Patient Care Services

Magnet Recognition Journey

Resource Guide

Massachusetts General Hospital Mission

Guided by the needs of our patients and their families, we deliver the very best healthcare in a safe, compassionate environment; we advance that care through innovative research and education; and, we improve the health and well being of the diverse communities we serve.

Patient Care Services Vision

As Nurses, Health Professionals, and Patient Care Services support staff, our every action is guided by knowledge, enabled by skill, and motivated by compassion. Patients are our primary focus, and the way we deliver care reflects that focus every day.

We believe in creating a practice environment that has no barriers, is built on a spirit of inquiry, and reflects a culturally- competent workforce supportive of the patient-focused values of this institution.

It is through our professional practice model that we make our vision a demonstrable truth everyday by letting our thoughts, decisions, and actions be guided by our values. As clinicians, we ensure that our practice is caring, innovative, scientific, and empowering, and is based on a foundation of leadership and entrepreneurial teamwork.

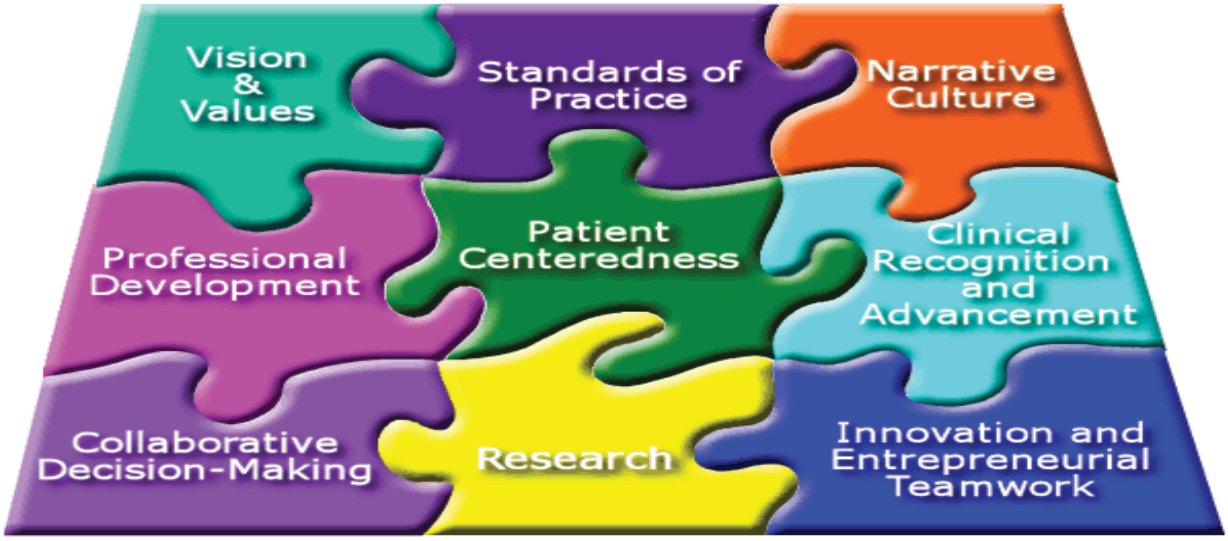
Patient Care Services Guiding Principles

Maintaining the highest standards of patient care delivery is a never-ending process that involves the patient, family, nurse, all healthcare providers, and the community-at-large.

What values do we want to uphold as we strive toward our vision?

- We are ever-alert for opportunities to improve patient care; we provide care based on the latest research findings.
- We recognize the importance of encouraging patients and families to participate in decisions affecting their care.
- We are most effective as a team; we continually strengthen our relationships with each other and actively promote diversity within our staff.
- We enhance patient care and the systems supporting that care as we work with others; we eagerly enter new partnerships with people inside and outside of the Massachusetts General Hospital.
- We never lose sight of the needs and expectations of our patients and their families as we make clinical decisions based on the most effective use of internal and external resources.
- We view learning as a lifelong process essential to the growth and development of clinicians striving to deliver quality patient care.
- We acknowledge that maintaining the highest standards of patient care delivery is a never-ending process that involves the patient, family, nurse, all healthcare providers, and the community-at-large.

