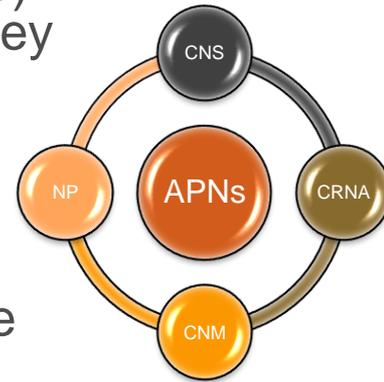


# Effective Clinical Nurse Specialist Role Integration

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# What is a Clinical Nurse Specialist

- Clinical nurse specialists are advanced practice registered nurses who have graduate preparation (Master's or Doctorate) in nursing. Like other advanced practice registered nurses, they are trained in physiology, pharmacology and physical assessment in addition to their particular areas of specialty.
- Clinical nurse specialists are leaders in health care.
- The clinical nurse specialist has been a part of the health care for more than 60 years. The profession has become widely accepted in the health care system.....significantly impacts the nation's economy by providing safe, low-cost, and effective evidence-based health care services.



# Clinical Nurse Specialists Practice

- Expert clinicians with advanced education and training in a specialized area of nursing practice who work in a wide variety of health care settings.
- A clinical nurse specialists' specialty may be defined by:
  - population (such as: pediatrics, geriatrics, women's health);
  - setting (such as: critical care or emergency room);
  - disease or medical subspecialty (such as: diabetes or oncology);
  - type of care (such as: psychiatric or rehabilitation); or
  - type of problem (such as: pain, wounds, stress).
- CNSs provide diagnosis, treatment, and ongoing management of patients. Also provide expertise and support to nurses caring for patients at the bedside, help drive practice changes throughout the organization, and ensure the use of best practices and evidence-based care to achieve the best possible patient outcomes.
- CNSs help design and implement interventions, and assess and evaluate those to improve overall health care delivery.

# CNS Roles

- 7 core competencies and behaviors (NACNS 2006-2008, Mayo 2010)
  - Direct care
  - Consultation
  - Systems leadership (competency to manage change and empowers others to influence clinical practice)
  - Collaboration
  - Coaching
  - Ethical decision making
  - Research
- 5 Broad sub-roles
  - Clinical practice expert
  - Education
  - Consultation
  - Clinical leadership
  - Research
- Three Spheres of influence
  - Patient, nurse, system

# Clinical Nurse Specialist

- **Role confusion stemming from chameleon-like abilities**
- CNSs have array of skills and knowledge and adapt to a variety of professional roles (direct care, educators, case managers, researchers, PI project leaders)
- Underutilization of advance knowledge and skills
- Need to be able to articulate role clearly and meaningful way (elevator speech, brochures, handouts, job description)
- Translate research into practice
- Lead transformation at the bedside (change agent)
- Implement change
- Collaborate to facilitate change with multidisciplinary team
- Need to demonstrate value CNSs bring to organization

# Role confusion - Identity crisis

- Variety of services CNS can provide may contribute to unique problems
- Unique problems
  - role definition, effective change management, prioritization and time management and demonstrating benefits to the organization

# CNS as Clinical Expert

- CNS is a clinical expert who uses influence to improve patient outcomes
- Lack of information in the literature about CNS impact on outcomes and cost of care
- Lack of data to demonstrate the effect of CNS practice on patient outcomes
- Most time in nursing activities, then patient/client (patient teaching, consultation and organizational
- Barriers differed based on years of experience, whom CNS directly reports and number of units covered.

# CNS Role

- CNS role may disrupt the status quo and may be perceived negatively by others.
- Difficulty understand the CNS role, this may lead to confusion and misuse of the role
- Organizations not familiar with CNS
- Integrating the CNS role in an established culture can be challenging.
- Magnet Organizations vs. Non-magnet organizations

# Barriers / Resistance

- Lack of understanding the role
- Reporting structure
- Lack of inclusion
- Perceived threat to others
- Territorialism
- Control
- Power, need of getting credit....
- Negative attitudes toward CNSs



- "A CNS is, by design, a deviant nurse-someone who thinks and acts differently....be kind and considerate, but persistent, as others will sometimes find your deviant thinking slightly irritating. Avoid the tyranny of consensus“
  - Fulton, J. “Secrets for a joyful life as a CNS”. Foundations of CNS Practice, chapter entitled

