

Perspectives of The Clinical Nurse Leader

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Breakout Session Overview

Five Dimensions

- **Why a new nursing role?**
- **Evolution of the Clinical Nurse Leader sm role (CNL)**
- **The CNL role: What is different?**
- **The CNL partnership: Early adopter processes**
- **CNL outcomes: A pilot evaluation**



Why a New Nursing Role?



Broken system of healthcare

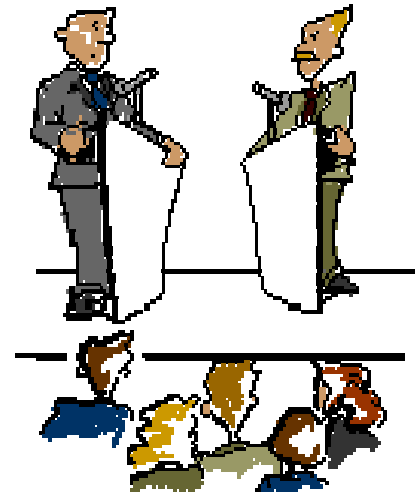
- Healthcare workers function in fragmented systems with numerous handoffs, communication gaps and siloed care**
- Alignment of nursing practice in a new context needed**
 - Patient care demands continuously changing**



Evolution of the CNL role...

YEAR 2000

- **The American Association of Colleges of Nursing (AACN) deliberates about declining school of nursing enrollments and future of nursing.**
- **AACN Board agrees that changes in education, practice, licensure, and credentialing was needed if nursing was to be a career of choice for applicants.**





YEAR 2000 (con't)

- **AACN creates two (2) task forces:**

Education and regulation for professional nursing practice; and

Hallmarks of professional practice environments.

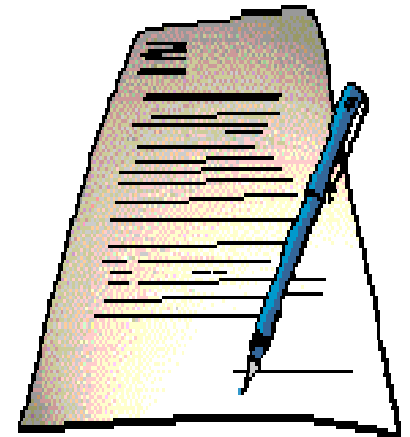
- **Education and regulation for Professional Nursing Practice Task Force recommends a new role for nursing with new competencies.**



YEAR 2002-2003

Hallmark of Professional Practice Environments Task Force

- **Activities culminate with “The Working Paper on the Role of the Clinical Nurse Leader.”**



**The Clinical Nurse Leader, the first role
added to the nursing profession
in over 35 years!**

YEAR 2003

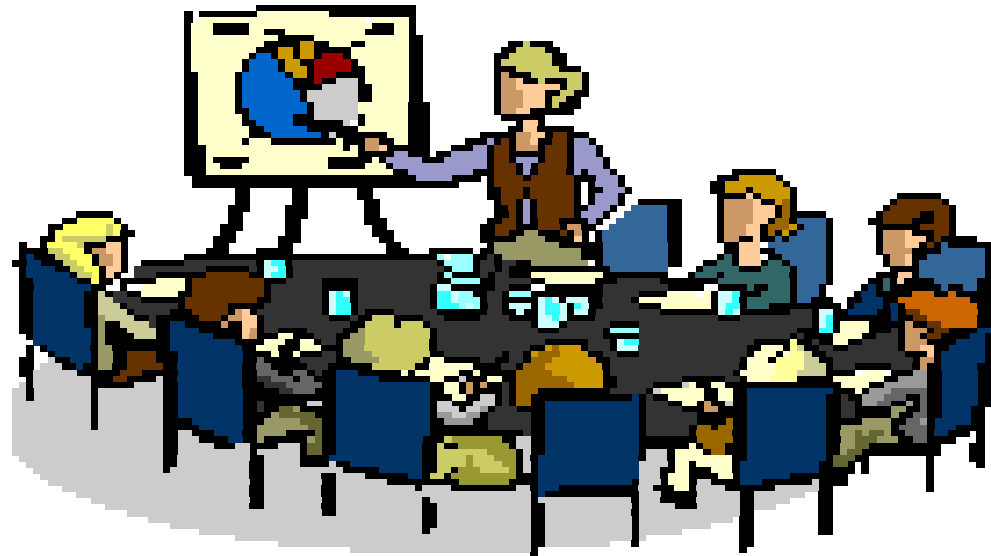
CNL pre-conference hosted by AACN and included participants from education and practice interested in exploring the CNL role.



