**Redesign of the CNS Role:**
Ensuring Competent Practice & Measurable Outcomes within a Large Health System

Sharon Dickinson, MSN, RN, CNS-BC
Kimberly Hickey, MSN, RN, CNS-BC, ANP-BC
Cathy Lewis, MSN, RN
Denise O’Brien, MSN, RN, CNS-BC, CPAN, CAPA, FAAN
Kathleen Vollman, MSN, RN CCNS, FCCM

**Objectives**

- Identify strategies to assess current role function and skill sets of the CNS.
- Describe a data driven process to reduce variations in practice of the CNS role.
- Discuss the challenges and benefits of the CNS-Nurse Manager partnership as a model for nursing unit leadership.

**Objectives**

- Define steps to secure successful implementation of the redesign.
- Identify potential barriers and facilitators to redesigning the CNS role in a large academic institution.
- Discuss measures to determine impact of the redesign.

**Our System**

- UMHS is a large, multi-hospital system with 874 beds in adult, pediatric, and women’s hospitals.....

**Why Redesign?**

- Lack of understanding of CNS role by institutional consumers
  - “Not really sure what they do”
  - “Aren’t you the same as the educator?”
  - “Can you cover lunch for me?”

**Why Redesign?**

- Lack of clinical & institutional visibility of CNSs
  - 255 meetings where nursing participates
  - Not involved in key clinical initiatives
  - Some discomfort with clinical interface
- Lack of cohesion among CNSs
  - No idea who the other CNSs were/minimal networking
  - Fragmented group meetings
  - Missing infrastructure to promote teambuilding
Why Redesign?

- Need for CNS leadership in nursing practice changes
  - Multiple system projects/initiatives with no CNS leadership (policies/procedures/guidelines)
  - No links between clinical experts and relevance of the project

Why Redesign?

- Overlapping functions in CNS, Clinical Care Coordinator, and other nursing positions

<table>
<thead>
<tr>
<th>Classification Description</th>
<th>Clinical Nurse Specialist</th>
<th>Clinical Care Coordinator</th>
</tr>
</thead>
<tbody>
<tr>
<td>Basic Function &amp; Responsibility</td>
<td>- Provide expert &amp; complex clinical nursing and health care to specialized group of patients</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Function as hospital wide &amp; community consultant.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Develop &amp; monitors implementation of new nursing practices.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>- Exercises clinical nursing leadership through practice, staff development &amp; research</td>
<td></td>
</tr>
<tr>
<td>Provide expert nursing care in multiple units to a specified patient population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>To design and coordinate nursing care programs for multiple units to a specified patient population</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Provide instruction and consultation to members of the health care team</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Components of the Classification Comparisons

- Basic function & responsibility
- Productive & non productive time
- Educational level
- Supervision received
- Supervision exercised
- Grade & year developed
- Global patient care & education
- Patient care component

Why Redesign?

- Confusion around measurement of CNS outcomes
  - Different reporting structures
  - Unit-based vs program-based was not defined
  - Role specific outcomes not defined

Starting Point

- Decentralized structure & culture – 44 separate business units
- 22-year-old job description
- Comfort with status quo
- Professional framework challenges to CNS role
- Collective bargaining unit

Strategic Plan – CNS Redesign

- Departmental strategic plan: world-class patient care
  - Elevate nursing practice to ‘best in class’
  - Build competency and capacity across roles
  - Develop fluid and synergistic connections between teams, roles and functions which allow quick response to changing needs
  - Improve nurse-sensitive outcome indicators
  - Redesign clinical, educational and leadership roles to meet objectives
Creation of CNS Redesign Team

- External consultant
- Mixture of unit-based and program-based in patient CNSs
- Nurse manager and administrative nursing director

Charge to CNS Redesign Team

- Develop and clarify CNS role in keeping with vision and strategic plan for achieving world class patient care at UMHS
- Expected outcomes
  - Job description
  - Performance appraisal
  - Formalize interview process/interview tool
  - Structured CNS orientation program
  - Education to elevate CNS skill sets

Initial Assessment

- Consultant Review
  - Individual CNS interviews
  - Interviews of Nursing Directors and Nurse Managers
  - Organizational assessment

