

What Is A Clinical Nurse Specialist (CNS) and Why Do You Need One?

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Background

A CNS is an Advanced Practice Registered Nurse with a Master's or Doctoral degree in a clinical specialty in nursing. Each CNS holds a national board certification and works in three spheres of impact to improve patient outcomes through evidence-based nursing practice (National Association of Clinical Nurse Specialists, 2019). The advantage of a CNS is in their ability to work at the microsystem, macrosystem, and mesosystem levels to monitor process improvement and partner with the clinical leader to improve quality, efficiency, and professional development (Coke & Mohr, 2018).

Purpose

The purpose of this poster is to describe the CNS's role at the University Medical Center of Southern Nevada (UMC) and demonstrate how they serve as expert clinicians, educators, researchers, and consultants in the three spheres of impact.

Patient Sphere

The CNS has advanced knowledge and skills to work with patients, families, and groups of patients to promote health and well-being and improve quality of life (National Association of Clinical Nurse Specialists, 2019).

At UMC, the CNS team serves in the patient sphere through:

- Serving as a consultant for pediatric patients with diabetes.
- Serving as a consultant for patients on CRRT.
- Rounding regularly on patients with complex care.
- Assisting in the development of an LVAD patient care program.
- Rounding on patients with central lines and foley catheters to assess for line necessity.
- Presenting evidence-based practice recommendations regarding low-dose Ketamine, Sepsis, Epic Deterioration Index, ultrasound-guided peripheral IV, telemetry downtime procedures, midlines, central line migration, homicidal screening tools, mobility screening tools, observation unit, outpatient joint arthroplasty clinic, seizure precaution, weighted blankets, CLABSIs, and CAUTIs.
- Assisting in developing a Brain Death Note and Adult Bolus Sedation Orderset.
- Coordinating a monoclonal antibody clinic and triaging COVID-positive patients for eligibility.
- Providing evidence-based practice recommendations regarding fall risk, assessment, and interventions.

Nurse Sphere

As the subject matter experts, the CNS is uniquely equipped to advance nursing care through evidence-based practice recommendations to improve patient outcomes (National Association of Clinical Nurse Specialists, 2019).

At UMC, the CNS team serves in the nurse sphere by:

