



structure.  
process.  
outcomes.

# MAGNET MONDAY

FEBRUARY 25, 2013

**MGH Site Visit:**  
March 4-7, 2013

## Staff Nurse Involvement in Decision Making, Staffing and Scheduling

### Why does the Magnet Recognition Program focus on Staff Nurse involvement?

Magnet hospitals attract and employ nurses who advocate for excellence in patient care. These hospitals provide support for a Professional Practice Model (PPM) that values the contributions of nurses at every level of the organization, and demonstrates a commitment to interdisciplinary teamwork that facilitates optimal patient care. Nurses and other clinicians working in Magnet hospitals receive a high level of support from hospital and nursing leadership to practice with autonomy and control over practice, have a voice in decisions regarding practice and quality of work-life, participate in collaborative relationships with other clinicians, and provide input to improve the work environments and patient care.

### What are some of the structures and processes at MGH that support Staff Nurse involvement in decision making?

- Leadership presence and accessibility to staff
- A culture that values the knowledge of direct care nurses and empowers nurses to lead change
- Staff Nurse Job Description that includes the responsibility to be an advocate for MGH patients with a focus on securing the necessary resources to deliver care that is patient-centered, safe, effective, timely, efficient, and equitable, including the necessary resources to care for patients
- 2012 Patient Care Services Strategic Goal of “Ensuring Staff Have a Strong Voice in Design of Care and Services”
- Committees and task forces that include Staff Nurses in decision making
  - Collaborative Governance Structure, for example, the Policy, Procedure and Products Committee which assures the direct care clinician’s voice in product decisions
  - Health Professions Staff Committee, where APRN members participate in making recommendations to the CNO regarding APRN and PA credentialing and privileging
  - Ambulatory Practice Committee

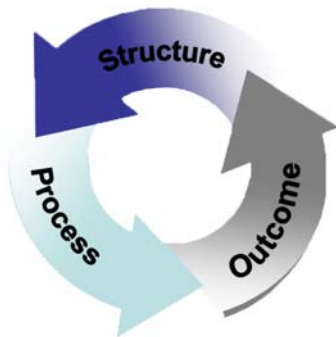
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- Primary Care Nurse Leadership Council
- RN Orientation Task Force
- Wound Care Task Force
- Unit-based quality committees, for example the Interdisciplinary Post-Operative Care Processes Team

“Best evidence,” means using the strongest body of evidence that exists on a particular topic, whether it is expert opinion, randomized controlled trials, or systematic reviews.

## What are some examples of Staff Nurse involvement in assuring adequate staffing, non-salary and capital resources at MGH?

- Participation of nurses at all levels in the various components of the MGH budget process
- Quadramed (formerly Medicus) as the primary tool used to provide a measure of daily workload and predict staffing needs for the 38 inpatient nursing units
- Specific example of the increases in direct care employees in Patient Care Services related to increased workload over three fiscal years:

	Patient Care Services		
	FY 2010	FY 2011	FY 2012
<b>Total FTEs</b>	4170.9	4229.6	4392.3

- Example of the FY 2013 recent increases in direct care employees in Patient Care Services related to increased workload and two new units
  - 143.4 additional FTEs for FY 2013 for current clinical areas
  - 80.8 FTEs for two new clinical areas opening in FY’ 13
  - Bigelow 7 Short Stay Unit
  - Yawkey 7 First in Human Infusion Center
- Lunder 9 – Additional staffing obtained mid-year 2012 due to higher census than planned
- Anticoagulation Management – Additional staffing added for FY 2013 due to increased number of patients and large panel sizes for nurses
- MGH North Shore Center for Ambulatory Care - Dedicated Staff Nurse for pre-operative block anesthesia and additional Patient Service Coordinator for clerical support in Pre-op and PACU

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- Blake 13/Ellison 13 Family Newborn Units – Neo-Blue Lites for hyperbilirubinemia
- Dolphin Mats for patients at high risk for skin breakdown
- Biopatch Dressings to reduce the risk of infection associated with PICC Lines
- VOALTE Phones for multiple MGH Units

## How are Staff Nurses involved in scheduling?

Direct care staff scheduling occurs at the unit level and is operationalized in a variety of ways. In all departments, there are mechanisms to assure that staff have input into creation of the schedule, while ensuring that there are adequate numbers of direct care staff to meet patient needs. This often involves posting a schedule template in advance of the time period so that Staff Nurses have a defined period of time to submit a desired work schedule including days they wish not to be scheduled. The schedules requested by staff are expected to follow unit-based standards, which for some areas includes off-shift rotation, holiday and weekend commitments. Many departments have designated Staff Nurses who then revise the schedule to assure adequate coverage on a day-to-day and shift-to-shift basis prior to the Nursing Director/Manager approval.

## What examples were provided in the Magnet evidence?

- Labor and Delivery Unit (Blake 14) scheduling guidelines
- Medical Intensive Care Unit (Blake 7) Staffing and Scheduling Committee
- Post Anesthesia Care Units (White 3, Ellison 3, Lunder 2, 3,4) processes used to plan for expansion into the Lunder building
- Surgical Intensive Care Unit (Blake 12) staffing and scheduling workgroup that developed the standards and processes for the new unit opened in 2011