A Systems Approach to Implementing the CNL Role: Bringing the Learning to Unit-Based Interdisciplinary Teams
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Problem
The complexity of health care delivery is increasing and the demands to demonstrate evidence-based practices and clinical improvements are growing. The ability to initiate, implement, and sustain practice changes at the unit level to improve care and outcomes has been difficult. The Clinical Nurse Leader role was established to address Microsystem or unit level concerns that require advanced clinical knowledge, leadership, and appreciation for the complexity of care delivery systems. In 2008, the University of Detroit Mercy partnered with Trinity Health system to initiate a cohort model of the CNL program. As part of this degree offering, the health system and the university discussed the unique attributes of the CNL role and made a commitment to marry the classroom learning with action and activities at the point of care by engaging interdisciplinary teams in redesign efforts grounded in quality improvement, leadership at the point of care, and evidence-based practices.

Evidence
While much has been written about the need bring evidence-based quality improvement to the unit level, little has been published about how to do this effectively and consistently. There are many anecdotal, single unit successes in the literature; however, few studies identify a system-wide approach to unit level, interdisciplinary change. The approach discussed in this project was established by collaboration between the nursing leaders in operations and faculty at a university who agreed a new approach to learning and sustaining change was needed. Building from concepts in quality improvement, evidence-based practices, and existing organizational policies, the nursing leaders established a strategy to address real and pressing concerns about patient safety and outcomes.

Strategy
Using the quality and leadership courses in the curriculum as the platform for change, the faculty Program Coordinator collaborated with nursing leaders and the Senior Process Excellence Consultant to identify how the health partners existing quality philosophy and leadership development initiatives could be incorporated and supported by the delivery of didactic CNL program content. CNL students were provided 3 days of Lean/Quality training to establish the organizations philosophy regarding quality and process improvement. This training also introduced the students to the tools and resources within the organization to support their work. Students also attended leadership development workshops directed toward effective communication, conflict resolution, and managing teams.

Practice Change
Nursing leaders were charged to identify unit level concerns that would lend themselves to interdisciplinary team interventions with the CNL as lead. Process champions were identified and each of the projects was scoped to ensure the students could intervene using the DMAIC quality structure to impact the issues during each semester of their Quality and Leadership courses. Students selected a project based on their interests.
Evaluation
Each student was required to implement a quality improvement project using the DMAIC process on a nursing unit within their organization. Students were expected to identify an interdisciplinary team, to plan and implement process change, and to document the team's efforts using the approved corporate quality tools. As part of this process, students were assigned a project champion and a quality improvement specialist to support them in managing the change process. Each student met weekly with their teams and documented their progress through each phase of the DMAIC structure. One hundred clinical hours were to be completed during the semester in addition to the didactic class time. Each student presented their project to the members of the nursing leadership team, their classmates and faculty, medical directors, and invited members of the Board. Each student identified a problem, established metrics and measurements, and implemented change, culminating in the hand-off of the project at the end of their courses.

Results
By establishing projects that were meaningful to the organization, CNL students were successful in implementing evidence-based quality improvement projects with interdisciplinary team members at the unit level. Organizational learning has been realized as the CNL students brought what they learned in class to their nursing units. Because the Quality and Leadership courses required clinical hour completion, each unit within the organization experienced an evidence-based, interdisciplinary approach to address real problems within the organization. Enthusiasm for the CNL role and potential care delivery redesign are gaining momentum and the sustainability of each project has been established.

Lessons Learned
By aligning the CNL role with organizational goals, operational activities were aligned to support meaningful change. Nurse executives participated in steering committee discussions, retreats, and dialogue about how to marry academic learning on each clinical unit. Existing organizational structures were realigned to support the CNL students and the goals of the organization were accomplished through course assignment in the quality and leadership content using the CNL students. This opportunity also established support for the CNL and their role within the organization. Embracing the tenets of the Clinical Nurse Leader curriculum established a common framework for direction and the cohort of talented CNL students employed in the organization allowed the organizational initiatives in quality improvement, evidence-based practices, care delivery redesign, and measurement of clinical outcomes to be realized.

Recommendations
Efforts to marry academic and operational concerns need to be expanded. Activities to engage faculty and nursing leaders in conversation about practice change and the realities in practice were invaluable. Faculty can serve as consultants and organizational leaders can provide grounded experiences that support students in application of course work to concerns in the organization. Bridging the gap between “what is learned in class” and how it “translates into practice change” and action benefit students and patients alike.
Bibliography