CNSs Rise: President’s Webinar to Kickoff CNS Recognition Week

Speaker: NACNS President, Jan Powers, PhD, RN, CCNS, CCRN, NE-BC, FCCM
Celebrating the 12th Annual Clinical Nurse Specialist Recognition Week

Jan Powers, PhD, RN, CCNS, CCRN, NE-BC, FCCM
President
National Association of Clinical Nurse Specialists

Clinical nurse specialists Rise with Vision, Voice, Visibility and Value

Jan Powers, PhD, RN, CCNS, CCRN, NE-BC, FCCM
President
National Association of Clinical Nurse Specialists

Disclosures

• This nursing continuing professional development activity was approved by Montana Nurses Association, an accredited approver with distinction by the American Nurses Credentialing Center's Commission on Accreditation.

• There is no conflict of interest for anyone with the ability to control content of this activity.

• To earn contact hours, participate in the webinar or watch the recording and complete the evaluation.

• For those who watch the recording, contact hours are available through 09/1/2022.
Objectives

• Understand the importance of CNS practice in today’s healthcare environment.

• Discuss key strategies for the Clinical Nurse Specialist to rise and elevate their practice.

• Describe how the CNS can demonstrate their value.
Welcome to CNS Recognition Week

NACNS celebrates CNS Week to recognize CNSs and the profession beginning on September 1st.

Happy Birthday and Thank You Hildegard Peplau RN, Ed.D. (1909 – 1999), the founder of the CNS role!

NACNS celebrates 26 years

The CNS role now has over 89,000 CNS practicing in the US
Clinical Nurse Specialists
Importance of CNS practice in today’s healthcare environment

• CNSs coined as the most versatile and valuable role in healthcare today.
• CNS role continues to be essential in healthcare.
• CNS role has never shined more brightly than through the pandemic 2020 and continuing into 2021.
• Facilitates implementation of EBP into practice.
• Provide expert specialty care across all three spheres of impact.

Clinical nurse specialists (CNSs) consistently and continuously improve patient outcomes and prevent adverse events.

- Provide direct patient care.
- Contribute to important system wide changes to improve quality and decrease cost of care.
- CNSs need to focus on 4 V’s: vision, voice, visibility and value.

Vision

• A mental image of what you want in the future typically based on your aspirations, the essence of where you want to take your practice and inspire others to achieve your personal, professional or organization vision.

• Individual CNSs should have their own vision.

• Shared vision we will move forward and be stronger.

• At NACNS, we continue to strive to advance the unique expertise and value of the CNS in healthcare.

To achieve our vision, we must leverage our voice, be visible and demonstrate our value.
NACNS Goals

**Elevate**
Increase the visibility and value of the CNS

**Grow**
Transform NACNS into an organization that attracts and engages members

Committee charges developed to achieve these goals
We need to use our voice to influence legislative efforts.

We need to influence schools of nurse, influence chief nursing officers (CNOs) and administrators to hire more CNSs.

Use voice to share your viewpoints, share your ideas and engage others.

Always share your role and how you can impact patient care with others.
Individual responsibility

hi, cna you update me on the second haf of the day once she has her lunch and if she is tolerating ok, so i can dc her,

thanks.
11 mins

I am the Clinical Nurse Specialist for Surgical ICU and 5 Surgical. I sign in for all the units I support for clinical questions or needs that I can answer or help with such as drain management or removal etc. I will reach out to the Patient Care Technician and Nurse to let them know what you need. Thank you, Janette

9 mins

oops sorry and thankyou
8 mins

No worries, As an Advanced Practice RN I love to collaborate with other providers as well to help improve our patient outcomes and nursing practice. Please feel free to reach out to me anytime :)

you are awesome, thankyou ️

Now
NEW TASK FORCES

Diversity, Equity and Inclusion

AACN Essentials

Future of Nursing response
We must be visible at the local, regional and national level.

CNSs are visible when caring for patients regardless of setting.
  • Visible on the units, help nurses understand the CNS role and how you assist with complex patient care.
  • Visible to demonstrate how we advance nursing and improve patient outcomes in multiple settings.

Academic setting so students, professors and deans can see the valuable role of the CNS.
  • Visit your local schools of nursing, talk to students about CNS role and future opportunities, become adjunct faculty or offer to teach a class at your local university, so you can expose undergraduate students to the CNS role.
  • Raise the importance of CNS role with professors and deans so they can see the value.

In practice with administrators, who need to support and advocate for the CNS role and relay the need to local universities.

