

Clinical Nurse Leader Informational Paper

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Background

In 2006, the Professional Practice Committee and the Regional Taskforce South hosted a series of meetings to discuss the emerging roles for the registered nurses. The membership in attendance at those meetings debated the Clinical Nurse Leader role and the models of educational preparation, as nurse leaders across California had not yet determined how or if this role would be utilized in the clinical practice environment within their organizations.

In light of the fact that Schools of Nursing in California were developing and implementing academic programs to attract and prepare students as Clinical Nurse Leaders and that ACNL membership articulated the need for information about the emerging CNL role, the Professional Practice Committee crafted a resolution which was presented to the ACNL Board of Directors at the 2007 annual meeting. The resolution requested that ACNL explore implications of the implementing CNL role in California practice settings, which would be reported back to the ACNL membership.

In July 2007, ACNL convened a group of nurse leaders who volunteered from service and academia to address membership concerns around the emerging role of the Clinical Nurse Leader. The key questions and discussions that emerged were related to the 1) successful transition of a new CNL graduate into practice, 2) potential overlap

24 with other nursing roles, such as the clinical nurse specialist and nurse manager, 3)
25 benefits and potential outcomes of the role, 4) fit and financial viability of the role within
26 a nursing unit and organization. Using the insights learned from this meeting, this
27 informational paper was developed as an effort to cultivate understanding by nursing
28 leaders as to the origins of the CNL and the different models of educational preparation,
29 as well as articulate the need to document outcomes to facilitate nursing leader's efforts
30 to create a business case.

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32 **Emergence of the Clinical Nurse Leader**

33 In May 2003, the American Association of Colleges of Nursing published "*The Working*
34 *Paper on the Role of the Clinical Nurse Leader*" in response to the call for change by
35 several national reports on health care including the Joint Commission, the Institute of
36 Medicine, the American Hospital Association and the Robert Wood Johnson
37 Foundation.¹ These organizations identified and highlighted critical concerns related to
38 the fragmentation, safety and quality of our current healthcare system. In response to
39 these defined patient care concerns as well as the increasingly cumbersome and
40 complex health care delivery environment, the Clinical Nurse Leader (CNL) practice
41 model was developed and implemented by AACN, following extensive investigation and
42 dialogue by leaders in nursing education and practice. The percentage of participation
43 in this investigation and dialogue by educational and healthcare institutions was highest

¹ American Association of Colleges of Nursing. (2007). *White paper on the education and role of the clinical nurse leader*. Retrieved November 2007, from American Association Colleges of Nursing Website: <http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader07.pdf>

44 in the Northeastern, Midwestern and Southern United States.² The CNL practice model
45 is intended to address both the current and future needs of our healthcare system and
46 provide quality patient outcomes.

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48 The Clinical Nurse Leader (CNL) role emerged as a way to engage highly skilled
49 clinicians in outcomes-based practice, quality/performance improvement and lateral
50 integration of care. The American Association of Colleges of Nursing defines the CNL
51 as:

52 A leader in the health care delivery system, not just in the acute care setting, but
53 all settings which health care is delivered. The implementation of the CNL role,
54 however, will vary across settings. The CNL role is not one of administration or
55 management. The CNL is a provider of and manager of care at the point of care
56 to individuals and cohorts or populations of clients. The CNL designs,
57 implements, and evaluates client care by coordinating, delegating and
58 supervising the care provided by the health care team, including licensed nurses,
59 technicians, and other health professionals. The CNL assumes accountability for
60 client care outcomes through the assimilation and application of research-based
61 information to design, implement and evaluate client plans of care.³ Unlike the
62 advanced practice level clinical nurse specialist (CNS), the CNL is regarded a
63 generalist, functions at the unit level and is not a patient population expert or
64 specialist.

² Stanhope, M. and Turner Pedersen, L. *Diffusion of the clinical nurse leader innovation*. JONA. 2006; 36(9):385-389.

³ American Association of Colleges of Nursing. (2007). *White paper on the education and role of the clinical nurse leader*. Retrieved November 2007, from American Association Colleges of Nursing Website: <http://www.aacn.nche.edu/Publications/WhitePapers/ClinicalNurseLeader07.pdf>

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66 **Educational Preparation**

67 Nurses in this new role will be prepared at the master's level. Currently, there are five
68 educational models being implemented by nursing schools around the country and
69 throughout California. These models⁴ include the following:

70 **Model A:** *Master's degree program designed for BSN graduates*

71 **Model B:** *Master's degree program for BSN graduates that includes a post-BSN
72 residency that awards master's credit*

73 **Model C:** *Master's Program designed for individuals with a baccalaureate degree in
74 another discipline (second-degree program)*

75 **Model D:** *Master's program designed for ADN graduates (RN-MSN)*

76 **Model E:** *Post-master's certificate program designed for individuals with a master's
77 degree in nursing in another area of study*

