Ambulatory Care

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In any given year, an average person makes at least 3 visits to ambulatory care per year. Ambulatory care visits have increased for several reasons. One, the number of hours or days people stay in hospitals for illness, surgery or complex treatments has decreased. More clients are seen in ambulatory settings for post-hospital visit and follow-up care.

Second, the advances in the treatment of chronic health problems have made it possible to treat and monitor client's progress in ambulatory care settings and to avoid costly hospitalisation.

Definition

Ambulatory care nurse take care of people in all age groups and with all diagnoses both the healthy ones and those with acute chronic or life threatening health problems.

The term ambulatory care refers to the care delivered to clients in different settings to which they can ambulate.

Ambulatory care is characterised by Nursing autonomy, Client advocacy, Skillful, rapid assessment, Holistic nursing care, Client teaching, Wellness and Health promotion, Coordination and continuity of care, Long term relationship with client and family, Telephone triage, Instruction and advice, and Case management

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Challenges in Ambulatory Care

- In case of hospital care nursing, nurse can return to client confined to bed to retrieve data that may have been missed. However, in ambulatory care, nurse who misses collecting data may not be able to obtain it until the next visit, as the visits are short.
- Care and treatment modalities is in the hands of the client and family not the health care provider.
- In ambulatory care, many members of the health care team work together
- In ambulatory care, contacts with the nurse are often maintained through communication devices such as the telephone and computer.

Conceptual Models

Clinical Model

The organisation of ambulatory care services in the United States is based on the complex mix of historical, philosophical, political and economic factors. Most health experts agree that our current health care system is based on the clinical or medical model. In this model, health is conceptualised as the absence of the signs / symptoms of disease.

Ambulatory care services assume that certain public health programmes in the community are outgrowths of clinical model. In clinical model, emphasis is on expensive acute care with high technology treatments and relatively little attention to prevention. Although clinical model has led to great advances in scientific medicine and technology, the focus on body part rather than the whole and the lack of emphasis on prevention have been problematic because it is important to educate the nurse about the family and environment of patient to address both actual and potential health problems and to emphasise health teaching, prevention and self care as well as care of the sick.

Levels of Prevention Model

The levels of prevention model advocated by Level & Clark (1965) has influenced both public health practice and ambulatory care delivery world wide. This model suggests that the natural history of any disease exists on a continuum with health at one end and advanced disease at the other. This model involves application of three levels of preventive measures that can be used to afresh the disease process at different points along the continuum the goal being to maintain a health state and to prevent disease of injury. Most of these objectives can be implemental in ambulatory settings.

Primary Prevention :

Primary prevention encompasses both health promotion and specific protection. It in-

cludes interventions such as health education information on growth development nutrition, e.g. in ambulatory care, nurse might provide telephonic consultation and teaching to a new mother concerned about well baby care.

Specific protection intervention targeted at specific health risks, injuries or diseases includes immunisation i.e. protection against particular infectious disease.

Secondary Prevention:
Secondary preventive measures include early diagnosis and prompt treatment as well as disability limitation. Case finding, screening and treatment of disease by medical and surgical interventions to arrest the disease process and prevent further complications are all part of secondary. It also includes administering chemotherapy to a client with cancer.

Tertiary Prevention:
Tertiary prevention is the provision of measures to rehabilitate a person or groups so that they can maximise their remaining capacities. Cardiac rehabilitation nurses and many home care nurses focus on it.
Example: In the ambulatory surgery recovery room - teaching crutch walking to a client after foot surgery. Primary health care, primary care and managed care models focus on the universal right to basic health care. Managed care approaches the use of health care services from a cast containment perspective.

Ambulatory Care Practices
Physician Group Practices, Community Hospital Out Patient Department, Teaching Hospital Outpatient Department, Health Maintenance – Organisations, Emergency Departments and Other Ambulatory Care settings.

Research in Ambulatory Care Nursing
Although nurses have been working in ambulatory settings for many years, little research on the work and role of ambulatory care nurse has been done. Such research is needed for many reasons.

1. To help develop new models of nursing care delivery,
2. To deliberate position descriptions for nurses working in ambulatory care,
3. To elevate standards of client care and professional nursing practice, and
4. To create both performance improvement programmes and nursing intensity systems to determine the number and types of nursing personnel needed.

Verran (1981) elevated seven areas of nursing responsibility in ambulatory care using a Delphi method and opinion of expert ambulatory care nurses working in many types of ambulatory care settings. An analysis of these data provided insight into the dimensions of the current nurse role and the dimensions of the future staff nurse role in ambulatory care.

Trends and Directions for Future
Demographic and socioeconomic trends in the United States are expected to continue to challenge ambulatory care nurse. Among these are:

1. Rapid changes in technology
2. increased emphasis on demonstrated outcomes
3. Aging of the population
4. Reduced reverse to health care organisations from managed care contracts and
5. The large number of un insured people.

Conclusion

Ambulatory care nursing is one of the fastest growing areas of nursing specialty practice. Ambulatory care nurses are not only expert clinicians but also expert communicators. They play key roles in facilitating clients successful progress through integrated delivery systems. Ambulatory nurses make quality health care accessible for clients calling, coming to our health care delivery systems.

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