Model Component I: Transformational Leadership
Transformational leadership reflects an executive leader and team with a strong vision, common purpose, and exceptional motivation. The chief nursing executive (CNE) in a Magnet recognized organization is inspiring in his/her ability to lead others to achieve high quality patient care in ways that are both effective and efficient. The CNE as a transformational leader does the right thing at the right time for the right reason.

Source of Evidence: Strategic Planning: *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
TL 1	How nursing's mission, vision, values, and strategic and quality plans reflect the organization's current and anticipated strategic priorities. *Writer: Marianne Ditomassi*	• MGH Mission, Nursing Philosophy, strategic plans, Nursing and PCS Vision, Guiding Principles • Professional Practice Model • PHS CEO's Case for Change o PHS priorities (including Care Redesign, Patient Affordability) o 6 Major Strategic Agendas o CNO co-chair of "*Redefining the Teaching Model to Prepare Trainees for Changing Health Care Landscape*" ▪ CMS grant submission on graduate nurse education (increasing the supply of APRNs) • MGH/MGPO Center for Quality & Safety (C&S) 2012 goals/tactics • Nursing/PCS 2012-13 strategic goals/tactics • **CROSSWALK: PHS, MGH, PCS, C&S goals/tactics** • PCS Office of Quality & Safety FY12 goals/tactics, alignment w/ PCS strategic goals	• OOD 1 • Attachments OOD 11.a, 11.b • Attachment TL 1.b o Attachment TL 1.c o Attachments OOD 3.g, TL 1.e o Attachment TL 1.f • Attachment OOD 3.j • TL3, Attachment OOD 3.i • **Attachment TL 1.g** • Attachments OOD 3.k, TL 1.h	
TL 2	How nurses <u>at every level</u> – the chief nursing officer (CNO), nurse administrators, and direct care nurses – advocate for resources, including fiscal and technology resources, to support unit/division goals. *Writer: Marianne Ditomassi*	• Role component of "Advocate" is incorporated into position descriptions • PCS Budgeting process • PCS Operating Budget 2010-2012, including new programs: o First in Human	• TL 2, pp 18-20 (table); Attachments OOD 2.a, TL 2.a-e • Attachments TL 2.f-j • TL 2, p. 21 • Attachments TL 2.k-m	• Yawkey 7 Targeted Therapies

		o Bigelow 7 Short Stay Unit o Blake 12 ICU o Additional Resources – Oncology o Additional Resources – AMU o Additional Resources – MGH North Ambulatory Unit o Equipment: Dolphin Mats o Equipment: Biopatch dressings o Equipment: Neo-Blues o Communication: Voalte o Collaborative Governance – approval of roll-out of new products, policy/procedure revisions	• Attachments TL 2.g, 2.n • Attachments TL2.o-r • Attachment TL 2.s • Attachment TL 2.t • Attachments TL 2.u, 2.v • Attachments OOD 3.x, TL 3EO (reduce hospital-acquired pressure ulcers); Attachment TL 2.w • TL 2 pp 26-27 (prevent CLABSI), Attachments TL 2.x, 2.y • TL 2 pp 27-28 • Attachment EP 12.l, TL 4EO; Attachment TL 2.z • SE 1, Attachments TL 2.aa, 2.bb	Infusion Center • Bigelow 7 • Blake 12 ICU • Lunder 9 Oncology • Anticoagulation Mgt. Unit • MGH North Ambulatory Surgery Care Center • Wound Center, adult ICUs, RACU • Blake 8 Cardiac Surgical ICU • Blake 13/Ellison 13 Newborn • Lunder Bldg, 10 Innovation Units
TL 3	The strategic planning structure(s) and process(es) used by nursing to improve the healthcare system's: - Effectiveness - Efficiency *Writer: Marianne Ditomassi*	• Using... o PCS Vision o Strategic Plans o Professional Practice, Patient Care Delivery Models (with 6 IOM aims) ...create connections to IOM aims in position descriptions of nurses at all levels • PCS Strategic Planning Process o 2010-11 o 2012-13	• TL 1 • OOD 3.h, 3.i • OOD 11 • TL3 p. 107 (table); Attachments TL 2.a-e, OOD 2.a o TL 1, TL 3EO, Attachments TL 3.a-d o Attachments TL 3.e-j, OOD 3.i	o Tactic/charter example: Improve hospital cleanliness (G. Reordon)

TL 3 EO	**The outcomes(s) that resulted from the planning described in TL3.** *Writer: Marianne Ditomassi*	**SUMMARY** *Goal 1: Meet/Exceed Expectations of Patients & Families* o 1: Enhance staff communication & responsiveness to pts/families o 2: Implement hourly safety rounds o 3: Ensure equitable care for patients ▪ 3a: Create proactive advocacy program ▪ 3b: Implement disabilities program ▪ 3c: Improve communication w/ efficient use of resources, technology o 4: Reduce hospital acquired pressure ulcers o 5: Improve hospital cleanliness *Goal 2: Enhance Care Delivery by Improving the Efficient & Effectiveness of Systems* o 6: Increase documentation of efficiency & quality o 7: Revise payroll so non-exempt are paid according to HR policies. Revise scheduling to more precisely meet workload. o 8: Increase direct care time o 9: Learn about how to prevent unnecessary re-admissions o 10: Execute successful move to Lunder Bldg o 11: Reduce non-salary expenses	**Attachment TL 3EO.gg** o 1: HCAHPS - TL 3EO.c-e o 2: 7 Ps - TL 3EO.e-g o 3: Pt/Family Advisory, Council on Disabilities, V-POP, I-POP (TL 3EO.h-m) o 4: Save Our Skin (SE 1EO), TL 3EO.p, EP 32EO. o 5: TL 3EO.q, r o 6: ACD – TL 3EO.s o 7: Attachments TL 3EO.t, u o 8: Attachments TL 3EO.v-x o 9: Learn about how to prevent unnecessary re-admissions o 10: Attachments TL 3EO.y, z; TL 5, NK 9. o 11: Attachment TL 3EO.aa	o 4: Critical-Adult, Critical Care-Pediatric, Lev III NICU, Medicine-Adult, Med/Surg-Adult, Med/Surg-Pediatric, Surgical-Adult o 6: Ellison 4 Surgical ICU, Ellison 9 Cardiac ICU, White 9 General Medicine o 9: Ellison 16 Medicine, Ellison 6 & White 6 Orthopaedics o 10: Lunder 6-10; 28 ORs, Radiation Oncology, 3 new PACUs, Sterile Processing, ED. o 11: White 8-11, Bigelow 11

		Goal 3: Ensure Staff Have a Strong Voice in Design & Care Services o 12: Enhance staff input in decision-making that influences care delivery o 13: Create/implement a Diversity Leadership Fellowship Program o 14: Increase efficiency and effectiveness of educational offerings across PCS	o 12: TL 3EO pp 152-3 o 13: TL 3EO.bb o 14: TL 3EO.cc-ff, OOD 10	
TL 4	The process(es) that enable the CNO to influence organization-wide changes. *Writer: Marianne Ditomassi*	Describe how CNO is positioned in organization and at Partners. Structures/Processes PCS ID what informs CNO: direct access, open forums, etc.	**MGH:** Org chart – OOD 5.a; CNO/Trustees – TL 4.a-c; CNO/Gen'l Exec Comm – TL 4.d-f; CNO/Chiefs Council – TL 4.g, h; CNO (designee)/Quality & Pt Safety Comm – TL 4.i; CNO/Exec Ops Comm – TL 4.j; Nursing care hospital- wide (interdisciplinary comms) – OOD 15, EP 13. **PHS:** TL 4.k –o Role descriptions (OOD 2.a, TL 2.a-e); Institute for Patient Care (TL 4.q, SE 5, NK 4, NK 8); PCS Office of Quality & Safety (OOD 25, EP 32); PCS Clinical Support Services, PCS Informatics (NK 9) Meetings – TL 1.a, TL 4.r, TL 4.s, SE1; Communication vehicles – TL 4.t-bb, OOD 3.e; External activities, relationships.	

TL4EO	One (1) CNO-influenced organization-wide change. *Writer: Marianne Ditomassi*	Care Re-design, Patient Affordability work and roll-out to MGH PHS Admins/CNOs 6 key questions, 5 Elements for Inclusion in New Delivery Models led to Innovation Units Initiative – core principles, prep, launch, interventions, resources, education, communication, evaluation.	TL 1.c TL 4EO p. 323 TL 4EO p. 324 TL 4EO.a-z	
TL5	How nurse leaders guide the transition during periods of planned or unplanned change. *Writer: Mary Ellin Smith*	Incorporation of the reality of change in role descriptions of nurses at all levels. Evidence of PCS response to change- Strategic Plan, Innovation Units, CG and the model of change. Methods of communication- Caring Headlines, EED Portal Page, etc. Planned change- Lunder move. Unplanned change- Policies Unplanned change- Emergency Preparedness, Evacuation and PICU evacuation.	Attachment OOD2.a- Chief Nurse role description Attachment TL 2. a-d- AC, ND, CNS, NP and SN role descriptions. Attachment TL 5.a- PCSEC review of strategic plan. PFAC referenced in EP 4. Attachment TL 5.i- Staff feedback on PACU rooms. Attachment TL 5.1- orientation to new Lunder space. Attachment TL 5. r- Weather policy. Attachment TL5.s- Emergency Operations Plan. Attachment TL 5.x- MGH Evacuation Plan for Lunder move. Attachment TL 5.dd- Executive Summary of PICU evacuation move.	Peri-Operative Services move to Lunder (White 3, Ellison 3 moving to Lunder 2,3,4) PICU (Bigelow 6)

TL 7	How nurse leaders value, encourage, recognize/reward, and implement innovation. *Writer: Brian French*	The Center for Innovations in Care Delivery: 5 session educational program RN Residency Program Clinical Recognition Program OB Cuddle Program Awards and Recognition Programs Bigelow 11 Mini-sabbatical Program Implementation of Innovation Units	Attachment TL7.b – Innovation Course Attachment TL7.c – LVAD education program - simulation Attachment TL7.f – Nurse Residency Assumptions Attachment TL7.o - CRP Recognition levels Attachment TL7.ii – Mini-sabbatical proposal Attachment TL7.y – Cuddler Guidelines	Innovations Center Knight Center Family/Newborn Unit (Blake 13) General Medicine Unit (Bigelow 11)
Source of Evidence: Visibility and Accessibility and Communication *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
TL 10 *	How nurse leaders use input from direct care nurses to improve the work environment and patient care. *Writer: Brian French*	Staff Perception of the Professional Practice Environment (SPPPE) and RSPPPE Continuing Education Redesign and PLEN Survey Collaborative Governance – selected committee accomplishments • Research Committee poster session • Patient/Family Restraint Usage brochure • Redesign LEAF signage/falls • Staff Nurse Advisory Ambulatory Practice Committee Unit-Based Quality and Safety Committee: Ellison 11	Attachment TL10.a – SPPE survey Attachment TL10.c – RPPE map Attachment TL10.d – SPPE/RPPE publications from Munn Center Attachment TL10.f – Research Day poster abstracts Attachment TL10.k – Ambulatory Committee poster Reference to Learning needs assessment - OOD 9, SE5.i	Munn Center Collaborative Governance Cardiac Interventional (Access) Unit (Ellison 11)
TL 10 E	Changes in the work environment and patient care based on input from the direct-care nurses. *Writer: Brian French*	TCAB Family Presence During Resuscitation: Cardiac SICU Newborn Family Quiet Time	Attachment TL10EO.a – Moral Distress Curriculum Attachment TL10EO.e – RN Pre-Survey – Newborn Quiet Time	General Medicine Unit (White 11) Family/Newborn Units (Blake 13 & Ellison 13) Cardiac Catheterization Lab

