoskeletal – Spine Curvatures**

- NO Cure
- Impacts all age groups – affects 2-3% of the population (7 million)
- Onset is about 10-15 years of age, in both genders
  - Females progress to a curve magnitude that often requires treatment
- Impacts quality of life: limits activity, pain, reduced respiratory function, self-esteem
- Treatments often ineffective, invasive and expensive
- Increase risk of x-ray exposure due to the frequency of exams
- Three major types:
  - Lordosis - swayback, the spine of a person with lordosis curves significantly inward at the lower back
  - Kyphosis - abnormally rounded upper back (more than 50 degrees of curvature)
  - Scoliosis - sideways curve to their spine. The curve is often S-shaped or C-shaped

National Scoliosis Foundation

107

**108 Genitourinary System - Testicular Cancer**

- Most common cancer in men age 15-34
- Can usually be cured
- Cryptorchidism (undescended testicle) may be a risk factor
- Types:
  - Seminoma
  - Nonseminoma –grown and spread more rapidly
- Symptoms
  - Lump or swelling in testicle
  - Dull ache in lower abdomen
  - Sudden fluid buildup in scrotum
  - Scrotal pain or discomfort

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109

## Genitourinary System - Testicular Cancer

- Risks:
  - Undescended testicle
  - Family history of testicular cancer
  - White males
  - History or previous testicular cancer
- Treatment
  - Orchiectomy
  - Adjuvant chemotherapy
  - Radiation
- Treatment may cause infertility – consider prior sperm banking

109

110

## Immune System – Grave's disease (hyperthyroidism)

- Immune system disorder
- Result of overproduction of thyroid hormones
- Symptoms include:
  - Anxiety, irritability
  - Fine tremor in hands or fingers
  - Heat sensitivity
  - Weight loss despite normal eating habits
  - Enlarged thyroid gland (goiter)
  - Bulging eyes (exophthalmos)
  - Fatigue
  - Palpitations
  - Thick, red skin on shins or top of feet

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111

## Immune System – Grave's disease

- Diagnosis:
  - Thyroid stimulating hormone (TSH) levels are low
  - Radioactive iodine uptake
  - Scans/imaging
- Treatment:
  - Radioactive iodine to destroy thyroid cells
  - Antithyroid medications
  - Beta blockers
  - Thyroidectomy (full or partial)

<https://www.mayoclinic.org/diseases-conditions/graves-disease>

111

112

## Immune System - HIV Infection

| Transmission:                                                                                                                                                                                            | Course of infection:                                                                                                                                          | Prognosis:                                                                                                                           | Management:                                                                                                                                                    |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Sexual contact</li> <li>Parenteral exposure to blood/selected blood products</li> <li>Maternal transmission via breast milk and perinatal transmission</li> </ul> | <ul style="list-style-type: none"> <li>Brief mono-nucleosis-like syndrome</li> <li>Asymptomatic seropositivity</li> <li>Symptomatic seropositivity</li> </ul> | <ul style="list-style-type: none"> <li>Strongly correlated with CD4-cell count</li> <li>Inversely related to the HIV load</li> </ul> | <ul style="list-style-type: none"> <li>Anti-retrovirals,</li> <li>Prevent opportunistic infections (but no live virus vaccines)</li> <li>Counseling</li> </ul> |

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113

## Clinical Practice:

### Clients with Terminal Illness

113

114

## Assessment Terminal Illness

Signs of depression and/or anxiety:

- sleep disturbance
- agitation
- restlessness
- excessive autonomic activity
- weight change
- mood swings

Emotional strengths

- spiritual

Social supports

- Community groups, support groups

Perception of disease and treatment

- Outward/social perception

Changes in lifestyle imposed by illness

- financial problems

Change in problem-solving ability

- Overwhelmed
- Disease related

ADL's – independence

- Dependent on others

114

**Terminal Illness Psychosocial Interventions**

115

- Reduce anxiety
  - take unhurried approach, discuss disease, support groups, recognize feelings of losing control, etc.
- Promote effective coping
  - assist patient and family learning about disease and treatment, strengthening support system, etc.
- End-of-life choices
  - support patient and family to determine their treatment goals.

115

**Terminal Illness Psychosocial Interventions**

116

- Palliative Care
  - Focuses on relieving symptoms that are related to chronic illnesses
    - cancer, cardiac disease, respiratory disease, kidney failure, Alzheimer's and other dementias, AIDS, Amyotrophic Lateral Sclerosis (ALS) and other neurological diseases.
  - Can be used at any stage of illness — not just advanced stages.
  - **Treatments are not limited with Palliative Care** and can range from conservative to aggressive and/or curative.

116

**Terminal Illness Psychosocial Interventions**

117

- Hospice care
  - team-oriented approach to expert medical care, pain management, and emotional and spiritual support expressly tailored to the patient's needs and wishes
  - Hospice Care is palliative by nature.
  - curative treatment is no longer desired or beneficial – goal is to promote comfort
  - supports the patient and family while focusing on relieving symptoms and offering comfort from pain, shortness of breath, fatigue, nausea, anxiety, insomnia, constipation, etc.
  - treatments are limited and focus on relief of symptoms.

117

**Clinical Practice:**

**Clinical Skills**

118

118

**Noninvasive Procedures**

119

- Height, weight
- Head circumference, infants/children
  - plot on growth chart
- 12 Lead EKG
  - note placement of leads
- Visual Acuity – Snellen at 20 ft,
  - wear correction if the patient requires
  - refer for further evaluation if 20/40 or greater
- BMI=  $\frac{\text{Weight (kg)}}{\text{Height(m)}^2}$

119

**Blood Pressure Measurement**

120

- Appropriately sized cuff
  - Bladder encircles 80 – 100% of arm
  - Width 40% of circumference
- ✓ Bare, non-constricted upper arm
- ✓ Locate radial pulse, pump up rapidly to ~ 30 mm Hg above radial pulse disappearance
- ✓ Release pressure slowly
- ✓ Listen for the First two consecutive sounds = Systolic BP
- ✓ Disappearance of sounds = Diastolic BP

120

## Blood Pressure Measurement continued

121

### ■ Diagnosis of Hypertension :

In children:

- ✓ Diastolic BP > the 95 %ile for age, sex, height

In adults:

- ✓ Systolic BP  $\geq$  140 mm Hg, or a diastolic BP  $\geq$  80mm Hg
- ✓ Measured on at least 2 separate occasions
- ✓ May repeat after 5 min. of sitting quietly

### ■ Prior to measurement:

- Avoid caffeine and tobacco for 30 min. prior to measurement
- Quiet environment for 5 minutes
- Feet flat on floor/back and arm supported
- Manometer at eye level – calibrate BP cuff annually



121

## Fecal Occult Blood

122

- Collect 2 separate samples from 3 separate bowel movements

### ■ Do not collect if:

- Hematuria
- Rectal bleeding
- Menstruating



### ■ Restrictions: (Can cause False positive results)

#### ■ 7 days prior avoid:

- ASA, steroids, NSAIDs, iron supplements

#### ■ 5 days prior avoid:

- Vitamin C (dietary and supplements)

#### ■ 3 days prior do not consume:

- Red meats      Black grapes
- Broccoli
- Cauliflower      Raw fruits or vegetables

122

## Peak Flow Meter

123

- Teach the patient and caregivers/family

- Determine the patient's personal best

- Determined over a period of 2-3 weeks when feeling best

- Based on height & age

- Procedure:

- perform standing up x 3

- Patients and Caregivers use to guide their home care

- Nurses can use as a tool to triage patients on the phone

- What does it mean?

#### • Green:

- ✓ 80 -100% - good control of asthma

#### • Yellow:

- ✓ 50 – 80% - caution, take quick relief medicine & seek PCP care

#### • Red:

- ✓ < 50% - danger, take quick relief medicine, & seek emergency medical care if not returned to yellow or green immediately



123

## Pulse Oximetry

124

- Measures arterial oxygen saturation

- Disposable or reusable spectrophotometric probe on patient's finger, toe, earlobe, or nose - measures amount of infrared light absorbed

- Leave probe on for 75 seconds

- Normal SaO<sub>2</sub> > 95%

- Critical value SaO<sub>2</sub> < 93% (ACLS)
  - consider oxygen therapy

Reference: Emergency Severity Index, version 4, 2005

124

## Nebulizers

125

- Treatment for asthma and other respiratory conditions

- delivers liquid medication in mist form

- more effective way to deliver the medication than an inhaler which requires taking deep breaths

- can deliver short-acting or long-acting asthma medication

- more than one medication can be given in the same treatment

- Maintenance

- Single use chambers/mouthpiece
- Cleaning/disinfecting

125

## Defibrillators

126

- Review organization policy and manufacturer recommendations for maintenance and frequency

- Daily/shift checks

- Plugged in/ready for use

- Charges and delivers energy

- Record results

- Supplies

- Appropriate age related

- Sufficient number

- Expiration dates/ condition of supplies

- Competency review

126

## Automatic External Defibrillator (AED)

127

- a portable device that analyzes the heart rhythm and can deliver an electric shock to the heart to try to restore a normal rhythm
  - used to treat sudden cardiac arrest (SCA).
- Use of AED:
  - Taught with CPR classes
  - Voice prompts and screen displays assist use
  - Untrained can use safely
- Maintenance Checks
  - Plugged in/ready for use
  - Supplies available for adults/peds
- Competency review

127

## Invasive Procedures: Glucose Meters

128

### Key points:

- Check expiration date on strips
- Rotate sites used
- Clean site prior to use
- Obtain enough blood to fill test strip area
- Repeat test for unusual results

### Quality controls

per manufacturer recommendations and organization policy

### Types:

1. Liquid controls
2. Electronic checks
3. Comparison to lab test

**Competency review- required annually**

128

## Cleaning

129

- Removal of visible soil and material, organic and inorganic, from objects and surfaces
- Normally is accomplished manually or mechanically using water with detergents or enzymatic products
- Essential before high-level disinfection and sterilization

129

## Disinfection vs. Sterilization

130

### Disinfection

- Eliminates many or all microorganisms, except bacterial spores, on inanimate objects.
- Usually by liquid chemical or wet pasteurization

### Sterilization

- Destroys or eliminates all forms of microbial life
- By physical or chemical methods
- Pressurized steam
- dry heat
- EtO gas
- Hydrogen peroxide gas plasma
- liquid chemicals

130

## Types of Disinfection

131

- High Level Disinfection:
  - ✓ kills all microorganisms except large numbers of bacterial spores
- Low Level Disinfection:
  - ✓ Can kill most vegetative bacteria, some fungi, and some viruses
- Choice of disinfectant, concentration, and exposure time is based on the risk for infection associated with use of the equipment
- Chemical compatibility after extended use with the items to be disinfected also must be considered
- Some devices can be difficult to clean and high-level disinfect because of intricate device design

131

## Types of Sterilization

132

- All require cleaning/organic matter removal prior to processing
- All require use of chemical or biological indicators to monitor effectiveness
- Steam Sterilizers  
Autoclaves
- Dry heat sterilizers  
Hydrogen peroxide gas plasma
- Ethylene oxide gas  
Requires aeration
- Chemical sterilants  
Time sensitive  
Glutaraldehyde  
Peracetic acid

132

## 133

- ## Triage Scenario

134

## 135

136



## 138

- 38

## What is Telehealth?

139

- the delivery, management and coordination of health services that integrate electronic information and telecommunications technologies to increase access, improve outcomes, and contain or reduce the costs of healthcare  
AAACN Core Curriculum, 2013
- umbrella term used to describe services delivered across distances by all health related disciplines

### Technologies Used:

- telephone
- computer
- Email
- EMR portals
- virtual clinics/interactive video transmissions
- direct link to health care instruments
- transmission of images and teleconferencing

139

## What is Telehealth Nursing?

140

- care and services within the scope of nursing practice incorporating telephone or other telecommunication technology to remove time and distance barriers for the delivery of nursing care
- includes provision of patient care, health education, patient advocacy, and coordination of services



140

## Core Dimensions of Telehealth Nursing Practice

141

- Systematic assessment
- Identify and prioritize need and acuity
- Use evidence-based techniques/ instruments
- Identify expected outcomes
- Coordination of care
- Health teaching/health promotion
- Documentation
- Use of technology
- Evaluation of quality
- Confidentiality



141

## Telehealth Assessment

142

- Rely upon auditory, verbal and emotional cues communicated through speech
- Identification of appropriate level of care
- Timely response to phone messages is essential to patient safety
- Caller's perception of the nurse's caring and confident attitude often is basis of trust and open disclosure about concerns, condition and compliance

142

## Assessment Tips

143

- Talk to the patient whenever possible
- Treat each caller like the first call of the day
- Avoid being judgmental
- Clarify what the caller is saying/asking
- Use open-ended questions when appropriate

143

## What is Telephone Triage?

144

- An interactive process between nurse and patient that involves identification of the nature and urgency of the patient's health care needs and determination of the appropriate disposition

144

| Clinical Decision Support Tools                                                                                                            |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                       |
|--------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| based on pattern recognition, encouraging the RN to use critical-thinking skills, context, and pattern matching to determine a disposition |                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                           |                                                                                                                                                                       |
| 145                                                                                                                                        | <b>GUIDELINE</b>                                                                                                                                                                                                                                                                                                                | <b>ALGORITHM</b>                                                                                                                                                                                                                                                                                          | <b>PROTOCOL</b>                                                                                                                                                       |
|                                                                                                                                            | <ul style="list-style-type: none"> <li>Recommended practice to direct the nurse in developing an individualized plan of care</li> <li>Flexible, allows some discretion, use of nursing judgment and experience while retaining a standard of care, implementation, or use</li> <li>Disadvantage: lack of consistency</li> </ul> | <ul style="list-style-type: none"> <li>Set of rules for solving a problem in a finite number of steps</li> <li>Flow chart of clinical questions, usually answered by the patient with a yes or no, guiding decisions in a step-by-step, logical sequence in order to reach a final disposition</li> </ul> | <ul style="list-style-type: none"> <li>Plan for carrying out a patient's treatment regimen</li> <li>Actions are scripted, to be followed without deviation</li> </ul> |

