The Clinical Nurse Leader

A Valued Member of the Healthcare Team

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The membership of the American Association of Colleges of Nursing, in partnership with its practice partners, has initiated a national effort to create a new nursing role that is more responsive to the realities of a complex technologically advanced, ever-changing healthcare system. This new role is the clinical nurse leader. Nurses in this role will be prepared at the master’s level and will act as lateral integrators of care, patient advocates over the many components of the continuum, and information manager to the multiple disciplines involved in care. Practice and education partners are working together to define the curriculum for this role and create a new care delivery model needed to maximize the skills of the clinical nurse leader and the other team members to achieve better patient outcomes. In this department, the authors present a patient scenario using tracer methodology and delineate the role and functions of the registered nurse, clinical nurse leader, clinical nurse specialist, nurse practitioner, and other members of the interdisciplinary team.

With the introduction of a new nursing role, the clinical nurse leader (CNL), multiple questions about the benefits, potential outcomes, overlap, and fit of the role in a nursing unit and organization are being posed. According to the American Association of Colleges of Nursing (AACN), the CNL functions “as a generalist providing and managing care at the point of care to patients, individuals, families and communities.”

The CNL is not intended to replace any role but is complementary to existing nursing roles. The CNL coordinates and facilitates care with multiple disciplines, thus becoming the lateral integrator for the clinical unit. Unlike the specialized roles of the clinical nurse specialist and the nurse practitioner, the CNL role is designed to identify and correct gaps in communication, create systems that reduce and eliminate fragmentation of care, and view the patient as a whole.

The complexity of the current and future healthcare environment necessitates that nursing capitalize on the assets of all roles. Awareness and clarification of roles and their contribution to care delivery is essential in eliminating duplication and role confusion.

We all have expectations of roles. If expectations consolidate, we speak of roles and define them as a set of prescriptions for defining the behaviors of a position member within a group. Awareness of one’s own role and contributions are the foundation for understanding other team member roles and for developing a shared vision of the team’s mission, objectives, and tasks. Improved organizational effectiveness, improved service to patients, higher levels of professionalism, and enhanced quality can follow.

With the advent of tracer methodology by the Joint Commission on the Accreditation of Healthcare Organizations, comprehensive snapshots of care delivery by individual providers are vividly visible as a patient’s care is traced from entry into the healthcare environment to transfer and discharge. For the purposes of this article, a patient’s care is traced and the role and functions of the
registered nurse, CNL, clinical nurse specialist, nurse practitioner, and nurse manager are presented. Consults to other departments that highlight the importance of interdisciplinary collaboration and communication between nursing and other disciplines are listed.

### Role and Function Comparison Using Tracer Methodology

As illustrated in the role and functions example (Figure 1), the CNL is a valued member of the clinical unit and coordinates a variety of care options. The CNL is in an optimum position to identify subtle changes in patient condition, communicate findings to team members, track clinical interventions and outcomes, and educate staff and patients at the point of care. As the role matures at healthcare systems and more CNLs are available in the market,

**Mr. Johnson was visiting friends when he experienced tingling in his left hand and blurring of his vision. After a few minutes, the tingling progressed up his arm so he decided to visit the emergency department (ED). He had a long history of insulin dependent diabetes and was worried he was hyperglycemic.**

<table>
<thead>
<tr>
<th>Role</th>
<th>Functions</th>
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<tbody>
<tr>
<td>Registered Nurse</td>
<td>Admit to ED, Perform 12-lead EKG, Initiate IV access, Collect lab specimens per protocol, Administer meds as ordered, Communicate to family plan of care and patient disposition, Transfer to Medical Intensive Care Unit (MICU)</td>
</tr>
<tr>
<td>Clinical Nurse Leader</td>
<td>Review assessment and current care, Anticipate risk for complications, Evaluate care against standards/protocols and discuss variances or patient subtleties with nursing staff, Consult Social Work for family contact, Consult Diabetes CNS regarding glycemic regimens, Dialogue with dietician regarding nutritional plan and communicate to nursing staff, Dialogue with treating MD about the nursing plan of care and link nursing plan with MD plan for continuity</td>
</tr>
<tr>
<td>Clinical Nurse Specialist</td>
<td>Evaluate patient's glycemic control and compliance with recommended disease management, Assess need for modification of dosing regimen, Customize testing supplies for impaired vision, Communicate plan to multidisciplinary team</td>
</tr>
<tr>
<td>Nurse Practitioner</td>
<td>Contact patient following notification of his admission to facility, Collaborate with MICU team to clarify any relevant information regarding patient</td>
</tr>
<tr>
<td>Nurse Manager</td>
<td>Assure adequate human and material resources available to deliver patient care, Evaluate performance of staff</td>
</tr>
<tr>
<td>Day 2: Blurred vision &amp; tingling reduced, Increased dyspnea &amp; hypoxia requiring intubation, cardiac enzymes repeated revealing increased Troponin, Serum glucose 150 mg/dl.</td>
<td></td>
</tr>
<tr>
<td>Registered Nurse</td>
<td>Alert CNL to change in patient condition, Increase frequency of patient monitoring and evaluation, Teach patient regarding respirator, disease progression &amp; care regimen</td>
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Figure 1. Role and function comparison using tracer methodology.
outcomes will be measured and communicated. Outcomes are currently being shared using teleconferences, workshops, AACN forums, and web links that evidence what impact the CNL is having on professional nursing practice and on the satisfaction of nurses and consumers of care.