YEAR 2004

AACN

Appoints a CNL Implementation Task Force to create CNL curriculum and design for practice sites.



YEAR 2004 (con't)

AACN

- **Request for proposals for CNL education and practice sites issued.**
- **Education and practice partners attend a CNL implementation conference.**





YEAR 2005

AACN

- **Implementation task force holds five regional meetings designed to prepare pilot sites for CNL implementation.**
- **CNL Evaluation Committee is formed.**



THE CNL Role: What is Different?

The CNL Role is designed to:

- **Offer options for masters prepared nurses to remain at the bedside on designated units;**
- **View the patient as a whole;**
- **Recognize and correct gaps in communication;**
- **Facilitate effective handoffs;**
- **Create systems that eliminate fragmentation of care; and**
- **Allow CNLs to become the “Lateral Integrator” for the patient care unit.**

Lateral Integration

Integration of care provided by multiple, interdependent and independent disciplines across a continuum of a patient admission or experience.

(Tornabeni, 2006)

The CNL Role In Practice

- **Patient advocate**
- **Manages patient care outcomes**
- **Coordinates and facilitates care with multiple disciplines**
- **Reduces errors and sentinel events**
- **Does not diminish other roles**



The CNL Partnership: Early Adopter Processes





Spring 2003

Vanderbilt University School of Nursing (VUSN)

- **Invites Chief Nursing Officers and Education Focus Group to identify future nurse management needs.**
- **Focus Group concludes that a unit-based role needed that had some of the Clinical Nurse Specialist skills with no supervisory accountability.**



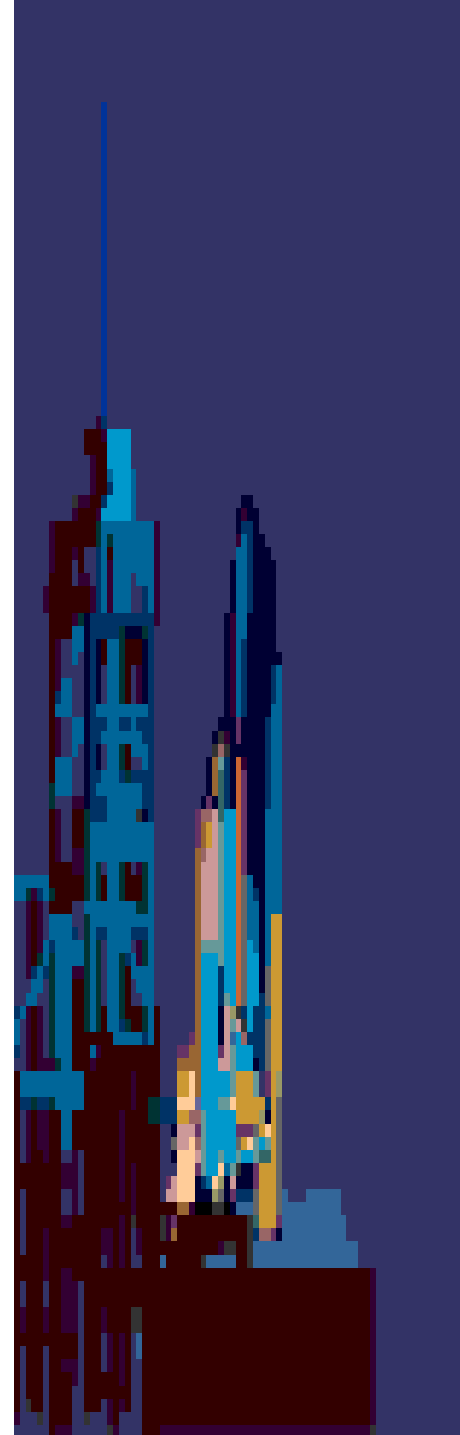
Summer/Fall 2003

- **Air Force Academy asks VUSN to develop a role for graduates similar to recommendations by Spring 2003 Focus Group.**
- **VUSN develops a Clinical Management MSN curriculum that later mirrors the AACN Clinical Nurse Leader.**