Consultant Interview Tool

- Educational background
- Sphere of Influences
  - Direct patient care:
    - Nurses/nursing practice
    - Systems/Organization
- Estimated percentage of time spent in each sphere and used the core competencies to form questions to determine role actualization
- Determine how they measure outcomes

Demographics/CNS Interviews

- CNS Demographic:
  - Unit-based CNS 21
  - Unit-based/really program 1
  - Program based 5
  - 25% CNS/75% School/ESN 2
- CNS Education:
  - # with CNS Master’s Education 18
  - # with Clinical Masters/Educ Cert 4
  - # with Masters of varying types 7
    - NP, Community Health, Nursing Administration

General Impression from Interviews

- Intelligent, excited, and frustrated group of individuals
- Challenged to focus on the big picture because of system factors and some skill deficits
- Desire to raise the practice bar
- Variation in Masters Preparation
  - Understanding and implementing the role

As of February 2005
General Impressions from Interviews

• Knowledge Base
  – Accountability and measurement of role and outcomes
• System/Environmental Factors
  – Inconsistent structure to support communication and change
  – Lack of visibility – due to scope of responsibility, leadership assignments, personal work priorities, work processes

Baseline Role Status

• Variability in time spent in role components across units and between unit and program based
• Different reporting relationships
• Lack of measurement of outcomes
• Inconsistent resources to support the advanced practice role
• Variability in effectiveness as a change agent

Director and Manager Focus Group Impression

• Focus group methodology
  – Current role
  – Ideal role
• Impressions
  – View of current role similar to the CNS interviews
  – View of ideal role similar to the NACNS statement of the role
  – View of ideal role similar to desires of many CNS’s

CNO/Manager Discussion

• Partnership
  – Administrative lead and Clinical lead
• Implementation
  – Resources
  – Workload
  – Performance appraisal issues
  – Accountability
  – Reporting structure
• Strong desire to improve outcomes
• Support clinical expertise at the practice space

Customer Survey

• Survey tool
  – Items based on NACNS core competencies
  – Divided into spheres of influence
    – Direct patient care
    – Nursing/Nursing Practice
    – Organization/System
  – Respondents indicated level of importance of statements on scale of 1 to 4
• Online distribution to major CNS customers

UMHRC Clinical Nurse Specialist (CNS) Role Assessment Survey

We need your input about the CNS role within UMHRC. Your survey data will be used to:
1) Assess your expectations of the CNS role;
2) Standardize some of the CNS functions;
3) Develop a classification description, job description, performance appraisal, orientation, and interview tool.

This is not an individual performance appraisal or evaluation.

Sincerely,
UMHRC Clinical Nurse Specialists
Direct Care

The following series of statements focus on the CNS functions related to direct patient care. Please respond to each statement by clicking your rating:

Rating Scale: 1= strongly disagree, 2= disagree, 3= agree, 4 = strongly agree, NA= no basis for judgment

Identify and prioritize nursing care needs for a select population of patients (COPD, CHF, Mechanically Ventilated)

Develop interventions including those that prevent complications

Nurses/Nursing Practice

The following series of statements focus on the CNS functions related to nurses and nursing practice. Please respond to each statement with your rating:

Rating Scale: 1= strongly disagree, 2= disagree, 3= agree, 4 = strongly agree, NA= no basis for judgment

Mentor other nurse to effectively utilize evidence based practice, use and articulate the evidence and scientific base for nursing care innovation

Be available for questions on patient care issues

Be administratively responsible for the unit when the nurse manager is away

Organization/System

The following series of statements focus on the CNS functions related to the organization/system. Please respond to each statement by clicking your rating:

Rating Scale: 1= strongly disagree, 2= disagree, 3= agree, 4 = strongly agree, NA= no basis for judgment

Lead and/or participate in all major clinical nursing practice initiatives.

Advance nursing practice through participation in professional organizations, publications and presentations

Results of Nursing Survey

- Demographics
  - > 20% response rate from nursing
  - Largest respondent groups
    - BSN nurses
    - > 11 years experience
  - > 70% of respondents had worked with both CNS and NP and could distinguish between the roles
Nursing/Nursing Practice:
Assist the staff in developing critical thinking and clinical judgment.

