Internal Marketing of the CNS Role: Showing Your Impact

Co developed with Lianna Z. Ansryan MSN, CNS, PHN, RN-BC

& Marcia S. Cornell MSN, APRN-CNS, RN, ACNS-BC, NPD-BC, CEN, TCRN

Kathleen Vollman
ADVANCING NURSING THROUGH KNOWLEDGE & INNOVATION

Kathleen M. Vollman MSN, RN, CCNS, FCCM, FCNS, FAAN
Clinical Nurse Specialist / Educator / Consultant
ADVANCING NURSING
kvollman@comcast.net
Northville, Michigan
www.vollman.com

Objectives

- Discuss internal marketing strategies for the CNS role
- Apply cost analysis tools and CNS competencies to demonstrate CNS impact
- Formulate a CNS impact marketing plan to demonstrate value and impact

R for Today

Reset

Life after a Crisis

Life is about how much you can take and keep fighting, how much you can suffer and keep moving forward.~ Anderson Silva

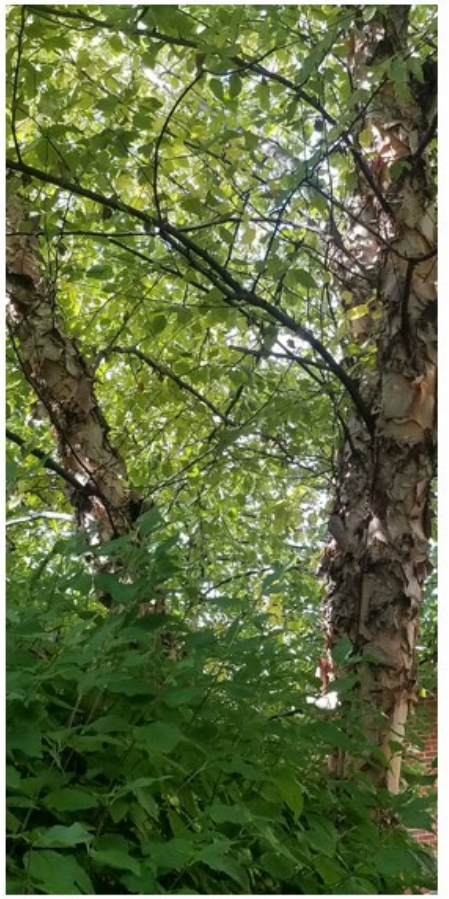
Don’t dwell on what went wrong. Instead, focus on what to do next. Spend your energies on moving forward toward finding the answer. ~Denis Waitley

If everyone is moving forward together, then success takes care of itself. ~Henry Ford

One day? Or day one. You decide.

Situation

- CNSs are invisible champions
- Sometimes the role is not well understood
- Lack of Administrative understanding of the role & impact or outcomes
- CNS contributions missed or overlooked
- Lack of standardized job descriptions
- Lack of CNS job performance standards



Bruwer & Little, 2020 Able & Carter-Templton, 2020

Background

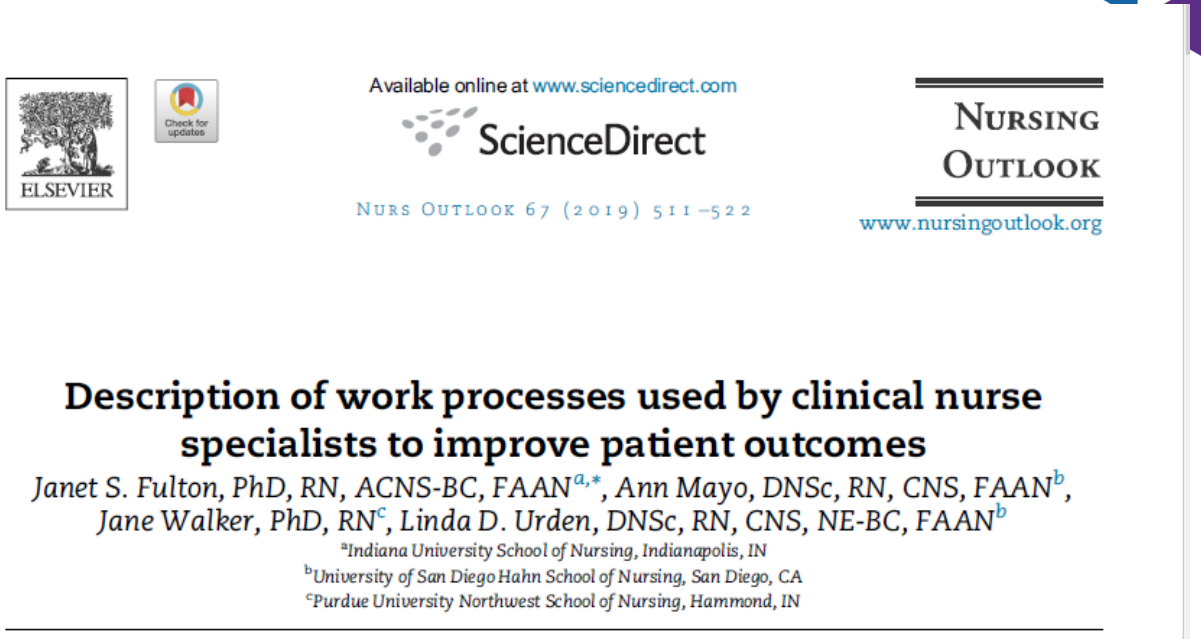
- The Clinical Nurse Specialist is uniquely qualified
- Lead evidence-informed process improvement initiatives
- Ensure quality cost-effective patient outcomes
- Support nursing practice
- Optimize system processes

↑Quality
↑ Safety
↑ Revenue

CNSs are challenged with demonstrating their value and impact.

Describing CNS Work

- Articulation work
  - Intersections between people, technology & organizations
  - **Largely invisible**
- Situating Work (CNS Work)
  - Beginning with end in mind
  - Garnering resources
  - Aligning evidence / data
  - Tailoring strategies
  - Managing teams
  - Developing skills in staff
  - Energizing forward movement
  - Monitoring progress
  - Meeting the challenges of resistance



Work Processes for Achieving Project Outcomes

We need to “unveil the mystery and shine the light on CNS contributions to patient care, quality and safety initiatives, systems thinking, nursing practice and population health management.”

