A four-member team of appraisers will conduct a site visit of MGH from March 4-7, 2013, as part of the hospital’s Magnet redesignation process. Members of the Magnet Appraiser Team include: Mary G. Nash, PhD, RN, FAAN, FACHE, Team Leader; Carol “Sue” Johnson, PhD, RN, NEA-BC; Linda B. Lawson, DNP, RN, NEA-BC; and Linda Cuoco Lewis, MSA, BSN, NEA-BC, FACHE.

Background
The Magnet Recognition Program formally acknowledges healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Developed by the American Nurses Credentialing Center (ANCC)—a division of the American Nurses Association (ANA)—the Magnet Recognition Program is considered the leading resource for identifying efficient and effective nursing practices.

The Science Behind Magnet
A landmark study—Magnet Hospitals: Attraction and Retention of Professional Nurses, (McClure, et al., 1983)—identified specific characteristics that contributed to the success of certain hospitals in attracting and retaining quality nursing staff. These characteristics became known as the “forces of magnetism” and provided the original framework for the ANCC Magnet Recognition Program.

...only 6.78% of US hospitals have earned Magnet recognition...

Nursing “Gold Standard”
The ANCC has awarded Magnet recognition to fewer than 7% of all registered US hospitals. In 2003, MGH became the state’s first hospital to earn this distinction, and in 2008 was redesignated a Magnet hospital. Research demonstrates that Magnet facilities have better patient outcomes, patient satisfaction, and nursing satisfaction, as well as lower RN turnover. Magnet-hospital designation (and re-designation) is now considered the “Gold Standard” for nursing practice in all settings, and by extension, the highest standards of quality and safety in patient care.

The Designation Process
An MGH team conducted a comprehensive process of gathering evidence to support the hospital’s claim to Magnet status. This evidence, submitted to the ANCC on October 1, 2012, totaled an impressive 5,024 pages! A team of four Magnet appraisers thoroughly evaluated the documentation and determined that MGH merited a site survey. The same team of four ANCC appraisers will conduct a four-day site visit at MGH on March 4-7, 2013, to ensure that the practice environment accurately reflects the evidence submitted.
In past years, there were 14 forces of Magnetism that guided our evidence-collection. In 2008, the ANCC introduced a new model that reconfigured the 14 forces of Magnetism into a five-component model. In addition to focusing on structure and processes, there is now a greater emphasis on outcomes. The 14 forces are embedded in the new model that includes Transformational Leadership; Structural Empowerment; Exemplary Professional Practice; New Knowledge, Innovation and Improvements; and Empirical Quality Outcomes.

**Transformational Leadership:** The organization’s leadership team creates 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.

**Structural Empowerment:** Innovative environments support strong professional practice that flourishes and where mission, vision and values come to life. Patient outcomes are improved from strong relationships and partnerships across the organization and the MGH community. Examples include Collaborative Governance and the Clinical Recognition Program.

**Exemplary Professional Practice:** The true essence of a Magnet organization is exemplary professional nursing practice. This component is more than the establishment of strong professional practice; it is what nursing can achieve. Examples include MGH’s Professional Practice Model, care delivery systems, ethical decision-making processes, and professional development opportunities.

**New Knowledge, Innovation, and Improvements:** Magnet organizations promote, foster and encourage new models of care, application of existing evidence, creation of new evidence, and visible contributions to the science of nursing.

**Empirical Quality Outcomes:** Historically, the Magnet survey focused on “process and structure.” Now, the Magnet survey will focus heavily on outcomes. Outcomes are categorized in terms of clinical outcomes related to patient care; workforce outcomes; nursing-sensitive indicators (NSIs); and patient satisfaction. All outcomes are compared to benchmark data and used to describe the organizational commitment to excellence.

For more information, visit mghpcs.org/PCS/Magnet
Showcasing MGH’s Magnet evidence

In October, MGH submitted 5,024 pages of evidence ([*MGH Magnet evidence binders pictured, left*]) to speak to each component in detail. It is helpful to understand how the ANCC frames its Magnet designation process, so that we can better showcase our practice when ANCC appraisers conduct their MGH site visit March 4-7, 2013.

Why do I need to think about “structure, process, outcome”?

The Magnet evidence for MGH is organized around the Donabedian Model of STRUCTURE, PROCESS, OUTCOME. When the Magnet appraisers conduct a site visit, they’ll be looking for us to frame our responses around structure, process, outcome.

The Donabedian Model of Quality of Care is one of the most commonly used models for thinking about healthcare quality. The original model has been refined into a causal chain of the three interrelated components of:

1. **Structure**—the attributes of settings where care is delivered;
2. **Process**—whether or not good clinical practices are followed; and
3. **Outcome**—the impact of the care on health status.

