In 1983 during a previous nursing shortage, the American Academy of Nursing (AAN) conducted a study of 163 hospitals to identify characteristics of hospitals that attracted and retained well-qualified nurses who promoted quality care.

Out of that research the term “Magnet Hospital” was coined – named after hospitals that because of their supportive professional practice infrastructure, “attracted” and “retained” nurses.

These characteristics became known as the “Forces of Magnetism,” the criteria that hospitals are evaluated against when applying for Magnet designation or re-designation.
• In 1993, the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association, introduced a new Magnet Hospital certification process modeled after the 1980s study.

• The program is based upon quality indicators and standards of nursing practice as defined in the American Nurses Association’s Scope & Standards for Nurse Administrators.

• The Magnet designation process involves submission of written evidence addressing each of the Forces of Magnetism and an on-site review by Magnet appraisers.
Magnet Designated Facility Information
Update for December 2007

- The Commission on Magnet Recognition Program currently recognizes 275 healthcare organizations (4.79% of US hospitals), as well as one in Australia & one in New Zealand for their excellence in nursing service.
- Massachusetts General Hospital received Magnet designation in 2003 by the ANCC, the first in Massachusetts.

Approximately 4.45% of all health care organizations in the US have achieved Magnet designation by the ANCC.
Benefits of Magnet Designation

For patients...
- Multiple studies have shown that patient outcomes are more favorable in Magnet hospitals. They experience fewer complications, lower mortality rates & higher patient satisfaction scores.

For nurses...
- Professional nurses consider Magnet designation as the gold standard when looking for a practice environment where autonomy, control over practice & professional development are emphasized.

For the hospital...
- Magnet signifies high quality care to consumers. Many Magnet hospitals advertise through media, newspaper announcements, billboards, radio & TV commercials. The improved attraction & retention of nurses results in significant cost savings.

Patients, nurses and the entire hospital community benefit from Magnet designation. Some of the most visible examples are… (review points highlighted for each group).
The framework for evaluating hospitals’ performance is based upon a concept coined by the ANCC known as the “Triple Axes of Compliance”. Its components are development, dissemination & enculturation. Hospitals are evaluated not only on their ability to develop programs & initiatives, but also to disseminate information to key groups in an effective way and to make them part of the culture.
Critical Success Factors

- **Interdisciplinary teamwork** that supports patient- and family-centered care delivery model.
- Nurses are expected to practice with **autonomy** and control over practice.
- **Collaborative Clinician-Physician relationships.**
- **Compliance with Documentation Standards.**
- **Voice in decisions** regarding practice and quality of work-life.
- **Integration of quality initiatives** across the entire organization.
- Nurses and patients receive a high **level of support** from nursing administration.

There are critical success factors that are important for a successful Magnet journey.

- The patient care delivery model at MGH is: interdisciplinary, patient- and family-focused care. How this model is operationalized from unit to unit may vary depending upon the patient population and the health care team.
- Nurses feel they have autonomy, control of their practice setting, and strong, collaborative relationships with physicians and other members of the health care team.
- Nurses’ care is articulated through clear and comprehensive documentation.
- Communication systems (automated and manual) are well-integrated and seamless. Clinicians have the right information in the right place at the right time.
- Quality and safety imperatives are known to staff throughout the organization. Everyone has a role in enhancing quality.
- Support from Support Departments is key in positioning nurses to care for their patients.
Magnet re-designation, like any successful project, takes a village. A committee structure was developed to support the process from start to finish.

- The **Core Team** provides direction and oversight for the entire process and is the key decision-making body for the project.

- The **Writers Group** is responsible for writing our Magnet re-designation evidence submission to the American Nurses Credentialing Center (ANCC). They make sure that all fourteen Forces of Magnetism are answered completely and to the best of our ability.

- The **Steering Committee** is comprised of several individuals within two groups, **Key Links** and **Division Teams**. This group leads the effort in identifying and collecting evidence for each of the fourteen Forces of Magnetism. They represent direct patient care groups as well as other support and administrative areas.

- The individuals identified as **Key Links** represent several areas throughout the hospital that play critical roles in the support of nursing practice and ultimately in the level of care provided to our patients. They represent areas including but not limited to, The Norman Knight Nursing Center for Clinical and Professional Development, Human Resources, Physical Therapy, Social Services and Patient Advocacy.