Professional Practice Model



Magnet Redesignation Journey Resource Guide

Overview

During 2013, During there will be a site visit by Magnet Appraisers as part of the Magnet Redesignation Journey. This section of the resource guide is designed to help you feel ready for the Magnet Redesignation Site Visit.

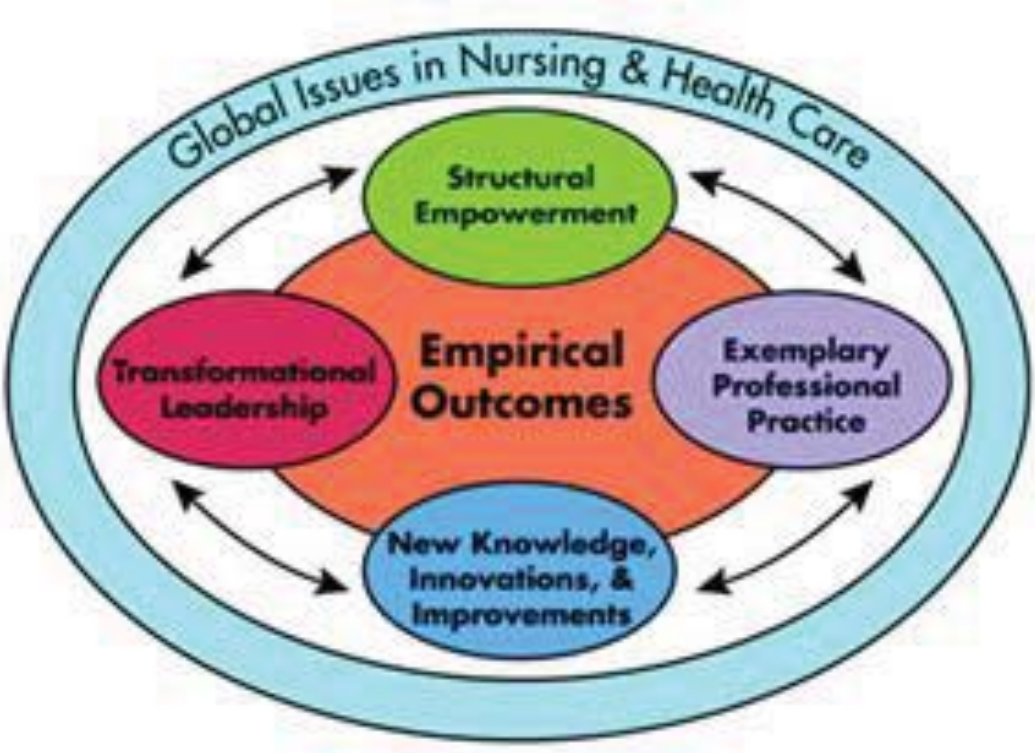
In 2011 and 2012, MGH is scheduled to have 3 surveys by regulatory agencies: I. The Joint Commission (JC) Laboratory Survey, II. The DPH Infection Control Survey, and III. The JC Hospital Survey. For more information about the regulatory surveys, close the resource guide, flip it over, and you'll find what you are looking for!

Magnet Redesignation Journey

The next Magnet site visit which will occur in late 2012-early 2013. This section includes information about the revised Magnet model, the site visit process, and sample interview questions.

Overview:

The American Nurses Credentialing Center (ANNC) developed the Magnet Recognition Program in order to recognize quality patient care, nursing excellence and innovations in professional nursing practice. The original model was built upon the “14 Forces of Magnetism” which represent characteristics that distinguish Magnet organizations from others. In 2008, the ANCC introduced the next generation Magnet Model which is designed to provide a framework for nursing practice and research in the future. Though the 14 Forces of Magnetism are still foundational to the program, the new model has a new, simpler look and reflects a greater focus on measuring outcomes related to nursing practice.