An MGH example:
Pressure ulcer prevalence was trending upward

**Structure:**
PCS Strategic Plan set a goal of reducing hospital-acquired pressure ulcers; and interdisciplinary Tiger Team formed

**Process:**
Tiger team conducted a comprehensive review and identified the Dolphin Mat as best practice; then developed and implemented a hospital-wide pressure ulcer prevention program

**Outcome:**
Dolphin Mats purchased and deployed in adult intensive care units and the Respiratory Acute Care Unit (RACU); prevalence of pressure ulcers subsequently trended downward

Q: Can you share an example of structure, process and outcome from your practice area?

For more information, visit mghpcs.org/PCS/Magnet
Research & Evidence-Based Practice – The possession of a body of knowledge from research is the hallmark of a profession. Research is the bridge that translates academic knowledge & constructed theories into direct clinical practice.

Patient-Centeredness – Our core value of patient-centered care & our belief that the patient/family-nurse relationships are critical to the development of our professional practice model which we define as interdisciplinary, patient- and family-centered care.

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

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.

Q: Can you describe how the components of the Professional Practice Model are present in your practice?

Patient Care Delivery Model

The vision statement for Patient Care Services states, “Patients are our primary focus, and the way we deliver care reflects that focus every day.” The patient care delivery model at MGH is interdisciplinary, patient- and family-centered care. The person, family/group are viewed as a unique, dynamic and complex whole, who experience health in a personal way, informed by their own history and cultural experiences. Patient- and family-centered care optimizes this relationship and creates a care-delivery system that is centered around the patient. A philosophy of relationship-based care guides our practice, emphasizing basic tenets of the caregiver’s relationship with: Self (self-awareness); Team/Colleagues; Patient and Family; and Environment of Care.

Q: Can you describe how the Patient Care Delivery Model is practiced on your unit?
Patient Care Services (PCS) Strategic Plan

The PCS Strategic Plan is purposefully tied to the MGH Mission:

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

PCS Strategic Goals for 2012–2013:

1. Develop an efficient and effective patient- and family-centered model of care that advances our relationship-based philosophy
2. Lead patient affordability and care re-design initiatives
3. Design and implement new programs to improve patient- and family-satisfaction
4. Advance the culture of Excellence Every Day
5. Design and implement clinical and business information systems that support patient care, education, and research

Q: Can you provide examples of initiatives that are driven by the PCS Strategic Plan?

• Examples:
  • Innovation Units and the testing of 15 Care Interventions
  • Unit Quiet Hours
  • Excellence Every Day Portal
  • Automating Documentation
Advocacy for Resources & Participation in Decision Making to Advance Practice

Nurses at all levels—chief nurse, associate chief nurses, nursing directors, clinical nurse specialists, nurse practitioners, staff nurses—identify the need for and advocate for resources to support patient care.

Some examples include:

• Budget Process
• Project Proposals
• Plan of Care
• Staffing & Scheduling
• Collaborative Governance
• Interdisciplinary Committees and Subgroups
• Unit-Based Committees & Subgroups
• Staff Meetings
• Staff Perception Survey
• PLEN Learning Needs Assessment Tool

Q: Can you give an example of how you’ve advocated for your patients?

Nurse Practice Acts (NPAs) are laws in each state that are instrumental in defining the scope of nursing practice. NPAs protect public health, safety, and welfare. This protection includes shielding the public from unqualified and unsafe nurses. In each state, statutory law directs entry into nursing practice, defines the scope of practice, and establishes disciplinary procedures. State boards of nursing oversee this statutory law. They have the responsibility and authority to protect the public by determining who is competent to practice nursing. NPAs are the most important pieces of legislation related to nursing practice.

Q: Where can you access the Massachusetts Nurse Practice Act?
It can be accessed on the Massachusetts Board of Registration in Nursing [link] and on the MGH Magnet Portal page [link]. It provides the following information:

• Definition of a Registered Nurse
• Responsibilities and Functions of Registered Nurses
• Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel

Q: What are the five rights for delegation?
The five rights that guide your judgment and decision to delegate a task are:

• Right task
• Right person
• Right circumstances
• Right communication and direction
• Right supervision

For more information, visit mghpcs.org/PCS/Magnet
Q: What are the differences between Process Improvement (PI), Evidence-Based Practice (EBP), and Research?

