

Developing the Clinical Nurse Leader Role in the Baptist Hospital of Miami 12 Bed Hospital Model © A Best Practice for Care Delivery Redesign

CNL Teleconference

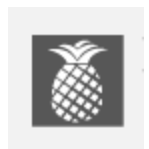
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March 15, 2006



Baptist Hospital of Miami

- ❑ Part of Baptist Health South Florida
 - ❑ 577 Beds
 - ❑ Community, Not for Profit
 - ❑ Magnet Hospital since 1998
 - First in Florida
 - 11th in Nation
 - Re-designated in 2002
-

Caring Framework for Practice



- ❑ Based on Dr. Jean Watson's *Theory of Transpersonal Caring*
 - **caring** is central to the nursing role and its mission as a distinct profession
 - **caring** is often the measure by which patients evaluate their "cure-dominated" experience
 - **caring** is transpersonal in nature, involving the one caring as well as the one being cared for



Current Healthcare System Realities

- ❑ Patients are older, sicker, and better informed
- ❑ Healthcare spending, reimbursement and advances in science and technology have pushed dramatic changes in length of stay and setting
- ❑ Physician care patterns have changed
- ❑ Nursing delivery patterns have changed

Yet.....

- ❑ Patients' expectations have not changed!



Why it was locally important to change (2000-2001)

- ❑ Rapid growth inpatient volumes amidst capacity constraints within the facility
- ❑ Increased responsibility for hospital to intervene to ensure physician commitment and continuity
- ❑ Increased risk with numbers of novice nursing staff
- ❑ Patient satisfaction consistently validating communication and coordination as an issue
- ❑ Staff dissatisfaction with re-engineered hospital environment of the 1990's



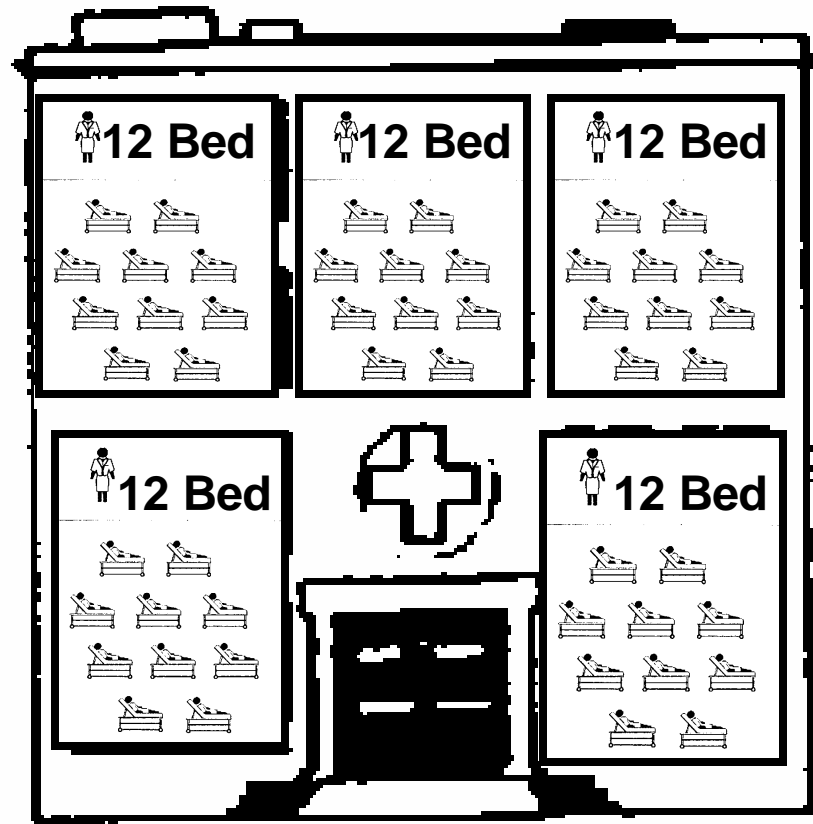
The Twelve Bed Hospital[®]

Care Delivery Model



Twelve Bed Hospital[©]

- ❑ Describes a model for coordinating patient care
- ❑ Breaks a patient care unit into small, manageable segments of 12 or more beds, depending on physical layout of the patient care unit
- ❑ Places a Patient Care Facilitator in the “lead” role for all the patients in the 12 bed hospital



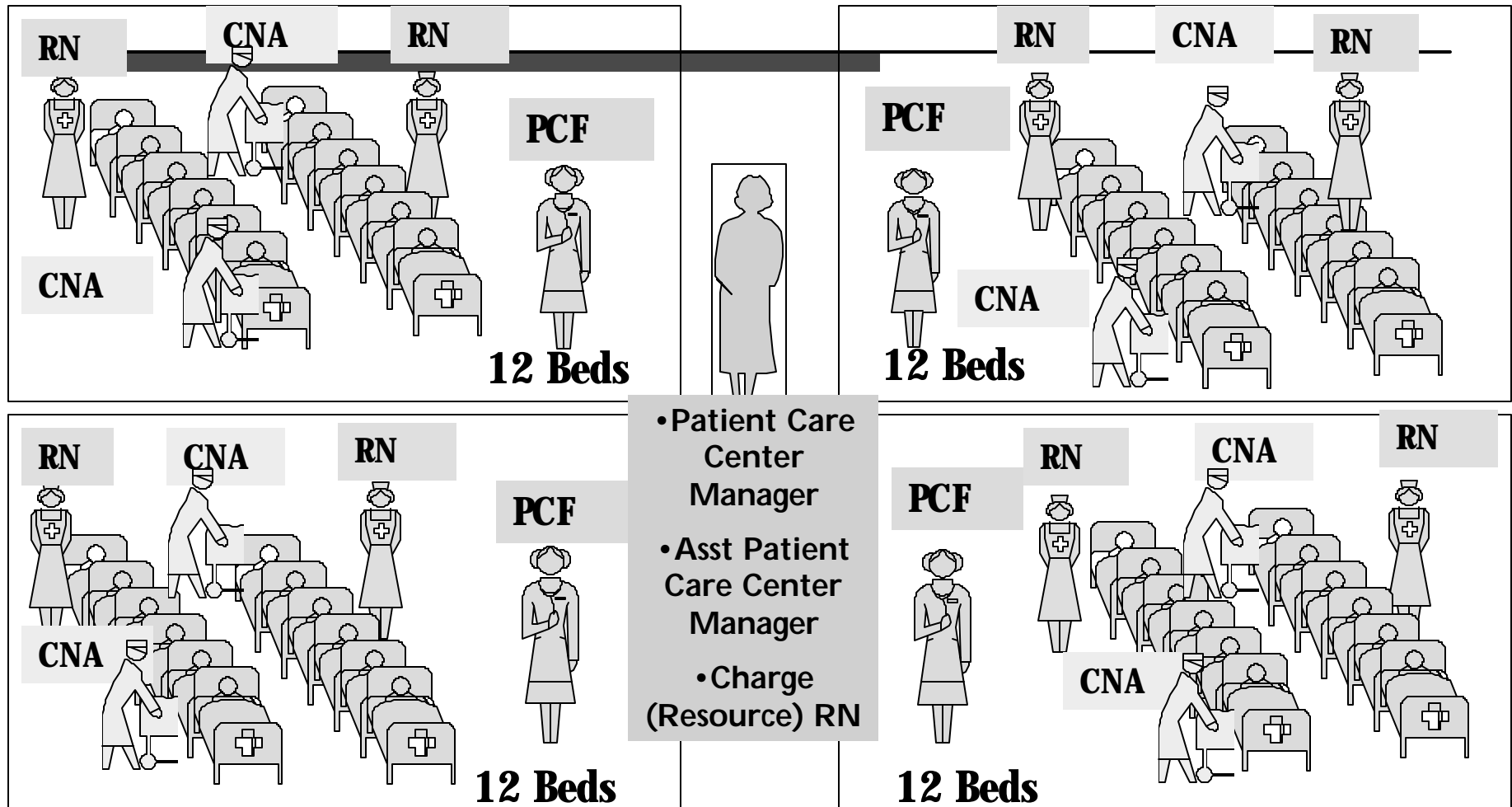
Patient Care Facilitator (PCF)



- ❑ PCF functions as a clinical leader for RNs, LPNs, and other staff, not as manager
- ❑ Knows about each patient in their hospital
- ❑ Consistent figure for patient in the hospital to offset fragmentation
- ❑ Acts in the role of 'traffic control' in coordinating rollout of the plan for care
- ❑ Acts as the primary liaison for physicians, other disciplines, and families
- ❑ Monitors competency and mentors team members and students



Twelve Bed Hospital[©] - 48 Bed Unit



Twelve Bed Hospital[®] as Care Delivery Model

**'Twelve Bed' care model incorporates best attributes
of traditional nursing practices /delivery models**

Team Nursing:

Same staff work
together all the
time

Primary Nursing:

PCF coordinates
care 24/7 for all
patients in group

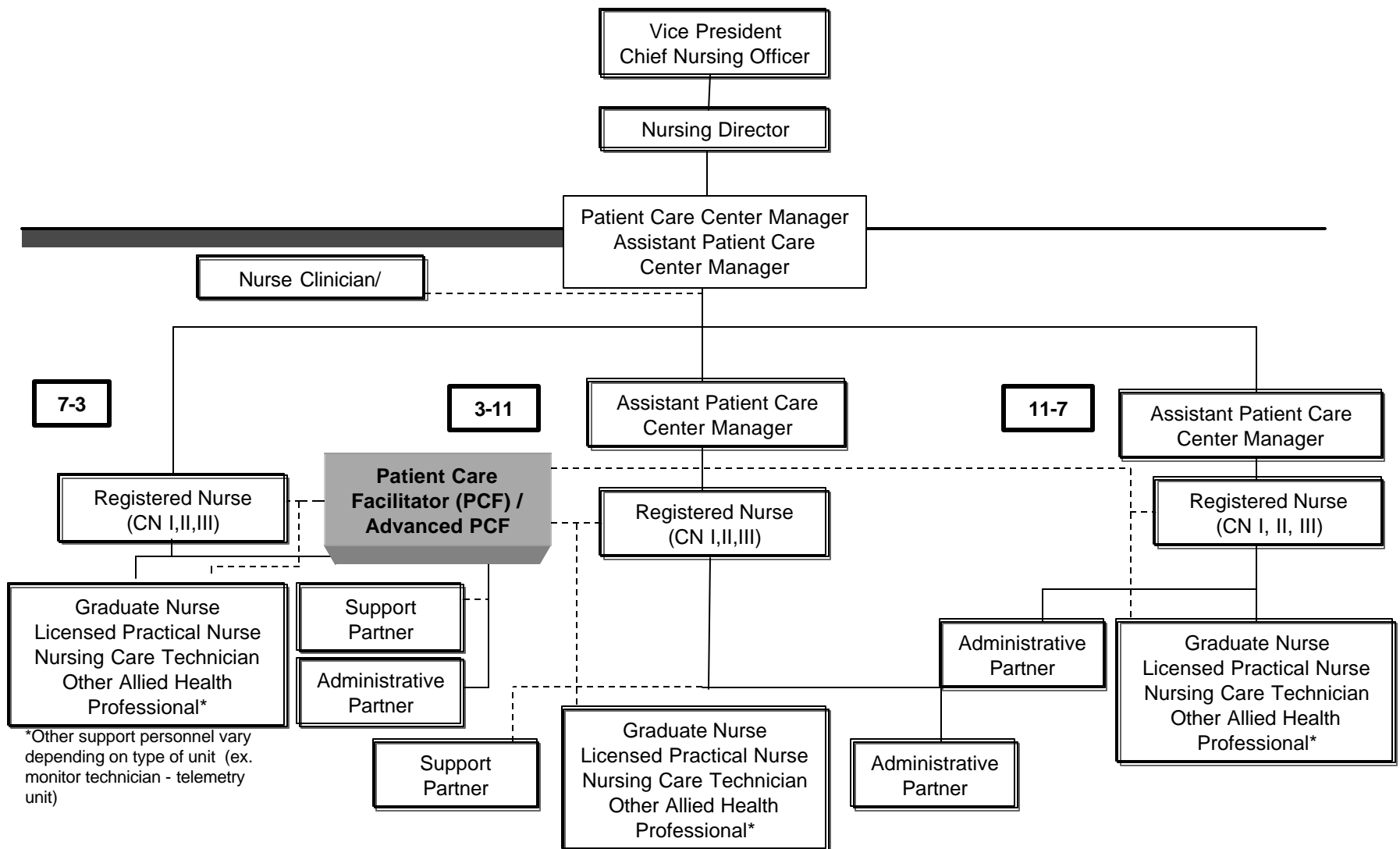
Modular Nursing:

PCF and team
work in the same
area of the unit
on a daily basis



Case Management: PCF
is a liaison between third
party payors, physicians,
and other disciplines in
the coordination of care
and payment for services





Generic Table of Organization for Patient Care Centers



PCF Role and Selection

- ❑ BSN required for entry level
- ❑ Full-time position (not reflected in direct hours of care); Clinical Nurse IV
- ❑ Salaried position
- ❑ 24/7 accountability
- ❑ Reports directly to Patient Care Center Manager
- ❑ Certification preferred
- ❑ 3 years acute care experience with clinical maturity, team leadership and excellent communication skills
- ❑ Provides direct care as backup for staff
- ❑ Hours worked according to needs of patient, family or MD
 - Expected to work one weekend shift and some off-shift hours every month



Advanced PCF

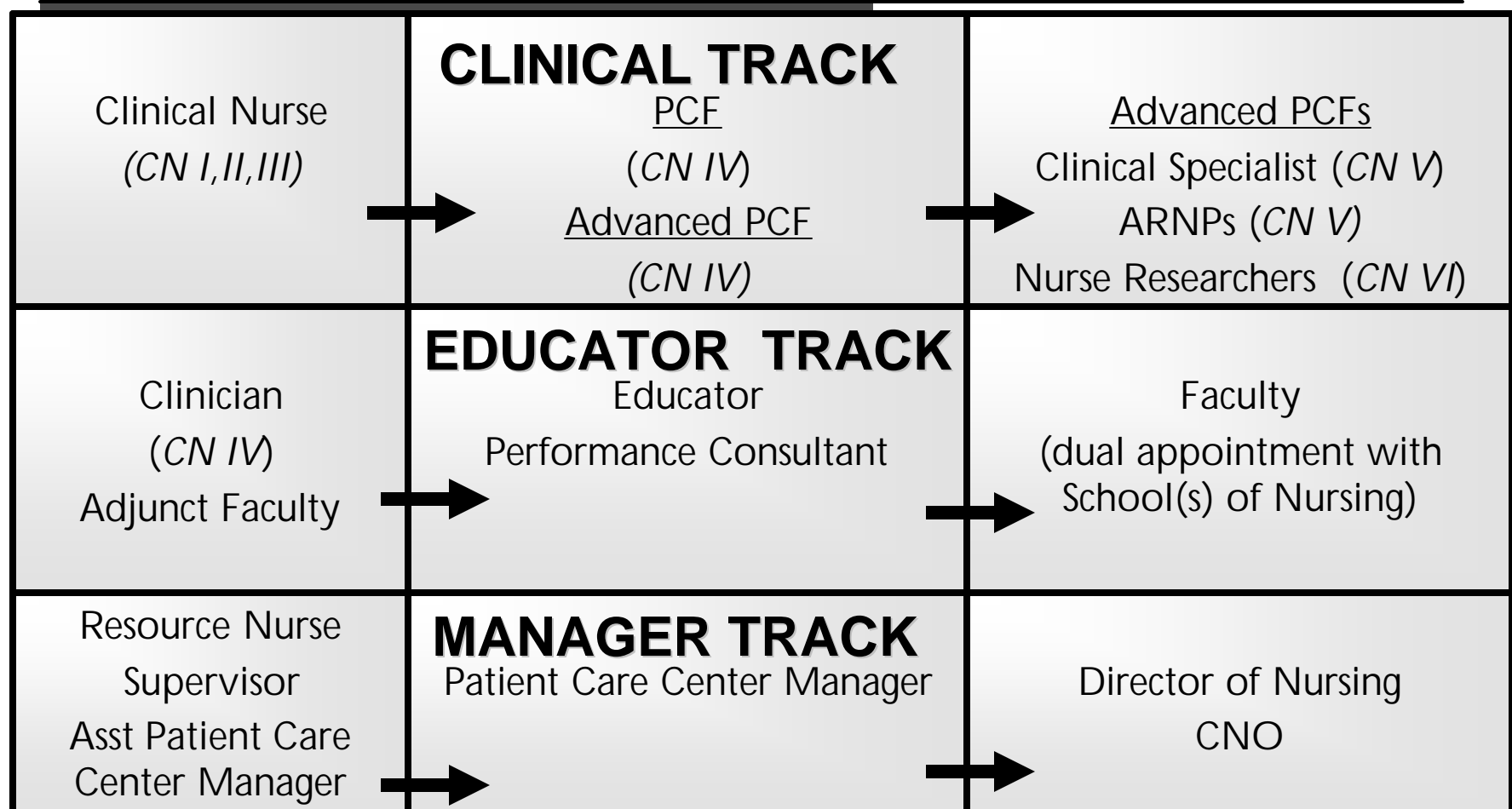
Additional Responsibilities



- ❑ MSN (CNL, CNS or ARNP)
- ❑ Clinical Nurse V
- ❑ Expert resource for all aspects of patient care delivery
- ❑ Certified in clinical specialty area
- ❑ Responsible for data collection, analysis and follow-up within service line-based collaborative performance improvement teams
- ❑ Leader in organizational initiatives
- ❑ Works closely with management team in planning clinical goals and objectives for patient unit



Influence of PCF Role on Retention

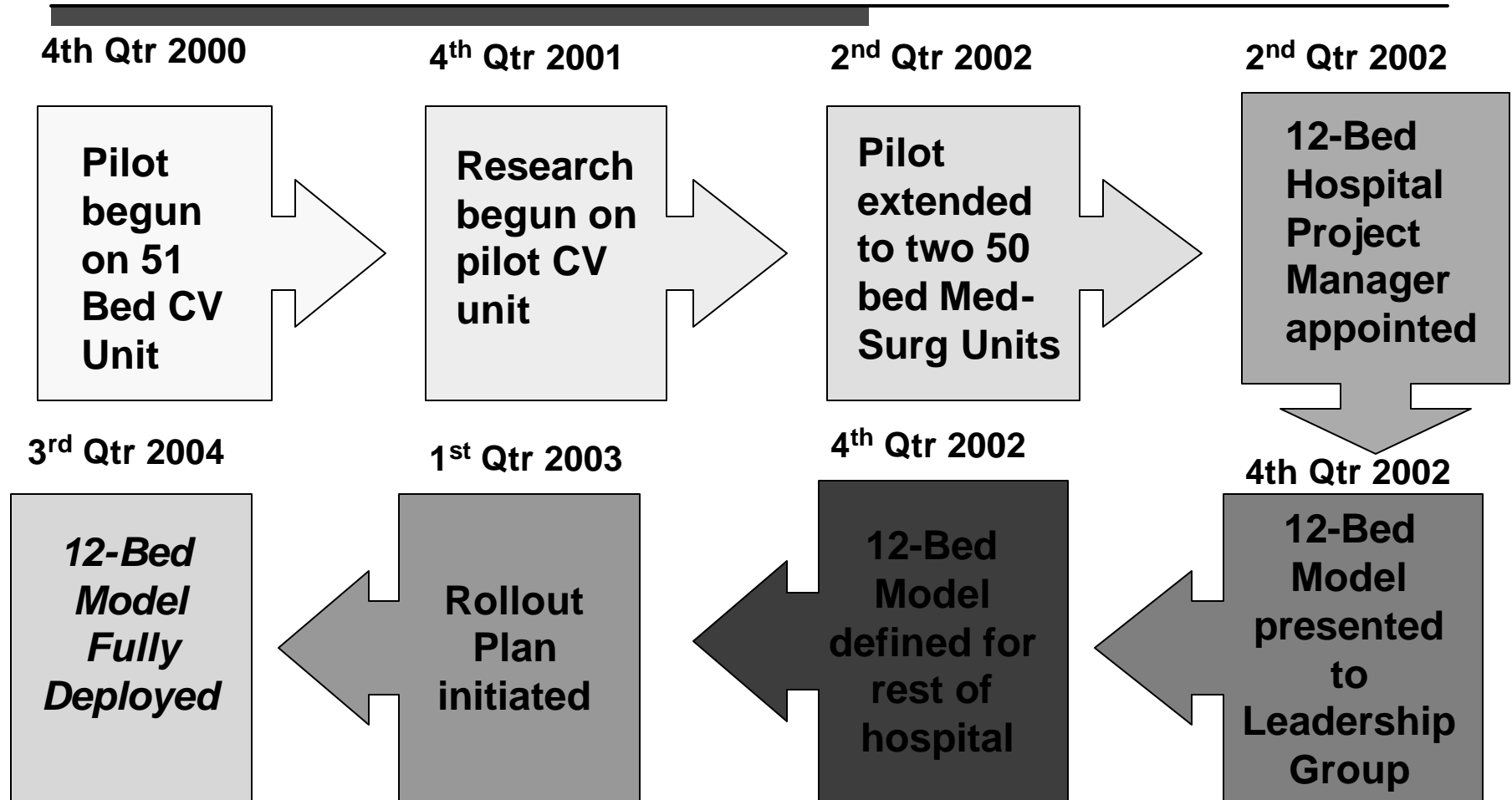


PCF Training

- ❑ Selection and orientation coordinated by the Twelve Bed Project Manager
- ❑ Five week training period including:
 - Two weeks with experienced PCF on their home unit
 - One week with experienced PCF on the new PCF's home unit
 - 2-4 days with an experienced social worker
 - Time with:
 - ⊙ Risk Management
 - ⊙ Pastoral Care
 - ⊙ Utilization Review
 - ⊙ Patient and Guest Relations
 - ⊙ Ethics Consultant
 - ⊙ International Services
- ❑ Attends specialized leadership course tailored to implications of this role



