Taking the road less traveled: An innovative approach to the Clinical Nurse Leader role

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Conflict of Interest...
A Call To Action...

Institute of Medicine (IOM): Core Competencies for Health Professionals-
1. Provide Patient Centered Care
2. Work in interdisciplinary Teams
3. Employ Evidenced Based Practice (EBP)
4. Apply Quality Improvement
5. Utilize informatics

www.iom.edu
“Sunshine is the best disinfectant”

&

“Pressure makes things flow”
Transparency –

Accurate / Timely ??

Timely / Accurate??

Hospital Compare

Where do you want to find a hospital?

Search Information

Location - ZIP Code or City, State
New York, NY
e.g. 10000 or New York, NY

Search type [7]
- General
- Medical Conditions
- Surgical Procedures

Find Hospitals

UAB Medicine
Knowledge that will change your world
Pressure makes things flow...
Enter the Heavy Weights
JC, CMS, Magnet...
- Triple AIM of the legislation...

1. Eliminating wasted services
2. Focus on prevention
3. Reducing costly admissions
Passive Payment vs. Active Purchaser

- Historically CMS was a ‘fee for service’ model. Payments were made to providers for providing healthcare service
  - The more you do the more you get paid

- Value Based Purchasing – VBP
  - Healthcare organizations will get paid quality of outcomes.
Clinical Nurse Leaders (CNL) is the first new master’s prepared nursing role in 35 years.

- CNLs trained as generalist.

- A focus on quality and safety – envisioned to be at unit level.

Baernholdt & Cottingham, 2011
1. Nursing Leadership
2. Providing & Managing Care
3. Care Environment Management
4. Clinical Outcomes Management
5. Health promotion / Risk Reduction
6. Evidence Based Practice
7. Quality, Safety, & Risk Management
8. Health Care Technologies
9. Health Care Systems
10. Health Care Finance & Regulation
UAB Hospital Overview
UAB Hospital

- 1147 beds (927 + 220)
- Medical Staff: 1141
- Nursing Staff: 3000
- Average Daily Census: 950
- Strong Alignment with UAB School of Nursing
Quick Facts

- 10 city blocks & 4.2 million square feet
- Only Level 1 Trauma Center in Alabama
- Largest comprehensive Transplantation program in the southeastern United States
- 100+ Neonatal ICU beds
- 54 Operating Rooms
- Only Magnet Designated Hospital in Alabama
UAB Nursing Vision
Vision Process

- New CNO joined organization in 2007
- Assembled a team of 12 nurses from across the organization
- Team developed a draft document during an off-site retreat and additional small group work
- The draft was shared with staff through focus groups with 129 people attending
- The draft was also shared with charge nurses at their retreat with over 60 in attendance
- Feedback from all was reviewed and changes were incorporated into the final document
Top Priorities Based on The New Vision

- Evidence Based Practice & Research (Will Ultimately Enhance Quality and Patient Outcomes)
- Shared Governance Model (Drive Decisions Down, Improve Coordination)
- Bringing Values, Purpose and Vision to Life (Driving accountability through actions)
- Leadership/People Development
History of the New Shared Governance Model
New Shared Governance Model

- Goal of the new model was to truly drive decisions about clinical practice to the staff level
- Team developed and charged to:
  - Review the shared governance literature and innovative models across the country
  - Explore what other large academic medical centers were doing
  - Develop a proposed model for UAB
  - Model should look at decision making from both a global and unit level perspective
New Shared Governance Model

- Team included diverse membership
- Embarked on a year long journey
- The light came on with MD Anderson presentation
- Conducted on-site visit
- Development of details
History of the Center
For Nursing Excellence
Team developed and charged with:

- Defining the Vision
- Identify needed roles using existing and proposed new positions
- Determine space and material requirements
- Develop job description for Director
- Draft 3-5 year timeline and goals
Center For Nursing Excellence

- Umbrella under which we will coordinate a variety of initiatives and activities all aimed at promoting excellence in nursing practice including:
  - nursing research
  - evidence based practice
  - Magnet
  - new hire support
  - ongoing education and professional development of nursing staff.

