Clinical Story in Support of SB 213 – Clinical Nurse Specialist Prescribing

Delay in access to care is a current reality for patients managed and cared for by the Clinical Nurse Specialist (CNS) working in the few states where CNS prescribing authority is denied. Maryland is one of those states denying prescriptive authority to the CNS. The advanced practice CNS manages patients across the health care system (inpatient, outpatient, transitions of care from the intensive care unit to the step-down unit to home, in both rural and urban settings). Prescribing will allow the CNS to improve patient outcomes, improve patient and health care provider satisfaction, improve the efficiency, effectiveness and efficacy of care delivered.

Clinical Story

As a CNS at a large Academic Medical Center managing post-operative cardiac surgery patients transitioning to discharge to home, prescribing authority is essential to safe continuity of care and promoting positive patient outcomes. The CNS is key in the management of patients until they are able to be transitioned to care by their cardiologist or primary care physician, **appointments of which take 6-8 weeks following patient discharge from the hospital.** The CNS is able to fill this “gap” in care through safe and quality patient management with smooth transition to community-based care.

During this “transition period” the CNS manages patient symptoms, determines if additional lab testing is needed, interprets lab test results, communicates their plan of care with other members of the health care team. Management of this population of patients includes identifying the need for changes in a patient’s medication regimen to manage fluid status and avoid episodes of congestive heart failure, dehydration, altered heart rate, rhythm and maintain a stable blood pressure. All important to improving patient outcomes, decreasing emergency department visits and decreasing readmissions to the hospital. The CNS is educated, trained and certified to manage this population of patients but in Maryland are not allowed to prescribe medications, order the lab tests, order durable medical equipment (walker, wheelchair, bedside commode etc.) or order an interdisciplinary medical care consult (PT, OT, Speech, home care).

The advanced practice CNS manages a set of patients yet they must stop their workflow to reach out to another provider of equal training and education, unfamiliar with the patient, taking them away from their task at hand (in the operating room, managing a patient in the ICU, seeing patients in the clinic), to sign an order the CNS has placed in a patient’s electronic medical record. This process results in a delay in access to needed care, a breakdown in the continuity of care provided and added workload to the medical care team.

Delay in treatment is a patient safety hazard involving a provider not as familiar with the patient entering a medication, lab or medical equipment order on a patient they are not managing……..All because Maryland has not yet authorized the CNS prescribing authority. Thirty-nine (39) states and the District of Columbia allow CNS prescribing. The CNS is trained, educated and within their scope of practice to prescribe. There is justification and a huge need for the CNS who manages this vulnerable population of patients along the cardiac surgery service line to have prescribing authority. **Please support SB 213 Clinical Nurse Specialist Prescribing.**

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