3.3 Provide examples of how direct care nurses' feedback is used in organizational decision-making.

The core elements of the MGH Patient Care Services professional practice model are autonomy, control over practice and the development of collaborative relationships with the interdisciplinary care team. To foster this professional practice environment for Staff Nurses it is essential that they have a voice in the organizational decision-making process. The following are examples of how feedback from Staff Nurses influences organizational decisions.

Blood Transfusion Administration Policy Change

As described in Force 2.4, Collaborative Governance provides the vehicle for staff participation in organizational decision-making. In the Collaborative Governance Quality Committee, members evaluate and make recommendations about changes in practice to enhance patient care. The recent change to the hospital’s blood transfusion administration policy is one example of how feedback from direct care nurses influenced an organizational change in patient care.

Historically, the IV Nurse Team administered blood and blood products to patients on general care units at MGH. In July 2006, the hospital implemented a policy change, shifting the practice from the IV Nurses to Staff Nurses on these units. This practice change came about with significant Staff Nurse involvement in both the assessment and development phases of this project.

The Quality Committee’s IV Taskforce was formed to assess and develop recommendations to improve the efficiencies of the work processes of the hospital's IV team – one of those being blood transfusion administration. Members of the taskforce included Staff Nurses, Nursing Directors, Clinical Nurse Specialists, representatives from the Collaborative Governance Quality and Practice committees, Nurse Educators from The Norman Knight Center for Clinical & Professional Development and service-based Staff Specialists.

To assess current practice, the taskforce performed a systematic review of data to identify patient care and system issues. Staff Nurse input and feedback was an important part of this initial assessment to evaluate current practice. An early set of meeting minutes (attachment 3.3.a) documents feedback Staff Nurse taskforce members gathered from their peers. Direct care nurses identified:

- The need for improved continuity between the IV nurse and the Staff Nurse;
- Their desire to administer blood products to their patients, and
The value gained from those nurses coming to MGH with previous experience hanging blood products from other hospitals.

After evaluating staff, patient and system issues, the taskforce reviewed IV transfusion data and benchmarked with other hospitals’ practices to make its final recommendations to the PCS Quality Committee. Attachment 3.3.b is a complete report from the IV Taskforce to the PCS Quality Committee.

Once approved, a full training and education program was developed by the IV Team and staff from The Norman Knight Nursing Center to prepare nurses on general care units to competently administer blood and blood products to their patients. A train-the-trainer education model was selected for training the nurses on the units, with the goal of completing the training in a year's time. Staff Nurse champions completed their training in July 2006 at which time the general care units began unit-based training. As of August 2007, the units were near 100% completion of training and successful transition of the practice change.

Clinical Decision-Making and the Budget Process

Feedback from direct care nurses is critical to capital budget decisions. Examples in Force 1.5 demonstrate ways in which feedback from Staff Nurses and Advanced Practice Nurses support critical budgetary decisions through the Collaborative Governance structure. Members of the Nursing Practice Committee play an important role in evaluating and approving new and current clinical products that have a direct impact on the non-salary budget.

Direct care nurse input at the unit level was illustrated in the purchase of new beds for the Pediatric Intensive Care Unit.

Staff Nurses influence organizational level decisions on a daily basis by quantifying nursing workload though the QuadraMed patient classification, which is a direct way of providing feedback about their assessment of patient’s needs and care requirements. Patient classification is critical to identifying, justifying and allocating nursing resources for the formal budget process.

Creation of the Magnet Ambassador Role

In starting the Magnet journey for re-designation, the role of Magnet Ambassador was created. Developing this role was in direct response to suggestions and feedback from the Staff Nurses who were Magnet Champions in 2003.
During this first Magnet journey, the pivotal role of Magnet Champion was created for unit-based Staff Nurses. They were seen as important communication links in the application process. The role of the Champion was to:

- DISCOVER unit-based evidence for meeting Magnet standards,
- COMMUNICATE with their colleagues about the Magnet Designation and
- MOTIVATE colleagues in ways that sustain Magnet momentum before, during and after the site visit by Magnet Appraisers.

