A View of the CNS Role from the Executive Lens: Vision, Voice, Value

NACNS 2018 Annual Conference
Austin, TX

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Vice President & Associate Chief Nursing Officer
Children’s Health, Children’s Medical Center
Objectives

- Describe a plan to demonstrate the value of the Clinical Nurse Specialist role within a hospital system.
- Outline strategies that the Clinical Nurse Specialist can use to improve visibility of the role within organization or hospital system.
The CNS role at Children’s: Vision
History

Prior to 2008

- One inpatient General Pediatric CNS
  - Not part of a larger, overall CNS program
  - Made an impact – her expertise, skill, & knowledge revered
- A few CNSs in medical management roles
  - Endocrine (Diabetes)
  - Genetics (Down Syndrome)
  - Nephrology
Reinvesting in the CNS Role

2008

• Identified gaps in our nursing structure
  • Few ‘experts’ at the bedside to mentor and nurture new graduates
  • Multiple clinical projects required advanced nursing:
    • Evidence based practice
    • Patient safety and quality
    • Improve efficiency and ‘efficacy’ of our organizational ‘system’ (processes)
    • Patient satisfaction

• Workgroup formed
  • Led by Director of Advanced Practice Services
  • Co-led by Inpatient Services Director
  • Conducted a needs assessment
  • Refresher on CNS educational programs and roles, e.g., how could we address our gaps?
The Plan

• **Reinvest in the “pure” CNS role**
  • Three Spheres of Influence
    • Clinical Practice – Patient/Client
    • Nursing/Nursing Practice
    • Organizational Systems

• **Align with Advanced Practice Service**
  • Unique CNS defined leadership (CNS Manager)
  • Same level of pay and organizational recognition
    • Credentialing and Privileging

• **Determine the number of FTEs**

• **Develop Job Description**
  • Based on competencies

• **Recruit candidates**
  • require appropriate education and credentials
Challenges

• **Resources**
  • Only one (1) local CNS program: TCU
  • “Grow your own” to fill immediate needs

• **Time**
  • CNS Program completion ~18 months
Vision / Visibility
Current CNS Structure

Chief Nursing Officer
Mary Stowe

Director, CNS, Patient Education & Engagement
Brennan Lewis

Advanced Practice Service
Stacy Krause

- ED CNS
  Ginger Young

- Surgery CNS
  Mayra Garcia

- Airway CNS
  Becky Brooks

- Oncology CNS
  Lindsey Patton

- Neuroscience CNS
  Jennifer Watt

- Genetics CNS
  Joanna Spahis

- Plano CNS
  Ann Gosdin

- Home Care CNS
  Diana Cardwell

- General Medicine CNS
  Stephanie Allen

- Heart Center CNS
  Andrea Torzone

- Heart Failure CNS
  Jodie Lantz

- NICU CNS
  Jeri Tidwell

Privileged and Confidential
Expanding the CNS Coverage

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Heart Failure CNS
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NICU CNS
Jeni Tidwell

NICU CNS
TBD

PICS CNS
TBD
Voice: Communicating the CNS’ Impact
## 2017 Presentations


3. Jodie Lantz: HeartWare HVAD teach session (Congenital Cardiac Anesthesia Society, March 2017, Austin, TX).

4. Jodie Lantz: Faculty Course Instructor: MCS Proficiency Verification (American Society for Artificial Implantable Organs, June 2017, Chicago, IL).

5. Faculty Course Instructor: MCS Proficiency Verification (instructor at 2 different meetings) (American Society of Artificial Organs, June 2017, Chicago, IL; European Society of Artificial Organs, September 2017, Vienna, Austria).

## 2017 Posters


3. On the Lookout for Watchers: Reducing Codes Outside of the PICU: Sunni Yates, RN, BSN, CCRN-K; Rachael Burris, RN, BSN; Adriane Kreher, RN, BSN, CPN; Ann Gosdin MS, RN; CNS; and A. Paige Davis Yok, MD.

CHAT (Children’s Hospital Association of Texas) Nursing Conference 2017 – Driving Excellence in Pediatric Care.

Date: Oct. 26 2017 Location: , Austin, TX 78758.

## 2017 Publications


10. Lanti, J., Priest, M., Melehan, M. Novel strategies for supporting challenging populations: Inpatient infant, developing toddler, successful school-age, &.

## Research

1. Lindsay Patton (Co-Principal investigator): Title: Transition from hospital to home following hematopoietic stem cell transplantation- Have enrolled 29/35 prospective patients and 35/35 retrospective patients.

