

*Editorial***THE HEALTH CARE QUALITY CHALLENGE AND
THE CLINICAL NURSE LEADER ROLE (CNL)**

Marietta Stanton
Editorial Board Member

In 2001, the Institute of Medicine (IOM) released the report *Crossing the Quality Chasm: A New Health System for the 21st Century* (Institute of Medicine 2001). Based on a large body of evidenced documenting severe problems in the American health care system, the report identifies six aims for quality improvement. These are that health care should be:

1. Safe-prevents harm to patients (Institute of Medicine, 2004).
2. Effective-refers to care that is evidence-based (Institute of Medicine, 2001).
3. Patient-centered-addresses care that reflects the qualities of compassion, empathy and responsiveness to the needs values, and expressed preferences of the individual patient (Institute of Medicine, 2001).
4. Timely-considers access to care as a critical factor influencing the quality of rural health care (Institute of Medicine, 2001).
5. Efficient-refers to optimizing resources and minimizing waste to obtain the best value for investments in health care services and administration (Institute of Medicine, 2001).
6. Equitable- ensures that the availability of care and quality services are based on an individual's health care needs and not on personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status (Institute of Medicine, 2001).

In response to the IOM report, the American Association of Colleges of Nursing (AACN) developed a new nursing role in collaboration with leaders from education and the practice arena. AACN is advancing the Clinical Nurse Leader (CNL) role to improve the quality of patient care and to better prepare nurses to thrive in the health care system. The CNL role emerged following research and discussion with stakeholder groups as a way to place highly skilled clinicians in outcomes based practice and quality improvement (AACN, 2005). In practice, the CNL role oversees the care coordination of a distinct group of patients and actively participates in the care. This CNL is masters prepared. CNL's put evidence-based practice into action to ensure patient benefit from the latest innovations in care, evaluate patient outcomes, assess cohort risk, and have decision making authority to change plans when necessary. The CNL is viewed as a leader in the health care system and the role will vary according to the practice setting. To support the implementation of this new role AACN has launched a national pilot project involving almost 90 education-practice partnerships in 35 states. These education-practice partnerships involve a school/college of nursing collaborating with a clinical agency in the same geographic area to prepare the CNL both with both content and clinical experiences. The CNL program is very much a joint effort. Not only does the CNL role conform to the key issues of the IOM 2001 report, it also complies with the 2003 IOM report *Health Professions Education: A Bridge to Quality* which identified five core

competencies for all health professionals. These competencies include that health professionals provide patient centered care; work in interdisciplinary teams; employ evidence-based practice; apply quality improvement; and, utilize informatics.

What does the CNL role have to do with rural setting? The IOM report helped launch the Quality Chasm (Institute of Medicine, 2005) with a series of meetings where reports about health care were produced. In 2005, the report *Quality through Collaboration; the Future of Rural Health* was published. In this report there were a series of key factors and recommendations. As outcomes, the IOM committee developed a five-pronged strategy pertaining to health to address the related quality challenges in rural communities (Institute of Medicine, 2005). The components of this strategy are that rural health care:

1. Adopt an integrated, prioritized approach to addressing both personal and population needs at the community level.
2. Establish a strong quality improvement support structure to improve quality.
3. Enhance the human resource capacity of rural communities including the education training and deployment of health professionals.
4. Monitor rural health systems to ensure they are financially stable.
5. Invest in building an information infrastructure.

Not only does the CNL role have implications for urban health care centers, It also has implications for the rural health care agencies especially in light of the above strategy components. The CNL will be able to provide case, disease, and outcomes management for a cohort of patients. This will be especially valuable in rural health care settings and communities. CNL's will coordinate quality management programs and provide real leadership within rural health care settings. Balancing cost and quality is an important component of the CNL role. CNL's will also have a strong emphasis in their educational programs on case management, evidence-based practice, informatics and pharmacology.

The implications for nursing, nursing education and rural health care are clear. This new role is emerging as a key component of nursing in the near future. The CNL movement has tremendous momentum and it is "hitting on all cylinders" of what the IOM report desired in terms of quality care. AACN also is supporting the transition of the preparation of the traditional advanced practice roles i.e. nurse practitioner etc., begin at the doctoral level by 2015. Are we prepared in rural nursing for the challenges that lie ahead in nursing and healthcare?

REFERENCES

- Institute of Medicine. (2001). *Crossing the quality chasm: A new health care system for the 21st century*. Washington, DC: National Academy Press. Retrieved October 7, 2005, from <http://www.nap.edu/books/0309072808/html/index.html>
- Institute of Medicine. (2003). *Health professions education: A bridge to quality*. Washington, DC: National Academy Press. Retrieved November 13, 2005, from <http://www.nap.edu/books/0309087236/html/index.html>
- Institute of Medicine. (2005). *Quality through collaboration: The future of rural health*. Washington, DC: National Academy Press. Retrieved September 7, 2005 from <http://www.nap.edu/books/0309094399/html/index.html>