Clinical Nurse Leader Partnership October 2003

- **VA decides to launch CNL pilots in collaboration with VUSN**
- **VA Senior Managers and Labor Partners mutually agree for pilot**
- **Pilot units selected**
- **Marketing plan executed**





December 2003

- **CNL position description developed and approved by VA**
- **Core competencies and validation options approved by VA**
- **Role transition of unit-based Case Managers to CNL**
- **CNL competencies validated**

April-May 2004

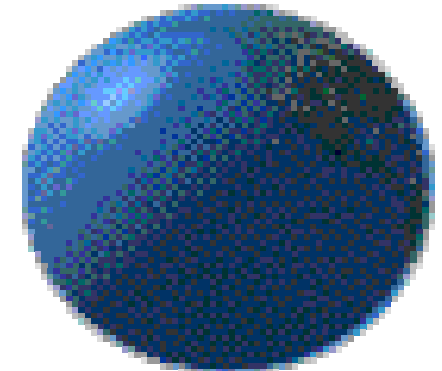
VA and VUSN partnership formalized with AACN





August 2004

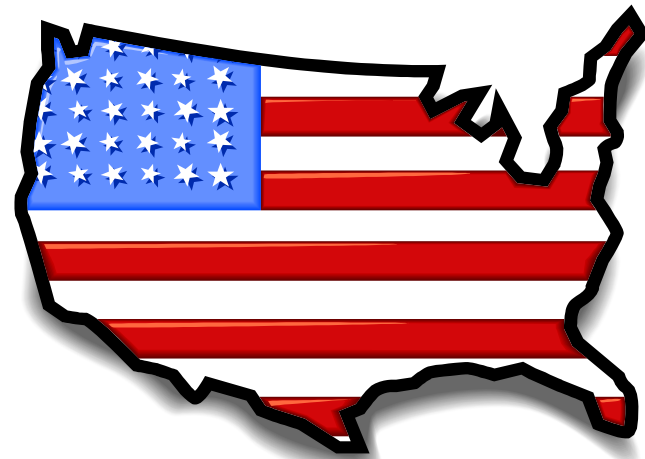
CNL students begin clinical rotation





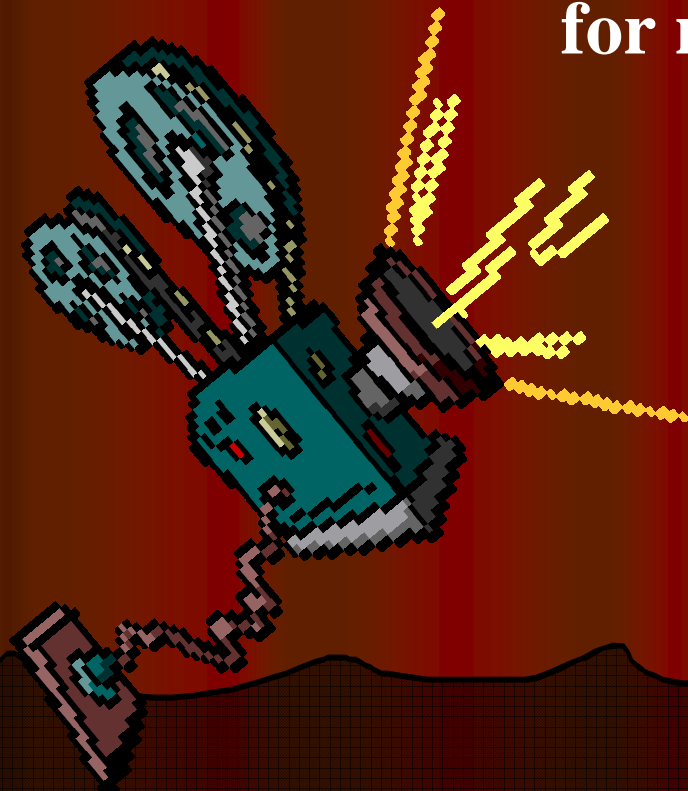
May 2005

- **VA Office of Nursing Service, VA TVHS and VUSN offer CNL core competency validation course for VAs nationwide.**