The clinical tracer presented (Figure 1) delineated specific role and functions of nursing staff. However, as organizations develop business cases for employing CNLs, it is critical that an outcome-oriented plan that is inclusive of expected outcomes of the role be developed; that detailed monitoring activities, frequency, and responsibilities be outlined; and that data analysis methods be concisely communicated so replication by other healthcare systems is possible. Using the clinical tracer presented in this article as a basis for analysis, financial, satisfaction, and quality indicators that support an economic argument that considers the costs and benefits of the CNL role over a specified period of time can be applied.

**Evaluation**

The role of the CNL can be evaluated financially as length of stay is reduced in the medical intensive care and acute medical units by coordination of care and communication among all disciplines. Satisfaction by patients and staff can be markers of success as the care is coordinated and successful discharge planning is ensued as evidenced by patient compliance and financially by reduced readmission rates. Staff retention/turnover can be measured as the CNL is able to reduce the number of interruptions and increase seamless communication with the multiple disciplines providing care. Quality indicators are possible as respiratory weaning and glycemic control protocols are followed and updated as needed. Assessment and intervention protocols for maintaining skin integrity can be incorporated into the financial, satisfaction, and quality indicators. To make the business case for the CNL, we must

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**Figure 1. Role and function comparison using tracer methodology (Continued).**

| Clinical Nurse Leader | ▪ Collaborate with social worker to assess family needs/support  
▪ Provide direct care for other unit patients while RN attends to emergency intubation  
▪ Assist RN to trend patient’s clinical data. Coach and mentor staff to analyze change in patient condition with MD provider. |
| Day 3: Insulin drip discontinued. Serum glucose 108 mg/dl. Ventilator weaning protocol initiated. Cardiac enzymes normalized |
| Registered Nurse | ▪ Continue patient monitoring & evaluation  
▪ Teach regarding respirator, disease progression & care regimen |
| Clinical Nurse Leader | ▪ Initiate multidisciplinary team meeting to develop coordinated and well communicated plan of care.  
▪ Continue to coach and mentor staff to analyze changes in patient with MD providers. |
| Day 4. Oxygen Saturation 98% on room air. Patient without tingling or dyspnea. Ophthalmology consult completed with progressive retinopathy identified |
| Registered Nurse | Transfer patient to medical ward |
| Clinical Nurse Leader | ▪ Communicate with CNL on Medical Surgical Ward about patient’s clinical course in ICU  
▪ Coordinate review of care with treatment team to identify what precipitated unexpected decline in patient’s condition Day 2 |
| Clinical Nurse Specialist | ▪ Participate in review of care delivery  
▪ Educate staff regarding contributing factors identified during care conference |
| Nurse Manager | ▪ Participate in review of care delivery  
▪ Collaborate with CNL and team members in policy/protocol changes as needed |
| Medical Surgical Ward | ▪ Review transfer orders and plan of care  
▪ Modify plan of care based on assessed needs  
▪ Anticipate discharge needs and consult CNL |
be cognizant to measure costs, benefits, to whom the benefits accrue, satisfaction, and quality outcomes.

VA Tennessee Valley Healthcare System, in collaboration with AACN, has completed a pilot evaluation of 3 months’ pre-CNL and post-CNL assignment using the 3 evaluation indicators (financial, satisfaction, and quality). The initial results are promising and clearly demonstrate the impact of the CNL role. The results are posted on the AACN Web site for review. Data collection processes, analysis techniques, and discussion of findings are available by contacting the corresponding author. An extensive evaluation including numerous acute, long-term, and ambulatory settings is needed using the CNL evaluation tool proposed by AACN to continuously validate the CNL role.

REFERENCES