78 **Note:** *Models C and D prepare graduates with the competencies delineated in the
79 AACN Essentials of Baccalaureate Education and Graduate Level Competencies
80 highlighted in the Working Paper on the Role of the Clinical Nurse Leader.*

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82 As of September 2007, there are fifty-eight (58) colleges and universities currently
83 accepting students into Masters of Science in nursing degree programs that prepare

⁴ American Association of Colleges of Nursing. (2007). *Clinical Nurse LeaderSM Education Models Being Implemented by Schools of Nursing*. Retrieved November 2007, from American Association Colleges of Nursing Website: <http://www.aacn.nche.edu/CNL/pdf/CNLEdModels.pdf>

84 Clinical Nurse Leaders.⁵ After successful completion of a formal CNL education
85 program, including an immersion experience which requires 400-500 clinical contact
86 hours above the clinical experiences integrated throughout the education program, the
87 CNL graduate will be eligible to sit for the CNL Certification Examination developed with
88 the support of the American Association of Colleges of Nursing. Candidates who meet
89 all the eligibility requirements and pass the examination will earn the credential of
90 Clinical Nurse Leader (CNL).⁶ In fall 2007, AACN reported that nearly 200 individuals
91 have earned the CNL certification.⁷

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93 The AACN has developed and defined the curriculum framework, program criteria and
94 required clinical experiences as well as the end of program role competencies for the
95 CNL. These role competencies emphasize nursing leadership, management of the care
96 environment and clinical outcomes management. Specific role functions expected of the
97 beginning CNL include clinician, outcomes manager, client advocate, educator, information
98 manager, systems analyst/risk anticipator, team manager, member of a profession and
99 lifelong learner.⁸

⁵ American Association of Colleges of Nursing. (2007). *Clinical Nurse Leader Master's Degree Programs*. Retrieved November 2007, from American Association Colleges of Nursing Website: <http://www.aacn.nche.edu/CNL/CNLWebLinks.htm>

⁶ American Association of Colleges of Nursing. (2007). *Clinical Nurse Leader Certification Examination Handbook*. Retrieved November 2007, from American Association Colleges of Nursing Website: <http://www.aacn.nche.edu/CNL/pdf/CertExamHndbk.pdf>

⁷ American Association of Colleges of Nursing. (Fall/Winter 2007). *The CNL Bulletin*. Retrieved November 2007, from American Association Colleges of Nursing Website: <http://www.aacn.nche.edu/CNL/pdf/BulletinFall.pdf>

⁸ American Association of Colleges of Nursing. (2007). *End of program competencies and required clinical experiences for the clinical nurse leader*. Retrieved November 2007, from American Association Colleges of Nursing Website: <http://www.aacn.nche.edu/CNL/pdf/EndCompsgrid.pdf>

100 **Transition into the Clinical Practice Setting**

101 There are broad implications for implementing the CNL in the practice setting and a
102 great deal of thought and analyses is needed for there to be successful transition into
103 practice. Bringing new nursing knowledge and competencies to the bedside has the
104 potential to contribute significantly to the healthcare delivery system, however,
105 individuals educated in the new CNL role will not be able to realize their full potential if
106 health care settings are not prepared for them. It is important when considering the
107 Clinical Nurse Leader role, that a purposeful and explicit partnership between nursing
108 education and nursing service be developed to support the changes required. This
109 partnership must put nursing practice at the forefront and involve input from both parties
110 in designing and/or modifying curriculum, clinical experiences, transforming existing
111 health care delivery models and preparing graduates for practice as a CNL. Given the
112 complexity of the current and future healthcare delivery models, it is essential that
113 nursing leaders clarify roles on the healthcare team and their contributions to patient
114 care delivery to avoid redundancies and confusion. Additionally, existing staff,
115 physicians and other key stakeholders must be educated on this role clarification as
116 resistance to this new role can be expected. To address questions that have been
117 raised by the nursing community concerning role confusion, AACN developed resources
118 that identify similarities, differences and complimentaries between the CNL role, the
119 Clinical Nurse Specialist (CNS) role and the Nurse Manager role. These resources
120 clarify that the CNL role practices as a generalist, managing care at the point of care for
121 patients, individuals, families and communities where as the CNS is an expert clinician
122 in a particular specialty or subspecialty of nursing practice and functions at the micro

123 system or systems level of care. Whereas the nurse manager is a clinical leader who
124 provides the administrative/operational practice on a unit, group of units or service line
125 and is responsible for management and coordination of all patient care operations for
126 those patient populations served^{9,10}.