- There are four Magnet **Division Teams**, each one linked to an area of practice led by an Associate Chief Nurse:
  - Medicine/Cardiology/Emergency Department (Theresa Gallivan, RN)
  - Surgery/Orthopedics/Neuroscience/Oncology (Jackie Somerville, RN)
  - Perioperative/Endoscopy (Dawn Tenney, RN)
  - Woman & Children’s Health/Mental Health/Community Health (Debbie Burke, RN)

- The work of the Division Teams (co-chaired by Nursing Directors) includes identifying and describing local examples of evidence for the fourteen Forces of Magnetism. In addition, they communicate information about the journey toward Magnet re-designation to patients, families, visitors, nurses, support staff and other members of the interdisciplinary team.
Magnet Ambassadors

Four to five staff nurses representatives from each Magnet Division Team plus one Clinical Supervisor

- Charges:
  - Serve as a major communication link between Magnet Division Team Leadership (Associate Chief Nurses & Nursing Director Co-chairs) & Magnet Champions
  - Support Magnet Champions through:
    - Identification of unit-based evidence
    - Development of succinct communication tools
    - Coaching around challenging conversations
    - Development of strategies to maintain Magnet momentum before, during & after the site visit.

- The Magnet Ambassador role was created in direct response to feedback received from staff nurses who served as Magnet Champions during the first designation and expressed a need for additional unit-based support.

- The group is comprised of four to five staff nurse representatives from each Division Team plus one Clinical Supervisor and one Staff Nurse Advisor. Ambassadors serve as a major communication link between Nursing Director Co-Chairs and Magnet Champions. They support the work of Champions through development of succinct communication tools, coaching around challenging conversations, sharing strategies to build Magnet momentum and identification of unit-based examples.
Magnet Champions

- Staff nurse representatives from each inpatient/ unit practice area
- Charges
  - Discover
  - Communicate
  - Motivate

• There are 165 Magnet Champions, staff nurses from each inpatient unit/patient care area who lead their nursing colleagues, interdisciplinary and support staff in evidence collection/identification of best practices, communication about Magnet re-designation and building and maintaining momentum.
Communication

- Magnet Intranet Web page
  http://www.massgeneral.org/pcs/Magnet/Magnet.asp
- Caring Headlines, Hotline, etc.
- On-going meetings:
  - Steering Committee
  - Departmental & unit-based
  - Division Teams
  - Ambassadors
- Take a Magnet Moment
- Unit-based posters
- Presentations/"Road shows"
- Information table (main corridor)
- Mock site visits

Communication throughout the organization and through many different mediums is critical to our success.

The following are some of the ways that we are communicating important information about Magnet:

- Caring Headlines, Fruit Street & Hotline articles
- Magnet intranet Web page – a link from the Patient Care Services (PCS) website designed to provide “one-stop shopping” for information about Magnet. Background information, copies of articles & newsletters and information about the Forces of Magnetism are but a few things found on the site.
- On-going meetings – Steering Committee, Ambassador & Champion and unit-based sessions provide updates to key groups involved in the re-designation process.
- Take a Magnet Moment – a bi-monthly newsletter designed to give quick, manageable updates about the latest Magnet activities.
- Unit-based posters – designed for each of the patient care units that display the 14 Forces of Magnetism & include pockets where additional material can be placed for staff to review.

In preparation for the site visit:

- Members of the Magnet Core Team will present “Magnet 101” including MGH-specific examples describing each Force of Magnetism to key groups and departments throughout the hospital.
- An information table will be set up in the main corridor next to Coffee Central during January and February where brochures and other key information about Magnet will be distributed to employees, patients, families and guests.
- Nursing leadership will conduct mock site visits with staff to prepare them for questions they may be asked by Magnet appraisers.
### Magnet Re-designation Timeline

- **August – December 2006**  Conducted kick-off & planning retreats  
  Established Magnet Ambassador & Champion roles & recruitment  
  Established & convened Steering Committee & Writers Group  
- **January – February 2007**  Reviewed evidence & identified examples  
- **March – September 2007**  Evidence collection & writing  
- **October 26, 2007**  Submitted evidence to ANCC  
- **December 2007 – Site visit 2008**  Prepare for site visit (including unit & dept presentations, Magnet Ambassador & Champion retreat)  
- **February 20-22, 2008**  Site Visit

• This timeline highlights key activities that have been completed to date as well as planning and preparation that will take place in the beginning of 2008.
Within the 14 Forces of Magnetism, there are 5 key themes:

- The importance of strong nursing leadership that is responsive, visible and involved in both departmental and organizational decision-making.
- A sense of empowerment in clinical practice that is supported through a multitude of resources and professional development opportunities.
- Professional practice/models of care that guide clinical decision-making.
- A commitment to innovation & improvement; to consistently evaluate how we provide care and strive to make it more efficient and effective.
- Quality in action is exemplified through high quality care that is tailored to the unique needs of each individual and guided by research/evidence-based practice.
**Force 1**

**Quality of Nursing Leadership**

Visionary nurse leaders exemplify advocacy & support for patients, family & staff.