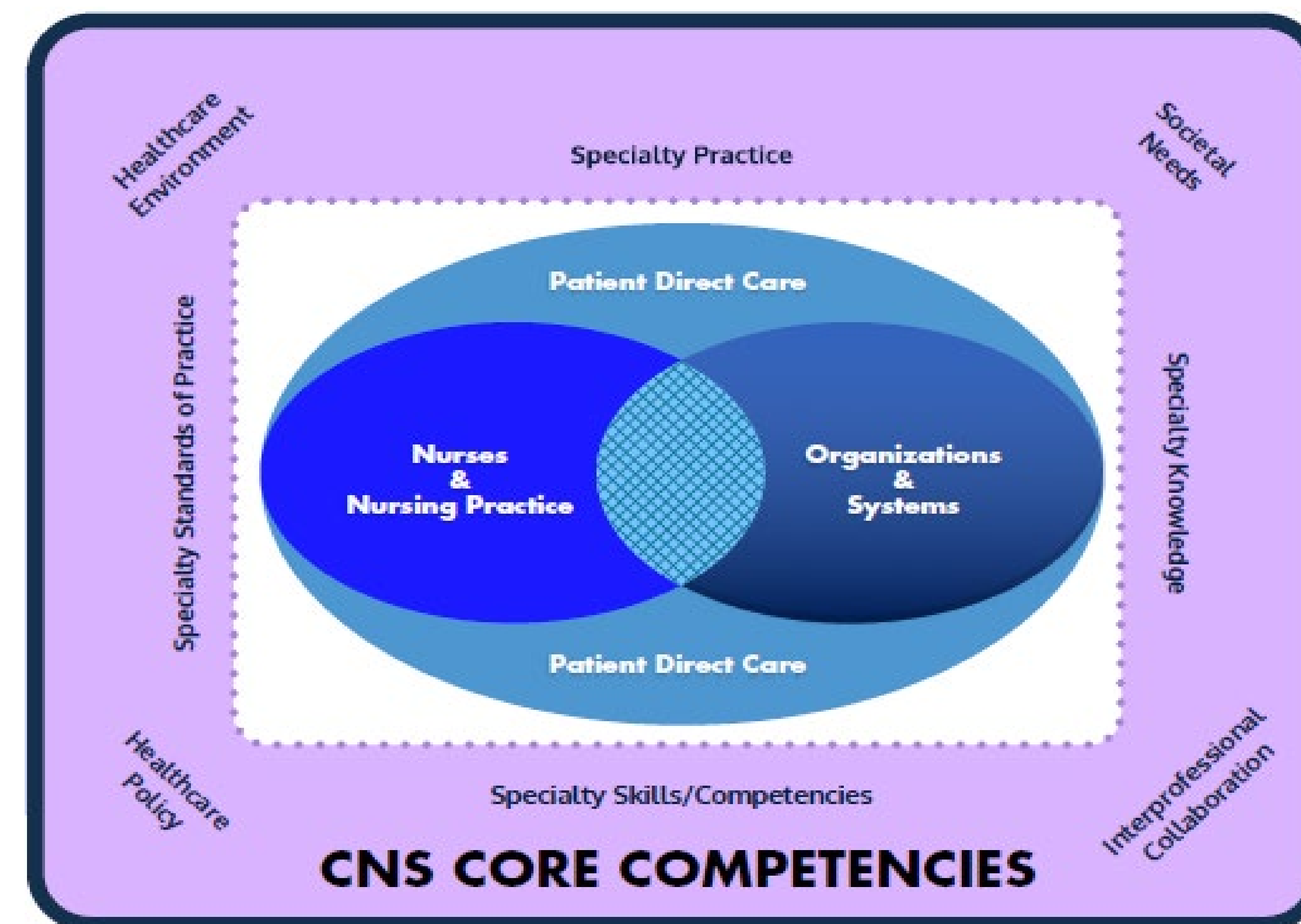
- Encouraging and mentoring nurses to grow professionally through board certification, advanced degrees, conference attendance, and clinical ladder.
- Providing bedside education regarding Quiet at Night, CRRT, pain reassessment, Pediatric Diabetes, and Cortrak Enteral Access Systems.
- Rounding on new graduate RNs and underfill nurses transitioning to a new nursing field.
- Encouraging employee recognition through CNA Week and Nurses Week.
- Supporting Unit Based Councils and Shared Leadership Councils.
- Assisting in the development of Lund-Broader Burn Care documentation and assessment.
- Assisting in the development of an IV team.
- Working with direct care nurses to improve assessment, reassessment, and documentation practices for pain reassessment, care plans, and titration.
- Empowering RNs to practice to the full extent of their license.
- Assisting in nursing workflow optimization.
- Providing evidence-based practice recommendations regarding nurse burnout and workplace violence.

Organization Sphere

Aligning with the mission and values of UMC, the CNS functions at the leadership level to influence system changes to improve the quality of care (National Association of Clinical Nurse Specialists, 2019).

Some areas in which the CNS team serves in the organization sphere by:

- Actively leading Joint Commission readiness and action plans by presenting evidence-based practice recommendations regarding range dosing of vasoactive medications, block charting, and policy updates.
- Serving as a consultant for Patient Safety Net incidences.
- Assisting in the development of evidence-based policies, protocols, guidelines, and programs, including MERT protocol, ER Triage protocol, enteral feeding management policy, AMA policy, brain death policy, massive transfusion algorithm, whole blood transfusion guidelines, EZ-IO guidelines, prone position guidelines, ICU & IMC standard of care, and Cortrak guidelines.
- Sourcing Magnet and Pathway stories.
- Organizing and coordinating UMC's Research Empowerment Day.
- Leading and participating in the process of selecting, integrating, managing, and evaluating new technology and products such as the Cheetah/Starling Non-Invasive Cardiac Monitoring, EndoTool Glucose Management System, Belmont Rapid Infuser, Blood Culture contamination devices, Cerebell bedside EEG Monitor, ECMO, Sepsis Predictive Model, iRounding, Alaris Pump Integration, ABCDEF Bundle, Restraints, Health Clips, and CRRT.



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Conclusion

As the change agents, the CNS role is often misunderstood due to their vast influence throughout the hospital. This poster presents a snapshot of how the CNS serves at UMC to impact patient care, nursing practice, and the organization.

References

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