July 2005

**CNL video produced by VA Office of
Nursing Service, VA TVHS and VUSN
for national distribution!**



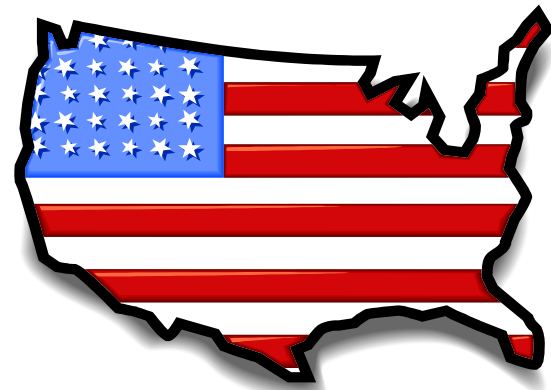


August 2005

- **First CNL group in US graduate from**



- **Second CNL class begins, including post masters option for VA TVHS staff and nation**





November 2005

VA and AACN develop a CNL pilot evaluation tool

January 2006

VA TVHS initiates a pre/post CNL evaluation



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CNL Pilot Evaluation Evaluation Indicators

Financial

Satisfaction

Quality



Evaluation Period

Pre-CNL Assignment

January-March 2005

Post-CNL Assignment

April-June 2005



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Financial Indicator Measures

Inpatient Readmission Within 30 Days of Discharge

Nursing Hours Per Patient Day

Average Length of Stay

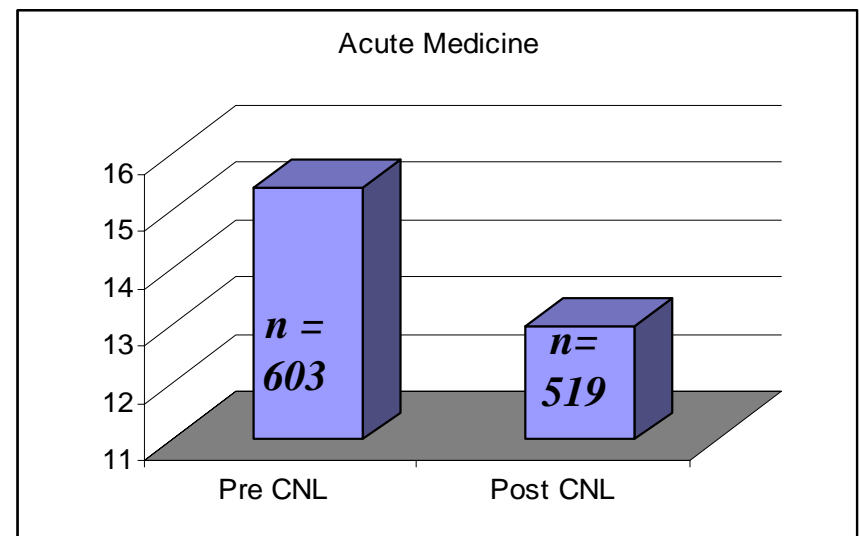
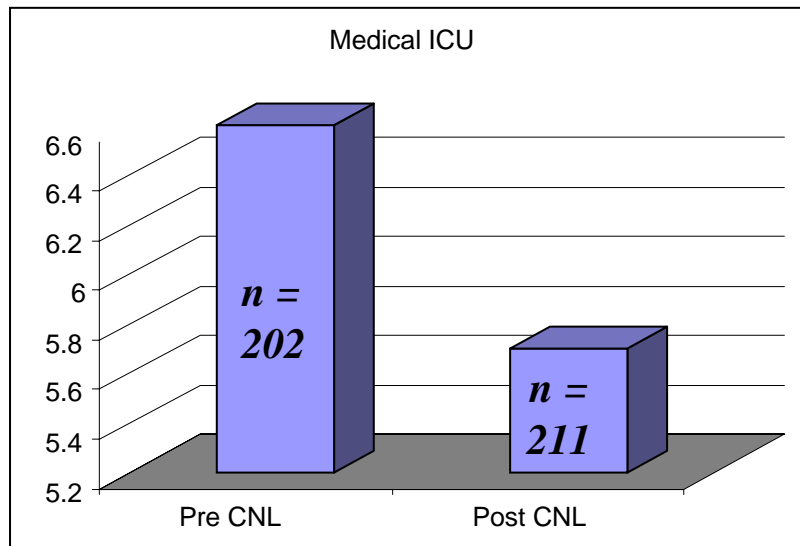


