Implementing the Clinical Nurse Leader Role to Improve Outcomes
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Problem: There is a great need for utilizing the Clinical Nurse Leader (CNL) as part of a microsystem as part of an innovative care delivery model which utilizes evidence in order to address heart failure patient needs and demonstrate measurable improvement in patient satisfaction and quality outcomes.

Evidence: Current literature regarding current uses of the Clinical Nurse Leader as part of a microsystem was reviewed to determine use of the CNL as a leadership role involved in decision making. Goals and interventions based on current evidence based practices to decrease length of stay and readmissions for heart failure patients were created for the implementation of the Innovation Unit.

Strategy: Use of the CNL as the interdisciplinary coordinator. Strategies included interdisciplinary rounding, CHF focused patient education, TeachBack, and increased staff education regarding meeting Core Measures.

Practice Change: New CHF teaching folders were implemented and used for all teaching of heart failure patients; patient specific education using TeachBack methods implemented as well, and staff education regarding Core Measures. Interdisciplinary rounding implemented to encourage increased collaboration among all members of the interdisciplinary team.

Evaluation: Primary outcome is 30 day readmission rate (all cause) and 30 day readmission rate for Heart Failure patients. Secondary outcomes were Average Length of Stay and Core Measures improvement.

Results: After implementation, a reduction in readmission of heart failure patients was shown, also length of stay of heart failure patients decreased as well as an improvement Heart Failure Core Measures.

Recommendations: Ongoing need for addition of other core measures, such as SCIP and STROKE, which have been added as well.

Lessons Learned: Patient and staff satisfaction have been positively impacted by the implementation of the CNL as well as satisfaction of other members of the interdisciplinary team.

Bibliography:

