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**AHRQ HEALTH CARE INNOVATIONS EXCHANGE**  
Innovations and Tools to Improve Quality and Reduce Disparities

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January 2010

### Clinical Nurse Leader as Quality Champion: A Dialogue About an Effective Nursing Innovation

The AHRQ Care Innovations Exchange held a *Chat on Change* online dialogue about effective nursing innovation on January 27, 2010.

**Moderator:**



Marilyn Chow, RN, DNSc, FAAN, Kaiser Permanente

**Lead Innovator:**



Nancy Hilton, RN, MN, St. Lucie Medical Center

[View Slides](#)

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**Panel Slides**

Jump to Slides:

[1](#) [2](#) [3](#) [4](#) [5](#) [6](#) [7](#) [8](#) [9](#) [10](#) [11](#) [12](#) [13](#) [14](#) [15](#) [16](#) [17](#) [18](#) [19](#) [20](#) [21](#) [22](#)

**Slide 1**



Welcome to the AHRQ Care Innovations Exchange Chats on Change

**Related Innovation Profiles:**

- Implementing Clinical Nurse Leader Role Improves Core Measures Performance, Patient and Physician Satisfaction and Reduces Nurse Turnover

Today's Chat: Clinical Nurse Leader as Quality Champion: A dialogue about an Effective Nursing Innovation

[Back to top](#)

## Slide 2

### Your Host

Judi Consalvo  
AHRQ Center for Outcomes and Evidence

[Back to top](#)

## Slide 3

### What Is the Health Care Innovations Exchange?

Searchable database of service innovations

- includes successes and attempts
- Wide variety of sources — including unpublished materials
- Vetted for effectiveness and applicability to patient care delivery
- Categorized for ease of use: extensive browse and search functions
- includes successes and attempts
- includes successes and attempts

Learning Opportunities

- Web event in April on pharmacy-related innovations
- At the end of this web event, please complete the evaluation

[Back to top](#)

## Slide 4

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**Chats on Change**

How to find Archived Materials

- [www.innovations.ahrq.gov](http://www.innovations.ahrq.gov) (Resources Tab)

Next Event

March 2010, Webinar *Ensuring Cultural Competency Across Care Settings*

Date to be determined

Evaluation

At the end of the chat, please complete the evaluation.

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[Back to top](#)

**Slide 5**

**AHRQ Health Care Innovations Exchange**  
**Who is chatting with us today?**

What is your primary role?

Answer the question in the chat window

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[Back to top](#)

**Slide 6**

**AHRQ Health Care Innovations Exchange**  
**How to Chat**

- To ensure that all attendees can view your contributions, please be sure to select "All Participants" for the "Send to:" option.
- To expand the chat portion of your screen, drag your cursor on the vertical line to the left of the chat box
- If you are having any difficulty with the sound coming through your computer speaker, please notify the moderator via the chat feature.
- To refresh your screen, press f5

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[Back to top](#)

### Slide 7



**Today's Chat**

**Clinical Nurse Leader as Quality Champion:  
A Dialogue about an  
Effective Nursing Innovation**

*Moderator: Marilyn Chow,  
RN, DNSc, FAAN*

*Dr. Marilyn Chow,  
RN, DNSc, FAAN*

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### Today's Chat

Clinical Nurse Leader as Quality Champion:  
A Dialogue about an Effective Nursing Innovations

Photo Marilyn Chow, RN, DNSc, FAAN

[Back to top](#)

### Slide 8



**The Innovators**

*Lead Innovator  
Nancy Hilton  
CNO*

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### The Innovators

Photo Lead Innovator, Nancy Hilton, CNO

[Back to top](#)

### Slide 9

**The Innovators**

St. Lucie Medical Center: Clinical Nurse Leaders  
 Top Row: Barbara Edwards, Karen Giovengo, Lori Smith  
 Bottom Row: Evelyn Rudd and Gina Shouse

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St. Lucie Medical Center: Clinical Nurse Leaders  
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[Back to top](#)

**Slide 10**

**St. Lucie Medical Center**

- 229-bed Acute Care Community Hospital
- Established in 1983
- HCA Affiliate
- One of Five "Destination Nursing Hospitals" by The Healthcare Advisory Board
- Magnet Designated™

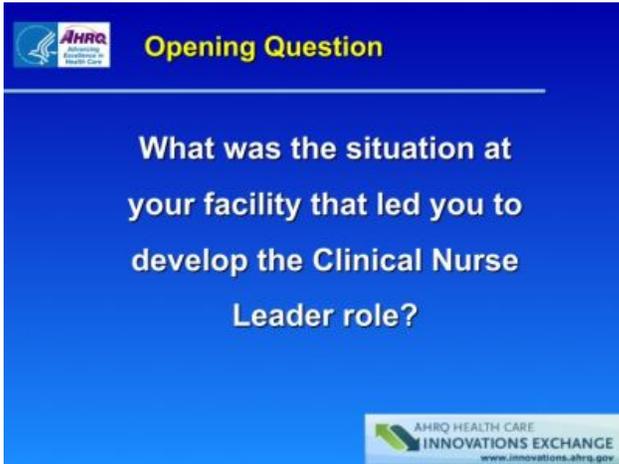
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[Back to top](#)