CNSs must be visible on boards, not only nursing boards such as NACNS or your local affiliate, but also other specialty organizations as well.

Advocacy and policy arena, be active with legislative efforts, partner with other APRNs, offer CNS expertise.
  • Reach out to your legislators, this is a unique opportunity to develop relationships and help them understand the unique qualities of a CNS as an APRN.
National Visibility

Legislative efforts... locally and nationally

NCSBN SWOT – Leg/Reg representative

We must have a ‘seat at the table’

AACN Essentials, reshaping graduate education. “Advanced Nursing,” not limited to APRN
ANA Scope and Standards of Nursing Practice

Success Story: The CNS As Credentialed Provider

The University of Virginia Health (UVA Health), serving the Greater Charlottesville/Albemarle region of Virginia, took the important step this month to validate its 14 clinical nurse specialists (CNSs) as “credentialed providers.” This step formally recognizes CNSs as Advanced Practice Registered Nurses (APRN). UVA Health System includes a 631-bed hospital, level I trauma center, nationally recognized cancer and heart centers and primary and specialty clinics throughout Central Virginia.

Taking outcomes to the next level

The clinical nurse specialist as a partner in changing practice

By Andrea Shireski, DNP, RN, ACNS-BC, GEN, CPEN, Tracy Phillips, MS, RN, AGN-BC, Jeannie Bollinger, MSN, RN, ACNS-AG, CCRN-K; and Valoree Hooper, PhD, RN, CPAN, FAAN, FASPN

Building a Renowned Clinical Nurse Specialist Team

Recruitment, Role Development, and Value Identification

Erica Fischer-Cartledge, DNP, RN, CBCN, AOCNS III Nancy Houlihan, MA, RN, AOCN III Kevin Browne, DNP, RN, CCRN

Florence Nightingale: Visionary for the Role of Clinical Nurse Specialist

Jennifer H. Matthews, PhD, RN, A-CNS, FAAN
Phyllis B. Whitehead, PhD, APRN/CNS, ACHPN, RN-BC, FNAP
Cindy Ward, DNP, RN-BC, CMSRN, ACNS-BC
Marion Kynar, MSN, RN, CNS
Terri Crowder, DNP, RN, CNS, ACNS-BC, CCRN

From shadow to change agent: Revitalization of the clinical nurse specialist role

Emily Brooks DNP, RN-BC
Use of Evidence-based Practice Models and Research Findings in Magnet-Designated Hospitals Across the United States: National Survey Results

Karen Gabel Speroni, PhD, RN, BSN, MHSA, Maureen Kirkpatrick McLaughlin, PhD, RN-BC, NEA-BC, Mary Ann Friesen, PhD, RN, CPHQ

- Nursing leadership
- Sharing and disseminating findings
- Engaged nurses; educating nurses
- Shared governance
- Strong CNO
- PhD-prepared nurses
- Nursing research and EBP council
- Mentors
- Communication and collaboration
- Funding
- Culture of inquiry
- Time
- **CNS/APN library support**
- Institutional support
- Being a Magnet facility
National Provider Identifier

Registered User Sign In
Log in to view/update your National Provider Identifier (NPI) record.

User ID
I&A User ID, used to access NPPES, EHR & PECOS

Password

SIGN IN
FORGOT USER ID OR PASSWORD?

Create a New Account
You need an Identity & Access Management System (I&A) User ID and Password to create and manage NPIs.

Individual Providers, Organization Providers, Users working on behalf of a provider
If you don't have an I&A account, need to update your existing I&A account, or don't remember your User ID or Password, select the CREATE or MANAGE AN ACCOUNT button below to go to I&A.

Once you have successfully created your I&A account, your existing Type 1 NPI will be associated with your I&A account.

After successfully creating your I&A account, return to NPPES and use your I&A User ID and Password to log into NPPES where you can create and maintain the NPI data associated with your provider(s).

CREATE or MANAGE AN ACCOUNT

https://nppes.cms.hhs.gov/#/

Reed, S. Clinical Nurse Specialist, CNS week webinar 2020
Reed, S. Leg/Reg Column, Clinical Nurse Specialist, 2021, May-Jun 01;35(3):119-128
NACNS Visibility

Have CNS representatives on 22 External Organizations / Committees / Task Forces.

We are present at legislative committees.

We have convened task forces to assure CNSs are represented and will have a voice.

