

2013 MGH Magnet Redesignation Word Find Definition of Terms

CNO: Chief Nursing Officer. The Chief Nurse directs and coordinates the work of nursing and other personnel and represents nursing services throughout the hospital.

EBP: Evidence-Based Practice – the conscientious use/integration of the best research evidence with clinical expertise and patient experiences in nursing practice.

IRB: Internal Review Board – an independent committee that reviews research to ensure protection of human subjects.

MGH: Massachusetts General Hospital, the first Magnet hospital in Massachusetts (2003) and the # 1 hospital in the USA per US News and World Report, 2012.

NSI: Nursing Sensitive Indicators – measures and indicators that reflect the impact of nursing actions on outcomes.

PCS: Patient Care Services

ANCC: American Nurses Credentialing Center, a division of the American Nurses Association that awards Magnet recognition to hospitals across the world.

LEAF: Let’s Eliminate All Falls, a comprehensive, evidence-based, fall-prevention program that has been rolled out on all inpatient units at MGH.

PEER: A registered nurses with similar roles and education, clinical expertise, and level of licensure; peer evaluation/review stimulates professionalism through increased accountability and promotes self-regulation of practice.

TEAM: all of the clinical disciplines, support staff, patient and family working together

NDNQI: National Database of Nursing Quality Indicators; established by the American Nurses Association to collect data related to nursing sensitive indicators (NSI) including clinical indicators (ex: hospital acquired pressure ulcers), patient satisfaction, and nurse satisfaction.

NURSE: registered professional nurse

SCORE: the points or grade received on a measure of quality such as the NSI or HCAHPS.

BUDGET: the yearly financial plan

ETHICS: moral standards and values; the American Nurses Association Code of Ethics for Nurses was developed as a guide for carrying out nursing responsibilities in a manner consistent with quality in nursing care and the ethical obligations of the profession.

Note: Many definitions are used or adapted from the Magnet Dictionary in the Magnet Recognition Program[®] Application Manual.

FAMILY: the patient’s relatives and friends as defined by the patient

HCAHPS: the Hospital Consumer Assessment of Healthcare Providers and Systems measures the patient’s opinion of the care received during the hospital stay using scaled responses to a uniform series of questions.

KNIGHT (CENTER): the Norman Knight Nursing Center for Clinical & Professional Development which works collaboratively across the hospital to provide nurses with many opportunities to attain new knowledge, enhance clinical competency and promote professional development.

MAGNET (RECOGNITION PROGRAM): developed by the American Nurses Association to formally acknowledge health care organizations for quality patient care, nursing excellence, and innovations in professional nursing practice.

POLICY: a plan that outlines decisions, a course of action, guiding principles, and procedures; policies are structural elements in an organization and an important additions to the Magnet evidence.

REVIEW (PERFORMANCE APPRAISAL): an annual assessment of performance that includes a discussion of developmental goals and objectives as well as an assessment by a peer.

SAFETY: a major hospital goal is to ensure that our care is safe – to minimize errors and harm to patients, families, and employees.

SOURCE (OF EVIDENCE): the MGH organizational structures, processes, and outcomes that are submitted for review by the Magnet appraisers. Categories of evidence include Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Improvements, & Innovations and Empirical Outcomes. Supporting evidence is included in the Organizational Overview Documents section.

MISSION: specific goals and objectives which provide a framework for organizational work. The MGH mission is *“To provide the highest quality care to individuals and to the local and distant communities we serve, to advance care through excellence in biomedical research, and to educate future academic and practice leaders of the health care professions.”*

OUTCOME: qualitative and quantitative evidence related to the impact of structures and processes on patients, the nursing workforce, the organization or consumers.

PATIENT: a healthcare consumer across a variety of settings.

PROCESS: actions involved in the delivery of nursing and other healthcare services to patients and families including assessment, diagnosis, treatment, rehabilitation, prevention, and patient education.

QUALITY (IMPROVEMENT): systematic, data-driven activities designed to improve healthcare delivery.

ADVOCACY: actively supporting another individual, cause, idea, or policy; advocacy is embedded in Provision 3 of the Code of Ethics for Nurses in which nurses must promote, advocate for and strive to protect the health, safety and rights of the patient; it is also embedded in Provision 6 which requires nurses to advocate for an improved hospital environment.

AUTONOMY: “Professional nurse autonomy implies the right to exercise clinical and organizational judgment with in the context of an independent health care team and in accordance with the socially and legally granted freedom of the discipline” (MacDonald, 2002, as cited in Trammer, 2005, p. 141). “Organizational autonomy is an environmental characteristic that involves nurses in the broader unit and hospital decision-making processes pertaining to patient care. Clinical autonomy and organizational autonomy or control over nursing practice are interactive concepts” (Hinshaw, 2002, p. 92-93).

CHAMPION: Collaborative Governance members charged with influencing, educating, and communicating with their peers.

EVIDENCE: documents or oral statements submitted so that the Magnet appraiser can determine if MGH meets the standards. Over 5,000 pages of written evidence that describe *your* practice was submitted to the appraisers in October 2012.

LEARNING: the process of gaining new knowledge or skill; the importance of life-long learning is embedded in the PCS mission, vision and guiding principles.