CNS (38) vs. Manager (51) vs. ESN (5) vs. Ed Coord (24) vs. CNIII (102) vs. CN I, II (482)

Nursing/Nursing Practice:
Be available to help if I am having a clinical problem with a physician, other service and/or family.

CNS (38) vs. Manager (51) vs. ESN (5) vs. Ed Coord (24) vs. CNIII (102) vs. CN I, II (482)

Nursing/Nursing Practice:
Oversee the development of unit-based orientation and support the development of the preceptors

CNS (38) vs. Manager (51) vs. ESN (5) vs. Ed Coord (24) vs. CNIII (102) vs. CN I, II (482)

Nursing/Nursing Practice:
Be administratively responsible for the unit when the nurse manager is away

CNS (38) vs. Manager (51) vs. ESN (5) vs. Ed Coord (24) vs. CNIII (102) vs. CN I, II (482)

Organization/System
Consult with other units and health care professionals to improve care

Evaluate the impact of nursing interventions on fiscal and human resources

CNS (38) vs. Manager (51) vs. ESN (5) vs. Ed Coord (24) vs. CNIII (102) vs. CN I, II (482)

Data Analysis

- High degree of consensus among all nursing respondents on importance of a majority of CNS core competencies
  - Agreement about what role of CNS should be
- Comments confirmed confusion with other nursing roles
- Customers closer to the bedside less knowledge of the role
- Survey results also provided guide for future education of staff about CNS role
Comment Themes

- Role Confusion
  - Role Differentiation
  - Educational Preparation
  - Inappropriate use of the Role
- Clinical Competency
  - Positive and Negative
- Visibility/Presence
- Competition with Other Nursing Roles

The Rest of the Story

- Guiding Principles
- Role structure components
  - Job Description, performance appraisal, etc
- Designing measurements & performing evaluation

Guiding Principles

- CNS should serve as a coordinator of clinical projects and initiatives on nursing units and within the institution in collaboration with others
- Partnership should exist between CNS and Nurse Manager at unit level
  - Nurse Manager as administrative lead
  - CNS as clinical lead

A Partnership ………

To Make the Critical Difference = Equal Accountability

Work Products

- CNS Job Description
- CNS Interview Process and Tools
- CNS Orientation Program
- CNS Performance Evaluation
- CNS Education Plan to enhance CNS skill set

New CNS Job Description Development

- Developed using NACNS core competencies
- Data-driven by survey results
- Characteristic responsibilities organized into spheres of influence
- Clear requirements for educational preparation and skill sets
**Job Description**

- Leader in area of clinical specialty
- Expertise in evidence based practice, collaboration, consultation and collaboration
- Advance the practice of nursing
- Professional development of Nurses

**CNS Job Description**

- Qualifications
  - Educational preparation
    - Masters Degree in Nursing with a clinical focus and clinical application of CNS role
    - If application of the CNS role not present in Masters program must complete a post-masters CNS within 3 years

**Job Description**

- **Direct Patient Care**
  Serves as a reliable source of information on the latest evidence supporting cost-effective, safe nursing practices.

- **Nursing/Nursing Practice**
  Collaborates with others to resolve issues related to patient care, communication, policies, and resources.

**Job Description**

- **Organization/System Leadership**
  - Leads/assists institutional groups to enhance the clinical practice of nurses and improve patient outcomes.

**CNS Job Description**

- Experience
  - Minimum of 3 years of clinical nursing experience
  - Clinical knowledge in specialty area
- Demonstrated skills at level of an advanced practice nurse

**CNS Job Description**

- Clinical leader for unit or program
- Advanced practice nurse with expertise determined through the interview process, professional portfolio, references and demonstration:
  - Leadership, Evidence-based practice, Collaboration, Consultation, Education, Mentoring, Change
CNS Interview Process

- Participants in interviews:
  - Director
  - Nurse Manager
  - CNSs
  - Staff nurses
  - Other multidisciplinary team members as needed
- Interview questions in all 3 spheres of practice
- Structured recording tool for scoring

CNS Interview Process

- Step 1: HR, Director responsibilities (arrange for interview, check references)
- Step 2: Interview with Directors with questions suggested to assure that the candidate has a clinical focus and performed appropriate educational requirements for CNS
- Step 3: Structured interview with staff, CNSs, and managers using summary tool
- Step 4: Candidate meets with unit staff

Interview Tool

- Suggested questions for the Director:
  - Did you have supervised clinical in a hospital/clinical facility? Describe the experience (suggested > 250 hours because some programs have no clinical hours).
  - Have you initiated a practice change project for a unit or system? Moved evidence into practice? Completed an educational project?