After completing the Magnet journey in 2003, the Champions provided written evaluations of their experiences – giving feedback on what it was like being a Champion, what worked and what they would like to have done differently. In August 2006, the Magnet Core Leadership Team convened a focus group of champions to begin preparation for the Redesignation process.

The feedback from the evaluations and focus groups revealed that the Champions found the original journey toward designation to be a cause for pride, empowerment and enthusiasm. They valued the opportunity to participate in the process and made recommendations on how to improve the process for those involved. They stated that:

- Written communication about Magnet addressed to Champions needed to be succinct,
- Staff Nurses wanted more involvement in evidence collection,
- Coaching was needed for challenging conversations with colleagues, and
- Magnet momentum among Staff Nurses needed to be maintained before, during and after the site visit.

Based on this feedback, the Magnet Core Leadership Team made several changes to the Redesignation process for Magnet certification. First, the Take a Magnet Moment newsletter (attachment 3.3.c) was created. This monthly, one-page document was designed to share ideas, keep staff informed of the Magnet activities occurring across the organization and to help keep the forward momentum while collecting Magnet evidence. The newsletter is e-mailed to nurses at all levels of the organization and all those involved in the Magnet re-certification process. Magnet Champions post the newsletter on their units to make it available to all staff on the patient care units.

To further support the Magnet Champions, the role of service-based Magnet Ambassadors was created for Staff Nurses. As Ambassadors, Staff Nurses with demonstrated leadership ability were selected to represent their service. Their role is to support and mentor the unit-based Champions, to serve as a link between their service leadership and the unit-based Magnet activity.
and help keep the momentum of Magnet going on at the units. Nineteen Staff Nurses from the four major Patient Care Services areas, the Staff Advisory and Clinical Supervisor groups were selected to be Magnet Ambassadors.

In October 2006, sixteen Magnet Ambassadors and two members of the Magnet Core Leadership Team attended the Tenth National Magnet Conference in Denver, CO (attachment 3.3.d). Following this conference, in December 2006, all the Magnet Ambassadors helped to facilitate a retreat for Magnet Champions. (Note: As this written evidence goes to print for submission to the ANCC, the MGH Magnet Ambassadors are attending the Eleventh National Magnet Conference in Atlanta, GA.).

The Magnet Ambassadors are a committed group of nurses with a purpose and energy that is felt throughout the hospital community and beyond. They are recognized Magnet leaders at MGH and are frequently called upon by other hospital leaders who seek consultation regarding the Magnet Designation process.
### Phlebotomy (Blood Transfusion) Implementation Task Force

#### Meeting Minutes

Wednesday, August 31, 2005  
2-3pm.  
Founders 121

**Present:** Sheila Golden-Baker RN, Sharon Bouvier RN, Theresa Cantanno-Evans RN, MaryAnne Killarchy RN, Rosemary O’Malley RN, Gayle Peterson RN, Marita Prater RN, Edna Riley RN, Laura Sumner RN, Jane Weir RN

<table>
<thead>
<tr>
<th>Topic</th>
<th>Discussion</th>
<th>Outcome</th>
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<tbody>
<tr>
<td>Introductions &amp; Background Information</td>
<td>Following group introductions, Rosemary reviewed background information from the IV Task Force, March 2005 report that resulted in the formation of the Blood Product Implementation Task Force (handout attached). The recommendations have been approved by Senior Operations (Jeanette and Associate Chiefs) and have been vetted with IV Team, Quality, Nursing leadership, and Nursing Practice</td>
<td>Edna and Sheila have agreed to co-chair the IV insertion Implementation TF &amp; Rosemary will provide staff support.</td>
</tr>
<tr>
<td>Group Charge and timeline</td>
<td>The task force charges were reviewed with members: Develop an implementation plan so that administration of blood products will become a core competency for all staff nurses insuring consistently one standard of care. The staff nurse caring for the patient will be responsible to hang blood products utilizing a second staff RN as a verifier.</td>
<td>Identify an implementation plan for blood product. Goal to have work of task force completed by November, 2005.</td>
</tr>
<tr>
<td>Current process—distributed blood verification packet, self directed learning packet, transfusion post test, transfusion competency</td>
<td>Sheila outlined the current process for staff RNs to hang blood transfusions, which is that the RN reads the self directed learning packet and comes to the center to take the test</td>
<td>Query CNS and NM of units where staff RNs hang blood products as to who assesses competency, time frame for completion of competency, and any tools/successful</td>
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### Brainstorm Issues