**Slide 11**

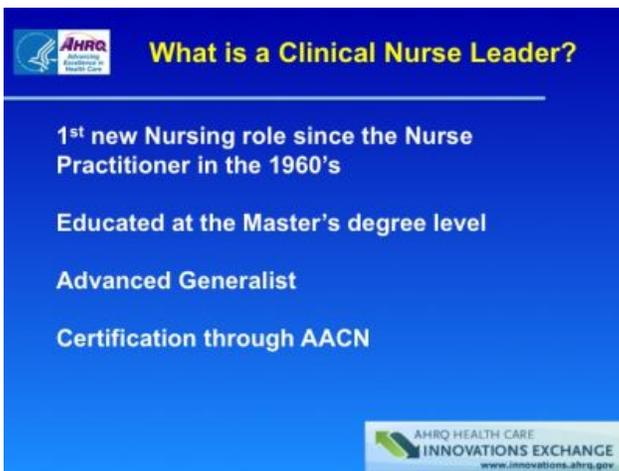


**Opening Question**

What was the situation at your facility that led you to develop the Clinical Nurse Leader role?

[Back to top](#)

**Slide 12**

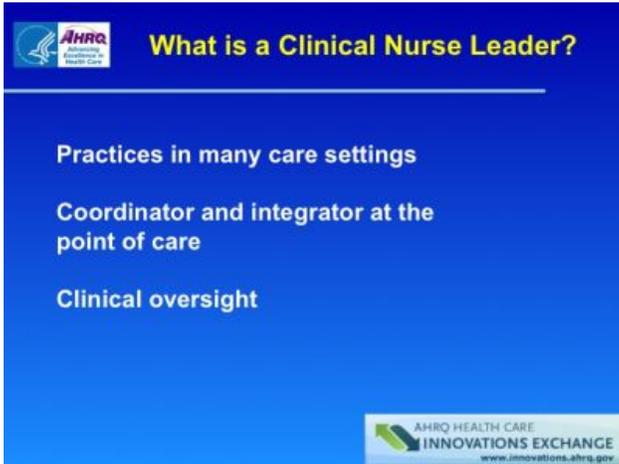


**What is a Clinical Nurse Leader?**

1st new Nursing role since the Nurse Practitioner in the 1960's  
 Educated at the Master's degree level  
 Advanced Generalist  
 Certification through AACN

[Back to top](#)

**Slide 13**



**What is a Clinical Nurse Leader?**

Practices in many care settings  
 Coordinator and integrator at the point of care  
 Clinical oversight

**Slide 14**



**Benefits of a CNL**

Retain clinical experts at the bedside  
 Enhance the knowledge and skills of the current and future workforce  
 Clinician that is able to achieve outcomes while managing resources

[Back to top](#)

**Slide 15**

**Why have a CNL at your Facility?**

At St. Lucie there were 2 driving forces to create CNL's:

- Rapidly changing healthcare environment
- Nurse staffing and shortage crisis

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**Why have a CNL at your Facility?**

At St. Lucie there were 2 driving forces to create CNL's:  
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[Back to top](#)

**Slide 16**

**Other Reasons to have CNLs at your Facility:**

- Coordinate and plan interdisciplinary care
- Serve as liaison to physicians
- Facilitate Quality Improvement and dissemination of best practices
- Mentor and coach less experienced nurses
- Communicate with patient/family

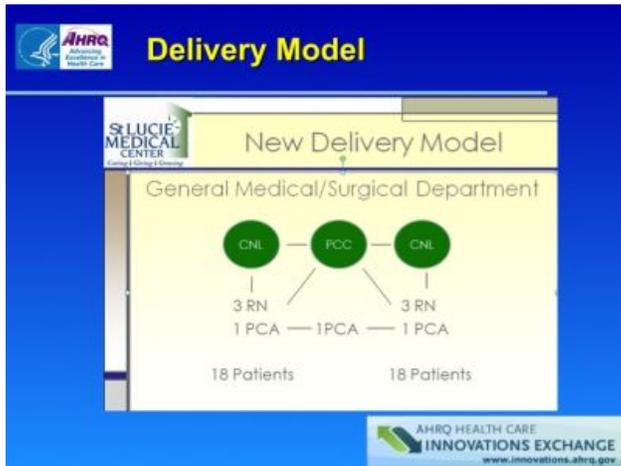
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**Other Reasons to have CNLs at your Facility:**