Crosswalk: ANCC Model Components and 14 Forces of Magnetism

Model Elements	Overview	Forces of Magnetism
Transformational Leadership	Transformational leadership is essential to meet the demands of the future. Leaders are visionary, and strategic.	Quality of Leadership Management Style
Structured Empowerment	Structures and processes provide an innovative environment in which professional practice flourishes. The organization needs to develop and empower staff in order to identify best practices and achieve desired outcomes.	Organizational Structure Personnel Policies and Programs Community Professional Development Image of Nursing
Exemplary Professional Practice	The essence of a Magnet organization is exemplary professional practice which drives better outcomes.	Models of Care Autonomy Nurses as Teachers Interdisciplinary Relations Resources/Consultation
New Knowledge, Innovation & Improvement	Magnet organizations contribute to the organization and profession new knowledge and innovative models of care and contribute new evidence to the science of nursing.	Quality Improvement
Empirical Quality Results	Magnet organizations must use quality data to measure outcomes and demonstrate improvements in care delivery.	Quality of Care

Magnet Journey: Redesignation Process

An important step in the redesignation journey is submission of written evidence that MGH fully meets Magnet requirements. This evidence is lengthy and thorough and includes specific examples of how the spirit of Magnet is alive at MGH. The documentation will be reviewed by a team of appraisers; after determining the evidence reflects excellence, the same team will conduct a site visit.

What is the focus of the site visit?

The focus is to evaluate the overall hospital environment and culture as one that promotes excellence in patient care and service. Appraisers look for evidence of empowerment, collaboration and excellence as exemplified in the documentation submitted prior to the visit. It is an opportunity for staff to showcase the excellent care that is provided to patients and families at MGH.

Who will appraisers talk to during the unit visits?

- Appraisers will visit as many patient care units and practice sites as possible. Appraisers will speak directly with staff nurses about any of the topics described above. The visit will also involve all members of the healthcare team as well as patients and families regarding how clinical practice is delivered and supported. They may also speak with staff from other departments to discuss how they work with nurses to ensure patients get the equipment and services they need.
- Appraisers may request to speak with patients, families and visitors.
  There will also be other forums throughout the site visit where nurses will have the opportunity to interact with appraises.

What will appraisers look at? Examples:

- Nurses' participation in decision-making
- Outcomes e.g. falls, pressure ulcers, restraints
- Unit-based performance improvement activities
- Evidence-based practice, research, innovation
- Peer review and professional development
- Communication flow between nurses and leaders
- Community activities and involvement
- Interdisciplinary patient- and family-centered care
- Continuity of care across the continuum
- Patient/family involvement in plan of care
- Patient advocacy program
- Diversity
- Practice environment
- Delegation and teamwork

What types of questions will the surveyor ask? Below are examples:

Transformational Leadership

Q ***What guides the practice of nursing at MGH?***
A The hospital's mission, Patient Care Services/Nursing vision and value statement, and guiding principles all guide the MGH practice of nursing.

Q ***What are Nursing's strategic goals?***
A Every year, the MGH Patient Care Services/Nursing Executive Team sets strategic goals based on an assessment of organizational priorities and input from patients, families, staff. Goals focus on enhancing the patient experience; continually improving care delivery through increasing the efficiency and effectiveness of systems; and, creating and sustaining a strong, supportive practice environment in which staff have a strong voice in the design of care and services. Each of these goals has tactics with defined measures of success.

Q ***If you have a question or want to communicate with your Chief Nurse, Associate Chief Nurse and/or Nursing Director, what ways do you use to contact them?***

A Our Chief Nurse is visible and accessible to staff through formal nursing presentations, monthly Collaborative Governance Staff Nurse Advisory Committee, and unit rounds. She is accessible to staff anytime via telephone, e-mail and face-to-face with her open-door-policy.

