Demonstration of the Value of RN Front Line Leaders in Ambulatory Care

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**Background**

- Traditional care models in primary care practice have been physician owned with many unlicensed clinical staff.
- Current challenges of greater complexity, changing economics driven by health care reform and increasing competition require thoughtful skill mix to meet both economic and quality patient centered goals.
- Links have been documented to nursing interventions and patient outcomes based on Registered Nurse leadership. (Swan, Conway-Phillips, Griffin 2006).

**Methods**

- Efforts to connect and empower RNs in 50 sites of a pediatric care network to meet safety goals reinforced the value of RN leadership at the point of service.
- One outcome of RN Leadership is the first Ambulatory Fall Prevention Program (AFPP) resulting in significant prevention of pediatric and adolescent falls such as falls post vaccine administration.
- RN Leader initiative focused on specimen labeling errors a leading cause of lab errors in a Primary Care Center resulting in marked decrease in errors.
- Studies have identified high cost of mislabeled specimens including added patient anxiety and delays in diagnosis (CAP 2014).
- RN Leadership led to special waiting room design for special needs children.
- RN Leaders effectively met Behavioral Health Program RN vacancy with creative strategies resulting in coordinated clinical optimization and new hire orientation.

**Results**

- RN leadership key to sustaining effective care model success in rapidly changing ambulatory care settings.
- The professional nurse is uniquely positioned to effectively manage interdisciplinary improvement outcomes in ambulatory settings with multiple disciplines.
- Partnerships with patient/family, providers, clinical staff and business staff are important for ongoing improvement.
- RN knowledge and creative methods implementing the CDC 15 minute observation post immunization recommendation have helped to prevent falls.
- The value of RN leadership will continue to have multiple cost effective outcomes including cost avoidance and improved patient satisfaction. Ex.: Lab error reduction target of 10% was exceeded by 58%.

**References**


