Magnet Recognition Program
Clinical Excellence in Action
Overview

• Explain importance of a strong, supportive Professional Practice Model (PPM)

• State role of Magnet Recognition Program as “evaluation” of PPM

• Describe the five Magnet Model components

• Provide illustrations of Magnet Model components
Professional Practice Model

• Provides a comprehensive view of the components of professional practice and the contributions of all disciplines engaged in patient care. The model reflects an organizational commitment to teamwork in an effort to facilitate optimal patient care.

MGH Patient Care Services

• Creates a practice setting that best supports professional nursing practice and allows nurses to practice to their full potential.

American Association of Colleges of Nursing, 2010
Massachusetts General Hospital Professional Practice Model

© MGH Patient Care Services 1996, 2006
Description of Magnet ®

- Promotes quality in a milieu that supports professional practice
- Identifies excellence in the delivery of nursing services to patients and families
- Provides a mechanism for the dissemination of “best practices” in nursing services
- Reflects the presence of both organizational, as well as nursing, excellence
- Demonstrates criteria-based evidence of a professional practice environment

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## Benefits of Magnet Recognition

<table>
<thead>
<tr>
<th>People</th>
<th>Cost</th>
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<tbody>
<tr>
<td>• Increased RN retention and lower nurse burnout</td>
<td>• Reduction in RN agency rates</td>
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<tr>
<td>• Decreased RN vacancy rate</td>
<td>• Reduction in staff needle stick rates</td>
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<td>• Decreased RN turnover rate</td>
<td>• Improved operating margin</td>
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<td>• Improved bond rating</td>
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<td>• Marketing ROI – publication in lieu of ads</td>
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<table>
<thead>
<tr>
<th>Service</th>
<th>Quality</th>
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<tr>
<td>• Increased patient satisfaction</td>
<td>• Decreased mortality rates</td>
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<tr>
<td>• Increased RN satisfaction</td>
<td>• Decreased pressure ulcers</td>
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<td>• Decreased ALOS</td>
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<td></td>
<td>• Decreased falls</td>
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<td></td>
<td>• Patient Safety</td>
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<td>• US News and World Report rating</td>
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Grounded in Research

The Journey

Standards of Professional Performance for Nurse Administrators

Standards of Practice for Nurse Administrators
Theoretical Underpinning

Donabedian, 1966; 1990
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Structure + Process = Outcome

<table>
<thead>
<tr>
<th>Structure</th>
<th>Process</th>
<th>Outcomes</th>
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<tbody>
<tr>
<td>Plans</td>
<td>Communication</td>
<td>Productivity</td>
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<tr>
<td>Roles</td>
<td>Development</td>
<td>Satisfaction</td>
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<td>Resources</td>
<td>Recognition</td>
<td>Accomplishments</td>
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<tr>
<td>Equipment</td>
<td>Discipline</td>
<td>Contributions</td>
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<tr>
<td>Systems</td>
<td>Education</td>
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<td>Supports</td>
<td>Relationships</td>
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A New Model for ANCC’s Magnet Recognition Program®
Transformational Leadership

Leaders are:
Visionary
Inspiring
Strategic
Engaging
Respectful
Trusting

Demonstrated by nurse leaders at all levels
Transformational Leadership: Rationale

• Need for dramatic change
• To transform, not reform
• Call for a new way of thinking
• Leading people where they need to be
• Transcending self-interests
• Sharing vision and sense of belonging
• Dealing with ambiguity
Transformational Leadership

Examples:

- Excellence Every Day philosophy
  - Quality and safety strategy to guide the outcome
  - Adequate resources to support nursing practice
  - Creating a culture of safety
- Clear strategic direction
  - Nursing strategic plan and quality plan aligned with Hospital’s mission and strategic plan
- Fiscal support for nursing education, conference attendance, certification and research
- Award & Recognition Programs
- Robust communication structure (e-mail, website, newsletters)
- Advocate for support for innovative programs
  - New Graduate Residency Program
  - Innovation Units
  - Short-stay unit
Structural Empowerment

Transformational leaders create structures that ensure access to:

- Information
- Resources
- Support

And opportunity to take advantage of them
Structure Empowerment: Rationale

• The mission, vision and values of the organization “come to life” in the structure.

• The structure needs to acknowledge, value, support, and develop strong professional practice.
Structural Empowerment

Examples:

- Organizational structure (flat organizational chart)
- Interdisciplinary collaborative governance communication & decision-making structure
- Clinical Recognition Program – promotes advancement at the bedside
- Institute for Patient Care
  - Norman Knight Center for Clinical & Professional Development
  - Yvonne L. Munn Center for Nursing Research
  - Eleanor & Maxwell Blum Patient & Family Learning Center
  - Center for Innovations in Care Delivery
Exemplary Professional Practice

• A professional practice model depicts a nursing philosophy and links it an organization’s mission.

• The model frames and directs nursing practice according to legal and ethical professional standards.

• Nurses are accountable for safe, ethical, evidence-based care.
Exemplary Professional Practice: Rationale

• Nursing practice in Magnet organizations actualizes ideals and believes of the profession.

• A professional practice model depicts a nursing philosophy and links it to the organization’s mission.

• The professional practice model frames and directs nursing practice according to legal and ethical professional standards.