Interview Questions for the CNS Candidate

- Direct patient care:
  - What are your advanced Clinical Nursing skills and knowledge that you bring to the position? What skills are missing? (clinical expertise)

Interview Questions for the CNS Candidate

- Nursing/Nursing Practice:
  - How would you mentor nurses to acquire new skills and develop their career? (mentor, professional development, leadership, education)

Interview Questions for the CNS Candidate

- System/Organization:
  - Give an example of how you have been able to navigate through a system to create a practice change? (Change management, leadership, problem solving, team building, communication)
Clinical Nurse Specialist Interview Summary Tool

**Characteristic Responsibilities**

- Clinical Experience
- Collaboration/Team Building
- Leadership
- Versatility, Energy, Creativity
- Communication

<table>
<thead>
<tr>
<th></th>
<th>Absent</th>
<th>Beginning</th>
<th>Proficient</th>
<th>Outstanding</th>
<th>Unable to determine</th>
</tr>
</thead>
</table>

Clinical Nurse Specialist Interview Summary Tool

**Characteristic Responsibilities**

- Decision Making/Problem Solving
- Change Management
- Education
- Translating Research into Practice
- Professional Development
- Mentoring

<table>
<thead>
<tr>
<th></th>
<th>Absent</th>
<th>Beginning</th>
<th>Proficient</th>
<th>Outstanding</th>
<th>Unable to determine</th>
</tr>
</thead>
</table>

The Rest of the Story

- Orientation
- Implementation
- Evaluation

CNS Orientation

- Competency-based orientation
- Incorporates adult learning principles
- CNS Skills Inventory
- Customized to individual needs of orientee
- CNS preceptor
- Areas of focus and timetable developed with director, nurse manager, CNS preceptor, and orientee

CNS Preceptor

- CNS role model
- Individualizes and guides orientation process
- Resource consultant
- Problem-solving
- Feedback/evaluation of orientee
- Ongoing mentor

CNS Skills Self-Assessment

- Baseline understanding of individual CNS skills in comparison to the new job description
- Foundation for educational planning
- Identify needs and resources
CNS Orientation

- CNS Competencies/Resource List
  - Competencies from all 3 spheres of practice
  - Available resources listed for each competency
  - Guidance & mentoring from CNS preceptor
- Unit/Program competencies
  - Unit preceptor
- Weekly Activity Guides

CNS Orientation

- Target duration 3 to 6 months
- Evaluation
  - Orientee evaluates CNS and Unit/Program orientation
  - Joint evaluation of orientee’s progress
  - Set goals for rest of first year that become focus for annual performance evaluation
Redesign of the CNS Role: Ensuring Competent Practice & Measurable Outcomes within a Large Health System – Part 2

Sharon Dickinson, MSN, RN, CNS-BC
Kimberly Hickey, MSN, RN, CNS-BC, ANP-BC
Cathy Lewis, MSN, RN
Denise O’Brien, MSN, RN, CNS-BC, CPAN, CAPA, FAAN
Kathleen Vollman, MSN, RN CCNS, FCCM

Objectives
- Identify strategies to assess current role function and skill sets of the CNS.
- Describe a data driven process to reduce variations in practice of the CNS role.
- Discuss the challenges and benefits of the CNS-Nurse Manager partnership as a model for nursing unit leadership.

Objectives
- Define steps to secure successful implementation of the redesign.
- Identify potential barriers and facilitators to redesigning the CNS role in a large academic institution.
- Discuss measures to determine impact of the redesign.

