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Growing and Sustaining the Clinical Nurse Leader Initiative

Shifting the Focus From Pioneering Innovation to Evidence-Driven Integration Into Healthcare Delivery

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The Clinical Nurse Leader (CNL) initiative has been characterized by innovation. While an innovation framework for diffusing CNL practice remains relevant, generalizable evidence of effectiveness is necessary to sustain nationwide momentum. A framework is proposed in this department for a national-level CNL research collaborative linking research, policy, education, and practice stakeholders in an ongoing partnership to advance CNL evidence, education, policy, and practice.

The Clinical Nurse Leader (CNL) is the 1st new nursing role in more than 35 years, with a distinct master's-level educational curriculum.¹ The CNL was developed to enhance

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the efficiency of care delivery and facilitate the coordination of care at the bedside through effective collaboration with other providers.²⁻⁴ CNL practice has been identified by numerous policy organizations as an innovative strategy to improve care.⁵⁻⁷ There are preliminary data supporting CNL practice as an innovation with the capacity to improve healthcare quality in diverse clinical settings.⁸

Healthcare Innovation

Synthesis of organization, economic, and other literature defines innovation as a “multistage process whereby organizations transform ideas into new/improved products, service, or processes, in order to advance, compete, and differentiate themselves successfully in their marketplace.”^{9(p1334)} Characteristics of innovation are described as novelty, an application component, and an intended benefit.¹⁰ Omachonu and Einspruch¹⁰ specifically define innovation from a healthcare perspective as “the introduction of a new concept, idea, service, process, or product aimed at improving treatment, diagnosis, education, outreach, prevention, and research, and with the long-term goals of improving quality, safety,

outcomes, efficiency, and costs.”^{10(p5)} A concept analysis defines innovation as “something new, or perceived new by the population experiencing the innovation, that has the potential to drive change and redefine healthcare’s economic and/or social potential.”^{11(p236)}

Innovations are resource intensive and constitutive of change and therefore challenging to implement, adapt, and spread.¹² Complex healthcare innovations with multiple interrelated and interdependent components present greater challenges.¹³ Demonstrating the effectiveness of complex healthcare innovations is difficult when (1) the core elements of what constitutes the innovation are not universally known or agreed upon; and (2) the pathway to clinical benefit across diverse contexts remains ambiguous.¹⁴ Sustainable dissemination of complex healthcare innovations requires a sufficient level of definition, supportive data, and an understanding of the complex social and contextual factors involved in implementation success.¹⁵

From Innovation to Evidence

We argue that the CNL initiative is a complex healthcare innovation

with a promising track record of success and that it is time to shift the focus from pioneering innovation to evidence-driven integration into healthcare delivery. This means collectively harnessing knowledge from what has already been accomplished and purposefully and systematically producing generalizable evidence of effectiveness. We envision a national-level CNL research collaborative that links stakeholders in ongoing partnerships to advance CNL evidence, policy, education, and practice. This aligns with current recommendations from the Institute of Medicine¹⁶ as a robust approach to achieving the goal of evidence-based healthcare delivery.

A 2010 Institute of Medicine workshop¹⁶ outlined a framework

for redesigning clinical effectiveness research to facilitate more practical and reliable means of gathering and assessing evidence for potentially beneficial healthcare interventions. It highlights the use of practice-based evidence and the need to foster academic and community collaborative partnerships to translate promising innovations into evidence-driven policy and practice. The Agency for Healthcare Research & Quality supports practice-based research networks that use this approach to test innovations and maximize their benefit for patients.^{17,18} This pragmatic approach considers local, real-world evidence derived from routine practice as a necessary complement to traditional research for answering important questions

about how, when, for whom, and in what settings a promising intervention is best used.¹⁹

Quality improvement (QI) and implementation science offer pragmatic yet rigorous methodologies for studying complex healthcare innovations. They highlight the need for robust theory describing innovation components and their mechanisms of action as critical components of successful adoption and spread. A recently developed framework to spread innovative QI initiatives includes 3 stages: innovation, testing, and spread.²⁰ The innovation stage is “a process of discovery and description, where descriptive theories are used to detail new models of care.”^{20(pS24)} Models are then tested in different

