

Measuring Outcomes of the Clinical Nurse Leader Role
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Problem: The Clinical Nurse Leader (CNL) role was developed by the American Association of Colleges of Nursing (AACN) as a means of improving patient care quality and the dealing with the complexities of healthcare systems. The VA Office of Nursing Services, in collaboration with AACN, enrolled 59 sites in a project to implement the CNL role.

Evidence: A tool was designed to measure the outcomes of the CNL role. Data for three months pre- and post- implementation were collected using financial, satisfaction and quality indicators.

Strategy: Data was collected by CNLs on five units. Averages for three months pre-and post- implementation of CNL role were compared. Indicators were evaluated to determine:

- Suitability for national implementation
- Ease of data collection
- Applicability to CNL role
- Sensitivity to change over 3 months

Practice Change: The CNL role was implemented on multiple nursing units following AACN guidelines.

Evaluation: Indicators on average length of stay, nursing hours per patient day, discharge instructions, fall rates, pressure ulcer prevalence surgical site infections and ventilator associated pneumonia were obtained from computerized data bases and quality assurance monitors.

Results: All indicators except those for ventilator-associated pneumonia were improved on selected units. While readily available, data often reflects service operations rather than the operation of nursing units. Measures, such as readmission rates were not valid due to computerized extraction points used.

Recommendations: Evaluation of the degree to which the CNL role represents a benefit to healthcare systems will need to include: data cubes specific to nursing and extractable at the unit level, comparison of measures using only post-implementation data and increased focus on measures to reflect the degree to which the CNL transforms the healthcare system.

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