- Leadership of the Center will also focus on our strategic relationships with others in the community including schools of nursing.
Leadership Skills Needed to Bring Vision to Life at the Organizational Level:

Why the CNL is Perfect!
The Clinical Nurse Leader at Work:

Shared Governance

Geriatric Scholar Program

CNL Council
Example # 1

Shared Governance
Shared Governance

- Provides the functional structure for direct care nurses to:
  - Ask questions about clinical practice
  - Make clinical practice decisions
  - Assume accountability of their practice
The Nursing Practice Congress (NPC)

- Provides a framework for discussing, vetting, communicating and sharing clinical practice changes
- Promotes evidence based practice
- All departments and all levels within nursing represented
- Actively uses multidisciplinary work teams to address clinical practice issues
Membership

• Chairman and Co-Chairman: Staff Nurses
• 33 Staff Nurses
• 3 Specialty Nurses
• 2 Educators
• 1 Nurse Manager
• 1 Nurse Administrator Director
How did we implement the model?

- Staff nurse chairman provided with 20 hours/week
  - Inaugural chairman = *Clinical Nurse Leader*
- Peer elections were held electronically to fill vacant seats.
  - Resulted in approximately half newly elected representatives.
- All day retreat for representatives
Nursing Practice Congress...

1. Staff Id a problem & presents to NPC

2. NPC votes to accept the issue & creates a team of key stakeholders

3. Team / Work group – EBP, Plan, and Timeline

4. NPC votes

   YES = Implementation and dissemination of information

   NO = Guidance is provided to team leader for further review
CNL Competencies

- Critical Thinking
- **Communication**
- Assessment
- Nursing Technology and Resource Management
- Health Promotion, Risk Reduction, and Disease Prevention
- Global Health Care
- *Designer/Manager/Coordinator of Care*
- Illness and Disease Management
- **Information and Healthcare Technologies**
- **Ethics**
- Human Diversity
- **Healthcare Systems and Policy**
- Provider and Manager of Care
- Member of a Profession
Competencies in Action

- **Communication:**
  - explaining the why, process, responsibility of team members, running effective meetings

- **Designer/Manager/Coordinator of Care:**
  - implementation, leadership, and mentoring of others through the process

- **Information and Health Care Technologies:**
  - creating the data collection process, data integrity, and the ongoing management of the data
Competencies in Action

- Healthcare Systems and Policy:
  - decisions made in NPC result in policy changes for the organization

- Ethics:
  - ability to identify actual or potential ethical issues arising with in the health care team

- Member of a Profession:
  - incorporates professionalism into practice; role model
Accomplishments for First Three Years

• 47 issues
• 44 work teams
• 31 house-wide clinical practice changes
• 35 different disciplines involved
Collaboration

- Staff Nurses
- Informatics
- Physicians
- HSIS
- Pharmacy
- Patient Care Technicians
- Anesthesia
- Microbiology
- Radiology

- Nursing Leadership
- Resource Utilization
- Bio Medical
- Materials Management
- Transfusion Safety Officer
- Infection Prevention and Control
- Case Management
- Data Analysts
- WOCN
Collaboration

- Value Analysis
- Unit Secretaries
- Hospital Laboratory
- Dietician
- Diabetic Educator
- Housekeeping
- Risk Management
- Health Information Management
- Blood Bank
- Food and Nutrition
- Nursing Students
- Hospital Chef
- Patient Advisory Board Member
- Certified Registered Nurse Practitioners
- Escort Services
- School of Nursing Faculty
- Quality Resources
Pulling it together
NPC & Consistency of Cleaning
Consistency in Cleaning

- The Centers for Disease Control (CDC) has encouraged all hospitals to develop programs using quantitative methods to optimize the thoroughness of terminal room cleaning upon patient discharges and transfers.

- Criteria:
  - Initial sample size should be 10-15% of rooms.
  - Evaluation performed by someone other than housekeeping.
Consistency in Cleaning

- A multi-disciplinary team was formed with a goal to establish a process with a clear line of accountability for cleaning specific sites and monitoring cleaning effectiveness.

- Members Included:
  - Staff Nurses
  - Nursing Leadership
  - Housekeeping
  - Infection Control and Prevention
  - Quality Resources
Consistency in Cleaning Results

Pilot Study

TDC Score: Thoroughness of Disinfection Cleaning Score

- September
- October
- November

Patient Area, Bathroom, Equipment, TDC Score
Example # 2

Geriatric Scholar Program
Geriatric Scholar Program

- Nurses Improving Care of Healthsystem Elders (NICHE) Hospital since 2008
- Geriatric Scholar Program (GSP) started in 2009
- Program focuses on providing education to health care providers to improve care of Geriatric Patients
- Program initially only included nurses but opened for other disciplines in 2011
Overview of Geriatric Scholar Program

- Coordinator for program - CNL
- Goals of the program
  - To provide evidence-based geriatric education, improve patient outcomes, and to promote interprofessional collaboration
- 47 have completed the program
- 46 are currently in the program
In year 1, scholars receive core geriatric curriculum through lectures, self-study, group discussion, clinical rotations, and simulation training.

