

Introduction

Background	Risk Factors	Purpose
<ul style="list-style-type: none"> Clinical Nurse Specialists (CNSs) are advanced practice nurses who influence patient outcomes, nursing practice, and evidence-based initiatives. In pediatric hospitals, CNS roles are often unit-based, limiting access across the organization. 	<ul style="list-style-type: none"> Children are at increased risk for hospital-acquired conditions due to: <ul style="list-style-type: none"> Immature skin integrity Large occiputs Developmental behaviors Risks contribute to pressure injuries and central line-associated bloodstream infections (CLABSIs) that may be under-recognized. 	<ul style="list-style-type: none"> To expand access to CNS support hospital-wide through a consultative model with the EHR. Structured evidence-based practice (EBP) mentorship to improve early identification, prevention, and to elevate nursing practice.

Key Problem

Clinical nurses lacked consistent access to expert nursing consultation to support clinical assessment and practice change.

Methods

Design: Practice innovation (improvement project)

Setting: Free-standing pediatric hospital

Interventions:

- CNS Referral System
 - Embedded within the electronic health record
 - Allows bedside nurses to request CNS consults for:
 - Skin integrity concerns
 - Central line care
 - Ostomy troubleshooting
 - Adhesive allergy
 - Bundle variations
 - General nursing practice questions



- EBP Workshop
 - Structured mentorship for nurses initiating EBP, quality improvement, or research projects
 - Included individualized guidance, protected time, and leadership engagement
 - Opportunity to mentor or teach in future classes



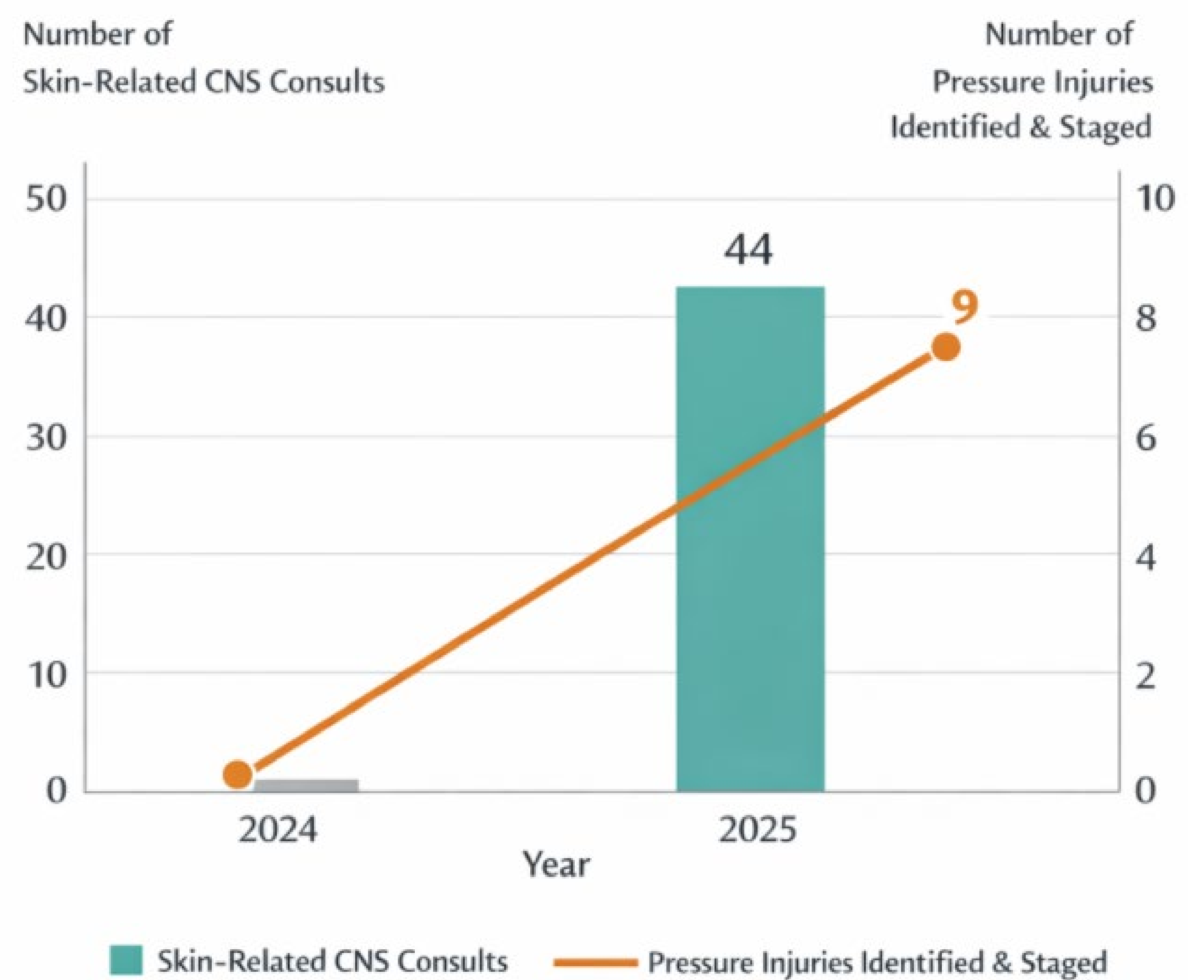
Measures:

- CLABSI rates (per 1000 central line days)
- Pressure injury identification and staging
- Number of CNS consults
- Nurse participation in EBP projects or practice changes

Results



- CLABSI rates decreased from 1.38 to 0.5 per 1000 central line days
- Pressure injury identification improved:
 - 2024: 0 pressure injuries identified prior to prevalence audits
 - 2025: 44 skin-related CNS consults resulted in identification and staging of 9 pressure injuries



- Nursing engagement increased:
 - Prior to implementation: no formal EBP projects
 - First year: 5 nurses initiated EBP projects focused on patient care improvement

Discussion

Expanding the CNS role to a hospital-wide consultative model enhanced nursing vigilance and clinical judgment, particularly for high-risk pediatric populations. Increased identification of pressure injuries suggested improved assessment skills rather than increased harm, reflecting earlier recognition and intervention.

The CNS referral system provided timely expert support at the bedside, while the EBP workshop empowered nurses to actively participate in improving practice. Together, these initiatives strengthened nursing confidence, promoted evidence-based care, and supported safer outcomes for pediatric patients.

Conclusions

A hospital-wide CNS consultative model improves access to expert nursing support, enhances early identification of pediatric risk factors, and strengthens nursing engagement in evidence-based practice.

Implications for Pediatric Nursing:

- Improves recognition and prevention of hospital-acquired conditions
- Supports bedside nurses through mentorship and consultation
- Promotes a culture of inquiry and professional growth
- Scalable to other pediatric institutions seeking to maximize CNS impact

Resources