Twelve Bed Hospital[®] Implementation: History



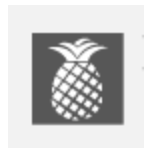
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The Clinical Nurse Leadersm



Education-Practice Partnerships

- ❑ 85 academic institutions providing CNL degree with >165 practice sites piloting CNL demonstration programs
- ❑ Baptist is partnering with the Christine E. Lynn College of Nursing at Florida Atlantic University
 - 11 PCFs currently enrolled in CNL program

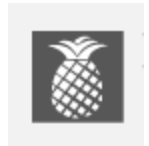


PCF versus CNL

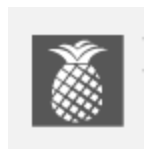
- ❑ The two roles have similarities. Exceptions related to the PCF role at Baptist Hospital include:
 - Entry level qualifications are at the baccalaureate level with specialty-based certification
 - Unit/Department-based versus population-based (DRG)
 - Does not necessarily address the full continuum of care, although PCFs provide contact information for follow-up
 - Definition into 12-16 bed units across all departments
 - 12 Bed concept and role is theory-based (i.e. transpersonal caring)



Twelve Bed Hospital[®] Results



Research ~ Caring Framework



Caring Framework

Carative Factors (subscales)	Had PCF?	N	Mean
Humanism/Faith-Hope/Sensitivity	NO	176	4.18
	YES	281	4.55
Helping/Trust	NO	171	3.86
	YES	275	4.26
Expression of Positive-Negative feelings	NO	164	3.63
	YES	261	4.21
Teaching/Learning	NO	168	3.93
	YES	267	4.32
Supportive/Protective/Corrective Environment	NO	167	4.15
	YES	268	4.41
Human Needs Assistance	NO	169	4.42
	YES	274	4.66
Existential/Phenomenological/Spiritual Forces	NO	165	3.82
	YES	258	4.25

The PCF role impacts patients positively through patients experiencing increased caring. When a patient indicated they had a PCF, they experienced significantly higher ($p < .000$) caring means for all subscales as measured by the Cronin and Harrison Caring Behaviors Assessment Tool[®], 1988



Do you feel ready to go home?

Chi Square: Exact Significance $p = .026$

Patient Responses			Ready to Go Home		Total
			NO	YES	
Had a PCF	NO	Count	43	108	151
		% Had PCF	28.5%	71.5%	100.0%
	YES	Count	48	209	257
		% Had PCF	18.7%	81.3%	100.0%
Total		Count	91	317	408
		% Had PCF	22.3%	77.7%	100.0%



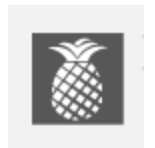
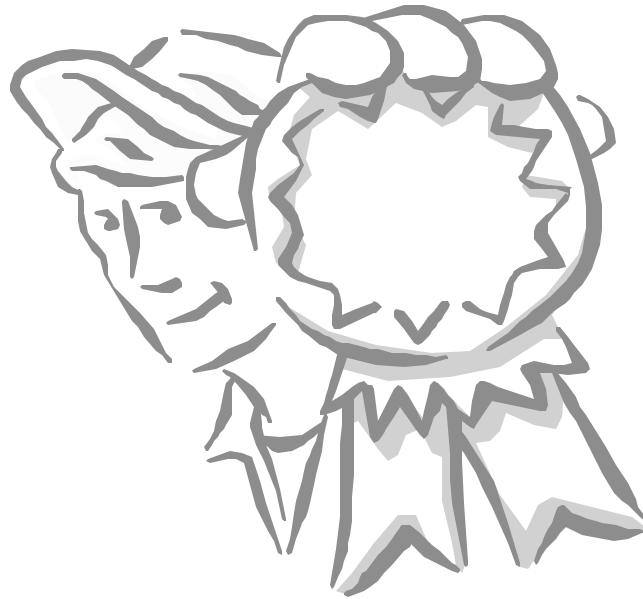
Did everyone who took care of you seem to know about your care?

Chi Square: Exact Significance $p = .000$

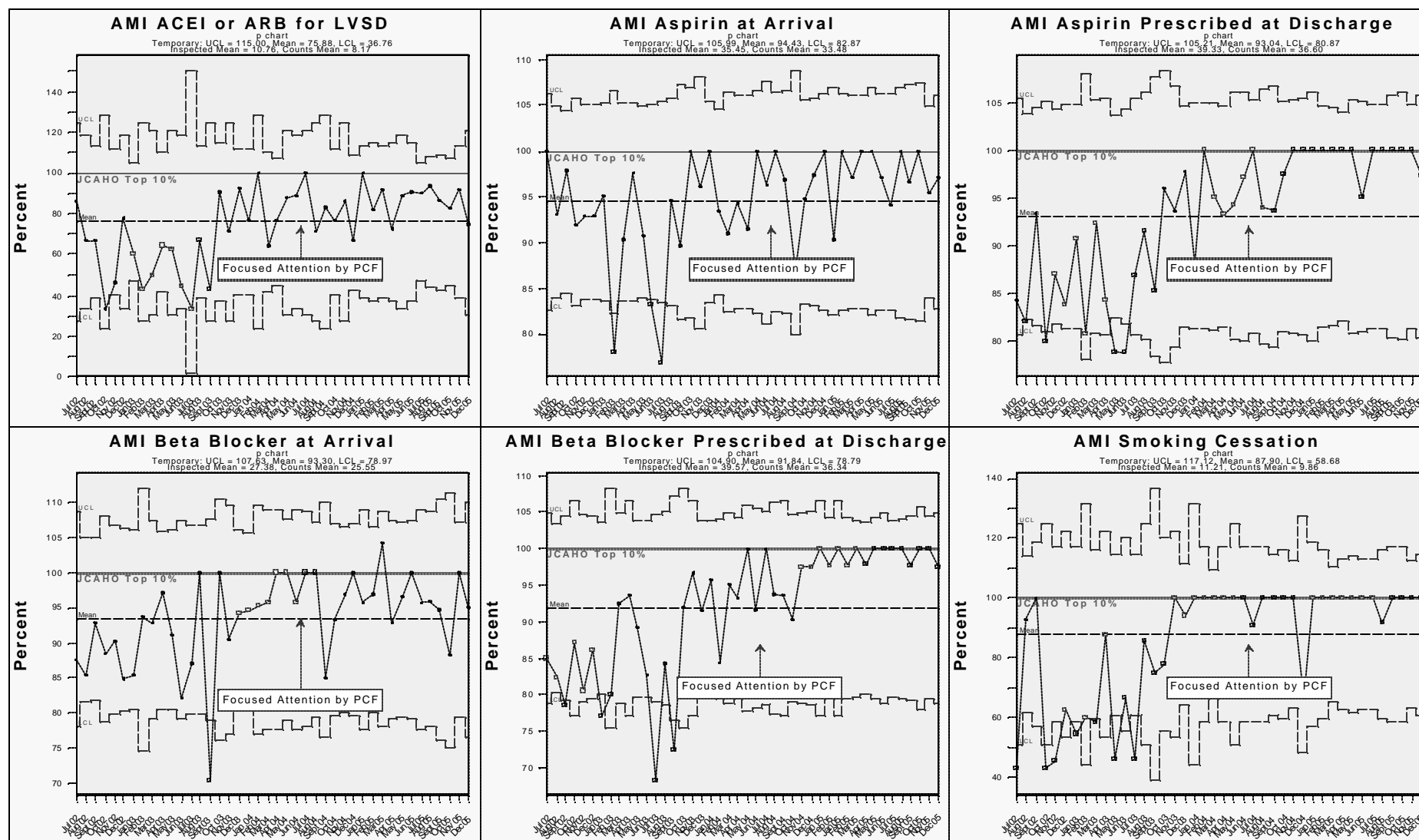
Patient Responses			Everyone Knew Care		Total
			NO	YES	
Had a PCF	NO	Count	51	127	178
		% Had PCF	28.7%	71.3%	100.0%
	YES	Count	31	257	288
		% Had PCF	10.8%	89.2%	100.0%
Total		Count	82	384	466
		% Had PCF	17.6%	82.4%	100.0%