• AACN Essentials
• Future of Nursing Response
## NACNS representation

### Legislative/Regulatory
- APRN Workgroup
- APRN Stakeholder (Emergency as a specialty)
- American Nurses Association (ANA) Organization Affiliate
- Coalition to Stop Opioid Overdose (CSOO)
- Home Health and Hospice Coalition
- LACE Network
- LACE Steering Committee
- NCSBN
- NCSBN SWOT
- Nursing Coalition Community (NCC)
- Partnership To Fight Chronic Disease (PFCD)

### Practice Related
- Advanced Practice Provider Executive Leadership (APPEX)
- APRN Stakeholder (Emergency as a specialty)
- AVA Clinical Guideline Development Representative
- ENA Research Committee
- Interagency Collaborative in Nursing Statistics (ICONS)
- International Collaborative of CNSs (NACNS & CNS-C)
- Gerontological Advanced Practice Nurses Association (GAPNA)
- Patient-Centered Outcomes Research Institute (PCORI)
- Quality and Safety Education for Nurses Committee (QSEN)
- Respiratory Compromise Institute (RCI)
- AWHONN Perinatal CNS Competency Work Group
What can you do?

- **Continue** to represent as a CNS regardless of your current role/title
- **Advocate** to leaders for the need for a CNS
- **Encourage** others in the role of the CNS – make your own succession plan
- **Continue** to demonstrate your outcomes (more in value)
- **Advocate** locally for legislative efforts
- **Join** with other APRNs
- **Help** other APRNs understand the role of the CNS (synergistic not competitive)
29-1140 Registered Nurses

Assess patient health problems and needs, develop and implement nursing care plans, and maintain medical records. Administer nursing care to ill, injured, convalescent, or disabled patients. May advise patients on health maintenance and disease prevention or provide case management. Licensing or registration required. Includes Clinical Nurse Specialists. Excludes "Nurse Anesthetists" (29-1151), "Nurse Midwives" (29-1161), and "Nurse Practitioners" (29-1171).

Illustrative examples: Coronary Care Unit Nurse, Hospice Registered Nurse, Psychiatric Nurse
Website Updates

CALL FOR PHOTOS
We know the value of the CNS role – we cannot keep this to ourselves!

Demonstrate our outcomes and value to our local administrators and to our community.

CNSs are very well versed in identifying quality improvements.

Cost, benefit analysis and ROI calculations should become a primary competency for CNSs, not an afterthought.

More than “I’m just doing my job”

Publish your outcomes, your quality improvement projects, your research, not only in CNS journals but also in other journals focused on management and administration.
4-Elements Promote the Value of the CNS Using the Value Equation

CNS Value = \frac{\text{Quality} + \text{Safety} + \text{Service}}{\text{Cost or Resources}}

Reed, S. NACNS Webinar, September 2020
Use CBA, ROI or revenue generation

Dashboards
Scorecards
Portfolios
Outcome tracking tools
### Outcomes:

<table>
<thead>
<tr>
<th>Outcomes</th>
<th>Quality/Financial</th>
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<tbody>
<tr>
<td>Reducing Employee Injuries</td>
<td>In-Patient CCU</td>
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<td>CVICU</td>
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<td>Echo</td>
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<td>Out-Patient Cardiac</td>
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<td>HF Clinic</td>
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<td>Pre/Post</td>
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<td>Decreasing Patient Falls</td>
<td>In-Patient CCU</td>
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<td>CVICU</td>
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<td>PHI-4</td>
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<td>All</td>
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<tr>
<td>Decrease CAB readmission rate (all payer)</td>
<td>National ave. ≥13.80 Facilities</td>
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<tr>
<td>Decrease heart failure readmission rates</td>
<td>National ave. ≥21.00 Facilities</td>
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<td>Decrease HAPI</td>
<td>In-Patient CCU</td>
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<td>CVICU</td>
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### Precedent Development Activities:

- **VLBW Admission Hypothermia**: Decreased from 46.3% to 19.3% from 2017 to 2018.
  - Implemented bag and thermal mattress at 32 weeks instead of 28 weeks
  - $13,000 annual cost saving

- **Implemented IV Tubing** Change Frequency from Q24hrs to Q72hrs
  - $5,000 annual savings

- **Changes Oral Care to best-practices**: Breastmilk or sterile water instead of biotene

- **Received Foundation grant for Giraffe Shuttle ($18,142.00)** to help decrease admission hypothermia and IVH

- **Created and implemented a Golden Hour Checklist**

- **Repealed rule that gloves had to be worn with all patient contact**
  - $9,400 annual cost