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## Clinical Practice Guidelines

- “statements that include recommendations, intended to optimize patient care, that are informed by a systematic review of evidence and an assessment of the benefits and harms of alternative care options” (IOM)
- recommendations for clinicians about the care of patients with specific conditions based upon the best available research evidence and practice experience.
  - AHRQs National Guideline Clearinghouse is a public resource for summaries of evidence-based clinical practice guidelines.
    - Available on mobile or tablet devices
- See reference information in appendix

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147

## Why use Protocols in Telehealth?

- Provides standardization and structure
- Meets goal of providing safe, effective care and appropriate disposition of patient health problems
- Eliminates common practice errors
- Provides legal protection
- Ensures documentation ease, efficiency, and retrievability
- Meets accreditation standards

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148

## How to Use Protocols

- Use the protocol that best matches the patient's presenting problem
- If patient presents with multiple symptoms, use the protocol that has the highest likelihood of leading to an appointment
- Ask the patient which symptom is the most bothersome

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## Dispositions

- Emergent**
  - Severe, life-threatening symptoms
  - Suicide prevention
  - 911
  - Poison control
  - Rape crisis
- Urgent**
  - Seen as soon as possible at most appropriate site – usually within 1-8 hours
- Acute**
  - Seen within 8 to 24 hours or given a next-day appointment
- Non-acute**
  - Come in as appropriate - usually can be managed with telephone advice and/or an appointment at a later date

Cardinal Rule of Triage:

When in doubt, always err on the side of caution

149

150

## Legal Issues linked to Telehealth

It is a “Formal Nurse-Patient Relationship”

Still requires the nurse to practice within scope of practice

Safeguards

Decision Support Tools

Documentation

Quality Assurance

Accountability



150

## 151

- 151

## 152



## 153



## 154

- 154

## 155

- 155

## 156

- 156

## Side Effects of Select Herbal Products

157

- **Ginkgo biloba:** Bleeding
- **St. John's wort:** Gastrointestinal disturbances, allergic reactions, fatigue, dizziness, confusion, dry mouth, photosensitivity
- **Ephedra (ma huang):** Hypertension, insomnia, arrhythmia, nervousness, tremor, headache, seizure, cerebrovascular event, myocardial infarction, kidney stones
- **Kava:** Sedation, oral and lingual dyskinesia, torticollis, oculogyric crisis, exacerbation of Parkinson's disease, painful twisting movements of the trunk, rash

• Source: American Family Physician

157

## Polypharmacy

158

- Use of multiple medications often to treat more than one condition
  - Becomes expensive
  - Can lead to death
- Most common result of polypharmacy is **adverse drug reactions**
- Polypharmacy is most common in the **elderly**
- Patients self medicate with OTC products, vitamins and herbals
- Patients seek care from multiple providers for multiple conditions
- Lack of coordination in care
- Direct-to-consumer marketing

158

## Medication Resource Guides

159

- On-line hospital or clinic formulary
- Physician Desk Reference (PDR)
- Nursing Drug Handbook
- Pharmacist / Clinical Pharm D.
- Online drug information databases
- National Pharmacy Database

159

## Medication Management

160

- **INCLUDES:**
  - Medication security
  - Sample Medications
  - Drug Voucher Programs
  - Disposal of expired medications
  - Labeling of vials once opened
  - 28 day expiration
  - Protocols to refill prescriptions
  - Standing orders/protocols

160

## Medication Management continued

161

- **Scheduled Drugs**
  - **Schedule I:**
    - No currently accepted medical use in the US, high potential for abuse
      - Heroin, LSD, marijuana (some states), Ecstasy
  - **Schedule II:**
    - high potential for abuse which may lead to severe psychological or physical dependence
      - hydromorphone (Dilaudid®), methadone (Dolophine®), meperidine (Demerol®), oxycodone (OxyContin®, Percocet®), and fentanyl (Sublimaze®, Duragesic®). Vicodin, morphine, opium, and codeine
    - Includes methylphenidate (Ritalin) and amphetamine (Adderal)

161

## Medication Management continued

162

- **Schedule III:**
  - Less potential for abuse than Schedule II but may lead to moderate or low physical dependence or high psychological dependence.
    - Tylenol with Codeine, Ketamine, anabolic steroids (depo-testosterone)
- **Schedule IV:**
  - Lower potential for abuse than Schedule III
    - alprazolam (Xanax®), carisoprodol (Soma®), clonazepam (Klonopin®), diazepam (Valium®), lorazepam (Ativan®), midazolam (Versed®), temazepam (Restoril®), and triazolam (Halcion®).

162

## 163

- low potential for abuse relative to substances listed in Schedule IV and consist primarily of preparations containing limited quantities of certain narcotics.
  - cough preparations containing not more than 200 milligrams of codeine per 100 milliliters (Robitussin AC®, Phenergan with Codeine®)

## Medication Management continued

164

- Identifying Drug Seeking Behaviors
  - Often request specific controlled substance
  - Reluctant to try different medication
  - May exaggerate problems or symptoms
- Setting limits using behavioral contracts and offering referral to resources
- Documentation of refills
- Prescription Fraud
  - Photo Identification of patient
- Termination of Care based on behaviors

165

### Practices used independently or in place of conventional medicine

## Alternative Medicine

Both focus on individualizing treatments, treating the whole person, promoting self-care and healing, and recognizing the spiritual nature of care

## Complementary Medicine

**Practices employed  
in conjunction with  
or to complement  
conventional  
medical treatment**

## Complementary & Alternative Medicine

166

- Goals are similar to that of conventional medicine
  - pain reduction
  - enhancing mood
  - Wellness
  - disease prevention
  - stress reduction
  - improved ADL's

167

- Naturopathic products
- Yoga
- Meditation
- Acupuncture
- Chiropractic care
- Massage
- Homeopathic medicine
- Chinese medicine
- Cupping

## QUESTIONS?

168



43

**Lunch Time!**  
**Let's Take 45 minutes!**



**Communication:**

**Documentation and Informatics**

1



1

**Documentation**

2

- Supports reimbursement
- Helps define value of telephone services
- Demonstrates quality of care provided
- Protects against legal risks

2

**Legal Aspects of Clinical Documentation**

3

- Required by:**
  - Federal and state law
  - Accreditation requirements
  - Professional standards
  - Industry practice
- Rule of thumb:**
  - Maintain records at least 6 years
  - Up to age 21 for minors
- Characteristics of Good Documentation**
  - ✓ Factual
  - ✓ Objective
  - ✓ Accurate
  - ✓ Consistent
  - ✓ Timely
  - ✓ Complete
  - ✓ Standard approved abbreviations only

3

**Accepted Abbreviations**

4

- Why - 2001 – Joint Commission Sentinel Event Alert regarding use of abbreviations
- Do Not Use list created 2004
- Used in all healthcare settings

| <u>Do Not Use</u>            | <u>Use Instead</u> |
|------------------------------|--------------------|
| U, u (unit)                  | unit               |
| IU (International Unit)      | International unit |
| Q.D., QD,                    | every day          |
| Q.O.D., QOD,                 | every other day    |
| Trailing zero (X.0 mg)       | X mg               |
| Lack of leading zero (.X mg) | 0.X mg             |
| MS, MSO4                     | Morphine sulfate   |
| MgSO4                        | Magnesium sulfate  |

4

**Do NOT Use List**

5

- Abbreviations, Acronyms, and Symbols
  - For possible future inclusion in the Official "Do Not Use" List:
    - > write "greater than"
    - < write "less than"
    - @ write "at"
    - cc write "mL", ml, or milliliters
    - µg write "mcg" or "micrograms"
  - Abbreviations for drug names - write drug names in full

5

**Improve Communication**

6

NPSG Goal 2:

- Improve the effectiveness of communication among caregivers
- Relates to all pertinent information to insure appropriate care for patient
- Important at all "hand-off" points

2012 National Patient Safety Goals - Pg. 6

6

7

## Critical Test Results

**NPSG 02.03.01:**

- Report critical results of tests and diagnostic procedures on a timely basis.
- Organizations must determine:
  - The definition of critical results of tests and diagnostic procedures
  - By whom and to whom critical results of tests and diagnostic procedures are reported
  - The acceptable length of time between the availability and reporting of critical results of tests and diagnostic procedures

7

8

## Electronic Documentation



- All requirements of paper documentation apply
- Electronic signatures
- Specific requirements regarding authentication of users
- Secure passwords required
- Record maintenance
- Regular back up of documents
- Downtime procedures

8

9

## Utilizing Informatics

- EMR
- Telecommunication
- Video conferencing
- E-learning
- Email
- Virtual clinics
- Distance technologies

9

10

## QUESTIONS?



10

11

## Education:

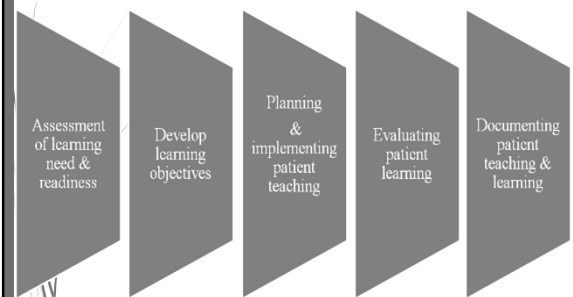
**Education**  
**Health Promotion**  
**Teaching and Learning Principles**  
**Disease/ Injury Prevention**



11

12

## Education Process



12

13

### Readiness to Learn

- Developmental stage
- Cultural and religious practices
- Emotional and Desire
- Physical readiness
- Cognitive ability
- Language
- Financial implications
- Environment
- Level of literacy



13

14

### Considerations for the Adult Learner



**Transformative learning**

- process of traveling through changes in which old information and approaches no longer work

**Change resistance**

- old perspectives and assumptions often difficult to release – denial, compromising, stalling, backsliding

**Social support**

- adults come together around a similar life dilemma and share insights

**Aging adaptations**

- auditory and memory changes, etc., need to be considered in instructional plan

14

15

### Considerations for Children's Ability to Learn

- Maturity
- Developmental status
- Degree to which they distinguish self from others
- Movement from concrete to abstract
- Development
  - Motor skills
  - Feelings
  - Cognitive skills
  - Logic
  - Reasoning

• See Childhood Developmental Features

15

16

### Health Literacy: What are you saying?

- How the patient comprehends health information and services.
- How they use the knowledge to make appropriate health care decisions.
  - Navigate the healthcare system
  - Locating providers and services
  - Ability to learn how to care for self
  - Understand chronic-disease management
  - Concerns with medication compliance/knowledge
- It is our responsibility to assure the patient's understanding of health care information is a legal and ethical responsibility (e.g., informed consent)



16

17

### Low Health Literacy Prevalence

- Adults reading at the 5<sup>th</sup> grade level or lower
  - Minority populations
  - Low socioeconomic status
  - Medically underserved population
- Tools to assess for literacy level:
  - Test of Functional Health Literacy in Adults-TOFHLA
  - Rapid Estimate of Adult Literacy in Medicine-REALM

17

18

### Teaching Techniques for Low Health Care Literate Patient

|                                                                                                                       |                                                                                                   |
|-----------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>Eliminate extraneous info</li> </ul>                                           | <ul style="list-style-type: none"> <li>Visual aids</li> </ul>                                     |
| <ul style="list-style-type: none"> <li>Break complex things down into components and build upon</li> </ul>            | <ul style="list-style-type: none"> <li>Reward the insecure by giving positive feedback</li> </ul> |
| <ul style="list-style-type: none"> <li>Allow time for review, feedback, questions</li> </ul>                          | <ul style="list-style-type: none"> <li>Organize material in the order they will use it</li> </ul> |
| <ul style="list-style-type: none"> <li>Conversational style, active voice, short words and short sentences</li> </ul> | <ul style="list-style-type: none"> <li>Pretest all materials</li> </ul>                           |
| <ul style="list-style-type: none"> <li>Demonstration</li> </ul>                                                       | <ul style="list-style-type: none"> <li>Use stories</li> </ul>                                     |

18

## Key Points- Developing Education Plans

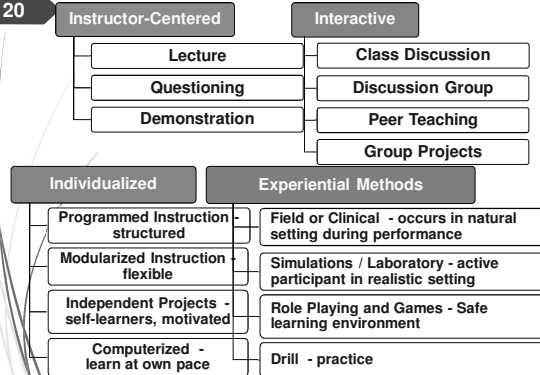
19

- Identify and prioritize realistic goals
  - Engage patient
- Determine what patient's knowledge is on their condition
  - What is their own health literacy level, medical health history
- Knowledge of patients support system and living arrangements
  - Include caregivers in teaching plan
- Cultural traditions and preferred learning styles
  - Use "Story Telling" as a tool
  - Culturally-appropriate materials if available
  - Incorporation of home remedies
- Use role models if possible
- Community and other resources available

19

## Teaching Methods

20



20

## Evaluating Education Effectiveness

21

- Observe the behavior
- Elicit the behavior in a mock situation
- Learner self-report
- Feedback about the education process
- Rating scales and checklists
- Oral questioning
- Written measurement
- Indirect measurement of change in the health status

21

## Developing Printed Learning Material

22

- Factors to consider:
  - Who is the target group?
  - Health literacy level
  - Age
  - Developmental stage
  - Language
  - Socio-cultural sensitive
  - Methods of communication
  - Make key messages easy to find