O		Intracranial Neuroendovascular Care Redesign	Attachment TL10EO.i – LOS data – Care Redesign	(Blake 9) Cardiac Interventional Access Unit (Ellison 11) Vascular Surgery Unit (Bigelow 14) Neuro ICU (Lunder 6-formerly Blake 12)
Model Component II: Structural Empowerment The structure of an environment where Magnet excellence is valued and thrives is generally flat, decentralized and flexible. Nurses throughout the organization come together as an empowered group using self-governance structures and processes to establish standards of practice and address issues of concern. The flow of decision-making and information within the self-governance structure is bi-directional and horizontal; moving with agility between and among the professional nurse at the bedside, the Chief Nurse Executive, and the leadership team.				
Source of Evidence: Professional Engagement *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
SE1	The structure(s) and process(es) that enable nurses from all settings and roles to actively participate in organizational decision-making groups such as committees, councils, and task forces. *Writer: Brian French*	Collaborative Governance and Redesign RN Orientation Redesign Health Professions Staff Committee (HPSC) Innovation Units/Attending Nurse Role Wound Care Task Force • Wound Care Education • Skin Care Products and Equipment Interdisciplinary Post-Operative Care Processes Team	Attachment SE1.d – CG Roster Attachment SE1.h – CG Survey Attachment SE1.g – CG New Structure - Caring Headlines Attachment SE1.k – RNO proposal Attachment SE1.p – HPSC APRN Peer Review – Caring Headlines Attachment SE1.v – Cardiac Roster	Knight Center Cardiac Surgical Intensive Care Unit (Blake 8) Cardiac Surgery Unit (Ellison 8)
SE1EO	Two (2) improvements in different practice settings because of nurse involvement in organizational decision-making groups such as committees, councils, and task forces. *Writer: Brian French*	Inpatient Psychiatric Unit Fall Reduction Save Our Skin (SOS) Campaign EICP and Health Care Proxy	Attachment SE1EO.c – Falls Roster Attachment SE1EO.i – SOS Healthstream Attachment SE1EO.t – CG EICP Roster	Psychiatric Unit (Blake 11) Surgical Intensive Care Unit (Ellison 4)
SE2*	The structure(s) and process(es) that enable nurses at all levels to participate in professional nursing organizations at the local, state, and national levels. Include international participation, if any.	- MGH nurses value membership - High % of nsg leaders are members - Large number of staff RNs members - List of nurses holding positions in prof. orgs (>80)	• Reference to OOD 6 - list of nurses in leadership positions and includes their memberships in professional organizations. • Reference to OOD 7 - list of over	

	Writer: Nancy McCarthy	- Culture of valuing participation - Financial support to attend conferences including Magnet - Scheduled time off - Paid days off – payroll records evidence of 4300 educational days in fy11 - MGH nurses who have presented at prof. org conferences - Narrative RE: value	1000 Direct Care Staff Nurses and their memberships in professional organizations • Attachment SE 2.a - a list of positions held by 64 nurses in more than 50 local, state, regional, national and international professional organizations from 2010 to 2012 • Reference to OOD 4 describing the financial support given to MGH nurses to attend educational conferences • Attachment SE 2.b - 50 nurses in both leadership and direct care positions, who were members of professional nursing organizations, received financial support to attend conferences sponsored by professional nursing organizations • Attachment SE 2.c 2010-2012 support of Magnet conf. Attendance • Reference to EP 9, staff nurse scheduling practices • Describes indirect time budget calculations showing support for Education Days • Attachment SE 2.d 4288 days of paid educational days in2011 • Attachment SE 2.e includes a list of MGH who have presented at conferences and educational	

			offerings sponsored by professional nursing organizations 2010- 2012. Narratives from Kevin Whitney, Gino Chisari, Liz Johnson and Gayle Peterson	
SE2EO*	Two (2) improvements in different practice settings that occurred because of nurse involvement in a professional nursing organization(s). *Writer: Nancy McCarthy*	- CICU – perceptions of family presence - IV Tubing Changes - AMS Standards/Guidelines	• CICU example – family presence with resuscitation or procedures • IV Therapy example – compliance with tubing change policy • AMS examples – Patients with limited proficiency in English and patient self testing • Attachment SE 2 EO.a – summary of CICU study • Attachment SE 2 EO.b – PPP Meeting minutes when tubing change data was discussed • Attachment SE 2 EO.c – poster with Limited English Proficiency study • Attachment SE 2 EO.d – poster with Paitne Self Testing study • Attachment SE 2 EO.e – patient education materials for Pradaxa • Attachment SE 2 EO.f – patient education materials for Xarelto	

Source of Evidence: **Commitment to Professional Development** *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
SE3	How the organization sets expectations and supports nurses at all levels who seek additional formal education, (e.g., baccalaureate, masters, or doctoral degrees). *Writer: Brian French*	Tuition Reimbursement Support Service Employee Grants (SSEG) Scholarships • The Association of Multicultural Members of Partners (AMMP) • Ernst and Gail von Metzsch Endowed Scholarship Program (OB/GYN) • Patient Care Services Support for Formal Education The Doctoral Nursing Research Forum: Panel Presentation on Doctoral Education Fellowships • Ghiloni • Hausman The Institute for Patient Care Award & Recognition Programs • Norman Knight • Gil Minor • Jeremy Knowles • The Institute for Patient Care Clinical Affiliation Program • The Institute for Patient Care Workforce Development Program • Clinical Leadership Collaborative for Diversity in Nursing (CLCDN)	Attachment SE3.c – Tuition reimbursement policy Attachment SE3.d & SE3.e – AMMP Caring Headlines Attachment SE3.k – Award & Recognition Programs grid Multiple Caring Headlines articles	Knight Center Neonatal Intensive Care Unit (Blake 10) Pediatrics Unit (Ellison 17)

SE3EO	That the organization has met goals for improvement in formal education. Graphically summarize at least 2 years of data to display changes over time. *Writer: Nancy McCarthy*	Graph data collected by Management Systems re: formal education.	• Presented goal of increasing % of direct care nurses in PCS educated at BSN or higher by 4% from 2009 to 2011 • Graph of actual data showing increase from 74.3% to 78.4% • Graph showing improvement in 15 of 18 specialty types • Included IOM recommendation for 80% of nurses educated at BSn or greater • Identified seven areas with lower percentages as potential areas for targeted plans	
SE4	How the organization sets goals and supports professional development and professional certification, such as tuition/registration reimbursement and participation in external local, regional, national, and international conferences or meetings. *Writer: Brian French*	Norman Knight Nursing Center • Award & Recognition Programs • Nursing CE - ANCC Provider Unit Certification • On-site Certification Preparation Courses • Nursing Executive • Wound Care	Reference to SE3 Attachment SE4.a – APRN Pharm planning group Attachment SE4.d – Certification Caring Headlines	Knight Center Neuroscience ICU (Lunder6 – formerly Blake 12) MGH West Orthopaedic ASC
SE4EO	That the organization has met goals for improvement in professional certification. Graphically summarize at least two (2) years of data to display changes over time. Include participation of nurses in all specialties. *Writer: Nancy McCarthy*		• Presented goal of increasing % of direct care nurses in PCS with certification by 4% from 2009 to 2011 • Graph of actual data showing increase from 12.1% to 18.5% • Described improvement in specific specialty areas associated with programs given by the Knight Center • Graph showing improvements in Adult Critical Care units, Pediatric Critical Care units and Oncology units.	

			• Graph showing increase in certification in CNS group from 2009 to 2011 (79.1% to 95.4%) • Graph showing increase in certification in Nursing Director group from 2009 to 2011 (22.2% to 40.0%) • Identified areas for future goal setting and planning	
SE5	The structure(s) and process(es) used by nursing to develop and provide continuing education programs for nurses at all levels and settings. Include how the organization provides onsite internal electronic and classroom methods. Do not include orientation. *Writer: Brian French*	Nursing Continuing Education (CE) Redesign Task Force Evaluation of Professional Learning Environment for Nurses (PLEN) Alternative Learning Methods • Healthstream • Simulation Leadership Development • Advanced Practice Nurse Education • Inter-institution Collaboration & Support • Partners Education Group (PEG) • Internal Collaborations • Nursing Grand Rounds • Professional Practice Symposium	Attachment SE5.a – Knight Center website & CE calendar Attachment SE5.d – CE Redesign Executive Summary Attachment SE5.f – PLEN Survey Results Attachment SE5.k – Skills Day Proposal Attachment SE5.l – MGH Academy Competencies Attachment SE5.t – NGR Topics/Schedule Attachment SE5.y – Caring Headlines – Professional Practice Symposium	The Institute for Patient Care Knight Center Pediatrics Unit (Ellison 18) Surgical ICU (Ellison 4) Respiratory Acute Care & General Medicine Unit (Bigelow 9)

SE5EO	The effectiveness of two (2) educational programs provided in SE5. *Writer: Brian French*	Staying Safe: How to Manage the Spectrum of Disruptive Behavior in the Workplace Level 3 Outcome Evaluation for Advanced Arrythmia	Attachment SE5EO.b – Agenda & Content – Disruptive Behavior Attachment SE5EO.d – Evaluation – Disruptive Behavior Attachment SE5EO.j – Arrhythmia final assessment	Knight Center Emergency Department (Ellison 1/Lunder 1) Procedural areas Operating Rooms (Gray 3/Lunder 2,3,4) Center for Perioperative Care (Wang 3) Post Anesthesia Care Units (White 3, Ellison 3, Lunder 2,3,4) Cancer Center Infusion Unit (Yawkey 8)
Source of Evidence: **Community to Community Involvement** *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
SE11	The structure(s) and process(es) used to identify and allocate resources for affiliations with schools of nursing, consortiums, or community outreach programs. *Writer: Brian French*	The Institute for Patient Care Clinical Affiliations Program Appointments to Munn, Knight, Innovations MGH staff faculty appointments Dedicated Education Unit Clinical Leadership Collaborative for Diversity in Nursing (CLCDN) Consortiums (ICU, ED) Community Outreach Programs MGH Center for Community Health Improvement (CCHI) • MGH/James P. Timilty Middle School Partnership • MGH Summer Jobs for Youth Program • Youth Scholars Program/STEM • Bicentennial Scholars	Attachment SE11.b – Clinical Affiliations 2009-10 Attachment SE11.c – Clinical Affiliations 2010-11 Attachment SE11.n – CLCDN Steering Committee Attachment SE11.v – ICU Consortium Guidelines Attachment SE11.z – Youth Programs Fact Sheet	Institute for Patient Care General Surgical Unit (White 7) General Surgical Unit (Ellison 7) Cardiac Surgical Post-Operative Unit

SE11E0	The result(s) of the affiliations with schools of nursing, consortiums, or community outreach programs described in SE11. *Writer: Brian French*	• UMASS DEU • Shanghai Huashan Hospital Twinning Relationship • Financial impact of ICU Consortium	Attachment SE11EO.a – DEU Proposal Attachment SE11EO.f – JONA article DEU Attachment SE11EO.m – SHH-MGH Twinning Nurse Leader Fellowship Syllabus	General Surgery Unit (White 7) General Surgery Unit (Ellison 7)
SE13	How the organization and or nursing addresses the healthcare needs of the community by establishing partnerships. *Writers: Marianne Ditomassi, Georgia Peirce*	MGH legacy of caring for the community since the hospital's founding • The Association of American Medical Colleges Spencer Foreman Award • MGH Center for Community Health Improvement (CCHI) as the hospital's formal infrastructure for establishing partnerships that enhance the hospital's ability to respond effectively to the needs of the underserved patients in surrounding communities Local Communities: • Student Health Center (SHC) at Chelsea High School • MGH Community Health Associates • The Wellness Center • Boys & Girls Clubs of Boston (BGCB) • Food for Families • Charlestown Substance Abuse Coalition		

