

Template for CNL Implementation in the Practice Setting September 19, 2006

The CNL Implementation Template has been designed as a guideline to assist our practice partners prepare for the successful implementation of the CNL role. This template is designed using the five areas of concentration in the change or transformation process—organizational culture, pre-implementation, implementation, outcome evaluation, and sustaining the change. This template is designed as a resource to assist, recommend, give examples or help in thinking through the change process and to provide guidelines for strategies that leaders might consider. Partners are encouraged to select those strategies that that would be of value or would assist in leading patient care delivery model changes needed to assure the successful implementation of the CNL role.

What? Steps to be done	Who? Who should lead and be involved	Why? & How to Evidence in CNL Toolkit
<p>1. Organizational Culture</p> <p>A. Communicate the change desired</p> <p>B. Create the case for change throughout the organization—burning platform</p> <p>C. Create opportunity for refinement, clarity, dialogue, learning</p>	<p>LEAD: Executive Leadership, Medical Director</p> <p>LEAD: Executive Leadership</p> <p>INVOLVE: Management, Staff, Physicians</p> <p>LEAD: Executive Leadership, Hospital Management</p>	<p>Articles in Section II A</p> <p>Articles in Section IV, A.3, VA CNL Video, Gail Wolfe’s video</p> <p>IOM Reports, Perfect Storm, IHI, Leapfrog, Institution’s Quality data</p>
<p>2. Pre Implementation Work</p> <p>A. Create an interdisciplinary patient care delivery design team (Chair to be determined by the institution)</p> <p>B. Educate the interdisciplinary team on role, responsibility</p> <p>C. Select the right unit:</p> <ul style="list-style-type: none"> • Responsive to change • Leadership • At risk populations <p>D. Job description(s)</p> <ul style="list-style-type: none"> • Role clarification for nursing staff and other care providers <p>E. Role orientation for the CNL and any other new roles</p> <p>F. Consider the impact of the CNL on the clinical ladder if one exists</p>	<p>LEAD: CNE/COO</p> <p>INVOLVE: Nursing Directors, CNL, CNL students, Staff nurses, Clinical support staff, social workers and case managers</p> <p>LEAD:CNE, Nursing Director(s),</p> <p>INVOLVE: Educators, Practicing CNLs, Clinical support staff</p> <p>LEAD:CNE, Nursing Director(s)</p> <p>LEAD: CNE, HR</p> <p>INVOLVE: Nursing Directors, Practicing CNLs</p> <p>LEAD: Preceptors, Nursing Directors</p> <p>INVOLVE: Hospital Educators, Clinical support staff</p>	<p>CNL role competencies/End of Program Competencies, CNL End of Program Competencies Checklist Section V A. 4,5 ,7</p> <p>Example for acute care setting job description in Section V, A2, Working Statement Comparing the Clinical Nurse Leader and the Nurse Manager Roles V. A, 3,6</p> <p>CNL Role Components/End of Program Competencies, CNL End of Program Competencies Checklist Section V A,4,5,7,</p>

<p>G. Management education on clear expectations of their leadership during change process, how this should work, what they can do, etc.</p> <p>H. Redesign budget</p> <p>I. Consider contract/union vs. no union</p>	<p>LEAD: CEO/COO/CNE INVOLVE: Management Team</p> <p>LEAD: CNE/CFO INVOLVE: Nursing Directors</p> <p>LEAD: CNE</p>	<p>Performance Evaluation Framework for the Practice Setting, Section V, D, 3</p>
<p>3. Implementation</p> <p>A. CNE champions and is the executive sponsor of the CNL Implementation</p> <p>B. Manager must support and champion the practice environment that maintains the integrity of the CNL role.</p> <ul style="list-style-type: none"> • Manager to operationalize the role • CNL actualizes the role. <p>C. Embed CNL role into delivery model</p> <ul style="list-style-type: none"> • CNL to round daily with inter-disciplinary team • CNL to communicate daily with all team members • CNL and Nursing Director to meet 1-2 times/week to discuss challenges, successes and continually evolve role <p>D. Formal CNL orientation</p> <p>E. Ensure inculcation of CNL role by meeting weekly/bi-weekly with CNLs to</p> <ul style="list-style-type: none"> • ID barriers and resolve • ID successes and celebrate • Communicate • Provide support, leadership, and continual affirmation <p>F. Create a process and format for “tracking” the implementation with special attention given to noting incidences of success and challenging factors</p> <p>G. Communication at all major meetings (Medical Exec, Executive Leadership, Management Team, Nursing Leadership)</p> <p>H. Continue to communicate,</p>	<p>LEAD: CNE</p> <p>LEAD: Nursing Directors INVOLVE: Nurse Managers/Supervisors</p> <p>LEAD: CNL INVOLVE: Nursing Director, Medical Director, Attendings, Chief Residents, Hospitalists, PT, OT, Speech, Pharmacy, Respiratory Therapists, Social Workers</p> <p>LEAD: Nursing Director INVOLVE: CNL, Managers/Supervisors</p> <p>LEAD: Staff Development</p> <p>LEAD: CNE INVOLVE: Nursing Directors, Nurse Managers/Supervisors, CNLs</p> <p>LEAD: Nursing Directors, CNLs</p> <p>LEAD: CEO/COO/CNE/Medical Director</p>	<p><i>Designing a CNL Care Delivery Model: The What, The How, and the CNL</i>, Section III, D, 2, b</p> <p>End of Program Competencies and Required Clinical Experiences, Section V, D, 4</p> <p>Performance Evaluation Tool (How will you know one when you see one?) Section V, D, 3</p> <p>Preceptor Role Guidelines, Section V, D, 7</p> <p><i>How the CNL Role Facilitates Other Healthcare Quality Initiatives</i>, Section V, D, 14, b</p>