22

## Education Documentation

23

- Patient
  - Group, class or individualized encounters
  - Telephone encounter forms or templates
  - Specially designed forms/flow sheets per topic
- Staff
  - Personnel competency record
  - Evaluations of performance
  - Feedback to manager/director

23

## Care Based Learning

24

- Using scenarios (live, written, video) to teach concepts, skills, etc.
- Can be utilized for staff and patient education
- Allows for presentation of challenges, problems with opportunity for discussion/learning without potential consequences

24

**25**

**Anticipatory Guidance Definition:**

- Advance thought and discussion on topic to help educate on future health care need
  - Direction, advice or education provided
  - Provided in form of verbal or educational forms
    - ✓ Well baby checks
    - ✓ Developmental stages
    - ✓ Disease processes
    - ✓ Sexual Education
    - ✓ Alcohol/Drug treatment
    - ✓ Smoking Cessation

25

**26**

**Population Care Management**

- Based upon identified needs of community/population
- Examples:
  - Community outreach programs
  - Health fairs
  - Shared medical appointments
  - Use of anticipatory guidance
  - Screening for lead and other hazards

26

**27**

**Smoking Cessation - Interventions**

- Set quit date - ideally 2 weeks
- Counsel patient to prepare family and environment
  - The advice should include and be:
    - ✓ Clear, Strong and Personalized
      - "It is important for you to, etc."
      - "Quitting smoking is the most important thing you can do for your health"
      - relate smoking effects to current health or illness
      - social and economic costs
      - readiness to quit
      - impact of smoking on children/others in the household
    - ✓ Review previous attempts:
      - What worked?
      - What did not work?
    - ✓ Total abstinence is essential
    - ✓ Anticipate challenges such as withdrawal symptoms
    - ✓ Review use of alcohol and other drugs



27

**28**

**Validating HealthCare Information**

**Written and/or Internet -Check the source**

- National and Global Organizations
  - American Heart Association
  - American Cancer Society
- Government Agencies
  - Center for Disease Control ([www.cdc.gov](http://www.cdc.gov))
  - National Institute of Health ([www.nih.gov](http://www.nih.gov))
  - US Department of Food and Drug Administration ([www.fda.gov](http://www.fda.gov))

**Check date of article**

- Is it a current date?
- When was it written?
- Revised

28

**29**

**QUESTIONS?**



29

**30**

**Systems/Legal/Regulatory:**

**Regulations, Standards, and Accreditation**



AACN American Academy of Ambulatory Care Nursing  
Many settings. Multiple roles. One unifying specialty.

30

31

## Content Overview

- Discuss standards of care related to ambulatory nursing practice
- Identify government regulations applicable to ambulatory care
- Describe ambulatory care accrediting organizations

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32

## Regulatory & Accreditation Standards

- Standard of Care
- Accreditation Standards
- Clinical Guidelines
- Government Mandates

32

33

## Standards of Care, Accreditation and Guidelines

AAACN Standards

ANA Standards

Accreditation

- The Joint Commission
- National Committee for Quality Assurance
- Ambulatory Accreditation Association
- Centers for Medicare & Medicaid Services
- Det Norske Veritas (DNV)

33

34

## What is a Standard?

- Authoritative statement developed and disseminated by a professional organization or government or regulatory agency by which the quality of practice, services, research, or education can be judged
- Components of a standard:
  - Standard statement
  - Rationale
  - Measurement criteria

34

35

## Why Standards of Care?

- Due to increases in health care costs, competition and regulation are forcing providers to define their practice in a measurable way and identify outcomes.
- Federal and private sector initiatives are focused on identifying methods to evaluate quality, appropriateness and effectiveness of health care.
- Nurse administrators will use standards to ensure a sound professional nursing system within their organizations.

35

36

## American Nurses Association - ANA

- First standards were published in 1973; generic standards that apply to the practice of all professional nurses
- Also publish specialty specific standards



36

37

## Accreditation Organizations

The Joint Commission

National Committee for Quality Assurance

Accreditation Association for Ambulatory Health Care

Centers for Medicare & Medicaid Services

Det Norske Veritas (Norwegian Truth) -DNV

37

38

## The Joint Commission - TJC



- Independent, not-for-profit
- Establishes standards focused upon quality and safety of patient care
- Accreditation process evaluates an organization's compliance with these standards and other accreditation or certification requirements
- Awards "Disease Specific Care Certification" to care delivery settings that provide disease management and chronic care services. (stroke)
- Report is summarized for the public

38

39

## National Committee for Quality Assurance - NCQA



- Independent, not-for-profit
- Establishes standards and assesses quality of health care services for health plans or "Medical Care Organizations" (MCOs)
- Report is summarized for the public
- Annual report

39

40

## Accreditation Association for Ambulatory Health Care - AAAHC

- Voluntary non-governmental, peer-based review
- Ambulatory care clinics, physician and dental group practices, managed care organizations, surgery and procedure centers and similar facilities
- Not released to public (except ambulatory surgery centers to CMS as required for Medicare)



40

41

## CMS Centers for Medicare & Medicaid Services

- Formerly known as the Health Care Financing Administration (HCFA)
- Federal agency responsible for administering the Medicare, Medicaid, State Children's Health Insurance, HIPAA, CLIA and other health programs
- **CMS is charged with keeping HIPAA enforced**
- Certifies agencies that receive reimbursement from these payors
- Investigates complaints that indicate non-compliance with a standard

41

42

## Det Norske Veritas - DNV

- National integrated accreditation for healthcare
- Approved by CMS to deem organizations in compliance with Conditions of Participation
- Focus on sustainability and improvement
- Includes business practices and healthcare to improve quality and reduce costs

42

**43 Government Mandates**

- Centers for Disease Control & Prevention – CDC
- Occupational Health & Safety Administration- OSHA
- Equal Employment Opportunity Commission- EEOC
- Americans with Disabilities Act – ADA
- Health Insurance Portability & Accountability Act –HIPAA
- Emergency Medical Treatment & Active Labor Act- EMTALA

43

**44 Centers for Disease Control**

- Agency of the federal government under the Dept. of Health and Human Services
- Mission – to protect public health and safety
- Focus national attention on disease prevention and control



44

**45 Occupational Safety and Health Administration - OSHA**

- Federal agency charged with the enforcement of workplace safety and health legislation.
- Agency of the Dept. of Labor
- Created under the Occupational Safety and Health Act of 1971
- Mission – to assure safe and healthful working conditions for working men and women by setting and enforcing standards and by providing training, outreach, education and assistance

45

**46 Occupational Safety and Health Administration - OSHA**

- Blood Borne pathogens**
  - Universal Precautions
  - Hepatitis B Vaccine
  - Exposure control
  - Waste management
- M. tuberculosis prevention**
  - Employee screening
  - Ventilation
  - Respiratory protection
- “Right to Know”**
  - SDS, labeling
  - Exposure management
  - Reporting
  - Special substances (e.g. antineoplastics)

46

**47 Non-reprisal**

- **Whistle Blower Laws** have provisions to protect employees from retaliation by their employer for reporting violations of laws/regulations or refusing to engage in any action which is unlawful.
- **Enforced by OSHA**

**A “No Blame” Environment**

- Patient safety depends on every clinician speaking up in possible unsafe situations.
- Reporting of errors, mishaps, near misses, and system failures through incident reporting facilitates problem-solving and prevention of future occurrences.



47

**48 Equal Employment Opportunity Commission - EEOC**

The agency of the United States Government that enforces the federal employment discrimination laws, types of Discrimination:

- Age
- Disability
- Equal pay
- National Origin
- Pregnancy
- Race
- Religion
- Retaliation
- Sex
- Sexual Harassment

48

49

## Federal Laws Prohibiting Job Discrimination

- **Title VII of the Civil Rights Act of 1964** prohibits employment discrimination based on race, color, religion, sex, or national origin
- **Equal Pay Act of 1963 (EPA)** protects men and women who perform substantially equal work in the same establishment from sex-based wage discrimination
- **Age Discrimination in Employment Act of 1967 (ADEA)** protects individuals who are  $\geq 40$  years of age
- **Rehabilitation Act of 1973, Sections 501 & 505** prohibits discrimination against qualified individuals with disabilities who work in the federal government
- **Civil Rights Act of 1991**

49

50

## Americans with Disabilities Act -ADA 1990

**Full access to:**

- Goods
- Services
- Facilities
- Privileges
- Advantages
- Accommodation (reasonable)

**Handicap includes any disability:**

- Physical
- Mental

**Physical and communication barriers must be resolved**

50

51

## Emergency Medical Treatment & Active Labor Act - EMTALA

Hospitals with emergency departments required to provide a screening examination and all services necessary to stabilize serious medical conditions

- including active labor, before discharge or transfer, regardless of insurance coverage

State statutes more specific

- referred to as "anti-dumping" laws

51

52

## Systems/Legal/Regulatory:

### Quality Management, Operations, Documentation, and Reimbursement



**AACN** American Academy of Ambulatory Care Nursing  
Many settings. Multiple roles. One unifying specialty.

52

53

## Who defines Quality?

- Depends on
  - Who answers the question
  - How quality is measured
  - What is important to those defining the term
    - ✓ Consumers
    - ✓ Healthcare Professionals
    - ✓ Regulatory agencies
    - ✓ Payors



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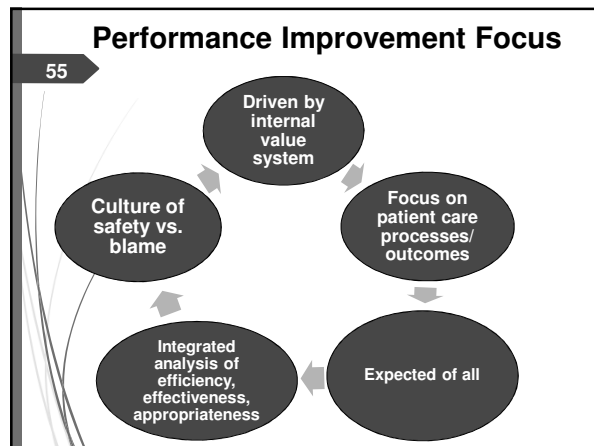
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## Performance Improvement Approaches

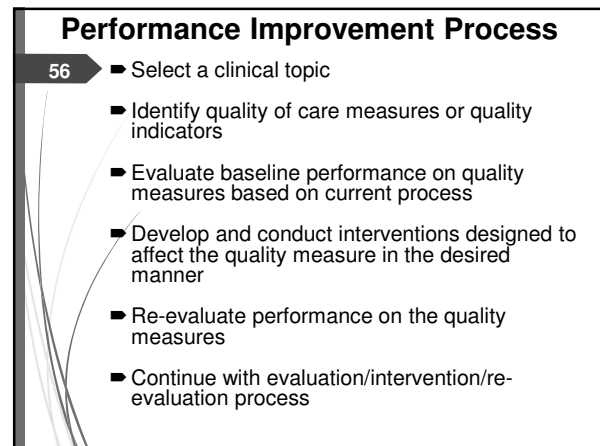
- **Quality Improvement (CQI)**
  - Consistent and dependable high quality services
  - Goal is prevention of defective outputs or complications
- **Six Sigma**
  - Borrowed from manufacturing
  - Follow-up to Deming's PDCA (Plan, Do, Check, Act)
  - Reduce process variation, decrease costs, increase quality
  - Goal is "zero defects"
- **Lean Thinking**
  - Borrowed from manufacturing
  - Goal is elimination of waste, increased efficiency, decreased costs, increased quality



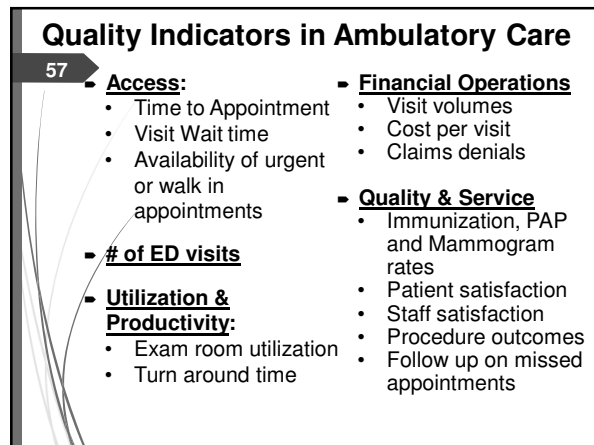
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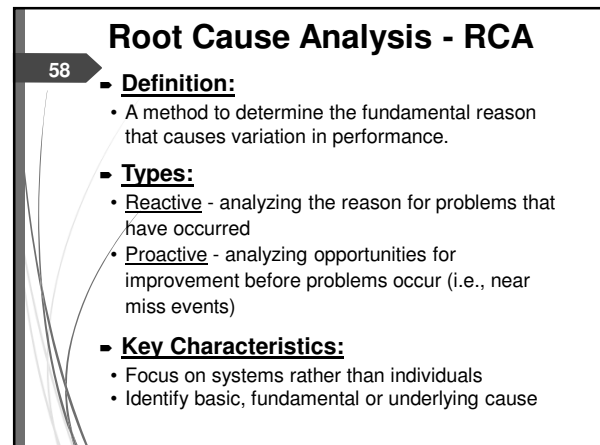
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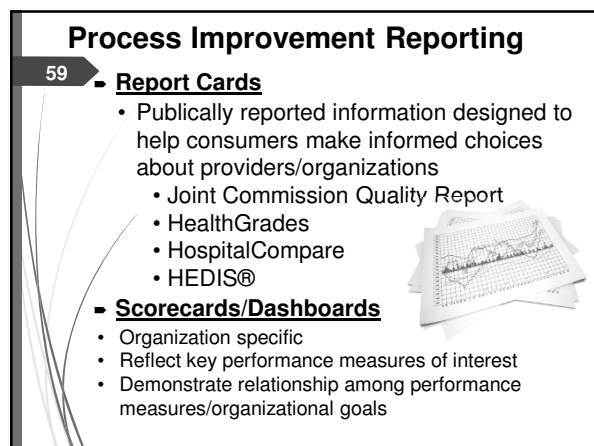
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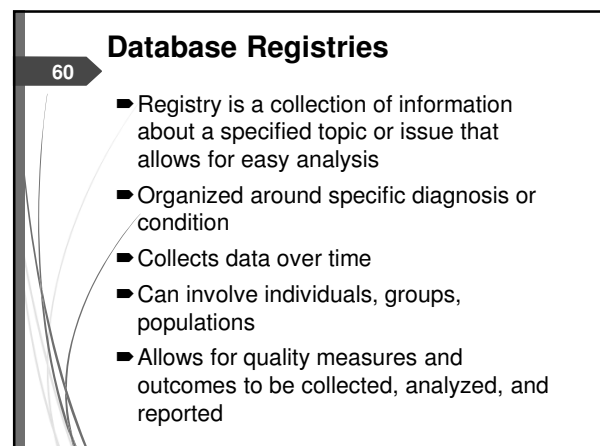
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60