		• Revere CARES • Suboxone Program at MGH Chelsea and MGH Revere • Avon Breast Care Program • MGH Senior HealthWISE (Wellness, Involvement, Support and Education) • Boston Health Care for the Homeless Program (BHCHP) at MGH • Immigrant and Refugee Health Program Healthcare Disparities: • Boston YWCA Community Dialogues • City Mission Society of Boston • Critical MASS • Union of Minority Neighborhoods • Medically Induced Trauma Support Services (MITSS) Regional & National: • Lunder-Dineen Health Education Alliance of Maine (Alliance) • Red Sox and MGH Home Base Program • RN Geropalliative Residency Program • AgeWISE International: • International Nurse Consultant Program • "Twinning" with hospitals in Dubai,		

		Iraq, Bermuda, China • Thomas S. Durant Fellowship for Refugee Medicine • Center for Global Health, including Nurse Fellows Program • Disaster Response via International Medical-Surgical Response Team—East (IMSuRT East), Boston's Disaster Medical Team (DMAT)., Project HOPE		
Source of Evidence: Recognition of Nursing *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
SE 15	That the nursing community and the community at large (e.g., local, state, national and/or international) recognize the value nursing in the organization *Writers: Marianne Ditomassi, Georgia Peirce*	Professional Practice Model defines nursing as a key component Nursing and Patient Care Services were also named a Campaign Center of Excellence and established a $20 million fundraising goal MGH commemorative book *Something in the Ether* includes two chapters that focus on MGH Nursing 256-page commemorative book *Massachusetts General Hospital Nursing at Two Hundred* examines nursing throughout the hospital's 200-year history MGH Nursing featured in MGH publications: *MGH Hotline, MGH Magazine* Nurses prominently featured in hospital activities: year-long MGH Bicentennial celebration, United Way Campaign Nurses celebrated through week-long,		

		hospitalwide Nurse Recognition Week, Patient Care Services Awards & Recognition Program, awards presented by MGH leadership as well as regional, national and international professional organizations: Massachusetts Association of Registered Nurses (MARN), New England Regional Black Nurses Association (NERBNA), American Nurses Association (ANA), Sigma Theta Tau International Honor Society of Nursing MGH Nurses highly visible nursing publications and mass media reporting MGH nurses recipients of significant grants (**Clinical Ethics Residency for Nurses (CERN);** Re-Tooling for Evidence-Based Nursing Practice Project MGH Institute for Patient Care hosted a filled-to-capacity nursing symposium titled, "Strategies for Creating and Sustaining a Professional Practice Environment" in September 2011		

Model Component III*:* Exemplary Professional Practice
Exemplary professional nursing practice in an organization achieving Magnet Recognition occurs when nurses commit to a common set of values and established principles embedded in a professional practice model(s). The professional practice model is a schematic that links the organization's mission, vision, and nursing philosophy to superior care for the patient and family. The model(s) services to guide nursing practice in a manner consistent with local, state and national professional standards of practice. Further, the model is a basis for how care is delivered, resources are allocated and internal experts and external consultants are incorporated. Nurses using the model and practicing in an environment grounded in common values and principles experience control over their practice and satisfaction with their professional lives.

Source of Evidence: Professional Practice Model *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
E P 1	How nurses adapt, develop, apply, evaluate, and modify, the Professional Practice Model. *Writer: Marianne Ditomassi*	Development of PPM (1996) Revised PPM (2006) Application of the PPM – Each component is hardwired into the infrastructure and ultimately into practice.	PCS 4-pt plan - Attachment EP 1.a PCS vision statement OOD 1 Model Components Attachments EP 1.b, OOD 11.a (Caring Headlines) Model Components Attachments EP 1.c, OOD 11.b (Caring Headlines)	

Professional Practice Model Component (2006)	Applications
Patient-Centeredness	Professional Practice Model (OOD 11, EP 1) Patient Care Delivery Model (OOD 11, EP 1) Innovation Units (TL 4EO)
Vision & Values	Vision & Values Statement (OOD 1)
Standards of Practice	Save Our Skin Program (SE 1EO, NK 6, NK 7) LEAF Falls-Reduction Program (SE 1EO,

				NK 6, NK 7) Pain Management (NK 6, NK 7) Care of the Geriatric Patient (NK 7)	
			Narrative Culture	Clinical Recognition Program (TL 7) Annual Performance Reviews (EP 20) Awards & Recognition portfolios (TL 7)	
			Professional Development	Norman Knight Nursing Center for Clinical & Professional Development (SE 5) Knight Simulation Program (SE 5, SE 11) Roles of Clinical Nurse Specialists (OOD 9, TL 2, SE 5, NK 7) Role of Professional Development Specialists (SE 5, TL 4EO)	
			Clinical Recognition & Advancement	Clinical Recognition Program (TL 7, EP 20) Attending Registered Nurses (TL 4EO, SE 1) Nurse Scientist Advancement Model (NK 4)	
			Collaborative Decision-making	Collaborative Governance (SE 1) Collaborative Governance Champions (SE 1) Interdisciplinary Rounds (TL 4EO, EP 16)	

			<table><tr><td></td><td>Interdisciplinary Committee participation (OOD 15, SE 1, EP 23)</td></tr><tr><td>Research</td><td>Yvonne L. Munn Center for Nursing Research (NK 4) Munn Research Awards (NK 4) Nursing Research Expo (NK 4) Retooling for Evidence-Based Practice (NK 4)</td></tr><tr><td>Innovation & Entrepren'l Teamwork</td><td>Center for Innovations in Care Delivery (TL 7, NK 8) CMS Advisor Program (TL 7, NK 8) Innovation in Practice Program (NK 8)</td></tr></table> SPPPE/RPPE scale Attachment SE 1.d, TL 10 Magnet recognition/re-designation Through Patient Care Delivery Model OOD 11 Attachments EP 1.f-1.m Attachments EP 1.n-1.w	
		<u>Evaluation of the PPM</u> • Internal • External <u>Adaptation of the PPM in to Practice</u> -Plans of Care illustrate the delivery of inter-disciplinary, patient- and family-focused care. • Ex: Plan of Care – Mr. A • Ex: Plan of Care – Ms. B		

		Modification of the PPM: DNP Capstones • CNO: framework to guide leaders about how to influence professional practice at the bedside • Exec Dir of Operations, PCS: identifying the organizational characteristics that are highly correlated with work satisfaction of MGH nurses using 2 different professional environment measurement tools (RPPE, PES-NWI).	Attachment EP 1.x Attachment EP 1.y	
EP 1 EO	The result(s) of applying the Professional Practice Model. Include two (2) examples related to nursing practice, collaboration, communication, or professional development activities. *Writer: Marianne Ditomassi*	1. Quiet Time Journey • "Always quiet at night" baseline = 28% • Methodology: Service Dir, Adm. Fellow, ND, OM, co-ops students. All unit members contributed to implementation/maintenance • Decibels @ Nurses Station and disruptions in patient rooms cut in ½ • HCAHPS scores improved 2. Arthroplasty Care Redesign • Implement strategies to improve patient experience: enhance care coordination, eliminate waste, streamline processes. • Team: Nursing, Anesthesia, Ortho-pedic Surgery, Outpatient NPs, OR & PACU Nursing, Inpatient Nursing, CM, PT, Administration, Finance, Process Improvement. • Results: ↓ ALOS; inpatient days saved ~ 199; HCAHPS, feedback positive	Attachments EP 1EO.a-e • Care Redesign initiatives – TL 4, OOD 15 • EXCEL*erated* Recovery Program Attachments EP 1EO.f-j	Site = White 7 Surgical Unit, advice from Blake 13 Newborn/Family Orthopedics - White 6, Ellison 6

E P 3	The structure(s) and process(es) that include direct-care nurse involvement in tracking and analyzing nurse satisfaction or engagement data. *Writers: Marianne Ditomassi, Amy Giuliano*	Describe NDNQI tracking and RPPE tracking. Show action plans SNA committee – role **NDNQI RN Survey Tool** **Benchmarking** **Administration of the Survey** **Staff Participation and Communications** **Incentives** **Data Dissemination and Analysis** **How Data Informs Action** **Application of the Five Organizational Characteristics of the NDNQI RN Practice Environment Survey** **Additional Survey Tools**	Attachments: EP 3.a -RN Survey EP 3.b –Response rates 2010-2012 EP 3.c –Email Notice about survey EP 3.d –Survey Communications letter of invitation to participate EP 3.e –Email communication top response rates and trip to MAGNET conference EP 3.f –Email re: posting of data EP 3.g – Examples of meeting minutes EP 3.h –Performance Improvement Plan Template EP 3.i – Sample Chart, 2 years of data, Ellison 17 EP 3.j – Email re Staff Meeting Minutes, Ellison 17 EP 3.k – PI plan Ellison 17 EP 3.l –Gynecology Clinic graph EP 3.m –Gynecology clinic PI plan EP 3.n –Gynecology Clinic Workgroup Agenda EP 3.o – White 7 surgery lunch bunch series EP 3.p –Discharge Forms Cheat sheet EP 3.q –Discharge initiative to reduce readmits EP 3.r – CICU Welcome Lunch PPT EP 3.s –Staff Nurse Advisory PPT	**Performance Improvement Plans:** **Pediatrics (Ellison 17)** **Gynecology Clinic (Yawkey 4)** **Meeting Minutes:** **Ellison 11 Cardiac Intervention Unit, Charlestown Health Center**

EP3EO*	Submit data for the most recent annual or bi-annual nurse satisfaction or engagement survey and include the mean or median of the national database used. This data can be displayed at the single unit level (such as ICU, CCU, SICU); or by clinical groups of multiple like-units (such as critical care, medical, surgical, medical-surgical, rehabilitation, and ambulatory); or at the organizational level. Data must be statistically valid and provided by the vendor. Keep in mind that the majority of the data must outperform the mean or median the majority of the time. The narrative must include: ▪ Participation rates ▪ Analysis, and evaluation of the data ▪ The database to which the data was contributed Include a graphic display and a table of the data that clearly identify: ▪ All data from the most recent survey cycle within the last two years. ▪ The benchmark mean or median for the selected cohort (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) ▪ Labels for each axis. NOTE: do not include internally benchmarked data *Writers: Marianne Ditomassi, Amy Giuliano*	Graphs – NDNQI data	Submitted Data at the organizational level. 5 indicators on one bar chart followed by each indicator separately imbedded in text.	

