

How to Market Yourself as a CNL

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First Step

Create a projects that are meaningful.

- ▶ To You
- ▶ To Your Cohort
- ▶ To Your Institution
- ▶ To Your University

How?

Conduct a Microsystem analysis of your cohort.

- ▶ What is working?
- ▶ What is not working?
- ▶ What is high priority for the CNO?
- ▶ Are there quality or safety issues?
- ▶ Is there a cost savings?

Be systematic

System Analysis

Identification of need

Supportive literature

Identification of Outcome Measures (Metrics)

Supportive data

Project Planning

 Kotters Steps

 PDSA

Analysis, Modification

Record process, present to C-group

Collect and Analyze Data

Systematic, Specific, Concise.

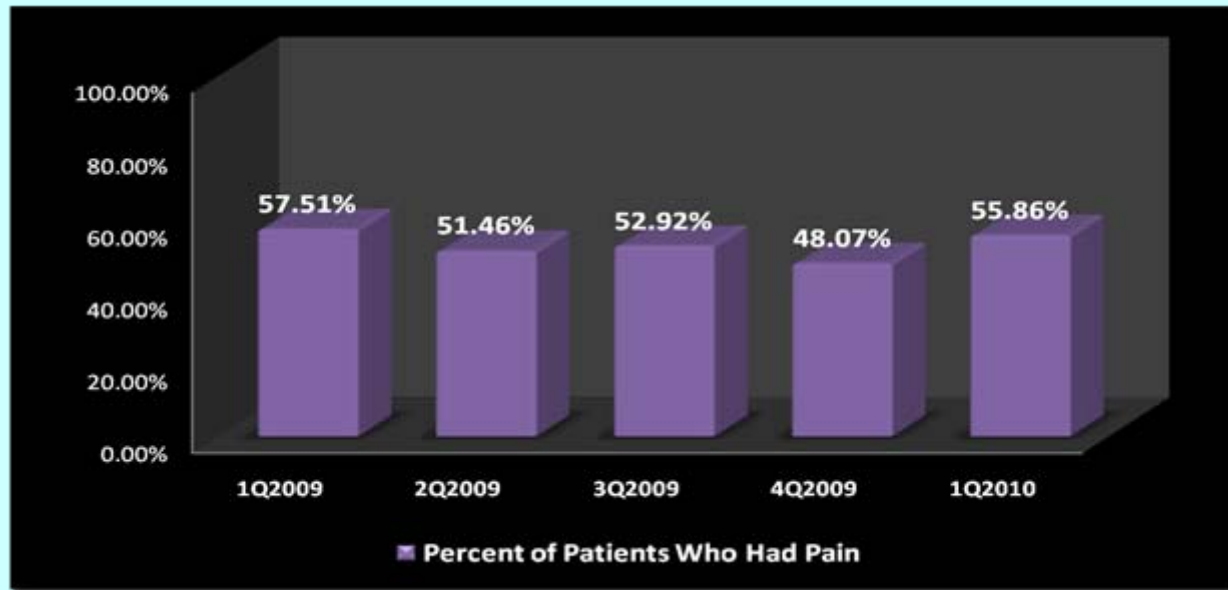


Table 1 Percentage of patients with pain during hospital stay.

Data Management

	First Hospital Stay	Second Hospital Stay	Difference
Control - Intervention	Routine Care	Addition of CNL	CNL
Length of stay	80 days	29 days	51 days
Hospital Bill	\$557,183.77	\$258,225.14	\$298,958.63

Find the Financial Impact

- ▶ Everything has a financial impact!!!!

Collaborated with your institutions CDE and increased the referral rate to the Diabetes Clinic for TIA and stroke patients.

- ▶ The increased revenue to The Diabetes Clinic is part of your data metric.