## Evidence Based Practice Definition:

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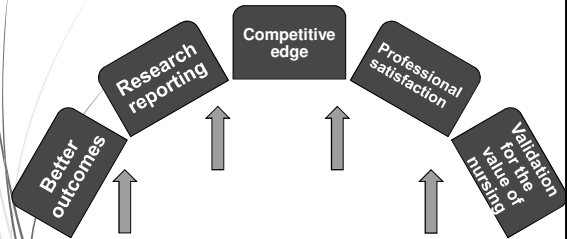
- Conscientious and judicious use of current best evidence to guide health care decisions.
- Levels of evidence range from randomized clinical trials to case reports and expert opinion.
- EBP involves development of:
  - standards of care
  - policies, procedures
  - clinical pathways
  - guidelines and/or protocols based on best research evidence
  - developing documentation formats as well as data repositories so impact of EBP can be tracked



61

## Why we use Evidence Based Practices...

62



62

## Research in Ambulatory Care

63

- Subject protection**
  - Includes right to self-determination, freedom from coercion and full disclosure
  - Special rights for vulnerable populations i.e., children, mentally or physically disabled, institutionalized people and pregnant women
- Informed consent**
  - Participants have adequate information
  - Understand the study
  - Have free choice to participate or not
- Institutional Review Board (IRB)**
  - Formal committee for reviewing research proposals
  - Charged with protection of human subjects
- Outcomes measurement**

63

## Levels of Evidence

64

- based on the methodological quality of their design, validity, and applicability to patient care
- Lower level = more validity
  - Level 1 - Experimental studies and randomized clinical trials
    - Includes manipulation of variable
    - This study design is the most rigorous
  - Level 2 - Quasi-experimental designs
    - Controlled trials without randomization
    - Comparison groups
  - Level 3 - Non-experimental studies
    - Qualitative or descriptive
    - Unable to manipulate variable
  - Level 4 - Case reports and clinical examples
    - Includes expert opinions and clinical experience

64

## PICO(T) and EBP

65

- This question format is a consistent "formula" for developing answerable, researchable clinical questions
  - P** – population/patient or problem – who or what sample of subjects is to be studied
  - I** – intervention/indicator – what do you plan to do?
  - C** – comparison/control – alternatives to the plan?
  - O** – outcome – what do you want to improve, accomplish or measure?
  - (T)** – timeframe to achieve outcome
    - Parentheses indicate this is not always included
- 4 Types of PICOT questions:
  - Therapy/Prevention
  - Diagnosis
  - Etiology
  - Prognosis

65

## Policies & Procedures

66

Policy is a guiding principle used to set direction in an organization and to guide and influence decision making.

A procedure is a series of steps to be followed as a consistent and repetitive approach to accomplish an end result.

66

67

## Policy Development

- Occurs at various levels in the organization
- Criteria:
  - ✓ Purpose – what is expected to be achieved
  - ✓ Responsible party
  - ✓ Individuals/groups affected
  - ✓ Required, suggested, or prohibited course of actions
- May be formulated by individuals with authority or responsibility for an outcome or by group or committee
- Consequences for non-compliance

67

68

## Why Policies Exist

- Protection of patients/families
- Protection of employees along with organization
- Indicates authority/responsibility for decision making
- Regulatory requirements
- Guide operations of the organization

68

69

## Fiscal Management

- Budgets**
  - Operational – revenues and expenses of doing business
  - Capital – covers equipment and other large purchases
  - Strategic – covers long-range plans over multiple years
- Forecasting** - use of historic data to determine the direction of future trends
  - Volumes
  - Patient mix
  - Revenue/Expenses
- Strategic Planning** - an organization's process of defining its strategy, or direction, and making decisions on allocating its resources to pursue this strategy.

69

70

## Staffing

- Models??
- Benchmarks??
- Variables to consider:
  - # providers
  - Types of services/complexity
    - ✓ Urgency of problem
    - ✓ New vs. established patient/problem
    - ✓ Special needs
  - Specific patient populations
    - ✓ Geriatric
    - ✓ Pediatric



70

71

## Scheduling & Workflow

- Intended to reduce patient wait time
- Maintain office and patient flow
- Enhances utilization of support staff and space
- Workspace design and layout can enhance efficiency



71

72

## Equipment Maintenance

Quality Control Checks

• Assure accuracy

Equipment checks

• Continual state of readiness for use

Preventive maintenance/service

Safe Medical Device Act - 2005



72

**73 Management of Equipment and Supplies**

**Inventory Management**

- “Just in time” philosophy
- Par levels
- Trending and tracking
- Frequency of use

**Staff Competency**

- Have all staff been oriented to use
- Is there recorded validation



73

**74 Monitoring for Safety and Security**

- **Incident Reporting**
  - Records details of unusual or unexpected events
  - Completed as soon as possible
  - Culture of safety vs. culture of blame
- **Disaster training**
  - [www.ready.gov](http://www.ready.gov)
  - Plans in place for managing emergencies, disasters, situations (active shooter, abduction, weather events, hazardous situations, etc.)
  - Drills/mock events
- **Safety rounds** -informal method for leaders to talk with front-line staff about safety issues in the organization and show their support for staff-reported errors

74

**75 Ambulatory Care – source of reimbursement**

■ **Capitation**

- \$\$\$ per member per month

■ **Fee-for-Service**

- Unbundled fees

■ **Managed Care**

- focused on preventive and wellness care

■ **Medicare**

- Part A - Hospital
- Part B - Physician, preventive services
- Part C - Medicare advantage
- Part D - Prescriptions

■ **Medicaid**

- Federally funded – managed at the state level

■ **TriCare**

- Insurance for the military

75

**76 Ambulatory Patient Health Status Reimbursement and Coding**

- **Reimbursement**
  - Pre-determined payment schedules based on specific codes
  - Retrospective vs. prospective payment
- **Coding**
  - Standard method used to report
  - Services in order to receive payment

76

**77 Ambulatory Care Patient Populations Defined – Reimbursement**

- **ICD-10 International Classification of Diseases – 10<sup>th</sup> revision**
  - Published by US Nat'l Center for Health Statistics internationally recognized for morbidity/mortality; in US, used for:
    - ✓ Diagnosis
    - ✓ Signs
    - ✓ Symptoms
    - ✓ Conditions
- Required by CMS for claims submitted by healthcare providers

77

**78 Ambulatory Care -reimbursement**

- **E and M codes – Evaluation and Management**
  - Nurses can use Level 1 only -allergy shot, BP check, etc.
- **CPT - Current Procedural Terminology**
  - Published by AMA
  - Recognized system to report medical services and procedures
- **DRG - Diagnosis Related Groups (1983)**
  - Classification system for hospitalized pts, based on:
    - ✓ Diagnosis/Procedure/Age/Sex
    - ✓ Payments are prospective and fixed

78

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## 83



## 84



**Professional Role:**

**Scope of Practice**

1



1

**Content Overview**

2

- Describe the role of the state board of nursing
- Identify interstate nursing practice issues
- Discuss standards related to ambulatory care nursing

2

**Scope of Nursing & Regulation Nurse Practice Act**

3

- Each state enacts and administers own laws
- Laws vary from state to state
- Laws are reviewed and updated periodically to reflect changes in nursing practice
- The practice of nursing is regulated by state boards of nursing.
- The Nurse Practice Act describes the scope of practice for registered nurses, licensed practical nurses, and advanced practice nurses

3

**Guiding Principles of Nurse Practice Acts**

4

- Protect the public from unsafe nurses
- Regulate the competence of all practitioners
- Define the practice of nursing, scope of practice
- Require due process and ethical decision making
- Establish education and training for licensure
- Respond in a timely manner to evolving market place and healthcare environment, so the scope of practice has clarity and is consistent with the community needs for nursing care

4

**State Boards of Nursing**

5

**Mission:**

- Actively safeguard the health of the public through the effective regulation of nursing care



5

**Practice of Nursing Requires**

6

- Current local license without criminal offense
- Necessary to hold separate license in multiple states
- License by "endorsement" permitted in some states. Cumbersome and expensive process
- Mutual recognition model (1997) such as the Nurse Licensure Compact may assist nurses practicing in multiple states. Where the patient lives or is physically located.

6

**7 Interstate Practice of Nursing**

National issue for all licensed providers as electronic technologies continue to emerge

**"Interstate Compact"**

- Proposed by NCSBN in 1998
- Allows nurses in participating states to recognize the nursing licenses issued by other participating states. Both states in question must be members of the Nursing Licensure Compact. Scope of nursing practice is defined by the laws of the state where the patient is receiving care.

7

**8 Nurse Licensure Compact**

Enacted in 25 of 50 states with 5 states in pending legislation in 2011.

Allows nurses to practice across state lines, physically or electronically, unless one is under discipline that restricts interstate practice.

Licensed where they live (the home state)

If practicing in other states than home state, under a compact, must comply with laws and regulations of each state.

States adopting NLC, applies to RNs & LP/VNs only. Advance practice nurses are not included.

8

**9**

Arizona  
Arkansas  
Colorado  
Delaware  
Idaho  
Iowa  
Kentucky  
Maine  
Maryland  
Mississippi  
Missouri  
Montana  
Nebraska  
New Hampshire  
New Mexico

North Carolina  
North Dakota  
Rhode Island  
South Carolina  
South Dakota  
Tennessee  
Texas  
Utah  
Virginia  
Wisconsin

**NCSBN 25 States under Compact as of 2016**



9

**10 Enhanced Nursing Licensure Compact (eNLC)**

- Implemented January 2018
- Intent is to increase access to health care, reduce overall costs to insurance companies, hospitals, and individual patients, and to support efficient and strong health care delivery



10

**11 Understanding the Differences Between Compact and non-Compact Licenses**

- Non-Compact nursing license based on state where nurse PRACTICES**
  - Each state enacts and administers own laws (varies state to state)
  - The practice of nursing is regulated by state boards of nursing
  - Nurse Practice Act describes the scope of practice for RN's, LPN's and APN's

11

**12 Understanding the Differences Between Compact and non-Compact Licenses**

- Compact State issues a license based on RESIDENCE where nurse lives**
  - Residence is determined by where you pay federal taxes or are registered to vote
  - Allows nurse to practice in all Compact states: physically or electronically
  - Nurse must follow the BON-Scope of Practice where the patient is receiving care
  - Compact license issued only to RN's, LPN's – DOES NOT apply to APN's
  - NCSBN began this effort in 1998 – allows nursing practice across state lines in Compact states

12

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## What About APRN's?

- BON's require RN license and additional APRN license
  - Institutional requirements include credentialing and privileging
  - Considered mid-level provider
- Consensus Model has been in place since 2015 – two states approved
  - Benefits:
    - Allows APN's to hold one multistate license with the ability to practice in all compact states
    - Increases access to care, eliminates redundant, duplicative, and unnecessary fees

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14

## Situations

- Physical practice in multiple locations
  - 2 cities that straddle a state border on opposite sides or in multiple locations as a traveling nurse
- Telephone or internet-based triage of case management, in which patients in multiple states may seek health advice or information
- Tele-health services where patients are assessed and even treated remotely
- Using high tech devices like:
  - Computerized stethoscopes
  - Otoscopes
  - Radiology studies

14

15

## Professional Negligence

```

graph LR
    A((Four elements to prove malpractice claim)) --- B((Duty))
    A --- C((Breach of Duty))
    A --- D((Causation))
    A --- E((Damages))
    B --- B1[• Scope of Practice of a reasonably prudent RN, in a clinic setting within the U.S.]
    C --- C1[• Was the RN's conduct within his or her scope of practice and /or job description]
    D --- D1[• Did the RN's action or inaction cause injury?]
    E --- E1[• Did the patient suffer injury or financial loss as a result of the RN's action.]
          
```

Jpate 2010

15

16

## Delegation

- The transfer of responsibility for the performance of a task from one person to another (ANA, 1997)
- Common problems
  - Under delegating
  - Over delegating
  - Improper delegation
  - Validation

16

17

## Delegation in State Regulations

- Boards of nursing responsible for regulating nursing, including nursing tasks performed by UAPs
- States also regulate delegation to nurses by other licensed professionals (e.g., physicians to APNs)

17

18

## Principles of Delegation

The person delegating must:

- Provide supervision
- Be aware of training, education, skills and competency validation
- Maintain responsibility and accountability for delegated tasks
- Determine if the task requires specialized skill, knowledge or professional judgment
- Understand the state Nurse Practice Act

18

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## Remember:

The responsibility for completing the task and accountability for the performance of the person doing the task **REMAINS** with the **RN**.

**READ and REVIEW your state's Nurse Practice Act REGULARLY!**

19

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## QUESTIONS?