• Nurses are accountable for safe, ethical and evidence-based care.
Exemplary Professional Practice

Examples:
- Care Delivery Model: Interdisciplinary, Patient- and Family-Focused Relationship-Based Care
- Autonomous practice
  - Provide educational programs and coaching to develop nurses’ critical independent thinking skills
- Nurses as teachers
  - Nurses are preceptors, mentors, instructors (for nurses, students, patients, families and the community)
- Rounds:
  - Safety Rounds
  - Interdisciplinary rounds
New Knowledge, Innovation & Improvements

• Establishing new ways to achieve new heights of quality, efficiency, and effectiveness.

• Magnet organizations are in a key position to advance nursing science, learning, and discovery.
New Knowledge, Innovations and Improvement: Rationale

- As exemplary professionals, nurses are accountable for using and expanding nursing knowledge.
- Magnet nurses should be the pioneers of our future.
- Innovations in nursing care, care delivery, and the practice environment are the hallmark of Magnet organizations.
- Create new designs, models of care, evidence and standards.
New Knowledge, Innovation and Improvement

Examples:

- Nurses actively participate in many initiatives that improve the quality of patient care (research, evidence-based practice (EBP) and process improvement).
  
  - Munn research awards and fellowships
  - EBP-driven practice, e.g. temporal thermometers
  - Process improvement projected guided by Plan-Do-Check-Act (PDCA) framework

- Innovation in service delivery is a novel set of behaviors, routines, and ways working that are directed at improving health outcomes, administrative efficiency, cost effectiveness or users’ experience and that are implemented by planned and coordinated actions. (Greenhalgh, 2004).
  
  - Innovation Units, e.g., Attending nurse role, patient- and family notebooks, enabling technology
Empirical Quality Results

• Focus on “What difference have you made?”

• Shift from structure and process to outcomes.

• Key indicators that paint a picture of the organization.
Empirical Outcomes

Examples:
- Regulatory Readiness
- Robust Quality and Safety Committee Structure
- Safety reporting system (root cause analysis)
- Measurement and tracking of nursing sensitive indicators: clinical quality indicators, patient satisfaction and staff satisfaction
- Staff safety programs (e.g. needle stick injuries, flu vaccines)
- Promotion of safety in environment of care (e.g., equipment, supplies, construction)
When you add it all together...
A New Model for ANCC’s Magnet Recognition Program®

- GREAT LEADERS
- GREAT STRUCTURES
- GREAT NURSES
- KNOWLEDGE & INNOVATION
- GREAT OUTCOMES

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<table>
<thead>
<tr>
<th>Model Elements</th>
<th>Rationale</th>
<th>Forces of Magnetism</th>
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<tbody>
<tr>
<td>Transformational Leadership</td>
<td>Pivotal driving factor which should spread over time.</td>
<td>F1: Quality of Nursing Leadership</td>
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<tr>
<td></td>
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<td>F3: Management Style</td>
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<tr>
<td>Structured Empowerment</td>
<td>Initially critical for Magnet work to occur; should become hardwired over time.</td>
<td>F2: Organizational Structure</td>
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<td>F4: Personnel Policies &amp; Programs</td>
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<td>F10: Community</td>
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<td>F14: Professional Development</td>
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<td>F12: Image of Nursing</td>
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<tr>
<td>Exemplary Professional Nursing Practice</td>
<td>The key driver of Magnet outcomes. Should drive better outcomes over time as it becomes hardwired.</td>
<td>F5: Models of Care</td>
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<td>F9: Autonomy</td>
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<td>F11: Nurses as Teachers</td>
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<td>F13: Interdisciplinary Relations</td>
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<td>F8: Resources &amp; Consultation</td>
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<tr>
<td>New Knowledge, Innovation &amp; Improvement</td>
<td>Drives the model; should become stronger over time.</td>
<td>F7: Quality Improvement (research &amp; EBP)</td>
</tr>
<tr>
<td>Empirical Quality Results</td>
<td>Use for dashboard; should improve over time.</td>
<td>F6: Quality of Care</td>
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Champions

• Staff nurse representatives from each practice area along with all members of the Hospital community

• Role:
  - To discover
  - To communicate
  - To motivate

• Operationalized through Collaborative Governance structure
Magnet Re-designation Timeline

- April 2010 – October 2012: Evidence collection and writing
- October 1, 2012: Submitted evidence to ANCC
- October 1, 2012 – Site visit 2013: Prepare for site visit
- TBD in 2013: Site Visit
- TBD: Magnet Commission Vote
Site Visit – Foci

- Numerous meetings with MGH Staff Nurses
- Visits to patient care settings
- Nursing committee meetings
- 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: Patients, Families and Volunteers, Interdisciplinary Committees, Community and educational institution representatives, Critical Care Committee, and Human Resources)

- Document review
Communications & Education Plan

Each week, 1 topic is covered by the 5 strategies below, and repeated as time allows

- *Magnet Monday* → electronic and web portal
- *Weekly Luncheon* → content is covered live Lunder 234 allowing for Q&A and other dialogue
- *Tool Box* → material is provided to the ND/CNS/CG Champion to use (posted on portal page)
- *Leadership* → materials are reviewed with the ND and CNS groups by a member of the subcommittee
- *Unit-Based* → tool box contents are covered at the local level
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; strong **empirical outcomes.**
- Nurses and patients receive a high **level of support** from hospital and nursing administration.