



Certified Clinical Nurse Leader (CNL[®]) Talking Points

Program History

- As healthcare evolves and changes, there is a need for master's prepared nurses (certified Clinical Nurse Leaders) to focus on safety and quality of service.
- The need for the Clinical Nurse Leader skillset was confirmed through discussions between the American Association of Colleges of Nursing (AACN), nurse executives, and other health care leaders. In addition, reports released by the Institute of Medicine, the Robert Wood Johnson Foundation, and the American Hospital Association all cited the need to make changes in health care delivery and the education of health professionals to improve patient outcomes.
- In 2007, the AACN Board of Directors created the Commission on Nurse Certification (CNC). CNC is an autonomous certifying body of AACN to oversee the policies and procedures for the CNL Certification Program.
- More than 5,500 nurses are now CNL-certified. CNC's CNL Certification Program is accredited by the National Commission for Certifying Agencies.

Introducing the Certified Clinical Nurse Leader

Fundamental aspects of CNL practice include:

- Clinical leadership for patient-care practices and delivery, including the design, coordination, and evaluation of care for individuals, families, groups, and populations.
- Participation in identification and collection of care outcomes.
- Accountability for evaluation and improvement of point-of-care outcomes, including the synthesis of data and other evidence to evaluate and achieve optimal outcomes.
- Risk anticipation for individuals and cohorts of patients.
- Lateral integration of care for individuals and cohorts of patients.
- Design and implementation of evidence-based practice(s).
- Team leadership, management and collaboration with other health professional team members.
- Information management or the use of information systems and technologies to improve healthcare outcomes.
- Stewardship and leveraging of human, environmental, and material resources.
- Advocacy for patients, communities, and the health professional team.

CNL Education and Integration into the Health System

- The CNL skillset is currently being implemented through education and practice partnerships involving more than 190 practice settings and over 130 nursing schools. AACN is inviting new

schools and practice sites to join this national effort and further engage the CNL in healthcare delivery.

- Currently, more than 90 master's degree programs are available at schools of nursing to prepare Clinical Nurse Leaders.
- More than 100 education-practice partnerships are active around the country integrating the CNL into a variety of practice settings.
- CNL preparation includes the core graduate education (clinical assessment, pathophysiology, pharmacology and research), data management, project management, disease management, implementation of EBP, clinical leadership, inter-professional communication, and care coordination.
- The Veterans Health Administration, the nation's largest employer of RNs, has embraced the CNL and has introduced it into many VA hospitals nationwide.

The Impact of CNLs in the Practice Setting

- Practice settings utilizing CNLs have reported the following:
 - CNLs are quickly making significant progress on raising patient, nurse, and physician satisfaction; improving care outcomes; and realizing sizable cost-savings.
 - CNLs elevate the level of practice for all nurses on the unit by promoting critical thinking and innovation in nursing care. CNLs empower other nurses to ask questions and seek the best solutions possible.
 - CNLs are essential to decreasing fragmented care and are prized for their expertise in enhancing communication, improving care hand-offs, and laterally integrating care.
 - CNLs constructively manage change and promote a team-based approach to care.
 - The CNL looks at the bigger picture, including outcomes and patient satisfaction, when considering next steps, needed changes, and improvements to the setting.
- Findings from the Robert Wood Johnson Foundation Innovative Care Delivery Model Study include the following points about the impact of CNLs in practice:
 - CNLs act as the "red thread" for the patient, arranging and coordinating complex care needs for patients and families. They truly are information-flow managers.
 - CNLs serve as a clinical resource and connection point to interlink patient safety and unit strategic goals into practice.
 - The CNL serves as a patient and family advocate by involving them through interdisciplinary rounds/approach. They ensure that patients and families are informed of all diagnostic procedures, medical consultation, and available resources. CNLs bridge the communication gap between all health service providers, which permits a seamless transition through the healthcare continuum.
 - CNLs collaborate with the direct care providers to ensure a safe environment for patients where needs are prioritized and individualized, and evidence based nursing is utilized. They also serve as mentor, coach, educator, and resource to all direct care providers to assist them in providing care to complex patients.