Quality Measures



Acute MI – Core Measures



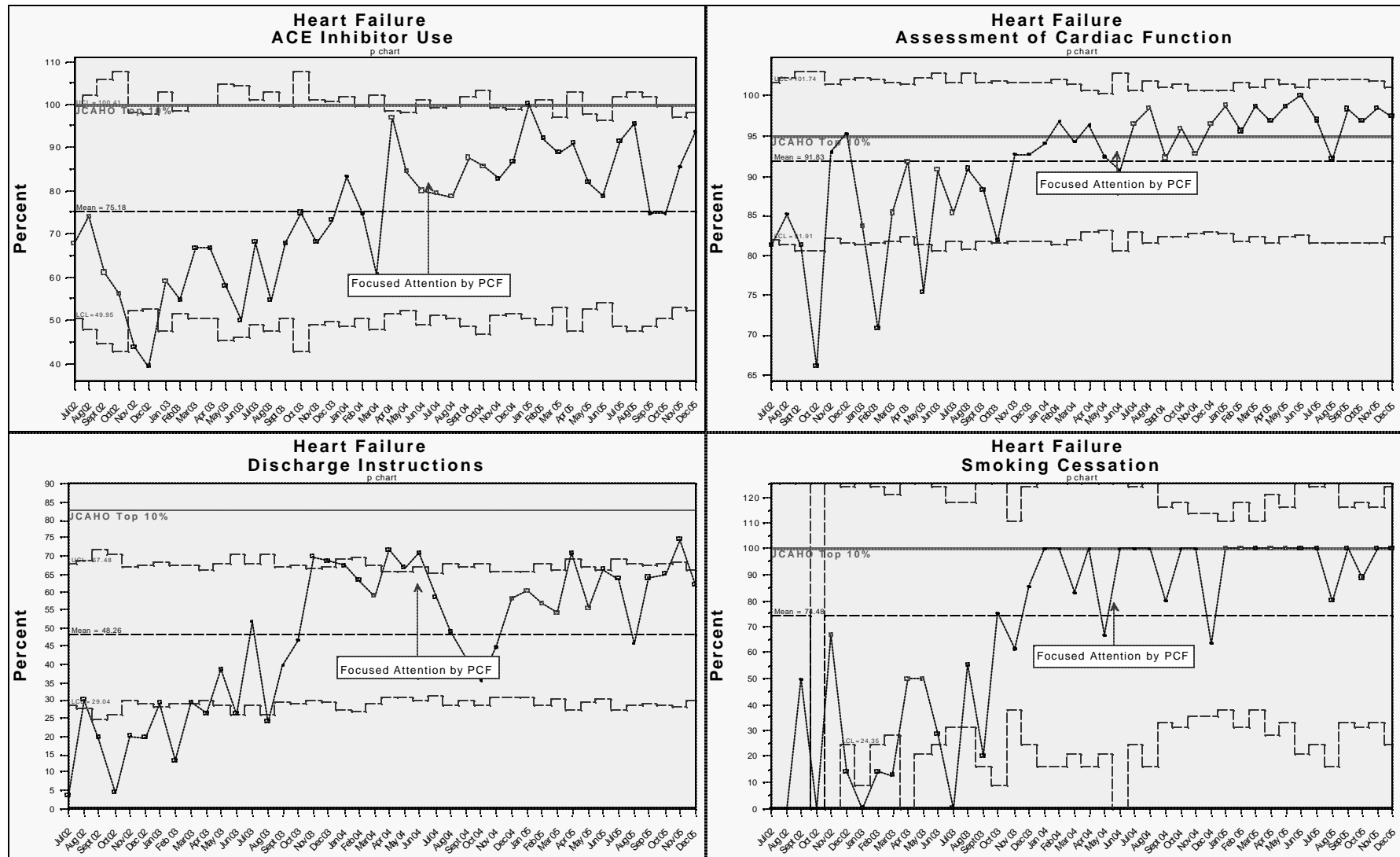
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CHF – Core Measures



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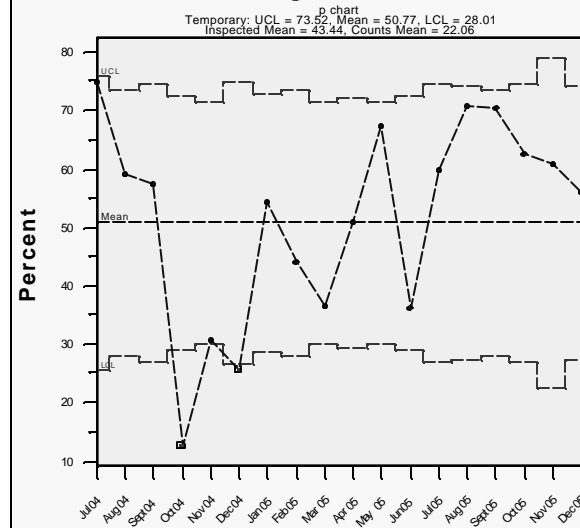
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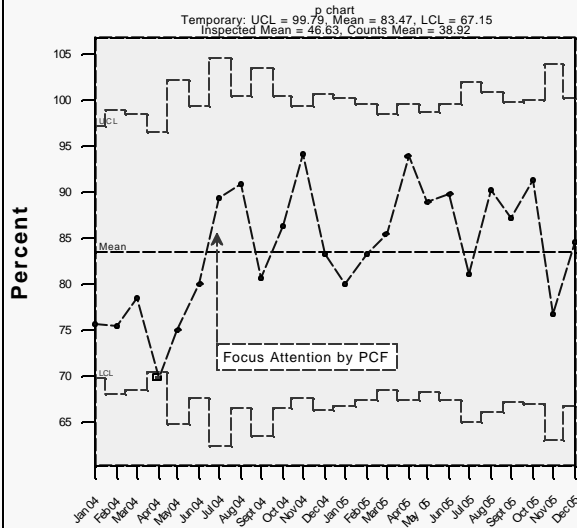


Pneumonia Core Measures

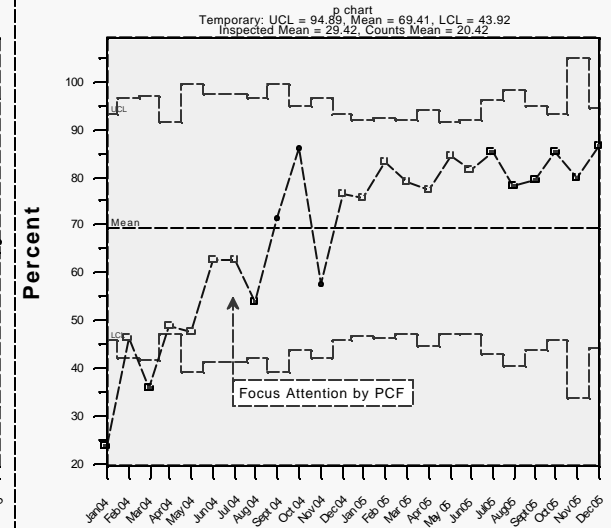
CAP Antibiotic Timing within 4 hours of Arrival



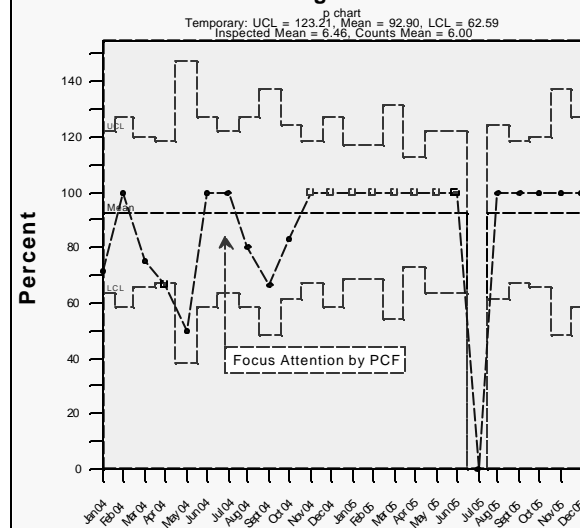
CAP Blood Cultures



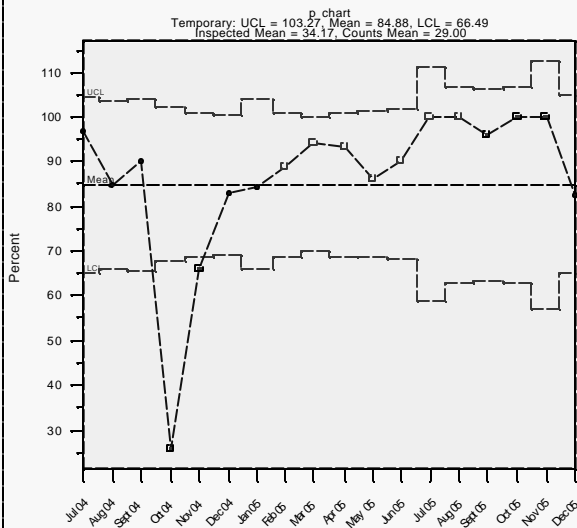
CAP Pneumococcal Vaccination



CAP Smoking Cessation



CAP Initial ATB Selection non-ICU



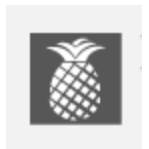
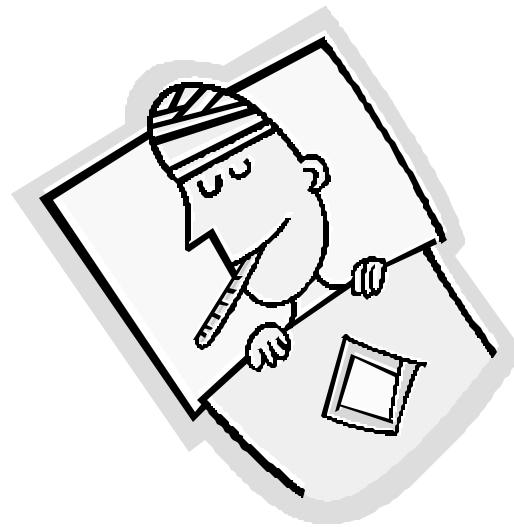
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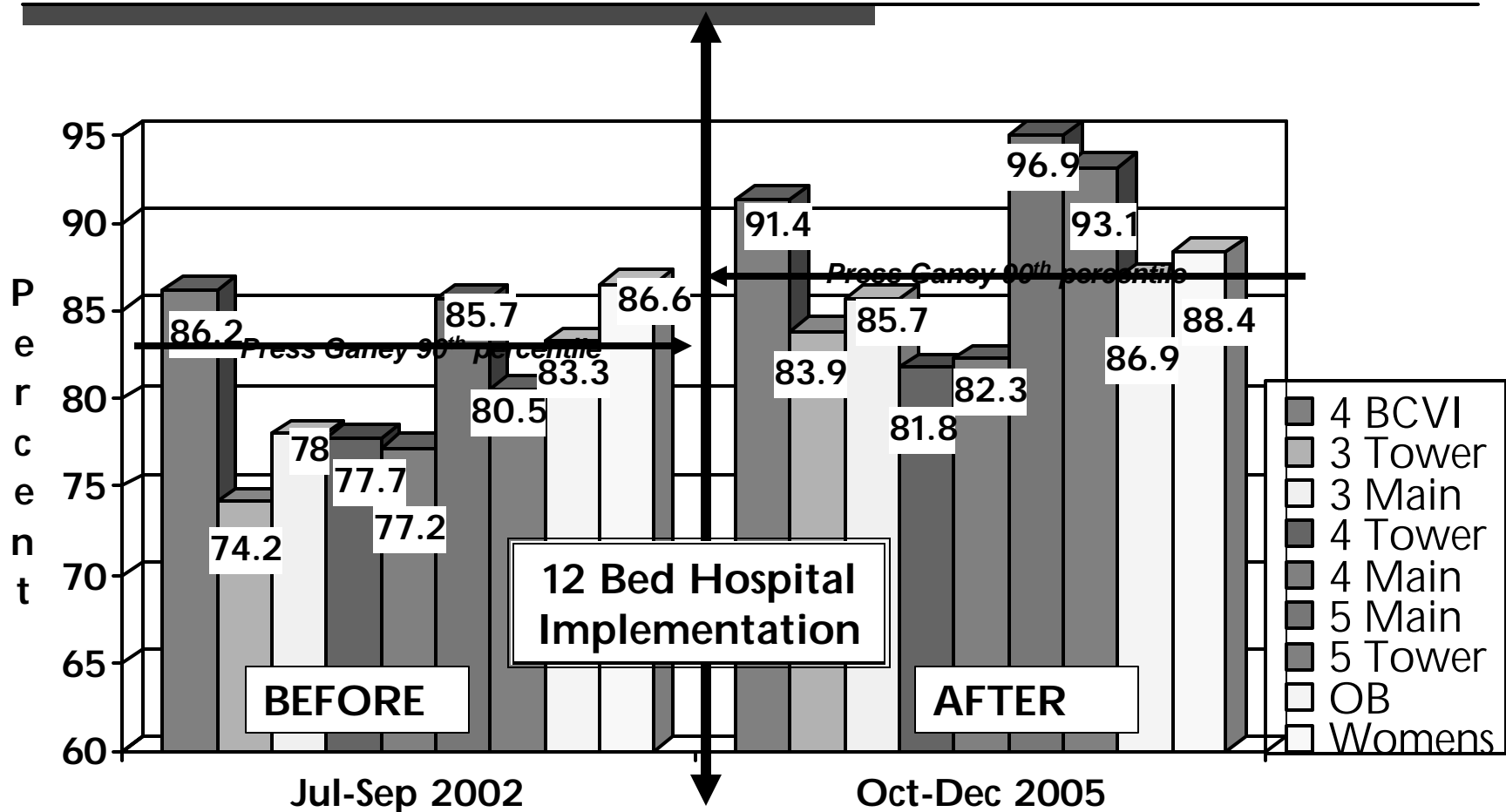