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[Back to top](#)

**Slide 17**



**Delivery Model**

Graphic of developing a delivery model

[Back to top](#)

**Slide 18**

**Designing a Delivery Model**

Conducted focus groups with nursing staff  
 Utilized external consultant to assist in dialogue  
 Group focused on delineation of nursing roles; led to design of new delivery model

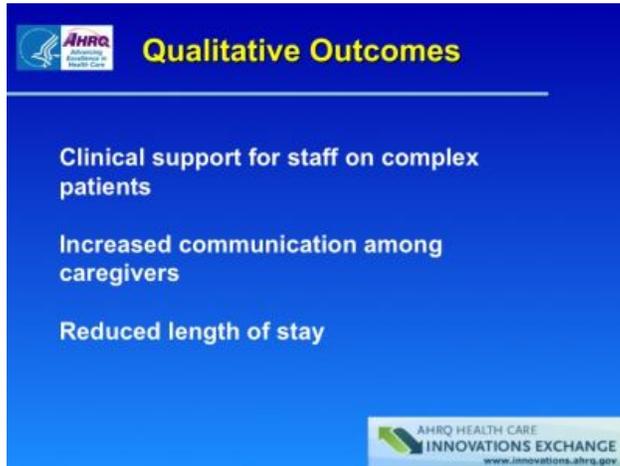
[Back to top](#)

**Slide 19**

**Pilot Testing New CNL Delivery Model**

4 CNLs placed in two nursing units: progressive care and general medical/surgical  
Units selected for patient volume, inconsistent patient satisfaction scores, & other factors

[Back to top](#)

**Slide 20**

**Qualitative Outcomes**

- Clinical support for staff on complex patients
- Increased communication among caregivers
- Reduced length of stay

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**Qualitative Outcomes**

Clinical support for staff on complex patients  
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[Back to top](#)

**Slide 21**

**Qualitative Outcomes**

- Near misses/omission of care
- Recruitment initiative
- Continuity of Care -including post discharge follow up

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**Qualitative Outcomes**

Near misses/omission of care  
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[Back to top](#)

**Slide 22**



## Questions or Comments

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[Back to top](#)

### Transcript

#### Introduction

[What is the Health Care Innovations Exchange?](#)

[Chats on Change](#)

[What is a Clinical Nurse Leader?](#)

[Delivery Model](#)

[Quantitative Outcomes](#)

[Questions or Comments](#)

#### Your Host: Judi Consalvo

My name is Judi Consalvo. I'm a program analyst in AHRQ's Center for Outcomes and Evidence. We are very excited about today's topic and glad to see that you share our enthusiasm. We will be polling you in a few minutes to get a better feel for who has joined us today.

We also welcome your thoughts on other topics we could address with you. At the end of today's event, your computer will automatically take you to a brief evaluation form. Please be sure to complete the form, as your comments will help us to plan future events that meet your needs. You can also e-mail your comments and ideas to us at [info@innovations.ahrq.gov](mailto:info@innovations.ahrq.gov). (READ: info-"at"-innovations-"dot"-ahrq-"dot"-gov)

[Back to Top](#)

#### What is the Health Care Innovations Exchange?

Searchable database of service innovations

- Includes successes and attempts
- Wide variety of sources – including unpublished materials
- Vetted for effectiveness and applicability to patient care delivery
- Categorized for ease of use: extensive browse and search functions
- Innovators' stories and lessons learned
- Expert commentaries

Learning opportunities

- Learning Networks: A chance to work with others to address shared concerns
- Educational content
- Webcasts and online chats featuring innovators, experts, and adopters

[Back to Top](#)

#### AHRQ Health Care Innovations Exchange *Chats on Change*

Next Event

- March 2010, Webinar *Ensuring Cultural Competency Across Care Settings*
- Date to be determined

Evaluation

- At the end of the chat, please complete the evaluation.

[Back to Top](#)

### Today's Chat

What is your primary role? Answer the question in the chat window.

**Panelist Barbara Edwards:** SLMC We are ready to begin.

**Liz Prosch:** Organizational development director Nurse administrator.

**Katie Procter:** Quality Leader — BC Patient Safety and Quality Council.

**Rita Hardy:** Quality Improvement Nurse.

**Susan Ferry:** Respiratory Therapist.

**Karen George:** Karen is more of an educator serving in CNL role, Misty with me is attending CNL program.

**Katie Siegrist:** I am the recruiter for Montana State University's CNL graduate program option.

**Host Judi Consalvo:** We proudly present this Chat because we appreciate the importance of nursing innovations, including innovations that take place in the very challenging care setting of hospitals.

I'd like to introduce our moderator for today's event: Marilyn Chow. Marilyn is the Vice President of Patient Care Services in the Program Office at Kaiser Permanente. She is also the Program Director for the RWJ Executive Nurse Fellows Program. Dr. Chow has made significant contributions to nursing throughout her scholarship, leadership, and political and civic involvement.