Return on Investment (ROI)

Cost of Old process, infection, pressure ulcer, ect
minus Any incurred cost of new project: equipment,
supplies, ect and any continued infection, pressure
ulcer, ect
= ROI

Cost of UTI \$3,000. 25 UTI/year = \$150,000

New peri-care kit \$10. 1000/year = \$10,000

Reduced UTI to 5/year = \$15,000

ROI = \$125,000

Next Step

Format your Project or Results

Use a Business Plan Format

- I Executive Summary
- II Service/Product
- III Marketing
- IV Business Model
- V Financial
- VI Team
- VII Any Attachments

http://sz0151.wc.mail.comcast.net/service/home/~/YumaBusinessPlanTemplate.pdf?auth=co&loc=en_US&id=265334&part=4

Proposal Format

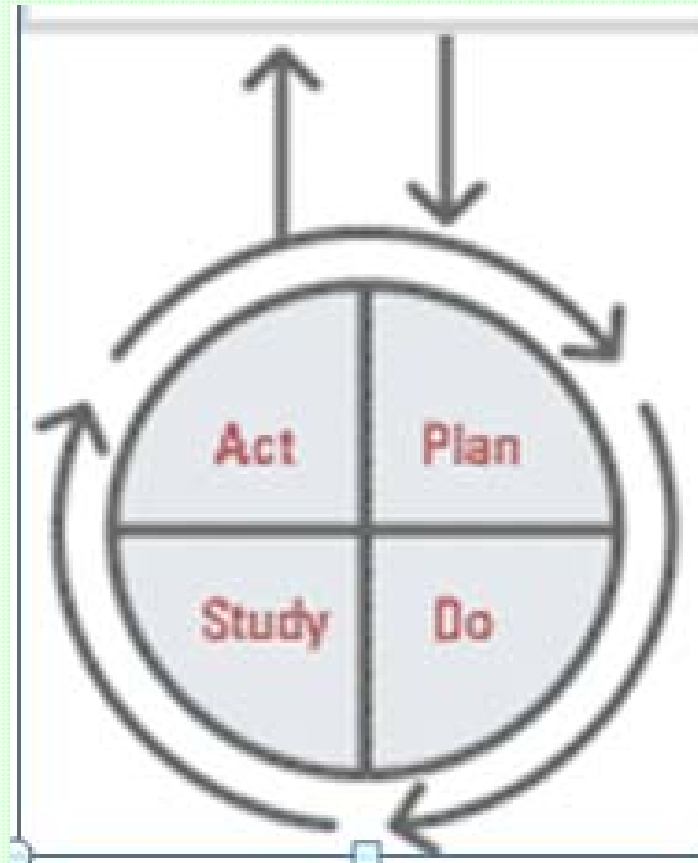
- I Executive Summary
- II Statement of Need
- III Project Description
- IV Budget
- V Organization Information
- VI Conclusion

