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I Have the CNL Power – CNL Category

How do Clinical Nurse Leaders (CNLs) improve patient care? Or, from a hospital administrator's perspective, are CNLs worth the investment? There are many ways that CNLs provide worth to their organization and to the patients to whom they provide care. Among the ways that CNLs provide this worth is by tracking performance measures, implementing process improvement strategies, and preventing gaps in care through interdisciplinary collaboration.

One example of a CNL improving patient care is by analyzing the reasons for excess days in the hospital setting. Excess days are defined as any days exceeding the expected number of days a patient will spend in the hospital based on their diagnosis. CNLs can decrease excess days by eliminating discharge barriers caused by a lack of care coordination. At Texas Health Allen, the CNL team identified untimely weaning off intravenous (IV) pain medicines as a reason for excess days.

Once a problem is identified, CNLs look at the literature to find evidence-based practices to improve the standard of care. Much has been published recently regarding the opioid epidemic in the United States. According to the Centers for Disease Control and Prevention (CDC), 18,893 deaths in 2014 were attributable to prescription opioids. Manufacturing setbacks, along with government initiatives to reduce addiction by restricting IV opioid production, have limited the available supply of IV opioids. A sister hospital, Texas Health Plano, adopted a structured protocol to transition patients to oral pain medicine alternatives to preserve its limited supply of IV opioids for those patients who cannot tolerate oral intake.

The CNL team at Texas Health Allen shared this protocol with the Excess Days committee as a means of addressing the issue of weaning off IV pain medicine in a timely manner. This committee included the Pharmacy Director and Chief Medical Officer who reached out to two key stakeholders, Pharmacists and Physicians, to obtain buy-in for the new protocol. Interdisciplinary collaboration was very important to the success of this initiative as it involved Pharmacy, Physician, and Nursing support to be successful. The CNL team created an SBAR (Situation **B**ackground **A**ssessment **R**ecommendations) to educate the nursing staff about the practice change.

Lastly, CNLs evaluate their outcomes to determine if a process improvement initiative is successful or requires a new approach. The CNL team compared excess days data after program implementation with last year's excess days data from the same timeframe. When looking at the general medicine service line patients, the observed/expected excess days ratio decreased from 1.343 in the last quarter of 2017 to 1.167 in the last quarter of 2018. The total number of excess days decreased by 170.5 days for this patient population. By looking at the reduction in the length of stay, the CNL can put a dollar figure amount to this reduction by teaming up with the hospital's decision support team. Over the course of the year, the CNL team can keep track of their accomplishments and share them with their employer to objectively justify the investment in the CNL role.

Reference:

Centers for Disease Control and Prevention. (2016). Guideline for prescribing opioids for chronic pain. Retrieved from http://www.cdc.gov/drugoverdose/pdf/guidelines_factsheet-a.pdf