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## Professional Role:

### Ethics and Nursing Advocacy

21

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## Definition of Ethics

- Branch of philosophy that includes the science or study of moral values
- system for deciding what should be done in a given situation, based on principles
- Involves choosing from two or more options, none of which may be totally desirable

22

23

## Nursing Codes of Ethics

Set of statements encompassing rules that apply to all people and provide implicit standards and values for the profession

### American Nurses Association (ANA)

- 9 provisions in the code (review all)
- Examples:
  - Provision 2**
    - The nurses primary commitment is to the patient, whether an individual, family, group or community
  - Provision 3**
    - The nurse promotes, advocates for, and strives to protect the health, safety, and rights of the patient.

23

24

## Nursing Codes of Ethics

### International Council of Nurses (ICN)

- a guide for action based on social values and needs
- has served as the standard for nurses worldwide since it was first adopted in 1953
- Organizational Code of Ethics**

24

25

## Principles That Guide Ethical Decision-Making

- **Autonomy** – the right to choose one's own course of action without coercion
- **Beneficence** – doing what is good. Requires determining "good" in the situation, understanding what is in the best interest of the patient
- **Non-maleficence** – avoiding harm, either intentionally or as an unintended outcome
- **Justice** – fair and equitable distribution of resources
- **Veracity** – truth-telling
- **Confidentiality**
- **Fidelity** – faithfulness, keeping of promises

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## Ethical Conflict

- Inherent in the practice of nursing
- Think and act wisely in accordance with specified values and basic principles of right and wrong
- Examples:
  - Quality-of-life decisions
  - Medication risks (narcotics, diversion)
  - Discharge from care for non-payment
  - Religious beliefs vs. treatments

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## Ethical Dilemma

- Occurs when there are competing rules or principles
- Resolving an ethical dilemma requires use of a decision-making model similar to the nursing process
  - Clarify the ethical dilemma
    - What is it?
  - Gather all possible information
    - People
    - Relationships
    - Effects
  - List options
  - Reflect on the consequences
  - Identify the ethical principles
  - Make a decision-Act-Evaluate

27

28

## Ethical Dilemma Concepts

- Moral uncertainty:
  - Personal feeling that something is not right
    - ✓ Decision being made too quickly, no time for discussion, not exactly sure what values and principles apply
- Moral distress:
  - Know right thing to do but prevented by institutional constraints –system and/or individual– from doing the right course of action. You may disagree with a course of action that is being chosen.

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## Example of Moral Distress

- The patient refuses treatment but continues to need it/won't allow nurses to do their jobs
- Decision maker: EOL care: legally someone who's out of picture but demands that everything be done; friend who has been involved isn't permitted to make decision
- Full disclosure of treatment options

29

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## Nursing advocacy defined:

- Advocacy
  - Act or process of supporting a cause or proposal
- Nursing Advocacy
  - Combines knowledge with actions

30

31

## Types of Advocacy



- Anticipatory guidance - respite care
- Education - disease, system
- Role Modeling - colonoscopy , smoking cessation
- On-going Support - on-line resources, call me
- Collaboration and support - helping address an issue

31

32

## Considerations in Patient Advocacy



- Organizational factors
- Culture of readiness
- Trust
- Safety
- Infrastructure Support
- Clinical Mindfulness
  - Being aware of the clinical picture as it relates to the patient's plan of care; diagnosis, treatments, medications, compliance
- Heedful interrelating
  - Recognition and alignment /different competencies and actions based on an entire system
- The care given is perceived as being attentive, responsible, responsive, engaged, and directed towards common goals.

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## Patients Bill of Rights



- Consumers have the right to...
  - Information Disclosure...to receive accurate, easily understood information and some require assistance in making informed health care decisions...
  - Choice of Providers and Plans...to a choice of health care providers that is sufficient to ensure access to appropriate high-quality health care...
  - Access to Emergency Services...to access emergency health care services when and where the need arises. Health plans should provide payment ...
  - Participation in Treatment Decisions...to and responsibility to fully participate in all decisions related to their health care

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34

## Patients Bill of Rights continued

- Consumers have the right to...
  - Respect and Nondiscrimination...to considerate, respectful care from all members of the health care system...
  - Confidentiality of Health Information...to communicate with health care providers in confidence and to have the confidentiality of their individually identifiable health care information protected...
  - Complaints and Appeals...to a fair and efficient process for resolving differences with their health plans, health care providers, and the institutions...
- Consumer Responsibilities...In a health care system that protects consumers' rights, it is reasonable to expect and encourage consumers to assume reasonable responsibilities.

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## QUESTIONS?



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## Professional Role:

### Legal and Ethical Issues



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**37 Social Networking, Legal and Ethical Issues, and Professional Boundaries Content Overview**

- Identify illegal and unethical issues in ambulatory care
  - Social networking, professional boundaries in nursing practice
- Identify types of advance directives
- Discuss informed consent

37

**38 Issues**

- Electronic social networking
- Reporting requirements
- Disclosures of unethical/illegal practices
- Professional boundaries
- Advanced Directives
- Informed Consent
- Protecting Personal Health Information

38

**39 What NOT to share on social media - FYI**

- Taking photos at work
- Complaints about your boss, co-workers or job
- Proprietary or potentially negative information about employer
- Too much information about your personal life; could affect professional life
- A diagnosis or patient specific medical advice

A nurse's guide to the Use of Social Media  
[www.NCSBN.org](http://www.NCSBN.org)

39

**40 Reporting Requirements**

- Federal
- State
- Public Health
- Institutional

- All require nurses and others to report ANY:
  - Incompetence in care
  - Unethical care/treatment
  - Unprofessional and/or Inappropriate behavior
  - Disciplinary action undertaken to address such conduct and successful malpractice claims

40

**41 Federal Reporting**

- Health care fraud
  - Medicare overpayment
- Adverse professional review actions and professional liability payments
  - Suspension or revocation of licensure
  - Limitation, restriction, suspension, or revocation of clinical credentials through credentialing or peer review activities related to professional competence or conduct, including incompetent clinical care or unethical conduct
- Malpractice payments
  - Mandatory reporting for physicians
  - Required reporting to the Board of Nursing for licensed nurses

41

**42 State Reporting**

Applies to licensed facilities employing health care practitioners and to licensed practitioners

Failure to report a reportable event may trigger an adverse licensure action

Reportable events related directly to health care professionals may include:

- Adverse professional review actions, and in some cases, professional liability payments
- Usually mandatory for all licensed practitioners
- Reports may trigger licensing board investigations
- Incompetent practice or practice outside the scope of a license
- Substance abuse and controlled substance violations
- Mental impairment
- Privacy breaches and other unethical conduct
- Fee-splitting, kickbacks, and other potentially abusive activities
- Criminal convictions.

42

**43 Public Health Reporting**

Federal and state law include mandates for reporting information that may impact the public health

Examples of required public health reporting

- Tests or diseases that may create employment or insurance risks for patients, (e.g. genetics testing, cancer diagnoses)
- Communicable diseases (measles, Pertussis, TB, chickenpox)
- Sexually transmitted diseases
- Births and deaths
- Mental health or substance abuse diagnosis and treatment
- Abuse, neglect, domestic violence, rape
- Gunshot wounds, other violent criminal activity
- Defective devices
- Animal bites
- Other infectious diseases: E. Coli, Hepatitis, Salmonella, and many more

43

**44 Reporting of Notifiable Diseases**

Health care providers, laboratories and hospitals are required to report select infectious diseases and pathogens to state health authorities.  
example: H1N1, measles, Ebola, STD's, Hepatitis

Local health departments are required to investigate cases of notifiable diseases.

Reporting supports:

- Evaluation of preventive measures
- Tracing of sources and routes of the spread
- Geographical identification of clusters
- Determination of trends

44

**45 Disclosures of Unethical & Illegal Practices**

Federal and state laws have been enacted to protect the government and taxpayers from unscrupulous contractors and patients.

False claims act

- Prohibition on kick backs and referrals
- Financial relationship with referral sources
- Reporting of incompetent/inappropriate behavior of colleagues (Messinger, 2009)
- Mail, wire and health care fraud



45

**46 Professional Boundary Violations**

Definition: Boundary violations or crossings are an occupational hazard in nursing and the healthcare professions.

- Occur when a nurse fails to adhere to a therapeutic relationship, such as having a favorite patient and arranging the care of others around this "favorite".
- Boundary issues may begin as harmless incidents
- Believing that they are the "only nurse that can provide adequate care" to a particular patient.

46

**47 Examples of Boundary Violations**

- Giving out one's telephone number or socializing with patients after discharge or during non-working hours
- Sexual conduct with a patient
- Accepting loans or valuable gifts, borrowing anything from patients
- Social contact with former patients or their relatives, especially in the case of a minor

47

**5 Guiding Principles to Prevent Boundary Violations (NCSBN 2005)**

**Differentiate a therapeutic relationship from what is not one:**

- Respect for human dignity
- Avoid personal gratification at the patient's expense
- Do not interfere with a patient's personal relationship
- Promote patient autonomy and self-determination
- Promote fiduciary relationship-based on trust

Therapeutic nurse-relationship is defined as a **HELPING** relationship that is based on trust and respect, nurturing of faith and hope, being sensitive to self and others and assisting with the gratification of your patient's physical, emotional, and spiritual needs through your knowledge and skill. (e.g. providing privacy during care, relieving pain or other discomfort, actively listening, eye contact).

Lippincott, Williams & Wilkins (authors Puleo, Richard L. Jr EdD/RN; Mathias,Tabatha MSN, RN)

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## Advance Directives

- Most states recognize one or more forms
- Allows a competent adult to make decisions in advance of an acute (car accident) or chronic (dementia or stroke) incapacity
- Ensures one's wishes are respected even if unable to communicate them directly
- Types:
  - Living will
  - Health Care Power of Attorney (DPAHC)
  - Do not resuscitate (DNR)



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## Living Will

- A written statement describing the kind of care the person does and doesn't want
- Usually very specific regarding the types of available treatments, including ventilator, dialysis, nutrition, and hydration
- Goes into effect if the author/patient is no longer competent, but alive



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## Durable Power of Attorney for Health Care

- A document naming another individual, usually a relative or close friend, as the person to make medical decisions on the patient's behalf if/when the author/patient becomes incapacitated
- Document should be carried by the named individual and available when requested by hospital/clinic staff

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52

## Do Not Resuscitate - DNR

- A legal document written by patient, instructing medical personnel to refrain from using heroic measures to save a life after cardiopulmonary event
  - Intubation
  - Defibrillation
  - Ventilator use
  - Certain medications
- Document should be carried with the author/patient, especially when 911 services are requested

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## Requirements for Ambulatory Care

- State laws vary in specific requirements of facilities to assess and record advance directives.
- Hospitals and nursing homes require this documentation; clinics do not.
- Recommend ambulatory clinics have a copy of a "DNR" in a patient's clinical record.
- Ambulatory staff have opportunity to provide education to patients/ and families about the end of life care choices.

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## Informed Consent

- A process by which a patient is provided relevant information about a proposed test, treatment, or procedure
  - Is given the opportunity to ask questions and receive understandable answers
  - Makes a voluntary decision to either proceed or not to proceed with the test, treatment, or procedure
  - Must be voluntary and knowledge of significant facts, risks and alternatives
  - Good for six (6) months or until withdrawn or change in health status (30 days in most hospitals)
  - Written consent form documents the exchange of information and voluntary agreement
  - Competent adults can choose to forego treatment (e.g. religious reasons, fear of intervention)



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## Competence



- Assumed if 18 years or older, unless reason to believe otherwise
- Patient is capable of understanding medical condition and possible consequences of accepting or foregoing treatment
- If incompetent, another named as proxy or surrogate for consent - identified in Durable Power of Attorney, Living Will or named by the court

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## Legal Basis of Informed Consent

Patient Self Determination Act and state laws say:

- Competent adults are legally entitled to accept or decline recommended tests or treatments.
- Provision of care without informed consent may be professionally unethical, create liability, and may be viewed as civil or criminal battery.

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## Invalid Consent

- If patient received medications affecting mental status within the previous 4 hours and then asked to sign consent.
- If patient is coerced.
- If patient is incompetent. An adult patient is usually presumed to be competent unless a court decides otherwise.
- A person may be legally incompetent due to:
  - Mental retardation
  - Dementia
  - Brain damage
  - Stroke
  - Unconsciousness

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## Exceptions to Requirement of Informed Consent

Emergency with immediate threat to life or limb; not possible to obtain consent from patient or proxy

Permission over the phone when responsible family member not on the premises, with a third party legal witness

Involuntary commitment for psychiatric evaluation and treatment

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## Consent by Minors



- The age of majority when considered an adult, is determined by state law and may range from age 18 – 21
- May become legally emancipated, by court decision or parent's declaration
- Those recognized to have the capacity to make adult decisions - married adolescents; active duty in the armed forces; those with children
- If parent/guardian refuses medical treatment, courts may evaluate if child at risk of death or irreparable harm

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## Parent/Guardian Consent Not Required

Many, but not all, states have adopted by statute or regulation exceptions to facilitate access to sensitive services including:

- Pregnancy/prenatal care
- Birth control
- Mental health
- Substance abuse
- Communicable diseases such as HIV/AIDS and other STDs

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## Documentation of Informed Consent

- Both verbal and written are legally effective
- Verbal consent: document in the medical record
- Good documentation may help reduce professional liability exposure
- Written consent best for high risk procedures, HIV and genetic testing



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## QUESTIONS?