Source of Evidence: Care Delivery System(s) *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
EP 4	The structure(s) and process(es) of the Care Delivery System involve the patient and/or his or her support system in the planning and delivery of care. Provide at least two (2) examples of a plan of care that included patient and/or family member involvement. *Writer: Mary Jane Costa*	• Patient /Family Advisory Councils • Patient Family Learning Center • Documentation and Nursing Progress Notes re: Patient/Family Participation in the Delivery of Care	• EP4.a PFAC Annual Report • EP4.b MGHfC • EP4.c MGHCC • EP4.d HVC PFAC • EP4e.Family Meeting Record • EP4.f Patient/Family Notebooks • EP4.g Rapid Response Team • EP4.h Asthma Action Plan • EP4.i Wound teaching • EP4.j Family meeting notes • EP4.l Wound plan • EP4.n Transfer Note • EP4.p Discharge communication • EP4.q NPN - Pain • EP4.r NPN- Palliative Sedation • EP4.s NPN - Optimum Care Note • EP4.u Elder at Risk Report • EP4.v Social Worker collaboration	• The Heart Center • MGH Hospital for Children • The Cancer Center • Oncology/Lunder 9 • Spaulding Rehabilitation Hospital
EP 7	The structure(s) and process(es) used to engage internal experts and external consultants to improve care in the practice setting. *Writer: Susan Lee*	• Internal experts: • CNS, Doctoral Forum, Munn Center, PCS Q&S; Center for Innovation in Care Delivery and Knight Center appointments • External consultants: Four Visiting Scholars Programs; Benner, Inouye, Titler	Attachment EP 7.a List of CNSs and their areas of expertise Attachment EP 7.b,c Blum Center Health Literacy Attachment EP 7.e CERN article Attachment EP 7.g-q Visiting Scholars Caring Headlines articles	

EP 7EO	Two (2) improvements in the practice setting that occurred as a result of the use of internal experts or external consultants. *Writer: Susan Lee*	PICC Line Tip Locator Project PICC Line Productivity Project Hand Hygiene	Attachment EP 7EO.a-b PICC Tip Locator graphical displays Attachment EP 7EO.c-d PICC Productivity graphical displays Attachment EP 7EO g-o Hand Hygiene graphical displays, articles, educational handouts	
Source of Evidence: **Staffing and Scheduling Processes** *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
EP 8	How nurses use trended data to formulate the staffing plan and acquire necessary resources to assure consistent application of the Care Delivery Models(s). *Writer: Nancy McCarthy*	- budget process as the basis for staffing plan - multiple examples of trended data used in budgeting - budgeting includes individual delivery models, e.g. 100% RN - workload/productivity reports used during FY to monitor and adjustments made as necessary (Lunder example)	• Referenced in EP 12 where budget process further defined • Referenced Attachment EP 12.a trended volume data provided by the budget office for patient days • Attachment EP 8.a trended data for average daily midnight census • Four examples of feedback from nursing leaders RE: changes that would effect the FY'12 budget process • PCDM seen in decisions RE: RN Mix • Attachment EP 8.b trended data for benefit time used in budgeting • Reference EP 12.b for sample section of FY'12 Direct Care Staffing calculations • Attachments EP 8.c-d trended data used in budgeting for Dialysis and Endoscopy • Attachment EP 8.e trended data used in budgeting for Labor & Delivery • Attachment EP 8.f trended data used in budgeting for the ED • Attachment EP 8.g "13-Month Non Salary Trend Report"	

			• Discussion of trended workload data used to make decisions/ adjustments. Lunder Oncology example and refer to Attachment EP 8.a to show increase in budgeted census	
EP 9	How direct care nurses participate in staffing and scheduling processes. *Writer: Nancy McCarthy*		• Attachment EP 9.a Direct Care Staffing Guidelines • General description that highlights scheduling done at he unit level with input from staff RNs and overall responsibility of the Nursing Director • Example – Labor & Delivery • Attachment EP 9.b Labor & Delivery Unit Self Scheduling Guidelines • Example – MICU Staffing and Scheduling Committee • Attachment EP 9.c MICU Perks Program • Example – PACU Staffing and Scheduling changes needed for Lunder • Attachment EP 9.d PACU Staffing guidelines • Example – New Blake 12 ICU retreat work to develop staffing and scheduling practices • Attachment EP 9.e workgroup participants • Attachment EP 9.f final recommendations for time plan creation and self-scheduling that were implemented	
EP 11	How guidelines such as the *ANA Principles of Nurse Staffing (ANA, 2005),* standards for scheduling, delegation and from nursing specialty organizations and/or state mandated requirements are incorporated into staffing and scheduling processes. *Writer: Nancy McCarthy*	Writing to all 9 components - Approp. Staffing levels based on pt. needs (Quadramed_ - Question use of HPPD (we use HPWI) - Unit functions included in staffing - Patient needs drive competencies - RNs have mgmt support - Support from experienced RNs	• Reference to EP 8 & 12 RE: adequate staffing using Quadramed • Limitations of using HPPD for staffing • Attachment EP 11.a factors affecting HPWI • Reference to SE 2 RE: competency • Attachment EP 11.b sample Competency From Radiation Oncology • Reference to TL2 and TL 4 for nursing	

		- Org. values RNs & fills postions - Clear competencies for spec. areas - Policies r/t needs of patients & staff	managment support & representation at operational and executive level. • Supports for RNs with less experience; Supervisors, CNSs, RRT, CRT, IV, Preceptors, Resource RNs, Psych CNSs, • Org. values RNs and fills budgeted positions in a timely fashion • Attachment EP 11.c Filled Position Report • Low staff RN vacancy rate • Policies based on needs of staff and patients – reference to OOD 11 for PCDM • Unit-based triad and support services • Ether Day and recent recognitions of MGH as "best place to work" -	
EP12	How nurses analyze data to guide decisions regarding unit and department budget formulation, implementation, monitoring, and evaluation. *Writer: Nancy McCarthy*	Formulation – budget process, quadramed, other units Implementation – timely filling of new positions, scheduling (Patient Care Link) Monitoring & Evaluation– multiple reports (list) Also nurse involvement in non-salary changes (e.g product selection/change) and Capital	• Budget formulation – based on volume assumptions and other factors. For inpatients acuity data used from QuadraMed® AcuityPlus™, valuable data directly from staff nurses. Internal staffing targets developed. • Reference to EP 11.a for discussion around setting HPWI targets for inpatient units • Attachment EP 12.b. final FY'12 budget for direct care staff for inpatient units • Attachment EP 12.c New Programs approved for FY'12	
Source of Evidence: Interdisciplinary Care *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
EP13	How nurses have assumed leadership roles in interdisciplinary collaboration. *Writer: Mary Ellin Smith*	Interdisciplinary collaboration is hard wired in PCS vision, PPM. Clinical Technologies Oversight Group- work on high/low alarm defaults.	OOD 1 and OOD 11- Vision statement and PPM. Attachment EP 13.f- Interdisciplinary group addressing issue.	

		OR efficiency and effectiveness- Partners group co-chaired by Dawn Tenney. Hospitalist Taskforce- Nurse Director leading initiative to transition unit from house staff coverage to a Hospitalist service. Boarders Without Doctors- ND co-chair of the Critical care Operations Committee addressed long standing issue of the coverage of patients on units different from where they should be placed. Decreasing readmissions- ND leads an interdisciplinary group to address readmissions through creative and innovative approaches. Cue based feeding- CNS initiative to bring evidence based feeding practice to the NICU. Attending Nurse- Implementation of this role.	Attachment EP 13.l- Interdisciplinary committee led by a nurse. Attachment EP 13.r- email to private physicians from RN and MD. Attachment EP 13.bb- Outcome on safe patient placement. Attachment EP 13.gg- Chart showing the decrease in readmission rates from 23% to 11.5%. Attachment EP 13.jj- Plan to implement this change. Attachment TL 4. EO.j- Attending Nurse role description.	Main ORs and PACUs Phillips House 20 CCICU (Ellison 9) Ellison 16 Newborn ICU (Blake 10) Lunder 9
EP16	Interdisciplinary collaboration across multiple settings to ensure the continuum of care. *Writer: Mary Jane Costa*	• Documentation in NPN of interdisciplinary meetings, consultations, and collaboration • Evidence of how the following roles contribute to interdisciplinary collaboration: • Case Management and Case	• EP16.a Job Description for Case Manager • EP16.b CMS Demonstration Project • EP16.c EMP Team Members • EP16.d Hotline/CMP • 16.g PT Progress Note • 16.h NPN D/C Planning • 16.i NPN D/C Plan of Care	• Emergency Department • Labor & Delivery • Neuro ICU • Cardiology • Cancer Center • Oncology Unit • HemoDialysis Unit

		Management Demonstration Project • Access Nurse Coordinators • Clinical Nursing Supervisor • Clinical Nurse Specialist • Social Services • Physical Therapy • Interdisciplinary Rounds	• 16.j CM Progress Note • 16k. CM Acute Care Plan • 16.n Supervisor Job Description • 16.p Multidisciplinary Meeting • 16.q NPN Family Meeting • 16.r Care Planning Conference • 16.s Interdisciplinary Meting • 16.t Interdisciplinary Rounds • 16.u Cancer Center Hand-off List • 16.v Lunder 9/Spaudling Meeting • 16.x NPN Discharge to Hospice • 16.y Dialysis Discharge Summary	• Anticoagulation Management Service
Source of Evidence: **Accountability, Competence and Autonomy** *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
EP 20	That nurses at all levels routinely use self-appraisal performance review and peer evaluations including annual goal setting, for the assurance of competence and professional development. *Writer: Marianne Ditomassi*	Performance evaluation is an ongoing dialogue Performance appraisal forms in 2010 revised to included MGH's Mission, Credo, and Boundaries Statement as an organizer Dept of Nursing policy, "Annual Performance Evaluation Guideline" PCS Appraisal Process: • Self-evaluation • Peer review • Required Training and Competency Assessment	MGH Performance Evaluation Policy -Attachment OOD 17.a Attachment EP 20.a Attachment OOD 17.b • Role-specific peer-review criteria – Attachment EP 20.c, tools – OOD 17 • Knight Ctr model for req'd training and competency assessment – Attachment EP 20.d	

		• Mutual goal Setting		
Source of Evidence: Ethics, Privacy, Security, and Confidentiality *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
EP23	How nurses use available resources such as the ANA Code of Ethics for Nurses (ANA, 2001b) to address complex ethical issues. Provide examples form different practice settings. *Writer: Brian French*	QuadraMed® AcuityPlus™ Productivity, Benchmarking and Outcomes System Care of the Body v. Care of the Soul Conflict (ND Narrative) ANA Code of Ethics Massachusetts Nurse Practice Act and the guidelines for delegation and supervision MGH Employee Rights / Patient Care Non-discrimination Policy MGH Life Sustaining Treatment Policy MGH Life Sustaining Treatment Resolving Conflict Policy Cardiac Surgical Intensive Care Unit has made a commitment to sending nurses to the CERN Program, and an overall commitment to having 'Compassionate Care Rounds' Collaborative Governance committee structure Collaborative Governance Ethics in Clinical Practice Committee (EICPC) Unit-based Ethics Rounds EICPC Advance Care Planning Task Force Clinical Ethics Residency for Nurses	Attachment EP23.l – Connell Ethics Fellowship Plan Attachment EP23.m – Connell Ethics Fellowship status report 2012 Caring Headlines – 5 articles	General Surgery (Phillips House 22) Pediatrics (Ellison 17) Cardiac Surgical Intensive Care Unit (Blake 8) Munn Center Neonatal Intensive Care Unit (Blake 10) Emergency Department (Ellison 1/Lunder 1) Hematology/Oncology Unit (Lunder 9 – formerly Phillips House 21) Intravenous Therapy (Jackson 104) General Medicine (Phillips House 20) Institute for Patient Care

