

Ambulatory SLC

Ambulatory care is the new frontier. Regulatory bodies like NDNQI have long recognized the value of nursing in improving the quality of patient care through the reduction of infection, falls, and pressure ulcers within the hospital setting; but as more and more patients are being treated outside the hospital, there has been a shift in focus to nursing care in ambulatory settings. Ambulatory care nurses have long been pioneers and innovators of their domain, creating policies, educational resources, and a personal network of support for themselves and their patients. Unfortunately, much of this work has been performed in silos, resulting in variation between clinics and a loss of information when a nurse transitions out of their current role.

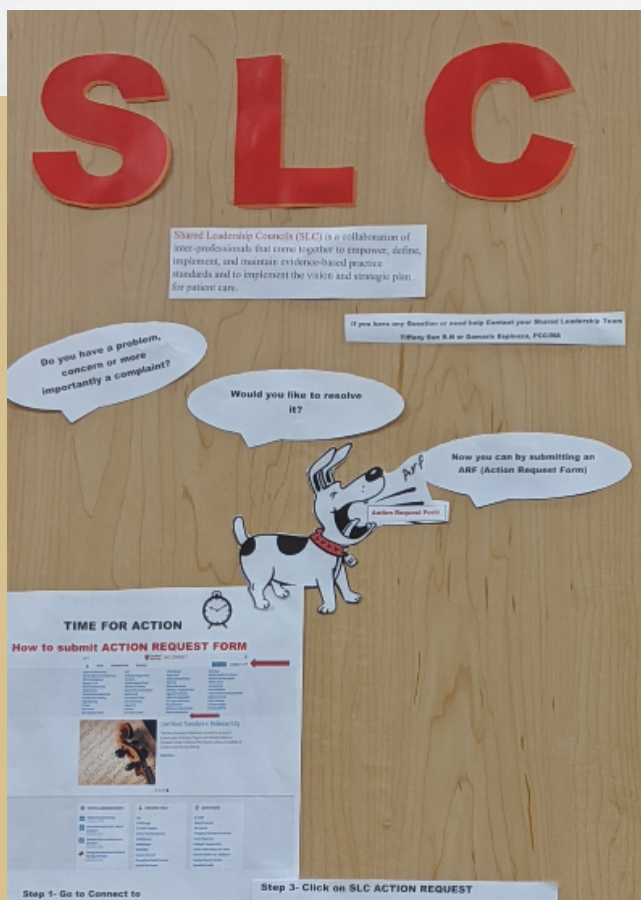


In 2019, shared governance was brought to the ambulatory care setting with the vision of bridging gaps and connecting nurses in order to create an environment of continuous information dissemination and collaboration.

By sharing new ideas and best practices, Stanford Health Care (SHC) can improve care delivery for our patients. SHC also recognizes that nursing is professionally and inextricably bound to the medical interdisciplinary team and is utilizing ambulatory shared leadership to bridge interprofessional gaps. An organization cannot elevate and support nursing excellence without also recognizing the professions with which nursing collaborates, which is why leaders within Stanford collectively decided to include medical assistants and technologists as voting members of the ambulatory shared leadership councils. The insights of these members are invaluable to the success of shared leadership in the ambulatory setting.

In the short span of 4 months, ambulatory care shared leadership has invigorated nursing practice across the organization while upholding SHC's vision and values.

One ambulatory RN, **Sierra Kane**, described her recent experience with SHC's ambulatory shared governance: "On a recent visit to a Palo Alto clinic, I was overjoyed to see an action request form (ARF) dog proudly displayed. Working in the Emeryville clinics, I had never met or spoken with anyone in the Palo Alto clinic prior to that day's visit. Seeing the presence of shared leadership in their clinic sparked instant comradery and ignited a discussion about the quality improvement projects their clinic had been working on– projects I quickly recognized would benefit my home clinic. I left that visit filled with new ideas, a feeling of connection to those who worked 40 miles away, and a sense of purpose within the organization".



This incident demonstrates the power of shared leadership, organizational-wide staff engagement, and the ability to create impactful improvements in patient care and safety.