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## Professional Role:

### Professional Development and Leadership



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64

## Content Overview

- Discuss similarities and differences in precepting and mentoring
- Identify most common leadership styles
- Describe methods of performance appraisal

64

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## Keys to Developing a Professional Nurse

- Mentoring/Precepting/Coaching
- Competency development and maintenance
- Life long learning, Certification
- Membership in professional organizations

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## Coaching and Mentoring use the same skills and approach

### ROLES

- Coaching is short term, task based – to improve performance on a job
- Mentoring is a LONG TERM relationship, developmental driven – provides guidance, support and role modeling

### Preceptor in Nursing

- Dual role of practitioner and educator, the responsibility falls in between teaching and mentoring

Nursing Community Journal 11/24/2014

66

**67**

## Competence

- Defined as demonstrating the technical, interpersonal, and clinical skills necessary to perform the responsibilities of the job
  - Required for safe and quality care
- Requires at least annual assessment
  - Evaluation and skills assessed for procedures
  - May require demonstration of skills
- Low volume or high risk activities may require more frequent assessment

67

**68**

## Performance Appraisal

- Review of Staff Performance**
  - Performed annually (usually)
  - Provides ongoing feedback – essential for success of staff
  - Negative feedback should NOT be a surprise to individual
  - YOUR opportunity to shine – prepare for this meeting!
- Administrative Uses**
  - Promotions, salary, or in some cases layoff decisions
  - Identify developmental needs for training, career planning, leadership roles

68

**69**

## Appraisal Guidelines

- Key job responsibilities should match job analysis
- Evaluate practice on performance related responsibilities
- Document process
- Use more than one evaluation tool when possible
- Assure that an appeal process is available

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**70**

## Performance Appraisal Methods

- Peer Review**
  - Nurse systemically assess, monitor, and make judgment about quality of nursing care
- 360 Evaluation**
  - Seeks input from 4 different sources, including self evaluation, tends to be for high-level managerial roles
- Management by Objectives**
  - Employee and Manager established goals for upcoming year
  - Performance is measured related to goals and targets
  - Self-evaluation often included

70

**71**

## Shared Governance

- A model in which clinical nurses have a voice in determining nursing practice, standards, and quality of care
- Empowers nurses to use their clinical knowledge and expertise to develop, direct, and sustain their own professional practice
- Allows nurses to network with colleagues and to collaborate across boundaries
- Hallmark of the Magnet® process
  - Examples include: risk management issues, trends supported by data, advocacy for patients

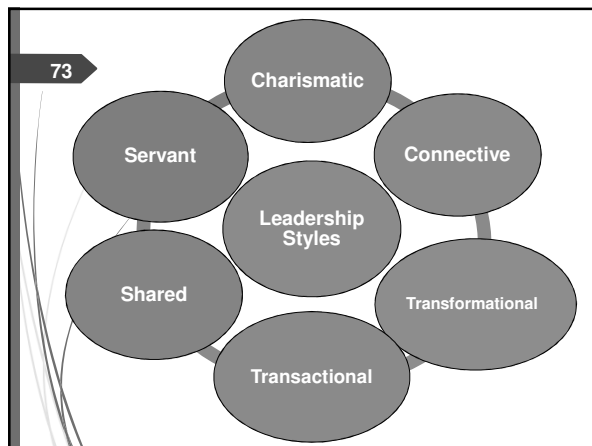
71

**72**

## Self Assessment Tools Defining Personality Types

- Identify your personality type
- Serves as a general classification of a person's dominant way of relating to others
- Useful in approaching work, problem solving, improving productivity
- Examples:
  - Myers-Briggs Type Indicator
    - Measures psychological preferences in decision making and perception of the world
  - Strength Finders

72



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### Charismatic

- Engage others because of their powerful personalities
- Inspire affection and emotional connection
- Use power to advance revolutionary ideas

### Transactional

- Benefits obtained due to social, political and psychological of the leader and follower
- Both manager and employee derive equal benefit and are reciprocal
- Interactions are meant to achieve and maintain balance

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### Transformational

- Leader is able to aspire and instill others to believe that they can accomplish extraordinary things
- Moves people beyond current reality
- Seeks to gain support for change

### Connective

- Leader is able to bring people together to effect change
- Whole is greater than the sum of its parts
- Collaborative style with focus on collegiality, coordination, and cooperation
- Foster interconnectedness among disparate groups
- Bridge builders

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76

### Servant

- Places others needs before the leader's self interest
- Only those who choose to serve may be called to lead
- Leading by example transforms the life of followers

### Shared

- Based off concept of empowerment
- Recognizes both informal and formal leaders
- Not one person could know everything
- Self directed work teams and shared governance leads to shared leadership

76

### Management Styles in Decision Making

77

Participative

- Involves employee's decision vs. indecision making

Democratic

- Solicits and encourages input from group for decision making
- Leader shares responsibility with followers
- Minimum leadership participation, noninterference

Autocratic

- Makes decisions on own and announces them to others

Laissez-faire

- Minimum leader participation
- When groups are fully independent, this style may be advantageous

77

### Strengths Required in Leadership Activities

78

- Technical: clinical expertise and nursing knowledge
- Human: ability and judgment to work with people in an effective leadership role
- Conceptual: ability to understand the complexities of the overall organization and where one's own style fits

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# **Ambulatory Care Nursing Certification Review Course**

## ***Additional Reference Materials***



## **Ambulatory Care Certification Review Course Test-Taking Tips**

### **Preparing for the Test**

- Organize study time to allow for review of specific areas of content
- Create memory joggers or recall associations of actual patients
- Use practice questions to improve test-taking skills

### **Taking the Test**

- Read each item carefully
  - Try to answer the question before reading the options
  - Identify key words
  - Do not read anything more into the question or options – do not overanalyze
  - Eliminate clearly wrong options and options that are essentially the same in content
- Choose the answer that matches the scope of the question – global vs specific
- If unsure of an answer, use logic to rule out options that COULD be correct versus those that definitely are NOT correct
- Changing your answer – know your own patterns of errors (misreading questions, misreading answers, etc.) and be aware of that

### **Test-Taking Principles**

- Attempt to answer every question
  - Answer easy questions first
  - Mark those you wish to go back to
  - No penalty for guessing
  - Do not leave any questions blank
- If all options are correct, prioritize by using well-known theories or principles (Maslow's hierarchy of needs, steps of the nursing process, etc.)
- If the question asks what to do next in a situation, use the nursing process
- Select options that are correct without exception
- Avoid options that are true statements but do not answer the question
- Avoid options that state "always" or "never"
- Select options that reflect nursing judgment

**Figure 1-1.**  
**Ambulatory Care Nursing Conceptual Framework Diagram**



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## EARLY CHILDHOOD IMMUNIZATIONS

| Immunization                                             | Doses by Age 2      | Doses, Age 4 |
|----------------------------------------------------------|---------------------|--------------|
| Hepatitis B                                              | 3                   |              |
| Rotavirus*                                               | 3                   |              |
| Tetanus, Diphtheria, acellular Pertussis ( <b>DtaP</b> ) | 4                   | 1            |
| Haemophilus influenzae type b (Hib)                      | 3 - 4               |              |
| Pneumococcal conjugate                                   | 4                   |              |
| Inactivated Polio (IPV)                                  | 3                   | 1            |
| Measles, Mumps, Rubella (MMR)*                           | 1                   | 1            |
| Influenza**                                              | Yearly after 6 mos. | Yearly       |
| Varicella (VZV)*                                         | 1                   | 1            |
| Hepatitis A                                              | 2                   |              |

\*Live virus vaccine      \*\*Either live or inactivated vaccine

## LATE CHILDHOOD IMMUNIZATIONS

| <b>Immunization</b>            | <b>7-10 yo</b>                    | <b>11-12 yo</b> | <b>13-18 yo</b> |
|--------------------------------|-----------------------------------|-----------------|-----------------|
| Tetanus, Diphtheria, Pertussis | 1 Dtap                            |                 |                 |
| Human Papillomavirus           |                                   | 3               |                 |
| Meningococcal                  |                                   | 1               |                 |
| Influenza                      | >>>>>>>>>>Yearly<<<<<<<<<<<       |                 |                 |
| Pneumococcal                   | >>>>>>>>>>If High Risk<<<<<<<<<<< |                 |                 |
| Hepatitis A                    | >>>>>>>>>>If High Risk<<<<<<<<<<< |                 |                 |
| HepB, IPV, MMR, VZV            | >>>>>>>>>>Catch up<<<<<<<<<<<     |                 |                 |

Adapted from: CDC 2019

[www.cdc.gov/vaccines/schedules/hcp/index.html](http://www.cdc.gov/vaccines/schedules/hcp/index.html)

Recommended Child and Adolescent Immunization Schedule for Ages 18 years or younger,  
United States, 2019.

**Table 19-2.**  
**Laboratory Diagnostic Criteria for Diabetes**

| Status      | Fasting Plasma Glucose                          | Non-Fasting Plasma Glucose | Hb A1c          |
|-------------|-------------------------------------------------|----------------------------|-----------------|
| Prediabetes | ≥100 mg/dL and <126 mg/dL<br>(on two occasions) | >140 mg/dl but <200 mg/dL  | ≥5.7% but <6.5% |
| Diabetes    | ≥126 mg/dL (on two occasions)                   | >200 mg/dL                 | ≥6.5%           |
| Normal      | <100 mg/dL                                      |                            | <5.7%           |

**Source:** ADA (2018).

**Table 13-2.**  
**Instructional Methods**

| Method                 | Advantages                                                                                                                                                                                                                                                  | Disadvantages                                                                                                                                                                            | Approach and Key Points                                                                                                                                                                                                                                                        |
|------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Group Discussion       | <ul style="list-style-type: none"> <li>Increases interaction</li> <li>Keeps individual focus</li> <li>Learning exchange/sharing experiences</li> <li>Encourages Q &amp; A</li> </ul>                                                                        | <ul style="list-style-type: none"> <li>Not all voices may be heard</li> <li>Must enforce ground rules</li> <li>Limited information retention</li> </ul>                                  | <ul style="list-style-type: none"> <li>Instructor steers discussion</li> <li>Use questions</li> <li>Prep work required</li> <li>Participants share at least one similar factor (age, disease, language, etc.)</li> <li>Keep energy high</li> </ul>                             |
| Simulation/Exercises   | <ul style="list-style-type: none"> <li>Works well for small to mid-sized groups</li> <li>Supports all levels of ability</li> </ul>                                                                                                                          | <ul style="list-style-type: none"> <li>Props and equipment are usually required</li> </ul>                                                                                               | <ul style="list-style-type: none"> <li>Look for existing plans/curriculum for simulation scenarios</li> <li>Use explanations, demonstrations, and return-learner practices</li> </ul>                                                                                          |
| Printed Materials      | <ul style="list-style-type: none"> <li>Increases retention (especially with pictures and cartoons)</li> <li>Takes information home/ may revisit</li> </ul>                                                                                                  | <ul style="list-style-type: none"> <li>May decrease amount of interaction</li> <li>Risk of missing health literacy issues</li> </ul>                                                     | <ul style="list-style-type: none"> <li>Use SMOG (Simple Measure of Gobbledygook) readability formula (&lt;100 words)</li> <li>FOG index (&gt;100 words)</li> <li>Include pictures, cartoons, simple models</li> <li>Read aloud</li> <li>Circle/highlight key points</li> </ul> |
| Online/Website         | <ul style="list-style-type: none"> <li>Allows interactive participation</li> <li>Supports taking action</li> <li>Can be used with mid to low literacy rate</li> </ul>                                                                                       | <ul style="list-style-type: none"> <li>Online access (may be difficult for remote areas)</li> <li>May not use reliable website</li> </ul>                                                | <ul style="list-style-type: none"> <li>Computer does not replace person-person communication</li> <li>Present information simply with a straightforward delivery</li> </ul>                                                                                                    |
| Video/DVD/Slideshow    | <ul style="list-style-type: none"> <li>Professional presentation of information</li> <li>Stimulates discussion</li> <li>(Printed) doubles as notes/handout</li> <li>Enhances confidence by demonstration</li> </ul>                                         | <ul style="list-style-type: none"> <li>May distract from a concise message</li> <li>Most effective with discussion</li> <li>Difficult to generate full audience participation</li> </ul> | <ul style="list-style-type: none"> <li>Plan for equipment set-up</li> <li>Prep work required for discussion</li> <li>Audiovisual sensory method</li> </ul>                                                                                                                     |
| Virtual/Role Playing   | <ul style="list-style-type: none"> <li>Dramatizes problem situation</li> <li>Assigns roles</li> <li>Increases empathy</li> <li>Highlights alternative points of view</li> <li>Explores creative solutions</li> <li>Acts out and practices skills</li> </ul> | <ul style="list-style-type: none"> <li>Puts individuals on the spot, may feel threatened</li> <li>Not intended for large groups</li> <li>May require additional equipment</li> </ul>     | <ul style="list-style-type: none"> <li>Requires clear instructions with predefined roles</li> </ul>                                                                                                                                                                            |
| Case Study/Application | <ul style="list-style-type: none"> <li>Focuses on problem solving</li> <li>Explores creative solutions</li> </ul>                                                                                                                                           | <ul style="list-style-type: none"> <li>Requires analytical thinking/ability to apply relevance</li> <li>Coordinate information to fit everyday routine</li> </ul>                        | <ul style="list-style-type: none"> <li>Use reliable and tested case studies</li> <li>Clearly defined purpose with prep</li> </ul>                                                                                                                                              |