		The Harvard Ethics Consortium (HEC) The Harvard Bioethics Course The Partners Ethics Programs Durant Fellowship Involvement in professional organizations		
Source of Evidence: **Diversity and Workplace Advocacy** *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
EP 26	How nurses use resources to meet the unique and individual needs of patients and families. *Writer: Mary Jane Costa*	• Diversity Program/Committee/Education • Clinical Leadership Collaborative for Diversity in Nursing (CLCDN) • Pain Program • Interpreter Services • 65 Plus Program • Ethics/Clinical Ethics Residency for Nurses • Chaplaincy • Patient Advocacy • Social Services • Patient Family Learning Center • MGH Nurses in Haiti	• 26.a Culture Survey • 26.b Multicultural Nursing • 26.c Accent Reduction • 26.d PCSEC and Diversity • 26.f CLCDN • 26.g Diversity Committee • 26.h Pain Education • 26.k Interpreters and IPOP • 26.m CG Ethics Committee • 26.n Ethics Champions • 26.o Chaplain • 26.u Guardianship Procedure • 26.v MGH in Haiti	• SICU • Patient Family Learning Center • Inpatient units
EP 28	The organizational structure(s) and process(es) that are in place to identify and manage problems related to incompetent, unsafe, or unprofessional conduct. *Writer: Patricia Shanteler*	• Policies that address unsafe and/or incompetent care • Compliance Helpline process • Mass. Board of Registration reporting process for unsafe nursing behavior • MGH Workplace Violence Initiatives • Educational programs related to workplace violence • Joint Commission expectations for addressing disruptive behavior of health care teams	MGH Policies: • Non-Retaliation • Adverse Events and Medical Error • Compliance with Legal and Ethical Standards • Substance Abuse • Sexual Harassment • Mission, Credo and Boundaries Statement • Corrective Action Report from Compliance Office related to Compliance Helpline effectiveness Massachusetts Board of Registration website	Surgical Services work on Disruptive and Inappropriate Behavior

		• Professional Conduct program through RL Solutions	Examples of performance issues and action plans (de-identified) Presentations from *Stay Safe: How to Manage the Spectrum of Disruptive Behavior in the Workplace* 2008 Joint Commission Sentinel Event Alert # 40 *Behaviors that Undermine a Culture of Safety* Center for Quality and Safety education programs and presentations Case presentations from Professional Conduct process (de-identified) Results of a staff survey in 2011 to assess impact of Professional Behavior program Partners Recognition awards for Keith Perleberg RN and Dr. Cameron Wright for their collaborative work on Professional Conduct	
EP29	The organization's workplace advocacy initiatives for: - Caregiver stress - Diversity - Rights (staff) - Confidentiality (staff) *Writer: Patricia Shanteler*	List of recognition awards for MGH related to workplace advocacy programs Orientation message from Peter Slavin, MD on commitment to workforce 2011 Nurses Week message from Jeanette Ives Erickson on the value of nurses at MGH Employee Assistance Program	Recognition awards: • 2012 Best Places to Work in Academia • 2012 Diversity Inc. Top Hospitals and Health Systems • 2012 Becker's Hospital Review • 2011-2012 AARP Best Employers for Workers over 50 • 2011 Boston Globe 100 Top Places to Work • 2011 Boston Business Journal's Most Admired Companies	EP29

		Benson-Henry Institute for Mind Body Medicine Office for Patient Advocacy MGH Chaplaincy Unit-based Ethics Rounds Optimum Care Committee Ethics in Clinical Practice- Collaborative Governance MGH Diversity Committee Multicultural Affairs Office Association of Multicultural Members of Partners (AMMP) MGH Lesbian, Gay, Bisexual, and Transgender (LGBT) Employee Resource Group English for Speakers of Other Languages (ESOL) Diversity and Patient Care Services Hausman Nursing Fellowship to Advance Diversity MGH response to Haiti earthquake 2010 Diversity Steering Committee-Collaborative Governance Policies related to Staff Rights Employees with Disabilities Resource Group MGH Council on Disabilities Awareness Policies related to Confidentiality of Staff Information Privacy Office	• 2010-2011-2012 Great Colleges to Work (IHP) EAP website Statistics on support and referrals offered to staff on difficult families and/or patients Caring Article about Chaplaincy AMMP information from website 2012 LGBT article in Hotline Caring Article on ESOL graduation activities Description of PCS Organizational structure and role of Diversity Director Slides from Orientation about Diversity Initiatives Hotline article about fundraising efforts for Haitian employees Highlights of work accomplished by Diversity Committee • Black History Month • Broad range of religious celebrations Caring Headlines article highlighting Jeannette Ives Erickson's plan for meeting diversity goals for the 2011 IOM report on the Future of Nursing Staff Rights policies: • Diversity Plan, Equal Opportunity and Affirmative Action • Employees Rights and Patient Care Nondiscrimination • Military Service Examples of the information that is publically displayed related to	

			staff rights Caring article on the Employees with Disability Resource Group Example of Employees with Disability Resource Group participation in design of Lunder Policies on Staff Confidentiality • Confidential Information • EAP	
Source of Evidence: Culture of Safety *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
EP 30 *	The structure(s) and process(es) used by the organization to improve workplace safety for nurses, based on recommendations such as the ANA's Safety Patient Handling and Movement (http://www.nursingworld.org/MainMenuCategoried/ANAPoliticalPower/Federal/Issues/SPHM.aspx. *Writer: Nancy McCarthy*	Infrastructure: - Occ Health – includes 2010, 2011 goals and outcomes - Infection Control - Center for Quality - Oversight committees	• Infrastructure of Occupational Health Service (OHS), Infection Control Department, and the MGH Environmental Health and Safety Office (EH&S) • Attachment EP 30.a MGH Quality and Safety Dashboard • Attachment EP 30.b OHS protocols based on prof. guidelines • Attachment EP 10.c OHS policies • Attachment EP 30.d sample Infection Control Committee Minutes • Attachment EP 30.e 2012 Infection Control Surveillance Plan • Attachment EP 30.f. 2012 Infection Control Program Goals • Attachment EP 30.g Safety Committee minutes showing involvement of EH&S • Attachment EP 30.h exposure investigation process • Attachment EP 30.i-k – minutes showing OHS reporting to MGH Chiefs Council, Infection	

			Control Committee, and Safety Committee • 2010, 2011 and 2012 OHS program goals and outcomes	
EP30EO*	Two (2) workplace safety improvements for nurses that resulted from the structure(s) and process(es) in EP30. *Writer: Nancy McCarthy*	- Safe Patient Handling and Nursing Ergonomic Initiatives - Be Well Work Well - Employee Influenza Vaccination Program	• Safe Patient Handling and Nursing Ergonomic Initiatives • Ceiling lift installation • Attachment EP 30EO.a Safe Patient Handling Committee • SPHC goals and outcomes • Attachment EP 30EO.b assure adequate slings • "Be Well Work Well" program to address musculoskeletal discomfort • Rate of injury graph showing decrease in rates of injury on pilot units • Employee influenza vaccination program • Influenza Committee • Attachment EP 30EO.c e-mail communication to staff • "Flu Champion" Program • Attachment EP 30EO.d Partners influenza report • 2010-2011 and 2011-2012 influenza vaccinations rates exceeding established annual goals • Graph showing MGH RN influenza vaccination rate far exceeds national rate for healthcare workers • Appendix EP 30EO.e Mask policy for **Unvaccinated Employees during Influenza Season** • Attachment EP 30 EO.f Commendation from MDPH • Graph all employees vaccination rates against state and national	

			• Graph of RN vaccination rates for 5 years • Sharps Exposure Reduction Program - Needlestick Reduction Task Force • Description of DON exposures • Attachment EP 30EO.g NRTF Minutes • NRTF goals and outcomes 2010 and 2011 • Incidence of Hollow Bore Needle Exposures among Patient Care Services Staff • Rate of Sharp Exposures among Direct Care Staff Nurses	
EP 31	How the organization uses a facility-wide approach for practice risk assessment and error managements. *Writer: Patricia Shanteler*	2012 MGH Safety Management Plan 2012 Life Safety Management Plan 2012 Emergency Management Plan Code Help Design of Lunder Building Police and Security Panic buttons Nursing Appreciation for Police and Security Infection Control Risk Assessment Process Safety Reporting System (RL Solutions) and Process MGH Just Culture approach to medical error Root Cause Analysis process Lessons Learned from Safety Reporting 2011 Disruptive Patient Behavior Initiative Patient Elopement initiative	Safety Risk Assessment Plan Safety Orientation Safety Committee Membership Bomb Threat Policy Description of Proactive Risk Assessment process for Lunder Policy on Access Control Policy on Search and Seizure Policy on Firearms Pictures of Haz Mat drills Examples of letters sent by nurses thanking Policy and Security for their support Infection Control Risk Assessment Plan Infection Control Committee Membership Statistics from Safety Reporting System from 2009-2011 Center for Quality and Safety Liaisons Root cause analysis tool and example (de-identified) Statistics on 2010 disruptive behavior analysis	• Emergency Department Emergency Management Plan • Example: Code Help plan and debrief • Patient Elopement Initiative for the White building

EP 32	The nursing structure(s) and process(es) that support a culture of patient safety. *Writer: Patricia Shanteler*	IOM report *To Err is Human* Meaningful data Center for Quality and Safety PCS Office of Quality and Safety PCS Quality and Safety Performance Improvement Model (PDCA) PCS PI Plans Feedback mechanisms for staff Culture of Safety Survey NDNQI RN Satisfaction Survey Patient Safety Leadership Walk Rounds Lunder Building construction Education Strategies Collaborative Governance Excellence Every Day Portal Celebrating Success MGH Safety Stars Program	PI template and examples Performance Improvement Guide List of PCS Office of Quality and Safety and Nursing Director Liaisons 2012 Joint Commission Regulatory Readiness Guide Tuesday Take Away (2) Selected 2012 Culture of Safety Survey results 2010-2012 NDNQI RN Satisfaction result comparison for domains 2011 selected results from a re- and post staff survey on feedback Orientation slides for PCS Office of Quality and Safety presentation Examples of nurse sensitive indicator graphs that are posted on units Screenshot of PCS portal page Caring Headlines and PCS News You Can Use article on performance improvement process Caring Headlines exemplars related to patient care and quality Sample nomination letters for nursing Safety Star winners 2012	PI Plans from Phillips 22 (surgical) and Phillips 20 (medical) Caring article featuring Courtney Gray RN from Ellison 9 and the result of a safety report she filed White 11 nurse-sensitive indicator report Caring narrative by Claire Swan RN, Yawkey 8 about professional growth

EP32EO*	Submit data for the most recent 8 quarters of data for four nurse-sensitive clinical indicators and include the mean or median of the national database used. This data can be displayed at the single unit level (such as ICU, CCU, SICU); or by clinical groups of multiple like-units (Such as critical care, medical surgical, medical-surgical, rehabilitation, and ambulatory); or at the organizational level. Data must be statistically valid and provided by the vendor. Keep in mind that the majority of the data must out-perform the mean or median the majority of the time. Two of the indicators must be all patient falls and all nosocomial pressure ulcer incidence and/or prevalence if applicable. Two other indicators must be selected from the list below: ▪ Blood stream infections ▪ Urinary tract infections ▪ Ventilator-associated pneumonia ▪ Restraint use ▪ Pediatric IV infiltrations ▪ Other specialty-specific nationally bench-marked indicators The narrative must include: ▪ Analysis, and evaluation of the data ▪ The database to which the data was contributed	The following nurse-sensitive indicators are discussed and displayed for all applicable units: 1. Hospital-Acquired Pressure Ulcers 2. Restraint Utilization 3. Central Line Associated Blood Stream Infections 4. Patent Falls The information includes: • Benchmarking • Evaluation and Analysis of Data-July 2010-June 212 • Performance Improvement Initiatives • Graphs	Hospital-aquired pressure ulcers • S.K.I.N. Initiative • Braden Score form • Measurement Monday sticker • Pressure Ulcer Prvention Portal Page • Caring headline articles • Pressure Ulcer Huddle form • Pressure reduction surfaces Restraints • Collaborative Goverance- Restraint Solutions in Clinical Practice Committee • Restraint and Seclusion Solutions Team • Sensory Rooms • Restraint Tool Kit • Alcohol withdrawal and delerium patients Central line infections • Central line insertion checklist • Central Line Prevention Portal page on EED • Biopatch implementation • Curos Port • Scrub the Hub Campaign • Central line competencies Falls • LEAF Program • Collaborative Governance Falls Committee	Description of Sensory carts on Ellison 4 for restraint reduction Challenges of neuroscience patients on Lunder 6 for restraints Units/teams highlighted with CLABSI efforts include: • IV Team • Ellison 9 (cardiac) • Blake 8 (ICU) • Ellison 9 (cardiac ICU) • Lunder 10 (oncology)