Bruwer & Little, 2020

Role Considerations: Creating Consistency

- Job Description: Considering evaluating various roles in nursing to prevent confusion and dilution of the CNS role
- CNS standard work developed from CNS Competencies
- CNS orientation:
  - Novice/experience CNS need consistent orientation to ensure that all in the role have the same knowledge base from an agreed upon set of role expectations (Urden LD. CNS journal, 2011: Jan-Feb:18-27)
- CNS evaluation:
  - Structure beyond general organization expectation & based on 3 sphere of impact competencies
  - Consider structuring your narrative or designing to match your outcome structure

Significant variation creates confusion

KMV

CLASSIFICATION COMPARISON

Classification Description	Clinical Nurse Specialist	Clinical Nurse Consultant	Clinical Care Coordinator	CN IV	Nurse Practitioner	Manager, Clinical Nursing	Supervisor, Clinical Nursing	CN III	Educational Nurse Specialist	Education Coordinator
Basic Function & Responsibility	~ Provide expert & complex clinical nursing and health care to specialized group of patients ~ Function as hospital wide & community consultant. ~ Develops & monitors implementation of new nursing practices. ~ Exercises clinical nursing leadership through practice, staff development & research	~To serve as a nursing consultant to a clinical area, the hospital or health care community. ~ To provide clinical nursing leadership in administrative, educational & research activities	~ Provide expert nursing care in **multiple units to a specified patient population,** ~ To **design** and coordinate nursing care programs for multiple units to a specified patient population Provide instruction and **consultation** to members of the health care team	~To provide expert direct primary or specialty health care to patients ~To provide health education information to patients and to provide educational experiences for health care professionals	~To provide direct primary or specialty health care to patients in acute inpatient &/or outpatient settings ~To provide health education to patients and to provide educational experiences for health care professionals	~To plan and manage the nursing service operations of several clinics or units ~To coordinate patient care programs between clinics and units and other Medical Center services Implement standards of patient care	~To plan & manage nursing service operations of a patient care unit in a multi-unit structure ~To participate in the implementation of patient care and quality assurance standards **To plan**, organize and **evaluate specified clinical practice and education activities**	~To provide expert nursing care to a specific population through **the design and development** of unit based programs ~To assess and meet the educational needs of a specific patient population ~To provide and demonstration of the clinical nursing role through direct patient care and consultation to nursing and other health care team staff	~To plan and implement nursing educational programs for orientation, in-service education and staff development ~To assess educational needs of nursing staff Advise nursing management on educational goals & objectives.	~**To design** and implement unit, clinical area or hospital orientation and in-service education programs. ~**To assess** and meet the orientation and in-service needs of nursing staff To assist in the design and implementation of staff development programs
Productive & non Productive time	100% non-productive time		100% non-productive time	100% non-productive time	100% non-productive time	100% non-productive time	Productive time varies between 20% - 50%	Non-productive time/discretion of the Manager	100% non-productive time	20% non-productive 80% productive
Educational Level	~ Masters in Nursing ~ 3 or more years as RN with one or more years in clinical specialty	~ Masters in Nursing ~ 5 or more years as RN, 2 post graduate	BSN & 3 or more years as RN	~ **BSN or equivalent** combination of education & experience **(How is that measured or determined)** ~ 3 to 4 years of experience in the clinical specialty is necessary	~ A Masters degree in clinical nursing or equivalent combination of education and experience is necessary **(How is that measured or determined)** Graduation from a ~ Nurse practitioner continuing education program is necessary ~ Certification by the appropriate credentialing	~ BSN or equivalent combination of education and experience is necessary **(How is that measured or determined)** ~ Reasonable progressively responsible nursing experience is necessary. **(How is that measured or determined)** ~ Some knowledge of management principles and practice is necessary **(How is that**	~ BSN or equivalent combination of education and experience is necessary **(How is that measured or determined** ~ Reasonable progressively responsible nursing experience is necessary. **(How is that measured or determined)** ~ Some previous supervisory experience is necessary	~ BSN or equivalent combination of education & experience **(How is that measured or determined)** 2 or more years of experience in nursing	~ master's degree in nursing, education **or a related field if necessary** ~ 2 or more years of nursing experience as an RN is necessary. ~ 2 or more years in educational programming is necessary	~ BSN or equivalent combination of education & experience **(How is that measured or determined)** ~ 2 or more years in nursing experience is necessary

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Significant variation creates confusion

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Polling Question

- Have you created standard CNS work in your organization ?

A. Yes
B. No
C. Somewhat
D. I don’t know

Standard Work

- Standard Work: Current best practices for performing a process
- How to:
  - Engage CNSs and stakeholders in the development process.
  - Encourage team members to collaborate and identify the current best practice (if one does not currently exist)
  - Be realistic for current state of the process
  - Standard work should support organizational goals
  - Guide through the creation and provide final feedback / approval

How can we make standard work of the CNS more actionable

Examples of Standard CNS Work

- CNS standard work is developed from CNS competencies
  - Assist staff with complex patient management
  - Process improvement in partnership with nursing staff and or Interprofessional team (i.e., Nurse Sensitive Indicators, sepsis program, workplace violence)
  - Recommendation/implementation of evidence-based processes & products/practices
  - Certain types of education
  - Journal club
  - Clinical rounding
  - CNS function in orientation process

https://nacns.org/professional-resources/practice-and-cns-role/cns-competencies/

Polling question

- Did you have a structured onboarding to your position?

A. Yes
B. No

Orientation Structure

- Lack of defined transition pathway can contribute to role confusion and anxiety for the novice CNS
- Mentorship from experienced CNSs facilitates transition
- Transition to practice must be:
  - Deliberate
  - Focused on Advanced Practice – CNS competencies
    - Self-assessment
  - Separate from staff nurse orientation
  - Foster ability to articulate impact on outcomes
    - Patient – Nurse – System

Consistent Operationalization of Role

(Able & Carter-Templeton, 2020)

Pros:

a) Thorough
b) Face time with key stakeholders
c) Individualized to practice setting/population
d) Regularly reviewed with mentor and director during onboarding

Cons:

a) Lengthy
b) None of the individuals on the list help a CNS show their value (i.e. quality team, business development, data, strategic planning)

Clinical Nurse Specialist:	Lianna Ansryan, MSN, RN-BC, PHN, CNS
Employee ID Number:	903636503
Unit/Department:	Center for Nursing Excellence
Hire Date:	6/17/2019
Supervisor:	Lee Galuska
Program:	Geriatric Psychiatry
Preceptor(s):	Diane Oran, Patty Sheehan, Erika Lozano