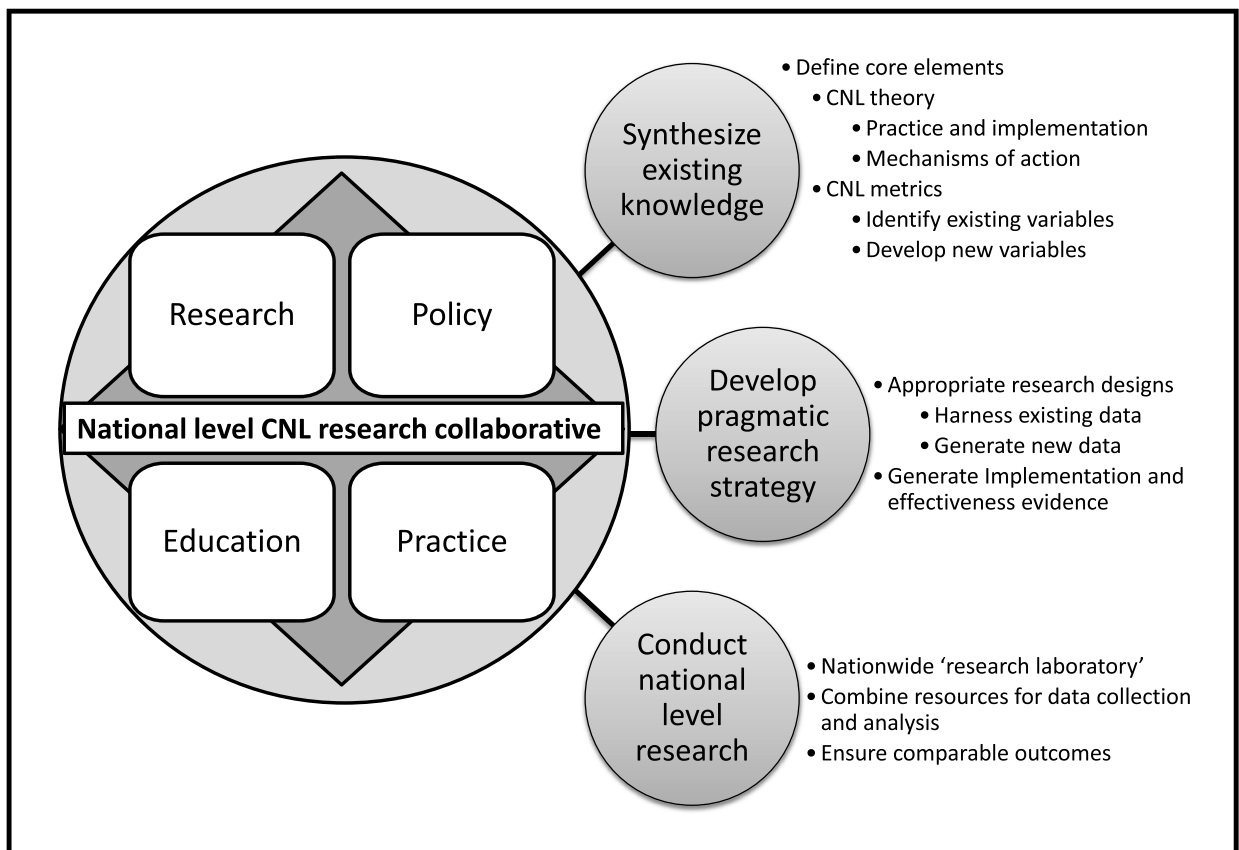


Figure 1. Proposed framework for a national-level CNL research collaborative.



contexts to explore what, where, and how it works. Spread involves wider testing with the goal of determining if the innovation can be generalized across different settings. Implementation processes must be examined during these stages to determine implementation factors that promote or hinder success and spread.²¹

A Framework for a National-Level CNL Research Collaborative

The framework proposed would produce and synthesize CNL evidence and would include the following core objectives: synthesize existing knowledge to define core elements of CNL implementation and practice, develop a pragmatic research strategy to generate evidence for CNL effectiveness, and conduct national-level research (Figure 1). Preliminary work has been accomplished. As mentioned earlier, a literature review concluded CNL practice is an innovation with the capacity to improve healthcare quality, but noted the lack of a consistent model for practice.⁸ To address this gap, a theory of CNL practice was synthesized that describes fundamental CNL practices and their relationship to documented quality outcomes.²² A study team comprising CNL research, practice, and education experts is validating the model across a nationwide sample of certified CNLs and leaders/managers involved in a CNL initiative. A validated CNL practice model will provide the basis for developing measures of CNL implementation and practice and CNL-specific care outcomes.

This burgeoning CNL research collaborative must grow to include experts in research designs and

methodologies appropriate for examining the implementation and effectiveness of CNL practice and capturing the complexity of effectiveness across varying contexts. In addition, greater CNL practice, education, and policy representation are needed to enable a comprehensive, national-level “learning laboratory” for evidence generation and synthesis.

Conclusion

The proposed national-level CNL research collaborative responds to the call set forth in the Institute of Medicine report, *Future of Nursing: Leading Change, Advancing Health*,⁷ for the nursing profession to lead and diffuse collaborative improvement efforts to redesign and improve practice environments and health systems. The framework leverages multiprofessional expertise and collaboration along with a pragmatic approach to evidence generation and synthesis to strengthen the CNL knowledge base and facilitate evidence-based CNL practice across the healthcare spectrum.

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