Published Outcomes of the Clinical Nurse Leader

<i>Author</i>	<i>Journal</i>	<i>Title</i>	<i>Study</i>	<i>Results</i>
Bender, M; Connelly, CD; Glaser, D. & Brown, C.	Nursing Research Sept/Oct.2012 Vol 61 No. 5	Clinical nurse leader impact on microsystem care quality	A short interrupted time series design was used to measure patient satisfaction with multiple aspects of care 10 months before and 12 months after integration of the CNL on a progressive care unit compared with a control unit. Press Ganey survey and analysis using a publicly available program	Improved patient satisfaction (p =.02), nursing care (p=.004), including skill level (p=.003) and keeping patient informed (p=.003) No significant correlation with improved patient satisfaction with physician care or discharge processes
Bowcutt, M., Wall, J. & Goolsby, MJ	Nursing Administration Quarterly 2006. Vol. 30(2).	The clinical nurse leader promoting patient-centered outcomes	Pilot to launch the unit-based clinical nurse leader on a 39 bed medical/surgical unit (later a cardiac unit was included) Care coordinator	No significance to decrease length of stay or unit level satisfaction. Other findings included Increase rate of home health referrals and discharge instructions and other patient specific outcomes such as addressing psychological needs, improving IP communication and placing patients on care pathways
Hix, C., McKeon, L., & Walters, S.	JONA Feb. 2009, Vol. 39 No. 2	Clinical nurse leader impact on clinical microsystem outcomes	Outcomes from 5 diverse microsystems were evaluated before and after CNL implementation using electronic scheduling system reports, patient medical records, and quality improvement reports. The impact of the CNL on 4 domains: financial, patient satisfaction, quality/internal processes and innovation Evaluation measures included microsystem performance metrics such as inpatient readmission rates, nursing hours per patient day, length of stay, discharge instructions for patients with congestive heart failure, patient falls, hospital-acquired pressure ulcers, surgical infection rate, and VAP. Quality outcome data was obtained 3 months before CNL through July 2007 (post implementation range was 7-31 months)	Ambulatory Surgery: 2% decrease in surgery cancellation rate (p=0.034) Surgical inpatient unit: TKA transfusion protocol : 20% decrease in number of patients receiving blood transfusions (p=0.018) GI lab: 10% decrease in rate of missed opportunities (p=<0.001) SICU: 28.6% increase in VTE prophylaxis implementation for critically ill, intubated patients (p=< 0.001) Transition care unit: 8% increase in participation (p=0.029)

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Ott, KM., Haddock, KS., Fox, SE., Shinn, JK., Walters, SE., Hardin, JW., Durand, K. & Harris, JL.	Nursing Economics Nov/Dec. 2009 Vol. 27/No. 6	The clinical nurse leader: Impact on Practice Outcomes in the Veterans Health Administration	Impact data were collected and assimilated from seven VAMCs to support how CNLs impact the delivery of quality and safe patient care and how practice changes could be sustained. The four domains included financial, quality processes, satisfaction and innovations Seven sites agreed to participate Two time periods for data collection (pre-CNL at least 3 months and post CNL 6 months or greater) Data aggregated across seven sites	Nursing hours per patient day NHPPD was 6.09 pre and 6.74 post (p=0.0006) Cancellations: Year 2006: 14.4% cancellation rate. Year 2007 11.4% cancellation rate estimated \$461,775.00 reduction in cost avoidance. A two-sample t-test for a reduction in proportions due to the areas specifically addressed by the CNL was significant at p=0.0004 and the reduction in proportion of overall cancellations was significant at p=0.0045 A logistic regression model was estimated to investigate the impact of procedures implemented by the CNL. The pre-CNL period was 84% more likely to have a cancellation (p=0.009) and the post CNL period was 53% more likely to have a cancellation (p=0.001). Pressure ulcers: dropped from 12.5% to 4.2% (p=0.0025) Patient falls: Data reported as the total number of falls per 1,000 bed days of care as well as by the falls that resulted in an injury to the patient. Falls per 1,000 patient days decreased though not significantly from 1.93 to 1.37. (p=0.21) in the three months post CNL. Discharge teaching: Post intervention compliance rate rose to 90 th percentile and later sustained at 100% compliance. VAP: Prior to CNL 21.7% and post CNL 8.7%.
Sheets, M., Bonnah, B., Kareivis, J., Abraham, P., Sweeney, M. & Strauss, J.	Nursing2012 August	CNLs make a difference	5 full time CNL employed (3 on medical unit and 2 on intermediate care unit) Monthly LOS was retrieved and verified by finance department for a 112-month period before and after implementation "Is there a difference in the mean LOS prior to implementation of the CNL as compared with the mean LOS after implementation of the CNL skill set?" (AACN recommends CNL-to-patient ratio of 1:12-1:15)	Paired t-test Medical-specialty (t=5.50, p< 0.001) Intermediate (t=2.18; p=0.05) Both units (t=4.92; p=0.001)

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Wesolowski, MS., Csey, GL., Berry, SJ. & Gannon, J.	AORN Journal 2014. vol. 100(1)	The clinical nurse leader in the perioperative setting: A preceptor experience	University of Florida and Malcolm Randall VA Medical Center p partnered for CNL initiative in 2004. Team developed a description of the skill set and experiences of the preceptor, the clinical nurse leader resident's successes and positive outcomes. Weekly expectations of resident and preceptor were identified (12 week period)	Avoidable cancellations in OR decreased by 25% on-time starts increased by 6.5% and room use increased by 2.5%. Underused OR time decreased by 65 hours. These improvements yielded an estimated cost savings of \$35, 982.00
Wilson, L., Orff, S., Gerry, T., Shirley, BR., Tabor, D. Caiazzo, K. & Rouleau, D.	Journal of Nursing Management 2013; Vol. 21. 175-181	Evolution of an innovative role: The clinical nurse leader	Evolution of the clinical nurse leader skill set and it utility in a tertiary care and community hospital	C. diff rate decrease by 274% 28% decrease in ventilator days over a 4-year period Decrease time from adult spontaneous breathing assessment to liberation from the mechanical ventilator by 57.2% Other findings included decrease in blood stream infections (52% improvement), revision of vaccine screening tool (138% improvement) Stoke rounds and education (29.4% improvement) Estimated cost savings include \$150,000 savings with elimination of auto-transfusion in Total knee replacement, \$1,000,000 long-term vent rounds \$170,000 costs related to decreased LOS for post-operative craniotomy pathways