Exemplary Professional Practice

2017 Re-designation
Site Visit Preparation
The Magnet Vision

Magnet-recognized organizations will serve as the fount of knowledge and expertise for the delivery of nursing care globally. They will be solidly grounded in core Magnet principles, flexible, and constantly striving for discovery and innovation. They will lead the reformation of health care, the discipline of nursing, and care of the patient, family, and community.

The Commission on Magnet Recognition, 2008
Anticipated Activities of the Site Visit
(partial listing)

- Visit all inpatient units and ambulatory care areas (main campus and satellites)
- Document Review: personnel records—professional performance appraisals (looking for supervisor’s evaluation, self-evaluation, peer review professional goals) and patient records (looking for interdisciplinary plan of care and interdisciplinary teaching)
- Meetings:
  - Clinical (staff) nurses—randomly selected for numerous breakfast, lunch & dinner meetings
  - Department of Nursing committees—including Collaborative Governance
  - Physicians, advanced practice nurses, other disciplines, case managers, support services
  - Interdisciplinary hospital committees
  - Patients, families, volunteers, & community representatives
- Organizational & Patient Care Services leadership
  - MGH senior management & Board of Trustees
  - Quality and Safety initiatives leadership
  - Patient Care Services Executive Committee
  - Nursing Directors/Managers & CNSs/NPSs
  - Human Resources
  - Education
  - Research
Role of Magnet Champions

- Collaborative Governance Champions and identified staff at off-site locations
- Role: actively engage peers in on-going development of practice
  
  Discovery  |  Communication  |  Motivation

- With local nursing leadership, leads dialogue with peers about Magnet evidence and site visit preparation
Communication and Education Plan

• **Weekly Focus Topics**
  • **Magnet Monday e-mails**—targeted info & resources
  • **Weekly forums for staff**—Thursdays, O'Keeffe Auditorium, 1:30-2:30pm *(videostreamed)*
  • **Updates at meetings**—Combined Leadership & Nurse Director

• **Collaborative Governance** committee meeting dialogues

• **SAFER Fair display** (Weds., Oct. 11, 12-2pm, Bulfinch Tent)

• **Magnet Recognition® Journey/Joint Commission Resource Guide** for all staff

• **“Magnet Roadmap”** poster for all units/areas

• **PPM and PCDM graphics** for display boards/staff areas

• **Excellence Every Day Magnet portal**
  [www.mghpcs.org/PCS/Magnet/index.asp](http://www.mghpcs.org/PCS/Magnet/index.asp)
## Weekly Focus Topics

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<th>WEEK OF</th>
<th>TOPIC</th>
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<td>Sept. 18</td>
<td>General Survey Preparation and Magnet 101</td>
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### 5 MAGNET MODEL COMPONENTS

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<tr>
<td>Sept. 25</td>
<td>Transformational Leadership</td>
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<td>Oct. 16</td>
<td>New Knowledge, Innovations and Improvements</td>
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<td>Empirical Outcomes</td>
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<td>Nov. 6</td>
<td>Site Visit Begins !!!!</td>
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Magnet Model Components

Provides a framework to achieve excellence in practice
Exemplary Professional Practice

Ensure Excellence

Characteristics

• Exemplary professional nursing practice is the essence of a Magnet organization – it is about what nursing can achieve.

• It is about how nurses interact with patients, families, communications and the interdisciplinary team to impact positive patient outcomes.

• Allows nurses to work in an environment where autonomy and accountability help define quality patient care and best practices.
Exemplary Professional Practice

Ensure Excellence

Examples at MGH

Models
- Professional Practice Model
- Patient Care Delivery Model
- Relationship-Based Care

Processes
- Performance Appraisal Process
- Staffing, Scheduling & Budgeting
- Recruitment & Retention
- Policies & Procedures
- Culture of Safety
  - Workplace Safety
  - Safety Reporting
  - National Patient Safety Goals

Clinical
- Scope of Practice
- Five Rights of Delegation
- Autonomy in Nursing Practice
- Use of Internal/External Experts
- Ethical Decision-Making & Resources
- Documentation
  - Interdisciplinary Plan of Care
  - Interdisciplinary Patient Teaching
MGH Professional Practice Model (PPM)

VISION & VALUES
We have a shared vision and value accountability, effectiveness, collaborative, resource efficiency and our core value—relationship-based care.

STANDARDS OF PRACTICE
These exist to ensure that the highest quality of care is maintained regardless of the number of professionals providing care, or the experience of those professionals.

NARRATIVE CULTURE
Clinical narratives are an effective way to share and reflect on clinical practice. They reveal the clinical reasoning and knowledge that come from experiential learning.

RELATIONSHIP-BASED CARE
Our core value of relationship-based care and our belief that the patient/family-provider relationships are critical to the development of our Professional Practice Model, which we define as interdisciplinary, patient- and family-centered care.

PROFESSIONAL DEVELOPMENT
It is essential to our ability to provide quality care, to achieve personal and professional satisfaction, and to advance our careers. Our activities include orientation, in-service training, formal and continuing education, and clinical advancement activities.

CLINICAL RECOGNITION & ADVANCEMENT
The Clinical Recognition Program marks the acquisition and development of clinical skills and knowledge as clinicians pass through four phases: entry, competent, advanced clinician, and clinical scholar. In addition, a myriad of recognition awards for excellence in clinical practice, education, and research exist.

COLLABORATIVE DECISION-MAKING
Built on the premise of “teamness” and team learning—the network of relationships between people who come together and implement actions or strategies toward a desired outcome.

RESEARCH & EVIDENCE-BASED PRACTICE
The promotion of a body of knowledge from research is the hallmark of a profession. Research is the bridge that translates academic knowledge and constructed theories into direct clinical practice.

INNOVATION & ENTREPRENEURIAL TEAMWORK
Members of the interdisciplinary teams that comprise Patient Care Services are committed to working together to identify issues in care delivery and, more importantly, identify strategies to enhance care delivery.
Patient Care Delivery Model (PCDM)

Key Components

- Relationship-based care
- Domains of practice
- IOM’s six aims of quality improvement
- Empirical outcomes
Performance Appraisal Process

Four key components

- Self-Reflection - self-evaluation and clinical narrative
- Manager Review
- Peer Review

Mutually Determined Goals

(The roadmap for professional development)
Staffing, Scheduling & Budgeting

• Clinical Nurses involved by:
  • Providing input into scheduling
  • Participating in time planning
  • Entering data related to patient care needs using the Quadramed AcuityPlus™ Productivity, Benchmarking, and Outcomes System - Inpatient Methodology (40 units)
  • Providing feedback to leadership regarding adequacy of staffing

• Clinical Nurses are supported by guidance documents, such as the Department of Nursing’s “Direct Care Staffing Guidelines”
  • Staffing is based on patient care needs
  • Shift-to-shift staffing decisions are made by the Nursing Directors, Clinical Nurse Managers and/or unit-based registered nurses
  • Staffing is flexed up or down are based on a unit’s actual workload
Recruitment & Retention

- #1 Referral Source: Word of Mouth
- Strong Professional Practice Environment

Examples:

- Variety of Onboarding and Residency Programs
- Norman Knight Nursing Center for Clinical & Professional Development and Simulation Center
- Interdisciplinary Teamwork
- Culture of Safety
- Clinical Recognition Program – advancement at the bedside
- Collaborative Governance – a voice in key decisions about practice and quality of work-life
Policies & Procedures

• Evidence-based

• Nurse/Interdisciplinary Team-Driven

• Set expectations for practice and care

• Specialty-Based Standards
Culture of Safety

Workplace Safety
Examples:
- Falls
- Sharps
- Patient Handling
- Flu Vaccination

Safety Reporting
Speak up for safety through sharing errors and near misses through narratives and filing of safety reports

Joint Commission National Patient Safety Goals
Identify patients correctly
Always use 2 patient identifiers
Two person verification for blood product administration