**MGH Examples**

- Annual strategic planning process
- Support for new programs – e.g., EMAP, Doc Com, Rapid Response Team
- Nurse leadership roles in professional organizations
- Role of nurses at all levels in development of operating budget
- Staff Perceptions of the Professional Practice Environment (SPPPE) Survey

• **Force 1 focuses on the role of nursing leaders.**

  • The annual strategic planning process is informed by a multitude of feedback sources including patients and staff, as well as internal and external forces. Strategic planning processes take place for both the hospital and for Patient Care Services, led by the Senior VP for Patient Care/Chief Nurse.

  • Nursing leadership consistently demonstrates support for staff and patient care needs by providing additional resources (monetary and personnel). There are many projects that illustrate this level of support, a few of them include the Electronic Medication Administration Process (EMAP) designed to increase patient safety through full automation; the Documentation & Communication (Doc Com) Project developed to evaluate unit-based practices aimed at creating standardization; and the Rapid Response Team created to provide additional support to the units through immediate, short-term intervention (e.g., patient transport, codes, etc.)

  • Nurses at all levels in the organization participate in professional nursing organizations in a variety of roles both as members and leaders (e.g., president, board of directors, committees, etc.)

  • Development of the operating budget includes Nursing Directors who evaluate needed resources based on patient volume and acuity, along with staff nurses who identify resources required to support initiatives & projects to improve patient care.

  • Patient Care Services evaluates nurse satisfaction every 18 months using the Staff Perceptions of the Professional Practice Environment (SPPPE) Survey. The findings are communicated to staff and are used to address problems & to develop & implement solutions.
**Force 2**

**Organizational Structure**

Successful organizational structures are proactive & responsive to change.

**MGH Examples**
- Forums that support nurse decision-making – e.g., Patient Care Services Executive Committee (PCSEC), Combined Leadership & unit-based staff meetings
- Development of The Institute for Patient Care
- Collaborative Governance communication & decision-making model
- Unit-based leadership triad

- Force 2 focuses on organizational dynamics that supports proactive decision-making & responsiveness to change.

- Nurses are in decision-making roles throughout the organization. Key forums include:
  - Patient Care Services Executive Committee (PCSEC) – comprised of the Directors of each of the PCS departments and the Associate Chief Nurses. Charges of the committee include evaluation & adoption of policies relating to patient care, education for nursing & health professions, and/or other matters affecting the optimal operation of PCS.
  - Combined Leadership – provides an opportunity for nursing leadership & triad teams to discuss & review departmental and/or hospital-wide initiatives, policies & procedures that will be implemented on the patient care units.
  - Unit-based staff meetings – provide an opportunity for the Nursing Director & staff to discuss issues that have a direct impact on the day-to-day operations of the unit.

- The Institute for Patient Care is the new interdisciplinary structure within Patient Care Services that provides a “think and do tank” for work to unite multiple organizational efforts designed to advance high quality, cost-effective, safe care. The Institute is comprised of the following Centers: The Norman Knight Center for Clinical & Professional Development, The Yvonne L. Munn Center for Nursing Research, The Blum Patient & Family Learning Center and The Center for Innovations in Care Delivery.

- The Collaborative Governance model is the core mechanism within the Professional Practice Model used to support nursing practice by bringing decision-making to the bedside. The seven committees are: Diversity, Ethics in Clinical Practice, Nursing Practice, Nursing Research, Patient Education, Quality & Staff Nurse Advisory.

- The unit-based leadership triad is comprised of the Nursing Director, Clinical Nurse Specialist and Operations Coordinator. Together, they oversee the clinical operations of the unit and supporting unit-based decision-making.
**Force 3 Management Style**

Nursing leaders create an environment for staff participation and recognition for the uniqueness of the individual.

