

Ambulatory Task Force Consensus Report

July 7, 2008

SITUATION

The contract agreement between Oregon Nurses Association (Association) and Oregon Health & Science University (Employer) dated November 12, 2007, created a Memorandum of Understanding (MOU) #9. This MOU dictated that a task force would be established to address issues pertaining to the professional ambulatory nurse at Oregon Health & Science University (OHSU). The task force would examine market compensation, work flow efficiencies, recruiting and retention, and role of the ambulatory nurse.

BACKGROUND

- ❖ The task force was composed of four representatives of the Employer and four Association members. The task force met biweekly from April 4, 2008 to July 2, 2008.
- ❖ Information was gathered from a variety of institutions that were “Like” OHSU as well as “Non Like” institutions. Information was gathered locally as well as regionally for both subsets.
 - “Like” institutions were of similar size with hospitals and clinics, represented by bargaining units, Joint Commission accredited, and had involvement with house staff.
 - “Non Like” institutions included free standing clinics, and other local and regional institutions that did not meet the “Like” criteria. Data was populated into a spreadsheet.
- ❖ Roles and responsibilities of the professional nurse in ambulatory practices were captured and reviewed.
 - Data was collected from job postings, position descriptions, managers and clinic nurses as well as inpatient nurses at OHSU and at other comparators. Role criteria were created and populated into a spreadsheet (See Attachment A).
- ❖ Recruitment and retention data was drawn from local as well as national statistics.

ASSESSMENT

- ❖ It was noted that of the “Like” institutions, there was no disparity between inpatient and outpatient registered nurse salary structures and ranges. The “Non Like” institutions showed more variance; however, there was no standard for the disparity of wages (See Attachment B).
- ❖ Some OHSU nurses work in both inpatient and outpatient settings. Salary disparity would create a barrier to flexible staffing.

- ❖ The ambulatory nurse at OHSU works at the top of their scope of practice. The nurse functions within the clinic team but may be utilized to perform other team members' role functions as necessary. The practice managers review the skill mix of their staff to optimize resource utilization.
- ❖ Working in a challenging and ever changing environment, flexibility, critical thinking and functioning with a high degree of autonomy were essential ambulatory nurse skills.
- ❖ There is a lack of access in ambulatory clinics to support services such as social service, case management, nutrition, and physical therapy, as well as nurse educators; therefore the ambulatory nurse takes on these roles.
- ❖ The nurse in the majority of the ambulatory clinics at OHSU interacts with a constantly rotating group of medical students, residents, and fellows. The nurse takes part in orienting the house staff to the flow and responsibilities of the nurse's specialty clinic.
- ❖ The ambulatory care nurse at OHSU must demonstrate highly complex decision making skills partially due to a lack of physician availability. The ambulatory nurse functions as a liaison between the patient, and his or her physician(s) at OHSU, as well as with his or her local medical care provider, and provides the essential continuity of care.
 - Some highly specialized OHSU ambulatory services and research participation opportunities do not exist anywhere else in the state of Oregon. Nursing staff support these unique opportunities and help meet OHSU's mission.
 - Ambulatory nurses participate in creating a seamless transition between the inpatient and outpatient environments by providing preadmission teaching and post discharge case management.
 - Decreased length of stay, lack of bed availability, and limits on payer reimbursements have moved patients with a high level of acuity to the ambulatory setting. These patients require a more intensive level of nursing care.
 - Patient assessment, whether performed electronically, by telephone, or face-to face, can only be done by a nurse or physician. In ambulatory practices, appropriate assessments and interventions both nurse and physician driven, avoid unnecessary emergency room visits or hospital admissions.
- ❖ Accreditation by the Joint Commission affects the ambulatory professional nurse. Compliance with the standards necessary to maintain accreditation produces time consuming nursing interventions and actions. The nurse in the clinic is often responsible for educating providers and staff about regulatory requirements and monitoring compliance.
- ❖ It is acknowledged that the United States is facing a growing shortage of professional (registered) nurses.

- The national hospital registered nurse vacancy rate is 8.1%. Oregon and Washington have a statewide registered nurse vacancy rate of 4% and 6% respectively.
- In 2004 Oregon demonstrated an RN turnover rate of 9.1% for hospitals and acute care, and 7.1% for public health departments and clinics. OHSU's average nurse turnover rate from 2004 through 2007 was 5.84% for inpatient and 4.7% in ambulatory care. Nurse turnover rates within the first year of nursing employment, as reported by The PricewaterhouseCoopers' Health Research Institute, are as high as 27%.
- The Robert Wood Johnson Foundation indicated that the cost of replacing one nurse was \$92,442.
- The average age of the registered nurse is rising, and in 2004 was 46.8 years of age. OHSU's nurse work force reflects that trend. Losing experienced nurses decreases efficiency and knowledge of how to get a job done faster and better. It will have a disproportionate impact on patient safety and quality of care, resulting in an increase in poor patient outcomes and adverse events.
- Experiential requirements for nurse positions in ambulatory care were consistently higher than for inpatient units. The range of experience for ambulatory care professional nurse positions, ranged from 1 -15 years of experience, with an average of 3.2 years required.

RECOMMENDATIONS

- ❖ It is the recommendation of the task force, that there be no wage differentiation between outpatient and inpatient nurses.
- ❖ The task force recommends that managerial assessment be done annually to ensure optimal resource utilization and skill mix, thus ensuring that the ambulatory nurse continues to consistently function at the top of his or her scope of practice.
- ❖ The registered nurse in ambulatory care would benefit from leadership education. Improving the effectiveness of the charge nurse role positively impacts their ability to lead an effective and fiscally responsible clinic team.
- ❖ As the nursing shortage increases, efforts should be made to retain nurses past retirement age. Many experienced nurses could be utilized productively by OHSU, thus reducing recruitment costs.
- ❖ Ambulatory care nursing position descriptions should be revised to include a core set of job functions, followed by practice and role specific duties and competencies.

