

THE ROLE OF THE CLINICAL NURSE LEADER (CNL) IN SUPPORTING NICHE IN ACUTE CARE

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Overview for Clinical Nurse Leader role

The Clinical Nurse Leader™ (CNL) role is described in the American Association of Colleges of Nursing 2007 White Paper as “a master’s prepared generalist nurse providing expert clinical leadership at the level of a microsystem with accountability for outcomes of care provided in that microsystem or point of care units where teams provide care to specific groups of patients.” Most notably, a 2004 pilot adoption of the CNL role led by senior nurse leaders from the Veterans Health Administration (VA) provided promising outcomes on data collection in 2008. This prompted the establishment of a strategic goal in 2011 to implement the CNL role across the VA health care system. Interestingly, the number of CNL’s has grown from 120 to over 500 in 2016. (Williams, Avolitto & Miltner, (2016)).

In 2015 a study conducted by Bender, Su, Williams & Hites sought to identify the organizational and implementation descriptions associated with the perceived level of CNL initiative success. A survey tool was administered to a nationwide sample of certified CNL’s, managers, senior leaders, clinicians and change agents involved in planning or integrating CNL’s in a health system care delivery model. Results indicated that CNL initiative success is associated with modifiable organizational and implementation factors. The identified factors were CNL practice consistency, CNL instructor or preceptor involvement and CNL reporting structure.

These findings support Bender’s (2016) interpretive syntheses of the clinical nurse leader (CNL) role as one that is an effective strategy for organizations to embed into the care delivery microsystem. As a master’s prepared resource the CNL provides a structured role with specific accountabilities that support their nurse their frontline nurse colleagues and other health care team members thus strengthening their own leadership and practice behaviors.



NICHE Role and Carolinas Medical Center

Carolinas Medical Center (CMC) located in Charlotte, NC is the flagship of the Carolinas HealthCare System. As a quaternary medical center it serves a diverse and growing southeast metropolitan population. CMC has employed CNL’s in the department of nursing services since 2008. In 2012, the idea of spreading the NICHE GRN model of care to one of CMC’s medical-



surgical units seemed a logical next step as the model had been successfully incorporated in 2010 at Carolinas Medical Center-Mercy a nearby 193-bed community hospital. The model of care which uses a Geriatric Resource Nurse or GRN, provides the hospital staff with nurses who are trained in evidence based methods of senior care delivery.

In 2013, the 36-bed medical-surgical unit at CMC known as 3 Tower was chosen for NICHE implementation because of its percentage of elder patients (35-40%). In addition, the unit was staffed with three Clinical Nurse Leaders (CNL's) who were already engaged in discharge planning for their 12-bed model patient population. In 2014, Carolinas Medical Center's (CMC) achieved initial NICHE designation led by the 3 Tower nursing and management staff on the unit, this effort was also supported by the Chief Nursing Officer and senior administration. At this writing, CMC-Mercy maintains its NICHE Exemplary status as one of 90 + nationally and internationally recognized facilities.



Over the past three years the GRN education model has spread from the original 3 Tower unit to the medical service line as well as the surgical and cardiac services area within CMC. At present there are approximately 120 GRN's among the three service lines who have completed the GRN modules and 50 healthcare technicians. This widespread education push was another step that led to CMC's Senior Friendly designation in 2015 & 2016.

CNL Model design/Anticipated Benefits

In 2016 and again in 2017 the Clinical Nurse Leader will be utilized as a NICHE support person to the charge nurse /clinical nurse supervisor in adjusting assignment's and the unit based Geriatric Registered Nurses. The focus for care delivery in this scenario is more deliberate with the implementation of our master's prepared Clinical Nurse Leaders (CNL's) within all three service lines as the coordinator for their respective unit.

The intent for the medical-surgical areas is to risk adjust the assignment of patients who are 65 and older with the three (3) highest risk patients using admission data criteria assigned to the available GRN(s) on the nursing units. The Clinical Nurse Supervisor or Charge Nurse is also



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involved in the actual assignments of patients per shift so that critical information is shared and updated by all.

This does not mean the GRN nurse assumes care for all three patients but rather a GRN is assigned one of the hi-risk patients and four (4) additional patients for a medical-surgical ratio of 1:5 which is the current standard. If there is more than 1 GRN per shift the same pairing holds.

The Clinical Nurse Leader supports the GRN(s) and remaining nurses and ancillary staff caring for remaining patients who included those over 65 but not deemed a high risk patient at the time. This assessment is complimented by the support services of clinical care management, physical therapy, palliative care, pharmacy and hospitalist group.

With the above plan in place the opportunity to affect local data for our older adults in Mecklenburg and the surrounding counties is a focus for this presentation. Specifically, the goal of the project will be to examine the current state of three data areas in need of improvement that were provided as part of the 2016 CHS Quality plan .

Data Collection

Those data points are: Late referrals to hospice, availability of Advance Directives in the medical record, and number of days spent in intensive care during the last six months of life. Once determined and approved the goals will be monitored by multidisciplinary task force members some of whom currently serve the Central Division NICHE committee. Part of our plan will be to address each goal individually for opportunities to reduce or eliminate unnecessary or even uncomfortable care as it relates to this population.

REFERENCES

American Association of Colleges of Nursing. Leading initiatives: clinical nurse leader, about the CNL: brief history of the CNL. Published 2015. Accessed January 5th, 2017.

<http://www.aacn.nche.edu/cnl/about/history>

Bender, M. (2016). Conceptualizing clinical nurse leader practice: an interpretive synthesis. *Journal of Nursing Administration* 24, E23-E31.

Bender, M., Williams, M., Wei, S., Hites, L. (2016). Clinical nurse leader integrated care delivery to improve care quality: factors influencing perceived success. *Journal of Nursing Scholarship*, 2015 48, 3414-422.

Williams, M., Avolio, A.E., Miltner, R.S. Promoting a strategic approach to clinical nurse leader practice integration. *Nursing Administration Quarterly*, 40, 1, 24-32.

