



A Strategic Framework to Optimize Clinical Nurse Specialist Utilization: Enhancing Readiness & Value in a Military Medical Center



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AIM

1: To test the efficacy of structuring the utilization of CNSs in a “cell concept” compared with the traditional unit-based concept, and the effects on nurse perceptions and satisfaction with CNSs in the military treatment facility.

2: Evaluating the effects of restructuring CNS utilization on nurse sensitive outcomes (HAPI, CAUTI, CLABSI).

BACKGROUND

CNS Role

- CNSs strengthen readiness by driving evidence-based practice, improving patient outcomes, and elevating nursing performance across complex, high-tempo environments.
- Among staff and leaders there is often confusion about their role limiting organizational reach.

Supply and Demand

- MTFs commonly do not have enough CNSs to support having a dedicated CNS for each unit
- Service lines have similar issues within like type units
- Traditionally assignment ambiguity with personnel assigned to specific units

WHAT IS A CNS

A CNS is an Advanced Practice Nurse (APRNs) who operate within 3 primary spheres (Organization and Systems, Nurses and Nursing Practice, and Patient Direct Care) to improve patient care and outcomes, nursing processes, as well as policy and practice by implementation of Evidence Based Practice.

METHODS & INTERVENTION

Using the RE-AIM implementation science framework, we developed a rotational, cross-coverage structure to address gaps in staff and leadership understanding and perceived value of the CNS role. The intervention, was conducted over a 15-month period. Nursing Sensitive Indicators were collected as secondary data. Primary data were analyzed with descriptive statistics. Pre / Post results were assessed using Wilcoxon rank sum tests.

Key Elements:

- Investigator designed data collection tool using 4-point Likert scale
- Informational handout about CNS roles
- NSI focused deliberate rounding tools
- Monthly rounding schedule ensuring each CNS engaged with each floor within the section weekly

