

VNA—Working For You

Clinical Nurse Leader—The Value to an Organization: Perspective from Nurse Administrators

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Today and into the foreseeable future, healthcare organizations will be faced with many challenges to deliver safe, effective, well-coordinated care to the populations served. Healthcare organizations have become more complex and regulation has become more rigorous, both of which have added cost at a time when reimbursement continues to decline. The complexities of care and the technological advances have been recognized by the addition of 16 new Diagnostic Related Groups. No one will argue that a new model of care is needed to meet the multiple competing challenges of the healthcare environment. It has been proven and documented in research, the higher the educational level of the nurse, the better the outcome for the patient. The AONE published a position statement in April, 2005 which supported the educational preparation of the nurse for the future be at the baccalaureate level. Healthcare organizations need to ensure their nursing staff is educated at the level appropriate for the patient populations served.

The Joint Commission on Accreditation of Health Care Organizations and other regulatory agencies have established standards that require care to be coordinated with an interdisciplinary focus. Providing this interdisciplinary focus has been difficult to achieve as most disciplines function in their silos of excellence providing what they feel is the most appropriate care for the patient. Currently, most disciplines do not have the time or perhaps even the expertise to coordinate care in an interdisciplinary focus across the continuum. The Clinical Nurse Leader (CNL) has the potential to facilitate well-coordinated positive outcomes for patient care and

the organization. The Clinical Nurse Leader would ensure that care is coordinated, planned, implemented and evaluated in an interdisciplinary focus.

The American Association of Colleges of Nursing (May 2003) Draft *White Paper on the Role of the Clinical Nurse Leader*, defined the CNL as "one who assumes accountability for client care outcomes through the assimilation and application of research-based information to design, implement and evaluate client plans of care. This is to be achieved at the point of care to the individuals . . . or populations by coordinating, delegating and supervising the care provided by the healthcare team." Most organizations' care delivery models expect these functions to be handled by nurses who are caring for patients. Care delivery models do not always take into consideration the maneuverability one must be able to accomplish in very complex organizations with the ever-increasing acuity of patients.

However, the educational preparations of the coordinators of care vary from setting to setting and facility to facility. Every discipline today is expected to function at the highest level of productivity which leaves very little time to coordinate with other disciplines. The CNL is prepared at an educational level to achieve

- interdisciplinary coordination of care,
- patient involvement in the planning of care,
- positive outcomes for the patient/client,
- key indicators of success for the organization.

It is key to note that applicants to these programs may have a bachelor's degree in another field and are prepared by the programs to obtain a master's degree in nursing. These graduates are not eligible for advanced practice and should not be confused with the Clinical Nurse Specialist and other advanced practice nurses. The American Organization of Nurse

Executives has not taken a position on the CNL but is working collaboratively with AACN to evaluate the results of the pilots and determine their position.

There is very little disagreement about the value clinical leaders provide for patients and the organization. However, the concern is how to provide justification for the CNL and also how the CNL position would be funded. Organizations with marginal bottom lines will not be able to implement the CNL without major changes in care delivery models. Karen Drenkard, CNO Inova Health System, writes in an article entitled, *The Clinical Nurse Leader: A Response from Practice*, "Creating new and different methods of evaluating costs is necessary for nursing to justify the creation and implementation of a role such as this. Measures of outcomes, both clinical and financial, need to be incorporated into any demonstration project. Measures such as length of stay, retention of nurses, skin integrity, patient fall, medication safety indicators, and nurse satisfaction and turnover can all indicate a return on investment." There is potential difficulty in recruiting these master's-prepared nurses to serve in rural and perhaps even urban areas without an academic setting, which offers the educational preparation.

There are pilots across the nation where practice and education have developed curriculum and standards on how to implement the CNL in organizations. In VA there are 3 pilots underway: George Mason University and Inova; Shenandoah University and Winchester Medical Center, and the University of Virginia with its Medical Center. VONE will continue to monitor the progress of these pilots and determine the utilization and success of the Clinical Nurse Leader. ♦

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