In year 2, scholars receive formal training and mentorship in how to conduct a process or quality improvement project for their unit.
CNL Competencies Utilized in the GSP

- Critical Thinking
- Communication
- Assessment
- Nursing Technology and Resource Management
- Health Promotion, Risk Reduction, and Disease Prevention
- Global Health Care
- Designer/Manager/Coordinator of Care
- Illness and Disease Management
- Information and Healthcare Technologies
- Ethics
- Human Diversity
- Healthcare Systems and Policy
- Provider and Manager of Care
- Member of a Profession
Competencies in Action

- Critical Thinking:
  - Analysis of trends within the organization

- Assessment:
  - Implementation of strategic geriatric focused assessments

- Nursing Technology
  - Leveraging of the electronic medical record
Competencies in Action

- Health promotion, disease prevention:
  - Highlighted by work on functional status

- Global Health:
  - Multicultural teams, aging global society, lesson learned from across the boarder

- Illness and Disease Management:
  - Highlighted by work with delirium management
Competencies in Action

- **Human Diversity:**
  - The full spectrum of the geriatric population

- **Provider and Manager of Care:**
  - Highlighted by Change Theory, PDSA, Interprofessional teams
CNL Role in the GSP

- Standardized worksheet clearly identify problem and goals of project.

- Mentoring – literature search, interventions, and timeline

- Mentoring – analysis and dissemination of project.
Leveraging the CNL

- In the past 2 years
  - 9 Quality Improvement Projects across 17 units
- 27 Scholars have mentored
- 4 projects presented at National Conferences
- 2 projects implemented hospital wide initiative
Benefits from Utilization of the CNL

- Knowledge and experience with
  - Identifying unit needs/ quality initiatives
  - Implementing quality improvement projects
  - Working with interprofessional teams
- Consistent person so that projects can build on each other from year to year
- At system level - aware of hospital needs and initiatives
Highlighted QI projects

- Delirium assessment
- Functional assessment
- Promoting Mobility
- Restraint reduction
- Pressure Ulcer Prevention
- Medication history
Pulling it all together: Examples from the GSP
Pressure Ulcer Prevention Utilizing a Turning Clock

Adherence to Turning Schedule

Number of Patients Age ≥ 65 Audited
- 50 (57%)
- 37 (43%)

Number of Pts Age ≥ 65 with Braden Score ≤ 17
- 35 (70%)
- 14 (30%)

- Blue: Turning Schedule Posted
- Red: Turning Schedule Not Posted

Number of Pts Turned in Correct Position
- 23 (66%)
- 13 (34%)

- Blue: Turned Correctly
- Red: Not Turned
Functional Assessment Project in 2012

Katz Index Results

- **ACE**
  - Baseline ADL status: X
  - Current ADL status: X

- **Ortho**
  - Baseline ADL status: X
  - Current ADL status: X

- **NICU**
  - Baseline ADL status: X
  - Current ADL status: X

- **All Units Combined**
  - Baseline ADL status: X
  - Current ADL status: X

Legend:
- Blue bar: Baseline ADL status
- Red bar: Current ADL status
Functional Assessment Project in 2013

ACE Unit (2012 Data)

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<th>Current</th>
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Example # 3
Advocacy for the Profession
• CNL Developed
• CNL Lead
• Provide platform to demonstrate impact of CNL on quality and safety
CNL Council Membership

- Council Leadership
- Clinical Nurse Leaders
- Faculty
- UAB Nursing Leader
- CNL Students
- CNLs
• Opportunities
• Capacity
POC Documentation

- Point of Care (POC) documentation
  - Benefits
  - Barriers
- Process
  - Microsystem assessment
  - Small tests of change
Next Steps

- Expand to include additional care units
- Actions to sustain change
- Disseminate
Quality and Safety

- Quality and Safety
  - Internationally
  - United States

- Barriers
  - Lack of teamwork
  - Negative culture
  - Poor communication
A Rose by Any Other Name

What is a CNL?

- Skill set
- Knowledge
- Role
Summary – Diversity in Practice

Center for Nursing Excellence

Small Business Owner

Nurse Manager, Case Manager, Quality Manager, Assistant Nurse Manager, Clinical Nurse Leader

Nurse Educator
Summary

- Changes in Healthcare
- Change within UAB
  - Large Academic Health Center (AHC)
  - Quality/Safety at the unit level
- Clinical Nurse Leader (CNL)
  - Shared Governance
  - Geriatric Scholars Program
  - CNL Practice Council
- Clinical Nurse Leader Practice Diversity
References