Initial Encounter – Days 1 – 3	Employee Initials	Reviewer/ Preceptor Initials	Comments
1. **Initial Meeting with Executive Director, Center for Nursing Excellence: Date: June 25, 2019, 11:30-12:30** ☐ Review of the following: ✓ Orientation Checklist ✓ Job Description/Job Specific Orientation Signed ✓ Work Week Schedule ✓ Timesheet/ Payroll Calendar ✓ Dress Code – Business/Business Casual; scrubs ✓ Set goals and expectations ✓ Talent Plus Feedback Card ✓ Performance Expectation/Evaluation Process Review ✓ Reviews 30-day, 60-day, 90-day, and monthly thereafter for first 12 months ✓ Next evaluation date: December, 2019	LA	LG	
✓ Complete the following: ✓ Competency Assessment ✓ HR Regulatory Requirements Report	LA	LG	
2. **Meet with Assistant to the Executive Director** Karyn Greenstone**: Date: June 25, 2019, 10:30-11:30** Obtain from new CNS: ✓ Cell phone number ✓ Emergency Contact Info (Everbridge)	LA	LG	Completed 6/25/2019
✓ Review with new CNS: ✓ Office location/hoteling space ✓ Desk, chair, phone, computer, office supplies ✓ Mednet navigation	LA	LG	Completed 6/25/2019
✓ Assist CNS to obtain: ✓ Parking/parking pass ✓ Keys for office/building ✓ Access to W:// drive, Box, Prox (employee card) ✓ Tableau access ✓ Duo ✓ Scanner and printer access	LA	LG	Completed 6/25/2019

Polling Question

- Does your current yearly performance appraisal capture what you do as CNS?

A. Yes
B. No

CNS Evaluation

- 3 spheres/structure
- Evaluates Advanced Practice – CNS competencies
  - Skill – Knowledge - Ability
- Incorporate into yearly organizational performance
- Current work of CNS captured in free text
- Peer appraisal
- Staff evaluation

Clinical Nurse Specialist Performance Evaluation Rating Descriptions

The following rating descriptions are examples of the behaviors employees would be demonstrating at each of the four levels of performance. These examples should assist the supervisor and employee during the performance evaluation discussion in identifying the current level of performance. In addition, this should assist is describing what additional behaviors the employee would need to demonstrate to achieve a higher rating.

Behavior/Standard Sphere of Influence	Not Met	Approaching	Solid Performance	Exemplary
Direct Care	*This category is used when employees have consistently not met their job expectation over the course of the last fiscal year. It would be expected that they would have been counseled on the issues that have lead to this rating.*	*This category may be used for two purposes. One to indicate performance issues that need attention, the other is to indicate performance for a new hire or someone with a new job role who has not been in the position long enough to fully evaluate performance.*	*Fully capable, effective and provides value for the organization & serves as a role model. The CNS must meet these criteria to be considered for solid performance.*	*Meets and often exceeds Solid Performance criteria while actively mentoring, performing innovative work and is considered the "go to" person, plus:*
	Programs/policies/procedures are not reviewed or developed.	Requires assistance in reviewing/developing programs/policies/procedures for specific patient population using evidence-based literature.	Programs/policies/procedures are reviewed and developed for specific patient population using evidence-based literature.	Develops innovative institutional programs/policies/procedures using evidence-based literature.
	Does not provide unit with resources upon request (AEB: customer survey)	Inconsistently provides unit with resources upon request. (AEB: Customer survey)	Serves as a clinical expert by providing resources upon request (Example: policy/standard, literature, demonstration, intervention) As Evidenced By (AEB) customer survey.	Proactively provides and develops unit resources
	Does not respond to requests for consults from other disciplines regarding specific patient population.	Inconsistently consults other disciplines regarding specific patient population.	Consults other disciplines regarding specific patient population AEB: customer survey, committee participation on unit/organizational.	Identifies new patient care needs and opportunities for collaboration.

Visibility / Credibility Strategies: Unit Level

- Purposeful rounding
- Attend huddles
- Mentor staff in projects (clinical ladder)
- Be part unit share governance (EBP)
- Local journal club
- Take on a problem no one wants
- See and be seen
- Letter to new professional about your role (pamphlet)
- CNS assessment by staff

Bath et al, 2017

Visibility / Credibility Strategies: Organizational Level

- Ask or volunteer for high profile improvement initiatives: CAUTI lead, Sepsis lead, readmission Lead
  - Use CNS meeting to strategize positioning CNS's of leads
  - Ensure CNS on all the major programs to help with evidence base translation and implementation(speak up at meetings)
- Build relationships with operational leaders outside of your direct boss
- Quarterly or annual report
- Being a part of leadership forums
- Take on a problem no one wants
- See and be seen (emails, meetings, etc…)
- Social media – CNS contributions (Facebook, IG, Linkedin in, Twitter etc)

Measuring & Demonstrating Impact Makes CNS's Visible

Elements of the Value Equation for CNS's

- **Quality:** Is defined as the reduction in variation of care delivery and implementation of evidence-based practices
- **Safety** is defined as the prevention of harm and suffering
- **Service** is defined as the active patient, family and stakeholder partnership and engagement integrated as the overall human experience
- **Cost of resources** is the calculation of expense needed to deliver the CNS based precision care

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

Sean Reed 2020 NACNS Webinar at https://portal.nacns.org/NACNS/Store/StoreLayouts/Item_Detail.aspx?iProductCode=WEB090120

Formulate a CNS Impact Summary

- Build off of CNS Work / Action Plan
- Components to include in the design of impact summary
- Report out
  - To
    - Direct report
    - Senior Leadership
  - How often?
    - Quarterly
    - Yearly

- Impactful verbs / words to use
  - Achieved / Accomplished
  - Established / Implemented / Developed
  - Created / Designed / Redesigned
  - Streamlined / Simplified
  - Integrated
  - Initiated
  - Facilitated / Lead / Chair
  - Collaborated
  - Edited / Revised / Reconciled
  - Published
  - Audited / evaluated

Development of CNS Work / Action Plan

- Touch base with direct report
  - Collaborate
  - Develop engagement & support
  - Access to needed resources
- **Utilize Standard work in development of Work plan**
- Review work plan on regular basis = Communicate
  - 1:1 meetings

Simple
Sensible
Significant

Quantifiable

Realistic
Can be achieved with available resources

Meaningful
Results based

When the results can be achieved

Doran, G. T. (1981 Management Review, Vol. 70, Issue 11, pp. 35-36

Example of Weak vs. Strong Metric

Value Equation Components	Weak Metric	Smart Metric
Quality	Implementation of the A-F bundle will reduce time on the ventilator	CNS led implementation of the A-F bundle will result in a 35% reduction on time on the ventilator within 1 year with % cost savings
Safety	Reduction in central line association blood stream infections	The hospital will see a 50% decrease in CLABSI with CNS as lead with 1 year with % cost savings
Service	**Patient and family education tool will improve satisfaction**	**Unit based CNS through design & implementation of a patient and family education tool will see a 30% increase in patient satisfaction scores within 6 month**
Cost	Reduced hospital costs by decreasing CAUTI	CNS led CAUTI reduction initiative will see a 50% reduction in CAUTI saving $50,000.