- **Decreased Chronic Lung Disease in VLBW patients <33 weeks by 10.5% from 2017 to 2018. Ongoing efforts**

- **Updated "Golden Hour" practices and attended all possible Golden Hour deliveries to decrease IVH**
  - Decreased severe IVH rate by ~3% from 2017 to 2018 (12% to 9%)

- **Changed out Nice N Clean Diaper Wipes for Pampers sensitive to improve diaper rash and dec. cost (20$205 annual cost savings)**
Average cost for one-day inpatient stay at nonprofit hospitals in the US is $2,346\(^1\). Based on this data if LOS opportunity could achieve even a 25% decrease, this could save over 2 million dollars ($2,443,593.60) and open more beds to assist with our increasing capacity issues.
Population Outcomes

Situation

- Unwarranted variation in care of patients with tracheostomy patients.
- Tracheostomy is a low volume, high risk procedure with increased cost of care.
- Patients with tracheostomies are admitted to multiple units throughout the hospital.
- Nurses have variable levels of competence in caring for these high-risk patients.
- Hospital length of stay is longer than national average with increased mortality, complications, and cost of care.

Strategy

- Interdisciplinary collaboration with physicians, nurses, respiratory therapy, speech therapy, and bedside care teams to identify opportunities for improvement.
- Develop standard practice for patients with tracheostomy including procedures, standards of care, ordersets, and training for bedside caregivers.
- Care management strategy with Clinical Nurse Specialists implemented.
- Monitor key performance indicators & provide feedback as needed.

Outcomes

- Patients with tracheostomy procedures
  - Improved outcomes for mortality, length of stay, complications & cost of care
  - On average, patients went home 2-3 days sooner
  - Prevented 12 deaths
  - Prevented 14 patients from acquiring complications
  - Prevented 8 readmissions in 2020
- Total Cost of Care Reduction: $2,245,733

Powers, J. Unpublished data. May not be used or reproduced in any format.
2021
ANNUAL REPORT

Fiscal Year of July 1, 2020 – June 30, 2021
Membership on the RISE

Time period: July 1, 2020 - June 30, 2021

2021 Final Membership Count
1,835

NACNS Monthly Membership Growth

Month & Year
Jul-20, Sep-20, Nov-20, Jan-21, Mar-21, May-21
2021 Annual Conference

- 63 CE's Offered
- 230 Recordings watched
- 65,000 Views

- 26 Webinars in 2020–2021
- 944 Webinar Recordings Watched
- 29.25 CE's Offered
- 10.50 Pharma Hours Offered
- 944 CE Certificates Generated
2021 CNS Institute Board of Trustees

Chair: Sharon Horner, PhD, APRN, FAAN
Treasurer: Susan B. Fowler, PhD, RN, CNRN, CRRN, FAHA, FCNS
Trustees: Tracy B. Chamblee, PhD, APRN, PCNS-BC, AE-C, CPHQ, CPPS
Scot Nolan, DNP, RN, CNS, CCRN, CNRN, FCNS
Maureen A. Seckel, MSN, ACNS-BC, CCNS, CCRN, FCCM, FCNS
Heather A. Shattuck, DNP, APRN, CCNS, ACNP-BC, FCNS
Kathleen Zavotsky, PhD, RN, CCRN, CEN, ACNS-BC, FAEN, FCNS

Strong relationship with NACNS
• Video competition
• Research Grants
• Fellowship Program - 55 inductees
• Advocacy Grants
Excerpt from Fr. Graham’s inaugural address: Scholars, saints, and citizen servants

September 8, 2001

“A university is a noble place....

Intellectually, morally and spiritually; rigor and compassion, solidarity and service; learning, virtue and character: these would be mere words and Xavier’s mission would be merely more words if they did not rise up somehow from our own common character. Let us rise up somehow from our own common character. Let us rise up then, you and I – rise up as the hopes within our hearts rise up, rise up the ways these visionary words rise up within our souls, rise up and out of this broken but blessed world of ours like the prayers our hearts send ever up to heaven.

Let us rise up now, you and I, and make of this special place something, far more special still.”
CALL TO ACTION

RISE, use your voice to advocate for the role and discuss with others

RISE and be visible

RISE and show your value

Recruit new CNSs, work on your own succession plan
MORE CNS WEEK ACTIVITIES.....