**Linda Leavell:** I work in a national role for an organization in patient care services.

**Host Judi Consalvo:** I would also like to introduce our team of innovators. Innovations are almost always a team effort, and the new role of Clinical Nurse Leader at St. Lucie Medical Center in Port St. Lucie, Florida, is no exception. Nancy Hilton is the Chief Nursing Officer at St. Lucie Medical Center, 194-bed hospital. She has been CNO at St. Lucie for 14 years.

[Back to Top](#)

### What is a Clinical Nurse Leader?

- 1st new Nursing role since the Nurse Practitioner in the 1960's
- Educated at the Master's degree level
- Advanced Generalist
- Certification through AACN
- Practices in many care settings
- Coordinator and integrator at the point of care
- Clinical oversight

### Benefits of a CNL

- Retain clinical experts at the bedside
- Enhance the knowledge and skills of the current and future workforce
- Clinician that is able to achieve outcomes while managing resources

### Why have a CNL at your Facility?

At St. Lucie there were 2 driving forces to create CNL's

- Rapidly changing healthcare environment
- Nurse staffing and shortage crisis

### Other Reasons to have CNLs at your Facility:

- Coordinate and plan interdisciplinary care
- Serve as liaison to physicians
- Facilitate QQuality Improvement and dissemination of best practices
- Mentor and coach less experienced nurses
- Communicate with patient/family

Note: Comments beginning with "@" symbol are directed toward a specific person; all other comments are to all participants.

**Panelist Barbara Edwards:** @Claire Gangware — Nice to hear from you. We just attended the AACN

National Summit for CNL's. Apparently there are 1000 certified CNL's in practice

**Carolyn Cagle:** I teach at TCU that has a program CNL

**Robyn Mitchell:** I am a CNL Candidate enrolled in a Post Master's CNL program.

**Julie Shinn:** Dr. Chow, Could you share the extent of or plans for implementation in the Kaiser system?

**Host Judi Consalvo:** We will also be chatting with St. Lucie's team of Clinical Nurse Leaders. They include Lori Smith, Clinical Care Coordinator; Barbara Edwards, Karen Giovengo, Evelyn Rudd, and Gina Shouse

**Panelist Evelyn Rudd:** @Robyn Welcome

**Kim Hall:** CNL in a Geriatric Evaluation and Management Outpatient Clinic in South Texas Veterans Hospital

**Kari Hamson Kalis:** I am certified CNL and our hospital is going to pilot CNL model starting in May

**Kathy Swarthout:** I am a student in a MSN program, looking forward to teaching RN students.

**Panelist Nancy Hilton:** we needed clinical expertise at the bedside

**Panelist Barbara Edwards:** @Carolyn Cagle — I think we met some CNL students from TCU in San Diego

**Panelist Nancy Hilton:** healthcare was changing ie core measures and other expectations

**Daphne Williams:** PACU nurse and CNL student

**Panelist Evelyn Rudd:** @CNL current students, Welcome, any questions relating the role?

**Kari Hamson Kalis:** to bring organizational goals/outcomes to the bedside

**Panelist: Barbara Edwards:** @Kari Kalis — We have 4 certified CNL's and two more in school. We have been succesful in implementing the role on our inpatient units.

**Margaret Baird:** How does one initiate the CNL role in a small rural hospital?

**Panelist Nancy Hilton:** we needed continuity across the continuum

**Glenda Webb:** I have just started a new position as Staff development.

**Frances SeEVERS:** two brand new certified CNL'S As of 2pm today here in ohio,... looking for jobs in our area

**Kim Hall:** A clinical leader to bring EBP to the bedside

**Bonnie Denholm:** I am confused about the CNL role and was hoping to get clarification here today

**carolyn cagle:** Thanks Barbara — about the connection to TCU

**Barbara Edwards:** @Frances SeEVERS — AWESOME

**Virginia Hostetter:** Approximately how many CNL are needed per bed size? We are not a large academic facility only 162 beds

**Kari Hamson Kalis:** Hi Barb, We are truly beginning and really trying to work out the details as much as possible before go-live in May

**David Hughes:** What are your thoughts about how the CNL fits into the hierarcyhy of the typical acute care hospital? Are they peers with the ANPs and the CNS's?

**Peggy Barksdale:** CNL is not a CNS

**Kathy Swarthout:** CNL sounds like what the BSN was supposed to be

**Karen George:** I've worked with CNSs and am currently working with a CNL—2 great specialties with unique assets to the healthcare arena

**Nancy Hilton:** @Virginia...we have a CNL for every 18 patients. some hospitals are able to do a lower ratio

**Peggy Barksdale:** So is the CNL collaborating with your facility's CNS Karen?

**Panelist Barbara Edwards:** @Kari — We began talking with staff and leadership months prior to implementation. We had some formal dialogue sessions as well as informal "breakroom" discussions. We tried to prepare the staff as much as possible.