1. From a staff perspective, RNs are concerned about patency of IV being an issue bringing back an IV RN to insert an IV; afraid they will be unable to find 2nd staff RN as verifier. Also, staff recognize the expertise of the IV RNs in hanging these products. The training plan will include an educational aspect to increase knowledge base and competency component along with identification of resources to decrease anxiety with the new process.

2. Develop three components of the plan:
   a. New employee orientation
   b. Hospital wide roll-out on 17 units currently not hanging blood products
   c. Annual Competency

3. Respect the culture shift this will be for experienced RNs who only have worked in the

When rolled out, educate staff that errors in hanging blood products occur upstream in the process when the blood samples are drawn and are related to mislabeled blood samples.

Think about ideas/strategies to roll this out to units.

Chris Stowell, Asst director of the Blood Transfusion Service feels this should be an annual competency for all staff that hang blood products.
system where IV RNs hang blood products.

4. Need to reinforce 2 pt identifiers at the bedside

5. Suggestions—could there be super-users on each of the unit that get additional training and then become the unit-based trainers to check competency of staff RNs? Could simulation be avl as an option to check competency? Many CNSs have only worked here and have not hung blood so this will be a new process for them.

<table>
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<tr>
<th>Meeting times—would like to have twice a month meetings for the next three months to develop the plan</th>
<th>Options include the 2nd &amp; 4th Wednesday 2-3pm or the 1st &amp; 3rd Thursday of the month</th>
<th>Rosemary to send out email to ask all members to vote on meeting times. Would like to meet when majority of members can attend.</th>
</tr>
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<tr>
<td>Next Meeting</td>
<td>TBA</td>
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Final Report IV Task Force

Quality Committee

*Selected slides from July 2005*

*Report to Quality Committee*

Membership

- CCPD Reps-- Brian French RN and Sheila Golden-Baker RN
- CNSs  Patti Fitzgerald RN, Jean Fahey RN
- Nurse Managers– Chris Annese RN (Co-chair), Marita Prater RN and Kathy Myers RN
- Staff Nurses-- Pat Aubrey RN, Janice DaSilva RN, Jennifer O’Neil RN, Katie Romano RN, Rhianna Casale RN
- Quality Rep- Susan McKay RN
- Practice Rep—Edna Riley RN
- Staff Specialists-- Nancy McCarthy RN and Rosemary O’Malley RN (Co-chair)
Goals of task force

- Develop recommendations to improve the work processes of the current 4 functions of the IV team:
  - Transfusions
  - IV Insertion
  - IV Training
  - Phlebotomy

Blood Transfusions: Review of Data

- All critical care, intermediate care and specialty units, including OB and pediatrics, administer blood/blood products.
- Seventeen (17) general care units utilize IV RNs to administer blood/blood products with staff unit RN acting as verifier.
Blood Transfusions: Review of Data

Patient care issues:
- Increased volume of blood products ordered for patients
- Increase number of timed procedures requiring pre procedure blood products (eg FFP preop)
- Delay in blood administration due to need for IV RN coordination and IV RN availability
- Delay in IV RN finding a verifier