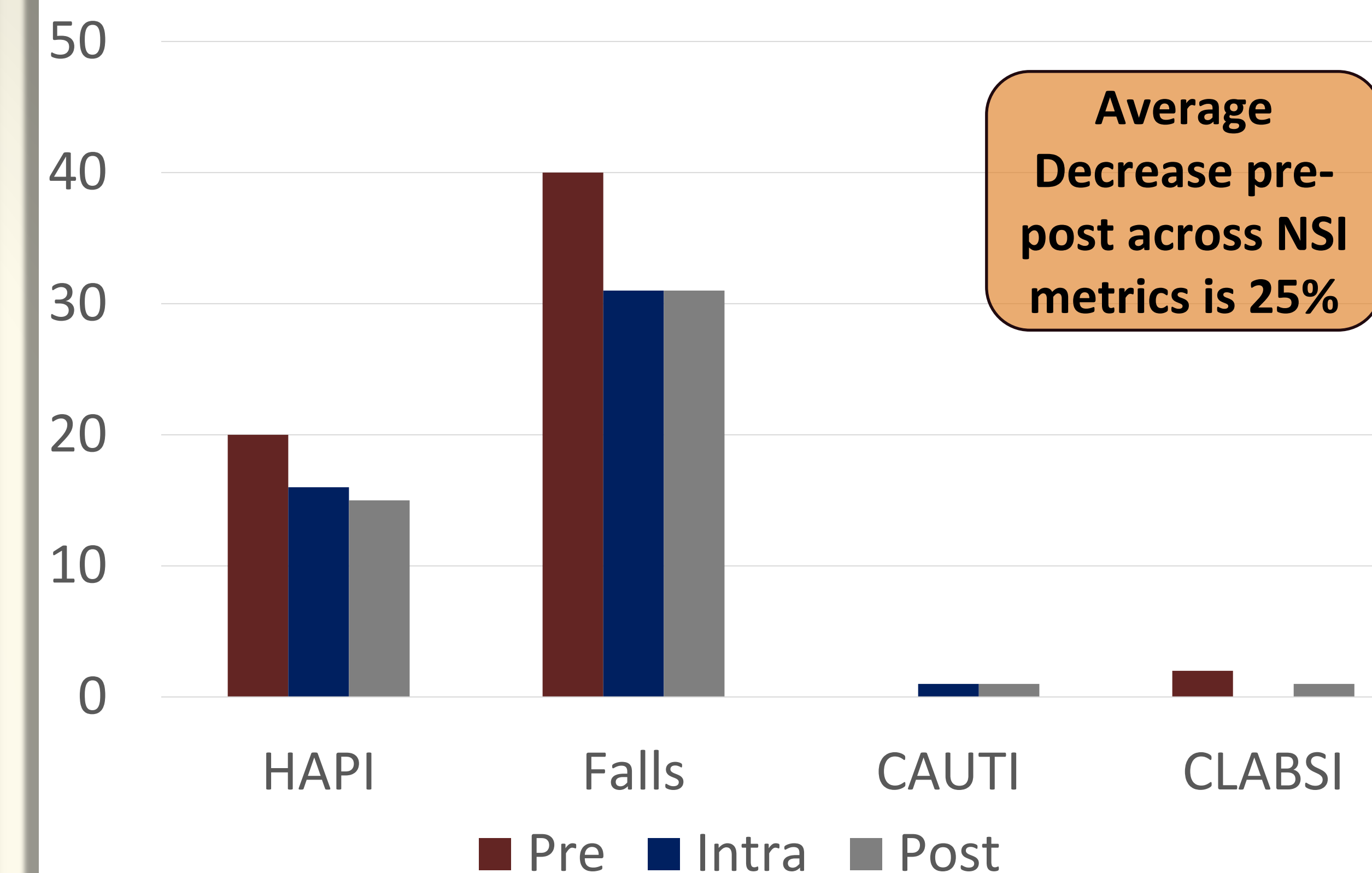
RESULTS

Statistically significant increases were observed in staff’s understanding of the CNS role, their satisfaction with CNS engagement, and their perception of the CNSs’ effectiveness ($p < 0.05$). Ceiling effect noted for added benefit and impact on nursing practice. Initiative contributed to a measurable reduction in HAPIs, Falls, and CLABSIs, resulting in an institutional cost avoidance of over \$500,000.

Survey Item	Pre Mean (Median)	Post Mean (Median)	P-value
Q1. Added Benefit	2.81 (3)	2.92 (3)	0.554
Q2. Availability	2.40 (3)	2.67 (3)	0.098
Q3. Impact Nursing Practice	2.79 (3)	2.95 (3)	0.534
Q4. Patient Outcomes	2.74 (3)	2.91 (3)	0.339
Q5. Organization Processes	2.69 (3)	2.93 (3)	0.226
Q6. CNS Understanding Concerns	2.54 (3)	2.68 (3)	0.00*
Q7. Understanding CNS Role	2.50 (3)	2.68 (3)	0.00*
Q8. Comfortable Communication	2.74 (3)	2.91 (3)	0.216
Q9. Satisfied CNS Engagement	2.27 (3)	2.54 (3)	0.00*

Likert scale 1–4, 1 = strongly disagree and 4 = strongly agree
• indicates statistical significance ($p < 0.05$)

NSI Data Pre/Intra/Post



DISCUSSION/CONCLUSIONS

Implementation science and research collaboration improved CNS utilization

Informal leader presence + buy in from staff help drive changes in practice

Role clarification improve perception and satisfaction

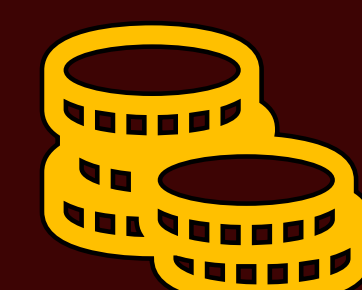
Role III environments can utilize CNS similarly to increase RTD

LIMITATIONS

- **Sustainability:** Challenged by the lack of formal authorization for CNS roles. Most are in a utilization tour following graduate education and then get pulled to leadership.
- **Consistency:** Unpredictability of CNS consistency due to mission requirements causing constant turnover. This model was less disruptive than traditional single ward assignments, but still limited.



REFERENCES



Institutional Cost Avoidance >\$500,000