**Frances SeEVERS:** thank you... check out website for American Association Colleges of Nursing.. has a nice chart compares CNS to CNL role

**Karen George:** I've seen the CNS role as clinical experts unit based with system applications. CNL as a more general role

**Vivien Cruz:** How do you avoid utilizing the CNL as a staff during a short staff crunch?

**Panelist Gina Shouse:** @Kathy a CNL is an advanced generalist and master's prepared nures, a clinical expert at the bedside

**Nancy Hilton:** @David Hughes...the CNL reports to the nursing director/manager or that particular nursing unit. The CNL is the clinical quality expert

**Panelist Evelyn Rudd:** @Kari A Clinical Nurse Leader we provide lead with Interdisciplinary Rounds, bring EBP to the bedside, work with New Employees, & graduate Nurses, We are the link for communication between families, patients, & healthcare staff

**Panelist Nancy Hilton:** @Brenda Cook...you have to find a partner university that has a CNL program... more of them are starting the program

**Panelist Barbara Edwards:** @Vivian — How do you avoid using your managers when you have a staffing crunch? It is a different role and cannot be used to replace one from the other. There may be times when you have to change priorities but n ot roles.

**Panelist Nancy Hilton:** @Michele G....that is great you are working in the ED as a CNL. thanks for pioneering in the ED. We have not implemented in the ED yet!!

**Panelist Gina Shouse:** @ Gennie — with the CNL we decreased incidence of pressure ulcers, falls, increased patient and md satisfaction, increased nurse recruitment and retention

**Vivien Cruz:** Thanks. Barbara. I have the task to always reinforce my role but at times it's very difficult.

**Kathy Swarthout:** Does the CNL position add another layer of expert between the patient and the actual care giver?

**Panelist Evelyn Rudd:** @Leanna, Yes we do oversee the patients care plan thru out admission.

**Virginia Hostetter:** How large of a facility is St. Lucie?

**Kathy Swarthout:** Are CNL's shifted from one area to another to fill staffing shortages?

**Kim Hall:** All nurses are expected to bring EBP to the bedside, however a CNL studies at the microsystem level (unit level) and can assess the patient population and synthesize processes, patterns, as well as the needs of professionals to deliver the resources and care for the patient

**Panelist Karen Giovengo:** @Virginia St Lucie is 224 bed hospital with 4 CNL's and 2 more in school

**Panelist Barbara Edwards:** @Lisa Guy —CNL's assist the bedside nurse in understanding EBP and assisting them in implementation. It is hard for some nurses to change their practice the CNL understands the difficulties in delivering patient care

**Peggy Barksdale:** Evelyn how many patients from admit to D/C does the CNL handle day wise, week, etc...?

**Panelist Nancy Hilton:** @Tena...yes CNLs can function throughout the hospital. Most CNLs are in acute care at this time, but there are also CNLs in the school system

**Panelist Nancy Hilton:** the CNL program on a part time basis is 2 years ie 33 credits

**Panelist Gina Shouse:** @Kathy — yes. A CNL is a clinical expert at the bedside, mentoring and coaching the bedside nurse

**Karen Carnes:** Is there a role for CNLs outside of the acute setting?

**Bonnie Denholm:** how is CNL different than a case manager or CNS?

**Panelist Evelyn Rudd:** @Peggy depends on the unit census between 18-22

**Nancy Hilton:** @Katherine...strong focus on research and EBP to be a CNL with a quality focus

**Kari Hamson Kalis:** would love to connect with a 12-16 bed unit who has implemented and look at your implementation process and current workflow — would like to do a telephone conference with an organization regarding this. If willing to help or collaborate, please email kmhamson@gundluth.org (Kari Hamson-Kalis RN, MSN, CNL)

**Virginia Hostetter:** Does St. Lucie have a Quality Department? And What is Quality Dept. role in relation to the CNL approach?

**Kari Hamson Kalis:** would love to connect with a 12-16 bed unit who has implemented and look at your implementation process and current workflow — would like to do a telephone conference with an organization regarding this. If willing to help or collaborate, please email kmhamson@gundluth.org (Kari Hamson-Kalis RN, MSN, CNL)

**Peggy Barksdale:** See, 2 years — 33 credits — how does the CNL become an instant "expert" clinically?

**Margaret Baird:** Any VA folks online? Wondering if you guys have implemented the CNL? Do you detect any differences in the VA system versus the Community Hospitals in your area?

**Peggy Barksdale:** Evelyn thank you for the answer

**Panelist Barbara Edwards:** @Bonnie — A Case manager focuses on discharge planning and discharge needs. A CNS focus on a specialty area. The CNL is an advanced generalist — they focus on a cohort of patients — from admission through discharge.

