

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

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Innovation

Snapshot

Summary

St. Lucie Medical Center created a new position, known as the clinical nurse leader, who provides interdisciplinary coordination, facilitates care planning, serves as a physician liaison, encourages quality improvement and adherence to evidence-based practices, mentors and coaches less experienced nurses, and communicates with the patient and family. The program led to improved performance on Centers for Medicare & Medicaid Services core measures, reduced nurse turnover, and increased patient and physician satisfaction.

Evidence Rating [\(What is this?\)](#)[\(What is this?\)](#)

Moderate: The evidence consists of before-and-after comparisons of key outcomes measures, including scores on CMS core measures, nurse turnover, and physician and patient satisfaction.

Use By Other Organizations

- As of February 2008, 329 nurses had been credentialed as clinical nurse leaders across the country, with an additional 1,250 students being enrolled in the master's-level program to become a clinical nurse leader.²

Date First Implemented

2006

Problem Addressed

Although hospitals face a number of internal and external challenges that could be met by nurse leaders who focus on clinical issues, few hospitals have nurses specifically trained in clinical leadership today.

- **Many challenges in hospital care:** Like many hospitals, St. Lucie Medical Center faced a number of practical challenges, including a high demand for nursing expertise at the bedside, a shortage of nurses, increasing patient acuity, suboptimal continuity of care, “broken systems” that require intervention from nurse leaders, and competencies of novice nurses.¹
- **Growing need to address nursing-sensitive quality indicators:** Hospital quality of care is increasingly being measured with indicators that are highly sensitive to the quality of nursing care, including 34 “core measures” defined by the Centers for Medicare & Medicaid Services (CMS).² Although having a nurse leader focus solely on clinical care (rather than administrative tasks) can help to promote care coordination and evidence-based practices that lead to better performance on these measures, few hospitals have such nurses today.

Description of the Innovative Activity

St. Lucie Medical Center created a new position, known as the clinical nurse leader, who provides interdisciplinary coordination, facilitates care planning, serves as a physician liaison, encourages quality improvement and adherence to evidence-based practices, mentors and coaches less experienced nurses, and communicates with the patient and family. Currently, four such nurses serve on two hospital units—the medical/surgical unit and the progressive care unit. Key elements of the clinical nurse leader role include the following:

- **Coordinate and plan interdisciplinary care:** Clinical nurse leaders review each patient’s care plan throughout their hospital stay to ensure that all care needs are being met, including those related to medications, diagnostic testing, education, and other areas. Clinical nurse leaders also routinely lead interdisciplinary care rounds (3 days a week on the medical/surgical unit, and 5 days a week on the progressive care unit) with case managers, respiratory therapists, pharmacists, dietitians, infection control staff, and other nonphysician clinicians. During rounds, the group assesses whether patients have any special needs that should be addressed.
- **Serve as liaison to physician:** A clinical nurse leader serves as the “point

person” who communicates patient care needs and treatment responses to the physician and also rounds with physicians to discuss the patient’s clinical status and ensure that critical information is shared with other physicians and caregivers. When patient care needs arise, the clinical nurse leader often assists the primary nurse by calling the physician.

- **Facilitate quality improvement, including identification and dissemination of best practices:** Clinical nurse leaders review data and trends from reports generated by the hospital’s electronic medical record to determine system performance related to patient outcomes and then suggest areas for improvement. For example, they review fall, pressure ulcer, and infection rates; adherence with CMS core measures; and Hospital Consumer Assessment of Healthcare Providers and Systems (more commonly known as HCAHPS) Patient Perception Survey data. The clinical nurse leaders meet with nurse managers to discuss individual nurse performance issues and/or determine whether a system-wide performance improvement initiative is warranted. Clinical nurse leaders also identify best practices for implementation. For example, two leaders reviewed the hospital’s catheter-associated infection rates, researched evidence-based practices associated with infection rate reduction, and designed a strategy for implementing these practices on the units.
- **Mentor and coach less experienced nurses:** Clinical nurse leaders mentor, coach, and educate new staff members, in particular working with preceptors (experienced nurses assigned to work one-on-one with new nurses) to help facilitate staff instruction. They also conduct unit-wide training and education related to topics such as falls, pressure ulcers, and new policies and procedures (e.g., bedside shift reports).
- **Communicate with patient/family:** Clinical nurse leaders visit patients and families on a daily basis to review care plans, solicit input, and provide education about disease processes and treatment. As appropriate, they convey any patient and family concerns to physicians.