INPATIENT READMISSION

(Financial Indicator)

Data Analysis

- Mining difficult.
- Each encounter for inpatients coded as a discharge; i.e., leaves unit for cath lab.
- Data was rerun by Primary Discharge DRG.



Nursing Hours Per Patient Day

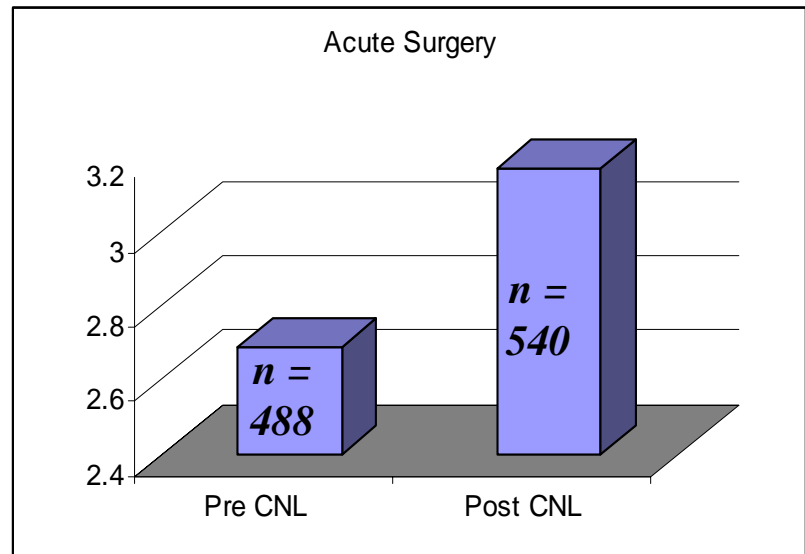
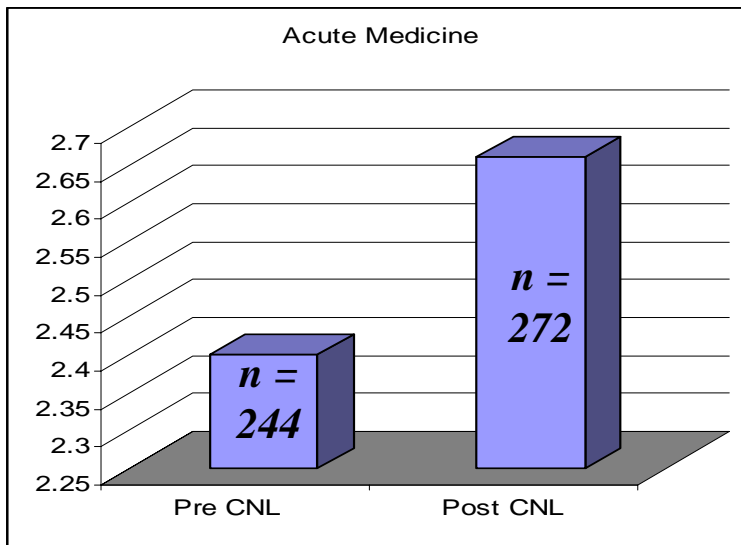
(Financial Indicator)

Definition

Productive hours worked per patient day divided by all staff (RN, LPN, NA) providing direct care.