**MGH Examples**
- Multi-faceted communication structure (e.g., Caring Headlines, PCS News You Can Use, PCS Website, Take a Magnet Moment newsletter)
- Creation of Magnet Ambassador role
- Annual staff performance appraisal process
- Collaborative Governance committees are co-chaired by clinicians and a member of the leadership team serves as a coach

**• Force 3 focuses on effective management where nursing leaders create an environment that supports staff participation and uniqueness of each individual.**

• Communication is a key component in effective management. There are several vehicles used to communicate important information to staff within Patient Care Services (e.g., Caring Headlines, PCS News You Can Use, the PCS Website and Take a Magnet Moment newsletter).

• The Magnet Ambassador role was created in direct response to feedback received from staff nurses who served as Magnet Champions during the first designation and expressed a need for additional unit-based support. The role of the Magnet Ambassador is to support and mentor unit-based Champions, to serve as a link between their service leadership and unit-based Magnet activities, and to help maintain momentum for Magnet on their units.

• The Annual staff performance appraisal provides an opportunity for the Staff Nurse and Nursing Director to reflect on practice and knowledge level as well as to identify areas of growth & development and mutually accepted goals.

• Staff Nurses who co-chair the Collaborative Governance committees have the support of the leadership team member who serves as a coach.
Force 4
Personnel Policies and Programs

Personnel policies & guidelines are created with staff involvement, & significant administrative & clinical promotional opportunities exist.

MGH Examples
- Annual wage & salary program review & market adjustment process
- On-line scheduling system & adjustments in response to fluctuating patient workload
- Consistency with ANA Principles of Nurse Staffing
- Clinical Recognition Program

• Force 4 focuses on staff involvement in the creation of personnel policies & guidelines as well as clinical promotional opportunities available to staff.

• Each year, nursing leadership & human resources specialists analyze market trends and recommend compensation adjustments accordingly to ensure competitive compensation.

• Throughout the year, staff schedules are produced using an on-line scheduling system. Staffing decisions and patient assignments are based on patient’s needs. This “flexible budget” approach promotes the matching of nurse staffing (skill level, experience, availability, etc.) with patient needs for nursing care.

• There are many ways that nurses practice in accordance with the ANA Principles of Nurse Staffing. A few examples include: appropriate staffing levels for patient care units is conducted through analysis of individual and unit-level patient needs; clinical support from experienced RNs is readily available to those with less proficiency; and staff competencies are documented.

• The Clinical Recognition Program is an example of a clinical promotional opportunity. This first-of-its-kind, interdisciplinary advancement model identifies clinical expertise over time & is designed to recognize and reward clinicians who choose to advance their practice at the bedside. The 4 levels of practice: entry, clinician, advanced clinician and clinical scholar. At each level, clinicians are evaluated within 3 major themes: clinician/patient relationship, collaboration/teamwork & clinical knowledge & decision-making.
Force 5
Professional Models of Care

Models of care support professionalism in nursing by providing educational resources & opportunities to accomplish desired outcomes.

MGH Examples

- Definition of the Patient Care Delivery Model: interdisciplinary patient & family-centered care
- Development of unit schedules
- Department of Nursing & unit-based orientation
- Educational offerings in The Norman Knight Nursing Center for Clinical & Professional Development

• Force 5 focuses on models of care that support professionalism in nursing.
• The MGH Patient Care Delivery Model is interdisciplinary patient- and family-centered care. Patient centeredness is the central theme of the model. Patients and families are viewed as unique and influenced by their own history and cultural experiences. As such, care must be tailored to meet these individual needs.

• Unit schedules are developed using the guidelines outlined in the MGH Department of Nursing Direct Care Staffing Guidelines. The factors involved in this process include volume & acuity of patients (nursing workload), experience and mix of staff and support logistics. Staff Nurses often manage the schedule development for their unit.

• All Staff Nurses and Patient Care Associates (PCAs) attend Department of Nursing (DON) Orientation that includes but is not limited to: DON mission, vision and guiding principles; DON & Patient Care Services Organizational Structure; Collaborative Governance; Patient Care Delivery Model; and Patient Safety. In addition, each Staff Nurse and PCA is oriented to his/her unit. The Norman Knight Nursing Center also provides training programs for non-clinical support staff.

• The Norman Knight Nursing Center provides Staff Nurses with numerous opportunities to advance their clinical knowledge through the educational programs and continuing education classes offered through the Center. Classes offered are evidence-based & supported by nationally recognized standards of care.
Force 6
Quality of Care

Positive patient outcomes are achieved by the partnership of nursing leadership & staff supporting quality of care as a priority.