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<tr>
<th>Action</th>
<th>Description</th>
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<tbody>
<tr>
<td><strong>Watch out</strong></td>
<td>Watch out for NACNS communications on Twitter, Facebook, and LinkedIn, and share!</td>
</tr>
<tr>
<td><strong>Share</strong></td>
<td>Share your activities and photos of your CNS week celebrations on social media using #CNSWeek and tagging @nacns on Twitter, Facebook and LinkedIn.</td>
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<tr>
<td><strong>Spread</strong></td>
<td>Spread the word about CNS Week with NACNS swag. Encourage your fellow CNSs to wear NACNS branded materials too!</td>
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<tr>
<td><strong>Change</strong></td>
<td>Change your email signature line to include a line about CNS Week.</td>
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<tr>
<td><strong>Ask about</strong></td>
<td>Ask about having the CNS Week logo posted on your hospital or health system’s Website, or use our graphic examples</td>
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<tr>
<td><strong>Draft</strong></td>
<td>Draft a short article about CNS Week and the history of the CNS on your social media or your health system’s internal newsletter.</td>
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<tr>
<td><strong>Join</strong></td>
<td>Join the movement and become an advocate by becoming a member of NACNS. Encourage your colleagues to do the same!</td>
</tr>
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Twitter

Be sure to use the twitter handle @nacns when mentioning NACNS.

The 12th annual @NACNS #CNSWeek starts September 1-7! The entire week will be dedicated to the theme, RISE of the CNS. If you are proud to be a CNS, join the celebration and spread the word.

It's #CNSWeek, which means September 1-7 will be all about celebrating you and the contributions you have made to improve health care and health care delivery as a CNS! Check out the @nacns website to find out how to join the celebration. https://bit.ly/3iX13xp

Facebook/LinkedIn

Below are the recommended LinkedIn and Facebook posts for CNS Week. Since LinkedIn and Facebook allow for longer-form content, we encourage you to personalize the posts to your experience and interest in NACNS and CNS Week. Posts with images perform better on social media channels; please use the image below with the suggested posts to increase the amount of engagement.

The 12th annual National Association of Clinical Nurse Specialists (NACNS) CNS Week starts September 1-7! The entire week will be dedicated to the theme, RISE of the CNS. If you are proud to be a CNS, join the celebration and spread the word.

It's #CNSweek, which means September 1-7 will be all about celebrating you, bringing attention to the CNS role, and for hospitals and health care systems to pay tribute to the valuable part CNSs play in health care and health care delivery! Check out the NACNS website to find out how to join the celebration. https://bit.ly/3XPXWhZ
Facebook Frame

NACNS has created a Facebook frame dedicated to CNS Week! Show off your CNS Pride by adding this to your profile picture!

1. Go to your profile on the Facebook app and tap “Edit” on your profile picture. Then tap “Add Frame.” Or Go to facebook.com/profilepicframes.

2. Search for “NACNS” frames.

3. Choose the NACNS CNS Week 2021 frame from the search results. If it does not fit, try zooming in or out to resize your photo to the frame, or choosing another photo.

4. Click “Use as Profile Picture.”
Accomplishments
2021 since conference

• New affiliate – Armed services affiliate
• New awards 2021 – Rising Star and Armed Services Award
• New CNS programs
• New committees and Task Forces
  • Essentials
  • FON
  • Continuing education committee
• Bylaws being updated
• Website Updates
Upcoming Events

First Ever Town Hall Meeting

Fall Summit

Inaugural APP week

Annual Conference
First EVER NACNS Town Hall

• We want to hear from you...

• Mechanism to have more dialogue with members

• Open dialogue with the President and Board of Directors

• Provide feedback, input and suggestions
• Nominations for board of directors opens September 1st

• Nominate a colleague for an Award
  - Nominations open in September

• Become involved with an Affiliate

• Become involved with a NACNS committee or taskforce
Call for Nominations

- Call for Nominations: September 1st – 24th

- Open Positions:
  - President Elect (1)
  - Board of Directors (3)
  - Nominating Committee (4)

- Apply on NACNS Website
  - Click on “2022 Call for Nominations”

- Questions?
  - Email Jennie Matays: jennie.e.matays@kp.org
NOW VIRTUAL....

NACNS
2021 Fall Summit
Education and Policy Forum • October 5-6, 2021
March 15–17, 2022
Baltimore, MD
Thank you to each of you for your ongoing commitment to the CNS role in all that you do.

Your commitment to your hospitals, universities, other facilities you serve.

Thank you for your commitment to your CNS affiliates and NACNS.

One person can make a difference!

If we all commit and join together with a shared vision, use our voices, be visible and demonstrate our value, CNSs will Rise.