<p>communicate, communicate</p>	<p>LEAD: Executive Leadership, Nursing Directors INVOLVE: Marketing/PR, CNL's</p>	
<p>4. Outcomes</p> <p>A. Identify desired outcomes and evaluation model prior to implementation</p> <p>B. Collect pre-implementation data that will be monitored post implementation</p>	<p>LEAD: CNE INVOLVE: COO/CFO, Nursing Director, staff , quality, infection control</p>	
<p><i>Financial</i></p> <p>A. Inpatient readmission within 30 days of discharge by specialty and/or primary discharge DRG. (Harris, 2006)</p> <p>B. Optional 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)</p> <p>C. Average Length of Stay by treating 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)</p>	<p>LEAD: Quality Department INVOLVE: CFO</p> <p>LEAD: CNE INVOLVE: Nurse Staffing Office, Nursing Directors, Nursing Supervisors, Charge Nurses</p> <p>LEAD: Quality Department INVOLVE: CFO</p> <p>LEAD: CNE INVOLVE: Nurse Staffing Office, Nursing Directors, Nursing Supervisors, Charge Nurses</p> <p>LEAD: CFO INVOLVE: Nursing, Quality</p>	<p>Optional: To measure increase in direct time staff spend with patients. May require sophisticated acuity system.</p> <p>AACN Clinical Leader Pilot Project Evaluation Indicators Section VI, E, 3 The Clinical Nurse Leader Role: A Pilot Evaluation by an Early Adopter, Section VI, E, 4</p>

<p>(NDNQI, 2005)</p> <p>F. Turnover rate: Each insitution should use its own definition of turnover rate to track trends.</p>	<p>LEAD: CNO INVOLVE: HR</p>	
<p><i>Satisfaction, Patient</i></p> <p>A. Discharge Plan: Percent of patient discharges (primary diagnosis of heart failure) with complete discharge instructions (activity, diet, weight, follow-up, medications, & symptoms).</p>	<p>LEAD: CNL INVOLVE: Quality, Nursing Directors, Charge Nurses, Staff Nurses</p>	<p>AACN Clinical Leader Pilot Project Evaluation Indicators, Section VI, E, 3 The Clinical Nurse Leader Role: A Pilot Evaluation by an Early Adopter, Section VI, E, 4</p>
<p><i>Quality/Internal Processes</i></p> <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 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>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 and are usually located over bony prominences and are staged according to the extent of observable tissue damage. 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</p>	<p>LEAD: CNL INVOLVE: Quality, Nursing Directors, CNL’s, Charge Nurses, Staff Nurses</p> <p>LEAD: CNL INVOLVE: Wound/Ostomy Specialist, Quality, Nursing Directors, Charge Nurses, Staff Nurses</p> <p>LEAD: Infection Control/Epidemiologist INVOLVE: CNL, Quality, Nursing Directors, Charge Nurses, Staff Nurses</p>	<p>AACN Clinical Leader Pilot Project Evaluation Indicators, Section VI, E, 3 The Clinical Nurse Leader Role: A Pilot Evaluation by an Early Adopter Section VI, E, 4</p>

<p>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 and involves deep soft tissues of the incision and patient has at least one of the following:</p> <ul style="list-style-type: none"> • purulent drainage from the deep incision • a deep incision spontaneously dehisces • an abscess involving the deep incision • diagnosis by an attending surgeon <p>(CDC, 2005)</p> <p>G. Ventilator-Associated Pneumonia: Nosocomial pneumonia in a patient on mechanical ventilator support by endotracheal tube or trach for ≥ 48 hours. (Harris, 2006)</p>	<p>LEAD: CNL INVOLVE: ICU Director, Intensivists, Infection Control, Quality, Nursing Directors, Charge Nurses, Staff Nurses</p>	
<p><i>Innovations from CNL Pilots</i></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>LEAD: CNLs INVOLVE: Nursing Directors, Staff Nurses</p>	<p>AACN Clinical Leader Pilot Project Evaluation Indicators, Section VI, E, 3 The Clinical Nurse Leader Role: A Pilot Evaluation by an Early Adopter, Section VI, E, 4</p>
<p>5. Sustaining the change</p> <p>A. Stories, newsletters</p> <p>B. EBP results</p> <p>C. Publishing and presenting</p>	<p>LEAD: Executive Team, CNE, Marketing INVOLVE: Hospital Directors, Nursing Directors, CNL's, Staff Nurses</p> <p>LEAD: CNL INVOLVE: Quality, Quality Council, Nursing Directors, Staff Nurses, CNS</p> <p>LEAD: CNL, CNE, Nursing Directors INVOLVE: Marketing, Staff Nurses</p> <p>LEAD: CNE</p>	<p>Examples from the practice area, Section V, A12 Generating Short Term Wins Section VI.</p> <p>AACN Clinical Leader Pilot Project Evaluation Indicators, Section VI, E, 3 The Clinical Nurse Leader Role: A Pilot Evaluation by an Early Adopter, Section VI, E, 4, Journaling by CNL's (Qualitative Data)</p> <p>AACN Clinical Leader Pilot Project Evaluation Indicators, Section VI, E, 3 Examples from the practice area, Generating Short Term Wins, Section VI</p>

D. Ongoing meetings	<p>INVOLVE: CNL's, Nursing Directors, staff nurses, clinical support staff</p>	
E. Celebrations	<p>LEAD: CEO/COO/CNE INVOLVE: Hospital staff</p>	
F. Mentoring new CNLs	<p>LEAD: CNL Preceptors INVOLVE: Nursing Directors, Charge Nurses, Staff Nurses</p>	<p>CNL Role Components/End of Program Competencies, CNL End of Program Competencies Checklist, Preceptor Guidelines Section V A,4,5,6,7</p>