These strategies are also used by the Associate Chief Nurses and Nursing Directors. All nurse leaders carry their pagers and cell phones 24 hours a day, seven days a week. Staff has the ability to page or call these leaders at any time to address a need on the unit or personal issue. It is common for Nursing Directors to work on evenings, nights or weekends to support staff during routine operations, special projects and for emergency situations. Clinical Nursing Supervisors augment the unit Nursing Director's leadership presence and accessibility, particularly on the off-shift and weekends.

Q ***Describe ways in which your nursing leadership has improved the work environment?***

A Some examples of ways in which nursing leadership has improved the work environment include the installment of ceiling lifts and new beds in all patient rooms; establishment of tiger teams (ad-hoc groups) to address issues such as workplace violence; incorporation of peer review in the performance evaluation process; as well as, provision of education and support for conflict resolution.

Q ***Give examples of how the input of nurses has effected the work environment?***

A Input from the nursing staff has influenced many aspects of the work environment including the design of the new Lunder Building, Collaborative Governance redesign, Acute Care Documentation design and testing, along with ER and Perioperative process improvement initiatives.

Structural Empowerment

Q ***Describe the professional practice model?***

A The Professional Practice Model is a comprehensive framework to guide care delivery across the disciplines in Patient Care Services. Components include: patient centeredness, vision and values, standards of practice, narrative culture, professional development, clinical recognition and advancement, collaborative decision-making, research and innovation and entrepreneurial teamwork. We use the analogy of a puzzle to describe our professional practice model. The many pieces of the puzzle come together to create a complete picture of the professional practice model at the MGH.

Q ***How do nurses influence what the professional practice model is at MGH (adapt or modify)?***

A The staff perceptions of the professional practice environment survey is an evaluation of our professional practice model at the MGH. It is administered to clinicians throughout Patient Care Services every 12-18 months. Feedback from this survey is critically reviewed and used to influence changes that are made. Examples of this would be the redesign of our Collaborative Governance model and development of conflict-resolution education programs.

Q ***How do nurses participate in decision-making (individually and through groups)?***

A Nurses participate in decision-making through their involvement in unit-based activities, clinic rounds, as a member of a Collaborative Governance committee, and in the role of resource nurse.

Q ***Give examples of how participation in decision-making has resulted in improvements on the unit (e.g. through participation in collaborative governance, tiger teams, unit-based committees, etc.).***

A (Varies by unit; cite unit-based examples)

Q ***How does MGH support nurses' participation in professional organizations and pursuit of formal education and certification?***

A Flexible scheduling supports staffs' participation in professional organizations. Flexible hours, tuition reimbursement, scholarships, support service grants, college fairs, Pro-tech student mentorship, shadowing opportunities promote staffs' pursuit of academic education.

The MGH Department of Nursing supports professional certification by providing reimbursement for certification and recertification exams for nationally-recognized professional and specialty nursing organizations. The Norman Knight Nursing Center provides on-site educational preparation programs for many types of certification.

Q ***Describe improvements on your unit that resulted from participation in professional organizations?***

A (Varies by unit; cite unit-based examples)

Q ***Describe how MGH supports continuing education/professional development (internal and external)?***

A The MGH and The Norman Knight Nursing Center provide hospital-based continuing education programs that provide continuing education units (CEUs) to staff in attendance. The Norman Knight Nursing Center for Clinical & Professional Development offers over 125 programs each year in addition the availability of hundreds of online and web-based educational opportunities. Although funds are limited, the Department of Nursing also financially supports staff attendance at strategic conferences and seminars outside the MGH. Paid educational time and flexible scheduling practices ensure staff nurses are able to attend professional development opportunities.