Data Analysis

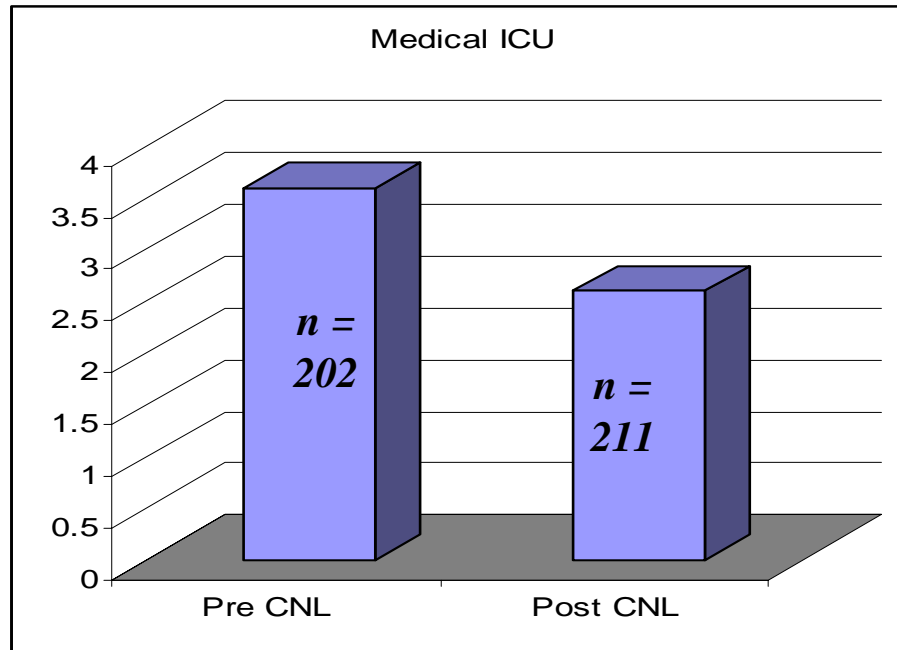
Capturing all nursing staff hours resulted in rerun of data that captured RN hours (CNL and Nurse Manager factored out of calculation).



Average Length of Stay (*Financial Indicator*)

Data Analysis

- Data extract produced Length of Stay (LOS) by treating specialty.
- Findings calculated to reveal Average LOS for unit.

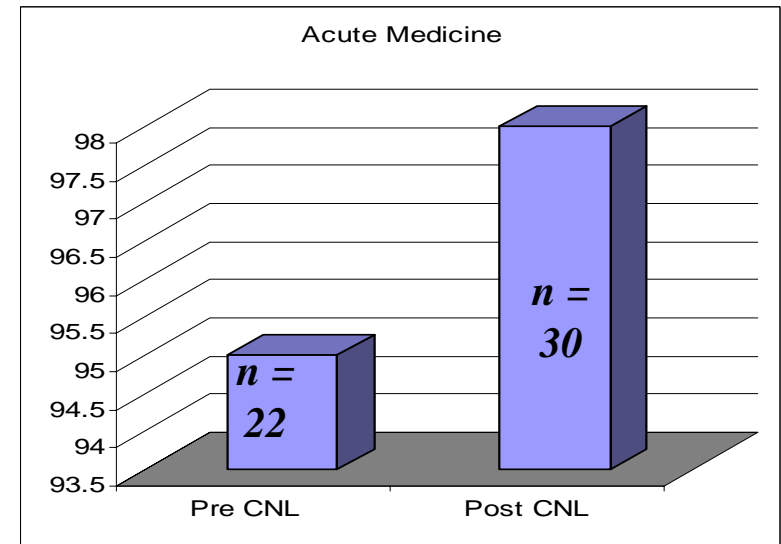
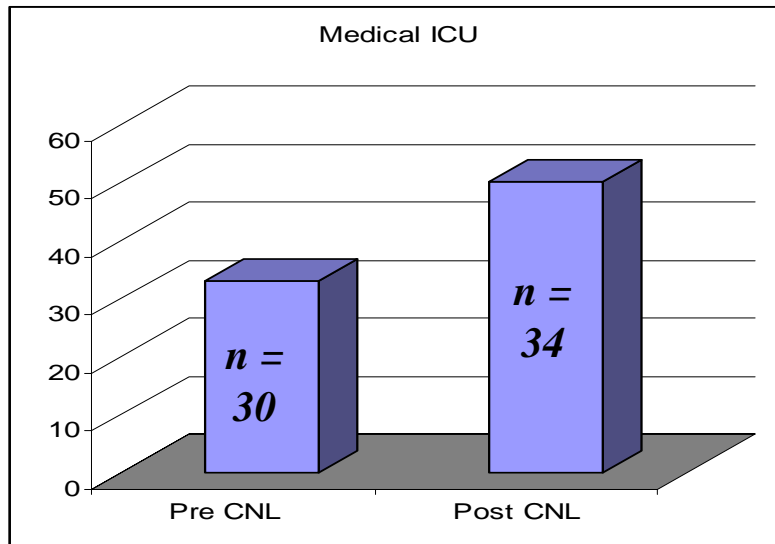