Decide on a Metric Structure

- What components do you want to include?
- Is there CNS standard work that you can develop a metric template?
  - **Organizational strategic plan**
  - **Pillars: people, quality, service, operations, strategy/finance (UCLA)**
  - Magnet domains
  - Components of the CNS role
    - Roles or spheres or both

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Consider a Structure for All Measurable CNS Activity

- Obtain baseline data using your defined metrics
- Identify current practice and processes (gap analysis)
- Review literature
- Implement practice change
- Track compliance to process change
- Obtain outcome data
- Perform clinical and financial cost benefit analysis
- Present or send report to all appropriate levels in the organization

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Consider Process & Outcome Measurable Goals

- **Process measures**
  - leading indicators

  - Delirium screening in the ICU
  - Use of the delirium order set
  - Oral care in the ICU on non-vented patients
  - CAUTI bundle compliance

- **Outcome measures**
  - lagging indicators

  - Reduction in incidence of delirium / length of stay
  - Mortality reduction
  - VAP & HAP rates

LZA

Measuring Process & Outcomes By Sphere

Patient	Nursing	Organization
NSQIP- American College of Surgeon * VAP, CAUTI, CLABSI, Post-op pneumonia	Mentoring Nurses in Research Studies # of research studies conducted on the unit # of staff nurses as Principle Investigators	Lead / participate in system / council initiatives • Sepsis/mortality reduction • Delirium • A-F Bundle • Order sets • Policy & Procedures
NDNQI *** HAPI, CAUTI, CLABSI, Falls, Restraints**	Implementing EBP • Delirium screening daily • Nurse interventions to prevent delirium	Professional Organizations • Officers position, task force, participations • Invited or accepted presentations / publications
Delirium screening/reduction	Nursing Professional Development # of posters / presentations # of articles # nurses advance education	**NDNQI** *** HAPI, CAUTI, CLABSI, Falls, Restraints**

Possible Components To Include

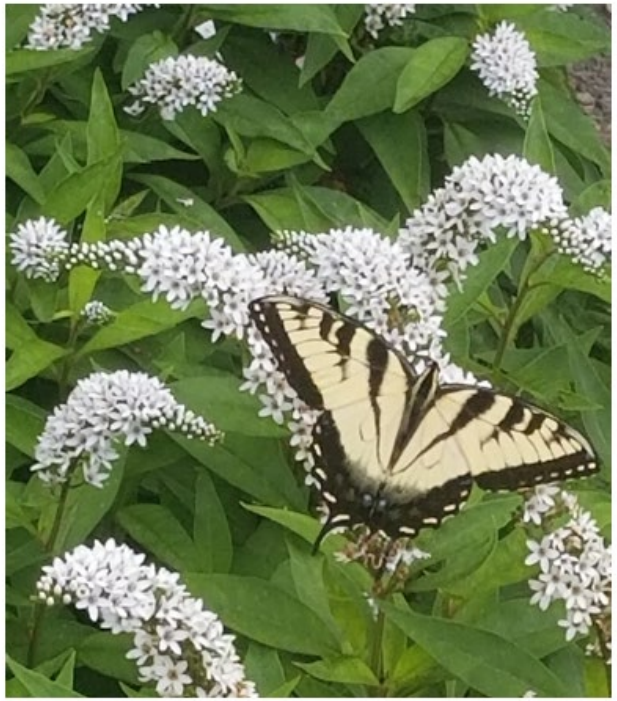
Category	Example	Process Measures	Outcome Measures	$ savings or avoidance
Example 1				

Sphere of Impact	Metric	Process	Method & Frequency	Goal	Clinical Outcomes	Financial Outcomes
Example 2						

Pillar	Sphere of Impact	Metric	Process	Method & Frequency	Goal	Clinical Outcomes	Financial Outcomes
Example 3							

CNS's Demonstration of Financial Impact

The How



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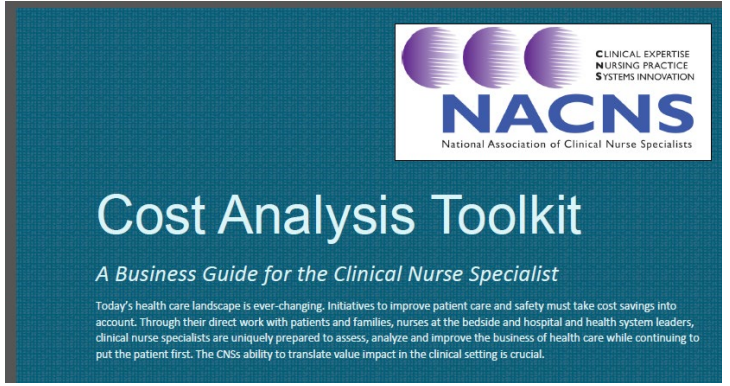
Tools available to Demonstrate Value



Cost Analysis

Total Cost of Program = Cost Per Participant

Number of Participants

Benefit-Cost Ratio

Net Benefits = Benefit-Cost Ratio

Total Cost

CostAnalysis/Benefit/

Return on Investment

Formulas

Benefit-Cost Ratio

(<1 =negative impact; >1 = positive impact)

Return on Investment

Total Benefit -Total Cost X 100 = ____% ROI

Total Cost

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Getting the Data

From Where	Who Can Help	What to ask / look for
Internal Data Sources • Facility Dashboards / Scorecards • Financial reports External Data Sources • National data sources (NDNQI, Vizient, etc..) • Literature	• **Business / Finance** • **Operations Engineer** • Quality • **CMO** • COO • **Pharmacist** • Administrative Support • Technical Support • Clinical Documentation Experts • Supply Chain • Project manager (lean process experts)	• Cost of hospital day • Length of stay • HAC's • NSO • Readmission data • ICD -10 codes • Cost of supplies