Q ***How do MGH nurses support the education of undergraduate and graduate students?***

A Education is an integral part of our mission. Every year approximately 30 schools place over 1700 students for clinical practicum experiences or 1:1 clinical preceptorship. MGH nurse preceptors provide education and clinical experiences for nursing students for a required number of hours and assist the student in meeting course objectives. Preceptors provide role modeling for students, as well as clinical and professional guidance. On White 7 and Ellison 7 Surgical Units, a Designated

Education Unit model is in place. In this case, the MGH has a collaborative relationship with the University of Massachusetts, Boston, and staff nurses serve in the role of clinical instructor and are responsible for on-unit clinical education for 1-2 nursing students. A faculty member from UMASS, Boston, oversees and guides the staff clinical instructors.

Q ***How do nurses participate in community health-related activities, including community education?***

A MGH nurses regularly participate in health-related community activities including, but not limited to, health fairs, a variety of information sessions in the MGH Lobby, Blum Center Lecture Series, the annual Pediatric Health Fair, Senior HealthWISE Series, the Boston Health Care Expo, Durant Fellowship for Refugee Medicine, the community volunteerism, and national and international disaster response teams. PCS has established guidelines to address the pay and benefits for employees embarking on domestic and/or international service work. Beyond formal compensation policies, MGH encourages participation in community activities by communicating opportunities through E-mail and hospital publications. In addition, staff's participation is supported through flexible scheduling.

Q ***What is the process at MGH for developing, implementing and evaluating standards of practice and standards of care?***

A Several processes exist to facilitate the development, implementation and evaluation of standards of practice and standards of care. Examples include: the Collaborative Governance Practice and Quality Committees, unit-based practice committees, perinatal review, the evidence-based care initiative coordinated by the Yvonne L. Munn Nursing Research Center, staff and leadership participation in professional and specialty organizations, etc.

Q ***How do nurses get results about nurse satisfaction data and patient satisfaction data? In what ways are the findings discussed and analyzed? Describe the results for your unit?***

A Nurse and patient satisfaction results are shared with nurses through staff meetings, bulletin board postings, quarterly email distributions, and presentations from the Chief Nurse and leadership in various meeting forums. *(Cite unit-based examples)*

Exemplary Professional Practice

Q ***What is your patient care delivery model?***
A Interdisciplinary patient-and family-centered care. Describe *how* this is operationalized on your unit.

Q ***Give an example of how you involved a patient and family in the plan of care.***
A (Cite personal example: Possible answers to this would include goal setting, identifying priorities, family meetings, and obtaining health information through the Patient / Family Learning Center).

Q ***Who are your expert resources? How do you access them****?*
A Expert resources include: Nursing Directors, Clinical Nurse Specialists, Resource Nurses, The Institute for Patient Care (comprised of The Norman Knight Nursing Center for Clinical & Professional Development, The Yvonne L. Munn Center for Nursing Research, The Blum Patient and Family Learning Center and The Center for Innovations in Care Delivery), the PCS Office of Quality and Safety, etc. Resource contacts are available by email, phone or in person.

Q ***How do nurses influence recruitment and retention?***
A Nurses influence recruitment and retention through word-of-mouth, preceptorship of students, involvement in residency rotations, participation in interviews, shadowing, sharing information about our Magnet status, voicing their input in decisions around practice, as well as ownership and accountability for their practice. *(Cite unit-based examples)*

Q ***How do nurses impact their staffing budget?***
A On many inpatient units, nurses impact their unit's staffing budget through completing Quadramed, a productivity measurement system, which quantifies patient acuity and workload. This data provides invaluable information that guides resource allocation decisions to match staffing to workload. Other productivity measurement systems are used in the Emergency Department, Operating Rooms, etc. MGH nurse are empowered to make decisions to match staffing to workload on a shift-to-shift basis.

