

Resolution

Submitted by the Clinical Nurse Specialist Interest Group (CNSIG).

CNS and Complex Care

WHEREAS the Clinical Nurse Specialist (CNS) role has been in existence in Ontario since the 1960's and the CNS currently works in an advanced nursing practice role,

WHEREAS indicated by the College of Nurses of Ontario (CNO) and the Canadian Nurses

Association (CNA), the CNS is required to have a graduate degree in nursing, having completed a Master in nursing or a doctorate in nursing with a clinical nursing specialty,

WHEREAS the CNS provides expert input into the care of complex and/or vulnerable populations and/or challenging clinical situations and that the CNS contributes to the improvement of patient outcomes and decrease or reduction of mortality and morbidity,

THEREFORE BE IT RESOLVED that RNAO include the CNS in the staff mix being presented to health care organizations and the government of Ontario and promote the CNS as part of the solution in the management of the care of complex and/or vulnerable populations in the healthcare system.

THEREFORE BE IT RESOLVED that RNAO promote the significant contributions of the CNS as an Advanced Practice Nurse (APN) in the healthcare system of Ontario and beyond.

Background information for the resolution proposed by CNSIG

With rapidly changing healthcare environments and complex patient care needs, the proposed solution appears to be an appropriate staff mix to meet the increasing needs of our complex and/or vulnerable populations. However, there appears to be a lack of inclusion of the Clinical Nurse Specialist (CNS) as a significant contributor in the staff mix being presented to healthcare organizations and the government of Ontario.

Clinical Nurse Specialists (CNSs) are significantly contributing to the Canadian healthcare system as advanced practice nurses who integrate and apply a wide range of theoretical and evidence-based knowledge. Education of the CNS is a Masters' degree in Nursing or a doctorate in Nursing with a clinical nursing specialty. The three spheres of CNS influence are patient/client sphere, nurse and nursing practice sphere, and organization/system sphere. According to Lewandowski et al. (2009), the three categories of substantive areas of CNS clinical practice which have been identified are: a) manage the care of complex and/or vulnerable populations, b) educate and support interdisciplinary staff and c) facilitate change and innovation within the healthcare system. With regards to the management of the care of complex and/or vulnerable populations, CNSs are experts in a specialized area of nursing practice and can provide clinical consultation to assist care teams to develop and evaluate the plan of care for individual patients or groups of similar patients with complex health needs. CNSs act as change agents at the nurse-patient level by promoting evidence-based nursing practice, at every level of the organization by advocating for policy change, and at the broader healthcare sector level to advocate for nursing and patient care needs. CNSs establish collaborative relationships with patients, families, healthcare professionals, administrators and other healthcare partners in order to positively impact nursing practice, patient care and policy. Furthermore, CNSs are nurse leaders who collaborate for optimal patient outcomes and who influence organizations to affect change and transformation of healthcare. For all of the above reasons, CNS should be explicitly included in the case mix as part of the solution in the management of care of complex and/or vulnerable populations in the healthcare system of Ontario.

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