The CNS Leader: Driving Innovations for Clinical Excellence

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Objectives

1. Discuss challenges facing CNS education and practice
2. Delineate various tactics to address current issues in CNS education and practice
3. Formulate strategies to address the invisibility of CNS practice and outcomes
4. Evaluate methods to demonstrate CNS contributions to healthcare and organizational outcomes
Challenges in CNS Education and Practice
Foster and Flanders, 2014

- Education
  - Role complexity
  - Room in the curriculum to adequately address the three spheres and other requirements
  - Lack of standardization across states, despite LACE model
  - Implementation of DNP preparation as entry into CNS practice
  - Adequacy of faculty, preceptors, clinical practicum sites, and student funding sources
Challenges in CNS Education and Practice
Foster and Flanders, 2014

- Practice
  - Role clarity-create “elevator speech”; other tools to communicate the role; performance outcomes/goals
  - EBP- drive changes; time constraints; resources; degree of comfort/knowledge in accessing and evaluating evidence; management support
  - CNS as change agent-system leadership; relationships; working within and among departments, disciplines and roles
Challenges in CNS Education and Practice
Foster and Flanders, 2014

- **Practice**
  - Time management-insufficient time for self-and organization-defined responsibilities; administrative support; need to maintain focus, have a vision, and leverage a team to achieve that team; saying “no” to non-productive activities
  - Value to the organization- need to be clear about contributions to the organizations in concrete ways nurse and non-nurse leaders can understand and appreciate; communicate, disseminate, “dashboards”, performance goals
Education Response

- NACNS: *Recommendations for Graduate Preparation of Clinical Nurse Specialists*
- Program specialty is consistent with LACE model, i.e., AGCNS
- Provide “reality-based” curricular content, i.e., current with evidence and practice
  - CNS faculty current with practice
  - Expert preceptors
  - Didactic and practica specific to each of the three spheres across the life span

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Education Response

- Course objectives drive attainment of program outcomes
  - Analyze historical and theoretical foundations of CNS practice
  - Identify CNS core competencies in the context of each sphere of influence
  - Delineate scope and regulatory requirements for CNS practice in job description
  - Analyze role of the CNS with nursing staff in improving the delivery of safe, cost effective, quality care.
  - Utilize information technology in the collection and analysis of quality outcome data
Course objectives drive attainment of program outcomes

- Evaluate environmental safety issues affecting nurse sensitive indicators
- Evaluate theories, frameworks, and evidence-based knowledge to assess need for practice change
- Perform a system level assessment to identify variables that influence nursing practice and outcomes
- Analyze interdisciplinary knowledge in the design of practice changes
- Identify evidence-based benchmarks and appropriate data management techniques in evaluating outcomes of care
Education Response

- Assignments supplement didactic and facilitate application of content
  - Create CNS “elevator speech”
  - Write CNS job description
  - Establish CNS report card
  - Analyze patient-focused case studies
  - Design curriculum for educational presentation to staff nurses
  - Conduct gap analysis for system quality issue
  - Critique evidence
  - Propose, implement, evaluate and report EBP Project

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Invisibility

- The way in which people work is not always apparent
  - How people work is one of the best kept secrets in America
  - In many forms of service work, the better the work is done, the less visible it is to those who benefit from it…Suchman, 1995
  - Recently increase in using work flow analysis to describe work processes and how decisions are made BUT there is more than documenting a visible process
  - Emphasis on creating less hierarchies and more cross sectional teams for collective wisdom.

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Invisibility

Cross, Borgatti and Parker (2002) used Social Network Analysis (SNA) to describe strategic collaboration in 40 informal networks from 23 different Fortune 500 companies.

- Informal relationships were far more reflective of how work happens, rather than formal organizational chart relationships: *think CNS work*

- These are invisible or at least partially understood by managers: *think CNS work*
Invisibility

- Cross, Borgatti and Parker
  - Sociogram: illustrate who is connected to whom for a specific set of people
  - Method to assess informal networks
  - Can identify people highly central to the network, who are peripheral, and therefore consider reallocation for group is more effective
  - Assessing junctures that are fragmented across boundaries can inform how to integrate groups
Invisibility

- Cross, Borgatti and Parker
  - SNA uniquely effective to:
    - Promote effective communication within a strategically important group
    - Support critical junctures that cross cross-functional, hierarchical, or geographic boundaries
    - Ensure integration within groups
  - Pre-intervention and 9-month post-intervention sociograms follow
Invisibility
Cross, Borgatti and Parker, 2002
Invisibility

- SNA
  - Effective tool for promoting collaboration and knowledge sharing within groups
  - Highly skilled and knowledgeable group members with different skill sets now shared with each other
  - Prior to this, neither group knew what the other knew or how to apply their specific skills and knowledge to new opportunities
  - What would a CNS sociogram look like?
Invisibility