Patient Satisfaction



Press-Ganey Patient Satisfaction Survey

"Nurses Kept You Informed"



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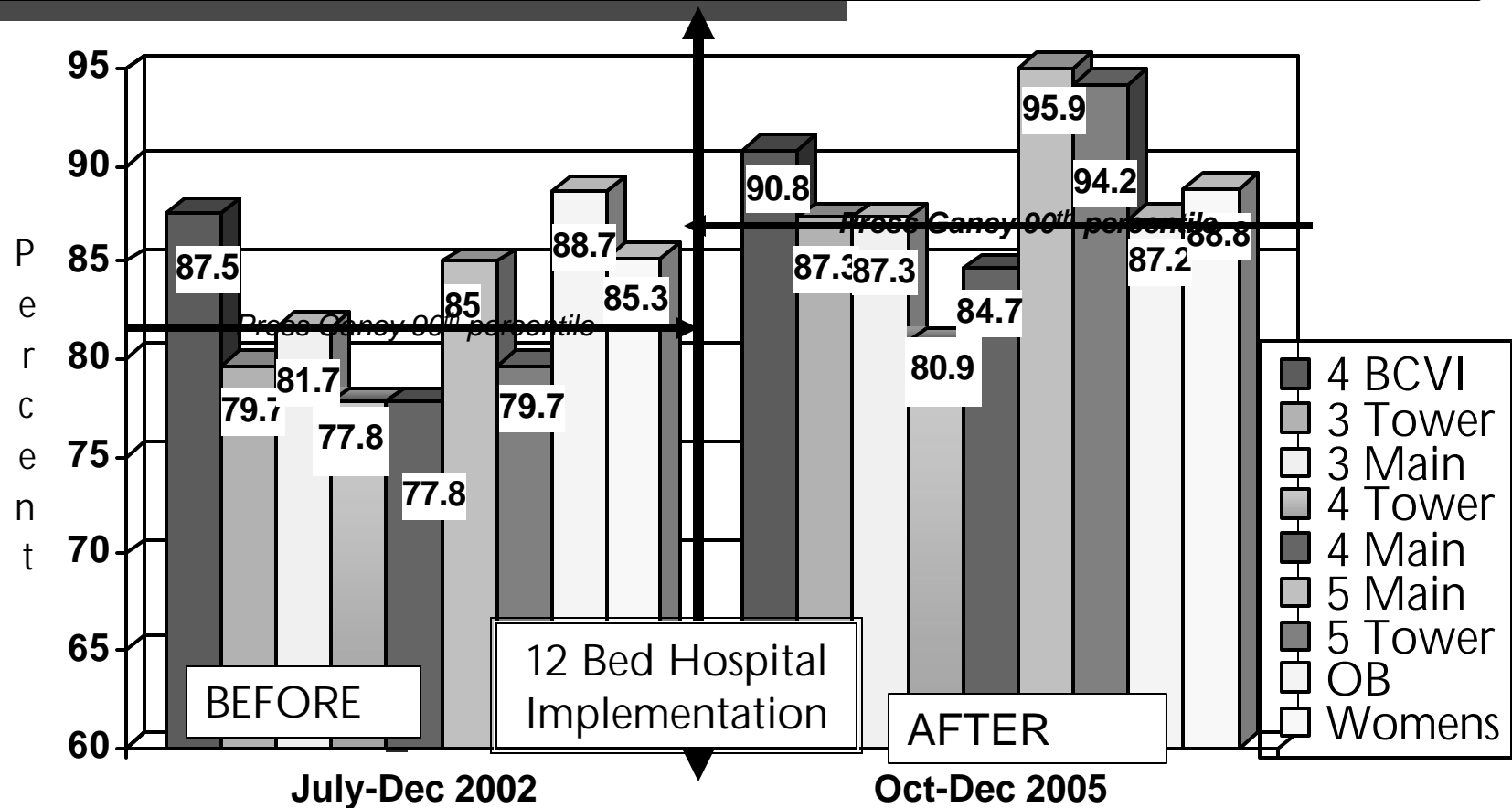
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Press-Ganey Patient Satisfaction Survey

"Attention to Special/Personal Needs"

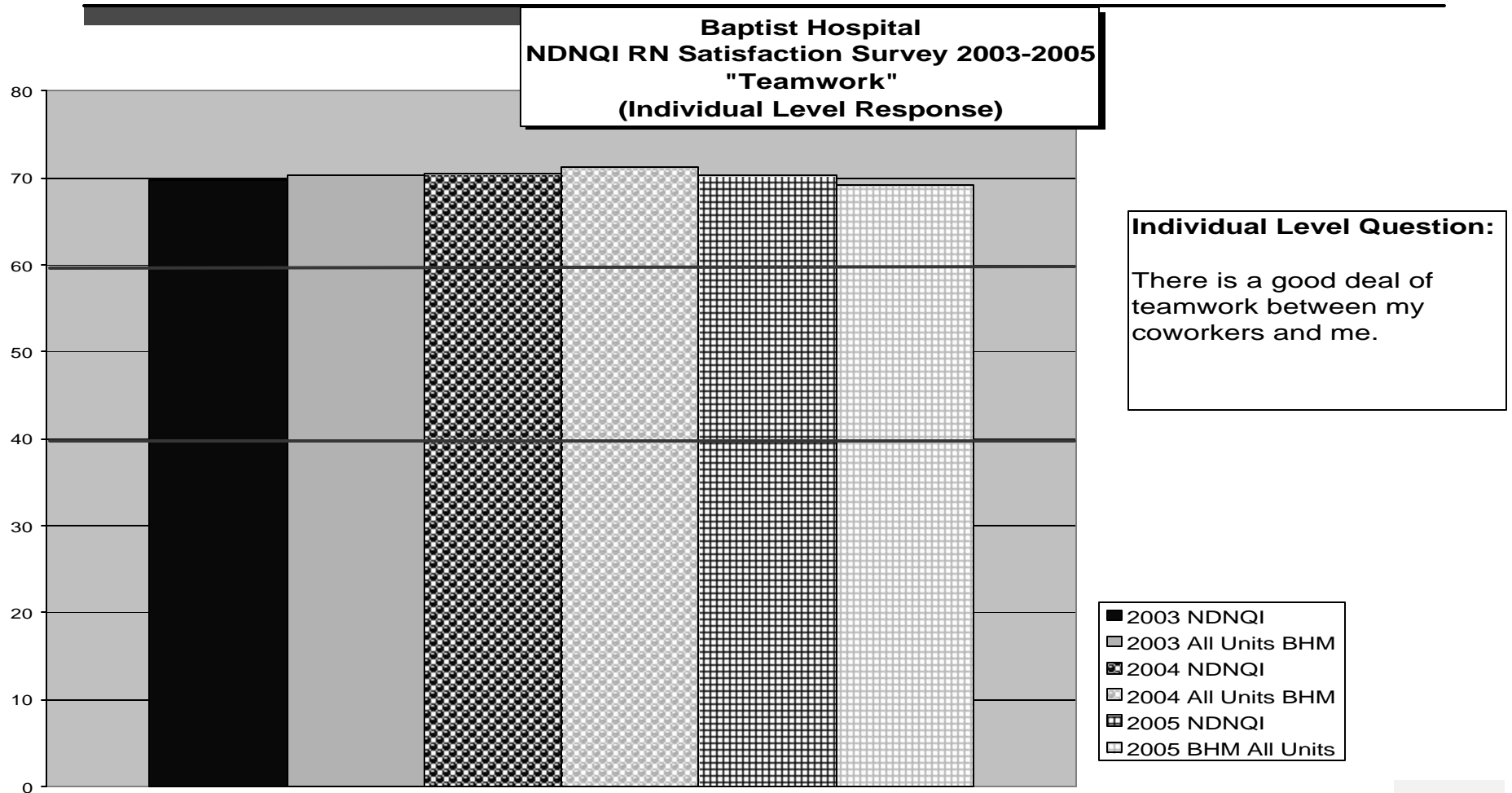


Nurse Satisfaction



NDNQI RN Satisfaction Survey

"Teamwork Between Coworkers"



