

FROM INSIGHT TO IMPACT: CNS CONSULTS IN THE CVICU

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INTRODUCTION

The Clinical Nurse Specialist (CNS) role is often underutilized in intensive care units (ICUs), resulting in missed opportunities to enhance patient outcomes and support nursing staff. The CNS frequently receives informal “drive by” consults with no way to directly measure their impact.

- Previous research suggests that CNS involvement improves quality of care, lowers healthcare costs, and improves the recruitment and retention of nurses.
- Gaps exist in how the CNS role is perceived and engaged by nursing and other disciplines in critical care settings.
- This study evaluates a structured approach to CNS consult implementation in the CVICU.

OBJECTIVE

To evaluate the impact of a formalized CNS consult on nursing perceptions of the CNS role and patient outcomes, specifically nurse sensitive indicators (NSIs).

Does a formalized CNS consult in the CVICU improve nurses' perception of the CNS role and impact patient outcomes?

METHODOLOGY

A retrospective pre/post-intervention study was conducted in a cardiovascular intensive care unit (CVICU). A structured CNS consult model was introduced, focusing on nurse support, interdisciplinary collaboration, and evidence-based practice integration. Nursing perceptions were measured via 20 Likert scale questions focused on the accountabilities of the CNS role as defined by the National Association of Clinical Nurse Specialists. Nurse sensitive indicator (NSI) rates were tracked over one year. Pre/post comparisons were analyzed to evaluate the impact.

Design: Retrospective pre/post-intervention study.

Setting: CVICU in a large quaternary care academic medical center.

Intervention: CNS consult model implemented within the EHR, focusing on nurse support, patient rounds, and evidence-based practice integration. Targeted education provided to nursing staff.

Data Collection: Nursing perception survey (pre/post) in addition to hospital acquired pressure injury (HAPI) and central line associated blood stream infection (CLABSI) rates.

RESULTS

Nursing Perceptions of the CNS Role

Significant increases in “strongly agree” responses in 19 out of 20 questions, with largest increases in CNS advocacy, nursing support, interdisciplinary collaboration, patient outcomes, and education. (See Figure 1 for comparisons)

Significant Improvement in NSIs

HAPI rate before CNS consult: 18.8%. After CNS consult: 3.2% (See Figure 2 for trend visualization)

CLABSI rate decreased by 41% (1.561 to 0.918 per 1,000 line days)

IMPORTANT!

Implementing a structured CNS consult led to an 83% reduction in HAPI rates and improved nursing perceptions.