Performance Evaluation
- UMHHC Performance Expectations for All Employees
  - Customer survey information
  - Job Specific Performance Expectations
    - Not met
    - Approaching
    - Solid Performance
    - Exceptional

University of Michigan Health System Customer Feedback Survey
Clinical Nurse Specialist

Clinical Nurse Specialist: _____________________________________________

For each item listed, please rate the performance of this CNS in performing that task and then choose a rating for how important you feel that task is to the delivery of patient care.

1. Demonstrates understanding of nursing and clinical processes.
2. Provides leadership in identifying, developing and motivating nursing staff.
3. Demonstrates understanding of human behavior.
4. Develops nurses to meet the needs of patients.
5. Demonstrates ability to lead and manage teams.
6. Demonstrates knowledge base and clinical expertise.
7. Demonstrates sound decision making in nursing practice.
8. Demonstrates practices to improve patient and staff safety.
9. Demonstrates knowledge and attitudinal education to staff on a regular basis.
10. Demonstrates knowledge base and clinical expertise.
11. Advanced nursing practice through publications in professional literature, participation in conferences, teaching of staff and students.
12. Demonstrates an active role in the processes of program evaluation and human resource development.
13. Demonstrates knowledge and attitudinal education to staff on a regular basis.
15. Demonstrates an active role in the processes of program evaluation and human resource development.

Performance Evaluation

What things do I do that are helpful to you, staff or patients?

What would you recommend that I change or work to improve?

Name: _______________________________ Date: ____________

Unit/Service: ____________________________

What things did I do that were helpful to you, staff or patients?

What would you recommend that I change or work to improve?
Performance Evaluation

• CNS Performance Evaluation Rating Descriptions
  – Based on novice to expert progression in CNS role
  – Examples of behaviors in each of four levels of performance for 3 spheres of influence
  – Focus of behaviors will fluctuate based on annual goals developed in partnership with nurse manager and director

Solid Performance - Nursing Practice/Nurses

• 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
  – Provides educational programming to unit to improve knowledge, skill and/or value clarification. (Example: contact hours, inservice, formal, informal, group, 1:1)

Performance Evaluation: Direct Care

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Approaching</th>
<th>Solid Performance</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Programs/plan/project are not reviewed or developed</td>
<td>Requires assistance in reviewing/developing programs/projects for specific patient population using evidence-based literature</td>
<td>Programs/projects/plan/project are reviewed and updated for specific patient population using evidence-based literature</td>
<td>Qualitatively innovative institutional programs/plan/project using evidence-based literature</td>
</tr>
<tr>
<td>Does not identify a plan to improve quality indicators or fails to implement plan to improve quality indicators</td>
<td>Action plan in progress to improve quality indicators</td>
<td>Ensure quality indicators meet the standard goal for the unit (i.e. Core Measures, NQF, Vermont Oxford, COP)</td>
<td>Benchmark or lead MST across units to improve quality indicators</td>
</tr>
</tbody>
</table>

Performance Evaluation: Nurses/Nursing Practice

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Approaching</th>
<th>Solid Performance</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not show evidence of collaborating to resolve barriers to patient care, communication challenges and reduce issues</td>
<td>Beginning to show evidence of collaborating to resolve barriers to patient care, communication challenges and resource issues</td>
<td>Demonstrates the ability to collaborate effectively to resolve barriers to patient care, communication challenges and resource issues (ASA customer service, incident examples)</td>
<td>Demonstrates the ability to collaborate effectively to resolve barriers to patient care, communication challenges and resource issues at the institutional level</td>
</tr>
</tbody>
</table>

Performance Evaluation: Nurses/Nursing Practice

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Approaching</th>
<th>Solid Performance</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not provide critical leadership role to staff (Clinical Nurse Coordinators, and Educational Nurse Coordinators)</td>
<td>Developing clinical leadership role to staff (Clinical Nurse Coordinators, and Educational Nurse Coordinators) in development of unit programs for advancement to meet level requirements</td>
<td>Provide critical leadership for clinical leadership role to staff (Clinical Nurse Coordinators, and Educational Nurse Coordinators) in development of unit programs for advancement to meet level requirements</td>
<td>Provide critical leadership for clinical leadership role to staff (Clinical Nurse Coordinators, and Educational Nurse Coordinators) in development of unit programs for advancement to meet level requirements</td>
</tr>
</tbody>
</table>
Performance Evaluation: Organization/System

