**Clinical Outcomes Nurse Role**

- Decrease rate of catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infection (CLABSI), and increase use of the teach-back education method
- Coach nursing staff at point of care regarding systems-wide quality initiatives
- Empower staff nurses to apply evidence-based care while improving quality outcomes
- Role evolves based on value-based purchasing and changes in reimbursement structure

**Project Purpose**

To determine if the new Clinical Outcomes Nurse (CON) model increases nurse empowerment and improves quality outcomes.

**Clinical Outcomes Nurse Role**

- Decrease rate of catheter-associated urinary tract infection (CAUTI) and central line-associated bloodstream infection (CLABSI), and increase use of the teach-back education method
- Coach nursing staff at point of care regarding systems-wide quality initiatives
- Empower staff nurses to apply evidence-based care while improving quality outcomes
- Role evolves based on value-based purchasing and changes in reimbursement structure

**Theoretical Background**

Kanter’s Theory of Structural Empowerment

- Employees are empowered when given access to lines of support, information, resources, and opportunities
- Workplace structures are more important than personal characteristics in determining an employee’s attitude and behavior

Structural empowerment linked to:

- Lower levels of incivility and mental health symptoms among new graduate nurses
- Improved interactions between leaders and bedside nurses
- Increased job satisfaction and organizational commitment
- Increased nurse perception of quality of care

Limited research linking structural empowerment with patient and quality outcomes, but has been linked to nurse-assessed quality of care and patient falls

**Methods**

**Sample and Setting**

*Setting: Baptist Health Louisville (BHL)- 519-bed acute care hospital in suburban Louisville, KY*

<table>
<thead>
<tr>
<th>Sample Demographics</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Sex</td>
<td>Male: 15 (6.5%)  Female: 77 (33.5%)</td>
</tr>
<tr>
<td>Education</td>
<td>ABS: 7 (3.5%)  BSN: 178 (81.4%)  MSN: 10 (4.6%)</td>
</tr>
<tr>
<td>Skill worked</td>
<td>Full: 206 (89.6%)  Night: 23 (10.37%)</td>
</tr>
<tr>
<td>Hours worked per week</td>
<td>n/a</td>
</tr>
<tr>
<td>Days worked</td>
<td>30 or more: 23 (10.4%)  Less than 30: 184 (89.6%)</td>
</tr>
<tr>
<td>Years at BHL</td>
<td>0-3: 23 (10.4%)  4-6: 80 (36.9%)  7-9: 80 (36.9%)  10+: 12 (5.5%)</td>
</tr>
<tr>
<td>Years as an RN</td>
<td>0-3: 13 (23.2%)  4-6: 10 (18.5%)  7-9: 10 (18.5%)  10+: 7 (12.7%)  11+: 7 (12.7%)  12+: 2 (3.5%)</td>
</tr>
</tbody>
</table>

**Project Evaluation**

- No significant change in empowerment scores after implementation of new CON role. This could have been related to the high level of empowerment at the beginning of this study.
- Improvements in quality outcomes were seen after the implementation of the CON role, especially related to use of teach-back. Though there were no statistically significant decreases seen in CAUTI and CLABSI rates, the results are clinically significant in terms of cost and patient care.
- More in depth education on the role of the unit-based CON position may have increased staff empowerment and understanding of the impact of the role on quality outcomes.
- Increased staff input regarding useful project interventions prior to start of project may have improved overall project outcomes.

**Interventions**

- Teach-back audit with positive reinforcement (WOW cards)
- Value-based purchasing poster
- Resource binders
- Coaching staff at point of care
- Foley catheter and central line audits

**Interventions**

- Teach-back audit with positive reinforcement (WOW cards)
- Value-based purchasing poster
- Resource binders
- Coaching staff at point of care
- Foley catheter and central line audits

**Measures**

**Conditions for Work Effectiveness Questionnaire-II (CWEQ-II)4**

- Based on Kantor’s theory of structural empowerment
- 19-item questionnaire, scored on a 5-point Likert Scale
- Total possible score ranges from 6 to 30
- Higher score indicates higher level of empowerment

**CAUTI and CLABSI Rates**

- Data collected by Infection Control according to NDNQI guidelines

**Teach-Back Rates**

- Data collected using BHL electronic report

**Results**

**Conditions for Work Effectiveness Questionnaire-II Results**

<table>
<thead>
<tr>
<th>CWEQ-II score</th>
<th>Pre</th>
<th>Post</th>
</tr>
</thead>
<tbody>
<tr>
<td>Low (score of 6-13)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Moderate (score of 14-22)</td>
<td>11 (61%)</td>
<td>10 (56%)</td>
</tr>
<tr>
<td>High (score of 23-30)</td>
<td>7 (39%)</td>
<td>8 (44%)</td>
</tr>
<tr>
<td>Average score</td>
<td>23 (22.86)</td>
<td>SD=2.42</td>
</tr>
</tbody>
</table>

- First full quarter with unit-based CON position

**Recommendations**

- Use CON/quality nurse on all nursing units to improve compliance with quality initiatives and to improve on various nursing and patient-centered processes, potentially increasing staff nurse empowerment through education, and application of evidence-based patient care
- Expand role of CON to focus on other quality initiatives
- Apply structural empowerment principles to address other quality and patient safety outcomes, such as falls and pressure ulcers
- Use structural empowerment as basis for staff resources
- Study link between empowerment and objective quality outcomes with a larger sample population
- Study correlations between structural empowerment and nurse demographic characteristics with a larger sample population

**Limitations**

- Small sample size
- Sample highly empowered and units with low infection rates prior to study

**Project Evaluation**

- No significant change in empowerment scores after implementation of new CON role. This could have been related to the high level of empowerment at the beginning of this study.
- Improvements in quality outcomes were seen after the implementation of the CON role, especially related to use of teach-back. Though there were no statistically significant decreases seen in CAUTI and CLABSI rates, the results are clinically significant in terms of cost and patient care.
- More in depth education on the role of the unit-based CON position may have increased staff empowerment and understanding of the impact of the role on quality outcomes.
- Increased staff input regarding useful project interventions prior to start of project may have improved overall project outcomes.

**Recommendations**

- Use CON/quality nurse on all nursing units to improve compliance with quality initiatives and to improve on various nursing and patient-centered processes, potentially increasing staff nurse empowerment through education, and application of evidence-based patient care
- Expand role of CON to focus on other quality initiatives
- Apply structural empowerment principles to address other quality and patient safety outcomes, such as falls and pressure ulcers
- Use structural empowerment as basis for staff resources
- Study link between empowerment and objective quality outcomes with a larger sample population
- Study correlations between structural empowerment and nurse demographic characteristics with a larger sample population

**Limitations**

- Small sample size
- Sample highly empowered and units with low infection rates prior to study

**Study link between empowerment and objective quality outcomes with a larger sample population**

**Study correlations between structural empowerment and nurse demographic characteristics with a larger sample population**

**Small sample size**

**Sample highly empowered and units with low infection rates prior to study**