Q ***How is staffing determined on a shift by shift basis and by whom?***

A Direct care staffing requirements occurs at three levels: long term projections for the Fiscal Year, near-term scheduling for successive four-week cycles, and daily shift to shift requirements.
Staff decisions are: made at the unit level, based on patient acuity and based on the competency of available staff.
Daily and shift-to-shift decisions regarding staffing are made at the unit level by Nursing Directors and/or their designees, such as staff Resource Nurses. In the event that additional staff are needed for a particular shift there are several options available including: calling in staff scheduled for "on call" or standby, negotiating changes in scheduled time among the unit staff, utilizing cross-trained staff from other units, using staff from the Central Resource Team, accessing per diem staff, using part-time staff to work beyond their standard hours and/or working long-week/short-week hours.
In addition, the Department of Nursing is committed to providing clinical support to all nurses providing direct care. Resources such as the Clinical Nursing Supervisors, The Central Resource Team Staff Nurses, Unit Resource Nurses, Clinical Nurse Specialists and expert Advanced Practice Nurses are available to assist all nurses regardless of years of experience or competence in a clinical specialty.

Q ***Give examples of interdisciplinary performance improvement activities.***

A Examples include: The LEAF fall-prevention program, the skin team work in preventing hospital-acquired pressure ulcers; safety rounds implementation; central line associated bloodstream infection team, etc. *(Cite unit activities)*

Q ***How do nurses influence technology at MGH? (equipment and electronic documentation)***

A Examples include nurses' involvement on the Collaborative Governance Informatics Committee, piloting all new equipment and technology, and participating in the design and testing for Acute Care Documentation.

Q ***Describe ways in which peer review and self-appraisal are used at MGH?***

A Peer review takes place at every level of nursing at MGH and is incorporated into our annual performance evaluation process. In addition, the clinical narrative is used as a tool for self-reflection.

Q ***How do nurses use external standards and resources such as the ANA Code of Ethics?***

A Resources to guide ethical decision-making at MGH include: Collaborative Governance Ethics in Clinical Practice Committee, Optimum Care Committee, Advance Care Planning Task Force, MGH Ethics Task Force, Pediatrics Bioethics Committee, Harvard Ethics Leaders Council, Interdisciplinary Ethics Resource Program, Unit-Based Ethics Rounds, MGH Employee Assistance Program and individual consultation with the Ethics Clinical Nurse Specialist.
The ANA Code of Ethics is a key document and is shared and discussed at Ethics Forums each year.
A recently-awarded Clinical Ethics Residency for Nurses is funded by HRSA and uses the ANA Code of Ethics, and other well-respected sources to guide education for nursing.

Q ***What does MGH do to meet the needs of such a diverse patient population?***

A MGH has a number of resources including our Culturally-Competent Care Program, Disabilities Awareness Initiative, Medical Interpreters Services, Patient Care Services Diversity Program, etc.

Q ***How are problems managed related to unsafe or unprofessional conduct?***

A Unsafe or unprofessional conduct can be reported through our MGH Safety Reporting System, and directly to Unit Directors. There is also a confidential compliance hotline where staff can report issues.

Q ***Give examples of what has been done to improve workplace safety and safe patient handling?***

A Numerous examples exist illustrating efforts to improve workplace safety and safe patient handling, including: installation of ceiling lifts; Management of Aggressive Behavior (MOAB) training; and the work of the Safe Patient Handling Committee, Workplace Safety Committee, Workplace Violence Tiger Team, and the Safe Handling Chemo Team. *(Cite additional unit examples)*

Q ***Give an example of an action that was taken proactively to prevent a problem and improve safety?***

A The Police and Security Off-Shift Visitors Initiative was established to improve safety for our patients, family and staff.

New Knowledge, Innovation & Improvement

Q ***Describe difference between research, evidence-based practice and performance improvement.***

A **Research** is the analysis of data collected from a homogenous group of subjects who meet study inclusion and exclusion criteria for the purpose of answering specific research questions or testing specific hypotheses.

Evidence-Based Practice is the practice of applying knowledge (research findings, expert opinion, case reports) to a particular patient's situation as well as considering the patient's preferences and values as well as the clinician's expertise.