*continued on next page*

**Table 13-2. (continued)  
Instructional Methods**

| Method                                              | Advantages                                                                                                                                                                                                                                                                                                                                                                          | Disadvantages                                                                                                                                                           | Approach and Key Points                                                                                                                                                                                                                                       |
|-----------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Teach-Back                                          | <ul style="list-style-type: none"> <li>• Applies new knowledge/skills</li> <li>• Increases engagement</li> <li>• Repeats demonstration</li> <li>• Improves information retention/understanding</li> <li>• Uses open-ended questions by replacing – <i>Do you understand?</i></li> </ul>                                                                                             | <ul style="list-style-type: none"> <li>• Increases time demand for teaching</li> <li>• Accountability is placed on the educator</li> <li>• Requires patience</li> </ul> | <ul style="list-style-type: none"> <li>• Practice reteaching strategies with clarifying statements</li> <li>• Educator assumes communication responsibility</li> <li>• Use repetition</li> <li>• Allow restating of information in their own words</li> </ul> |
| Ask Me 3 (National Patient Safety Foundation, 2016) | <ul style="list-style-type: none"> <li>• Provides patient-provider dialogue</li> <li>• Time efficient</li> <li>• Reduces embarrassment</li> <li>• Promotes three simple questions: <ul style="list-style-type: none"> <li>– <i>Why is it important for me to do this?</i></li> <li>– <i>What do I need to do?</i></li> <li>– <i>What is my main problem?</i></li> </ul> </li> </ul> | <ul style="list-style-type: none"> <li>• Relies on provider adoption</li> <li>• Small/no effect on populations with higher-level health literacy</li> </ul>             | <ul style="list-style-type: none"> <li>• Materials may be downloaded/ordered</li> <li>• Simple statements with visuals help support clear communication</li> </ul>                                                                                            |
| Return Demonstration                                | <ul style="list-style-type: none"> <li>• Individual feedback</li> <li>• Immediate guidance/validation</li> </ul>                                                                                                                                                                                                                                                                    | <ul style="list-style-type: none"> <li>• Labor intensive</li> <li>• Requires patience</li> </ul>                                                                        | <ul style="list-style-type: none"> <li>• Provide step-by-step explanation of each task</li> <li>• Ensure adequate time to perform and provide guidance</li> </ul>                                                                                             |

**Sources:** Adapted from AHRQ (2011); Bastable (2014); Lowenstein, Foord-May, & Romano (2009); Redman (2007).

# MULTIPLE SCLEROSIS

## SAMPLE TEACHING PLAN

| Patient Learning Objectives                                                                             | Content                                                                                                                                                                                       | Objective Met |
|---------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------|
| Define readmission/exacerbation aspects of disease process                                              | Infection, trauma, immunization, delivery after pregnancy, stress, climactic changes                                                                                                          |               |
| Demonstrate how to use various community resources                                                      | Local, national MS society; public health nurse; VNA; home health agencies; support groups; voc rehab services; SWs & therapists; extended & skilled nursing facilities; financial counseling |               |
| Specify safety precautions associated to symptoms                                                       | Decreased sensation; visual disturbances; motor deficits                                                                                                                                      |               |
| Take meds correctly; recognize expected effects and SEs & interactions with OTCs associated w/ each med | Corticosteroids; immunomodulators; cholinergics; anticholinergics; muscle relaxants                                                                                                           |               |
| Perform exercises to promote muscle strength & mobility                                                 | Preventing contractures & skin breakdown; transfer techniques & body mechanics; use of assistive devices                                                                                      |               |
| Self manage constipation, urinary retention, UTI, self-cath technique or care of indwelling cath        | Constipation, urinary retention, UTI                                                                                                                                                          |               |

**Source:** AACN Certification Review Course Faculty

## Developmental Milestones

According to the CDC (2017), young children are expected to have achieved the following milestones by the ages listed. If these are not achieved, it is an indication the child should be evaluated for developmental delays.

| Age              | Milestones                                                                                                                                                                                                                                                                                                                   |
|------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>2 months</b>  | Holds head up, begins to push up on arms when laying on stomach, smiles, looks toward faces, brings hands to mouth, follows items with eyes/watches things as they move, turns head toward sound, vocalizes with coos or gurgles                                                                                             |
| <b>4 months</b>  | Rolls over, reaches for toy, mimics sounds and begins to babble, pushes with feet when next to hard surface, holds head steady                                                                                                                                                                                               |
| <b>6 months</b>  | Sits briefly without support, recognizes name, strings vowels together, brings items to mouth, makes sounds to show happiness such as laughing or squealing sounds                                                                                                                                                           |
| <b>9 months</b>  | Pulls to stand, crawls, picks up small objects like Cheerios® with thumb and forefinger, transfers toys from one hand to the other, looks where someone points, plays games like peek-a-boo, says “dada/mama”                                                                                                                |
| <b>12 months</b> | May stand alone, puts block in cup, says three words, waves bye-bye, follows simple commands, searches for hidden objects, points to things                                                                                                                                                                                  |
| <b>18 months</b> | Walks alone, may walk up steps and run, helps undress self, uses cup and spoon, plays pretend like feeding a doll, knows at least six words, points to object of interest                                                                                                                                                    |
| <b>2 years</b>   | Throws ball overhand, jumps up, builds tower of four or more cubes, combines two words together, points to pictures when named, follows two step instructions                                                                                                                                                                |
| <b>3 years</b>   | Walks up and down steps one foot at a time, dresses self, can name a friend, follows directions with two to three steps, separates easily from parents, can work buttons, levers and moving parts, wants to play with other children and pretend or make-believe                                                             |
| <b>4 years</b>   | Hops, draws a person with two to four parts, names some numbers and colors, starts counting, plays board or card games, tells parts of favorite story, understands words <b>same</b> and <b>different</b> , used <b>me</b> and <b>you</b> correctly                                                                          |
| <b>5 years</b>   | Hops, might be able to skip, tells simple story using sentences, draws a person with six body parts, counts to 10, writes some letters and numbers, understands future tense, uses plural and past tense appropriately, knows difference between reality and make believe, can give first and last name and possibly address |

Adapted from: Centers for Disease Control and Prevention (CDC). (2017). Developmental milestones. Retrieved from <https://www.cdc.gov/ncbddd/actearly/milestones/index.html>

## Signs & Symptoms of Heart Failure:

- exercise intolerance
- dyspnea
- fatigue
- congestive signs and symptoms
  - ~ roles
  - ~ edema
  - ~ weight gain
  - ~ S3 heart sound
  - ~ orthopnea
  - ~ paroxysmal nocturnal dyspnea

**Source:** Core Curriculum for Ambulatory Care Nursing, 4th Edition, 2019

**Table 19-10.**  
**New York Heart Association Functional Classifications**

| Class | Definition                                                                                                                                                              | Examples                                                                                                                                                                                                                              |
|-------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| I     | Can carry out ordinary exercise without physical activity limitation due to symptoms of fatigue, dyspnea, chest pain, or palpitations                                   | Play sports, walk up multiple flights of steps without stopping; carry out all activities of daily living, including strenuous activities such as lifting furniture, vacuuming, and walking uphill.                                   |
| II    | Comfortable at rest but has symptoms (e.g., fatigue, dyspnea, chest pain, or palpitations with ordinary exercise) which causes a slight limitation of physical activity | Can walk up one flight of steps before stopping to rest; can fox trot or walk on level terrain but not carry out strenuous sports or walk uphill.                                                                                     |
| III   | Less-than-ordinary activity results in symptoms (e.g., fatigue, dyspnea, chest pain, or palpitations); therefore, patient has a marked limitation of physical activity  | Takes a break before completing a walk up one flight of 12 steps; must take breaks or stop to rest or catch breath in usual daily activities such as walking small distances, dressing, bathing, changing sheets, or washing clothes. |
| IV    | Has discomfort with any physical activity or has symptoms at rest                                                                                                       | Fatigue, dyspnea, chest pain, or palpitations with simple activity such as moving from bed to chair.                                                                                                                                  |

**Table 19-11.**  
**Stages of Heart Failure**

| Stage | Definition                                                                                                                                                 | Description                                                                                                                                                                                                                                                                                                                                                             |
|-------|------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| A     | At <i>high risk</i> for developing heart failure; does not have heart failure currently (pre-heart failure)                                                | Conditions such as hypertension, diabetes mellitus, coronary artery disease, and family history of cardiomyopathy increase risk of developing heart failure, as does smoking history. Primary prevention strategies are the focus of care (lifestyle modification and drugs).                                                                                           |
| B     | Asymptomatic <i>left ventricular dysfunction, hypertrophy, or geometric chamber distortion</i> ; does not have heart failure currently (pre-heart failure) | Has structural heart disease (e.g., valve dysfunction, previous myocardial infarction, and left ventricular remodeling including left ventricular hypertrophy and low ejection fraction), but has not experienced symptoms associated with heart failure. Primary prevention strategies are the focus of care (lifestyle modification, drugs, and ICD, when indicated). |
| C     | Developed clinical syndrome of heart failure and currently has signs and symptoms or has a history of symptoms                                             | NYHA-FC can span from I to IV (see Table 19-10). Treatments (drugs and devices) that revise or attenuate left ventricular remodeling and neurohormonal activation predominate as well as secondary prevention strategies, lifestyle modification, and symptom management.                                                                                               |
| D     | End-stage heart failure; management strategies no longer relieve symptoms                                                                                  | Myocyte, neurohormonal, and other changes escalate or are associated with disabling symptoms and poor quality of life. In addition to Stage C strategies, palliation, end-of-life care, cardiac transplantation, ventricular assist or other mechanical circulatory support device, or other advanced care or treatment strategies may be warranted.                    |

### Heart Disease Medication Classifications

| Classification                                            | Action                                                                                                                                                                                                                                                                                                                                                                                          |
|-----------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>Anticoagulants</b>                                     | Decreases the clotting (coagulating) ability of the blood. Sometimes called blood thinners, although they do not actually thin the blood. They do NOT dissolve existing blood clots. Used to treat certain blood vessel, heart and lung conditions.                                                                                                                                             |
| <b>Antiplatelet Agents and Dual Antiplatelet Therapy</b>  | Keeps blood clots from forming by preventing blood platelets from sticking together.                                                                                                                                                                                                                                                                                                            |
| <b>ACE (Angiotensin-Converting Enzyme) Inhibitors</b>     | Expands blood vessels and decreases resistance by lowering levels of angiotensin II. Allows blood to flow more easily and makes the heart's work easier or more efficient.                                                                                                                                                                                                                      |
| <b>ARBs (Angiotensin II Receptor Blockers)</b>            | Rather than lowering levels of angiotensin II (as ACE inhibitors do) angiotensin II receptor blockers prevent this chemical from having any effects on the heart and blood vessels. This keeps blood pressure from rising.                                                                                                                                                                      |
| <b>ARNIs (Angiotensin-Receptor Neprilysin Inhibitors)</b> | Neprilysin is an enzyme that breaks down natural substances in the body that open narrowed arteries. By limiting the effect of neprilysin, it increases the effects of these substances and improves artery opening and blood flow, reduces sodium (salt) retention, and decreases strain on the heart.                                                                                         |
| <b>Beta-Blockers</b>                                      | Decreases the heart rate and cardiac output, which lowers blood pressure and makes the heart beat more slowly and with less force.                                                                                                                                                                                                                                                              |
| <b>Calcium Channel Blockers</b>                           | Interrupts the movement of calcium into the cells of the heart and blood vessels. May decrease the heart's pumping strength and relax blood vessels.                                                                                                                                                                                                                                            |
| <b>Cholesterol-lowering medications</b>                   | Various medications can lower blood cholesterol levels, but drug other than statins should only be used for patients in whom statins are not effective enough or who have serious side effects due to statin therapy. They work in the body in different ways. Some affect the liver, some work in the intestines and some interrupt the formation of cholesterol from circulating in the blood |
| <b>Digitalis Preparations</b>                             | Increases the force of the heart's contractions, which can be beneficial in heart failure and for irregular heartbeats.                                                                                                                                                                                                                                                                         |
| <b>Diuretics</b>                                          | Causes the body to rid itself of excess fluids and sodium through urination. Helps to relieve the heart's workload. Also decreases the buildup of fluid in the lungs and other parts of the body, such as the ankles and legs. Different diuretics remove fluid at varied rates and through different methods.                                                                                  |
| <b>Vasodilators</b>                                       | Relaxes blood vessels and increases the supply of blood and oxygen to the heart while reducing its workload. Can come in pills to be swallowed, chewable tablets and as a topical application (cream).                                                                                                                                                                                          |

Retrieved from American Heart Association website on March 15, 2019

<https://www.heart.org/en/health-topics/heart-attack/treatment-of-a-heart-attack/cardiac-medications>

## Common Lab Tests – Normal Values

Note: Clinical laboratories have different reference ranges

| Value                         | Normal Range                                    | Unit                 |
|-------------------------------|-------------------------------------------------|----------------------|
| <b>COMPLETE BLOOD COUNT</b>   |                                                 |                      |
| Red Blood Cell (RBC)          | M: 4.5—5.5<br>F: 4.0—4.9                        | x10 <sup>5</sup> /ml |
| White Blood Cell (WBC)        | 4,500—10,000                                    | cells/mcL            |
| Platelets                     | 100,000—450,000                                 | cells/mcL            |
| Hemoglobin (Hgb)              | M: 13.5—16.5<br>F: 12.0—15.0<br>Pregnant: 10—15 | g/dL                 |
| Hematocrit (Hct)              | M: 41—50%<br>F: 36—44%                          |                      |
| Mean Corpuscular Volume (MCV) | 80—100                                          | fL                   |

|                             |           |       |
|-----------------------------|-----------|-------|
| <b>SERUM ELECTROLYTES</b>   |           |       |
| Sodium (Na <sup>+</sup> )   | 135—145   | mEq/L |
| Potassium (K <sup>+</sup> ) | 3.5—5.5   | mEq/L |
| Chloride (Cl <sup>-</sup> ) | 95—105    | mEq/L |
| Calcium                     | 8.5—10.9  | mEq/L |
| Calcium, ionized            | 2.24—2.46 | mEq/L |
| Magnesium (Mg)              | 1.5—2.5   | mEq/L |
| Phosphorus (P)              | 2.5—4.5   | mEq/L |

|                                          |                                    |        |
|------------------------------------------|------------------------------------|--------|
| <b>THYROID FUNCTION STUDIES</b>          |                                    |        |
| Thyroid-Stimulating Hormone (TSH)        | Adults: 0.2—5.4<br>Neonate: 3—20   | mU/L   |
| Thyroxine (Total T <sub>4</sub> )        | Adult: 5.4—11.5<br>Child: 6.4—13.3 | mcg/dL |
| Triiodothyronine (Total T <sub>3</sub> ) | 75—200                             | ng/dL  |

|                              |                                             |         |
|------------------------------|---------------------------------------------|---------|
| <b>CHEMISTRY VALUES</b>      |                                             |         |
| Glucose                      | Adults: 70—110                              | mg/dL   |
| Blood Urea Nitrogen (BUN)    | Adults: 7—18<br>Child: 5—20<br>Infant: 5—15 | mg/dL   |
| Serum Creatinine             | 0.6—1.35                                    | mg/dL   |
| Creatine phosphokinase (CPK) | 21—198                                      | units/L |
| Creatinine Clearance (CrCl)  | F: 85—132<br>M: 90—138                      | mL/min  |
| Albumin                      | 3.4—5.0                                     | g/dL    |
| Bilirubin                    | <1.0                                        | mg/dL   |
| Uric Acid                    | 3.5—7.5                                     | mg/dL   |

|                                       |                                                                                        |       |
|---------------------------------------|----------------------------------------------------------------------------------------|-------|
| <b>LIPOPROTEINS AND TRIGLYCERIDES</b> |                                                                                        |       |
| Total Cholesterol                     | Ideal: below 200<br>Borderline: 200—240<br>High: above 240                             | mg/dL |
| Low Density Lipoprotein (LDL)         | <70                                                                                    | mg/dL |
| High Density Lipoprotein (HDL)        | <60                                                                                    | mg/dL |
| Triglycerides                         | Normal: below 150<br>Borderline high: 150—199<br>High: 200—499<br>Very high: above 500 | mg/dL |

# **Ambulatory Care Nursing Certification Review Course**

## **REFERENCES and RESOURCES**

American Academy of Ambulatory Care Nursing (AAACN). (2018). *Scope and Standards of Practice for Professional Telehealth Nursing*. (6<sup>th</sup> ed.). Pitman, NJ: Anthony J. Jannetti, Inc.