**Panelist Nancy Hilton:** @Katherine...yes, the CNL initiates programs to improve NDNQI outcomes ie fall reduction and pressure ulcers.

**Natasha Jaramillo:** My understanding is that a CNS or CNL is always at the masters degree level

**Panelist Evelyn Rudd:** @ Virginia yes quality dept. We work together with patient issues & concerns

**Margaret Baird:** Thanks Portland VA

[Back to Top](#)

### Delivery Model Designing a Delivery Model

- Conducted focus groups with nursing staff
- Utilized external consultant to assist in dialogue
- Group focused on delineation of nursing roles; led to design of new delivery model

### Pilot Testing New CNL Delivery Model

- 4 CNLs placed in two nursing units: progressive care and general medical/surgical
- Units selected for patient volume, inconsistent patient satisfaction scores, & other factors
- Group focused on delineation of nursing roles; led to design of new delivery model

**Host Judi Consalvo:** Lets move to discussing the Delivery Model

**Panelist Evelyn Rudd:** @Natasha both are at the Master's level, we have implemented the role prior to graduation

**Tonya Cannon:** Does CNL provide direct patient care?

**Panelist Gina Shouse:** @ Tonya — yes, we assist bedside nurses on complex patients

**Eron Wahid:** I work as a patient care facilitator at the VA in houston which is a modified CNL role.

**Panelist Barbara Edwards:** @Peggy — I don't know that a CNL becomes an expert "instantly." Through education and practice they bring a strong knowledge of nursing to the bedside. They are Master's prepared — this education includes a component of assessment and pharmacology from the ARNP tract.

**Panelist Nancy Hilton:** @Lisa...I understand the question...several of our CNLs used to be charge nurses. The focus on the generalist masters program provides a broad spectrum...huge focus on research and EBP. They work across the system with many depths including case management

**Panelist Evelyn Rudd:** @Eron, we have heard of the position in the past, other facilities refer to it as patient care facilitator

**Susan Hall:** On this slide 18 patients, 3 RN's and 1 PCA and 1 CNL...is that ideal staffing?

**Panelist Nancy Hilton:** @Katherine...during hard times...how do we convince admin to buy into the role... we had to be FTE neutral. We eliminated a couple of roles in order to have the CNL role

**Kari Hamson Kalis:** In my typing error above, would like to conference with someone who has implemented 12-16 bed model, email kmhamson@gundluth.org

**Nancy Hilton:** @susan...yes, that is what works for us within our financial framework.

**Eron Wahid:** well there are 3 of us at this VA and the role just began last September. We are all currently enrolled in school to the a CNL online, so we are Master degree students.

**Susan Hall:** For a 16 bed unit, I currently have a free Charge, 4 RN's and two PCA

**Peggy Barksdale:** I like this chatting — I can go up & down to read & reread & inquire. It is rather a silent dialogue

**Panelist Evelyn Rudd:** @Kari please feel free to contact us relating our model

**Panelist Barbara Edwards:** @Kari — our emails should be provided, but if not barbara.edwards@hcahealthcare.com

**Panelist Nancy Hilton:** @Carrie...it is 6 to 1 ratio for the primary nurse plus the CNL and PCAs

**Tonya Cannon:** patient care coordinator?

**Eron Wahid:** we work on nursing sensitive indicators. We work on improving outcomes on our unit. 1 of us is on a nursing home floor, 1 of us is on a medicine floor, 1 of us is on a surgical floor

**Panelist Barbara Edwards:** @Tonya — Our patient Care Coordinator is our Charge Nurse

**Panelist Nancy Hilton:** We have moved beyond the 2 pilot units. We have added it to our Med/Oncology unit and next will be our Ortho unit

**Panelist Evelyn Rudd:** @Eron, We also participate with the NDNQI

**Peggy Barksdale:** @ Alice —I liked your collaboration CNSs do work in that sphere of the Organization —

**Eron Wahid:** there's a bit of role confusion right now because no one knows exactly what we're here for. The staff looks at us like we're a burden and giving them more work to do. They think we're spies.

**Panelist Nancy Hilton:** @Katherine...the CNL will relieve the charge nurse for lunch, but does not assume the role

**Peggy Austin:** Does anyone utilize a CNL in the out pt surgery setting?

**Panelist Evelyn Rudd:** @Katherine, we work closely with the charge nurses & case managers

**Tonya Cannon:** to our VA facilities, would this person work in the NOD role?

**Panelist Nancy Hilton:** @Susan...the CNLs do not do direct care as an assignment, but definitely assist and step in when and where they are needed to support the staff nurse

**Tami Swartz:** Can we tag topics? Such as #salary or #designing model?

**Peggy Austin:** Susan do you or are you a CNL and what do you specifically do in surgical services?

**Panelist Barbara Edwards:** @Eron — We spent quite a bit of time discussing with staff, We worked with Charge Nurses, Staff Nurses and Case Managers to be sure that everyone understood roles and responsibilities.

