



Realizing the Anticipated Effects of the Clinical Nurse Leader

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More than 90 members of the American Association of Colleges of Nursing and 190 practice sites have partnered to develop the clinical nurse leader (CNL) role. The partnership has created synergy between education and practice and nurtured innovation and diffusion of learning on a national basis. In this ongoing department, the editor, Jolene Tornabeni, MA, RN, FAAN, FACHE, showcases a variety of nurse leaders who discuss their new patient care delivery models in preparation for the CNL role and CNLs who highlight partnerships with their clinical colleagues to improve patient care. In this article, the authors explore the actual implementation of the CNL role within the microsystem of the hospital unit and discuss a typical day in the

life of a CNL, how the role achieves lateral integration, and the impact the role has had on quality outcomes and satisfaction for the patient and nurse.

Morton Plant Mease Health Care System, a practice partner with the University of South Florida, is one of the pioneers in implementing the clinical nurse leader (CNL) role. It is a 4-hospital 1,100+-bed not-for-profit health system on the West Coast of Florida. This article demonstrates how the concepts presented in the American Association of Colleges of Nursing's Working Paper on the Role of the Clinical Nurse Leader¹ were actualized on a day-to-day basis.

The CNL is "a leader in the health care delivery system across all settings in which health care is delivered, not just the acute care setting."¹ The implementation of the role varies among different settings. Educated at the master's degree level, the nurse leader possesses a higher level of clinical knowledge and leadership that creates positive patient outcomes. The CNL role was implemented on 2 pilot units. One unit was a 40-bed medical/surgical orthope-

dic unit with the CNL overseeing the care of 15 patients in a remote telemetry subsection of the unit. The second unit was a 44-bed oncology unit with medical/surgical overflow with the CNL responsible for 13 beds. Continuity of care is achieved by the CNL working Monday through Friday.

Why the Role Is Different

According to the American Association of Colleges of Nursing, the CNL functions "as a generalist providing and managing care at the point of care to patients, individuals, families, and communities."¹ Because the unit microsystem is divided into smaller subunits of 12 to 15 patients, the CNL is able to focus on the patients' comorbidities and condition and delve deeper into their medical history, diagnosis, plan of care, and treatments to ensure that the care is complete and appropriate. Providing direct care and clinical leadership at the bedside allows the CNL the opportunity to facilitate patient information; coordinate care between disciplines; identify changes in patient conditions by reviewing laboratory results and radiology reports and

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through patient rounds; and provide education to staff, patients, and families. The use and dissemination of evidence-based practices results in the best possible outcomes for the patient. To organize the large amounts of information available, the CNLs use a daily assessment tool based on the forces of Magnetism adapted by Dr Judy Karshmer that can be found on the American Association of Colleges of Nursing Web site. This tool allows for adjustments in care strategies and directs focus to team members and/or patients who may require judicious intervention by the CNL.

Twelve-hour shifts have been used by many healthcare systems to improve nurse retention and manage the nursing shortage. The result, as noted by Wiggins, has been “fragmentation of care and reduced continuity of care.”^{2(p343)} At Morton Plant Mease Health Care System, the CNL assumes 24-hour accountability for the cohort and has the ability and authority to change the plan of care for the patient. Working 5 days in a row in an 8-hour shift has increased continuity of care and decreased fragmentation. A central figure now has an understanding of the patient’s story and can direct care accordingly.

Fundamentally, communication and relationships between the CNL and all team members are essential in providing continuity of care. Wiggins stresses that “successful collaboration consists of communication, strong interpersonal relationships, based on trust, and time.”^{2(p345)} Initially, at Morton Plant Mease Health Care System, there was skepticism voiced by many nurses regarding

how it would be “helpful to have a nurse overseeing a group of patients. Why not decrease the number we have and give her some patients of her own?” The skeptics were quickly won over, some within 3 hours of role implementation. The CNLs now routinely hear comments such as, “I feel safer knowing you are here; it is great to be able to bounce ideas off you” and “you really do know what is happening with the patient.”