	Include a graphic display and a table of the data that clearly identify: ▪ All data from the most recent 8 quarters ▪ The benchmark mean or median for each quarter, for the selected cohort (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) ▪ Labels for each axis ▪ Whether a data point is "no data submitted" or "zero" NOTE: Don't use internally benchmarked data. *Writer: Patricia Shanteler*			

Source of Evidence: **Quality Care Monitoring and Improvement** *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
EP 33	The structures(s) and process(es) used by the organization to allocate and/or reallocate resources to monitor and improve the quality of nursing and total patient care. The nurse has the responsibility for ensuring the coordination of care among other disciplines and support staff. *Writer: Nancy McCarthy*	• Pull from previous submissions. • Quadramed's role in matching staffing to workload, • Non-salary example (Dolphin mats- 6 in use as of July 2012) • RRT, CRTs, • PCS Quality Dept.	o Processes 1) a sufficient amount of nurse staff, 2) PCDM with high % of RNs to support the RN as central to coordination of care, 3) a strong, unit-based, nursing leadership team that focuses on quality nursing care, 4) reallocation of resources when necessary to promote quality care, 5) support from departments focused on quality, 6) resources that allow and promote RN participation in performance improvement o Reference to budgeting using quadramed o Example of FY'13 budget for Lunder 9 showing increase in staff due to high census o Identification of on-going variances to make needed changes o Larger scale change – example Bigelow 7 Short Stay o Change based on outcome data – example PACU staffing increase due to increase in delays o Use of external benchmarks to assure adequate staffing – MGH v. NDNQI and PatientCareLink benchmarks for HPPD o MGH v. NDNQI benchmarks for RN Mix % o FTEs for unit leadership – increase in # of Nursing Directors o # CNS FTEs and reference to attachment EP 7.a list of CNSs and areas of expertise o Structures/resources that support RN involvement in PI: MGH Center for Quality and Safety, Patient Care Service Office of Quality and Safety, Collaborative Governance Practice	

			and Quality Committees, Center for Innovations in Care Delivery o Paid Indirect Time o Support for TCAB and CIT o Example – Reallocation of resources in response to a sentinel event	
EP33EO	How the allocation and/or reallocation of resources improved the quality of nursing care. *Writer: Nancy McCarthy*	Patient aggregation pre/post Lunder move Hiring more NPs inpatient and outpatient Monitoring CHF, AIC, stroke Impact of nursing care on patient compliance Convictris (NICU)	• Example – Reallocation of resources in response to a sentinel event • Physiologic Monitoring Tiger Team improvement in alarm management • White 9 study to support reduction of nuisance alarms and "Every Alarm Warrants Action" program	
EP35	The structure(s) and process(es) used to identify significant findings and trends in overall patient satisfaction with nursing as compared to benchmark sources. *Writers: Rick Evans, Amy Giuliano*	• Examples of survey tools in use • Examples of other methods used to collect patient experience data • Examples of best practices – white boards, welcome packet, communication boards, hourly rounding, face sheets, etc. • Description of MGH's approach to service improvement • Examples of how service data is reported • Examples of how service results and best practices are communicated	EP 35.a - MGH/MGPO Patient Experience Survey Implementation Timeline EP35.b -HCAHPS Survey Reference Table EP35.c -Inpatient Pediatric Survey EP35.d - Emergency Department Survey EP35.e - Press Ganey - Radiation Oncology survey EP35.f - CG-CAHPS Primary Care Survey Adult Reference Table EP35.g - CG-CAHPS Primary Care Pediatric Survey Reference Table EP35.h - CG-CAHPS Specialty Adult Survey Reference Table EP35.i - CG-CAHPS Specialty Pediatric Survey Reference Table EP35.j - MGH West Results EP35.k - Comment Email EP35.l - PELC Meeting Minutes from 02.27.12 meeting EP35.m - Photograph of Unit Communication Board EP35.n - Nursing Leadership Dashboard (most	• Ellison 11 (Improvement Plan) • PH 22 (Nurse Leader Rounds) • Lunder Units (quietness) • MGH West (outpatient data collection) • White 8 and Phillips 20 (Picker Project)

			recent quarterly report) EP35.o - Performance Improvement template and unit action plan - Ellison 11 Selected EP35.p - Pain Management training slides EP35.q - Pain Champs List EP35.r - Patient Experience Action Planning training slides EP 35.s - Manley Article on Nurse Leader Rounding EP35.t - Outline of Key Components of Safe Rounding EP35.u - Discharge Call Script EP35.v - MGH Magazine article - Quietness in Lunder EP35.w - Discharge Information Envelope Cover EP35.x - Patient and Family Notebook EP35.y - Photograph of white board EP35.z - Photograph of Face Sheet EP35.aa - Picker Grant unit results - staff responsiveness EP35.bb - Overall HCAHPS Dashboard - through July 29, 2012 EP35.cc - Screenshot of Excellence Every Day Portal - Pt Experience EP35.dd - Patient Family Advisory Council - Annual Report	
EP35EO*	Submit data for the most recent eight quarters of data for four measures related to patient satisfaction with nursing (listed below) and include the mean or median of the national database used. This data can be displayed at the single unit level (such as ICU, CCU, SICU); or by clinical groups of multiple like-units (such as critical care, medical, surgical,	Graphs patient satisfaction data	• Performance Summary and Unit results in bar chart format by indicator for the following HCAHPS measures. • Nurses Listen • Nurses Explain • Nurses Respect • Response to Pain • Pedi measures included as well	

	medical-surgical, rehabilitation, and ambulatory); or at the organizational level. Data must be statistically valid and provided by the vendor. Keep in mind that the majority of the data must outperform the mean or median the majority of the time. ▪ Pain ▪ Education ▪ Courtesy and respect from nurses ▪ Careful listening by nurses ▪ Response time The narrative must include: ▪ Analysis, and evaluation of the data and resultant action plans ▪ The database to which the data was contributed Include a graphic display and a table of the data that clearly identify: ▪ All data from the most recent eight quarters ▪ The benchmark mean, median, or other benchmark statistic for the database used for each quarter, for the selected cohort (select one cohort such as hospitals, bed size, Magnet hsoptials, etc.) ▪ Labels for each axis NOTE: Do not include internally benchmarked data *Writers: Rick Evans, Amy Giuliano*		• Note: • ICUs and RACU excluded. White 13 Clinical Research included.	

Model Component IV: New Knowledge, Innovations, and Improvements
Organizations achieving Magnet recognition possess established and evolving programs related to research and evidence based practices. Infrastructures and resources are in place to support the advancement of research and evidence based practices to the level where nurses in all settings are caring for patients and families. Nurses are educated about evidence based practices in order to generate new knowledge and appropriately explore the safest and best practices for their patients and practice environment. Published research is systematically evaluated and used, nurse(s) serve on the board that investigates proposals for research, and knowledge gained through research is disseminated to the community of nurses.

Source of Evidence: Research *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
NK2	Consistent membership and involvement by at least one (1) nurse in the governing body responsible for the protection of human subjects in research, and that a nurse votes on nursing-related protocols. *Writer: Susan Lee*	• Nurses Serve and Vote on Partners IRB • Structure of 3 MGH IRB Panels	Attachment NK2.b Protocol Summary Directions Attachment NK2.c Dates of IRB meetings Attachment NK2.d Letter from IRB Attachment NK2.e Nurse Members on IRB	Partners Human Research Committee (IRB)
NK4	The structure(s) and process(es) used by the organization to develop, expand, and/or advance nursing research. *Writer: Susan Lee*	• History of nursing research at MGH • Munn Core Team • Munn Extended Team • Operational Initiatives of the Munn Center • Munn Nursing Research Awards • Linkages to the Munn Center • Munn Postdoc Fellowship • Doctoral Nursing Research Forum • External and Internal Appts to the Munn Center • Evidence-Based Practice • Connell Nursing Research Scholars • Nursing Research Expo	Attachment NK 4.a Publications Attachment NK 4.b Munn Brochure Attachment NK 4.g 2012 Munn Nursing Research Lecture and Awards Program Attachment NK 4.p Members of Doctoral Forum Attachment NK 4.q Faculty Appointments Attachment NK 4.x Munn Web Site Attachment NK 4.bb Examples of Nursing Research Posters Attachment NK 4.hh Journal Club Flyers Attachment NK 4.ii Did You Know Poster	The Yvonne L. Munn Center for Nursing Research Research and Evidence-Based Practice Committee

NK4EO	Nursing research studies from the past two (2) years, ongoing or completed, generated from the structure(s) and process(es) in NK4. Provide a table including: ▪ Study title ▪ Study status ▪ Principal investigator name(s) ▪ Principal investigator credential(s) ▪ Role(s) of nurses in the study ▪ Study scope (internal to a single organization, multiple organizations within a system, independent organizations collaboratively) ▪ Study type (replication – yes or no; qualitative, quantitative, or both). Select (1) completed research study and respond to (4) criteria in the EO guidelines. *Writer: Susan Lee*	• Categories of Research Studies in the Grid • The Evaluation of an Educational Intervention to Enhance Nurses' Skills, Confidence, and Attitudes of Evidence-Based Practice • The Impact of Death and Dying in the Intensive Care Unit On New Graduate Nurses • Evaluation of Basic Arrhythmia Knowledge Retention and Clinical Application by Registered Nurses • The Effects of a Preparatory Informational Session Prior to a Cardiovascular Procedure	Attachment NK 4EO.a Research Grid Attachment NK 4EO.b Sumner et al. Evaluation of Basic Arrhythmia Knowledge Retention Attaqchment NK 4 EO.d The Impact of Death and Dying in the ICU on New Graduate Nurses slide deck	Knight Center ICU
Source of Evidence: Evidence Based Practice *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
NK6	The structure(s) and process(es) used to evaluate existing nursing practice, based on evidence. *Writer: Susan Lee*	CG Practice & Quality Oversight Comm. is primary structure for reviewing practice. 1. Fall Prevention Sub-Committee 2. Pain Management Sub-Committee 3. Policy, Procedure, and Products Sub-Committee 4. Restraint Usage Sub-Committee 5. Skin Care Sub-Committee	Attachment NK 6.a Caring Headlines article on Collaborative Governance Champions The lists of committee members (left) and sample agendas are included in the attachments.	Collaborative Governance