<table>
<thead>
<tr>
<th>Not Met</th>
<th>Approaching</th>
<th>Solid Performance</th>
<th>Exemplary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Does not demonstrate evidence of participation in a system organizational clinical program/project that is congruent with the strategic plan, standards or regulatory requirements.</td>
<td>Able to articulate what system organizational clinical program/project they need to participate or based on their background and the organizational needs.</td>
<td>Participates in a system organizational clinical program/project that is congruent with the strategic plan, standards or regulatory requirements. (Example: 75% attendance at meetings, evidence of participative role.)</td>
<td>Initiates and leads a system organizational clinical program/project that are congruent with the strategic plan, standards or regulatory requirements.</td>
</tr>
</tbody>
</table>

Experience of clinical & financial outcomes related to resource utilization, satisfaction, cost avoidance or revenue generation with a program/project that they participated in. | Activity value assistance with demonstration of clinical & financial outcomes related to resource utilization, satisfaction, cost avoidance or revenue generation with a program/project. | Demonstrates clinical & financial outcomes related to resource utilization, satisfaction, cost avoidance or revenue generation with a program/project. | Completed projects demonstrate clinical and financial outcomes are within projected goals. |

The Rest of the Story

• Implementation

• Evaluation

Transitioning…..

• Implementation Team
  – Work group created to actualize the CNS redesign process
  – Expanded membership
  – Time/outcome limit
  – Design content of kickoff event – “The Launch”

CNS Skills Self-Assessment

• Baseline understanding of individual CNS skills in comparison to the new job description
• Foundation for educational planning
• Identify needs and resources

The Rest of the Story

• Implementation

• Evaluation

Transitioning………

• CNS Forum
  – A coordinating body for CNS activities including networking, and professional development
  – Members
  – Formative stage of group development
Launch…

- Bring stakeholders together
- Motivational
- Established date for use of the products
- Partnership building
  - Team building exercise
  - Problem-solving scenarios

Model for Unit Nursing Leadership

- Model depicts nurse manager – CNS partnership
- Incorporates other unit leadership roles
- Supported by nursing administration
- Focus on support for the bedside caregiver

Issues Associated with Previous Leadership Structure

- Variation in reporting structure
  - Nursing Director
  - Nurse Manager
    - Variation in educational preparation

Issues Associated with Previous Leadership Structure

- Variation in expectations for CNS role
  - Administrative duties
  - Sole responsibility for unit orientation
  - Ownership for clinical outcomes
  - Staffing fill-in
- Role overlap
  - Clinical nurse supervisor ("CNS"), unit educator, advanced roles on clinical ladder, education specialists

Strategies for Unit Nursing Leadership

- Strategies to strengthen partnerships
  - Standardizing meeting structure
  - Unit level
  - Organizational level
  - Partnership toolkit
    (http://www.lgpartnerships.com/default.asp)
  - Presentations for customer groups
  - Providing real-life examples of successful partnerships
Barriers to Redesign

- Individual
  - Fear and resistance of change
  - Educational preparation of individuals in CNS positions
  - Role confusion
  - Time commitment and resources

Barriers to Redesign

- Institutional
  - Role ambiguity and classification crossover
  - Decentralized operational structure
  - Bargaining unit/contract issues
  - Communication links to all interested parties
  - Major commitment of time and resources
  - Concern over ramifications of role redesign on other roles

Strategies to Support Redesign

- Use of external consultant
  - To motivate
  - Provide objectivity
  - Keep on track
  - Minimize internal political barriers
  - 4-hour one-on-one
    - Professional growth plan development to ensure each CNS comfortable with redesign

Strategies to Support Redesign

- Transparency of process
  - Inclusiveness
    - CNS Redesign Team
    - Whole CNS Group
  - Multiple communication strategies
  - Decisions made through consensus-building and voting