Context of the Innovation

St. Lucie Medical Center is a 200-bed, for-profit hospital (an affiliate of the Hospital Corporation of America, Inc.) located in Port St. Lucie, FL. Like many hospitals, St. Lucie Medical Center faced challenges related to rising patient acuity and population growth, both of which increased the demand for hospital services. These challenges raised hospital leadership interest in piloting a new nursing role. In 2005, leaders at St. Lucie Medical Center accepted an

invitation to collaborate with Florida Atlantic University to implement and evaluate this new role, known as the clinical nurse leader. In 2005, the university implemented a new graduate-level educational program to prepare providers to take on this role; the goal was to prepare graduates to meet master's-level core competencies and achieve certification through credentialing examination established by the American Association of Colleges of Nursing.³ After implementing the educational program, Florida Atlantic University solicited interest from hospitals in southeast Florida to pilot test the new role; the university selected six hospitals, including St. Lucie Medical Center, to serve as clinical partners.

Results

Creation of the clinical nurse leader role led to improved performance on CMS core measures, lower nurse turnover, and increased patient and physician satisfaction on the pilot units. Information provided in January 2011 demonstrates recent improvement on Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores.

- **Better scores on CMS core measures:** Between the fourth quarter of 2006 and 2007, scores on composite core measures reflecting quality and cost-effectiveness of care increased from 90 to 97 percent for acute myocardial infarction, from 91 to 96 percent for congestive heart failure, and from 80 to 85 percent for pneumonia. During 2008 and 2009, these same core measures increased to 100 percent.¹ As of January 2011, these results have been sustained over time.
- **Lower nurse turnover:** The nurse turnover rate fell from 11.2 percent in the fourth quarter of 2006 to 2.6 percent in the fourth quarter of 2007.¹ As of January 2011, the rate remains at this low level.
- **Higher patient and physician satisfaction:** Average scores on patient satisfaction surveys increased from 3.25 (on a 5-point scale) in the fourth quarter of 2006 to 3.64 in the fourth quarter of 2007. Physician satisfaction scores increased from 2.96 to 3.13 over the same time period.¹ Information provided in January 2011 indicates that high patient and physician satisfaction scores have been sustained.
- **Improved HCAHPS scores:** Information provided in January 2011 indicates that St. Lucie Medical Center has improved HCAHPS scores since implementing the clinical nurse leader role. In 2010, the hospital achieved scores above the 50th percentile (68 percent overall) according to the CMS Hospital Compare Web site, representing an increase from the 25th

percentile (65 percent overall) before 2009.

Evidence Rating *(What is this?)(What is this?)*

Moderate: The evidence consists of before-and-after comparisons of key outcomes measures, including scores on CMS core measures, nurse turnover, and physician and patient satisfaction.

Planning and Development Process

Key elements of the planning and development process included the following:

- **Obtaining leadership support:** The chief nursing officer presented information to the medical center's senior executive team about the new role, describing how this position could help the medical center improve the quality and efficiency of care. She also proposed participation as a clinical partner with Florida Atlantic University.
- **Selecting and interviewing candidates:** The chief nursing officer and other nursing leaders met to discuss potential candidates for the position (from the existing staff nurse pool) and to outline a selection strategy. Rigorous interviews of candidates led to the selection of four registered nurses (all of whom had baccalaureate degrees).
- **Obtaining education:** The four nurses completed the aforementioned education program, earning their master's-level degrees and certification. Information provided in January 2011 indicates that three more nurses have obtained clinical nurse leader certifications, bringing the total to seven.
- **Designing delivery model:** A consultant helped St. Lucie Medical Center design a new nursing care delivery model that incorporates the new position. The consultant held three sessions with nursing leaders, patient care coordinators, clinical nurse leader students, and staff nurses. By the end of these sessions, the group delineated the various nursing roles, wrote the job description for the new position, and designed a new nursing care delivery model for the pilot nursing units.
- **Pilot testing the position:** In late 2006, the medical center piloted the new position by placing the four nurses in two nursing units: first in a 36-bed progressive care unit and then a 45-bed general medical/surgical unit. Pilot units were selected based on several factors, including (but not limited to) patient volume, number of novice nurses, inconsistent patient satisfaction scores, and strong unit leadership. As of January 2011, St. Lucie Medical Center has spread the role to two additional units.

Resources Used and Skills Needed

- **Staffing:** The program required no new staff, as the four clinical nurse leaders came from the existing pool of nurses (who were replaced). Each clinical nurse leader oversees approximately 20 patients; time spent with each patient varies depending on complexity of need.
- **Costs:** The cost of the program varies depending on the cost of the graduate program and whether the hospital wishes to provide tuition reimbursement. St. Lucie Medical Center provided full scholarships (covering both tuition and books) to the four nurses. Use of a consultant, which can add additional costs, is optional.

