The Clinical Nurse Leader in the Perioperative Setting: A Preceptor Experience

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ABSTRACT

The US Veterans Administration (VA) has implemented the clinical nurse leader (CNL) role nationwide. Nursing leaders at the Malcolm Randall VA Medical Center in Gainesville, Florida, implemented the development of the CNL role in the perioperative setting during the summer of 2012. The perioperative department developed the position in partnership with the University of Florida College of Nursing, Gainesville, Florida. The team developed a description of the roles and experiences of the preceptors, the clinical nurse leader resident, and the University of Florida faculty member. The clinical nurse leader resident's successes and the positive outcomes, such as improved patient outcomes, experienced by the perioperative department demonstrated the importance of the CNL role. *AORN J* 100 (July 2014) 30-41. Published by Elsevier, Inc., on behalf of AORN, Inc. http://dx.doi.org/10.1016/j.aorn.2013.11.021

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According to the American Association of Colleges of Nursing (AACN), the clinical nurse leader (CNL®) assumes accountability for client care outcomes by assimilating and applying research in the design, implementation, and evaluation of client plans of care.[1] The role was developed as a result of two reports published by the Institute of Medicine (IOM).[1] The first, published in 1999, focused on medical errors and the need for improved health care quality.[2] The IOM attributed high death rates and increased medical costs to preventable errors and fragmented care. In 2001, the IOM further urged health care organizations to promote patient-centered care and educate health professionals within multidisciplinary teams using evidence-based practice, quality improvement approaches, and informatics.[3,4]

In 2008, The Joint Commission linked nursing with societal health, suggesting that as the numbers and educational preparation of nurses increase, the overall health outcomes of society tend to improve.[5] Because of this positive association, The Joint Commission recommended financial incentives to encourage health care institutions to invest in nursing care quality. As a result, the AACN credentialed the CNL as a master's

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degree—prepared nurse educated to provide leadership that focuses on outcome-based improvements at the point of care.[1]

The US Department of Veterans Affairs (VA) was an early adopter of the new CNL role and was among the first to evaluate the effect of CNL efforts on perioperative outcomes.[6] Surgical workflow was historically complex and fragmented because of varying agendas and deficient systems (eg, scheduling conflicts or errors, preprocedure blocks provided by anesthesia, on-time starts related to room preparation, instrumentation issues).[7] Although patient care and safety are the primary goals of surgeons, anesthesia professionals, nurses, and other surgical team members, each of these groups has its own priorities related to surgical procedures.

Hix et al[6] reported that the implementation of the CNL role resulted in a significant effect on financial and satisfaction domains within two VA perioperative microsystems. The first was an ambulatory surgery center that experienced a 2% decrease in surgery cancellations after a CNL implemented a presurgical telephone protocol. Because OR costs were estimated at $10 per minute, researchers estimated a $23,000 per year cost savings by reducing unused surgical time. The second setting was a gastrointestinal laboratory that experienced a 10% decrease in missed opportunities related to delayed or cancelled procedures. This improvement came 31 months after a CNL instituted client-specific scheduling grids that promoted laboratory structural changes and same-day appointments. The financial effects in this facility included a $42.73 fixed cost savings for scheduling gastrointestinal procedures and an additional $10.82 per minute in personnel cost savings. These improvements affected clinical and satisfaction outcomes through decreased wait times and medical treatment delays.[6]

As a result of these early successes, the VA Office of Nursing Service has implemented the CNL role nationally and plans to integrate the CNL role in every care setting of every VA medical center by 2016.[8] The VA fully supports the role of the CNL in all areas of practice throughout the United States and sees the CNL role as necessary to meet the need for expert clinical leadership that would affect the quality of care for veterans. As the number of veterans increases, the need to streamline coordination of care will increase. Integrating CNLs into facilities is expected to affect costs and financial outcomes by reducing patient flow, length of stay, and readmission rates while increasing patient and staff member satisfaction, nurse retention, and quality and process improvements.[9]

THE CNL PROGRAM OPPORTUNITY

In 2004, the Malcolm Randall VA Medical Center was one of five health care systems to partner with the University of Florida (UF) College of Nursing in the CNL Initiative. Liaisons from the college and practice sites collaborated to develop the CNL curriculum and CNL job description within each setting. Before placing students in the VA for residency, the CNL track coordinator and VA leaders collaborated to identify a residency unit and preceptor for each student. Perioperative leaders at the Malcolm Randall VA Medical Center in Gainesville, Florida, collaborated with faculty in the UF College of Nursing graduate program to develop a CNL residency in the VA OR in the summer of 2012. Specifically, a VA perioperative RN staff member enrolled in the master of science in nursing (MSN) CNL track, focused on the role of the CNL in perioperative services. The RN wanted to complete the program using perioperative services as the setting for her final clinical experience: the CNL residency/internship course.

The CNL residency for the UF College of Nursing was initiated at the VA and was supported by the college and the VA. The RN (ie, the CNL resident) sought the perioperative experience because she was familiar with the OR and its processes and systems and was fully oriented to the unit.

Based on the CNL resident's course objectives, leaders in the OR decided to allow her to have two preceptors to facilitate completing the course objectives. The first was the OR charge nurse, who possessed a bachelor of science in nursing (BSN)