Formalizing the Role of the Clinical Nurse Leader in a Progressive Care Unit

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Introduction

- 2004- AACN and leaders from education, practice and regulatory arenas developed the CNL

- First new master’s prepared nursing role in more than 35 years

- In 2010 there were 400 graduates and 1800 enrollees.
CNL Effectiveness By Early Adopters

- Improved efficiency and effectiveness of hand offs
- Pressure-ulcer reduction
- Improved Pain management, patient satisfaction, call-light use with placement of pain boards
- Development of educational materials
- Increased compliance Admission assessment
- Education on recognizing respiratory decompensation
- Improved Handoff communication
- Increase in Nursing hours per patient day
- Reduction in Elective Surgery cancellations
- Reduction in GI procedure cancellations
- Reduction in COA hours assigned to medical-surgical units
- Reduction in VAP
Pico Question

What is the effect (measured in patient outcomes and nurse satisfaction levels) of implementing a formalized career position (the Clinical Nurse Leader, or CNL) on a Progressive Care Unit?
Setting

- Progressive Care Unit with diverse patient population
  - AACN Synergy Model-
    - Training ground for ICU
    - High Acuity patients with complicated surgeries
    - Frequent Monitoring and Nursing Interventions
    - Frequent RRT’s (high potential to decompensate)
  - ONS Model-
    - BMT, Chemotherapy, End of Life
    - Research Protocols
  - Three levels of Care: PCU
Press Ganey Scores (Pre and Post Trial CNL Role)

- Likelihood To Recommend: 77 (Fiscal YR 08/09), 85 (Fiscal YR 09/10)
- Nursing Overall: 65 (Fiscal YR 08/09), 82 (Fiscal YR 09/10)
- Friendliness/ Courtesy: 73 (Fiscal YR 08/09), 77 (Fiscal YR 09/10)
- Promptness to Call/light: 73 (Fiscal YR 08/09), 60 (Fiscal YR 09/10)
- Nurses Attitude toward request: 67 (Fiscal YR 08/09), 60 (Fiscal YR 09/10)
- Attention to special needs: 67 (Fiscal YR 08/09), 70 (Fiscal YR 09/10)
- Nurses kept you informed: 80 (Fiscal YR 08/09), 68 (Fiscal YR 09/10)
- Skill of Nurse: 80 (Fiscal YR 08/09), 67 (Fiscal YR 09/10)
- Responsive to Pain: 83 (Fiscal YR 08/09), 82 (Fiscal YR 09/10)
- Checked ID: 85 (Fiscal YR 08/09), 75 (Fiscal YR 09/10)
The Clinical Nurse Leader Role

- Master’s prepared with CNL Certificate
- Direct care provider
- Clinical decision maker/care manager
- Coordinate direct care activities of other nursing staff and health care professionals
- Improve clinical and cost outcomes
- Evidence based practice
- Interdisciplinary collaboration
- Promote client centered care and participation
- Assessment guided care plans
- Influential in driving unit based and system policies
## National Distribution of CNL Employment

<table>
<thead>
<tr>
<th>Setting</th>
<th>Number of CNLs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute-care inpatient</td>
<td>654</td>
</tr>
<tr>
<td>Community health, public health</td>
<td>39</td>
</tr>
<tr>
<td>Home health</td>
<td>17</td>
</tr>
<tr>
<td>School health, university health</td>
<td>69</td>
</tr>
<tr>
<td>Nursing home, long-term care, sub-acute care</td>
<td>13</td>
</tr>
<tr>
<td>Hospice</td>
<td>2</td>
</tr>
<tr>
<td>Hospital outpatient</td>
<td>26</td>
</tr>
<tr>
<td>Outpatient</td>
<td>37</td>
</tr>
<tr>
<td>Physician practice</td>
<td>3</td>
</tr>
<tr>
<td>Nurse-managed practice</td>
<td>5</td>
</tr>
<tr>
<td>School of nursing</td>
<td>237</td>
</tr>
<tr>
<td>Other</td>
<td>153</td>
</tr>
</tbody>
</table>

Commission on Nurse Certification database, September 2010
Why a Clinical Nurse Leader?