<table>
<thead>
<tr>
<th></th>
<th>Process Improvement (PI)</th>
<th>Evidence Based Practice (EBP)</th>
<th>Research</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Definition/purpose</strong></td>
<td>To improve work flow processes, productivity, costs, systems and quality</td>
<td>To make a clinical decision based on best evidence, clinician’s expertise, and patient’s preferences and values</td>
<td>To generate new knowledge through a scientific process</td>
</tr>
<tr>
<td><strong>Goal</strong></td>
<td>Achieve greater quality, efficiency, effectiveness, safety and cost</td>
<td>Achieve best clinical outcome for a patient</td>
<td>Develop new knowledge that is generalizable to other persons/settings</td>
</tr>
<tr>
<td><strong>Examples of Processes Used</strong></td>
<td>Lean, Six Sigma, PDSA</td>
<td>Iowa Model of EBP to Promote Quality Outcomes</td>
<td>Randomized controlled trials (RCT); focus groups; surveys</td>
</tr>
<tr>
<td><strong>Example</strong></td>
<td>Implement just-in-time system to ensure pneumatic boots are stocked and ready for use in the SICU</td>
<td>Write and implement a policy for the use of pneumatic boots for gynecologic surgery patients based upon a systematic review of the literature.</td>
<td>Conduct an RCT to determine whether compressions stockings or pneumatic boots are more effective in preventing DVTs among gynecologic surgical patients</td>
</tr>
<tr>
<td><strong>Generalizability</strong></td>
<td>Unit-specific</td>
<td>Patient Specific</td>
<td>Population Specific</td>
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Nurses in Magnet organizations are committed to evidence-based practice in the provision of safe, effective, patient-centered care. 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.

The first Patient Care Services guiding principle states:

“We are ever-alert for opportunities to improve patient care; we provide care based on the latest research findings.”

Q: What is an example of a PI effort in your practice area?

Q: How do you use the best evidence to inform your practice?

**TIP:** For more information on Evidence-Based Practice, Research, and Process Improvement, please visit the Excellence Every Day portal at: mghpcs.org/EED_Portal/EED_evidence-based_practice.asp
In service delivery and organizations, innovation is defined as a novel set of behaviors, routines and ways of working that are directed at improving:

- Health Outcomes
- Administrative Efficiency
- Cost Effectiveness, or
- Patient and Family Experience

and that are implemented by planned and coordinated actions.

**Examples at MGH include the Nurse Residency Program and the Innovation Units.**

**The Nurse Residency Program**
Established by The Norman Knight Nursing Center for Clinical & Professional Development, the Nurse Residency Program is a new, faculty-guided, 960-hour training model, established to help new graduate nurses make the transition from student to staff nurse. The Program links recently licensed nurses to the knowledge and expertise of experienced nurse-residency faculty to provide a pathway for becoming a caring, thoughtful, competent nurse.

**Innovation Units**
As part of this ongoing commitment and the Patient Affordability and Care Redesign initiative at the MGH and Partners HealthCare, the hospital has established Innovation Units to identify and safely study 15 specific innovations that will help the hospital raise an already high standard even higher. These units are the testing grounds for promising new strategies to improve clinical outcomes and enhance patient, family and staff satisfaction – while reducing costs and patient length of stay.

Among the early results, the units have seen a 5% decrease in lengths of stay, 3% drop in readmissions, and patient satisfaction scores increasing at more than double the rate of other like units. Central to the initiative is a new “Attending Nurse” role. The ARNs function as clinical leaders, working with staff nurses, interdisciplinary team members, patients and family members to manage the care of patients on a single unit from admission to discharge. They give patients and families a consistent presence throughout their hospitalization and post discharge.

Other interventions include promoting Relationship-Based Care, and introducing the SBAR model of communication, redesigned Admitting Face Sheet, Patient & Family Welcome Packet, in-room white boards, and hand-held communication devices, as well as revising domains of practice and enhancing interdisciplinary rounds.

**Q: What examples of innovation can you identify in your practice area?**
Empirical Outcomes
In 1998, the American Nurses Association established the National Database of Nursing Quality Indicators (NDNQI) to begin collecting data related to nursing-sensitive indicators (NSIs). These data help hospitals assess the impact of nursing interventions on patient safety, quality, patient satisfaction, and the professional work environment. They have been adopted by regulatory agencies such as the Centers for Medicare and Medicaid and The Joint Commission, and are a key focus of the Magnet Recognition Program.

Three types of NSIs were presented in our Magnet evidence: Clinical Quality, Patient Satisfaction and Nurse Satisfaction.

Sample Clinical Quality NSI

Patient Satisfaction

MGH nurses exceeded required Magnet standards in all four NSIs submitted as part of the hospital’s Magnet evidence for patient satisfaction. These included Pain, Education, Courtesy and Respect from Nurses, and Careful Listening from Nurses.