NK 7	The structure(s) and process(es) used to translate new knowledge into nursing practice. *Writer: Susan Lee*	Knowledge Translation through: • PCS Strategic Planning • EED Portal • Innovation Units • Collaborative Governance Champions • Retooling for EBP Expanding Translational Activities: • SOS • LEAF • Research and EBP Committee • MGH 65 Plus • Pain Management Sub-Committee	Attachment NK 7.g Caring Headlines EED Portal The EED Portal Pages are displayed in Attachments NK 7.h, i, j, l. Attachment NK 7.m Caring Headlines Collaborative Governance Redesign Attachments NK 7 u, v, w, x, y, z LEAF Toolkit. Attachment NK 7.bb, cc, dd are examples of Did You Know…? Posters	EED Portal Collaborative Governance SOS LEAF
NK 7 EO	How translation of new knowledge into nursing practice has affected patient outcomes. *Writer: Susan Lee*	• Neuroscience's Study of Indwelling Urinary Catheter Practices • Reducing Retinopathy of Prematurity • The Development of a Guideline for Graduated Compression Stockings versus • Intermittent Pneumatic Compression Devices in the Surgical ICU	Attachments NK 7EO.a-c pertain to Indwelling Urinary Catheter Practices. Attachments NK 7EO.d-f pertain to Retinopathy of Prematurity. Attachment NK 7EO.e Caring Headlines article on Intermittent Pneumatic Compression Devices.	• Neuroscience • NICU • Surgical ICU
Source of Evidence: Innovation *Describe & demonstrate:*		**Selected Evidence**	**Supporting Documents & References**	**Units/Patient Areas Highlighted**
NK 8	Innovations in nursing practice. *Writer: Susan Lee*	□ Center for Innovations in Care Delivery o CMS Innovation Project o Transforming Care at the Bedside (TCAB) Project o PICC Line Innovation o Accent Reduction Program o Innovations in Practice Program o Equine-Assisted Learning o Improving the Detection of Delirium o Nursing Education Studio o Bedside Hand Offs	Attachment NK 8.a Table of Innovations Clinical Narratives in Attachment NK 8.e, f, g	• Lunder 9 Infusion Unit • Ellison 21 Women's Oncology/GYN Unit • IV Department • Ellison 8 Cardiac Surgical Unit • Orthopaedic Units

		□ Nurse Practitioner Models of Care □ IHI STARR Initiative □ Retooling for Evidence-Based Practice Project □ AgeWISE™		
NK 9	The structure(s) and process(es) by which nurses are involved with the evaluation and allocation of technology and information systems to support practice or nurses' participations in architecture and space design to support practice. *Writers: Sally Millar, Nancy McCarthy*	**Architecture and Space Design** • Multidisciplinary involvement in space design • Staff involvement with the construction of the Lunder building • Field testing multiple room designs with hundreds of staff providing input **Information Systems** Acute Care Documentation project • Patient Care Services Informatics department and the services its staff provides • $100 million Acute Care Documentation (ACD) project • Project organization which involved both the MGH and Brigham & Women's Hospital • Process used to design, develop and test the application Hardware • Need for inpatient room computers to support ACD and eMAR • Identification of and piloting equipment that would meet out clinicians' needs • Organization of the hardware procurement and placement in the	• Attachment NK 9.a. – Job Description, Project Manager – Clinical Programs, MGH Planning & Construction • Attachment NK 9.b. – Organizational Chart, MGH Planning & Construction • Attachment NK 9.c. – Lunder building schematic • Attachment NK 9.d. – Neuroscience Acute Workgroup • Attachment NK 9.e. – ICU room mock-up • Attachment NK 9.f. – PACU room mock-up • Attachment NK 9.g. – Inpatient room mock-up • Attachment NK 9.h. – MGH organization chart for Acute Care Documentation project • Attachment NK 9.i. – Inpatient room hardware set-up • Attachment NK 9.j. – Nurse's station hardware set-up	• MGH Real Estate and Planning Office • Blake 12, Ellison 12 and White 12 (now Lunder 6, 7 and 8) • Pharmacy • Environmental Services • Biomedical Engineering • Social Services • Materials Management • Perioperative Services • Subject-matter experts from many clinical disciplines, e.g., Nursing, Respiratory Therapy, Speech and Language, PT/OT. Physicians • PHS Information Systems • Health Information Services • Psychiatry

		patient rooms (including logistics on the day of installation) **Technology** Voalté • Review process for identifying new technologies to support patient care • Piloting two solutions for staff-to-staff communication • Selection of the final solution		
NK 9 EO	An improvement in practice due to nurse involvement in technology and information systems decision-making or due to nurses' participations in architecture and space design. *Writers: Sally Millar, Nancy McCarthy*	**Post Anesthesia Care Unit Real-Time Integrated Slot Manager (PRISM) Project** • Purpose, background, methods and approach • Streamline the process to be less manual • Identification of current and desired workflows • Evaluation of data pre- and post-change • Indication of sustainability of change	• Attachment NK 9EO.a. − PRISM project charter • Attachment NK 9EO.b. − Current patient flow, day of surgery • Attachment NK 9EO.c. − PRISM project team members	• Center for Preoperative Care • Post-Anesthesia Care Unit • Operating Room • Perioperative Services Administration • Clinical Support Services • Partners Information Systems

ORGANIZATIONAL OVERVIEW DOCUMENTS

Section: Contextual Information		Selected Evidence
1.	A description of the applicant organization in terms of: ▪ Mission ▪ Vision ▪ Values ▪ History ▪ Geographical location ▪ Services provided ▪ Number of licensed beds ▪ Total RN full-time equivalents (include ethnic profile of nursing staff) ▪ Population(s) served (include ethnic profile of client/patient population and community served). *Writer: Marianne Ditomassi*	- MGH mission; credo and boundaries statement (OOD 1.a) - PCS vision, values, guiding principles - Link to history info (http://www.youtube.com/watch?v=CE48gVSWygk), 200th birthday of the hospital (http://www.youtube.com/watch?v=lETDdgFexFo&feature=relmfu, OOD 1.b;); 200 yrs of Nursing at MGH and PCS milestones (OOD 1.c). - Geographical location/services/licensed beds and other operational statistics. Research and Reputation includes USN&WR #1 national ranking and specialty rankings (OOD 1.d), plus other external awards. PHS – brief mission and member institutions. - Employees: Workforce growth 2001-2011, RN FTEs and RN leadership, ethnic breakdown of nursing staff (OOD 1.e and 1.f) - MGH Client/Patient population and ethnicity: • http://quickfacts.census.gov/qfd/states/25000.html • http://www.census.gov/hhes/socdemo/language/data/other/detailed-lang-tables.xls • http://factfinder.census.gov/servlet/QTTable?_bm=n&_lang=en&qr_name=DEC_2000_SF3_U_DP2&ds_name=DEC_2000_SF3_U&geo_id=04000US25 • http://www.mla.org/map_data - MGH Interpreter activity - MGH Health Centers and satellite facilities – populations served
2.	The current CNO's job description and curriculum vitae. *Writer: Marianne Ditomassi*	- CNO position description - CNO vitae

Section: Transformational Leadership		**Selected Evidence**
3.	Copies of the most recent annual reports, quality and strategic plans for the organization and for the nursing services. These can be formal documents or less formal methods used to inform the staff of activities related to the strategic plan. (TL1) *Writer: Marianne Ditomassi*	<u>Annual Reports</u> • Partners HealthCare System – 2011 Exhibit 3.a • MGH – 2009 Exhibit 3.b • MGH – 2010* Exhibit 3.c • MGH – 2011* Exhibit 3.d • PCS – 2011 Exhibit 3.e <u>Strategic Goals and Plans</u> • MGH Strategic Goals – FY12 Exhibit 3.f • MGH Strategic Planning Update – July 2012 Exhibit 3.g • PCS Strategic Plan – 2010-2011 Exhibit 3.h • PCS Strategic Plan – 2012-2013 Exhibit 3.i <u>Quality Goals Related to Strategic Plans</u> • MGH-MGPO Quality and Safety Mid-Year Summary 2012 Exhibit 3.j • PCS Office of Quality and Safety Strategic Plan and Tactics 2012 Exhibit 3.k
4.	A budget summary for the most recent fiscal year, actual to budget for nursing education, conference attendance and research. (TL2, EP12) *Writer: Nancy McCarthy*	Budget Summary for: - Nursing Education - Conference attendance - Research
5.	The administrative and nursing organizational chart(s). Describe the CNO's structural and operational relationships to all areas where nursing is practiced. (TL4) *Writer: Marianne Ditomassi*	- MGH organizational Chart (OOD 5.a) - PCS organizational Chart (OOD 5.b) - CNO's structural and operational relationships to all areas where nursing is practices (TL3, TL3EO, TL4) - List of PCS Clinical Disciplines and Programs - Roles of: Assoc. Chief Nurse, Nursing Director, Clinical Nurse Specialist, Staff Nurse

6.	Provide a table of nurse executives, nurse managers, and supervisors and the: ▪ Credentials ▪ Earned professional certification (s) ▪ Professional organization memberships, activities and offices held; and ▪ Professional development programs and formal academic education attended during the 24 months prior to documentation submission.(TL6) *Writer: Nancy McCarthy*	2010 and 2011 table of info collected by Management Systems.
Section: Structural Empowerment		**Selected Evidence**
7. *	A table that displays direct-care nurses' participation in professional organizations/associations, and activities at the local, state, national, and/or international levels. Include office (s) held. (SE2) *Writer: Nancy McCarthy*	2010 and 2011 table of info collected by Management Systems
8.	The policies and procedures that govern/guide professional development programs, such as tuition reimbursement, access to web-based education, and participation in local, state, national, and/or international conferences/meetings. (SE3, SE4, SE5) *Writer: Brian French*	• Tuition Reimbursement Policy • Travel and Seminar Guidelines • Policy and Procedures for Employee Business Expenses • Policy Professional and Specialty Certification Recertification Examinations
9.	The assessment for the continuing education needs of nurses at all levels and settings, and the related implementation plan (SE5) *Writer: Brian French*	PLEN Staff Nurse Learning Needs Assessment CNS Asset Inventory and Assessment ND Learning Needs Assessment NP Assessment Unit-Based Assessments • Imaging • Yawkey 8 • Neuro ICU

10.	A list of the continuing education programs (classroom and /or electronic) and the number of nurses completing each during the past 24 months. Do not include orientation activities or in-service education. Include programs covering each topic: (SE5) ▪ research, including protection of human subjects ▪ evidence-based practice ▪ application of ethical principles ▪ ANA Bill of Rights for Nurses (ANA, 2001a) ▪ Professional standards of practice and performance ▪ Cultural competence ▪ data and information analysis competencies ▪ quality improvement ▪ leadership ▪ Nurse Practice Act (or similar document for international applicants) ▪ patient privacy, security and confidentiality ▪ regulatory requirements. *Writer: Brian French*	Listing of programs, attendance • CE program grid