*This Force encompasses quality of care, ethical decision-making, research/evidence-based practice and diversity.

MGH Examples

- Departmental structures with oversight & accountability for quality & safety efforts:
  - MGH/ Massachusetts General Physicians Organization (MGPO) Center for Quality & Safety
  - Patient Care Services (PCS) Office of Quality & Safety
  - Office of Patient Advocacy
  - Clinical Care Management Unit
- Simulation training
- Clinical Practice Committee
- The Yvonne L. Munn Center for Nursing Research
- Culturally Competent Care Curriculum

• Force 6 focuses on quality of care supported by ethical decision-making and nursing research (evidence-based practice).
  • In addition to senior executive committees, there are several key departments that have oversight & accountability for quality and safety efforts:
    • MGH/MGPO Center for Quality & Safety – Established in 2007, this department supports the hospital’s goal of creating the highest quality, safest environment for patients & staff and leading the nation in quality & safety.
    • PCS Office of Quality & Safety – Launched in 2007, this department supports an interdisciplinary approach to ensure the best care to patients & families. All initiatives are based on the Six Aims for Quality Improvement identified by the Institute of Medicine (safety, effectiveness, patient centeredness, timeliness, efficiency and equity).
    • Office of Patient Advocacy – Serves as the liaison between patients/families and the hospital. This department provides objective representation in a neutral manner on issues that are brought to the Office by patients, families, visitors and/or staff, as well as effecting change when needed.
    • Clinical Care Management Unit – Includes Registrar/ Credentialing Unit responsible for the collection, verification and dissemination of physician data necessary for hospital appointments and privileging, enrollment in managed care and insurance plans and physician billing; and Case Management that provides smooth transition for patients between levels of care.
    • The Patient Care Services Institute for Patient Care houses two state of the art simulation labs. Patient simulation, using life-sized, computer-driven mannequins that talk, and other clinicians without risks to patients and families.
    • The Ethics in Clinical Practice Committee (one of the seven Collaborative Governance Committees) develops & implements programs & activities to further clinicians’ understanding of ethical aspects of patient care. The work of this interdisciplinary committee also involves identifying strategies to integrate ethical judgment into professional practice.
    • The Yvonne L. Munn Center for Nursing Research is one of the Centers within the Patient Care and study questions of concern to clinicians and patients; to build on existing knowledge and translate it into evidence-based practice; to cultivate a spirit of inquiry; and to promote nursing research at all levels.
    • Culturally Competent Care Curriculum was implemented in 1999 and offered by The Norman Knight Nursing Center 5-6 times per year. This curriculum promotes a framework of acceptance of, and openness to, cultural differences. Cultural & personal experiences affect how care is provided for patients & how caregivers interact with colleagues. Participants reflect on their own experiences & share ideas & stories with the goal of fostering group learning.
Nurses actively participate in many initiatives that improve the quality of patient care delivered within the organization.

MGH Examples
- On-line incident reporting system (RL Solutions)
- Unit-based dashboard
- Participation in the National Database of Nursing Quality Indicators (NDNQI)
- The Center for Innovations in Care Delivery

• Force 7 focuses on initiatives & the roles that nurses play in quality improvement efforts.

• The on-line, web-based incident reporting system (RL Solutions) was implemented to improve patient care and increase patient safety by providing an efficient, accurate & timely safety reporting system. This has standardized reporting of safety incidents throughout the organization, increased the ability to identify root causes and trends and enhanced process improvement.

• Patient Care Services introduced an electronic, unit-based dashboard in 2004. The purpose is to provide a snapshot of the metrics that best reflect the “health” of a unit. Some of the metrics include: Operations (patient census, acuity, unit length of stay); Clinical Quality (patient falls, infection rates).

• At MGH, we monitor all of the Nursing Sensitive Indicators defined by the ANA and participate in the National Database of Nursing Quality Indicators (NDNQI). These include: Mix of RNs & unlicensed staff caring for patients in acute care settings; total nursing care hours provided per patient day; pressure ulcers; patient falls; patient satisfaction with pain management; patient satisfaction with educational information; patient satisfaction with overall care; patient satisfaction with nursing care; nosocomial infection rate; and staff nurse satisfaction.

• The Center for Innovations in Care Delivery is one of the Centers within The Institute for Patient Care. Established in 2007, it offers resources and support to bring nursing and interdisciplinary teams together to identify opportunities to improve care, evaluate the impact of care and improve the delivery of care.
Force 8
Consultation and Resources

A Magnet organization provides consultants, experts & advanced practice nurses to the nursing & support staff to support their practice.

