



Clinical Nurse Specialist Testimony in Support of Senate Bill 68

The Clinical Nurse Specialists of Michigan appreciate this opportunity to share information about our advanced practice nursing role and the importance of Senate Bill 68.

What are Clinical Nurse Specialists?

Clinical Nurse Specialists (CNSs) are advanced practice registered nurses (APRNs) who provide expert comprehensive nursing care directly to patients, support and develop registered nurses at the point of care, and serve as leaders in redefining healthcare systems to improve access, quality and safety in a cost-effective manner. We are *leaders of change* in health organizations, *developers* of evidence-based programs to prevent avoidable complications, *coaches* of those with chronic diseases to prevent hospital readmissions, *facilitators* of teams in acute care and other facilities to improve the quality and safety of care and *researchers* seeking evidence-based interventions to improve the outcomes of care. We are one of the advanced practice nursing roles recognized by all national nursing organizations and the National Association of State Boards of Nursing in the APRN Consensus Model, and included in the Institute for Medicine's report on the *Future of Nursing*. Since 1953, CNSs have served as committed leaders, delivering cost-effective care with optimal patient outcomes (Peplau, 2003), but this highly effective APRN role has not yet been recognized in the Michigan Public Health Code.

What is the educational preparation of Clinical Nurse Specialists?

Clinical Nurse Specialists are licensed registered nurses with graduate nursing degrees and certified in a specialty (e.g. adult care, pediatrics, mental health, etc.). The requirements for CNS education are set by the National Association of Clinical Nurse Specialists and the national professional nursing accrediting bodies for graduate schools of nursing. As with all APRN roles, CNSs complete courses in advanced physiology/pathophysiology, advanced physical assessment and differential diagnosis, and advanced pharmacology. The core competencies for CNS preparation also include: theoretical foundations for CNS practice; design and development of innovative nursing interventions; clinical inquiry and research; critique and use of technology, products and devices; teaching and coaching of patients and nurses; influencing change, systems and organizational culture; leadership for multidisciplinary collaboration, consultation, evidence-based practice, and methods for evaluation of outcomes. CNSs complete over 500 hours of clinical patient care in addition to the hundreds of hours of clinical experience at the baccalaureate level.

What do Clinical Nurse Specialists do?

Clinical Nurse Specialists use their clinical expertise for health maintenance and wellness promotion and for treatment of illness for patients and families in a specific population focus, from neonatology to gerontology. CNSs provide health care services a variety of settings,

including hospitals, rehabilitation facilities, outpatient clinics and nursing homes. Nationally, over 70% of CNSs work in inpatient hospital settings. Clinical Nurse Specialists are directly responsible for reducing readmission rates, decreasing hospital lengths of stay, reducing mistakes and omissions in care, and improving the quality and safety of care. We provide direct patient care to help solve complex care problems and promote self-care for individual patients and their families. We develop and implement programs of care that improve clinical outcomes, eliminate unnecessary care, and reduce the cost of care for patients with chronic illnesses, such as congestive heart failure and asthma. We translate new research and evidence into practice improvements at the bedside by mentoring and coaching nursing students and registered nurses in the work place. This contributes to a competent work force that attracts and retains nurses within our state. We are leaders of change within organizations and health care systems to facilitate quality improvement, improve patient safety, and lower health care costs.

CNSs also play an essential role in collaboration for care coordination and transitions of care across settings that result in reduced hospital lengths of stay, fewer hospital readmissions and fewer hospital-acquired infections and complications. The CNS is specifically prepared to be not only a participant in care coordination, but also to collaborate with other health care providers in the leadership role for care coordination. CNSs often lead multidisciplinary groups, collaborating with physicians and other professionals, to implement practice changes that result in better patient outcomes.

Research and demonstration projects have shown that the CNS role is uniquely suited to lead the implementation of evidence-based quality improvement actions that also reduce cost throughout the health care system. Examples of this leadership nationally include improvements in prenatal care, decreasing employer health care costs by providing preventive and wellness care in the workplace, improving outcomes for patients with depression in behavioral health clinics, and reducing hospital admissions by improving access to care and coaching for patients with chronic illnesses such as diabetes and epilepsy.

Impact of Clinical Nurse Specialists in Michigan

We would like to share some specific examples of the impact of the Clinical Nurse Specialist role within healthcare delivery systems in the State of Michigan. Clinical Nurse Specialists in multiple hospitals in Michigan led or co-led system changes that have substantially decreased catheter associated bloodstream infections and ventilator acquired pneumonia in the intensive care units. This has decreased deaths from these infections statewide. Through the creation of a healthy work environment, Clinical Nurse Specialists in an urban critical care service saved \$2 million in orientation costs for new nurses by retaining experienced ones. A CNS-led initiative to implement early mobilization for ICU patients in a large academic medical center has resulted in fewer complications for those patients and earlier transfer out of the ICU. A multidisciplinary project headed by CNSs at a large pediatric hospital in Michigan resulted in improved patient outcomes and shorter hospital stays after posterior spinal fusion surgery. Hospitals around the country are following these improvements in care from Michigan.

Importance of Senate Bill 68 to Clinical Nurse Specialists

A critical part of the legislation for Clinical Nurse Specialists is title protection. Title protection would specify qualifications and standards for nurses to practice as Clinical Nurse Specialists in Michigan and would protect the public from nurses using the title without the

appropriate educational preparation and certification. A report filed in April of 2012 by the Task Force for Nursing Practice for Michigan's Department of Community Health recommends that Clinical Nurse Specialists be recognized as APRNs in the State of Michigan. The report further states, "To improve access to health care for Michigan residents, all statutory and regulatory barriers to full independent practice for Advanced Practice Registered Nurses (APRNs) must be removed. APRNs must be able to practice in Michigan to the full extent of their required education and competencies."

Many CNSs educated in Michigan leave for better practice environments in other states and it is difficult to attract CNSs from other areas of the country to fill open positions here in Michigan. Passage of this legislation would promote CNS practice in Michigan and help solve these dilemmas and improve access to this nursing resource for the patients in Michigan.

An additional benefit of the legislation for the citizens of Michigan is the ability of APRNs to practice to the fullest extent of our education as autonomous healthcare providers. We believe that the option of prescriptive authority would enable Clinical Nurse Specialists to order the necessary medical equipment such as dressing supplies for wound care, referral services such as physical therapy or occupational therapy that are necessary components for coordinating the best care for patients.

The Clinical Nurse Specialists of Michigan would like to thank the members of the Committee for your consideration of this testimony and know that passage of this legislation is critical to the health, safety and well-being of the citizens of Michigan.

Examples in professional literature of the work of Clinical Nurse Specialists:

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