Section: Exemplary Professional Practice		**Selected Evidence**
11.	Describe the Professional Practice Model (s) and the Care Delivery Systems (s) in use in the organization. The Professional Practice Model is a schematic description of theory, phenomenon, or system that depicts how nurses practice, collaborate, communicate, and develop professionally. A Care Delivery System delineates the nurses' authority and accountability for clinical decision-making and outcomes. If possible, provide a depiction of each model. (EP1, EP1EO,EP2, EP3, EP4, EP5, EP6, EP7, EP12) *Writer: Marianne Ditomassi*	- Professional Practice Model (PPM): 1996 (OOD 11.a); 2007 (OOD 11.b) - Patient Care Delivery Model – guided by Patient-Centeredness • "doing for and being with the patient" • teach, evaluate, and transfer new competencies that enhance professional practice and foster personal and professional growth. - PPM Components: • Patient Centeredness - reflected in Strategic Plan (OOD 11.c) • Vision and Values - PCS vision/values (OOD 1) • Standards of Practice • Narrative Culture • Professional Development • Clinical Recognition and Advancement • Collaborative Decision-Making • Research • Innovation and Entrepreneurial Teamwork - Evaluation: Environment - SPPPE (EP 1); professional's competence, performance (OOD 17, EP 20) - Evolving: 2012 and beyond (OOD 11.d)
12. *	Provide the two most recent unit-based, nationally benchmarked nurse satisfaction or engagement surveys. The preference is that the same tool be used for both surveys. Provide data for each unit. If the measurement tool has subscales, data should be displayed at the sub-scale level. If available, include the levels of statistical significance as compared to the benchmarks. (EP3) Include a graphic display and a table of the data that clearly identify: - the database to which the data was contributed - the mean or median of the national benchmark (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) - Labels for each axis. *Writer: Amy Guiliano*	Unit-based NDNQI survey data for staff satisfaction

13.	For US applicants, provide case mix index information by unit, service or product line, for each of the two (2) 1-year periods immediately preceding the submission of written documentation. If this is not feasible, explain why. (EP8) *Writer: Nancy McCarthy*	Two years of case mix index info 2010 2011 YTD 2012
14.	The actual to budgeted direct Nursing Care Hours/Patient Day (HPPD) or hours per workload index by unit for each of the two (2) 1-year periods immediately preceding the submission of written documentation (EP11) *Writer: Nancy McCarthy*	Two years of HPPD productivity data 2010 2011 YTD 2012
15.	A table of the interdisciplinary committees and task forces at the organizational level, a description of each one's purpose, and guidelines for decision-making. Include nurse membership and role on the committee. Indicate each nurse's work unit(s) and role(s) in the organization. (EP13, EP14, EP16). *Writer: Marianne Ditomassi*	Table of interdisciplinary committees and taskforces: - purpose - guidelines for decision-making - nurse membership, unit, role, role on committee Representative sample of interdisciplinary committees, subcommittees, task forces and teams - spanning the following categories: • Governance committees • Medical policy committees • Quality & safety committees • Infection control committees and task forces • Emergency preparedness committees • Medication administration safety committees and subcommittees • Patient & family committees • Research and innovations committees • Cancer Center committees • Collaborative governance committees • New/improved work spaces committees • Care redesign teams

16.	Access to the state's Nurse Practice Act. It is sufficient to provide the web address of this document after validating that the most current version of the act is available on the web site. If this is not the case, provide a hard copy of the most current version of the act. (EP19) *Writer: Marianne Ditomassi*	Links: MA Board of Registration in Nursing (BORN) - authorization to promulgate regulations governing the practice of nursing in the Commonwealth: http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleII/Chapter13/Section14 - authorize the practice of nursing: http://www.malegislature.gov/Laws/GeneralLaws/PartI/TitleXVI/Chapter112/Section80B - BORN's regulations: http://www.mass.gov/eohhs/gov/laws-regs/dph/regs-m-p/nursing/rules-and-regulations.html
17.	Performance appraisal tools, if used, and all associated peer evaluation tools for staff nurses and nurse leaders. Include frequency or evaluation. If the organization uses multiple versions of these tools, provide a representative sample for all levels of nurses. (EP20) *Writer: Marianne Ditomassi*	Executive, Managerial/Supervisory, Staff Nurse - "Evaluation Policy" (MGH Attachment OOD 17.a - "Annual Performance Evaluation Guideline" (Dept. of Nursing) Attachment OOD 17.b - Staff Nurse Evaluation Tool (Attachment OOD 17.c) - Staff Nurse Peer Review Tool (Attachment OOD 17.d) - Non-Manager Evaluation Tool used for Clinical Nurse Specialists and Nurse Practitioners (Attachment OOD 17.e) - Clinical Nurse Specialist Peer Review Tool (Attachment OOD 17.f) - Nurse Practitioner Peer Review Tool – Pre February 2012 (Attachment OOD 17.g) - Nurse Practitioner Peer Review Tool – Post February 2012 (Attachment OOD 17.h) - Nursing Director Evaluation Tool (Attachment OOD 17.i) - Executive Team Evaluation Tool used for Associate Chief Nurses and Directors throughout Patient Care Services (Attachment OOD 17.j) - Executive/Manager Peer Review Tool (Attachment OOD 17.k)
18.	A description of the process by which CNO or his or her designee participates in credentialing, privileging, and evaluating advanced –practice nurses. Include the frequency of re-privileging. *Writer: Brian French*	• Licensure and Certification Verification Policy • Credentialing and Authorization Policy • Credentialing Authorization and Reauthorization Policy • Emergency Privileges Policy
19.	The organization's policies and procedures that address patient/resident ethical issues/needs. Describe the leadership of nurses in developing and participating in these programs (EP23). *Writer: Brian French*	• Statement of Accountability • Professional Responsibility • Advance Directives • Death Determination Using Brain Death Criteria in Adult Patient

		• Death Determination Using Brain Death Criteria in Pediatric Patient • Donation After Circulatory Death • End of Life Care • Hospice Inpatient Care • Life Sustaining Treatment • Life Sustaining Treatment Resolving Conflict Policy • Medicating Bereaved and Distraught Visitors • Organ and Tissue Donation • Patient Rights Notification • Restraints and Seclusion • Transfusion Therapy: Patients Who Decline Blood and Blood Products • Employee Rights and Patient Care Nondiscrimination Policy • Compliance with Legal and Ethical Standards • Conflicts of Interest
20.	The policies and procedures that permit and encourage nurses to confidentially express their concerns about their professional practice environment without retribution. (EP28) *Writer: Patricia Shanteler*	New Employee Orientation • A Guide to Ethical Standards at MGH Compliance Newsletter- Winter 2011 Policies: • Non-Retaliation • Adverse Events and Medical Error • Compliance with Legal and Ethical Standards
21.	The policies and procedures that address the identification and management of problems related to incompetent, unsafe, or unprofessional practice or conduct. (EP28). *Writer: Patricia Shanteler*	Policies: • Standards of Behavior • MGH Mission, Credo, and Boundaries Statement • Substance Abuse • Violence in the Workplace • Sexual Harassment • Breaches in Confidentiality • Corrective Action

22.	The policies and procedures regarding interdisciplinary conflict. (EP29) *Writer: Patricia Shanteler*	Policies: • Standards of Behavior • Corrective Action • Guidelines for Addressing Disruptive and Inappropriate Behavior (Peri-operative Services)
23. *	Provide unit-based, nationally benchmarked nurse-sensitive clinical indicator data related to patient outcomes for the most recent two-year period. Provide quarterly data for every unit for which all patient falls and all nosocomial pressure ulcer incidence and/or prevalence are applicable. If available, include the levels of statistical significance as compared to the benchmark. Additionally, for each unit, display data for two other applicable nurse-sensitive clinical indicators selected from the list below: ▪ blood stream infections ▪ urinary tract infections ▪ ventilator associated pneumonia ▪ restraint use ▪ pediatric IV infiltrations ▪ other specialty specific nationally benchmarked indicators Include a graphic display and a table of the data that clearly identify: ▪ the database to which the data was contributed ▪ the mean or median of the national benchmark (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) ▪ labels for each axis ▪ whether a data point is "no data submitted" or "zero" (EP32). *Writer: Patricia Shanteler*	Description of the inpatient nursing-sensitive indicators data collection methods and benchmarking process: • hospital-acquired pressure ulcers • restraint utilization • central line-associated bloodstream infection • ventilator-associated pneumonia • catheter-associated urinary tract infection • pediatric peripheral IV site infiltration Description of ambulatory and Specialty Area data collection methods and benchmarking process: • Time in Therapeutic Range • Completion of INRs every 28 days • Prophylactic Antibiotic Administration • Universal Protocol • DVT Prophylaxis • HPV Administration • Flu Vaccine Administration • Diabetes Self management • Informed Consent • Completion of RN Machine Safety Check prior to Dialysis • Pre-operative Fall Risk Assessment • Successful First Attempts at Peripheral IV Insertions • Occlusion Rates in ICC Lines • Proportion of Infants 22 to 29 Weeks Gestation Treated with Surfactant • Proportion of Infants 22 to 29 Weeks Gestation Screened for Retinopathy of

		Prematurity • Postpartum Depression Screening • Managing Post-operative Pain • Correct Tray Set-up Protocol • Vascular Access Time-Out • Door to IV tr-PA time in 60 minutes • Door to CT Scan • AMI: Primary PCI within 90 minutes of Arrival • Post-Discharge Phone Calls • Emergency Visits by Health Care Practices • Breast Feeding at Hospital Discharge • Patient Satisfaction o Explanation of What to Expect during Chemo and Managing Side Effects o Explanation of What to Expect during Radiation and Managing Side Effects Data Display for all measures with an appropriate benchmark
24.	Nurse-sensitive indicator data related to nurse work-related injuries such as needle sticks, musculoskeletal injuries, and exposures (e.g., laser, chemicals, toxin, infectious agents, etc.). (EP5, EP15, EP30) *Writer: Nancy McCarthy*	Graphs of: - Employee work-related injuries w/ state and national benchmarks - Needlestick/sharp exposure data fro RNs - Influenza vaccination rates for RNs
25.	A description of the infrastructure, the organizational committees, and decision-making bodies specifically designed to oversee the quality of patient care. (EP33) *Writer: Patricia Shanteler*	MGH Quality and Safety Communication Plan MGH Quality and Safety Governance Structures MGH Quality and Safety Plan- 2011-2012 MGH Quality and Safety Committees and Departments • Quality of Care Committee of MGH/MGPO Board of Trustees • Quality Oversight Committee (QOC) • General Executive Committee (GEC) • Quality and Patient Safety Committee (QPSC) • Medical Policy Committee (MPC) • Excellence Every Day Committee (EED)

		• Safety Committee • Medication Education Safety and Approval Committee (MESAC) • Patient Care Services Executive Committee (PCSEC) • Service Quality Assessment Committees • MGH/MGPO Center for Quality and Safety • PCS Office of Quality and Safety • PCS Collaborative Governance Committees • Office of Patient Advocacy • Pharmacy • Medical Staff Office • Care Redesign Teams
26 *.	Provide unit-based, nationally benchmarked data for patient satisfaction with nursing for the most recent two-year period. Provide quarterly data for every unit for four of the measures listed below. If available, include the levels of statistical significance as compared to the benchmark. ▪ Pain ▪ Education ▪ Courtesy and respect from nurses ▪ Careful listening by nurses ▪ Response time ▪ Include a graphic display and a table of the data that clearly identify: ▪ The database to which the data was contributed ▪ The mean, median, or other benchmark statistic of the national database used (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) ▪ Labels for each axis (EP35). *Writers: Amy Giuliano, Rick Evans*	Patient satisfaction data by unit ICUs and RACU excluded White 13 included.

Section: New Knowledge, Innovations and Improvements		**Selected Evidence**
27.	The Institution's policies, procedures (including Institutional Review Board), and processes that protect the rights of participants in research. (NK2) *Writer: Susan Lee*	• IRB policies & procedures • CITI course requirements
28.	The credentials or related experience of all external experts and other resources used to develop and/or enhance the infrastructures, capacities, and processes for evidence-based practice and research. (NK4, NK4EO) *Writer: Susan Lee*	Grid citing credentials of Senior Nurse Faculty Appointees in the Yvonne L. Munn Center for Nursing Research