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I Have the CNL Power – Student Category

Imagine there is a census of eight patients on the adult psychiatric unit; you, the RN, and a mental health technician are assigned to care for these patients; among the eight patients there are 2 with borderline personality disorder, 3 patients who are acutely psychotic, and 1 Hispanic patient who speaks and understands very little English; her prognosis is poor, and her daughter is reluctant to make end-of-life decisions. Imagine being the sole social worker on a behavioral health unit because the other social worker quit 3 days ago; it is Monday and chaos is in the midst. Imagine being a depressed male patient, unable to read and write; there are plans for him to discharge to a homeless shelter; he is prescribed 13 medications and there is expectation that persons in the shelter are self-sufficient, thus, no one available to assist with medication education. Each of these examples represent overwhelming situations; requiring caregivers to be attentive to patient needs. Fortunately, there is a clinical nurse leader (CNL) available on this unit.

Each of these instances afforded the CNL the opportunity to integrate different areas of responsibility; being a leader helping to oversee the work of primary care nurses and ancillary staff. The RN is attempting to provide quality care to each patient; however, it is difficult to manage all patient needs and attend to family members who have concerns regarding the care of their loved one. The CNL stepped in to attend to the Hispanic patient and family needs; understanding there were cultural concerns (the patient's daughter was fluent in English) with changing the patient's code status from full code to DNR which was the foundation for the hesitancy. The CNL worked collaboratively with members of the interdisciplinary health care team to establish high-quality care outcomes. Physicians explained to the daughter and other family members that given the patient's prognosis; the patient's level of care would continue to deteriorate; all medical options to maintain ideal health had been exhausted. The family decided to change the patient's code status to DNR, and the patient was discharged home with hospice the next day. The CNL helped ensure this patient received the dignity and respect she deserved during the last phase of life. Oh, the "power of the CNL!"

The social worker and CNL were concerned how a patient who could not read and write would be compliant with prescribed medications; how would he know which medication to take and when to take it once he was discharged from the hospital. The CNL met with the patient to assess current knowledge of his medications. The patient expressed his concerns and voiced how he could easily identify what medication to take and when to take it. The CNL labeled medication bottles with an "A" for morning medications and a "P" for bedtime medications. The other bottles were labeled with numbers representing the time of day that medication should be taken as they were to be taken 3-4 daily. The patient's medication bottles were placed in labeled Ziploc bags according to the time of day they were to be taken. The patient accurately verbalized the correct information for taking the medications. The patient was safely discharged without further incident to date.

The CNL was also instrumental in decreasing falls on the gero-psychiatric unit by 50% in a 3-month period by simply ensuring nurses were knowledgeable of the medication side effects increasing the patient's risk for falling. By doing so, patients were labeled a "high fall risk" and high-risk interventions were implemented. Before, medication side effects had not been factored in when scoring a patient for fall risk. As a CNL, "I support not only nursing staff, but I also support social workers. I am on the unit; I am their eyes and ears; I know the patient information." Seeing, hearing, and most importantly communicating detailed happenings regarding each patient is one of the most crucial roles for a CNL; the CNL fields and sorts information and communicates it to the right person.

I have used my skill set to improve patient outcomes and further educate patients, health care professionals and family members. I am that health care liaison with a 'direct line' to members of the interdisciplinary team, always researching new evidence, sharing information learned, and identifying changes through best practice to achieve optimal client outcomes. The journey to becoming a CNL has definitely equipped me with the POWER to improve patient care at my organization. Without doubt, "I Have the CNL POWER!"