American Academy of Ambulatory Care Nursing (AAACN). (2017). *Scope and Standards of Practice for Professional Ambulatory Care Nursing*. (9<sup>th</sup> ed). Pitman, NJ: Anthony J. Jannetti, Inc.

American Academy of Ambulatory Care Nursing (AAACN). (2016). *Scope and Standards of Practice for Registered Nurses in Care Coordination and Transition Management*. Pitman, NJ: Anthony J. Jannetti, Inc.

American Academy of Ambulatory Care Nursing (AAACN). (2018). *Ambulatory Care Nursing Orientation and Competency Assessment Guide*. (3<sup>rd</sup> ed.) Pitman, NJ: Anthony J. Jannetti, Inc.

American Academy of Ambulatory Care Nursing (AAACN). (2019). *Core Curriculum for Ambulatory Care Nursing*. (4<sup>th</sup> ed.) Pitman, NJ: Anthony J. Jannetti, Inc.

American Diabetes Association (ADA). (2018). *Standards of Medical Care in Diabetes*. Diabetes Care, January 2018, Volume 41, Supplement 1.

American Heart Association (AHA). (2017). *Guidelines for CPR and emergency cardiovascular care*. Retrieved from <https://eccguidelines.heart.org/index.php/circulation/cpr-ecc-guidelines-2/>

American Nurses Credentialing Center (ANCC). <https://www.nursingworld.org/our-certifications/ambulatory-care-nursing/>

Centers for Disease Control (CDC). (2018). <http://www.cdc.gov/vaccines>  
Vaccines & Immunizations

Huber DL. 2018. *Leadership and Nursing Care Management*. (6th ed.) Philadelphia, Pa: Saunders.

National Council of State Boards of Nursing. APRN Compact. *Advanced practice registered nurse compact*. Retrieved March 15, 2019, from [https:// www.ncsbn.org/aprn-compact.htm](https://www.ncsbn.org/aprn-compact.htm)

National Council of State Boards of Nursing. Nurse Licensure Compact (NLC). *NLC FAQs*. Retrieved March 15, 2019, from <https://www.ncsbn.org/nlc-faqs.htm>

National Council of State Boards of Nursing. *A Nurse's Guide to Professional Boundaries*. Retrieved March 26, 2019, from [https://www.ncsbn.org/Professional Boundaries\\_Complete.pdf](https://www.ncsbn.org/Professional_Boundaries_Complete.pdf)

National Council of State Boards of Nursing. *A Nurse's Guide to the Use of Social Media*. Retrieved March 26, 2019 from [https://www.ncsbn.org/NCsBN\\_SocialMedia.pdf](https://www.ncsbn.org/NCsBN_SocialMedia.pdf)

National Heart, Lung, and Blood Institute (NHLBI, NIH, USDHHS). *Overweight and Obesity in Adults*. Retrieved March 15, 2019 from <http://www.nhlbi.nih.gov/health-topics/overweight-and-obesity>

National Heart, Lung, and Blood Institute (NHLBI, NIH, USDHHS). (2003). JNC 7 Express. *The seventh report of the joint national committee on prevention, detection, evaluation and treatment of high blood pressure*. Retrieved March 15, 2019 from <http://www.nhlbi.nih.gov/files/docs/guidelines/express.pdf>

Nettina, SM. (2018). Lippincott manual of nursing practice (11<sup>th</sup> ed). Philadelphia, PA: Lippincott, Williams, and Wilkins.

Pate, J. M. (2018). *Understanding the Legal Risks of Nurse Leaders: Part 4*. ViewPoint, 40(5), 12-14.

Rutala, WA and Weber, DJ. (2008) *Guideline for Disinfection and Sterilization in Healthcare Facilities*. Atlanta, GA: Centers for Disease Control.

Rutenberg, C and Greenberg, ME. (2012). *The Art and Science of Telephone Triage: How to Practice Nursing Over the Phone*. Pitman, NJ: Anthony J. Jannettii, Inc.

U.S. Preventive Services Task Force (USPSTF). (2017). *Recommendations for primary care practice*. Retrieved from <https://www.uspreventiveservices.org/Page/Name/recommendations>

World Health Organization (WHO). (2017a). *Health promotion*. Retrieved from [http://www.who.int/topics/health\\_promotion/en/](http://www.who.int/topics/health_promotion/en/)

World Health Organization (WHO). (2017b). *Risk factors*. Retrieved from [http://www.who.int/topics/risk\\_factors/en/](http://www.who.int/topics/risk_factors/en/)

World Health Organization (WHO). (n.d.). *Body mass index – BMI*. Retrieved from <http://www.euro.who.int/en/health-topics/disease-prevention/nutrition/a-health-lifestyle/body-mass-index-bmi>

<https://www.ismp.org>

<https://www.uspreventiveservicestaskforce.org>

<https://www.ncsbn.org>

<https://www.himss.org>

<https://www.jointcommission.org>

<https://www.healthypeople.gov>

<https://www.heart.org>

# Discover how AAACN supports nurses like you



## Welcome to our community

We invite you to connect with a dynamic network of professional nurses who will inspire your passion for ambulatory care nursing. Our members have the same goals and face the same challenges as you, and they generously share their experiences and best practices. When you join our community, you'll experience camaraderie that is unmatched.

AAACN understands, appreciates, and supports you in your unique role as an RN in the ambulatory setting. With our resources, you will enhance your knowledge and expertise, polish your leadership skills, and advocate for your specialty. You will have the tools you need to energize your career and meet your patients' increasingly complex needs.

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### ***AAACN members are nurses like you who practice in many settings***

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- Managers and supervisors
- Administrators and directors
- Staff nurses
- Care coordinators
- Educators
- Consultants
- Advanced practice nurses
- Researchers
- Hospital-based outpatient clinics/centers
- Solo/group medical practices
- Telehealth call centers
- University hospitals
- Community hospitals
- Military and VA settings
- Managed care/HMOs/PPOs
- Colleges/educational institutions
- Patient homes
- Free standing facilities

## Join us and enjoy the rewards

### **Connect with a community of ambulatory care colleagues**

- Meet and network with other passionate nurses at the annual conference
- Attend the annual conference at a discounted rate
- Access our Expert Panel and other members for practice-related questions
- Join Special Interest Groups (SIGs)
- Participate in online networking communities
- Volunteer for projects and meet members and leaders around the country

### **Boost your knowledge and build your practice**

- Read *ViewPoint* publication (earn free contact hours) and the monthly AAACN Email Newsletter
- Choose a complimentary subscription to one of three journals: *Nursing Economic\$, MEDSURG Nursing, or Pediatric Nursing*
- Access a variety of education activities and earn contact hours
- Obtain discounted resources to help you become certified in ambulatory care nursing and care coordination and transition management
- Apply for scholarships, research grants, and awards

### **Develop your leadership skills**

- Volunteer to serve on task forces, committees, and Special Interest Groups (SIGs)
- Write an article, present a poster or speak at the conference
- Obtain leadership and practice resources in the Online Library

### **Advocate for your specialty**

- Stay up to date and prepare for changes in ambulatory care and telehealth nursing
- Use AAACN position statements and standards of practice to promote the role of the ambulatory care nurse



1-800-262-6877 | www.aaacn.org | aaacn@aaacn.org

## AAACN Membership Application

Name: \_\_\_\_\_ Credentials: \_\_\_\_\_

☐ Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Home Phone: ( ) \_\_\_\_\_

☐ Preferred Mailing Address (check one)  
Employer: \_\_\_\_\_  
Work Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_  
Business Phone: ( ) \_\_\_\_\_ Fax #: ( ) \_\_\_\_\_

Preferred Daytime Phone: ☐ Home ☐ Work

E-mail: \_\_\_\_\_

AAACN **does not** sell or share member e-mail addresses with any outside parties. It is extremely important for us to have your e-mail address to send your dues renewal notice, monthly E-newsletters, and other timely information.

### Membership Fee (Please check one)

Dues are not deductible as a charitable organization, but may qualify as a business expense.

- ☐ **Registered Nurse . . . \$130** ☐ **Affiliate/LPN/LVN . . . \$105**
- ☐ **Registered Nurse . . . \$240** ☐ **Senior . . . \$70**  
\*\*Pay 2 years – **SAVE \$20!**\*\*  
Continous member for 3 years and reached age 62.
- ☐ **Student . . . \$70**  
Course of study for initial licensure ONLY - enclose proof of enrollment.

☐ Check payable in US Funds to AAACN  
Charge my ☐ Visa ☐ MasterCard ☐ AmEx ☐ Discover

Card # \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
3 or 4 digit security code \_\_\_\_\_

**Expiration Date** \_\_\_\_\_ in the amount of \$ \_\_\_\_\_

Card Holder (print): \_\_\_\_\_

Credit card billing address: \_\_\_\_\_

Signature \_\_\_\_\_

Fax this form to (856) 218-0557 or mail to: AAACN, PO Box 56, Pitman, NJ 08071-0056  
(800) 262-6877 | aaacn@aaacn.org | www.aaacn.org

### Please circle one answer for each question.

#### 1. Position

Administrator/Director  
Advanced Practice  
Care Coordinator  
Consultant  
Educator  
Manager/Supervisor  
Researcher  
Staff Nurse  
Other \_\_\_\_\_

#### 2. Practice Setting

College/Educational Institution  
Community Hospital  
Free Standing Facility  
Hospital-based Outpatient  
Clinic/Center  
Managed Care/HMO/PPO  
Military or VA  
Patient Homes  
Solo/Group medical practice  
Telehealth Call Center  
University Hospital  
Other \_\_\_\_\_

#### 3. Highest Level of Education Completed

LPN/LVN  
Diploma—Nursing  
Associate Degree—Nursing  
Associate Degree—Other  
Bachelor's Degree—Nursing  
Bachelor's Degree—Other  
Master's Degree—Nursing  
Master's Degree—Other  
Doctorate Degree, Nursing  
Doctorate Degree, Other

#### 4. If you are involved in clinical care, please circle the area that best describes your practice.

Ambulatory Surgery  
Behavioral Health  
Family Practice  
General Surgery  
Internal Medicine  
Medical Specialties  
Multispecialty Clinic  
Obstetrics/Gynecology  
Oncology  
Orthopaedics/Rehabilitation  
Pediatrics  
Primary Care  
Surgical Specialties  
Telehealth  
Other \_\_\_\_\_

#### 5. If you are in an administrative/managerial position, please circle ONE area that best describes your area of responsibility.

Ambulatory Surgery  
Community/Public Health  
Employee/Occupational Health  
Hospital-based Emergency Services  
Information Management  
Nurse-Managed Center  
Oncology Clinic  
Patient Education  
Physician Group Office  
Practice/Primary Care  
Rehabilitation Outpatient  
Specialty/Sub-specialty Physician  
Practice  
Staff Education  
Triage  
Urgent/Immediate Care Center

#### 6. Are you Certified? (Circle all that apply)

Ambulatory Nursing ANCC  
Care Coordination MSNCB  
Telehealth NCC

#### 7. Choose membership in as many Special Interest Groups (SIG) as you would like.

Leadership  
Patient/Staff Education  
Pediatrics  
Telehealth Nursing Practice  
Tri-Service Military  
Veterans Affairs

#### 8. Salary (Confidential)

\$24,999 or less  
\$25,000 - \$44,999  
\$45,000 - \$64,999  
\$65,000 - \$84,999  
\$85,000 - \$105,000  
more than \$105,000

#### 9. Select the journal you would like to receive as part of your membership benefits.

MEDSURG Nursing  
Nursing Economic\$  
Pediatric Nursing

#### 10. How did you hear about AAACN?

A member  
AAACN Conference  
AAACN Enews  
Another Conference  
Certification organization  
Colleague  
ViewPoint Newsletter  
Web site

#### 11. Select how you will receive your ViewPoint newsletter

By Email  
By Mail

#### 12. What is your birthday month:

#### 13. What is your birthday year:

#### Who referred you to AAACN?

## **NOTES**



**American Academy of Ambulatory Care Nursing**

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