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

- RN
- CNA
- RN

- PCF

12 Beds

- RN
- CNA
- RN

- PCF

12 Beds

- RN
- CNA
- RN

- PCF

12 Beds

- RN
- CNA
- RN

- PCF

12 Beds

- RN
- CNA
- RN

- PCF

- Patient Care Center Manager
- Asst Patient Care Center Manager
- Charge (Resource) RN

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‘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

<table>
<thead>
<tr>
<th>Clinical Nurse (CN I,II,III)</th>
<th>CLINICAL TRACK</th>
<th>Advanced PCFs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>PCF (CN IV)</td>
<td>Clinical Specialist (CN V)</td>
</tr>
<tr>
<td></td>
<td>Advanced PCF (CN IV)</td>
<td>ARNPs (CN V)</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Nurse Researchers (CN VI)</td>
</tr>
<tr>
<td>Clinician (CN IV)</td>
<td>EDUCATOR TRACK</td>
<td>Faculty</td>
</tr>
<tr>
<td></td>
<td>Educator</td>
<td>(dual appointment with School(s) of Nursing)</td>
</tr>
<tr>
<td></td>
<td>Performance Consultant</td>
<td></td>
</tr>
<tr>
<td>Resource Nurse Supervisor Asst Patient Care Center Manager</td>
<td>MANAGER TRACK</td>
<td>Director of Nursing CNO</td>
</tr>
<tr>
<td></td>
<td>Patient Care Center Manager</td>
<td></td>
</tr>
</tbody>
</table>

### CLINICAL TRACK
- PCF (CN IV)
- Advanced PCF (CN IV)

### EDUCATOR TRACK
- Educator
- Performance Consultant

### MANAGER TRACK
- Patient Care Center Manager
- Director of Nursing CNO
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

- **4th Qtr 2000**: Pilot begun on 51 Bed CV Unit
- **4th Qtr 2001**: Research begun on pilot CV unit
- **2nd Qtr 2002**: Pilot extended to two 50 bed Med-Surg Units
- **2nd Qtr 2002**: 12-Bed Hospital Project Manager appointed
- **3rd Qtr 2004**: 12-Bed Model Fully Deployed
- **1st Qtr 2003**: Rollout Plan initiated
- **4th Qtr 2002**: 12-Bed Model defined for rest of hospital
- **4th Qtr 2002**: 12-Bed Model presented to Leadership Group
The Clinical Nurse Leader™
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
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

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

Chi Square: Exact Significance  p = .026

<table>
<thead>
<tr>
<th>Patient Responses</th>
<th>Ready to Go Home</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Had a PCF</td>
<td></td>
<td></td>
</tr>
<tr>
<td>NO</td>
<td>43</td>
<td>108</td>
</tr>
<tr>
<td>% Had PCF</td>
<td>28.5%</td>
<td>71.5%</td>
</tr>
<tr>
<td>YES</td>
<td>48</td>
<td>209</td>
</tr>
<tr>
<td>% Had PCF</td>
<td>18.7%</td>
<td>81.3%</td>
</tr>
<tr>
<td>Total</td>
<td>91</td>
<td>317</td>
</tr>
<tr>
<td>% Had PCF</td>
<td>22.3%</td>
<td>77.7%</td>
</tr>
</tbody>
</table>
Did everyone who took care of you seem to know about your care?

Chi Square: Exact Significance \( p = .000 \)

<table>
<thead>
<tr>
<th>Patient Responses</th>
<th>Everyone Knew Care</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>NO</td>
<td>YES</td>
</tr>
<tr>
<td>Had a PCF NO</td>
<td>51</td>
<td>127</td>
</tr>
<tr>
<td>% Had PCF</td>
<td>28.7%</td>
<td>71.3%</td>
</tr>
<tr>
<td>YES</td>
<td>31</td>
<td>257</td>
</tr>
<tr>
<td>% Had PCF</td>
<td>10.8%</td>
<td>89.2%</td>
</tr>
<tr>
<td>Total</td>
<td>82</td>
<td>384</td>
</tr>
<tr>
<td>% Had PCF</td>
<td>17.6%</td>
<td>82.4%</td>
</tr>
</tbody>
</table>
Quality Measures
Acute MI - Core Measures

AMI ACEI or ARB for LVSD
Temporary: UCL = 115.00, Mean = 93.24, LCL = 78.82
JCAHO Top 10%
Focused Attention by PCF

AMI Aspirin at Arrival
Temporary: UCL = 107.63, Mean = 93.30, LCL = 78.97
JCAHO Top 10%
Focused Attention by PCF

AMI Aspirin Prescribed at Discharge
Temporary: UCL = 115.00, Mean = 75.88, LCL = 36.76
JCAHO Top 10%
Focused Attention by PCF

AMI Beta Blocker at Arrival
Temporary: UCL = 104.90, Mean = 91.84, LCL = 78.79
JCAHO Top 10%
Focused Attention by PCF

AMI Beta Blocker Prescribed at Discharge
Temporary: UCL = 117.12, Mean = 87.90, LCL = 58.68
JCAHO Top 10%
Focused Attention by PCF

AMI Smoking Cessation
Temporary: UCL = 105.21, Mean = 93.04, LCL = 80.87
JCAHO Top 10%
Focused Attention by PCF

Graphs showing the percentage trends of various core measures over different months.
CHF - Core Measures

