Implementing the Clinical Nurse Leader Role: *A Care Model Centered on Innovation, Efficiency, and Excellence*

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Nurses must become full partners with other healthcare disciplines to become involved and take responsibility for identifying system problems. Nurses devise and implement improvement plans, track improvements over time, and make necessary adjustments as leaders who implement change and help improve the healthcare system.[1] We are facing the dilemma of fragmented healthcare that can only be improved through "new innovative care delivery models…that address patient needs and wants, span sites of care, result in more efficient use of resources, and demonstrate measurable improvement in patient satisfaction and quality outcomes over time."[2] With the implementation of the clinical nurse leader (CNL) role, the innovation unit as developed at Rush Oak Park Hospital (ROPH) addresses current healthcare system concerns, such as the creation of more effective interdisciplinary care, point-of-care coordination, and the implementation of evidence-based practice findings.[3]

ROPH in Oak Park, Illinois, is a 176-bed, not-for-profit, general medical and surgical community hospital that is a clinical partner of Rush University Medical Center in Chicago. The initial innovation unit was implemented on ROPH's 24-bed telemetry unit in September 2012. The general population is a diverse, mainly elderly population with patient conditions including congestive heart failure, chronic renal failure, complications of diabetes, sepsis, and pneumonia.

The CNL role has been defined as a nurse who is a confident clinician, a leader within a microsystem, and a quality manager. The CNL seeks evidence-based practices and has the ability to analyze system outcomes.[4] Research shows that the use of the CNL as a clinical decision-maker and active member of the interdisciplinary team helps to drive the design and direction of cost-effective, evidence-based care within a microsystem.[5] The CNL role is being explored

today by many practice institutions and employers. O'Grady and VanGraafeiland[6] demonstrated that various uses of the CNL role since its development have helped to reduce the fragmented care in many institutions today. The reduction in fragmentation seen in ROPH since the implementation of the CNL role has led to improvements in care coordination, quality outcomes, patient satisfaction, and interdisciplinary relationships. The role of CNL is unique as compared with that of the registered nurse (RN) in that CNLs have the knowledge of a bedside nurse combined with the leadership skills to focus on patient- and family-centered care.[6]

BACKGROUND

The innovation unit was developed with the ROPH vision and mission in mind to promote patient- and family-focused health, support, and education throughout a patient's lifespan.[7] The Rush Oak Park nursing care delivery model is a team-based, primary care nursing model for providing humanistic and focused patient-centered care based on Jean Watson's Theory on Human Caring.[7] The intended mission of the innovation unit is to develop processes for improving efficiency through the introduction of the CNL role. Processes for improvement were coordinated with all members of the interdisciplinary team utilizing the latest evidence-based practices. These processes promote the enhancement of patient safety, quality care, and patient and team satisfaction.

After designating certified CNLs from within the hospital to lead the innovation unit, hospital outcomes were reviewed. Information analyzed before setting goals included patient and RN satisfaction scores, nurse-sensitive indicators, and the latest evidence-based information. The innovation unit goals set were to increase collaboration and satisfaction among members of the interdisciplinary team, enhance patient education, decrease average length of stay (ALOS), decrease patient 30-day readmission rates, improve quality indicators (such as falls, pressure ulcers, and central line infections), and successfully implement the CNL role. With these goals in mind, specific interventions were created for the implementation of the innovation unit. The interventions chosen were daily, CNL-led interdisciplinary rounds, a unit status board, teach-back for heart failure patients, and post-discharge follow-up phone calls.

INTERVENTIONS

The admission process initiates the introduction of the CNL to patients and their families to help facilitate the patient's progress through the healthcare environment. The CNL is a critical member of the interdisciplinary team who helps guide patients through today's complex healthcare system and acts as a resource for solving complex nursing-related problems.[4] As new admissions occur, the CNL makes contact with the patient and family to explain his or her role. Contact information is supplied to patients through business cards and a pamphlet (*Figure 1*). The CNLs monitor and help facilitate all patients' progress toward discharge while they are on the unit.

Figure 1. CNL Patient Pamphlet

Interdisciplinary Rounds

The interdisciplinary rounds intervention is a collaborative, interdisciplinary, team-based patient rounding process. Rounds are completed at the patient's bedside and used to share information and discuss the plan of care with input encouraged from the patient or family. Patients help identify their preferences related to their goals, care needs, discharge planning, and any transition barriers.[8] The CNL leads interdisciplinary rounds for all admitted patients on a daily basis (Monday through Friday) and is responsible for reviewing the patient plan of care established by the team through any previous interdisciplinary rounds meetings. The CNL documents the outcome of rounds using the interdisciplinary rounds note (*Figure 2*). If the newly admitted patient has a diagnosis of heart failure, the CNL also completes the heart failure assessment note to document whether heart failure core measures have been met (*Figure*