Data & Sources

Focus of Practice	Examples of Types of Assessments/Data	Examples of Sources of Evidence
Performance of the Sub-roles	Job expectations as; expert clinician, educator, consultant and use of evidence based practice	Time-on monthly reports/logs/summaries Peer review Staff review CNS year end report Education material & evaluations Presentations/publications
Direct Care Sphere	Mortality & morbidity data, symptom experience, functional status, mental status, stress level, patient satisfaction, avoidance of complications, quality of life, quality monitoring benchmarks	Case conference summaries, complaints, grievances, functional scores, quality data
Nursing Personnel sphere	Recruitment and retention, job satisfaction, improvements in nurse competency, decrease cost of products and other resources used in patient care	Recruitment and retention data, job satisfaction data, percent competency documented, percent completed orientation records, chart audits for compliance with practice standards , budget
System Sphere	Length of stay, readmission, post discharge services use, achievement of benchmarks, patient satisfaction, workforce or patient care redesign	Hospital databases, disease registry data, length of stay, readmission data, laboratory, chart audits, nurse sensitive quality indicator reports, national quality benchmarks, patient satisfaction data
Economic Impact	Revenue generation, cost benefit analysis, cost effectiveness analysis	Fiscal databases reflecting cost savings, cost avoidance and revenue generation using relevant clinical indicators from the three spheres, CNS generated calculations of cost savings or avoidance

Davison J et al. Assessing Outcomes in Clinical Nurse Specialist Practice. Chapter 8 access https://nursekey.com/assessing-outcomes-in-clinical-nurse-specialist-practice

CNS Impact Example: CNS Moments

- How to demonstrate value / impact of rounds / interacting with staff addressing clinical questions and issues
  - Where does this fall into standard work?
  - How do you determine clinical outcome?
  - How do you determine financial outcome?

Pillars (Categorization)	Standard Work	Clinical Outcomes	Financial Outcomes
Quality			
Safety			
Employee experience			

CNS Impact Example: CNS Mini Consults

Category	Standard Work	Clinical Outcomes	Financial Outcomes
Patient Sphere	Review patient chart for psych transfer Visited with patient	Ensure safe transition of medical psych patient to psych unit	Prevent delayed discharge impacts LOS. Track LOS as a metric Cost of Hospital day / time saved = **cost savings**
	Performed COVID swabs on difficult patients	Prevent delay in ECT tx or discharge to residential Early catch PUI	
	Support RN in complex medical discharge		
	Consultant for complex wound care	Prevent wound infection	
Nurse Sphere	Code Blue Debriefing Facilitate Mock Codes	RN skill building Prevent code blue	**Cost avoidance** due to cost of nurse turnover
	In-time education, review of standards of practice and support nursing practice • Foley catheter placement • NG placement • Drain site care	Zero CAUTI NG tube – allows advancement in treatment plan	**Cost benefit** **Cost savings** **Cost avoidance**
Organization	Weekly CNS/OT fall prevention group	Reduction in fall last Q4 of 2020	**Cost benefit / cost avoidance**
	Developed patient brochure	Patient satisfaction in transition	Revenue

CNS Impact Example: PICC Line Assessments

Cost Savings

Sphere of Impact	Metric	Process Change	Method & Frequency	Goal	Clinical Outcomes	Financial Outcomes
Patient/ Direct care	Patients with PICC lines will be assessed daily for s/s of infection.	CNS round with bedside RN and review PICC line flushing and EBP dressing changer per policy. Also review how to trouble shoot clogged PICC line.	Daily rounds and dressing change weekly and PRN	• 0% CLABSI rate • Increased knowledge, skills and competency among psych/mental health RN in PICC line dressing change	• 81 PICC line day – 0% CLABSI rate • 10 RNs signed off on competency	Average CLABSI cost $15,000-$20,000 Cost of CNS time (pay) x stopped # CLABSI vs cost of CLABSI = **Cost benefit** Goal – is cost neutral (minimally)

CNS Impact Example: Supply Chain Consultant

Cost Savings

Pillars (Categorization)	Standard Work	Process / Clinical Outcomes	Financial Outcomes
Quality	Led trials of female external catheters Developed implementation plan & education for bringing in new product – female external catheter	**Foley days** Baseline: 15.3% at start of trials 8.6% after implementation of new product	**Cost Analysis**: Compare cost of external catheters & supplies vs indwelling catheter supplies **Cost Avoidance**: Reduction of Foley Days / Reduction of CAUTI **Cost Benefit**
Safety	Review products coming in to replace backorders Develop & provide needed education	New safety needles – no reports of needle stick injury	Cost avoidance
	Led Zoll to Lifepak conversion & education rollout with Code Cart Updates	No safety events	
Finance	Collaborated with Supply Chain reviewing IV tubing, and pieces / parts for the conversion from split septum to leur lock. Evaluated current products in use and streamlined processes	Elimination of duplicate products Standardized products across units eliminated supply confusion	IV tubing conversion completed with no increase in supply cost **Cost Savings** of $15.52 per month or $186.24 for year

CNS Impact Example: COVID Pandemic

Pillars (Categorization)	Standard Work	Process / Clinical Outcomes	Financial Outcomes
Quality	Facilitated Vent Education Classes, Proning Classes, SDU classes Facilitated education for upskilling staff to support potential expansion of ICU and SDU In-time review/ auditing to ensure standards of care met	No adverse events	**Cost** = # classes x Time **Benefit** = Ability to adjust work capacity to demand. Work to top of license
Employee engagement	Extensive Rounding and in-time education r/t PPE Grids, COVID, Patient care management, visitor policy, Staff support / wellbeing	Employee safety – No mass outbreaks Employee rate vs community rate Staff felt supported / prepared	**Cost Avoidance:** Prevention of a surge in call offs, No significant OT pay and / or block pay No significant increase in turnover
Safety	Participated in Surge Planning & development of alternative triage process Facilitated Surge Drills at Free Standing ED		

CNS Impact Example: Delirium Assessment

Cost Savings

Sphere of Impact & Pillar	Metric	Process Change	Method & Frequency	Goal	Clinical Outcomes	Financial Outcomes
Patient/ Direct care Pillar: Safety	Each patient on the geriatric unit will be assessed daily for delirium. (assuming delirium recognition results in lower delirium rates)*	Introduce concept a unit governance Obtain by in Decide on tool use Develop documentation process Develop education and evaluation plan	Audits will occur weekly, then monthly to determine % screened	• 100% screening • 10% reduction in delirium • 10% reduction in LOS	Achieved 80% screening Achieve 5% reduction in delirium	Education and IT work part of regular services. Need number of patients with delirium pre and post. Take actual number difference & multiply by 16,206.00 per patient for cost savings**

CNS Impact Example:
Pressure Injury Reduction (From the 90's)