Funding Sources

Florida Atlantic University provided a grant to cover the cost of the consultant who helped design the new nursing care delivery model.

Tools and Resources

The CMS inpatient process of care core measures are available at https://www.cms.gov/HospitalQualityInits/18_HospitalProcessOfCareMeasures.asp#TopOfPage.

The CMS inpatient outcomes core measures are available at https://www.cms.gov/HospitalQualityInits/20_OutcomeMeasures.asp#TopOfPage.

Information about the clinical nurse leader role, including a brochure and implementation toolkit, is available from the American Association of Colleges of Nursing Web site: <http://www.aacn.nche.edu/CNL>.

A paper entitled “White Paper on the Role of the Clinical Nurse Leader” is available at <http://www.aacn.nche.edu/publications/white-papers/cnl>.

American Association of Colleges of Nursing’s end-of-program competencies for the clinical nurse leader role are available in the following article: Gabuat J, Hilton N, Kinnaird LS, et al. Implementing the clinical nurse leader role in a for-profit environment. *J Nurs Adm.* 2008;38(6):302-7. [[PubMed](#)]

Getting Started with This Innovation

- **Ensure senior leadership support:** Confirm that senior hospital and nursing leaders are committed to the creation of this new position as a key

business strategy.

- **Carefully delineate nursing roles:** At St. Lucie Medical Center, the patient care coordinator was given responsibility for the administrative aspects of day to day unit management, while the clinical nurse leader focused on clinical outcomes and practice development. Clear delineation will prevent conflict between the two positions.
- **Pilot one unit at a time:** This approach allows nursing leaders to closely monitor the new role via daily observations and discussions and then make needed modifications before program expansion.
- **Emphasize importance of all roles:** To encourage nursing staff support of the new position, emphasize that all nursing roles are important to a team approach to patient care.
- **Consider tuition reimbursement:** Many hospitals have tuition reimbursement programs to fully or partially fund staff education.
- **Carefully balance patient care with quality improvement activities:** Although quality improvement initiatives can easily take up all of a clinical nurse leader's time, dedicated time must be available for direct patient care on a daily basis.

Sustaining This Innovation

- **Obtain feedback:** Conduct periodic focus groups with different types of nurses to monitor progress and make modifications, such as clarifying roles, as needed.

Use By Other Organizations

- As of February 2008, 329 nurses had been credentialed as clinical nurse leaders across the country, with an additional 1,250 students being enrolled in the master's-level program to become a clinical nurse leader.²

Contact the Innovator

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Innovator Disclosures

Ms. Hilton has not indicated whether she has financial interests or business/professional affiliations relevant to the work described in this profile; however, information on funders is available in the Funding Sources section.

References/Related Articles

Stanley JM, Gannon J, Gabuat J, et al. The clinical nurse leader: a catalyst for improving quality and patient safety. *J Nurs Manag.* 2008;16(5):614-22.

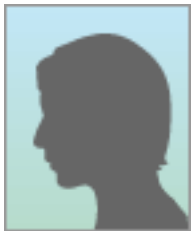
[\[PubMed\]](#)

Gabuat J, Hilton N, Kinnaird LS, et al. Implementing the clinical nurse leader role in a for-profit environment. *J Nurs Adm.* 2008;38(6):302-7. [\[PubMed\]](#)

Footnotes

1. Gabuat J, Hilton N, Kinnaird LS, et al. Implementing the clinical nurse leader role in a for-profit environment. *J Nurs Adm.* 2008;38(6):302-7. [\[PubMed\]](#)
2. Stanley JM, Gannon J, Gabuat J, et al. The clinical nurse leader: a catalyst for improving quality and patient safety. *J Nurs Manag.* 2008;16(5):614-22. [\[PubMed\]](#)
3. American Association of Collegiate Nursing. A "White Paper on the Role of the Clinical Nurse Leader." 2007. Available at: <http://www.aacn.nche.edu/publications/white-papers/cnl>

Contact the Innovator



Look for Similar Items by Subject

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Nursing

Evidence-based medicine, applications of

Funding Sources

Developers

American Association of Colleges of Nursing, Florida Atlantic University, St. Lucie Medical Center

Comments

CNLs and Patient Safety

BY JAN BENNETT ON MON, 2011-05-09 12:05

The presence of Clinical Nurse Leaders has made the implementation of patient safety/performance improvement initiatives seamless. The CNL is a tremendous resource to risk and patient safety professionals in assisting nurses in understanding the application of evidence based care. This allows the CNL to participate in many layers of the organization seamlessly and to be the ultimate patient advocate. As a patient safety/quality/risk professional, I have come to respect this role as the chief catalyst for improving and maintaining a high level of nursing performance.