MGH Examples
- Role of Clinical Nurse Specialists
- Nursing Research Journal Club
- Department of Nursing Visiting Professor Program
- Nurse Recognition Week
- The Institute for Patient Care

• **Force 8 focuses on clinical experts in many different roles that support staff in their practice.**
  
  • The Clinical Nurse Specialist (CNS) is part of the clinical leadership triad. They work within their clinical area of expertise and provide staff on their unit with support at the bedside. They also provide peer consultation, work collaboratively with other nursing leaders to identify practice issues, identify educational needs of staff, and promote professional development opportunities.
  
  • The Nursing Research Journal Club is a subcommittee of the Collaborative Governance Nursing Research Committee. This group is instrumental in disseminating nursing research findings and promoting a culture of evidence-based and academic medical centers and universities to present their original published nursing research.
  
  • External experts are invited to MGH as part of The Norman Knight Visiting Professor Program. The program was established in 2003, inviting nurse experts who would share their knowledge with MGH nursing staff & leadership. A topic of importance and interested is selected each year and experts are brought in to provide a variety of perspectives. The focus for 2008 is electronic documentation.
  
  • Nurse Recognition Week provides an opportunity for the celebration & recognition of professional nursing achievements. A number of educational presentations during this week each year, including internal and external nursing experts.
  
  • The Institute for Patient Care provides a wealth of information and support to staff to enhance practice. The Institute is comprised of the following Centers: The Norman Knight Center for Clinical & Professional Development, The Yvonne L. Munn Center for Nursing Research, The Blum Patient & Family Learning Center and The Center for Innovations in Care Delivery.
• **Force 9 focuses on autonomous nursing practice and resources available that support independent decision-making & judgment.**

• Examples of resources include: (in addition to personnel resources highlighted in Force 8)
  - **“Knowledge Link”** – an intranet resource within the Clinical Applications Suite (CAS) that provides one-click access to content specific reference data about medications, disease & laboratory tests and values. Clinicians can research a symptom, access patient education materials, review medications & change a diagnostic/therapeutic plan without having to move between applications.
  - **Partners Handbook** – an on-line resource (also within CAS) where clinicians can gain access to manuals, guidelines, clinical calculators, as well as links to drug information, patient education tools, medical literature, e-textbooks & other clinical resources.
  - **Treadwell Library** – a comprehensive health care library located on the MGH main campus, with a collection of over 35,000 bound journal volumes and 15,000 books.
  - **Patient Care Services (PCS) website** – contains information on many aspects of PCS including organizational structure, programs, education and internal publications.

• Autonomy is one of the eight characteristics measured in the Staff Perceptions of the Professional Practice Environment (SPPPE) Survey. It’s defined as “the quality or state of being self-governing & exercising professional judgment in a timely fashion.” MGH nurses consistently report that they feel they have a high degree of autonomy in their clinical practice.
Force 10
Community and the Hospital

The community that we serve is embedded in the mission & values of our hospital.

MGH Examples
- MGH mission statement & commitment to community service
- The Center for Global Health & Disaster Response
- Nursing mentor programs for nursing students & nursing faculty
- Clinical affiliations
- Community involvement of nurses at all levels

• Force 10 focuses on community service.
  • An important component of the MGH mission statement is “to improve the health & well being of the diverse communities we serve.” This underscores the hospital’s commitment to community service.
  • The Center for Global Health & Disaster Response was established at MGH in 2006 to build upon the hospital’s long history of providing humanitarian care to victims of disease and disaster around the world. The mission of this new center is “to improve the health of the world’s most vulnerable and crisis-afflicted populations through care delivery, education & research.”
  • Nursing students from affiliated nursing schools, as well as those in graduate programs are mentored by various members of nursing staff including leadership. Nursing faculty are eligible for appointments in the Yvonne L. Munn Center for Nursing Research as Nurse Scientists or Senior Nurse Scientists & can take advantage of the structures and procedures provided by The Center as well as direct mentoring.
  • The Department of Nursing (DON) has developed several clinical affiliations with local nursing programs. One such program is the Massachusetts College of Pharmacy & Health Sciences. As part of the program, MGH mastered-prepared nurses serve as faculty to students during their clinical rotations.
  • Nurses at MGH make their presence and leadership known throughout their local communities through their work with schools, church groups, fundraising, mentoring and health education to name a few.
### Force 11
**Nurses as Teachers**

Nurses incorporate teaching in all aspects of their practice.