Cost Avoidance

Pillars (Categorization)	Standard Work	Process change	Clinical Outcomes	Financial Outcomes
Quality	Pressure injury reduction through practice and product change	Product evaluation & adoption of static air overlay Product evaluation & adoption of incontinence cleansing and barrier protection Standardized risk assessment Education on prevention and treatment	Decrease in incidence rate < 5% Reduction in low air loss therapy bed days (46) 7-member skin committee for education & quality outcome measurement Sense of pride & valuing of skin care Initial cost savings	Pressure injury rate (5 injuries per month) Tx cost: $1300 per ulcer Prevention costs; $11,666 for static overlay and barrier product for MICU Cost avoidance: $66,334 per year

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CNS Impact Example:
CLABSI Prevention (From the 90's)

Cost Avoidance

Pillars (Categorization)	Standard Work	Process change	Clinical Outcomes	Financial Outcomes
Quality	Lead multidisciplinary MICU practice change to reduce CLABSI's	Changed guidelines-based on new national guidelines Education of new guidelines to nursing and medical staff Implementation improvements • Insertion kit design with critical care fellows • Full drape implementation • Nurse ownership on aseptic technique	6.8 per 1000 cath days 2.90 per 1000 cath days	31 CLABSI's prevented per year 20,000.00 per infection Cost avoidance of $ 620,000 per year

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Example: CNS Impact Summary

Pillars (Categorization)	Standard Work	Clinical Outcomes	Financial Outcomes
Quality	Led C-diff PI Project committee Developed Prevention Bundle w/ role delineation Developed & Provided education	C-diff rate: 2015 = 7.18 2016 = 4.30	Cost of c.diff case X difference = **cost avoidance**
	Led Blood Utilization PI Project Audited charts for compliance / meeting clinical criteria Provided follow up education	# of RBC transfused not meeting clinical criteria 2018 = 97 2019= 33	Cost of blood product X difference in # transfused = **cost avoidance**
	CNS Rounds in ICU, review & auditing of compliance to A-F Bundle, provided in-time education, facilitated adherence to protocol	Vent days Qtr 1 "18 = 2.36 Qtr 4 '19 = 1.9 SAT/SBT documentation compliance Qtr 1 '18 = 62% Qtr 4 '18 = 84%	ICU day cost x difference in vent days = **cost avoidance**
Patient engagement	Revised COPD patient education booklet Collaborated with pulmonary rehab patients in regards to content to meet their needs	Completed revision of COPD patient education booklet -	Patient Satisfaction Scores = Cost Benefit
	Co-Taught ED Patient Experience classes	All ED Staff completed training	
Employee engagement	Mentored staff led PI project investigation of hemolysis	Determined no significant difference in hemolysis in specimens drawn by EMS vs ED staff	
Safety	Led MTP drills in ED, OB, & OR	Achieved Anthem star rating points	Achievement of financial incentive

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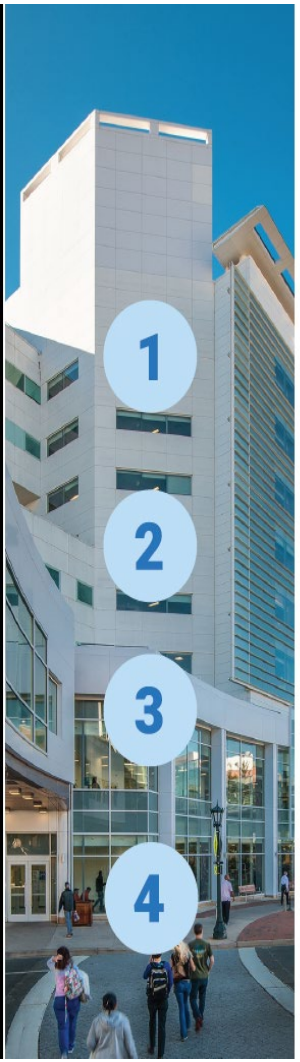
CNS Impact Marketing Plan

Visibility

Demonstrating Impact

LZA

Example of Annual Report



CONTENTS

Clinical Nurse Specialist Annual Report: FY20

Mission & Vision:

To improve the health of patients by:

- Providing advanced nursing specialty consultation
- Working with interprofessional teams to optimize evidence-based care, patient safety, and efficiency in healthcare delivery
- Applying advanced systems thinking to impact care and enhance the health and well-being of specialty populations served

UVAHealth

Clinical Nurse Specialist Team

Academic Preparation

MSN 8 DNP 5

65% increase in off-shift practice hours

14% Team Growth

CNS	Population	Subspecialty	Setting	Affiliated Service Line
Cheri Blevins, DNP, APRN,CCNS,CCRN	Critical Care, Adult	Medicine	Progressive & Critical	Medical
Scott Darrah, MSN, APRN,ACCNS-AG	Adult-Gerontology	Medicine	Acute & Progressive	Medical
Kim Elgin, DNP, APRN, ACNS-BC, PCCN, CMSRN (Lead)	Adult Health, Acute	Med/Surg	Acute & Progressive	Surgical
Amy Johnston, MSN, APRN, AGCNS-BC	Adult-Gerontology	Neuroscience	Acute & Progressive	Neuroscience & Behavioral Health
Kristi Kimpel-Wilkins, MSN, APRN, CCNS, CCRN	Critical Care, Adult	Surg/Trauma	Progressive & Critical	Surgical
Dea Mahanes, DNP, APRN, CCNS, FNCS	Critical Care, Adult	Neuroscience	Progressive & Critical	Neuroscience & Behavioral Health
Paul Merrel, MSN, APRN, CCNS	Critical Care, Adult	Medicine	Progressive & Critical	Medical
Kim Miller, MSN, APRN, AGCNS-BC, CDCES	Adult-Gerontology	Diabetes	Acute-Critical	N/A
Kathleen Rea, DNP, APRN, ACNS-BC, PCCN, CNL	Adult Health, Acute	Med/Surg	Acute & Progressive	Digestive Health
Suzanne Queheillalt, MSN, APRN, ACNS-BC, CCTN	Adult Health, Acute	Transplant	Ambulatory-Progressive	Transplant
Amanda Simmons, MSN, APRN, ACCNS-BC, CCRN-CSC	Critical Care, Adult	Thoracic Cardio-Vascular	Progressive & Critical	Heart & Vascular
Karen Sumner, MSN, APRN, AGCNS-BC, AGACNP-BC	Adult-Gerontology	Renal	Ambulatory-Critical	Renal
Tanya Thomas, DNP, APRN, AGCNS-BC, OCN	Adult-Gerontology	Oncology	Ambulatory-Progressive	Oncology

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Example:
CNS Brochure

CRITICAL CARE-CNS
TORRANCE MEMORIAL
MEDICAL CENTER

- **SPECIAL POINTS OF INTEREST**

- Have 2 Puggles (pug/beagle) named I.V. & Foley :)
- Born and raised in New Jersey, home of the "fist pump" and my all-time favorite, BON JOVI!
- Used to be a Toll Collector on the NJ Turnpike
- Active Officer in the United States Air Force Reserve, serving on a Critical Care Air Transport Team (CCATT), which is a mobile ICU in the sky

CONTACT INFO:

310-325-9110
x2454

Location:
Across from
Room 255 in
BICU

COME VISIT SOMETIME!!