**Tim Rawson, ILN:** good idea tami

**Panelist Nancy Hilton:** Regarding the Designing of the pilot units...we selected the units because they were the largest and needed the most support at the bedside

**Panelist Barbara Edwards:** @Tonya — What is NOD

**Panelist Evelyn Rudd:** @Tami it was a group collaboration for design model

**Sandra Calm:** @Myra Couch, I'm a CNL student from the University of Portland, working with Michele Goldschmidt here in the PVAMC ED. Feel free to contact me at calm09@up.edu.

**Tim Rawson, ILN:** What are the advantages/disadvantages of implementing this new care delivery model (by adding CNL's)?

**Panelist Evelyn Rudd:** @Tim advantages are increased nurse, physician, & patient satisfaction

**Tonya Cannon:** Nurse of the Day (like a house supervisor)

**Panelist Nancy Hilton:** Timeline started with FAU (Florida Atlantic University) in Dec 2004, opened the pilots in Dec 2006 and graduated the first CNLs in Aug 2007

**Eron Wahid:** Barbara, we spent quite a lot of time explaining our roles as well. its a big adjustment for staff nurses who have been on the floor for a long time

**Panelist Barbara Edwards:** @Tonya — No a CNL would not be NOD.

**Kim Hall:** At STVHCS VA in San Antonio please feel free contact me Myra Couch

**Margaret Baird:** @Barbara Edwards — Nurse of the Day

**Peggy Austin:** I currently work as a CNL over acute care services. This is a fairly new position and no defined role. The CNS rols hs been with the organization for years and is well defined.

**Eron Wahid:** how have you all been able to get the staff engaged?

**Panelist Barbara Edwards:** A CNL works with patient's families, physicians and staff to ensure quality outcomes. There really is no time for additional responsibilities. We focus on Nurse sensitive quality indicators, patient satisfaction and physician satisfaction.

**Eron Wahid:** there is so much resistance from the staff as far as change

**Panelist Nancy Hilton:** @Kari we showed the model in one of the slides. the CNL works with about 3 primary nurses

**Panelist Evelyn Rudd:** @Tim disadvantages are the unknown, it relates to the a new position, "buy in" from all levels of organization, The Key is to have someone who believes in the role, our CNO

**Panelist Barbara Edwards:** @eron — WHY??? CNL's supplement the care provided by the bedside nurse — They are there to support and supplement.

**Panelist Nancy Hilton:** we preaped the staff by having focus groups. both the charge nurses and the primary nurses had a difficult time as we started to discuss the role. it took about 3 months after implementation for everyone to understand the new design.

**Panelist Gina Shouse:** @Eron — when we implemented the role in the pilot units — we had a weekly

conference with the staff re: concerns, issues or recommendations. We got their buy-in by asking for feedback and also including them in organizing the delivery care model

**Peggy Austin:** Susan we have nurses who call pts pre-op and tell them when to stop the Coumadin. Do you review all the pre-op assessments of your patients or how do you identify which ones have special needs? Could I get your email address?

**Panelist Evelyn Rudd:** @Peggy we do not currently have a CNL in that area

**Eron Wahid:** Nancy and Panelist, those are great ideas. im thinking me and the staff should have weekly meeting to discuss concerns

**Kim Hall:** Dramatic communication increase when the CNL implemented a morning and noon -huddle (situation awareness) where the staff briefly meet less than 5 minutes to discuss what our goals are for the day, anticipating resources we will need etc

**Panelist Evelyn Rudd:** @ Eron that sound like a wise choice, don't give up, communication & support is the KEY

**Glenda Webb:** What capacity are CNL being used in Magnet hospitals?

**Eron Wahid:** So initially did you find that the staff was working with you or against you

**Panelist Gina Shouse:** Before implementing the role, we informed the staff of the CNL role, we had monthly conferences to educate the staff with concerns or questions they may have. We educated them re: bedside shift report, hourly rounding

**Kim Hall:** quantitative outcomes in the outpatient setting: decreased ER visits by 64

**Panelist Nancy Hilton:** @Glenda...we are recently a Magnet Hospital...we could have never achieved this without our CNLs. They were the core of our journey

**Panelist Barbara Edwards:** @ Eron — That really worked for us — it made the staff feel a part of the change

**Panelist Karen Giovengo:** core measure outcomes are at 100%, decreased unit acquired pressure ulcers, decrease in patient falls

**Sandra Calm:** Kim, what interventions were implemented to produce the 64% decrease in ED visits? What were your outcomes measures?