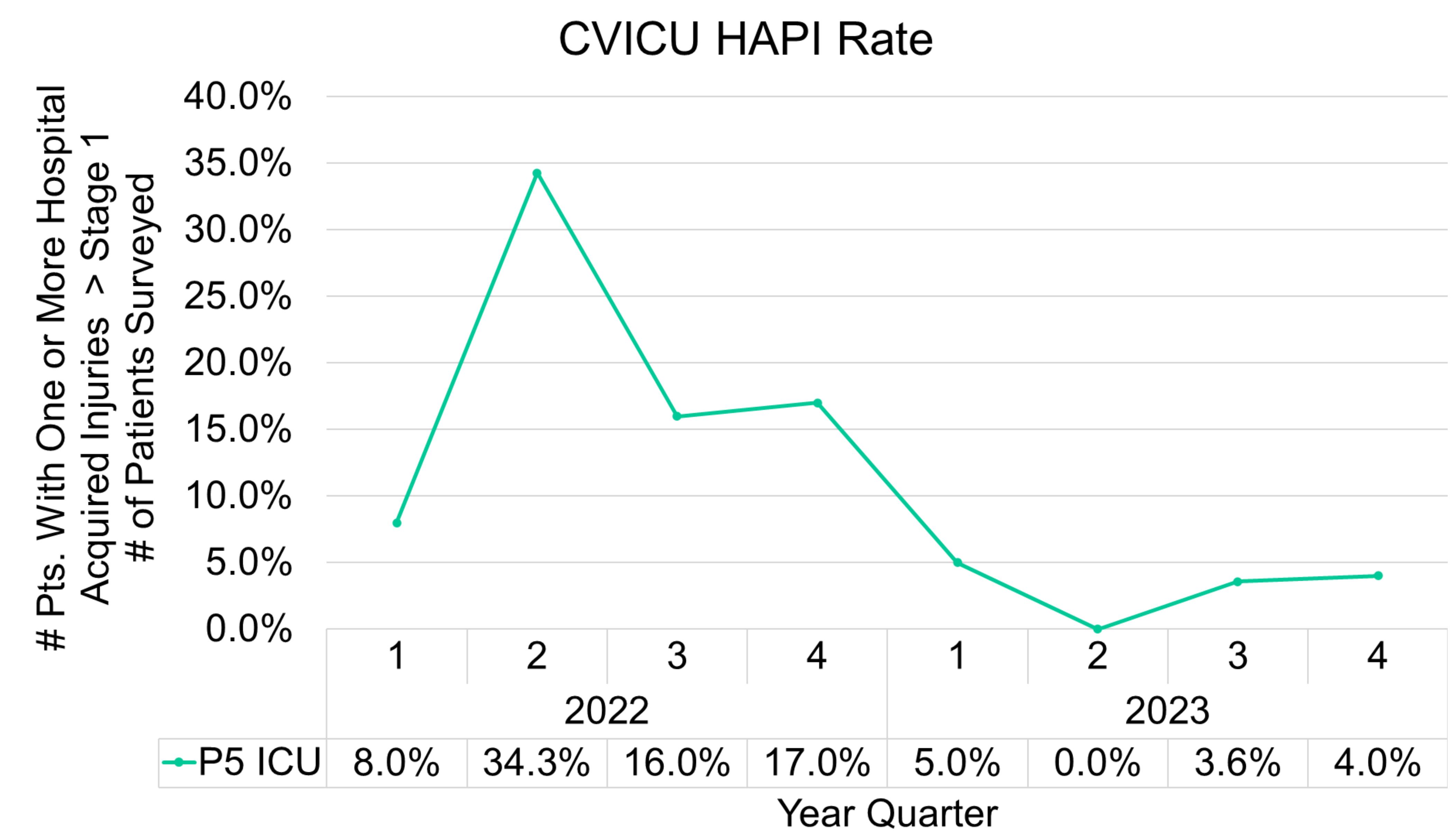
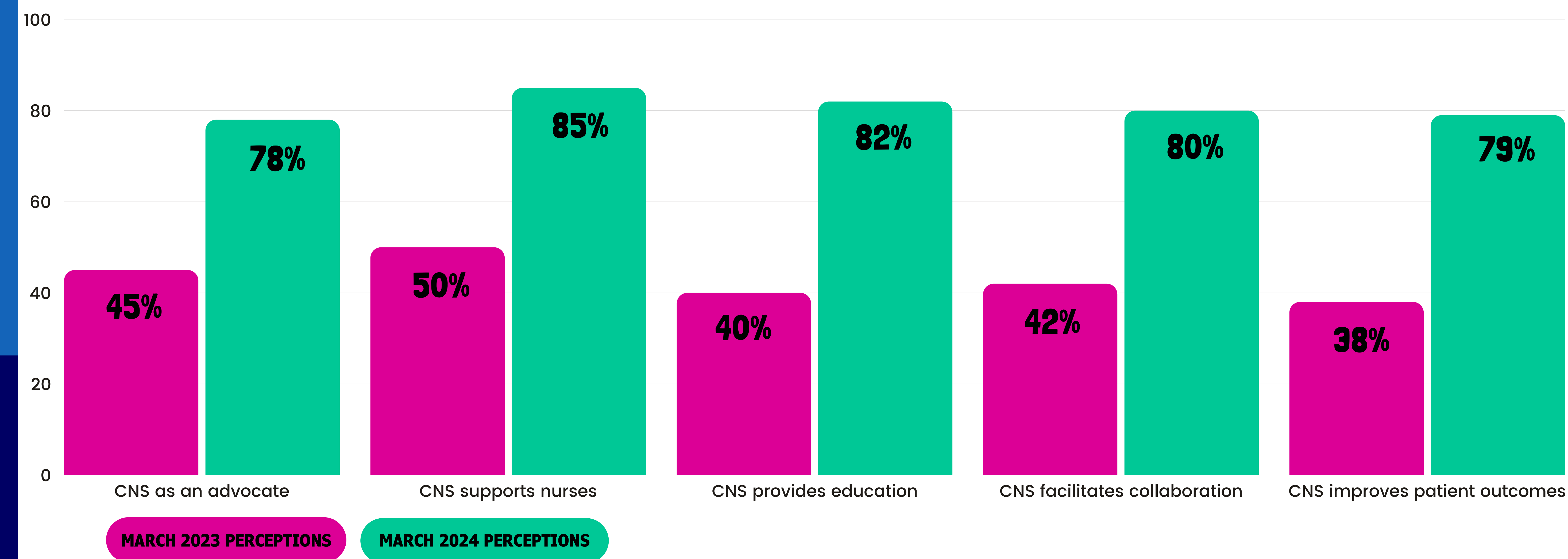
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ANALYSIS

Our analysis demonstrated that the CNS consult model significantly improved NSIs, financial outcomes, and nursing perceptions of the CNS role. Using descriptive statistics, we tracked CLABSI rates, HAPI occurrences, and shifts in nursing perceptions, while cost savings were estimated through standardized financial models. Compared to 2022, the 2023 data revealed over \$1.3 million in estimated cost savings, including \$200,000+ from CLABSI reductions and \$70,000 per pressure injury avoided.

Beyond financial impact, nursing perception surveys highlighted greater trust, leadership visibility, and staff engagement, leading to stronger adherence to best practices and improved workflow standardization. The CNS consult process uncovered practice gaps early, allowing for targeted education, mentorship, and real-time interventions that strengthened nurse retention factors. Notably, CLABSI reduction in the CVICU was not just a result of improved line care: it was driven by increased CNS presence, which fostered a culture of transparency and accountability. Nurses felt safe reporting workflow barriers, enabling immediate process improvements and sustainable practice changes.



CONCLUSION

A structured CNS consult model in the CVICU significantly improved both patient outcomes and nursing perceptions of the CNS role. This approach may be adaptable to other inpatient settings, enhancing nurse engagement, improving nurse sensitive indicators, and increasing evidence-based care implementation. Further research is needed to assess long-term sustainability and broader impacts on patient safety

- A structured CNS consult increases visibility of the CNS role, positively shifting nursing perceptions and improving engagement with CNS-led initiatives.
- Patient outcomes, specifically HAPI and CLABSI rates, significantly improved with CNS involvement.
- Future research should evaluate generalizability, long-term sustainability, and impacts on other key patient outcomes.