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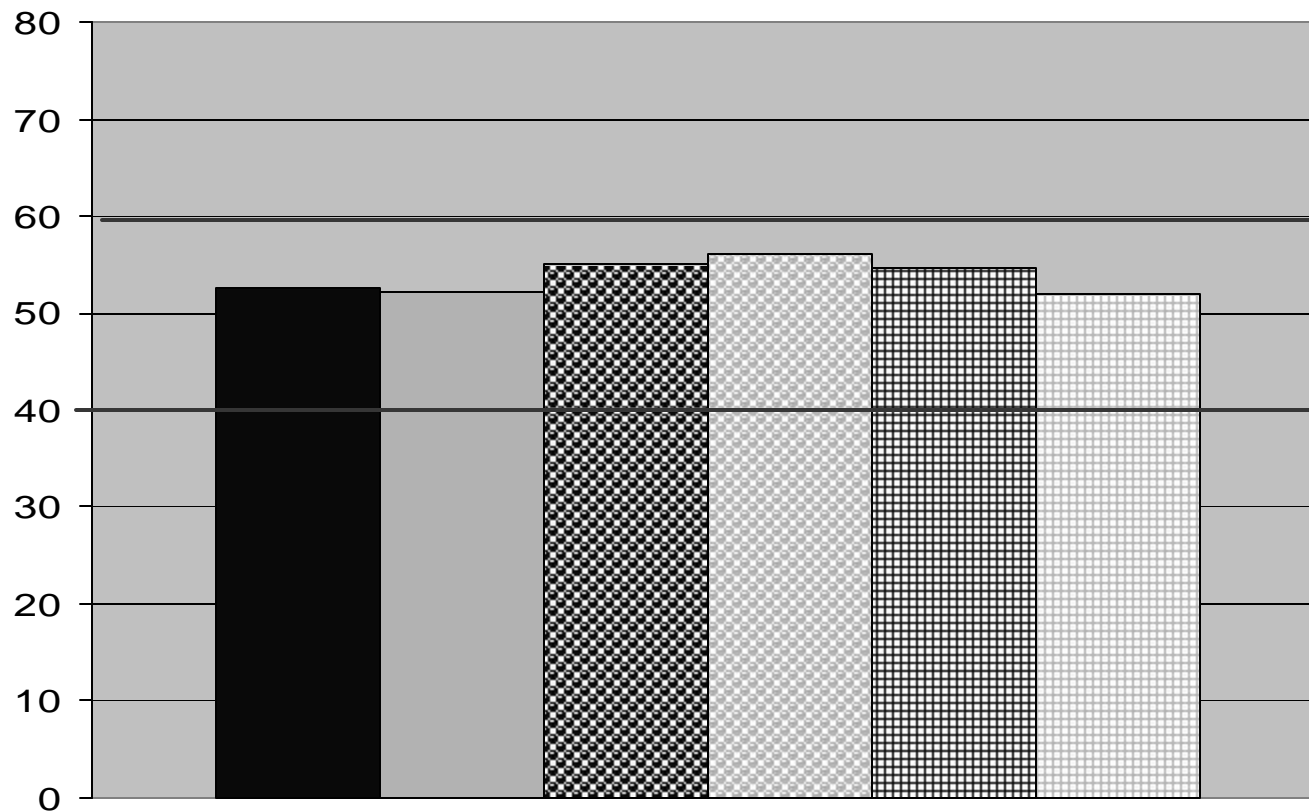
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NDNQI RN Satisfaction Survey

"Sufficient Time for Patient Care"

Baptist Hospital
NDNQI RN Satisfaction Survey 2003-2005
"Time for Patient Care"
(Individual Level Question)



Individual Level Question:

I have sufficient time for direct patient care.

■ 2003 NDNQI
■ 2003 All Units BHM
■ 2004 NDNQI
■ 2004 All Units BHM
■ 2005 NDNQI
■ 2005 BHM All Units



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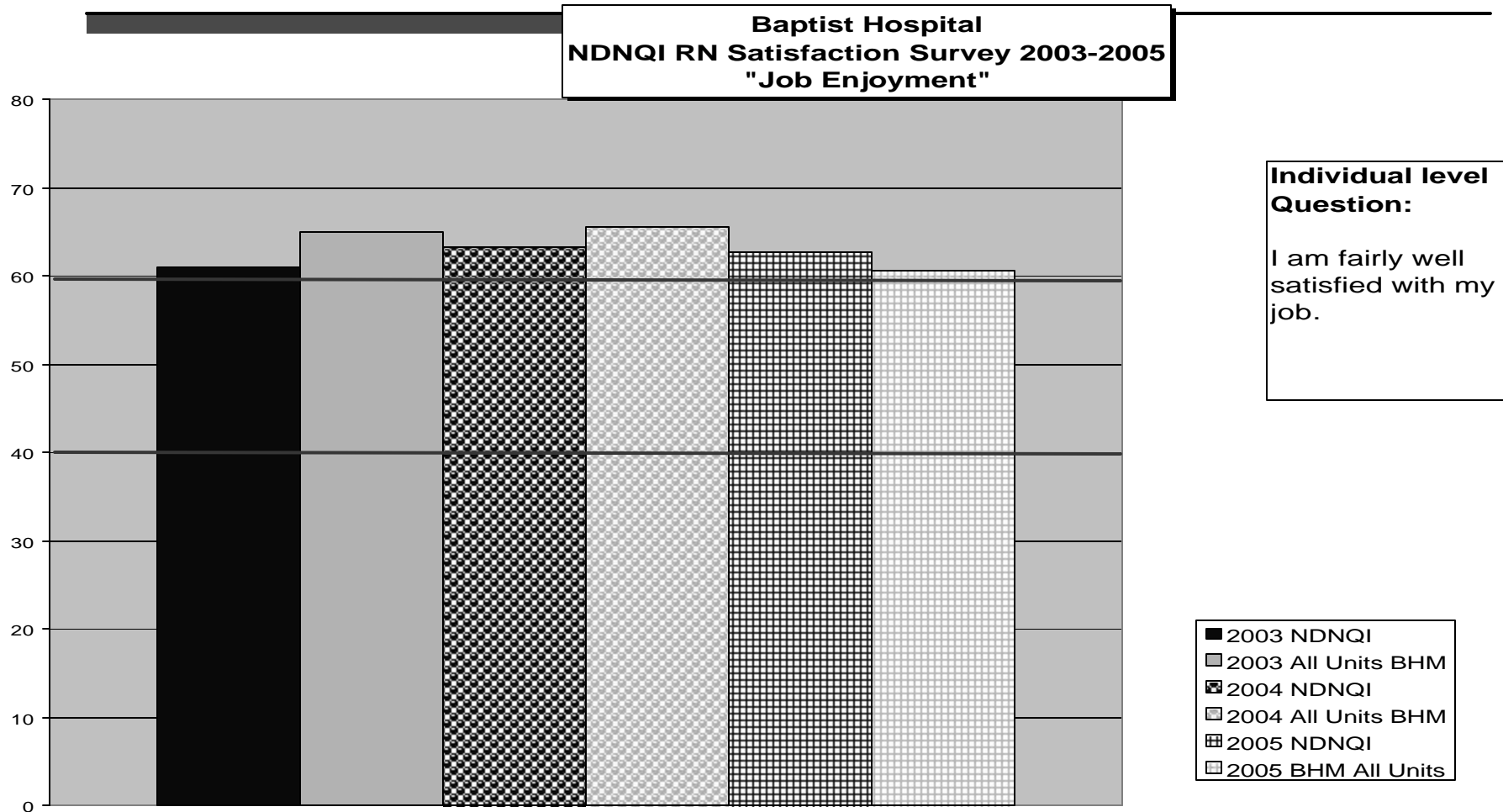
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NDNQI RN Satisfaction Survey

"Job Enjoyment Score"



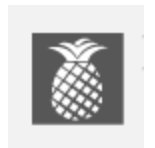
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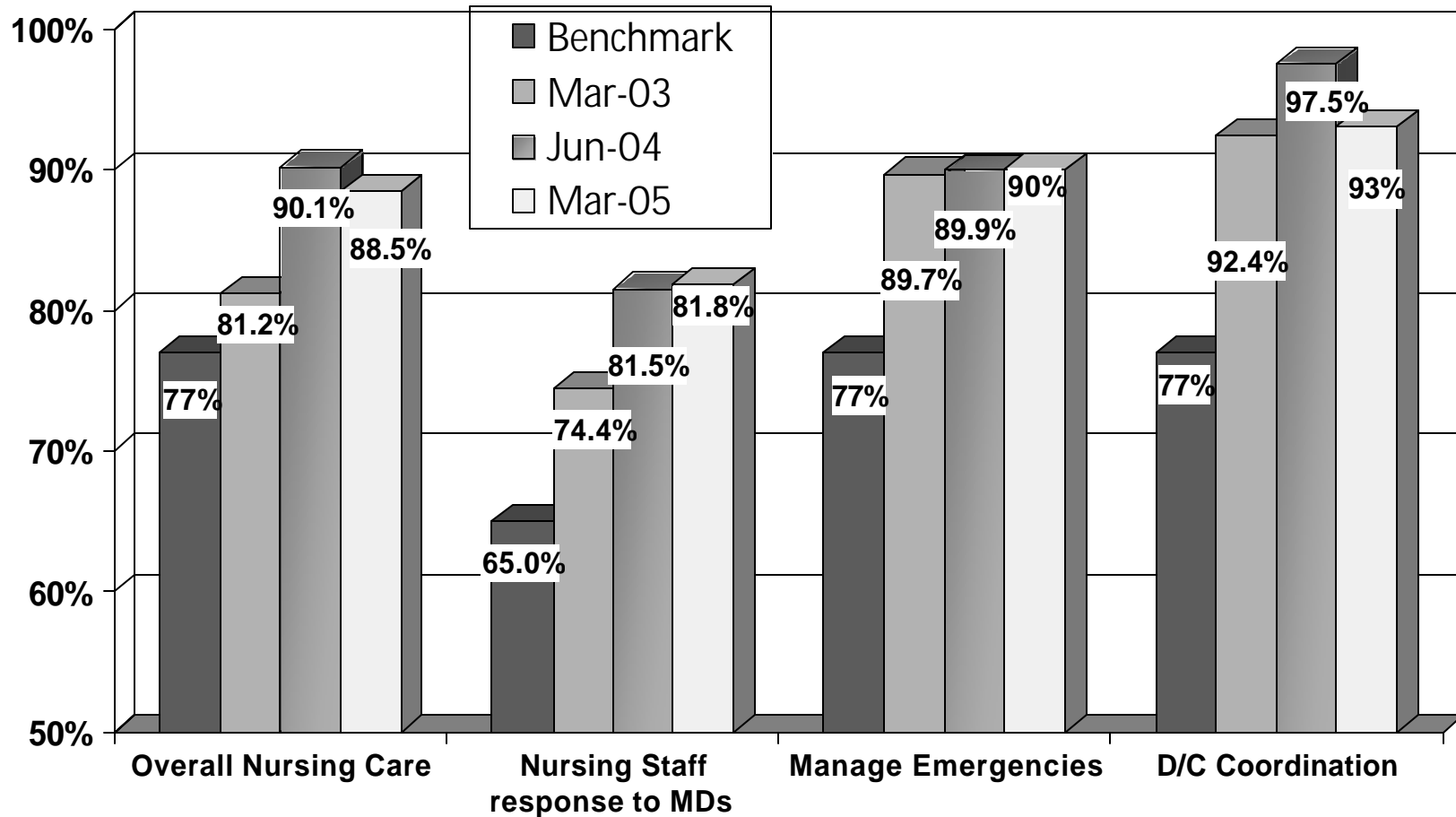
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Physician Satisfaction