Heart Failure ACE Inhibitor Use

Heart Failure Assessment of Cardiac Function

Heart Failure Discharge Instructions

Heart Failure Smoking Cessation

JCAHO Top 10%
Focused Attention by PCF
Pneumonia Core Measures

CAP Antibiotic Timing within 4 hours of Arrival
Temporary: UCL = 73.62, Mean = 50.77, LCL = 28.01
Inspected Mean = 43.44, Counts Mean = 22.06

CAP Blood Cultures
Temporary: UCL = 99.91, Mean = 83.47, LCL = 67.15
Inspected Mean = 46.63, Counts Mean = 38.92

CAP Pneumococcal Vaccination
Temporary: UCL = 94.89, Mean = 69.41, LCL = 43.92
Inspected Mean = 29.42, Counts Mean = 20.42

CAP Smoking Cessation
Temporary: UCL = 63.68, Mean = 40.98, LCL = 12.66
Inspected Mean = 5.66, Counts Mean = 6.50

CAP Initial ATB Selection non-ICU
Temporary: UCL = 103.27, Mean = 84.88, LCL = 66.49
Inspected Mean = 34.17, Counts Mean = 29.00
Patient Satisfaction
Press-Ganey Patient Satisfaction Survey

“Nurses Kept You Informed”

Press-Ganey 90th percentile

BEFORE

AFTER

12 Bed Hospital Implementation

Jul-Sep 2002

Oct-Dec 2005

Press-Ganey 90th percentile

4 BCVI
3 Tower
3 Main
4 Tower
4 Main
5 Main
5 Tower
OB
Womens
Press-Ganey Patient Satisfaction Survey
“Attention to Special/Personal Needs”

BEFORE
July-Dec 2002

12 Bed Hospital Implementation

AFTER
Oct-Dec 2005
Nurse Satisfaction
NDNQI RN Satisfaction Survey
“Teamwork Between Coworkers”

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NDNQI RN Satisfaction Survey 2003-2005
"Teamwork"
(Individual Level Response)

Individual Level Question:
There is a good deal of teamwork between my coworkers and me.
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.
NDNQI RN Satisfaction Survey
“Job Enjoyment Score”

Baptist Hospital
NDNQI RN Satisfaction Survey 2003-2005
"Job Enjoyment"

Individual level
Question:
I am fairly well satisfied with my job.
Physician Satisfaction
Physician Survey

Overall Nursing Care
- Benchmark: 77%
- Mar-03: 90.1%
- Jun-04: 88.5%
- Mar-05: 90%

Nursing Staff response to MDs
- Benchmark: 65.0%
- Mar-03: 74.4%
- Jun-04: 81.5%
- Mar-05: 77%

Manage Emergencies
- Benchmark: 77%
- Mar-03: 89.7%
- Jun-04: 89.9%
- Mar-05: 90%

D/C Coordination
- Benchmark: 92.4%
- Mar-03: 97.5%
- Jun-04: 93%
- Mar-05: 93%
Organizational Goals

Patient Throughput
**Baptist Hospital 11 AM Discharges-Med Surg Units**

<table>
<thead>
<tr>
<th>Date</th>
<th>Discharges-Med Surg Units</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/04-7/08</td>
<td>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</td>
</tr>
<tr>
<td>7/11-7/15</td>
<td>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</td>
</tr>
</tbody>
</table>

- **BHM Med Surg total**
- **BHM Med Surg before 11**

**p chart**
- Temporary: UCL = 18.19, Mean = 12.99, LCL = 7.79
- Inspected Mean = 376.66, Counts Mean = 48.93

Goal 33% Hurr. Katrina 8/26
Hurr. Rita 9/20
Hurr. Wilma 10/24

**Dates**
- 7/04-7/08
- 7/11-7/15
- 7/18-7/22
- 7/25-7/29
- 8/01-8/05
- 8/08-8/12
- 8/15-8/19
- 8/22-8/26
- 8/29-9/02
- 9/05-9/09
- 9/12-9/16
- 9/19-9/23
- 9/26-9/30
- 10/03-10/07
- 10/10-10/14
- 10/17-10/21
- 10/24-10/28
- 11/01-11/05
- 11/08-11/12
- 11/15-11/19
- 11/22-11/26
- 12/01-12/05
- 12/08-12/12
- 12/15-12/19
- 12/22-12/26
- 1/02-1/06
- 1/09-1/13
- 1/16-1/20

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39
Baptist Hospital 2 PM Discharges-Med Surg Units

<table>
<thead>
<tr>
<th>Date</th>
<th>BHM Med Surg total</th>
<th>BHM Med Surg before 2</th>
</tr>
</thead>
<tbody>
<tr>
<td>7/04-7/08</td>
<td>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</td>
<td></td>
</tr>
<tr>
<td>7/11-7/15</td>
<td>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</td>
<td></td>
</tr>
</tbody>
</table>

Temporary: UCL = 47.21, Mean = 39.65, LCL = 32.09
Inspected Mean = 376.66, Counts Mean = 149.34

Goal 66%

Hurr. Katrina 8/26
Hurr. Rita 9/20
Hurr. Wilma 10/24
11 AM Discharge Outcomes
Med- Surg/Oncology Nursing Unit

5 Tower Percent Discharged by 11:00 AM

5 Tower Percent Discharged by 2:00 PM

March 15, 2006
11AM Outcomes by PCF

PCF #1

PCF #2

PCF #3

PCF #4

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Nursing Statistics

Turnover Rates
2001-2005

Nurse Vacancy Rate
2001-2005

Baptist Hospital
Florida
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
Contact Information:

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