Improve staff communication
Report critical results on a timely basis

Use medications safely
Label all medications and solutions
Utilize and teach safe practices for anticoagulation therapy
Maintain and share accurate patient medication information

Use alarms safely
Respond promptly to every clinical alarm
Individualize parameter limits for the patient

Prevent Infections
Use hand hygiene
Adhere to Infection Control guidelines
Educate patients and families

Identify safety risks
Identify patients at risk for suicide or self-harm

Universal Protocol
Conduct a pre-procedure check, mark the site, and perform a Time Out to verify
Scope of Practice and Five Rights of Delegation

**Nurse Practice Act:** directs entry into practice, defines the scope of nursing practice, and identifies practices that must be reported to ensure public safety

- MA Board of Registration in Nursing (BORN) website
- MGH Magnet portal

**Five Rights for Delegation**

- Right **Task**
- Right **Person**
- Right **Circumstances**
- Right **Communication and Direction**
- Right **Supervision**
**Autonomy**: A hallmark of nursing practice at the Massachusetts General Hospital (MGH) is clinical autonomy where nurses practice to the full extent of their scope with the authority and freedom to make nursing care decisions for their patients in every setting.

**MGH Examples**

- OR nurse had the authority to delay start of a case to fully assess potential allergens in supplies
- CRNA developed ordering guidelines for blood transfusion
Use of Internal & External Experts

**Internal Experts**

- Clinical Nurse Specialists/Nursing Practice Specialists
- Interdisciplinary Rounds
- The Institute for Patient Care

**External Experts**

- Visiting Scholars
- Professional Organizations
Ethical Decision-Making & Resources

- Excellence Every Day Portal
- Collaborative Governance Ethics in Clinical Practice Committee
- Unit- and service-based Ethics Rounds
- Optimum Care Committee
- Pediatric Bioethics Committee
- Palliative Care Service
Documentation

Interdisciplinary Plan of Care

- Overview
  - Plan of Care Progress Notes
  - Event Log

- Neurological Condition - Adult
  - Activity Intolerance - Neurological Condition - Adult
    - Able to participate in acute rehabilitation during hospitalization
  - Problem Interventions
    - Mobility promotion
    - Nonpharmacologic sleep promotion
    - Rest promotion

- Aspiration Risk - Neurological Condition - Adult
  - Problem Interventions
    - Aspiration signs and symptoms assessment

- Swallowing assessment - neurological condition

- Cognitive-Perceptual Pattern, Impaired - Neurological Condition - Adult
  - Problem Interventions
    - Reorientation

- Communication, Impaired - Neurological Condition - Adult
  - Problem Interventions
    - Effective communication techniques
    - Education, communication impairment

- Discharge Readiness - Neurological Condition - Adult
  - Discharge to level of care that meets patient needs.
  - Problem Interventions
    - Discharge barriers assessment
    - Discharge expectations assessment
    - Discharge readiness assessment - adult
    - Discharge referral risk assessment

Interdisciplinary Patient Teaching

Assessment

- Neurological Condition - Adult
  - Nonpharmacologic pain management
  - Pain communication
  - Reality orientation
  - Stroke education: postdischarge follow-up
  - Stroke education: stroke risk factors
  - Diabetic diet
  - Management of abnormal glucose level signs & symptoms

- Increased cardiac output signs and symptoms
  - Prescribed activity level
  - Skin care

- Venous thromboembolism prevention and treatment
  - Communication impairment
  - Blood pressure monitoring
  - Stroke education: warning signs and symptoms of stroke
  - Stroke education: medications prescribed at discharge
  - Stroke education: activation of emergency medical system
  - Community resources - stroke

- Prescribed diet - cerebrovascular disease
  - Body weight control - cerebrovascular disease
  - Stroke education: written discharge instructions
Mock questions...
It’s all about showcasing your practice…

You’ve got this!

For info & resources visit the EED Magnet Portal
http://www.mghpcs.org/PCS/Magnet/index.asp