

Resolution

Submitted by the *Clinical Nurse Specialist Association of Ontario (CNS-ON)* and the *Staff Nurse Interest Group (SNIG)*.

CNS and Staff Mix

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 an advanced clinical expertise in a nursing specialty, such as gerontology,

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,

WHEREAS the RNs, RNP's and PSW's in long term care feel isolated in many instances from the lack of clinical support in providing a more complex type of care with elderly individuals,

THEREFORE BE IT RESOLVED that the Registered Nurses' Association of Ontario recognize the value of the Clinical Nurse Specialist (CNS) and promotes the CNS role as part of the solution to assist in the management of complex care in the health-care system through the inclusion of the CNS in the staff mix being presented to long-term care organizations and hospitals (e.g.) and to the government of Ontario.

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Report on this resolution – see this following RNAO year report on page 29.

https://rnao.ca/sites/rnao-ca/files/2019_RNAO_AR_online.pdf

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Background information for the resolution proposed by CNS-ON

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 most vulnerable populations, e.g. elderly women and men. 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, e.g. in gerontology, 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.

With the support of the Clinical Nurse Specialist Association of Canada, CNSs have proven their value and continues to provide leadership to nursing colleagues, physicians, and other health care professionals. They are educated to include research and Best Practice Guidelines, in improving the care provided and to address systemic problems to enable nurses and health care professionals to provide a safer and more appropriate type of care in specific working environments with individuals facing a multitude of health problems.

References:

Lewandowski, W., & Adamle, K. (2009). Substantive Areas of Clinical Nurse Specialist Practice: A Comprehensive Review of the Literature. *Clinical Nurse Specialist Journal*, 23 (2), 73-90.

CNA. (2009). Position Statement: Clinical Nurse Specialist.

http://www.cna-nurses.ca/CNA/documents/pdf/publications/PS104_Clinical_Nurse_Specialist_e.pdf

CNO (2010). Registration guide. http://www.cno.org/reg/memb/pdf/amr_guide_2010.pdf

Canadian Nurses' Association (CNA) in both official languages (EN / FR)

<https://cna-aiic.ca/professional-development/advanced-nursing-practice>

https://cna-aiic.ca/~media/cna/files/en/who_is_the_cns_webinar_dec2013_e.pdf?la=en

<https://cna-aiic.ca/en/professional-development/nurse-practitioner-and-clinical-specialists/clinical-nurse-specialists>

Competencies : (EN)

http://cna-aiic.ca/~media/cna/files/en/clinical_nurse_specialists_convention_handout_e.pdf

http://cna-aiic.ca/~media/cna/files/en/clinical_nurse_specialist_role_roundtable_summary_e.pdf

http://cna-aiic.ca/~media/cna/files/en/strengthening_the_cns_role_background_paper_e.pdf

APN (CNS / NP) https://cna-aiic.ca/~media/cna/page-content/pdf-en/anp_national_framework_e.pdf

https://cna-aiic.ca/~media/cna/page-content/pdf-en/clinical-nurse-specialist-position-statement_2016.pdf?la=en