If you see me around the units, come say HI!

CLINICAL NURSE SPECIALIST-Critical Care

Jen Leonard, RN, MS, CNS, CEN

TMMC 5 JULY 2010

Who am I?

So, here is a little blurb about your new CNS.

I started off in a BSN program back East in Boston. Things didn't quite work out for me in that super expensive city (as a poor student), so I decided a change was in the wind.

That wind blew me all the way out to Los Angeles, where I ended up at Los Angeles Harbor College as a "transfer" nursing student in their ADN program.

I worked at TMMC in the ED on nights while going to school for my BSN at CSUDH—which I highly recommend—it's great for the working nurse!

I then moved up to Northern California where I attended University of California-San Fran for my Masters Degree with a focus

on Critical Care/Trauma, doing my residency at San Francisco General. I have a passion for Trauma, so SFGH was a perfect fit for me!

My Work History:

UCLA-Westwood, Liver Transplant ICU

Harbor-UCLA, Pediatric ED

Cedars-Sinai, ED

California Hospital, ED

Long Beach Memorial, ED

Daniel Freeman, ED

Thomas Jefferson University, ED/ICU

St Christopher's Hospital For Children, ED

UCSF, ED/ICU

Santa Rosa Memorial, ED/ICU

University of New Mexico, ER

David Grant Medical Center, ICU

What do I do?

I like to describe the CNS as "the nurse's nurse." CNSs are clinically focused on safety of patients and development of staff members.

With specialized training in research, collaboration, education and teaching methodologies, as well as over 500 additional hours of advanced clinical training, the CNS can be your "go to" person for any questions you may have about patient care, a procedure or policy, best practices, etc.

I am here to build on our new graduate program and ensure that those new nurses get a great experience and that you work with the best team possible. I want to give you the resources you need to provide the best care. I also want to encourage you to bring up your questions, concerns, ideas for change to me. We can work together to effect change in a positive, professional manner.

I encourage you to participate in unit councils, attend staff meetings, get involved with unit projects, and QUESTION things you are not familiar with or just want to know why we are doing things the way we are doing them. Quite often there is a better, safer way. Patient safety is #1.

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Example: CNS Brochure

What is a CNS? (Clinical Nurse Specialist)

- An APN (Advanced Practice Nurse) who is Master's prepared in a specialty area
- Assists the nursing staff in developing expertise in patient care
- Consults with staff regarding patient care
- Establishes interdisciplinary relationships with physicians and other clinical staff
- Provides education opportunities
- Collaborates with the unit director & manager to form a strong nursing leadership team
- Networks with colleagues across the institution and the community to assist in bringing best practices to the bedside

When Do I Call a CNS?

When you have questions related to Education, Practice, Research, or any Clinical issue. The CNS influence encompasses:

Practice

- Equipment related to specialty (chest tubes, restraints, etc.)
- Quality improvement issues
- Professional Development through mentoring and coaching
- Serves as an evidence-based practice expert

Education

- Medications
- Diagnoses
- Competencies
- Core Measures

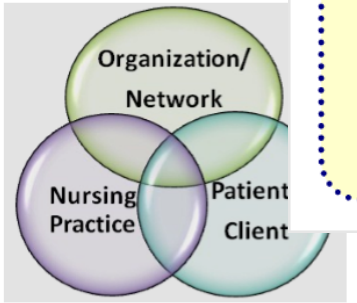
Consultation

- Participates in interdisciplinary rounds for complex patients
- Addresses questions regarding the management of complex patients

Research

- Benchmark data
- Standards of care
- Evidence-based practice
- Clinical questions

A Clinical Nurse Specialist is



TMMC CNS Mission Statement

To optimize patient outcomes and promote evidence- based practice through collaboration, leadership, clinical expertise and research.

CNS Spheres of Influence:

- **Patients/Clients**
  - Addresses the multifaceted needs of patients
  - Shares knowledge of adult learning theory and clinical expertise related to patient condition/disease, to assist in collaboratively developing educational materials that increase patient and family knowledge
- **Nurses and Nursing Practice**
  - Promotes positive outcomes for patients and families by educating nursing team about evidence -based recommendations
- **Organizations/Systems**
  - Develops plans to assure that quality patient care is delivered cost-effectively
  - Collaborates with multidisciplinary teams to develop, implement, and evaluate continuous-improvement strategies for the organization

The CNS enhances the clinical environment:

- Promotes patient safety
- Advocates for quality patient outcomes and cost-effectiveness
- Serves as a patient advocate
- Leads in attaining magnet status
- Serves as a change agent
- Assists with staff retention through mentoring

Who Do I Call?

Barbara LeQuire ~ Director ~ 8728

Emergency Department
~ Alfie Ignacio~ ext. 2498

Transitional Care Unit
~ Betty Halvorson~ ext. 8798

Medical Surgical Units
~ Lisa Refuerzo~ ext. 2365

Mother Baby/ Labor & Delivery
~ Donna Yukihiro~ ext. 2747

Progressive Care Units
~ Lianna Ansryan~ ext. 6428

Diabetes
~ Julie Semper~ ext. 6427

Patient Safety
~ Jennifer Stewart~ ext. 4729

Clinical Nurse Specialists Improve Patient Care

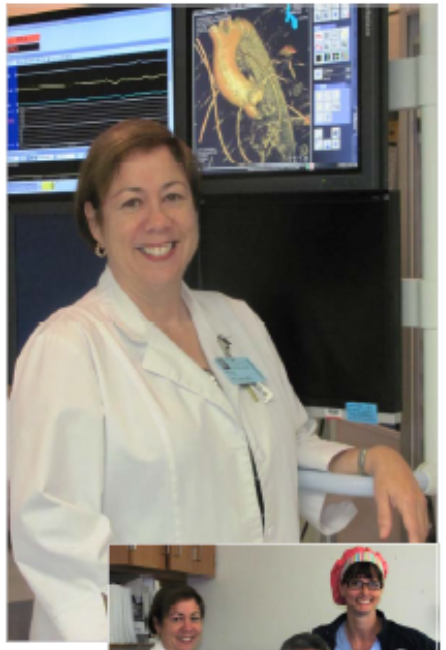
National Clinical Nurse Specialist Recognition Week

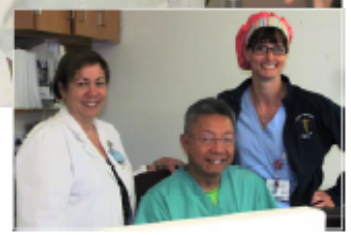
September 1—7, 2012

A Clinical Nurse Specialist is a master's degree -educated advanced practice nurse who is a clinical practice expert, an educator, a researcher and a consultant who influences patient care, nursing and hospital programs.