Performance improvement is the concept of measuring the output of a particular process or procedure, then modifying the process or procedure to increase the output, increase efficiency, or increase the effectiveness of the process or procedure. Remember the steps **(PDCA)**: 1) **Plan** (identify and opportunity and gather information and measure the current situation), 2) **Do** (design and improve and implement the change, 3) **Check** (measure again to see if the plan worked), and 4) **Act** (sustain the change).

Q ***Give an example of a practice you implemented based on research findings?***

A Examples include: hourly safety rounding to influence patient outcomes and satisfaction; development of sensory cart to decrease restraint use, and using wound care research findings to identify skin care and pressure ulcer prevention strategies. (*Cite unit-based examples)*

Q ***What processes are in place to promote evidence-based practice at MGH?***

A The Yvonne L. Munn Center for Nursing Center is the organizational structure that supports and promotes nursing research. Research components include: Collaborative Governance Research Committee, the Clinical Nurse Specialist Research Task Force, the Nursing Research Operations Group, the Norman Knight Visiting Scholar Program, the Yvonne L. Munn Nursing Research Awards, the Yvonne L. Munn Post-Doctoral Fellowship, and the Doctoral Forum. Internal consultation is also widely available through the Munn Center's Senior Nurse Scientists, MGH doctorally-prepared staff and the Mongan Institute for Health Policy. The unit-based CNSs actively promote evidence-based practice at MGH. The Munn Center received a grant to promote evidence-based practice.

Q ***How is research disseminated at MGH?***

A Examples include: Did You Know posters designed by the Research and Evidence-Based Practice Committee, Journal Club, research poster display during Nurse Recognition Week, presentations at conferences and through publications.

Q ***What is innovation and how is innovation supported at MGH?***

A Clinicians are challenged every day to find solutions to problems in care delivery. The Center for Innovation in Care Delivery's (part of The MGH Institute for Patient Care) focus is to bring teams together to identify opportunities, to estimate the impact of change (including workforce demographics, new technologies and regulatory change) and to construct innovations. The Center works to provide clinicians with knowledge, skills and opportunities to solve problems at the bedside and within the system.

The Center for Innovations in Care Delivery looks to research in user driven innovation (Eric von Hippel) and disruptive innovation (Clayton Christensen) to form the theoretical basis for much of its work. The Center, often in partnership with others, provides education, consultation and support to members of Patient Care Services in addressing issues or problems to be solved. Utilizing Christensen's "What's the job to be done" framework we engage front line staff in problem solving.
Examples include: Transforming Care at the Bedside (TCAB) initiative which trains staff to use the rapid-cycle improvement technique to address and solve issues in an innovative way and finding better solutions to cardiac leads for very premature infants.

Empirical Quality Results

Q ***What are the nurse-sensitive indicators related to your unit?***
A As defined by the ANA, "Nursing Sensitive Indicators are those indicators that capture care or its outcomes most affected by nursing care." These indicators have been defined to show clear linkages between nursing interventions, staffing levels and positive patient outcomes. Common examples of nurse-sensitive indicators include: patient falls, hospital-acquired pressure ulcers, restraint utilization, and central line infections. *(Cite unit-based nurse-sensitive indicator)*

Q ***Give examples of strategies used on your unit to improve outcomes related to nurse-sensitive indicators?***
A Examples include hourly safety rounds, utilizing the Psychiatric Clinical Nurse Specialist to reduce restraint utilization (*Cite unit-based initiatives to improve nurse-sensitive outcomes)*

Q ***Give examples of other improvement projects on your unit? What were the strategies and how do you know they have been effective?***
A (Cite unit-based initiatives)

Patient Care Services Resources (Magnet Core Team)

- **Marianne Ditomassi, RN,** Executive Director, Patient Care Services Operations and Magnet Program Director
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- **Guardia Banister, RN,** Executive Director, Institute for Patient Care
- **Carol Camooso Markus RN,** Staff Specialist, PCS Office of Quality and Safety
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