- RNs need a “go to” RN
- Charge Nurse consumed by patient flow
- Compatible with Professional Practice Model (nurse autonomy, accountability, professional development, and an emphasis on high quality care (UCSD, 2008)).
- Global perspective but working at the “microsystem” level
- Reduce fragmentation of 12 hour shifts (CNL knows the story of the patient)
- Quality focused
- Collaboration with MD’s, NP’s for high profile patients
- Development of unit processes/strategic plan
- Development of unit based shared governance structure
Methodology

- UCSD IRB Approval granted July 2011: Project #111201X
- SDSU IRB Approval
- Reduce CNL to 1.0 FTE
- Staff meetings to review trial role results
- Review quality initiatives
- Review of formal role description for Clinical Nurse IV
- Collaborate with neighboring university professors
- Identify “champions”
- Implementation of role
- Post-implementation analysis of patient satisfaction, quality measures and staff satisfaction
Theoretical Framework

Lewin’s Theory of Change
Roger’s Theory of Diffusion of Innovation
Lewin’s Theory of Change

Unfreezing (status quo disrupted)
Delivery of Care
System needs to be changed: “input uncertainty” high; work group practices low; routines not enough to support RN

Movement to a new status quo
The change takes place as the CNL role is implemented.
Goal: Empower the group to accept the CNL by talking often and clarifying roles.

Refreeze to new status
New behaviors “frozen” into the unit culture. CNL is accepted and indoctrinated into daily routine with collaboration and teamwork.
Roger’s Theory of Diffusion of Innovation

**Awareness:** dissemination of information; positive and negatives assessed by staff: what’s in it for me?

**Confirmation:** is the role malleable to unit needs and are the benefits visible to the staff?

**Persuasion:** is it compatible with our unit values, experiences?

**Implementation:** working with CNL to develop new strategies of delivery

**Decision:** talking with an “early adopter” helps move change
Metrics to Measure the Effect of the Change

- Press-Ganey Results
- Nursing Dashboard
  - Core Measures
  - People
  - Quality
  - National Patient Safety Goals
- Unit Based Nursing Survey
Results of the Change
<table>
<thead>
<tr>
<th></th>
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</tr>
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<tbody>
<tr>
<td>CHF discharge teaching</td>
<td>75%</td>
<td>86%</td>
<td>+11%</td>
</tr>
<tr>
<td>Stroke Education</td>
<td>80%</td>
<td>83%</td>
<td>+3%</td>
</tr>
<tr>
<td>Pneumonia Pneumococcal Vaccine</td>
<td>100%</td>
<td>100%</td>
<td>0</td>
</tr>
<tr>
<td>CHF discharge teaching</td>
<td>75%</td>
<td>86%</td>
<td>+11%</td>
</tr>
</tbody>
</table>
## Nursing Dashboard: People

