

AACN Clinical Nurse Leader sm Pilot Project Evaluation Indicators

In an effort to measure **early** outcomes of the Clinical Nurse Leader sm (CNL) role in a variety of practice settings, the AACN CNL Evaluation and Implementation Committees have developed an evaluation framework. A Pilot Study was conducted at the VA Tennessee Valley Health System. The results and discussion of the pilot study are included in attached materials. The definitions of specific variables, methods for data collection and sources of information included in the framework are based on the results of the pilot study and are drawn from the Veterans Affairs (VA), National Database of Nursing Quality Indicators (NDNQI), and the Centers for Disease Control (CDC).

Indicator	Measure	Data Capture Source And Method
Financial	a. Inpatient readmission within 30 days of discharge by specialty and/or primary discharge DRG. (Harris, 2006)	Method: 3 month, pre and post assignment of CNL. Source: VHA Support Services Center (VSSC) readmission rate. (Harris, 2006))
	b. Nursing Hours per Patient Day: Productive hours worked per patient day divided by all staff (RN/LPN/NA) providing direct care. (CNL and Nurse Manager are excluded from calculation). (Harris, 2006)	Method: 3 month, pre and post assignment of CNL. (<i>Manual extraction and calculation required to separate RN, LPN, and/or NA</i>). Source: The Manhours Edit, AMIS 1106a. Data is stored in the NURS AMIS 1106 Manhours file. (Harris, 2006)
	c. Average Length of Stay by treating	Method: 3 month, pre and post assignment of CNL.

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	<p>specialty. (Harris, 2006)</p> <p>d. Nursing Care Hours: the gross or raw PRODUCTIVE hours worked by nursing staff that had direct patient care responsibilities for greater than 50% of their shift. This should exclude vacation, sick time, orientation, education leave, and committee time. The hours worked by staff employed directly by the facility are to be reported separately from contract/agency staff. (NDNQI, 2005)</p> <p>e. Patient Days: the total number of patient days for the month is reported for each eligible unit. This indicator is required to process nursing hours per patient day (nhppd) (NDNQI, 2005)</p>	<p>Source: VSSC average length of stay data. (Harris, 2006)</p> <p>Method: 3 month pre and post assignment of CNL Source: Patient Acuity System, Payroll/Accounting/Staffing System (NDNQI)</p> <p>Method: 3 month pre and post assignment of CNL Source: Midnight Census, Midnight Census+Patient Days from Actual Hours for Short Stay Patients, Midnight Census + Patient Days from Average Hours for Short Stay Patients, Patient Days from Actual Hours, Patient Days Averaged from</p>

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		Multiple Census Reports (NDNQI, 2005)
Satisfaction, Patient	Discharge Plan: Percent of patient discharges (primary diagnosis of heart failure) with complete discharge instructions (activity, diet, weight, follow-up, medications, & symptoms).	Method: Abstraction of 100% of patients in the inpatient External Peer Review (EPRP) sample who have had treatment for heart failure/diabetes in VHA 3 months pre and post CNL assignment. Calculate % of compliance. Source: External Peer Review Data.
Quality/Internal Processes	<p>a. Patient Falls: Unplanned descent to the floor, either with or without injury to the patient. Includes assisted falls with or without injury to the patient. (Harris, 2006)</p> <p>b. Patient Falls: Unplanned descent to the floor with or without injury to the patient. All types of falls are to be included whether they</p>	<p>Method: Calculate the total unit fall rate (FR) and fall injury rate (FIR) monthly using following calculation.</p> $FR = \frac{\text{Total patient falls} \times 1000 \text{ days}}{\text{Total inpatient days}}$ $FIR = \frac{\text{Total falls with injury} \times 1000 \text{ days}}{\text{Total inpatient days}}$ <p>Compare the (FR and FIR) 3 months pre and post CNL assignment. Source: Manual extraction from patient incident reports (QM offices). (Harris, 2006)</p> <p>Method: Calculate the total unit fall rate (FR) and fall injury rate (FIR) monthly using following calculation.</p> $FR = \frac{\text{Total patient falls} \times 1000 \text{ days}}{\text{Total inpatient days}}$