Tornabeni has noted “the CNL role focuses on understanding the interdependency of all disciplines providing care and the need to tap into the expertise of the team, rather than individual providers.”^{3(p106)} By understanding the roles of the interdisciplinary team, the CNL laterally integrates the team to provide patient-centered care. They are facilitators of care, using their knowledge of resources to provide lateral integration of care. The CNLs have become “conductors of care” for the microsystem^{3(p106)} and improved communication by rounding continuously throughout the day, updating the direct care team on laboratory and radiology reports, and communicating changes to the plan of care. Interdisciplinary team members such as the social worker, pharmacist, and varied therapists are consulted daily by the CNL as he or she coordinates the patient’s plan of care.

Other facets of the CNL role include working closely with the unit educator to reinforce the information staff receive from education programs and staff inservices. When there are changes to unit procedures, new equipment, or new forms, the CNL can assist nurses to adapt as well

as act as a resource for existing procedures and protocols. The CNL encourages the nurses on the team to identify patient care, process or work environment issues, and then mentors them through the problem-solving process. Furthermore, the CNL is involved with the development of nursing as a profession, spending some of the time outside the hospital attending professional meetings and collaborating with healthcare leaders.

Impact the CNL has on Patient Care and Nursing Practice

In the role of team manager, clinician and information manager, the CNL is concerned about the management of the specific microsystem and how that management effects patient safety, nursing, physician, and patient satisfaction outcomes. Demonstrating the validity of the role in improving patient outcomes and how financially beneficial the role is to the organization is an ongoing challenge. Two tools, Press Ganey and Team Map (the hospital’s own quality indicator), are used to measure the impact of the CNL. However, many of the outcomes achieved by the CNL are “soft data” and may not be visible in the “bottom line.” The CNL, therefore, keeps a daily journal of different “saves” and qualitative accomplishments that are not easily measured.

Related to patient safety, the outcomes for the CNL rooms are zero falls with injury and nosocomial infections and pressure ulcers, improved patient satisfaction, and 100% of achievement of Centers for Medicare and Medicaid Services core measures.

These figures represent a significant improvement since the implementation of the CNL role. An interesting finding is that there has been improvement in goal setting, a specific project on the oncology unit found in the non-CNL rooms on that unit. This demonstrates the influence of the CNLs beyond their area of direct responsibility. Physician satisfaction and nurse satisfaction are measured yearly, and results are not yet available for 2006. Anecdotally, physicians have expressed their support and satisfaction about the role to nursing administration describing the CNL as their "go to person." On one of the CNL units, 3 nurses had expressed to the nurse manager their intention to leave. All have stayed and said that it was directly linked to the implementation of the CNL role. In another instance, a nurse said, "The CNL makes me want to be a better nurse."

Examples of success stories gleaned from the CNL journals involved many instances when the CNL observed subtle changes in patient's condition, and with CNL intervention, the patients were treated and stabilized without having to be moved to a higher level

of care. This represents a savings of approximately \$1,150 per day billed just for the bed on a critical care unit. One patient (frequently admitted with hyperglycemia) was discovered to have no financial resources to buy diabetic supplies. The CNL contacted appropriate resources for help, obtaining referral information on community resources, and found a local charitable organization to provide diabetic supplies. By this intervention, the patient will have a higher quality of life and readmission will be reduced by providing him with necessary supplies. Frequently, situations have arisen where the CNL, in discussing the physician plan of care, have opened a dialogue where the patient and/or healthcare surrogate has refused feeding tube placement and transfer to an intensive care unit and, in other instances, insisted on transfer to a lower level of care: "the Dr. already told me he can't help my heart so I want you to stop monitoring it." In each of these instances, costly procedures were avoided, but most importantly, the patient's wishes were honored.

Ultimately, the CNL, just like every nurse, works for the benefit

of the patient. Our experience has demonstrated that the quality and safety of patient care has improved because of the clinical expertise and continuity of care provided by the CNL. The role has also proven to be an incentive for nurses to go back to school. Currently, we have 4 registered nurses pursuing their CNL education and 3 registered nurses who returned to school to complete their bachelor's degree and then immediately began the CNL program. Nurses go into the profession to make a difference in patient's lives. The CNL role addresses the increased complexity of patient care by placing emphasis on patient safety and is revolutionizing nursing's approach to patient care and the nursing profession.

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