<table>
<thead>
<tr>
<th></th>
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<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>RN Retention</td>
<td>88%</td>
<td>98%</td>
<td>+10%</td>
</tr>
<tr>
<td>Number RN Leaving UCSDMC</td>
<td>8</td>
<td>4</td>
<td>+4</td>
</tr>
<tr>
<td>RN Fill Rate</td>
<td>100%</td>
<td>96%</td>
<td>-4%</td>
</tr>
<tr>
<td>----------------------------------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td>Mislabeled or unlabeled specimens</td>
<td>19</td>
<td>5</td>
<td>+14</td>
</tr>
<tr>
<td>Cardiac/ Respiratory Arrest</td>
<td>14</td>
<td>14</td>
<td>0</td>
</tr>
<tr>
<td>Rapid Response Activation</td>
<td>46</td>
<td>55</td>
<td>9</td>
</tr>
<tr>
<td>Patient eQVrs with high harm</td>
<td>0</td>
<td>2</td>
<td>-2</td>
</tr>
<tr>
<td>Falls Per 1000 Patient Days</td>
<td>3.6</td>
<td>2.8</td>
<td>+0.8</td>
</tr>
<tr>
<td>Falls with injury / 1000 patient days</td>
<td>0.12</td>
<td>0</td>
<td>+0.12</td>
</tr>
<tr>
<td>Medication Errors/ 1000 patient days</td>
<td>31.61</td>
<td>28.35</td>
<td>+3.26</td>
</tr>
<tr>
<td>% Patients in Restraint</td>
<td>3%</td>
<td>0</td>
<td>+3%</td>
</tr>
<tr>
<td>% Patients with Hosp Acquired II</td>
<td>2.3%</td>
<td>1.92%</td>
<td>+0.11%</td>
</tr>
<tr>
<td>---------------------------</td>
<td>-----------</td>
<td>-----------</td>
<td>----------</td>
</tr>
<tr>
<td>Blood Documentation</td>
<td>94%</td>
<td>91%</td>
<td>-3%</td>
</tr>
<tr>
<td>Unapproved Abbreviations</td>
<td>99%</td>
<td>99%</td>
<td>0</td>
</tr>
<tr>
<td>Handoffs</td>
<td>99%</td>
<td>96%</td>
<td>-3%</td>
</tr>
<tr>
<td>Fall Risk Assessment</td>
<td>100%</td>
<td>99%</td>
<td>-1%</td>
</tr>
</tbody>
</table>
Unit Based RN Survey

1. I Recommend CNL as Part of Delivery of Care
2. I am Satisfied with the Work I Do
3. I Accept CNL as Part of Nursing Team
4. CNL Reduces Fragmentation of Care
5. I Have More Support with CNL in Team
6. I Collaborate with CNL on Decisions
7. CNL Promotes Professional Nursing
8. I Feel Safe Handing Off My Patients to the CNL
9. CNL Fosters Communication
10. CNL Assists Me in Providing Quality Outcomes
11. I Believe Patient Care is Safer with the CNL

(n = 10)

Quantified Likert Scale

| Strongly Agree = 4 | Somewhat Agree = 3 | No Opinion = 2 | Somewhat Disagree = 1 | Strongly Disagree = 0 |
## Demographics

<table>
<thead>
<tr>
<th>Years of Experience</th>
<th>Number of RN Respondents</th>
<th>Education</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>4</td>
<td>3 BSN, 1 MSN</td>
</tr>
<tr>
<td>4-8</td>
<td>4</td>
<td>3 BSN, 1 MSN</td>
</tr>
<tr>
<td>8-12</td>
<td>1</td>
<td>ADN</td>
</tr>
<tr>
<td>12-16</td>
<td>1</td>
<td>BSN</td>
</tr>
</tbody>
</table>
CNL Accomplishments 5/11-Present

- Chemotherapy administration competent & champion for 2E
- Focused rounding and collaboration with BMT and Medicine service
- BMT Audit sheet for bedside rounds/ check-off
- Chemotherapy desensitization protocol
- Improved discharge process/ collaboration with Case Manager
- Instrumental in Quality council, skin committee, competency committee, Medication Error Reduction Plan
- “Great Catch” award for stopping an inappropriate discharge with a high INR 8.6
- Daily rounding process with CCP, Charge, NM to promote early ambulation with Enhanced Recovery Program
Conclusions

- Press Ganey
- Retention
- Quality and Core Measures
- Staff Satisfaction
- Held the gains in nursing overall, call light, attitude
- Increased the gains in communication, likelihood to recommend, keeping the patient informed.
- Increased RN retention
- 88% improvement quality
- Improvement in all core measure
- Staff satisfaction 65-90% positive
Conclusion

UCSD Medical Center PCU has benefitted from the formalization of the CNL role into its delivery of care model. The CNL role has demonstrated a capacity to help fulfill the indicators that were measured in this project.
Plans for Dissemination

- CNLs in acute care areas such as Telemetry
- CNL currently in a 9 month RN discharge advocate position at Hillcrest
References