<http://foundationcenter.org/getstarted/tutorials/shortcourse/index.html>

SWOT

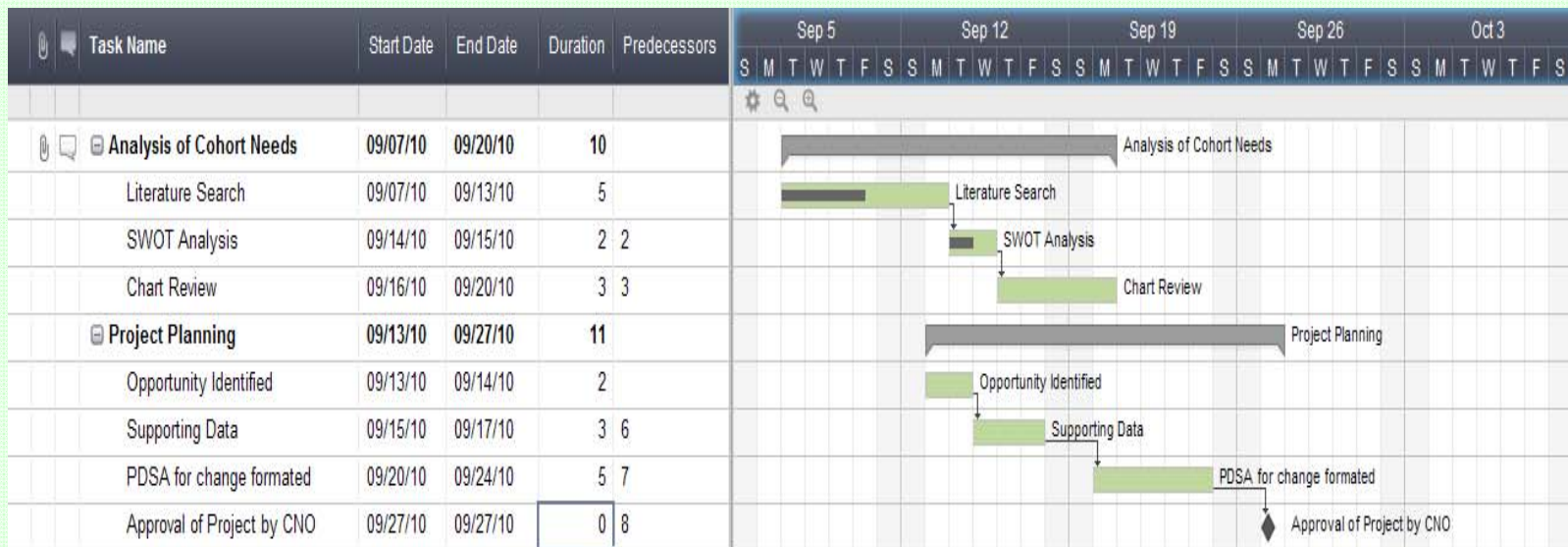
Strengths	Weaknesses
Opportunities	Threats