2. Lindsay Patton: Site Principal Investigator: A multi-site research study titled, “Nurse Led Parent Educational Discharge Support Strategies (PEDSS) for Children Newly Diagnosed with Cancer”.
## Demonstrating Productivity

<table>
<thead>
<tr>
<th>Date of Consult Request</th>
<th>Request Made by</th>
<th>Reason for Request</th>
<th>Outcome</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td>8/29/2017</td>
<td>Hospitalist</td>
<td>Follow up labs</td>
<td>no answer</td>
<td>contacted another hospitalist when message received. Will resolve on own</td>
</tr>
<tr>
<td>9/20/2017</td>
<td>PICU APP</td>
<td>Assist with Trach Follow up at Home</td>
<td>Teaching with mom</td>
<td>Contacted Trach Team, NICU Case Manager and CNS, and PCP-Thrive Clinic</td>
</tr>
<tr>
<td>9/29/2017</td>
<td>Hospitalist- S. Bradely</td>
<td>Help with FMLA paperwork</td>
<td>Already consulted SW for assistance</td>
<td>reinforced appropriate consult for SW</td>
</tr>
<tr>
<td>9/29/2017</td>
<td>Hospitalist- S. Bradely</td>
<td>Help with Pain Clinic appointment</td>
<td>Able to move up Pain Clinic appt. in Plano</td>
<td>had to reschedule appt. due to Readmission in Dallas- Need multidisciplinary clinic</td>
</tr>
<tr>
<td>10/5/2017</td>
<td>Staff comments/ Readmission</td>
<td>Complex pt.- Downs Syndrome</td>
<td>Wound referral to see if PIV infiltrate vs Cellulitis- CNS notified Infection Control</td>
<td>Readmission for dehydration - multiple IV attempts in ED. New Swelling/ redness above PIV site in antecub space- PIV was in hand- no hand swelling at PIV insertion site</td>
</tr>
<tr>
<td>10/5/2017</td>
<td>Educator/ Staff Concerns</td>
<td>Concerns regarding parents not wanting to feed malnourished pt. and prior CPS referral</td>
<td>mini case conference with Hospitalist and bedside nurse- will do SW and Dietitian Consult</td>
<td>Complex pt.- CP with Femur FX repair- doesn't tolerate feeds well and was having issues post op. Will have Dietician work with family on feeds and SW provide meal card as requested and f/u on prior CPS referrals. Pt. was determined to receive adequate nutrition. Safety Coach mentoring provided by CNS and Safety Coach Kuddos given to staff RN. Submitted safety moment to Quality Dept.</td>
</tr>
</tbody>
</table>
Internal Publications

- “Balloon Beat”
- Highlighting the work of one of the CNSs
- Opportunity to emphasize the CNS role

Ann Gosdin, Advanced Practice Nurse, Clinical Nurse Specialists, has always had a heartfelt tie to Children’s Health. Her father was a pediatric cardiologist in Amarillo, and through relationships he created with Heart Center team members, he has always believed children receive the best patient care here at Children’s Health.

Ann’s father felt so passionate about the Heart Center that he advocated to legislators about the importance of sending his patients to Children’s Health instead of a closer pediatric hospital.

“He didn’t want children sent to hospitals where they didn’t have the same expertise that we have at Children’s Health,” Ann explains.

Her father’s advocacy for quality health care inspired Ann to pursue a career as a pediatric nurse. She also credits her time as a volunteer at an Oklahoma City hospital as a defining moment in her decision to pursue a degree in pediatric health care.

Since joining Children’s Health in July 1998, Ann has worked in multiple departments including: Neurosciences, Trauma and Emergency Services, Radiology and Clinical Research where she helped conduct Clinical Trials with the Heart Center. Working with different departments in various roles has allowed Ann to better understand each departments’ needs.

“Unless you’ve been in another department, you don’t necessarily understand their workload or process. I help bridge that gap with departments and create easier communication,” Ann says about her current role as a Clinical Nurse Specialist at the Plano campus.