Staff Related Issues:
- Fragmented process on the general care units with IV RN as the transfuser and the staff RN as verifier
- Feedback from MGH staff RNs indicate that majority want to administer blood products to their patients
- Travel RN/New Hires are accustomed to hanging blood products in other hospitals
Blood Transfusions: Review of Data

Systems Issues:
- Source of errors related to mislabeling of blood samples
- Bar coded wristband to start in 2005 but no current technology to bar code lab slips and transfusions with patient ID band
- Implementation of staff nurse as verifier has heightened staff nurse awareness of patient identification safety issues

IV Team Transfusion Procedures
FY 2004

- IV Team averaged 822 transfusions per month with a range of 678 (Mar 2004) to 1005 (November 2004)
- Averages 27 transfusions/day
- Total IV team transfusion volume FY 2004 9870 transfusions
- Currently using 3.3 FTEs of IV RNs to administer blood/blood products each week
Benchmarking

- Survey of hospitals both locally and nationally yielded blood administration is the responsibility of the nurse caring for the patient with a 2nd person verification process.
- Unable to find another hospital nationally where IV Team administers blood products with staff RN verifier.

Recommendations

- The administration of blood products will become a core competency for all staff nurses insuring consistently one standard of care.
- The staff nurse caring for the patient will administer all transfusions with a second staff nurse as the verifier.
Massachusetts General Hospital

Take a Magnet Moment...

Issue 11  * Friday, June 15, 2007 *

**Summer means Magnet**

What are you doing for summer vacation? Here at MGH summer means Magnet. This issue will provide updates on some recent Magnet related events to keep you well informed as we head into the summer months.

**Magnet goes international**

On June 4, 2007, a group of 28 healthcare leaders from Belgium came to MGH to learn about our Magnet journey and the characteristics that make us a Magnet hospital. These leaders included Chief Nursing Officers (CNOs), Chief Medical Officers (CMOs) and Chief Executive Officers (CEOs) from hospitals throughout Belgium. As a Magnet designated hospital, we often host and visit other healthcare organizations to assist them on their Magnet journey and to share our experiences with this process. This information is invaluable to hospitals as they evaluate their readiness for Magnet designation.

The day began with opening remarks from Jeanette Ives Erickson, RN, senior vice president for Patient Care and chief nurse who explained that our road to Magnet started with formulating our vision, values and guiding principles, part of which is giving nurses at all levels a voice in decision making. She explained the development of the Staff Nurse Advisory Committee and their role in representing staff nurses from each inpatient unit, ambulatory department and health center in matters that impact nursing practice and patient care. Many of our MGH colleagues shared their knowledge and expertise with this group throughout the day. Diane Carroll, PhD, APRN, BC, FAHA, Yvonne L. Munn Nurse Researcher described the critical role of research within nursing practice; Susan Lee, PhD, RN, Associate Nurse Scientist, Clinical Nurse Specialist reviewed the Collaborative Governance model; and Mary Ellin Smith, RN, MS, Professional Development Coordinator provided an overview of the Clinical Recognition Program.

The group then enjoyed a lively panel discussion with some of our nurse and physician leaders. Colleen Snyderman, RN, MSN Nursing Director, Coronary Intensive Care Unit explained that Magnet is about empowering nurses so that they are excited about their work. Donna Jenkins, MS, RN, CNS, BC, Nursing Director, Thoracic Surgery indicated that what she likes most about working at a Magnet hospital is that, “if there is an interest, there is an opportunity,” nurses are supported in pursuing their goals. Mary Lou Kelleher, RN, MS, Clinical Nurse Specialist, Pediatrics and Christina Gulliver, RN, CS, Clinical Nurse Specialist, Inpatient Psychiatry stressed the importance of teamwork and having mutual respect for one another. This message was echoed by our physician colleagues, Kristian R. Olson, MD, MGH Medicine and Rory Weiner, MD, MGH Cardiology who discussed the importance of interdisciplinary relationships and ways they see that exhibited in their daily work.