Plan Do Study Act

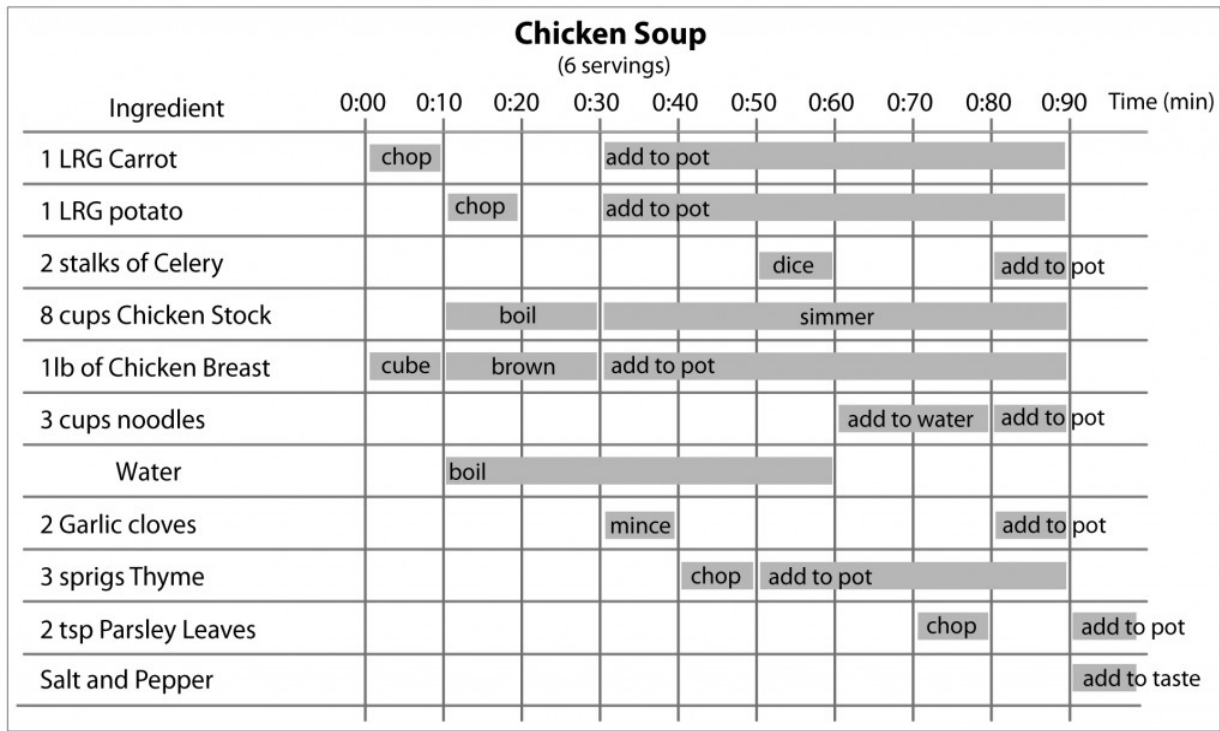


Gantt

www.smartsheet.com



Gantt



<http://matthewwettergreen.com/2010/01/05/how-to-cook-like-an-engineer/>

Introduction

Cervical cancer screening has been very effective in reducing mortality rates. Despite the benefits, adherence to screening recommendations continues to be a challenge. According to the Center for Disease Control, in 2006 11,982 women were diagnosed with cervical cancer and 3,976 died of this disease. Many attribute these deaths to the lack of follow up.

Statement of Need

Women who are HIV positive are at an increased risk for developing cervical cancer. In fact, invasive cervical cancer is considered an AIDS defining illness that further complicates the medical condition of these patients.

In the Infectious Disease Practice at The University of Medicine and Dentistry of New Jersey, 46% of the patient population is women. In addition, 90% of all patients seen are HIV positive. Furthermore, among patients who completed their Pap smears, the practice has a Pap smear abnormality rate of 30%, yet only 20% of patients are adherent to their colposcopy appointments. Due to these increased risks, gynecological follow up is imperative in HIV positive women in order to prevent cervical cancer or lessen the severity of the disease.

Project Description

I propose the establishment of a colposcopy clinic to address this need in the gynecological care of HIV positive women in the Infectious Disease Practice. The colposcopy clinic will provide the following:

- Proper education when patients are notified of their abnormal Pap results along with a colposcopy appointment that will be given
- Reminder phone calls prior to appointments
- Only colposcopy procedures will be completed which will create more available appointment times to schedule additional colposcopies
- Patients will be provided with adequate information on post discharge instructions after procedure
- Proper follow up will also be done for patients who miss their appointments

Conclusion

This is a clinical nurse leader led initiative that will improve the health outcomes of HIV positive women. Improving the quality of life for patients is part of this organization's mission statement. Implementation of this colposcopy project will certainly move us toward our mission by increasing adherence to visits while also improving the process for patients.

Keep the Ball Rolling

Regular meeting set up with CNO

Get involved in a professional practice committee

Meet with other Key individuals

Cultivate relationships with manager, director, CNS, NP and other departments

Be ready at all times to highlight what you have done

Keep a Record

Case Studies:

Highlight Value of Lateral Integration
Cost of Fragmented Care
Prevention of a 'Never Event'

Projects:

Include ROI

Impact:

LOS, Press Ganey, Return to Hospital, Staff
and Physician Satisfaction, Quality, Safety

Record Monthly Impact

Clinical Nurse Leader Tracking Form

Month/Year _____

Name _____

Clinical Practice Identify and/or implement nursing interventions to improve outcomes.	Education Formal/Informal Education.	Evidence based Practice Implementing standards of practice. Bringing EBP to the point of care.	Collaboration/Coordination Manage complex patients. Lateral integration of care.	Leadership Model, mentor, resource to staff/MD/healthcare team. Professional development of staff.

Portfolio

Maintain Certification

Involvement in Professional Organization

CNLA

Specific to your cohort

Monthly Record

Recognition

Continuing Education

Last Step

Continue CNL Process on New Projects

Keep up with Best Practice Protocols

Be Visible

Resources

www.aacn.nche.edu/CNC



Thank You