- Theoretical framework of Margaret Urban Walker
- Feminist moral philosophy that accounts for aspects of certain kinds of moral knowledge
- Morality is solidly embedded in social practices
- Subsequent discussions have related this to nursing
  - Ethical inquiry reveals the unseen gendered space that nurses (CNSs) occupy in the biomedical environment
  - Ethical inquiry is essential to the economic evaluation of nursing (CNSs)
Bjorklund (2004) integrated the work of others in describing that the moral knowledge and nursing work are linked with invisibility

- With intimate situated knowledge of particular persons (patients), construct and add meaning to their health experience in the presence of and with the active participation of the nurse (CNSs)
- This knowledge provides evidence for nurses’ ethical decision making that is largely invisible to all but other nurses (CNSs)
Bjorklund

- Nurses (CNSs) utilize knowledge that is both visible and hence recognized and legitimized, and non-visible and therefore cannot be acknowledged by the public eye (or other health care providers)
- Much of nursing (CNSs) is invisible which has important ethical costs and consequences
- Aims and outcomes of nurses and physicians often diverge, as do their gaze
Invisibility

Thomas Eakins: The Agnew Clinic, 1889

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The Invisible CNS

- Holt F (1992)…editorial in CNS Journal
  - Discussed CNS as invisible and likened the role to Bette Midler song, Wind Beneath My Wings.
- Kleinpell R (2007)…Nursing Management
  - Indicated that APNs are invisible champions
- Wears RL (2012)…ED MD stated that making invisible work visible is both important and dangerous; efforts in 1990s to make nursing work visible risked trivializing nursing and facilitated replacing with lower-cost workers
- Fulton J (2013)…editorial CNS Journal

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The Invisible CNS

So.....

How to Make the CNS Role VISIBLE ?????
The **Visible** CNS

- Elevator speech
- Performance-based job descriptions
- Work across boundaries
- Constant communication and updates
- Create report card for summary of outcomes: clinical, fiscal, satisfaction, pt/family-focused
- Document all major projects using a consistent data base format
- Provide unique reports for various stakeholders

**OWN YOUR WORK**
Demonstrating CNS Effectiveness

- Virkstis et al (2009)- building a case to prevent nurse-sensitive HACs
- Newhouse R et al (2011)- systematic review of APN outcomes 1990-2008 (11 CNS articles reviewed)
- NACNS (2013)- Impact of the CNS Role on Costs and Quality of Health Care
- Mayo et al (2017)- CNS role, CNS workforce statistics, strategies for HC orgs to use CNSs to advance pt & organizational goals
- Fulton, Walker, Mayo, Urden- CNS Contributions to Healthcare Outcomes (in progress)

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CNSs and Magnet

- Disch et al (2001)- role of CNS in creating a healthy work environment
- Walker J, Urden L, Moody R (2009)-role of the CNS in achieving and maintaining Magnet status
CNS: Innovations and EBP

- Mueller A et al (2011)-
  - CNSs are..."nursing department knowledge keepers, knowledge seekers and knowledge disseminators able to proactively develop and enhance interdisciplinary partnerships..." p 140
  - Developed and implemented an outcome measurement tool to quantify CNS contributions
Implementing Healthcare Innovations in Practice

- Birken S et al (2016)- field of implementation science- studied middle managers in the areas of diffusing information, synthesizing information, mediating between strategy and day-to-day activities, and selling innovation implementation.

- Their model follows...

- They could have been studying CNSs!
Leader Role in Implementing Innovations in Healthcare Organizations (Birken et al. 2016)

Fig. 1 Refined theory of middle managers’ role in implementing innovations in healthcare organizations. Arrows obtaining and diffusing information includes diffusing information internally and externally. Arrows mediating between strategy and day-to-day activities involves measuring performance and engaging in frontline activities.
The CNS Leader

- Leadership is a skill - not a role
- Leaders may have an “official or traditional” title, and may also emerge by virtue of their skill set, self-agency, and drive to accomplish goals and outcomes
- CNS is a combination of all of these attributes
The CNS Leader: Spanning Boundaries

- Boundary Spanning Leadership
  - Ernst C, Chrobot-Mason D (2011)

- Too often organizations have:
  - World of vast collaboration potential
  - Powerful boundaries can create barriers and splinter groups
  - Uninspiring results that lead nowhere

- Six practices for solving problems, driving innovation, and transforming organizations

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The CNS Leader: Spanning Boundaries

1. Buffering: defines boundaries to create safety
2. Reflecting: creates understanding of boundaries to foster respect
3. Connecting: suspends boundaries to build trust
4. Mobilizing: reframes boundaries to develop community
5. Weaving: interlaces boundaries to advance interdependence
6. Transforming: cross-cuts boundaries to enable reinvention
The CNS Leader

- Implement three spheres of CNS practice - we are unique and bring what no one else brings to health care!
- Advocate for the CNS role
- Span boundaries
- Maintain self-mentor and mentor others: succession planning
- Demonstrate outcomes
- Create extensive network of colleagues
- **OWN** our work !!!!!!!


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References


References

References

- NACNS (December, 2013). Impact of clinical nurse specialist role on the costs and quality of health care.

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Questions

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