**MGH Examples**
- Nurses as preceptors & mentors
- Nurses as champions (e.g., Magnet, pain, hand hygiene, Care Pages, etc.)
- Teaching as a component of the Clinical Recognition Program
- New Graduate in Critical Care Program
- The Blum Patient & Family Learning Center

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**• Force 11 focuses on the importance of teaching in all aspects of practice.**

• Mentoring of new nurses is an intrinsic part of the Staff Nurse role as nurses precept students & guide new nurses through the intricacies of becoming a professional nurse. At the unit level, Clinical Nurse Specialists & Nursing Directors help Staff Nurses identify interests and achieve goals for their continued professional growth.

• Nurses educate colleagues through their role as champions for many different programs & initiatives such as Magnet, pain management, hand hygiene and the use of Care Pages.

• The role of nurses as teachers is identified within each level of the Clinical Recognition Program:
  - Clinician – “provide guidance to less experienced staff.”
  - Advanced Clinician – “act as a resource to colleagues in relation to a particular patient population.”
  - Clinical Scholar – focuses peer development on “elevating the standard of practice as a whole.”

• The New Graduate in Critical Care Program is a six-month program of orientation and mentorship designed to provide bachelors prepared nurses with less than six months of experience an extended knowledge base in critical care nursing.

• The Blum Patient & Family Learning Center serves as a consumer health and patient education resource center for MGH. The Blum Center provides services that include information searches in a variety of languages, free delivery of materials to patient at home or on the units, a library with over 500 book titles, 300 pamphlet titles, 30 consumer health journals, and a website with links to a variety of consumer health databases and resources. The patient education television channel that provides patients with on-demand access to over 200 educational videos in English & Spanish is also managed in The Blum Center.
Nurses are viewed as integral to providing quality patient & family-centered care. Nursing remains one of the most highly-respected professions.

**MGH Examples**
- Special projects – e.g., Cbeds, LEAN Equipment Program, Blake Elevator Pilot
- Nurses in unique roles – e.g., Financial Management Systems, Innovations Specialist (Center for Innovations in Care Delivery), Facility Planner
- Marketing & advertising campaign
- Boston Globe’s 4-part series, “Critical Care: The Making of an ICU Nurse”

**Force 12**

**Image of Nursing**

• Force 12 focuses on the image of nursing & the integral role they play in providing patient & family-centered care.
• Nurses are represented on and lead special interdisciplinary projects that support excellent patient care. Some examples include:
  - Coordinated Bed Efficiency Dashboard System (Cbeds) – an on-line system that enhances patient throughput with real-time display and communication of bed and patient status.
  - LEAN Equipment Program – designed to improve the flow of high demand patient equipment on patient care units and eliminate the amount of time the equipment is not in use with patients.
  - Blake Elevator Pilot – implemented to address delays and lack of privacy in patient transport by dedicating one elevator for this task.
• Nurses in non-traditional roles have a positive impact on the image of nursing. Some examples include:
  - Financial Management Systems - provides support for budget preparation, implementation and evaluation; productivity and program analysis; trending, forecasting and other statistical analysis; and personnel management and issue resolution.
  - Innovations Specialist - a unique position within The Center for Innovations in Care Delivery designed to support the culture of creativity and innovation throughout Patient Care Services (PCS). The Innovations Specialist brings together staff from various areas within PCS to consider new practices, find solutions to practice issues and construct innovations to enhance patient care.
  - Facility Planner – represents nursing in the development and planning of the new patient care building.
• MGH uses a variety of marketing & advertising options to promote a positive image of nursing & to support recruitment efforts. Examples include newspaper ads, taxi tops, billboards, ads at sporting events (e.g., Red Sox), as well as display of numerous awards & recognitions throughout the hospital.
• The image of nursing is showcased in the Boston Globe’s award winning 4-part series “Critical Care: The Making of an ICU Nurse” where the experience of learning, mentorship, challenge and support is described.
Force 13
Interdisciplinary Relationships

Mutual respect & collaboration are modeled among disciplines which creates strong & positive interdisciplinary relationships.

MGH Examples

- Interdisciplinary Collaborative Governance committees
- Planning & design process for the Building of the Third Century (B3C)
- Conflict management measured in Staff Perceptions of the Professional Practice Environment (SPPPE) Survey & initiatives developed to address issues

• Force 13 focuses on strong interdisciplinary relationships.
• The Collaborative Governance model is the core mechanism within the Professional Practice Model used to support nursing practice by bringing decision-making to the bedside. Four of the seven Collaborative Governance Committees are interdisciplinary: Diversity, Ethics in Clinical Practice, Patient Education and Quality.