**Panelist Gina Shouse:** Our CHF re-admissions have decreased

**Panelist Evelyn Rudd:** @Eron at first I believe the was some resistance, when are became aware that nobody was going to take another position, it became a team effort

**Peggy Barksdale:** Across the country, CNL seem to have various roles — unit manager, quality personnel, a change agent, ...facilities are noting the Master's level & VA appears to be consistent in their CNL "tasks"

[Back to Top](#)

#### Quantitative Outcomes

- Clinical support for staff on complex patients
- Increased communication among caregivers
- Reduced length of stay
- Near misses/omission of care
- Continuity of Care—including post discharge follow up
- Reduced length of stay

**Host Judi Consalvo:** Now onto Quantitative Outcomes

**Panelist Barbara Edwards:** Quantitative Outcomes — We are very proud of our % of nurses with national certification — the CNL's support and mentor the staff in obtaining these certifications.

**Panelist Nancy Hilton:** The CNLs attend the Unit Practice Councils and are able to work with the staff to improve outcomes. our HCAHPS outcomes have improved drastically in the last 6 months

**Kim Hall:** Yes hospital readmission decreased as patients were able to access the care they needed in time

**Panelist Barbara Edwards:** Outcomes — Our NQF voluntary turnover rate fell to 0.0 in 2008.

**Eron Wahid:** any improvement ideas for a nursing home floor? quantitative or qualitative

**Panelist Nancy Hilton:** Our physician satisfaction also increased drastically on the NDNQI RN survey

**Panelist Barbara Edwards:** Quantitative outcomes — Our med surg unit — had 5 consecutive months with no unit acquired pressure ulcers!

**Eron Wahid:** HOW Barbara????

**Panelist Evelyn Rudd:** @Eron focus on process improvements in place that need immediate intervention

**Panelist Nancy Hilton:** Next Steps...to add another CNL to our Orthopedic Unit. We have one more CNL who will graduate in 2010. Then we will look at ED, ICU and OB

**Myra Couch:** What is the next step and how does the DNP level nurse fit into this if at all?

**Peggy Austin:** Nancy, How many beds do you have on your orthopedic unit and how many CNL's

**Barbara Edwards:** @Eron — CNL's made daily rounds and assisted nursing staff in obtaining specialty beds and wound care consults in a timely manner. The primary nurse may have every intention of requesting the same interventions — but it would be done after med passes, assessments ,breaks,... The CNL is able to get it down more timely.

**Panelist Nancy Hilton:** @Peggy...we have a census of 18-24 on our Ortho Unit..

**Panelist Nancy Hilton:** @Peggy...we will have 1 CNL

**Panelist Barbara Edwards:** It is nice to see that many of you are interested in the CNL role.

**Peggy Barksdale:** So, would certification say in Orthopaedics be a "plus" for the CNL?

**Mary Robinson:** Can anyone share documentation tools/requirements of a CNL. Any templates that would be beneficial?

**Panelist Evelyn Rudd:** @Participants, thank you for your time!

**Nancy Hilton:** I do believe the CNL is the role of the future for nursing. as a Nurse Exec i need to know we have clinical expertise at the bedside.

**Barbara Edwards:** @Mary — try looking at [www.aacn.nche.edu\CNL](http://www.aacn.nche.edu\CNL).

**Eron Wahid:** oh i see Barbara. To anyone, what happens to those nurses who continue to chart in the same matter, fail to chart on wounds after management has been informed?

**Kim Hall:** To Nancy Hilton—Thank you for your support of the CNL role and enjoyed your presentation at the CNL Summit.

**Peggy Austin:** Very interesting topic with a great deal of helpful information. Would like to have had audio though:)

**Panelist Nancy Hilton:** @Kim...thank you very much.

**Panelist Barbara Edwards:** @eron — we coach and mentor, most of the time when nurses are resistant to change it is because they do not have the tools or know how to make the changes. I have not come across a situation where a nurse refused to comply. if it occurred I would defer to the unit manager

**Host Judi Consalvo:** I'm afraid we are now out of time and have to bring this Chat to a close. Sincere thanks to our presenters and our audience for a great exchange. We value your feedback. Please spend a few minutes to complete the evaluation that's about to appear on your screen. You can also contact us at any time at [info@innovations.ahrq.gov](mailto:info@innovations.ahrq.gov)

**eron wahid:** thanks Barbara

**Peggy Barksdale:** It was 28 pages long this chat — thanks for the communication I see the CNL a little better in their role.

**June Estock:** How does the CNL education differ from a Master Degree in Nursing? How does the education prepare them for the CNL role in comparison to a Masters in Nursing? Many Patient Care Facilitator roles mimic that of a CNL. Do you believe Masters prepared nurses can function in a similar role at the same level as a CNL prepared nurse?

[Back to Top](#)

#### Questions or Comments

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