Clinical Nurse Specialists are advanced practice registered nurses, who hold graduate nursing degrees and are experts in a specialty. They provide support to team members, help...
CNS Professional Growth

- CNSs have ‘grown’ in the organization
  - CNS Director of Patient Education, Engagement, and CNSs
  - CNS as the Senior Director of Quality and Safety
CNS Contributions at Children’s Health

• Since 2008 our CNS team has made multiple positive contributions to our organization.
  • This list is not exhaustive, but is representative
  • Hospital Acquired Condition Committees
  • Civility
  • Process Improvement Leadership
  • Trach and Airway Program
  • Nurse and other clinician handoff
  • Nursing Workload Acuity
  • Nurse Resident Evidenced Based Practice Mentors
  • Patient Education (and Health Literacy)
  • Sepsis Pathway
  • ED Nurse protocols
  • Readmission prevention bundle
  • Escalation
  • Shared Governance
  • Magnet Program
Workload Acuity-Score Categories
Workload Acuity-Dynamic Dashboards
Nursing Assignment Wizard
Trach and Airway Program

Trach

1. Trach Journey Map
2. Trach manuals revised and updated
3. Trach stock updated
4. TRACH QI committee co-lead
5. Trach Education Rubric Development for families
6. In development: T-tube manual, Modified PEWS scoring for trach/vent population, trach tie evaluation, accidental decannulation
7. Airway Center-orienting with ENT inpatient/clinic

Professional Development
Activity Director for 4th International Tracheostomy Symposium GTC 2018
In development article: Multidisciplinary team approach Improves patient outcomes in tracheostomy patients: A Clinical Initiative
Civility Program Development

- **NACNS - San Antonio 2013**
  - Civility presentations from St. Vincent Hospital, St. Luke’s Episcopal Hospital

- **Magnet 2014 - Dallas Texas**
  - [www.stopbullyingtoolbox.org](http://www.stopbullyingtoolbox.org)

- **CNO conference call - March 2015**

- **Civility Program launched - 2016**
  - NICU Pilot
  - 3rd unit now in progress

- **System adoption of Civility program 2018**
  - Proactive approach
    - Education & setting expectations that match with our values
  - Intervention approach
    - In depth tools, assessment tools, training, & simulation
### Civility Dashboard

<table>
<thead>
<tr>
<th>Key</th>
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<tbody>
<tr>
<td><strong>RN Turnover</strong></td>
</tr>
<tr>
<td><strong>Total Turnover</strong></td>
</tr>
<tr>
<td><strong>Float Survey Average</strong></td>
</tr>
<tr>
<td></td>
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<tr>
<td></td>
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<tr>
<td><strong>Behavioral Essets</strong></td>
</tr>
<tr>
<td><strong>Unplanned Absence</strong></td>
</tr>
<tr>
<td><strong>Average RN Tenure</strong></td>
</tr>
<tr>
<td><strong>Intent to Stay on Unit</strong></td>
</tr>
</tbody>
</table>

#### Tier Level

- 2. The person I report to treats me with respect.
- 13. Physicians and staff work well together.
- 30. I respect the abilities of the person to whom I report.
- 31. I would like to be working at Children’s Medical Center three years from now.

#### Employee Opinion Survey (EOS)

- Survey; Self reported by unit Manager

#### Leadership Style

Survey; Self reported by unit Manager

#### Certified Nurses

Biannually; % of nurses (Magnet Pediatric average is 41.91%; Children’s Health 2015 target 52%)

#### % BSN

Biannually; % of nurses (Target is >80.0%)

#### % MSN

Biannually; % of nurses (Magnet Pediatric average is 4.5%)

#### % RN Role

Monthly

#### % Traveler

Monthly

#### % UAP Role

Monthly
Improved

- **Quality and Safety**
  - Reducing hospital acquired conditions
    - CLABSI
    - CAUTI
    - HAPI
  - Sepsis collaborative

- **Clinical care**
  - Readmissions
  - Standardized handoff

- **Nurse retention and satisfaction**

- **Patient satisfaction**
Executive Recommendations
Recommendations

• Effective communication is key skill
• Clarity of role essential
  • Lines easily blurred between CNS and clinical educator role
  • This was our biggest challenge!
• Clinical care and staff as primary focus
  • The CNS can easily become the “project or committee” person
  • Sage advice…I’ve seen it happen!
• Ensure flexibility in deployment – need based
• Peer groups
  • Important to maintain identity and promote collaboration
• Flex to fill an FTE, e.g., 3 CNS to fill 2 FTEs
  • This continues to be an opportunity for us
Recommendations

• **CNS Project Management**
  - Establish metrics early
  - Measure and report CNS impact

• **Create tools to report CNS ‘work’ and ‘contributions’**
  - Share on a regular routine

• **CNS engagement with Executives**
  - Socialize projects, progress, successes, and garner advice
  - Increase visibility and socialization of the CNS with Execs

• **Align to Organizational Strategic Initiatives and Goals**
  - Use the information to develop CNS program strategy – new projects and programs
  - Create goals that cascade through the CNS program and staff
Questions