Nurse Satisfaction

MGH nurses outscored the NDNQI mean on all five characteristics measured on the scale.

Q: Can you share what quality measures are tracked in your practice setting?
Internal & External Resources to Support Practice

Q: Can you name examples from your practice area?

• Clinical Nurse Specialists
• Interdisciplinary Rounds
• The Institute for Patient Care’s Centers
  • The Yvonne L. Munn Center for Nursing Research
  • The Maxwell & Eleanor Blum Patient and Family Learning Center
  • The Norman Knight Nursing Center for Clinical and Professional Development
  • The Center for Innovations in Care Delivery
• The Maxwell V. Blum Cancer Resource Room
• Ethical Decision Making
  • Ethics/Optimum Care Committee
  • Clinical Nurse Specialist in Ethics
  • Ethics in Clinical Practice Committee
  • EED Ethics Portal
  • Optimum Care Committee (Nurse Co-Chair)
  • Unit based ethics rounds
  • Clinical Ethics Residency for Nurses
• Visiting Scholars
• Service Excellence Team

Q: Can you name examples of internal and external resources that support the ongoing professional development of your practice?

Key Communication Strategies

Q: Can you name key common strategies to provide you with key information to guide your practice?

Caring

Q: Can you name some of the ways key information is communicated to you to help guide your practice?

Staff Meetings
• Committees
• E-mail
• Surveys
• Interdisciplinary Rounds
• Unit-based Communication Boards
• Town Meetings
Q: What are the key components of the performance appraisal process?

- **Self-Reflection:** The performance appraisal process provides the nurse with an opportunity for self-reflection as a way to improve practice. For example, the annual clinical narrative allows the staff nurse to reflect on his/her practice by writing about an event that they feel best exemplifies their current clinical practice.

- **Peer Review:** Nurses in every role at MGH, seek peer feedback during the annual performance appraisal process. This feedback allows for additional insight and collective learning. The peer review tool for each role group is based on the domains of practice within the role group. For example, the staff nurse is asked to seek peer feedback in one of three clinical domains: clinical knowledge and decision making, clinician/patient relationships, and collaboration/teamwork.

- **Manager Review:** During the review process, the nurse’s manager shares his or her assessment of the nurse’s performance and professional development opportunities.

- **Mutual Goal Setting:** Together, the manager and the nurse review the performance appraisal including the self-evaluation, manager and peer feedback and develop goals that provide a road map for professional development.

“It was validating to read her peer review. I chose her as my reviewer because she knows my practice intimately...but above all, I chose her because I knew she would be honest about my strengths and weaknesses.”

—an MGH nurse
Q: How do Magnet Hospitals view workforce and career development efforts?

Nurse leaders and other leaders at Magnet hospitals recognize the importance of a well-educated, diverse workforce and the role that lifelong learning and workplace satisfaction play in the provision of safe, effective, high quality, patient-centered care. In addition, there is a commitment to developing the workforce of the future through collaborations and support with area schools and community entities.

Multiple structures and processes support Workforce and Career Development efforts for MGH nurses, other employees, students and visitors

- The Institute for Patient Care and its many programs, among them:
  - Awards and Recognition Program: financial support for education through vouchers, grants, scholarships, fellowships
  - Clinical Affiliations Program: teaching and mentoring of nursing students at baccalaureate, masters, and doctoral levels
  - Clinical Recognition Program: recognizes clinical knowledge and decision-making (understanding attained through formal and experiential learning) as one of three themes of practice that distinguishes each level (Entry, Clinician, Advanced Clinician, Clinical Scholar)
  - Workforce Development Program: Choosing a Career in Nursing page on the Patient Care Services web site; coordination of Job Shadowing experiences
  - Leadership Development Program

- The Norman Knight Nursing Center for Clinical & Professional Development (Knight Center) offers continuing education, inservice education, and training initiatives that are open to nurses throughout the MGH healthcare system
- Diversity Initiatives: PCS Diversity Program; Association of Multicultural Members of Partners (AMMP) scholarship and committee; MGH/UMASS Clinical Leadership Collaborative for Diversity in Nursing; Hausman Fund for Foreign-Born Nurses
- MGH Workforce Development Initiatives: MGH/James P. Timilty Middle School Partnership; MGH Summer Jobs for Youth Program; Youth and Bicentennial Scholars Program; Support Service Grants
- Support for attendance at external local, regional, national, and international conferences or meetings negotiated with manager/director
- Flexible unit scheduling practices; allows time to attend classes

TIP:
For more information about Professional Development resources and opportunities, please visit the Excellence Every Day portal at: mghpcs.org/EED