[REPLY](#)

K Doug

BY KDEE ON TUE, 2011-12-06 02:24

Don't sell your staff nurses short-the nursing measures are driven by the primary care nurse at the bedside. We don't do the profession any favors by fragmenting the concept of holistic bedside nursing.

[REPLY](#)

Staff RN- BS clinical ladder III

BY CE ON WED, 2012-01-11 06:02

I have been thinking about this type of role since 2008- specifically for the Emergency Department. If there is a nurse coordinator role for day to day operations and a nurse educator role for competence training and a daily charge RN is there still opportunity for a clinical nurse leader? I want to say yes for these reasons. To grow staff and improve the quality of emergency nursing. I see great bedside RNs who don't know how to start QI projects and I think this role would help mentor and introduce other RNs to think how they lead now and how they could lead in the future. I think this could help with growing the Professional Bedside (Strecherside) RN. Quite frankly, I get frustrated feelings when I have to defend why I like hospital nursing and practicing at the bedside. What universities offer this program?

[REPLY](#)

Chief Nursing Officer

BY NANCY HILTON ON WED, 2012-01-11 01:46

There are over 100 universities that have the Masters Program for the CNL. We partnered with Florida Atlantic University. I think there would be overlap between the nurse educator and the CNL. I don't think you would need both roles. I would push for CNL because it is a much broader role than the nurse educator.

[REPLY](#)

RN- CEN clinical effectiveness specialist

BY RN- CEN CLINICAL EFFECTIVENESS SPECIALIST ON SAT, 2012-01-21 07:59

I am currently in a CNL program and think the role is very dynamic and full of possibilities. My speciality is emergency nursing, and I was the educator for our busy 42 bed ED for 4 years. The educator has so many responsibilities to keep up with competencies, orientation, teaching core classes such as TNCC and ENPC, it was impossible to find time to institute quality projects. I definitely think both the educator and CNL are needed in the ED .

[REPLY](#)

CNL Candidate

BY JULIE Z ON SUN, 2012-12-02 07:55

I am nearing the end of my program for the CNL. What I have found is that the role has its benefits in the microsystem, but it also needs the strong support of their unit director or manager. The role does not take anything away from the bedside nurse. If anything, it should help enhance it. Some leaders may think that tasking is not a good use of resources, but it can have good cost outcomes because of the decrease in overtime. Also, the CNL can see the whole picture while having outcomes in relation to population in mind. Many times I have suggested interventions in care conferences that are overlooked. Now nurses are thinking more about post discharge needs at the beginning of admission. If you look at the P4P measures, notice how many are clinically driven. You need a bedside advanced practice nurse to help guide practice.

[REPLY](#)

Chief Nursing Officer

BY NANCY HILTON ON TUE, 2012-12-04 02:34

I could not agree with you more. Every hospital needs a bedside advanced practice nurse to help guide nursing practice. Six years ago St. Lucie Medical Center partnered with FAU to grow our own CNLs. That is the most strategic decision I ever made to positively influence nursing practice at our hospital. Our CNLs are responsible for enhancing the Patient Experience as evidenced by our HCAHPS measures. They also are the leaders in decreasing the hospital acquired conditions. Although they are not the main nurses focused on core measures, they still have a key role. The CNLs also do a lot of in the moment training for our staff nurses to

raise the level of their care.

[REPLY](#)

Educator / Clinical Nurse Leader

BY B. NELSON ON THU, 2013-01-24 11:49

As a clinical educator and a Certified Clinical Nurse Leader, I see the synergistic value of APNs, Educators, and CNLs working together to support the direct care staff in their daily care. As an educator over 3 distinct unit, I cannot function as a CNL though I use a CNL perspective. Most of my responsibilities are at the macro/global level and have to be because of the diverse nature of my units and the need to provide education for nearly 200 staff. My facility has not subscribed to the CNL role. Daily, I become more convinced that it is necessary to have an Advanced Generalist that lives on the unit that can round on cohorts, provide needed and immediate support to the direct care staff, and be an advocate for necessary EBP change at the unit level.

[REPLY](#)

Perioperative Setting

BY KAREN H. ON FRI, 2014-01-24 11:01

I am very interested in starting a program for CNL. With the research I have done to educate myself on what this role is, I feel like it can be very beneficial the OR, which is my current specialty. Unfortunately, I am having trouble finding more than just a few studies and facts to prove this. Can anyone offer me any more information regarding this?

[REPLY](#)

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