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128 A concern raised by ACNL membership involved how a newly licensed registered nurse
129 function would function and be accepted as a Clinical Nurse Leader in the clinical
130 practice environment. CNL educational models implemented by schools of nursing in
131 California are predominantly adopting Model C, which is designed for individuals with a
132 baccalaureate degree in another discipline (second-degree program). In the clinical
133 practice setting, new graduated CNLs would be considered a novice RN, a “new
134 graduate”, for a minimum of one year. Resistance to this new role from existing staff
135 nurses can be expected if the new CNL is also a newly licensed registered nurse. This
136 resistance may be mitigated when the new CNL already has experience in the clinical
137 practice setting.

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139 The 2006 California Educational Initiative Annual Report cites that 70 percent of
140 California’s nursing graduates are generated from associate degree nursing programs

⁹ American Association of Colleges of Nursing. (2004). *Working statement comparing the Clinical Nurse Leader and Clinical Nurse Specialist roles: Similarities, differences and complimentaries*. Retrieved November 2007, from American Association Colleges of Nursing Website: <http://www.aacn.nche.edu/CNL/pdf/CNLCNSComparisonTable.pdf>

¹⁰ American Association of Colleges of Nursing. (2004). *Working statement comparing the clinical nurse leader and nurse manager roles: Similarities, differences and complimentaries*. Retrieved November 2007, from American Association Colleges of Nursing Website: <http://www.aacn.nche.edu/CNL/pdf/tk/roles3-06.pdf>

141 with the California Community College system.¹¹ Consistent with promoting a better
142 educated nursing workforce, ACNL considers the AACN's Model D as a powerful
143 strategy to offer these associate degree prepared nurses the viable opportunity to
144 obtain a master's degree in nursing. The AACN Model D promotes creating a better
145 educated nursing workforce through life long learning by provide experienced staff
146 nurses across the care continuum the opportunity to advance their education and
147 clinical skills while remaining involved in direct nursing care as Clinical Nurse Leaders.

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149 **Building a Business Case: Clinical and Financial Outcomes**

150 California nursing leaders face additional financial pressures in today's healthcare
151 environment, given unfunded mandates from regulatory agencies such as staffing ratios
152 and seismic retrofitting. Establishing a new role or position in an organization is a
153 significant undertaking, even when the expected outcomes are considered vital. It is
154 imperative that organizations implementing the CNL role measure evaluate and
155 document both clinical and financial outcomes to create and strengthen a return on
156 investment model based on higher quality of care, improved clinical outcomes and
157 shorter lengths of stay. On August 1, 2007, the Centers for Medicare and Medicaid
158 Services (CMS) issued the final inpatient prospective payment system (IPPS) rule for
159 hospitals. Several of the rule's principle provisions will influence the care and
160 organization of nursing services. Most notably, the rule eliminates higher payment for

¹¹ California Labor and Workforce Development Agency (2006). *California Nurse Education Initiative Annual Report-2006*. Retrieved November 30, 2007 from the California Labor and Workforce Development Agency. Website: <http://www.labor.ca.gov/nurseinitindex.htm>

161 nursing sensitive complications, errors, injuries or infections that were not present upon
162 admission and could have been reasonably prevented.¹²

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164 Nursing leaders should continue to invest in high quality nursing care and provide
165 resources to support nurses' contributions to healthcare quality and patient safety. In
166 this ever-tightening financial environment, the role of the clinical nurse leader can
167 emphasize nursing risk assessment, surveillance, prevention, early detection and
168 aggressive treatment for the conditions and complications for which hospitals will no
169 longer receive additional payments. Nursing leaders can create a business case for the
170 CNL role by building a data-driven, evidence-base that demonstrates the role's critical
171 contribution to patient safety and outcomes. Specifically, it is anticipated that the CNL
172 can have an impact on improving the following:

- 173 • Patient length of stay
- 174 • Inpatient readmission rates within 30 days of discharge
- 175 • Patient falls
- 176 • Hospital acquired pressure ulcers
- 177 • Catheter-associated urinary tract infections (UTI's)
- 178 • Vascular catheter-associated blood stream infections (BSI's)
- 179 • Surgical site infections
- 180 • Ventilator acquired pneumonia
- 181 • Core measures

¹² George Washington University, Department of Nursing Education, School of Medicine and Health Sciences. (2007). Retrieved November 27, 2007 from the Robert Wood Johnson Foundation. Website: <http://www.rwjf.org/files/research/ippswhitepaper2007.pdf>

- 182 • Patient satisfaction (discharge plan)
- 183 • RN satisfaction
- 184 • Physician satisfaction

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186 There is a pressing need that current models of patient care delivery be responsive to
187 the realities of a complex, technologically advanced and financially strained healthcare
188 system. Significant change is needed to support safe, quality, patient and family -
189 centered care. As part of that change, the clinical nurse leader role has the potential to
190 be instrumental in integrating the care provided by multiple disciplines across the
191 patient's experience. It is imperative that nursing leaders from service and academia
192 begin/continue their collaboration around preparing nurses for this role to ensure its
193 successful integration into nursing and healthcare delivery models.

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