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Quality/Internal Processes	<p>result from physiological reasons (fainting) or environmental reasons. Assisted falls (when another person attempts to minimize the impact of the fall by assisting the patient's descent to the floor) should be included. (NDNQI, 2005)</p>	<p>FIR= $\frac{\text{Total falls with injury} \times 1000 \text{ days}}{\text{Total inpatient days}}$</p> <p>Compare the (FR and FIR) 3 months pre and post CNL assignment Source: Risk management sources (incident reports, variance reports, event reports, etc.) (NDNQ, 2005I)</p>
	<p>c. Pressure Ulcer, Hospital Acquired: The number of hospital acquired stage 2 or greater pressure ulcers. (Harris, 2006)</p> <p>d. Pressure Ulcer: any lesion caused by unrelieved pressure resulting in damage of underlying tissue. They are usually located over bony prominences and are staged according to</p>	<p>Method: Prevalence as: $\frac{\# \text{ of patients with ulcer}}{\# \text{ of patients surveyed}}$</p> <p>Expressed as a percentage for 3 months pre and post CNL assignment. Source: Pressure ulcer Prevalence data for VANOD sites. Manual extraction for others. (Harris, 2006)</p> <p>Method: Prevalence as: $\frac{\# \text{ of patients with ulcer}}{\# \text{ of patients surveyed}}$</p> <p>Expressed as a percentage for 3 Months pre and post CNL assignment. Source: Data from quarterly surveys conducted on ALL patients by a</p>

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	<p>the extent of observable tissue damage.</p> <p>Hospital acquired pressure ulcer: the development of new ulcers after admission to the facility. (NDNQI, 2005)</p> <p>e. Surgical Infection Rate by treating specialty and/or total site specific infection rate: Post Operative–Deep Infection that occurs within 30 days after an operation and involves both superficial and deep incisions. (Harris, 2006)</p> <p>f. Surgical site infection (deep incisional): must meet the following criteria: Infection occurs within 30 days after the operative procedure if no implant left in place or within 1 year if implant is in place <i>and</i> Involves deep soft</p>	<p>skilled survey team. (NDNQI, 2005)</p> <p>Method: Percent of patients with surgical infection in relation to total number of cases surveyed for 3 months pre and post CNL assignment. Source: National Surgery Quality Improvement Program (NSQIP) data within 30 day of surgery. (Harris, 2006)</p> <p>Method: Percent of patients with surgical infection in relation to total number of cases surveyed for 3 months pre and post CNL assignment. Source: National Surgery Quality Improvement Program (NSQIP) data within 30 days of surgery.</p>

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	<p>tissues of the incision <i>and</i> patient has at least one of the following:</p> <ol style="list-style-type: none"> 1. purulent drainage from the deep incision 2. a deep incision spontaneously dehisces 3. an abscess involving the deep incision 4. diagnosis by an attending surgeon <p>(CDC, 2005)</p> <p>g. Ventilator-Associated Pneumonia: Nosocomial pneumonia in a patient on mechanical ventilatory support by endotracheal tube or trach for ≥ 48 hours. (Harris, 2005)</p>	<p>Method: Number of patients on the unit with nosocomial pneumonia for 3 months pre and post CNL assignment. <u># Vent Associated Pneumonias x 1000</u> # of Ventilator Days</p> <p>Source: Local Facility Infection Control data. (Harris, 2005)</p>
<p>Innovations form CNL Pilots</p>	<p>a. Qualitative Data:</p> <ul style="list-style-type: none"> -Role implementation and perceptions of the experience from a qualitative viewpoint. -Changes made within the practice setting related to structure, process, and outcomes 	<p>Method: Practicing CNLs and student CNLs journal experiences in the clinical setting on a weekly basis.</p> <p>Source: Journal summary reports collated by the CNL Coordinator on a quarterly basis.</p> <p>Method: Nurse managers or other providers in the setting asked to</p>

Indicator	Measure	Data Capture Source And Method
		complete a brief survey identifying changes seen, including implementation of evidence-based practice & innovations.

References:

Centers for Disease Control. (2005). *CDC Definitions of Nosocomial Infections*, pp. 1674-1675. Accessed at www.cdc.gov/ncidod/dhqp/pdf/nnis/NosInfDefinitions.pdf

Harris, J. (2006). “The clinical nurse leader: a pilot evaluation by an early adopter”. Presentation to the Clinical Nurse Leader Implementation Task Force, Washington D.C., March 2006.

National Database of Nursing Quality Indicators. (2005). “NDNQI quarterly indicator website mock-up”. Accessed at www.nursingquality.org/Documents/Public2006%20up.pdf