Letters to the Editor

Follow up to The Importance of Specialized Nursing Care for NICU Patients and Families

"As you will recall, the impetus for this article was the response, from a group of California Neonatal Clinical Nurse Specialists, about a new draft that was put out by the California Children's Services (CCS) outlining a significant change in the specifications related to the role of the CNS in the Neonatal Intensive Care Unit (NICU)."

Dear Dr. Goldstein:

This is in response to the article published back in March titled "Neonatal Clinical Nurse Specialist: The Importance of Specialized Nursing Care for NICU Patients and Families."

As you will recall, the impetus for this article was the response, from a group of California Neonatal Clinical Nurse Specialists, about a new draft that was put out by the California Children's Services (CCS) outlining a significant change in the specifications related to the role of the CNS in the Neonatal Intensive Care Unit (NICU).

The exposure we received in the March publication of Neonatology Today was an enormous help in bringing to light the significant problems with the misunderstanding of the CNS role in the Neonatal Intensive Care Unit. This publication also provided some much-needed clarification on the differences in Advanced Practice Registered Nursing roles, Clinical Nurse Specialist, Neonatal Nurse Practitioner, and Nurse Educator role as it pertains to fulfilling their individual scope of practice in the NICU. I recently had the opportunity to share our plightwith a group of CNSs from across the nation, and when I shared with them the publication in Neonatology Today, it gave them a sense of pride and renewed strength, reminding them that there are still ways to have our voices heard. Many CNS's struggle with administrative and other healthcare professionals not understanding the CNS's full scope of practice as an Advanced Practice Registered Nurse (APRN), and the lack of understanding doesn't stop at thatlevel; it trails all the way up to the state levels and varies greatly across the nation.

I wanted to take this time to write you and thank you for the support in publicizing this article on behalf of **all** Clinical Nurse Specialists. In doing so, this has helped not only our cause in the NICU but has ignited a fire and renewed passion in helping the campaign to resolve the inconsistency in the scope of practice for the Clinical Nurse Specialist in the Advance Practice Arena in all areas across the nation. Lastly, I want to share with the readers that since the submission of this letter directly to CCS, they have taken into consideration our concerns and listened to our argument regarding the changes they wanted to make. CCS instead has decided to keep the role of the CNS intact as it was originally stated in the CCS regulations, which defines the Neonatal CNS as being the best suited to manage the complex health care needs for the Neonatal Intensive Care Unit. We are grateful for their consideration and discernment in seeing the value that the CNS brings to this very special and fragile patient population and to the entire NICU healthcare team.

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Thank you for your support,

Nancy Simmons, MSN, CNS-NICU, RNC

Dear Ms. Simmons,

Thank you very much for your kind words. It is reassuring to know that the Clinical Nurse Specialist role will be kept intact in the NICU here in California according to the original CCS regulations. As you are well aware, this challenge to the traditional nursing infrastructure would have made it very difficult, if not improbable, to assure uniform quality of care across the NICUs in California. The complex health care needs supported by the role provide the backbone for advanced practice nursing in this venue.

Indeed, this issue is present nationwide and is not confined to the NICU. However, support for the CNS role and advanced practice is requisite for compliance with increasing complex protocols and best practice guidelines. More importantly, this role has supported various quality improvement initiatives statewide and is a significant impetus to CPQCC and the success of this collaborative. Any dilution of this role would be counterintuitive and potentially disrupt care pathways by removing the architect of best practice and continuous quality improvement in the NICU.

Neonatology Today is pleased that this "inconsistency in the scope of practice" has been taken seriously by CCS and that the CNS role will continue to provide the necessary support for our most at-risk neonates.

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We believe that we must provide a platform, not only for research, opinion editorials, and original research but in publicizing concerns that affect our practice and our patients directly. Although the scope of this decision only pertains to California NICUs, we hope that through our subscriber base, knowledge of the need for this role may inspire other regions both in the United States and abroad and other care areas to investigate the need for a CNS's full scope of practice as an APRN in provisioning quality of care and quality improvement metrics.

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Sincerely,

Mitchell Goldstein, MD

Editor in Chief

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Loma Linda Publishing Company

A Delaware "not for profit" 501(c) 3 Corporation.

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Published monthly.

www.NeonatologyToday.net

Twitter: www.Twitter.com/NeoToday

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Neonatology Today welcomes your editorial commentary on previously published manuscripts, news items, and other academic material relevant to the fields of Neonatology and Perinatology.

Please address your response in the form of a letter. For further formatting questions and submissions, please contact Mitchell Goldstein, MD at LomaLindaPublishingCompany@gmail.com.

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Erratum (Neonatology Today May 2021

Neonatology Today is not aware of any erratum affecting the May, 2021 edition.

Corrections can be sent directly to LomaLindaPublishingCompany@gmail.com. The most recent edition of Neonatology Today including any previously identified erratum may be downloaded from www.neonatologytoday.net.

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