Integrating Quality and Breast Cancer Care: Role of the Clinical Nurse Leader

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Breast cancer remains a global public health problem that consistently challenges oncology nurses and interdisciplinary healthcare professionals to reduce mortality, increase length and meaningfulness of survivorship, or alleviate discomfort if longevity is not a possibility. Although significant progress has been achieved, a fragmented, complex healthcare system has stimulated the creation of new paradigms, roles, and leadership initiatives. One emerging and multifaceted nursing role, the clinical nurse leader (CNL), has been developed to use evidence-based practice and identify gaps in quality of care delivery, coordination, and management for a specific population of patients. CNLs improve organizational effectiveness and optimize client outcomes by working with frontline teams at the level of the clinical microsystem (Harris & Roussel, 2010). Because quality and continuous performance improvement are the catalysts for transforming care, oncology nursing must incorporate this new leadership role to inspire professional development and address the six quality aims defined by the Institute of Medicine (IOM) (Rose, Stovall, Ganz, Desch, & Hewitt, 2008) (see Table 1). This article will introduce the CNL role and describe a CNL-led project that enabled a breast center's national accreditation by integrating quality improvement interventions into comprehensive breast cancer care.

Quality Care

According to prominent leaders in the field of performance improvement, high-quality care must be intentional (Nelson, Batalden, & Godfrey, 2007), continuous (Berwick, 2011), creative (Bennis, 2007), and without compromise (Cronenwett et al., 2007). Although several definitions of quality care exist, the IOM stated that "quality care means providing patients with appropriate services in a technically competent manner with good communication, shared decision making, and cultural sensitivity" (La Fargue & Coleman, 2008, p. 114), which captures the essence of multidimensional cancer care and forms the foundation of a proposed blueprint for better cancer care systems.

Role of the Clinical Nurse Leader

The CNL role was conceptualized from 1999–2003 and introduced by the American Association of Colleges of Nursing ([AACN], 2007) in response to the complex and error-prone U.S. healthcare system, shortage of bedside nurses, and the IOM's report, *Crossing the Quality Chasm: A New Health System for the 21st Century* (IOM, 2001). CNLs are educated at the master's level as advanced generalists to lead client-centered interprofessional care teams in a clinical microsystem. CNLs act as lateral integrators of care for a specified cohort of patients (AACN, 2007). In that regard, oncology nurses are well suited to expand their wide-ranging scope of practice and certification options to build skills, knowledge, and transformational leadership capacity. As informal leaders and stewards of evidence-based practice, most oncology nurses already assume accountability for patient care outcomes. CNLs are synergistic with existing nursing roles and also fill the gaps in leadership training and systems thinking that have been absent in most nursing education and practice programs (Berwick, 2011). Curricular topics are guided by five distinct elements and 18 components of implementation detailed in a pivotal white paper (AACN, 2007). Those role functions and end-of-program competencies are summarized in Table 2.

Internship Experience

More than 1,400 CNLs work in the United States (Norris, Webb, McKeon, Jacob, & Herrin-Griffith, 2012). All CNLs are required to complete an internship of 400 hours in a designated clinical setting prior to graduation. The current author's internship was completed in a medium-sized community hospital serving 144,000 patients per year and integrated delivery system in northern California from January–May 2010. The

Table 1. Institute of Medicine Aims for Improving the Healthcare System

Aim	Purpose
Efficacy	Provide effective, evidence-based care.
Efficiency	Plan for reduction of waste (time, energy, money, supplies).
Equity	Offer equal access to health care and benefits regardless of race, ethnicity, gender, or income.
Patient-centered care	Consider unique patient culture and needs; advocate shared decision making.
Safety	Implement this system property to reduce patient harm.
Timeliness	Reduce unintended waiting for patients, families, and providers.

Note. Based on information from Institute of Medicine, 2001; Rose et al., 2008.