CNL Pilot Evaluation

Satisfaction Indicator

Definition

Percentage of inpatient discharges with a primary diagnosis of heart failure with complete discharge instructions (activity, diet, follow-up appointment, weight monitoring, medication education, and symptom management).



QUALITY INDICATOR MEASURE

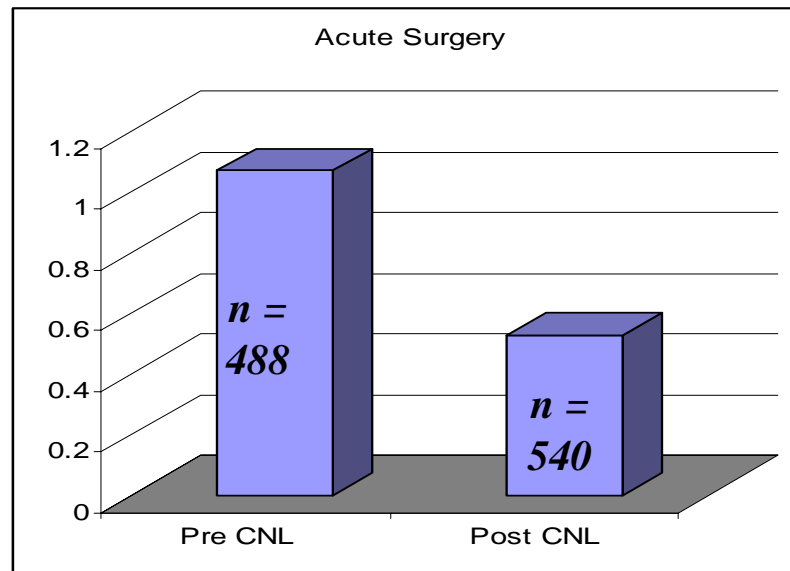
Patient Falls

Definition

Unplanned descent to floor, either with or without injury to patient.

Data Analysis

- Additional riders to data capture (compliance with falls assessment and initiation of interventions) collected.
- Compliance immediately increased, thus limited sensitivity.



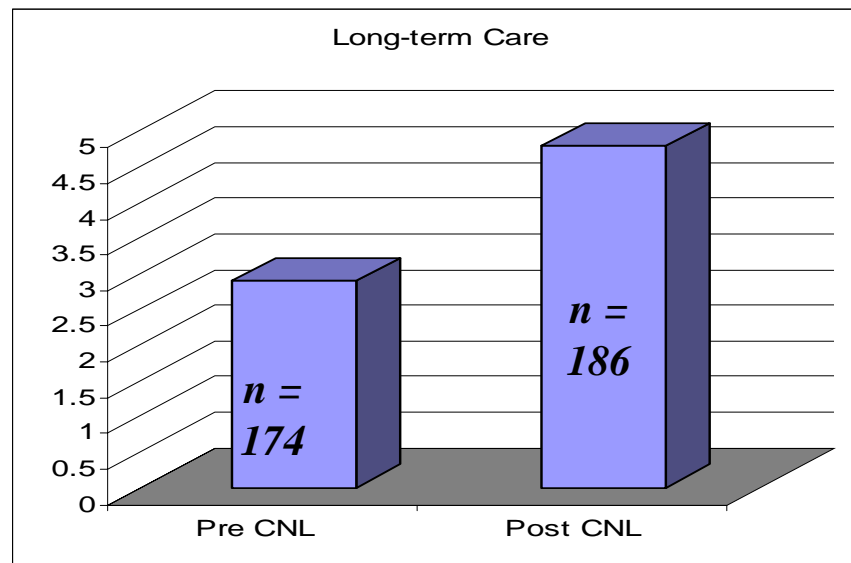
Pressure Ulcers (*Quality Indicator*)

Definition

The number of hospital acquired stage 2 or greater pressure ulcers.