PRACTICE: a customary way of doing something. The Magnet designation recognizes excellence in nursing practice and the professional practice environment. Important components of practice are to base it on current evidence and continuously strive for improvement.

STAFFING: the number of people in specific roles required to meet the care needs of the patient population in an area/unit/department.

RESEARCH: a systematic search for knowledge about issues of importance to the nursing profession.

RESOURCE: something or someone that is available to help or for support; the availability of fiscal and human resources are an important component of Magnet evidence. Many resources are available to staff at MGH including the Knight Center,

Institute for Patient Care, Office of Patient Advocacy, and Optimum Care Committee to name a few.

STANDARD: a norm that expresses an agreed-upon level of performance that has been developed to characterize, measure, and provide guidance for achieving excellence in practice.

BENCHMARK: Comparable data from the organization (internal) and other (external) sources for the purpose of goal setting and performance measurement.

DIVERSITY: The MGH PCS concept of diversity encompasses recognizing, accepting, and respecting that each individual is unique, with individual differences along the dimensions of race, ethnicity, gender, sexual orientation, socioeconomic status, age, physical abilities, religious beliefs, political beliefs, or other ideologies. It is the exploration of these differences in a safe, positive, and nurturing environment. It is about understanding and moving beyond simple tolerance to embracing and celebrating the rich dimensions of diversity contained within each individual.

KNOWLEDGE: the sum or range of what has been perceived, discovered or learned; understanding through experience. At MGH, generating, identifying, and translating new and emerging knowledge are at the core of our four-pronged mission as an academic medical center—practice, education, research, and community.

STRATEGIC (PLAN): a plan the flows from the organizational and departmental mission, environmental factors, and past performance that establishes goals and allocation of resources.

STRUCTURE: characteristics of the organization and the healthcare system that include leadership, availability of resources, and professional practice models. Donabedian (1980) defines structure as the conditions under which care is provided, including material resources, human resources, and organizational characteristics such as staffing, teaching and research functions, and performance review.

EVALUATION: a process of examining and judging whether or not something is as it should be – does it meet standards, follow procedures, or perform well. Evaluation processes are embedded in all we do – the MGH and unit-based quality initiatives are continuously evaluated to ensure goals are being met; our own performance is evaluated continuously and more formally every year during the performance appraisal process; and staff participate in the evaluation of products, equipment, and processes to gain their input into decision-making.

INNOVATION: novel behaviors, routines, and ways of working that are directed at improving health care outcomes including efficiencies, effectiveness, costs, and patient/family experiences.

LEADERSHIP: Transformational leadership is the ability to create the vision for the future and the systems and environment necessary to achieve that vision. Nurses at all levels of the organization are transformational leaders.

DEVELOPMENT: the process of growing, gaining a skill, learning something new, and improve the overall quality of something. Ongoing professional development is an important goal for all employees at MGH and is encouraged through structures and processes such as the Knight Center's continuing education programming, Human Resources support for formal education through tuition reimbursement, and the Institute for Patient Care's Clinical Affiliation Program in which MGH nurses collaborate with faculty and/or precept over 1,500 nursing students on an annual basis.

EMPOWERMENT: the process of enabling or authorizing an individual to think, behave, take action, and control work and decision making in autonomous ways. Staff are empowered when they work in innovative environments that support strong professional practice and where mission, vision and values come to life. Examples of structures and processes that empower staff include Collaborative Governance and the Clinical Recognition Program.

PROFESSIONAL (PRACTICE MODEL): the driving force of nursing care within an organization; the components of the MGH PPM are Vision and Values; Standards of Practice; Narrative Culture: Professional Development; Patient-Centeredness; Clinical Recognition & Advancement; Collaborative Decision-Making; Research & Evidence-Based Practice; and Innovation & Entrepreneurial Teamwork.

PROFESSIONAL (PRACTICE ENVIRONMENT): The professional practice environment is an organizational culture that advances the clinical practice of nurses and other health professionals by ensuring unity of purpose and organizational alignment. The theoretical foundation of the professional practice environment is predicated on collaborative decision-making to ensure that all stakeholders have the opportunity to knowingly participate in change.

RELATIONSHIP (BASED CARE): the philosophy that guides how we deliver interdisciplinary, patient and family focused care; includes the caregiver's relationship with Self, Team/Colleagues, Patient and Family, and the Environment of Care.

CERTIFICATION: A process by which a nongovernment agency or association certifies that an individual licensed to practice a profession has met certain predetermined standards specified by that profession for specialty practice. It signifies a level of mastery of a body of knowledge and acquired skills (American Nurses Association, 1979).

COLLABORATIVE (GOVERNANCE): the decision-making process that places the authority, responsibility and accountability for patient care with practicing clinicians. Collaborative Governance is based on the beliefs that a shared vision and common goals lead to a highly committed and productive workforce, that participation is empowering

and that people will make appropriate decisions when sufficient knowledge is known and communicated (Patient care Services Operating Plan, 2002).

TRANSFORMATIONAL (LEADERSHIP): leadership that defines and communicates vision and values and involves team members to achieve outcomes

INTERDISCIPLINARY (PATIENT- AND FAMILY-CENTERED CARE): the MGH Patient Care Delivery Model; care is reliant on overlapping skills and knowledge of each team member and discipline, resulting in improved patient outcomes.