

**Title:**

Effect of a Unit-Based Clinical Outcomes Nurse on Nurse Empowerment and Quality Outcomes

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**Keywords:**

empowerment, outcomes and quality nurse

**References:**

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**Abstract Summary:**

Learn about an innovative unit-based nursing role with the objective of coaching nursing staff at the point of care regarding system-wide quality initiatives and empowering staff nurses to apply evidence-based standards of care to bedside patient care. Gain insight on how this role affects quality outcomes and nurse empowerment.

**Learning Activity:**

LEARNING OBJECTIVES	EXPANDED CONTENT OUTLINE
The learner will be able to describe the Clinical Outcomes Nurse role and two outcomes affected by this position.	Description of the Clinical Outcomes Nurse role and results since start of role.
The learner will be able to list two strategies to improve quality outcomes of CAUTI, CLABSI, and teach-back.	Explain the interventions used during the study period.

**Abstract Text:**

**Purpose** The purpose of this presentation is to describe an innovative, unit-based quality nurse role and the evidence-based project conducted to determine if this role improves quality outcomes while also increasing structural empowerment of staff nurses. **Background** Due to publically reported data and changes in reimbursement, healthcare facilities are increasingly focused on improving their patient and quality outcomes. While hospitals attempt to educate staff nurses on evidence-based care, the number of changes in healthcare and evidence make it hard for staff nurses to keep up with these constant

evolutions. In an effort to continually improve upon these outcomes and to educate staff nurses, Baptist Health Louisville (BHL) created the unit-based Clinical Outcomes Nurse (CON) role with the objective of coaching nursing staff at the point of care regarding system-wide quality initiatives and empowering staff nurses to apply evidence-based standards of care to bedside patient care. While this new role is evolving, the main focus of the CON is on the following quality initiatives: catheter-associated urinary tract infection (CAUTI), central line-associated bloodstream infection (CLABSI), and use of the teach-back education method. In their effort to affect these outcomes, CONs also work to streamline and standardize processes involved in daily nursing care. While these quality outcomes are increasingly important, there is limited research linking structural empowerment to these concepts. **Methods** A pretest-posttest design was used to determine the effect of the new CON role on staff nurse empowerment. Staff nurses on two intermediate floors at BHL were asked to complete and return the Conditions for Work Effectiveness Questionnaire-II (CWEQ-II), totaling 56 potential participants. Eighteen of the 34 participants returned completed pre- and post-intervention questionnaires for a return rate of 32%. Demographic information for participants was correlated with their empowerment score. To determine if the CON role had an affect on CAUTI, CLABSI, and teach-back rates for the project units, rates before and after implementation of the role were compared. **Results** A paired-samples *t* test showed no statistically significant change in feelings of structural empowerment. While there was no change in this area, the sample was considered highly empowered both pre- and post-interventions. Spearman's *rho* and Pearson *r* tests showed no statistically significant correlations between individual nurse demographic characteristics and level of structural empowerment. Pretest CAUTI and CLABSI rates were low on the project units and there was no statistically significant difference during the project data collection period. There was a 205.4% increase in the use of teach-back on the study units during the project time period. **Conclusion** This study demonstrates the importance of increasing awareness of quality initiatives and evidence-based nursing care to maintain and improve quality and patient outcomes. One way to accomplish these goals is to have a quality nurse, such as a unit-based CON, dedicated to these aims. Based on the results of this study, it also recommended that structural empowerment be used as a basis for staff resources, particularly in relation to awareness and improvement of the previously mentioned quality and patient safety initiatives along with other patient outcomes, such as hospital-acquired pressure ulcers and patient falls. Given the increased importance placed on outcomes measurement, it is recommended that more research be done linking structural empowerment to objective quality measures and patient outcomes.