• The planning and design process for the Building for the Third Century (B3C), is a monumental effort requiring the collaborative work of many people across all disciplines and departments.

• A major success factor contributing to positive interdisciplinary relationships is the ability to manage conflict. One of the organizational characteristics measured in the Staff Perceptions of the Professional Practice Environment (SPPPE) Survey is conflict management. Leadership and staff have requested education, coaching and tools to better equip them to handle conflict situations. A wide array of programming on this topic is offered at MGH.
Our organization is committed to the professional development of nurses & other members of the health care team.

MGH Examples
- Orientation, training & continuing education programs
- Annual competency training
- Ethics education programs
- Research education programs
- Culturally Competent Care Curriculum
- Career counseling
- Monetary support for tuition reimbursement, certification, attendance at internal & external continuing education programs

• **Force 14 focuses on professional development.**
  
  • The orientation program provides a solid entry into the MGH system, tailored to the needs of the individual nurse practicing in a particular clinical setting with a specific patient population. Before a new staff member completes orientation, the Nursing Director in collaboration with the Clinical Nurse Specialist reviews his/her progress with the employee and the preceptor.

  • Ongoing continuing education is available to staff both on-site and externally. The Norman Knight Nursing Center provides an impressive number of continuing education programs on both general and specialty-specific clinical topics. Staff are encouraged to participate in external continuing education programs and professional organizational conferences, and funding is available to support attendance.

  • In addition, there are annual competency training requirements for topics such as HIPAA as part of the annual performance appraisal process.

  • The Collaborative Governance Ethics Committee plans and develops the ethics curriculum for clinical staff in Patient Care Services. Educational opportunities range from unit-based ethics rounds, now occurring on nine patient care units, to large interdisciplinary conferences held in collaboration with outside institutions, such as the Harvard School of Medicine.

  • There are opportunities for nurses prepared at all educational levels to participate in educational offerings focused on nursing research. Examples include the Journal Club sponsored by the Collaborative Governance Research Committee & Ovid/Medline: Searching for Journal Articles course developed in collaboration with the Treadwell Library.

  • Culturally Competent Care Curriculum was implemented in 1999 and offered by The Norman Knight Nursing Center 5-6 times per year. This curriculum promotes a framework of acceptance of, and openness to, cultural differences. Cultural & personal experiences affect how care is provided for patients & how caregivers interact with colleagues. Participants reflect on their own experiences and share ideas and stories with the goal of fostering group learning.

  • MGH provides monetary support for nurse to continue their education and obtain advanced certification through tuition reimbursement and to attend professional conferences and continuing education programs.
Our Journey…
Site Visit – February 20-22, 2008

Appraisal Team

- Patricia A. Witzel, RN, MS, MBA, CNAA, BC, FNAP - Team Leader
  CNO, University of Rochester Medical Center/Strong Memorial Hospital; Associate Dean, Clinical Affairs, University of Rochester

- Kim Sharkey, RN, BSN, MBA, CNAA, BC – Team Member
  VP, Medicine Service Line and CNO, St. Joseph’s Hospital, Atlanta

- Andrea Schmid, RN, PhD, MBA – Team Member
  CNO, Bon Secours Health System (as of 11/07); VP PCS/CNO, UPMC Presbyterian Shadyside, Pittsburgh

- Kay Takes, MA, BSN, RN, CNAA – Team Member
  VP PCS/CNO, Mercy Medical Center, Dubuque

- Penny Hurley, RN, MSN, MBA – Fellow
  Director of Special Projects for PCS and Magnet Director, University of Chicago Medical Center
Site Visit – Foci (Draft agenda)

- Numerous meetings with MGH Staff Nurses
- Visits to patient care units
- Meetings with department of nursing committees
- Organizational meetings:
  - Hospital Senior Leadership plus representatives from MGH Board of Trustees
  - Leadership of Quality & Safety Initiatives
  - Physicians
  - Nursing Directors and other nursing leaders
  - Case Managers
  - Support services
  - Nursing Executive Operations Group
  - Patient Care Services Executive Committee
  - Additional groups: Pharmacy/Nursing PI initiatives, IS steering committee, Community and educational institution representatives, Critical Care Committee, and human resources)
- Document review