

The Clinical Nurse Leader: *"What Is It That You Do?"*

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Objectives

1. Explain the role of the Clinical Nurse Leader.
2. Differentiate the role of the CNL from that of the CNS.
3. Discuss how the CNL can improve patient outcomes.

Why A CNL ?

Patient care is changing:

- Increase in complexity of care
- Shorter length of stay
- Care is more fragmented

Financial constraints are increasing:

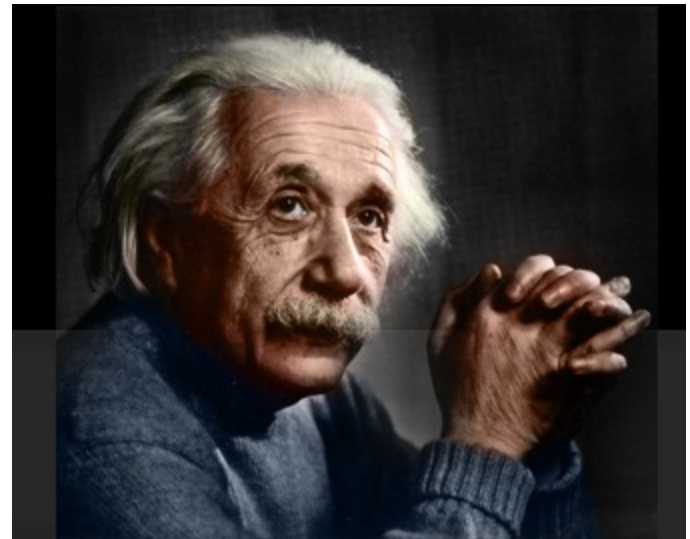
- Insurance reimbursement limitations
- Rising cost of care

Concerns over healthcare outcomes are increasing:

- *To Err is Human: Building a Safer Health System (IOM 1999)*
- *Crossing the Quality Chasm (IOM 2001)*
- *Health Care's Human Crisis: The American Nursing Shortage (RWJF 2002)*
- *Health Care at the Crossroads: Strategies for Addressing the Evolving Nursing Crisis (The Joint Commission)*

Why a CNL?

“We cannot solve problems with the same level of thinking we used to create them.”



Defining the CNL Role

“The CNL is a master’s –prepared advanced generalist nurse who assumes accountability for the health care outcomes of a specific group of clients within a patient care unit or setting. He/she accomplishes this through assimilation and application of research-based information to design, implement, and evaluate patient care.” (Tornabeni & Miller, 2008)

Defining the CNL Role

“The implementation of the CNL role... will vary across settings. (It is not an) administrative or management role. The CNL functions within a microsystem... and provides ‘care at the point of care’ using evidence based care and lateral integration of care.”

(Tornabeni & Miller, 2008)

Meaning What???

Advanced Generalist:



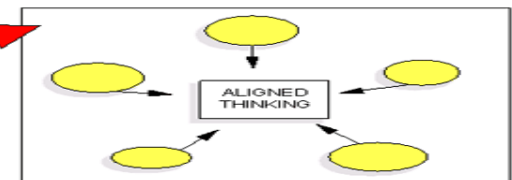
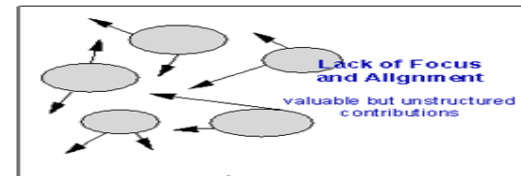
Evidence Based Practice:



Microsystem:



Lateral Integration:



CNL



CNS

- Advanced Generalist
- MSN
- Not Management
- Microsystem Based
- Point of Care Focus
- Individual/Cohort Care Planning
- High Level Care
- Implement EBP
- Assist with Data Collection/Research
- Point of Care Education

- Advanced Specialist
- APN
- Management
- System Based
- Specialty/Subspecialty
- Coordinate Population Based Programs
- Expert Care
- Generate Research
- Design/ Oversee Research Projects
- Unit/System Wide Formal Education

AACN, 2004

Role Functions

C- Client/Community
Advocate

H- Health Care
Professional

O- Outcomes Manager

I- Information Manager

C- Clinician/Care
Collaboration

E- Educator/EBP

S- Systems/Risk Analyst

M- Monitor Resources

O- Organize Data/
Orchestrate Change

D- Design Care/Diversity
Remove Disparities

E- Ethical/ Empowerment

L- Leader/Lifelong
Learner/Lateral Care

Putting the CNL Role Into Practice

Identifying/ Addressing Problems:

- *Population Focus*
- *Facilitate, Coordinate*

Improving Outcomes:

- *Collect Data on Pre-Post Trends*
- *Evidence Based Practice Interventions*

Collaborating:

- *Communication*
- *Point of Care Education*
- *Interdisciplinary Teamwork*

Leading:

- *Mentorship*
- *Implement Change*

So Again...What is it that you
do?

The CNL works to provide leadership in
improving microsystem

Safety

Quality

Outcomes

Safety

Case Study # 1

72 yo male 4 days s/p Laryngectomy

Required frequent suctioning to clear airway and mouth

Required a procedure in radiology, escort service contacted
CNL stopped patient from leaving unit with unassistive
personnel

Obtained a portable suction machine, suction equipment
and oxygen supplies

Wheeled patient down and stayed with him to provide
suctioning and maintain a patent airway while he waited



Case Study #2

86 yo male admitted for hypertensive crisis (B/P 180/108)

Baseline B/P during the night 138/100

During morning rounds, CNL conversed with patient, who reported “having a good night”

Was sitting up, alert, oriented, eating breakfast, pink, warm, quick refill, no complaints

CNL checked B/P- 72/38!!!

Although patient was asymptomatic, MD was called, ordered labwork, EKG, and a fluid bolus

B/P medication adjusted

B/P back to 120/88 within one hour

Case Study # 3

Outcomes

76 yo male, known CAD, CHF, EF 20% and runs of VT

Septicemia and need for tooth extraction prevented placement of ICD

Plan of Care: Medical management with titration of heart and diuretic meds,
Consult for possible surgical intervention, ICD as out patient.

Due to frequency of VT, a wearable defibrillator vest was provided prior to discharge. ICD planned after tooth extraction and completing antibiotics.

Readmitted with two days later for CHF exacerbation, wearing defibrillator vest

Wife reported to CNL that defib vest activator external battery was found to be at a low level and nurses did not know how to change them

CNL accessed company's web site and downloaded a care manual

CNL provided point of care inservices to staff regarding operation and management of vest alarms

Staff RN reportedly responded to a vest alarm that night and stated she "was able to trouble shoot it" because of the information from the inservice

Patient received his ICD 4 days later and was discharged home

Conclusion

- CNLs are advanced generalists who work with a specific population using a “bottom up approach” to improve safety, quality and outcomes
- (Plan, Do, Study, Act)

Conclusion (Continued)

- The CNL and the CNS roles are complementary, but are different in focus, purpose and scope of practice
- The CNL provides leadership to identify, and address problems at the microsystem level using a collaborative evidence-based practice approach in order to implement change

CNL Certification Information

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Questions & Answers



Please complete the program evaluation.

Thank you for your participation.