Physician Survey



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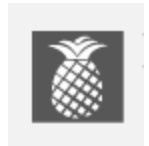
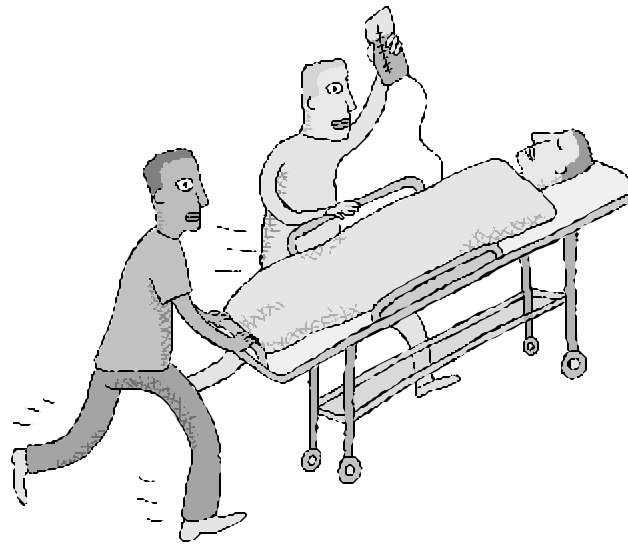
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Organizational Goals

Patient Throughput



Baptist Hospital 11 AM Discharges-Med Surg Units

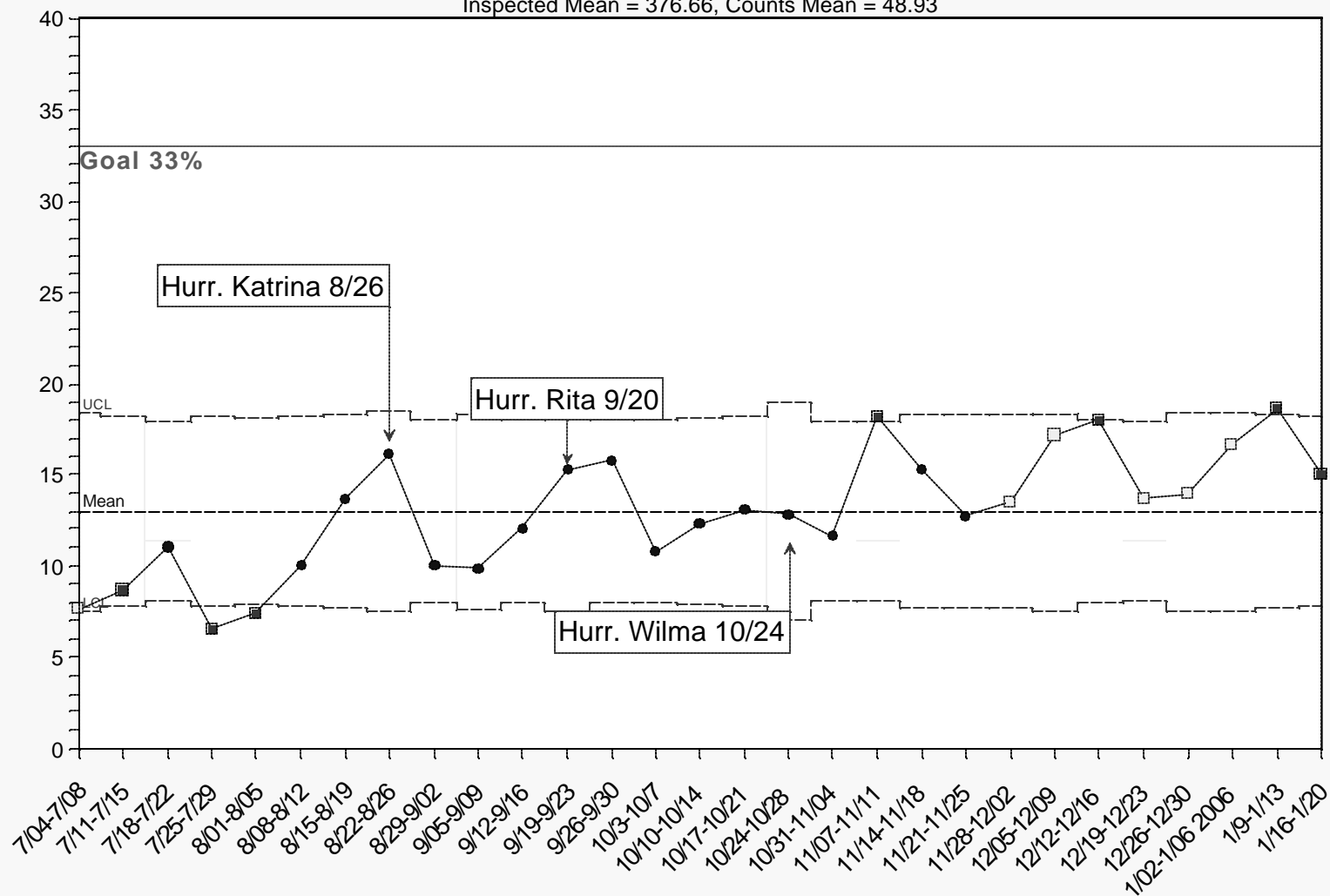
BHM Med Surg total	342	381	418	383	393	378	366	334	400	356	406	346	399	407	398	382	288	413	418	372	368	370	350	400	418	345	348	365	379
BHM Med Surg before 11	26	33	46	25	29	38	50	54	40	35	49	53	63	44	49	50	37	48	76	57	47	50	60	72	57	48	58	68	57

p chart

Temporary: UCL = 18.19, Mean = 12.99, LCL = 7.79

Inspected Mean = 376.66, Counts Mean = 48.93

Percent



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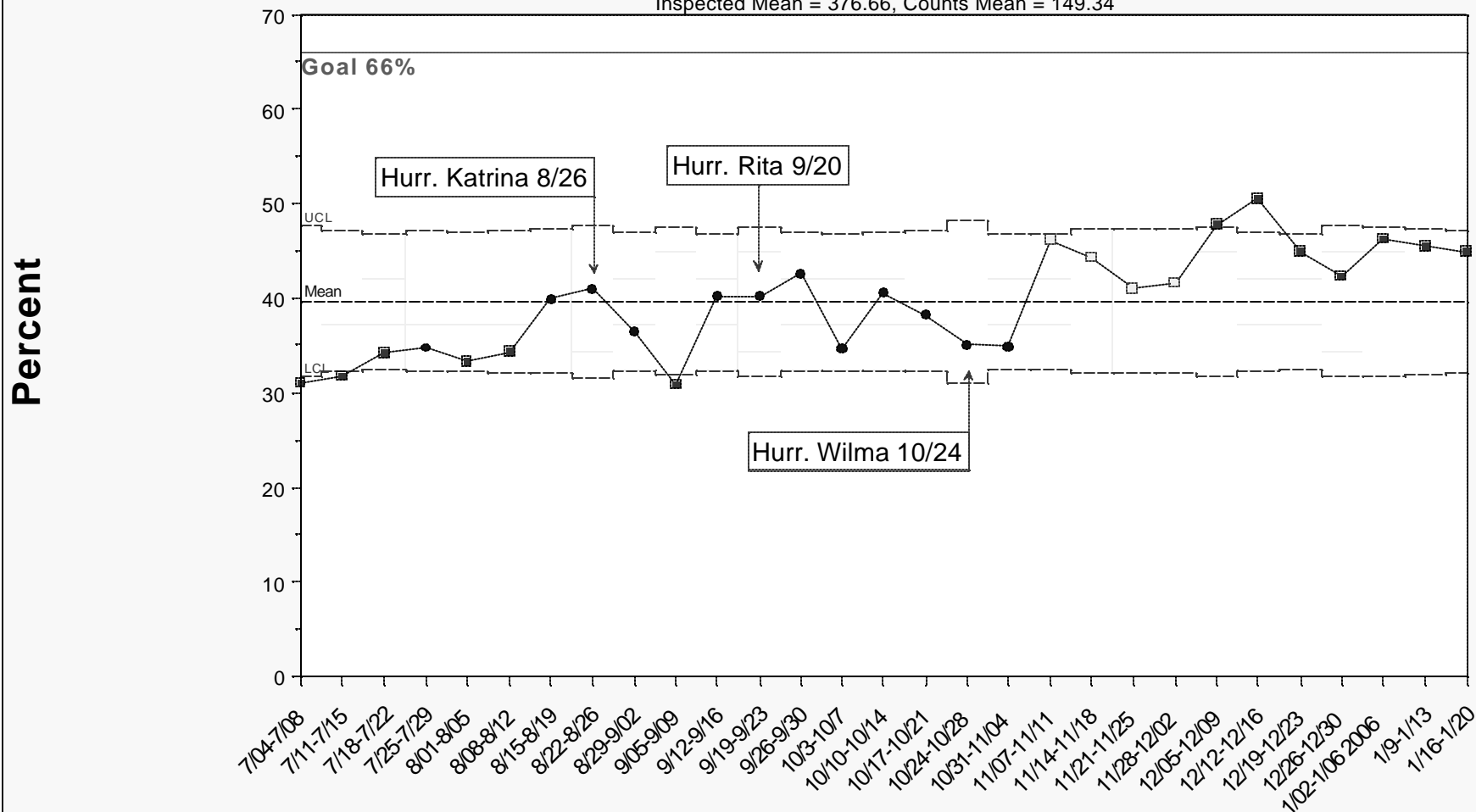
Baptist Hospital 2 PM Discharges-Med Surg Units