# Clinical Nurse Specialist

- The Clinical Nurse Specialist role is focused on improving patient outcomes through evidence based practice, research and empowerment of nurses at the bedside.
- The introduction of the Clinical Nurse Specialist (CNS) role can have significant impact on cultural transformation at any institution

# Integrate into culture

- Often misunderstood by nurses, leaders and physician
- Need to establish credibility
- Key component is how to represent the role so others understand the important aspects of CNS practice.
  - Clinical improvements
  - Evidence based practice
  - Nurse empowerment to effectively engage and empower bedside nurses to own their practice and effectively use EBP.

# Finding Your Place

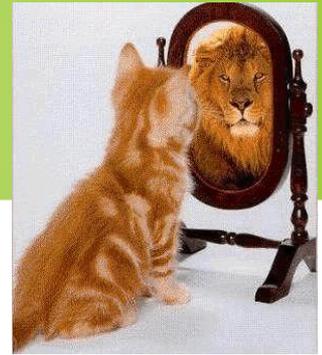
- First seek to understand the organization
- Understand other roles
- Understand the 'hidden politics'
- Who are the leaders, who are the informal leaders
- What is reporting relationships of CNSs

## Building Trust

- Offer solutions
- Do what you say you will
- Follow through, always deliver
- Follow up
- Build relationships



# Creating APN Friendly Culture



- “A marathon, not a sprint”
- Key Characteristics
  - Clarity (do not occur by chance, does not happen overnight)
  - Commitment (practice to full scope)
  - Communication
  - Collaboration
  - Credibility
  - Contributions
  - Confidence
  - Complexity
  - Courage \*



# Key Focus Areas

- Advance the Practice of Nursing
  - Advocate for nursing practice
  - Empower bedside nurses to develop collaborative relationships
  - Identify, design and support innovative evidence based interventions
  - Influencing the practice of nurses and the healthcare environment to support autonomous nursing practice
- Optimize patient outcomes
- Integrate research and evidence based practice within a specialty area
- Identify opportunity for change, challenge the process

# EBP Implementation Strategy, The Central Role of the CNS

- Hospital of Univ Penn (HUP) integrate role of CNS in implementation of EB care and role of organizational change agent
- Advancing the role of CNS as clinical leader and disseminator of knowledge
- Environment conducive to supporting and sustaining EBP
- CN Mentoring in critical thinking and process improvements
- Complex patient management
- CNS role is cornerstone of EBP utilization and implementation of best practice guidelines on the unit and organizational level

# Key Strategies



- Focus on EBP [and Research if comfortable]
- Interact with shared governance teams
- Work with nurses on the units
- **Focus on Clinical Visibility**
- Practice elevator speech, help others understand who you are and what do
- Find unmet opportunities
  - Find the Gap!!
  - What others are avoiding
- Align with strategic goals
- Focus on outcomes

## **Data, data, data**

- Access to data systems
- Incident reports
- Quality
- Ask others what data they are receiving and see if it would be useful to you
- Be persistent

# Value to organization

- Need to demonstrate value CNSs bring to organization
- Dashboard/Spreadsheet
  - Track your work, activities
- Annual performance goals that include measurable outcomes to use as evidence of contribution to organization



# Demonstrating your worth/value

- NACNS Outcome tool
- Structure, Process, Outcomes
- CNS Outcomes
  - Important to track Outcomes related to CNS practice
  - Quantify quality improvements
  - Impact on professional development of RNs
  - Quantify revenue generation, cost savings and cost avoidance related to CNS initiatives
- Time spent on activities that do not advance some purpose are taking value away.
- CNSs need to focus on activities that influence outcomes, not just on process activities
- More research needed especially on fiscal outcomes and further define CNS value, articulate value in improving in clinical and fiscal outcomes to patients.



# Linking CNS Practice to Clinical Outcomes

- Cost avoidance
- Revenue generation
- Decrease in HACs
  - CLABSI, CAUTI, VAP, NVHAP, SSI, Falls, HAPI
- Improvement in Patient Outcomes
  - Sepsis mortality, nutrition (TPN reduction)
  - Delirium, Mobility, Complications
- Transitional care
- Accountable care organizations
- Effective product evaluation