In Brenda's role as a CNS for the Sutter Heart & Vascular Institute, she:

- Collaborates with physicians and staff to improve the care and clinical outcomes for patients with chest pain and heart attack.
- Leads the Transcatheter Aortic Valve Replacement team on a new procedure for severe aortic stenosis
- Works to improve the safety of patients on anticoagulation therapy





Brenda McCulloch RN, MSN, CNS, RCIS
Medical and Interventional Cardiology
916.719.0649

Sutter Health
Sacramento Sierra Region
With You. For Life.

What is a Clinical Nurse Specialist?

It is the CNS who often sets the standards for quality patient care.

A Clinical Nurse Specialist (CNS) is a registered nurse with a graduate degree who is a clinical expert in a defined area of nursing and patient population. CNS's are clinical experts in the diagnosis and treatment of illness, and the delivery of evidence-based nursing interventions.

It is the CNS who often sets the standards for quality patient care; troubleshoots problems and crises; anticipates complications and helps to prevent their development; and views the individual, family or group within the context of a whole system.

The CNS usually has a specialty practice area such as diabetes, cardiology, neurology, obstetrics, oncology, pediatrics or psychiatric-mental health.

The CNS works to improve patient care through three distinct spheres of influence: patients, nurses, and organizations. In each of the spheres of influence, the primary goal of the CNS is continuous improvement of patient outcomes and nursing care. This multi-level focus allows the CNS to impact outcomes not only through bedside practice but also by mentoring and educating nurses and making organizational processes and policy decisions.

The primary goal of the CNS is continuous improvement of patient outcomes and nursing care.

What Does this Mean for You?

At Sutter Medical Center, Sacramento, CNS's are focused on improving the quality of care delivered to our patients. CNS's are actively involved in many patient care and process improvement proje throughout the hospital.

Examples of the work of the CN include participating in patient safety and quality initiatives su as rounding, patient education, family conferences; developing policies, procedures, protocols, pre-printed order sets; consultin on complex patients; and educa nursing staff.

When Would I Contact CNS?

- When you need specific inf mation about a complex pat care situation or you have q tions about evidence-based for your patient population.
- To help you develop in-services and presentations for your nursing unit.
- When you have question about the latest research in your area of patient care.
- When you want to begin or sustain a quality improvement process within your unit or between units.

Sutter Medical Center, Sacramento

National CNS Awareness Week

August 31—September 7

Presented by the Clinical Nurse Specialist Council

Please plan to attend one of these events hosted by Sutter Medical Center, Sacramento's Clinical Nurse Specialist (CNS) Council. Come view poster presentations and talk with CNS's to learn about various clinical research and quality improvement projects done to improve patient care and safety. Everyone is welcome! Snacks available!

August 31
1300—1600
Sutter General Hospital
Buhler, Classrooms 3 & 4

September 7
1300—1600
Sutter Memorial Hospital
Auditorium

Drop in for a few minutes anytime between 1p-4p Aug. 31st or Sept. 7th.

CNS Week Celebration

Thank You

OUR SLIDES WILL AVAILABLE FOR YOU AFTER THE PRESENTATION AND ON VOLLMAN.COM UNDER THE DOWNLOAD SECTION

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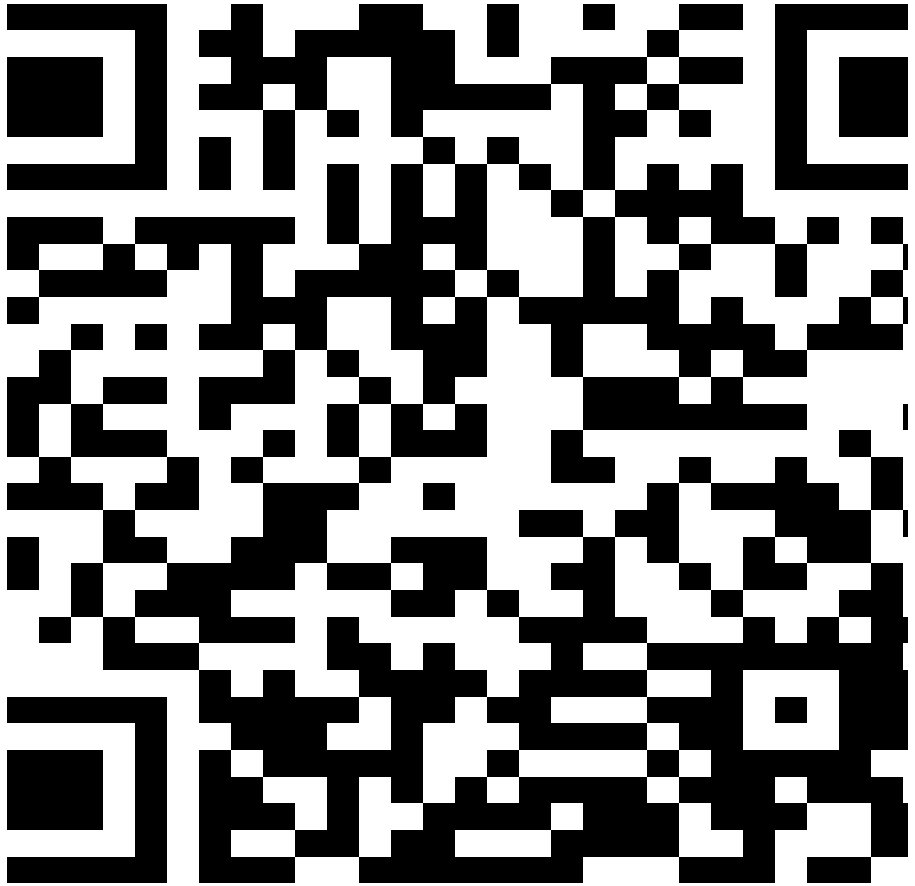

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