BHM Med Surg total	342	381	418	383	393	378	366	334	400	356	406	346	399	407	398	382	288	413	418	372	368	370	350	400	418	345	348	365	379
BHM Med Surg before 2	106	121	143	133	131	130	146	137	146	110	163	139	170	141	161	146	101	144	193	165	151	154	167	202	188	146	161	166	170

p chart

Temporary: UCL = 47.21, Mean = 39.65, LCL = 32.09

Inspected Mean = 376.66, Counts Mean = 149.34



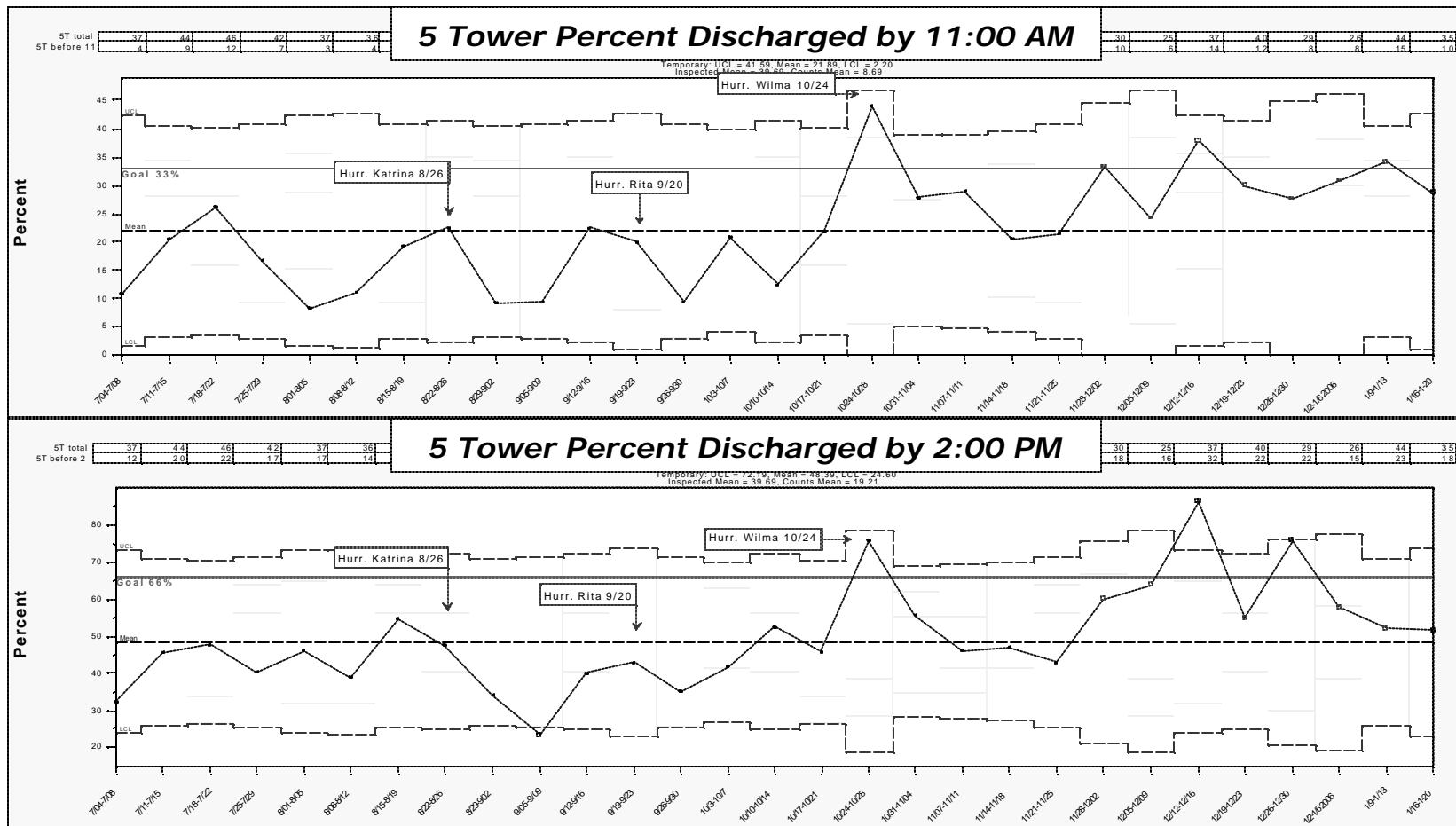
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11 AM Discharge Outcomes Med- Surg/Oncology Nursing Unit



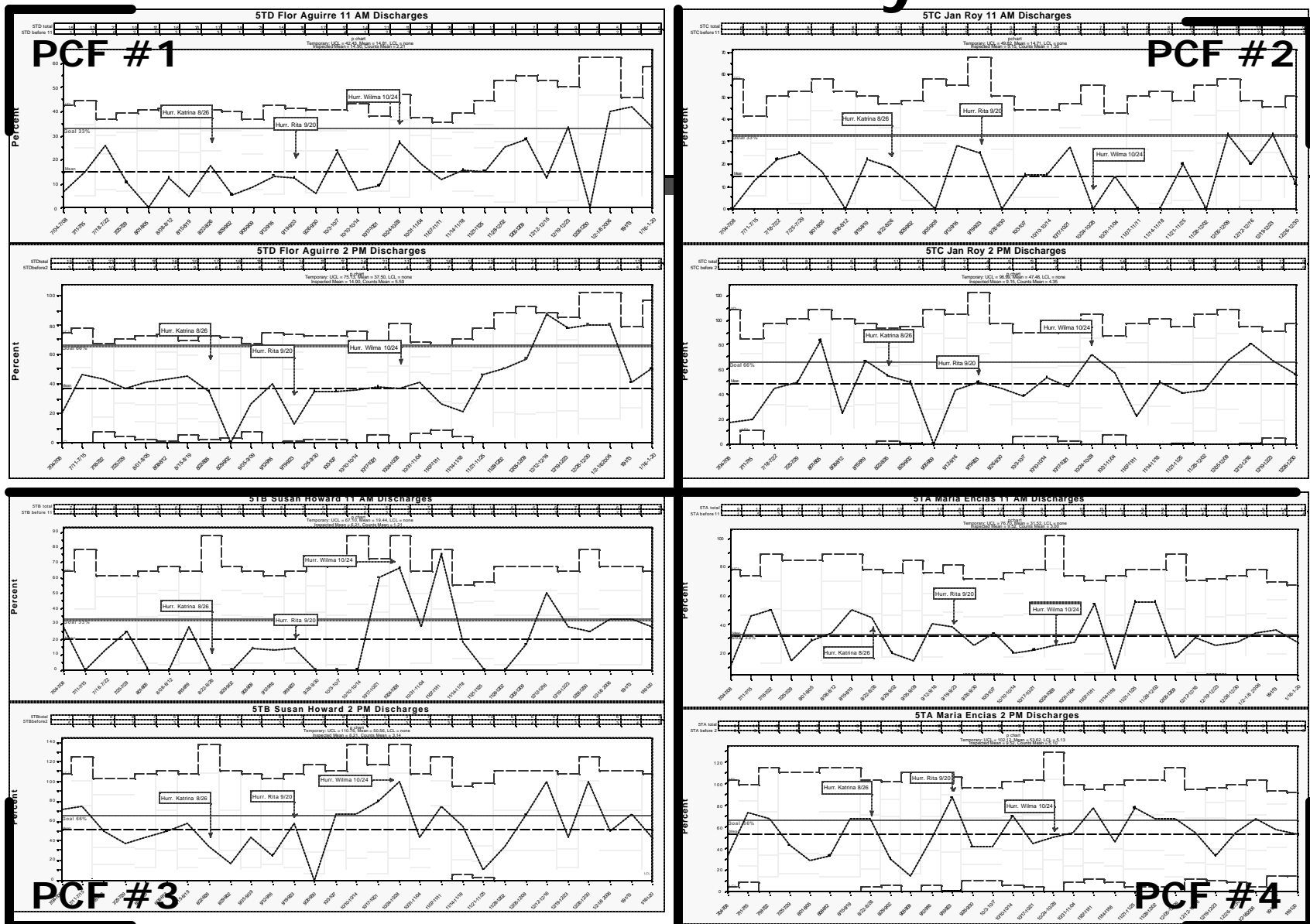
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11AM Outcomes by PCF



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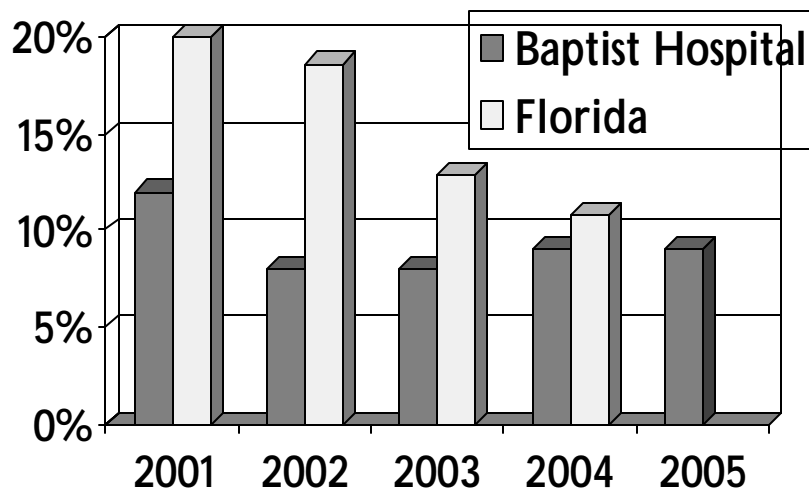
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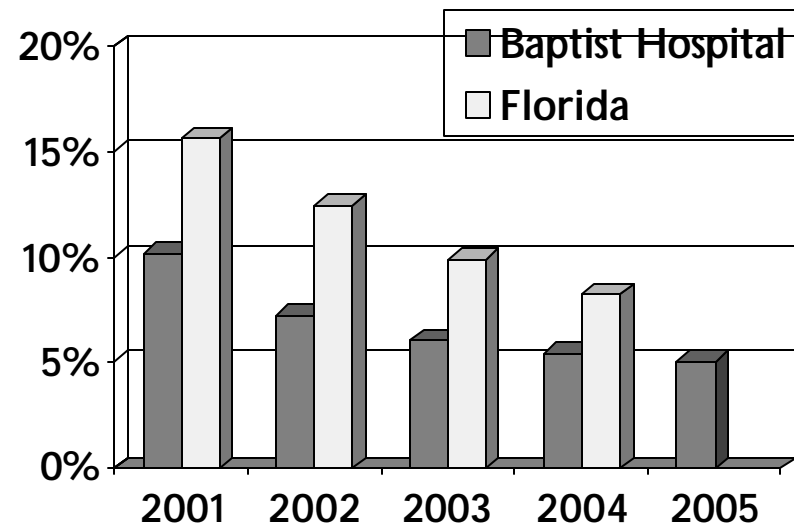


Nursing Statistics

Turnover Rates
2001-2005



Nurse Vacancy Rate
2001-2005



Next Steps

- ❑ Improve standardization among PCFs
- ❑ Extend 12 bed concept to other disciplines
- ❑ Measurement on all key outcomes by PCF
- ❑ Integration with a “care manager” role
- ❑ Evaluate as a system-wide delivery
- ❑ Formal cost-benefit analysis and further research



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