Data Analysis

Requires manual extraction.



Surgical Infections

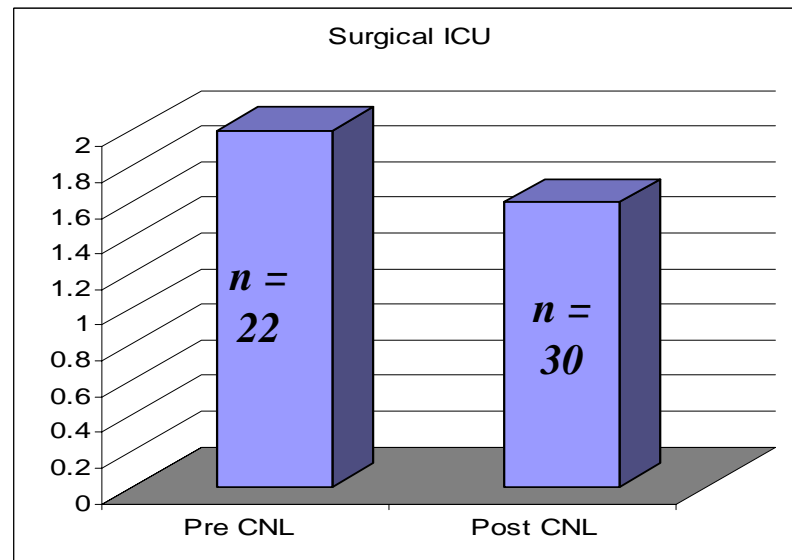
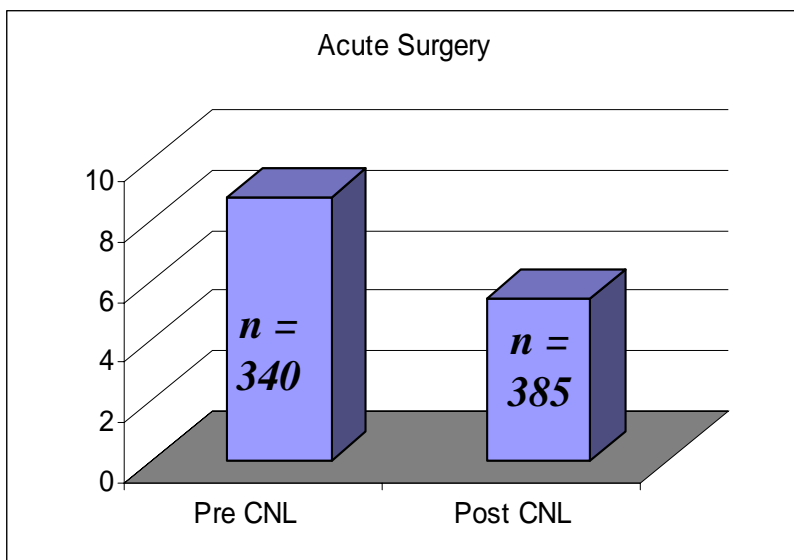
(Quality Indicator)

Definition

Post operative deep infection that occurs within 30 days after an operation and involves both superficial and deep incisions.

Data Analysis

Requires manual extraction.



Post CNL Evaluation Changes

Measure Definition Changes

Financial Indicator	Quality Indicator
<p><i>Inpatient Readmission</i> by specialty and primary discharge DRG.</p>	<p><i>Patient Falls:</i> Should include in definition (assisted falls with/without injury).</p> <p>Eliminate Fall Assessment & interventions (useful as “drill down” options).</p>
<p><i>Average Length of Stay</i> by treating specialty.</p>	<p><i>Surgical Infection Rate:</i> Capture by treating specialty. Calculate both treating specialty rate and total rate of unit infections.</p>

Post CNL Evaluation

**Build Unit-Based Data Collection
Cubes
for “*Just-In-Time*” Capture**



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Questions/Comments...

