

## **CNL<sup>sm</sup> Implementation Task Force Report October 2005**

The following report provides an overview of the activities of the CNL<sup>sm</sup> Implementation Task Force (ITF) since the last report to the membership in March 2005.

### **Education-Practice Partnerships**

Currently, 89 schools of nursing and 179 health care institutions are collaborating to implement the CNL curriculum and role in the education and practice setting. An updated list of education–practice partnerships has been posted on the AACN website. Also posted is a list of schools implementing each of the CNL education models. A fourth education model has been added to the list. Eleven schools are implementing an RN to MSN program; however, only two schools are solely implementing this model.

### **Regional Meetings**

Five regional meetings were held January through April 2005.

January 27-28, 2005	Washington, DC	55 attendees
February 16-17, 2005	San Diego, CA	62 attendees
February 24-25, 2005	Atlanta, GA	102 attendees
March 31- April 1, 2005	Boston, MA	59 attendees
April 13 – 14, 2005	Chicago, IL	110 attendees

In addition, the leadership of ANA, ANCC and NCSBN participated in one or more meetings. Representatives of twelve state boards of nursing also sent representatives to a regional meeting (Georgia, Kentucky, Maine, Massachusetts, Minnesota, Missouri, New Hampshire, New York, North Dakota, Ohio, Oregon, and Virginia.)

### **CNL Faculty Development Workshop**

The first CNL Faculty Development Workshop, hosted by the Kansas University School of Nursing, and co-sponsored with the Plexus Institute, was held in Kansas City, KS, August 9, 2005. Over 115 faculty and clinical partners attended the one-day workshop which was held immediately preceding a two-day workshop, *Complexity Science: Opportunities for Nursing*. Objectives for the CNL Workshop were to facilitate faculty efforts in designing the CNL master's curriculum and developing student didactic and clinical experiences, offer strategies for presenting and integrating newer education content, e.g. risk assessment and quality management, offer strategies for identifying and preparing clinical preceptors, and provide opportunities for faculty to share successful strategies or approaches to implementing the CNL initiative. Evaluations were very positive but the session on risk assessment and quality management, presented by Michael Bleich, Associate Dean & Professor, Kansas University School of Nursing, received the highest ratings and numerous requests for additional sessions on this topic.

The second CNL Workshop, co-sponsored with the Plexus Institute and hosted by the College of New Jersey School of Nursing, is planned for May 31 – June 2, 2006. The goal of

the Implementation Task Force is to broaden the focus of the workshop and to include concurrent sessions relevant to practice partners as well as didactic and clinical faculty. One or two additional workshops for 2006 are in the planning stages.

### **Evaluation of the CNL Initiative**

The Evaluation Committee met face-to face in March immediately prior to the Boston Regional meeting and again by conference call in June. Based on input from the Evaluation Committee, Sean Clark and Charlene Quinn, chair of the Evaluation Committee, developed the *Request for Proposal for Evaluation of CNL Initiative*. The RFP outlines the purposes of the evaluation activities, issues faced in evaluation, work done to date, and major tasks to be accomplished. Consensus by the Evaluation Committee has been reached on the selection of four major areas and select variables under each category, for organizing the evaluation of the CNL initiative related to outcomes of care. The categories and proposed variables include:

1. Costs/Financial data
  - a. Length of stay
  - b. Readmissions within 30 days

Hypothesis: A patient's admission will be better coordinated and managed therefore the length of stay will decrease.

Hypothesis: In nursing homes or long term care facilities, fewer patients will be readmitted back to the hospital.
2. Customer Satisfaction
  - a. Patient and staff satisfaction at unit and institutional level over time (Recommend using surveys already conducted by the institution with possibility of adding a few additional questions specific to the CNL)
  - b. Satisfaction with CNL role from CNLs, managers/leaders, physicians (possible use of web surveys to be developed)
  - c. Increase in RN retention resulting from increased job satisfaction
3. Quality/internal processes
  - a. Trends across time on variables (recommend use available and current data collected by the institution.)
4. Describe the innovations resulting from the CNL pilots and assess their portability
  - a. Demographic characteristics of healthcare organizations and new CNLs
  - b. Role implementation and perceptions of the experience, from a qualitative viewpoint

The goal of the Implementation Task Force is to develop a partnership with an external firm with extensive experience and capabilities to undertake practice outcomes research related to the CNL Initiative. Through this partnership, AACN would then seek external funding to support the long term evaluation of health care outcomes of the CNL initiative.

From June through August, an online survey, using SurveyMonkey, was conducted of the primary contact at each school of nursing and the primary contact at each practice institution. Eight-two percent of the education surveys and 45% of the practice surveys were completed

and returned. Two of the schools that did not complete the survey are partnering with another school of nursing which did respond and two additional schools have just recently joined the initiative. The focus of the surveys included processes used to develop working relationships within the partnerships and available sources of data which could be used to evaluate future project outcomes. Education survey (n=73) results obtained include:

- Of the 8 schools that indicated they had sought State Board of Nursing approval 6 had received approval and 2 were pending;
- 7 schools indicated that state board of higher education approval was required; 3 have received approval and 1 is pending.
- 22 schools indicated the CNL program had enrolled students and would begin the program by 9/1/05;
- Number of students enrolled in the first class range from 2 to 29;
- Projected first graduation dates range from 8/2005 to 5/2010;

Practice survey results (n=80) include:

- 14 respondents indicated they had already instituted a role similar to the CNL prior to joining this initiative;
- 51 sites have selected units for the CNL pilot (32 have selected more than one unit as a pilot)
- 19 sites have begun transformation of the units, including changing organizational or management structure, changing staffing patterns, changing the nature of clinical practice;
- 50 institutions are providing some form of financial support to employees who enroll in the CNL education program;
- 75 (94%) have communicated with various groups of stakeholders within the organization; and
- 28% had communicated with State Boards of Nursing, 40% with other health professionals in the community, and 35% with other health systems or institutions in the community.

An outline for a CNL student/graduate database has been drafted and once approved by the Evaluation Committee will be sent to each school of nursing participating in the CNL Initiative. The school will be asked to establish and maintain a database on all CNL students/graduates and make it available to AACN when requested. .

### **CNL Network**

The Implementation Task Force is moving forward with the development of a CNL Network open to all education and practice partners. Monthly teleconferences with web-based support are proposed. Each meeting or teleconference would highlight brief presentations by one or two practice partners identified as early adopters or innovators. Time also would be set aside for exchange of questions and ideas among participants.

In addition to the monthly teleconferences, two listservs are being implemented, one for all education and practice partners and the other for all CNL students. The student

listserv will be moderated by students from the University of Portland School of Nursing. This will provide an additional mechanism for partners and students to share information and ask questions on a more spontaneous basis.

### **Next Steps & Additional TF Activities**

The Task Force will meet face-to-face October 25 & 26. Among the outstanding issues to be discussed include:

- Development of the CNL Network and listservs for partners and students;
- The second education-practice partnership conference to be held in 2006;
- CNL Workshop May 31 hosted by the College of New Jersey;
- Public relations and marketing plan which includes a number of articles on the CNL role; and
- Task Force products or documents, including a comparison of the nurse manager and CNL roles, characteristics of the CNL graduate for employers, job descriptions for long-term care and community-based settings.

### **CNL Implementation Task Force Members:**

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