Strategies to Support Redesign

- Data driven
  - Individual CNS interviews
  - Customer surveys
    - Staff nurses
    - Allied health
  - Foundation built on NACNS Standards
    - Alignment of work products with national standards

Strategies to Support Redesign

- Implementation process
  - Timeline created
  - Implementation Team to build infrastructure
    - CNS Forum
  - CNS participation/lead on institutional clinical projects
  - Surveillance to ensure use of work products
Strategies to Support Redesign

- Education
  - CNSs
    - Evaluate skill levels
    - Education program to meet deficits
  - Customers
    - Script created and shared
- 4 hour meeting with the consultant to perform a gap analysis from current role actualization to meeting the new job description requirement.
- Development of a professional growth plan

Educational Rollout

- CNS/Nurse Manager partners & unit leadership teams to decide on appropriate rollout to staff
- Communication through all-nurse email message
- Open forum for staff - presentation of effective partnerships
- CNS website redesign
- Educational script for CNSs/Managers to use

World Class Patient Care

Inpatient Unit

System Role

Patient/ & Bedside Family Nurse

Clinical Nurse Specialist

Nurse Manager

Unit Medical Director

Education Coordinator

CNS System Role

Evaluation

- CNS Forum Chairperson attends NEC
- Help set agenda for the Nursing Leadership meeting
- Customer survey pre and post – to be completed

What other evidence of changes are we now gathering?

Evidence....

- Presentations – International Mechanical Ventilation Society, Society of Pediatric Nurses, UMHS Pediatric Conference, AACN’s NTI, Quest (Columbus, OH), NANN, Neonatal Nurse Manager’s of Detroit, NACNS
- Posters – ASPAN’s National Conference, AACN’s NTI, American Burn Society
- Publications – Journal articles, Book chapters
Evidence
• Quality Indicators/Outcomes – Keystone Initiative (VAP, BSI), SCIP, Patient Satisfaction
• Initiatives – Rapid Response Teams, Falls, Pain & Comfort, Restraints
• Staff advancements in the Professional Framework

Evidence
• This re-design is the impetus for change that may require others to look at their roles, classifications, job descriptions, and performance appraisals to help ensure accountability to the Nursing Department vision and strategic plan.

Survivor CNS
• CNS forum – developmental stage?
• Interview challenges – Model in place, guidelines not followed
• Customer survey tool for program based CNS’s for practitioners outside nursing

We Don’t Vote Off
We outwit
We outplay
We outlast
We hold accountable
We change clinical practice for the better
We help staff nurses be the best
CNS-Thriver: CNSs vs Status Quo

Is It Worth It?
• Increased cohesion and working relationships among UMHS CNSs
• Objective appraisal of individual performance
• Increased clarity about CNS role based on core competencies
• Increased accountability for outcomes

Yes

Is It Worth It?
• The Mission of the Clinical Nurse Specialists is to advance the practice of nursing at UMHS, especially through consultation and interdisciplinary collaboration, affecting quality outcomes of care; and to promote development and contributions to evidence-based practice at the UMHS.
The Clinical Nurse Specialist is a Clinical Leader who promotes evidence-based nursing practice; functions as a role model and mentor; supports nursing research and quality improvement initiatives and their application to clinical practice; provides consultation in the care of the complex patient; and collaborates with CNS colleagues and members of the healthcare team to promote excellence in nursing.

Final Thoughts
- We are proud to be CNS’s at the U of M
- We feel fortunate to have the support of nursing leadership
- We would like to thank everyone who has assisted us in this process
- More to do……..

Continued Reinforcement of the Structure, Education, & Support

For more information….

Contact:
sdickins@umich.edu
cclewis@umich.edu
khickey@umich.edu
ddeo@umich.edu
kvollman@comcast.net

Objectives
- Describe a data driven process to reduce variations in practice of the CNS role.
- Discuss the challenges and benefits of the CNS-Nurse Manager partnership as a model for nursing unit leadership.
- Identify potential barriers and facilitators to redesigning the CNS role in a large academic institution.

Objectives
- Define steps to secure successful implementation of the redesign.
- Identify potential barriers and facilitators to redesigning the CNS role in a large academic institution.
- Discuss measures to determine impact of the redesign.