The session ended with remarks from our Magnet Ambassadors who expressed their excitement about their role in our Magnet re-designation process and discussed topics including evidence-based practice, pain management and ethics. They also brought our visitors from Belgium on tours of their units. The leaders from Belgium indicated that the tours were their favorite part of the day. Special thanks to the following Ambassadors for adding this special touch to their visit – Mary McAuley, RN (Endoscopy); Dawn McLaughlin, RN (PICU); Joanne Parnia, RN (Psychiatry); Gayle Peterson, RN (Medicine); and Kelley Sweeney, RN (Neuro ICU).

**Summer also means ice cream!!**

The Magnet Champions on Ellison 12 (Neurology) recently held an ice cream social for the staff to come and “get the scoop” on Magnet. The Champions shared background information about the re-designation process as well as specific evidence topics submitted by Ellison 10 (Medicine). Other staff members shared experiences they have had working in non-Magnet hospitals and the differences. A wonderful time was had by all.

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Front Row (L-R):
- Cindy Meletatos, RN;
- Kristen Francione, RN (Magnet Champion);
- Lori Mazzarelli, RN (Magnet Champion);
- Jeannine Pratt, RN

Back Row (L-R):
- Christine Suchak, RN (Magnet Champion);
- Marsha Watson, RN;
- Sandy Murphy, RN;
- Brandy Ault, RN;
- Melissa Gentile, RN;
- Tricia Jette, RN (Magnet Champion);
- Suzanne Algeri, RN (Magnet Ambassador)
Magnet ambassadors attend Denver conference

Eleven MGH nurses led by Keith Perlberg, RN, nurse manager, and co-chair of the Magnet Redesignation Team, and Sheila Golden-Shockey, RN, clinical educator in The Knight Nursing Center for Clinical Professional Development, attended the 11th national Magnet Conference, April 4-6, 2006, in Denver, Colorado. The conference was sponsored by the American Nurse Credentialing Center, a division of the American Nurses Association, that awards Magnet status to qualified institutions.

In 2003, MGH was the first hospital in Massachusetts to receive Magnet status, a designation that must be re-earned every four years. The conference coincided with the kick-off of the hospital’s Magnet redesignation initiative.

As well as a clinical nurse supervisor, and a Magnet ambassador assisting with Magnet champion education, and maintaining Magnet status. There were opportunities to network with colleagues from other institutions, which was helpful to ambassadors who were exploring creative strategies for their own redesignation efforts. Two nationally known speakers, Carol Gorman, author of First and Last, and Pat Benner, author of towel journey together in a planning session.

"From a distance we look a little fuzzy, but up close, it’s clear to see we share: Strength, Unity, Pride, Expertise, and Respect."

—Jim Barone, RN, Magnet ambassador, Main Operating Room

Sixteen Magnet ambassadors attended the conference; that’s a new role created for the redesigned process, based on feedback from Magnet champions who participated in the 2003 preparations. Four different nurses attend, with nurses and nurse managers, as ambassadors will serve as a communications link between Magnet teams and the Magnet team.

They’ll help maintain momentum with ongoing, reliable communication and continued coaching. The one-day conference offered many strategies for reaching small groups and large audiences, including:

- Ann L. Foster, RN
- Brenda Fosler, RN
- Madison McCrady, RN
- Tammie Phelan, RN
- Gayle Peterson, RN
- Melinda McDermott, RN
- Claudia L. Easter, RN
- Diane Lenz, RN
- Suzanne Alanson, RN
- Erika Salierno, RN
- Bob Smith, RN
- Kelly O'Shea, RN
- Keith Perlberg, RN (co-chair)
- Kate Dryer, RN
- Sheila Golden-Shockey, RN (co-chair)
- Ann Farrell, RN
- Judy McCauley, RN
- Denise Young, RN
- Moira McManus, RN
- Diane Griesmer, RN
- Joanne Belotti, RN
- David Keesman (support staff)

For more information about our Magnet re-designation initiative, contact Sheila Golden-Shockey, RN, at 617-646-1234.