



MAGNET MONDAY



MGH Site Visit: November 6-9, 2017

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 - nursing satisfaction
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The Site Visit—what to expect

The Goal

Evaluate the overall hospital environment and culture as one that promotes excellence in patient care and service.

Be prepared. You could be called upon.

The Appraisers will...

- **Visit as many patient care units** and practice sites as possible, looking for evidence of empowerment, collaboration and excellence.
- **Speak directly with clinical nurses and care team members**, patients and families about how clinical practice is delivered and supported.
- **Randomly select clinical nurses to meet with them** for breakfast and lunch discussions.
- **Meet with other key stakeholders**, including committees, community members, affiliates, etc.



structure.
process.
outcomes.



What the appraisers will be looking for... **The 5 Magnet Model Components**

There are 14 research-based Forces of Magnetism embedded in the Magnet Model.

Transformational Leadership

- Leadership team creates:
 - Vision for the future
 - Systems and environment necessary to achieve that vision
- Nurses at all levels are transformational leaders

Structural Empowerment

- Innovative environments support strong professional practice
 - Mission, vision and values come to life
 - Patient outcomes improved by strong relationships and partnerships across organization and MGH community
- (EXAMPLES: Collaborative Governance, Clinical Recognition Program, Institute for Patient Care)

Exemplary Professional Practice

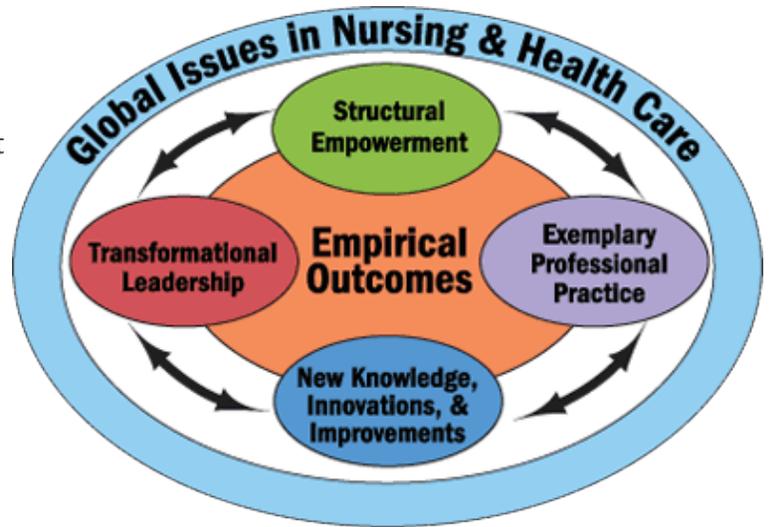
- Exemplary professional nursing practice is the essence of a Magnet organization—it is about what nursing can achieve
- (EXAMPLES: MGH Professional Practice Model, care delivery systems, ethical decision-making resources and processes, professional development opportunities)

New Knowledge, Innovation, and Improvements

- Organization promotes, fosters and encourages:
 - New models of care
 - Application of existing evidence
 - Creation of new evidence
 - Visible contributions to the science of nursing

Empirical Quality Outcomes:

- A focus on process, structure and outcomes compared to benchmark data:
 - Clinical—related to patient care
 - Workforce
 - Nursing-sensitive indicators (NSIs):
 - Quality | Patient satisfaction | Nurse Satisfaction



MGH's Magnet evidence

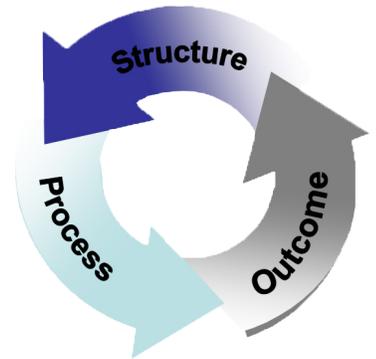
In June, MGH submitted its written Magnet evidence, which addresses each component of the Magnet Model in detail. The hospital's complete Magnet evidence can be found on the EED Magnet Portal at www.mghpcs.org/Magnet/index.asp.



TIPS FOR TALKING:

Magnet evidence and the upcoming site visit are organized around the Donabedian Model of Quality of Care. Frame your response around the same:

- **STRUCTURE** — the attributes of settings where care is delivered
- **PROCESS** — whether good clinical practices are followed
- **OUTCOME** — impact of the care on health status



Donabedian, 1966; 1990
© American Nurses Credentialing Center

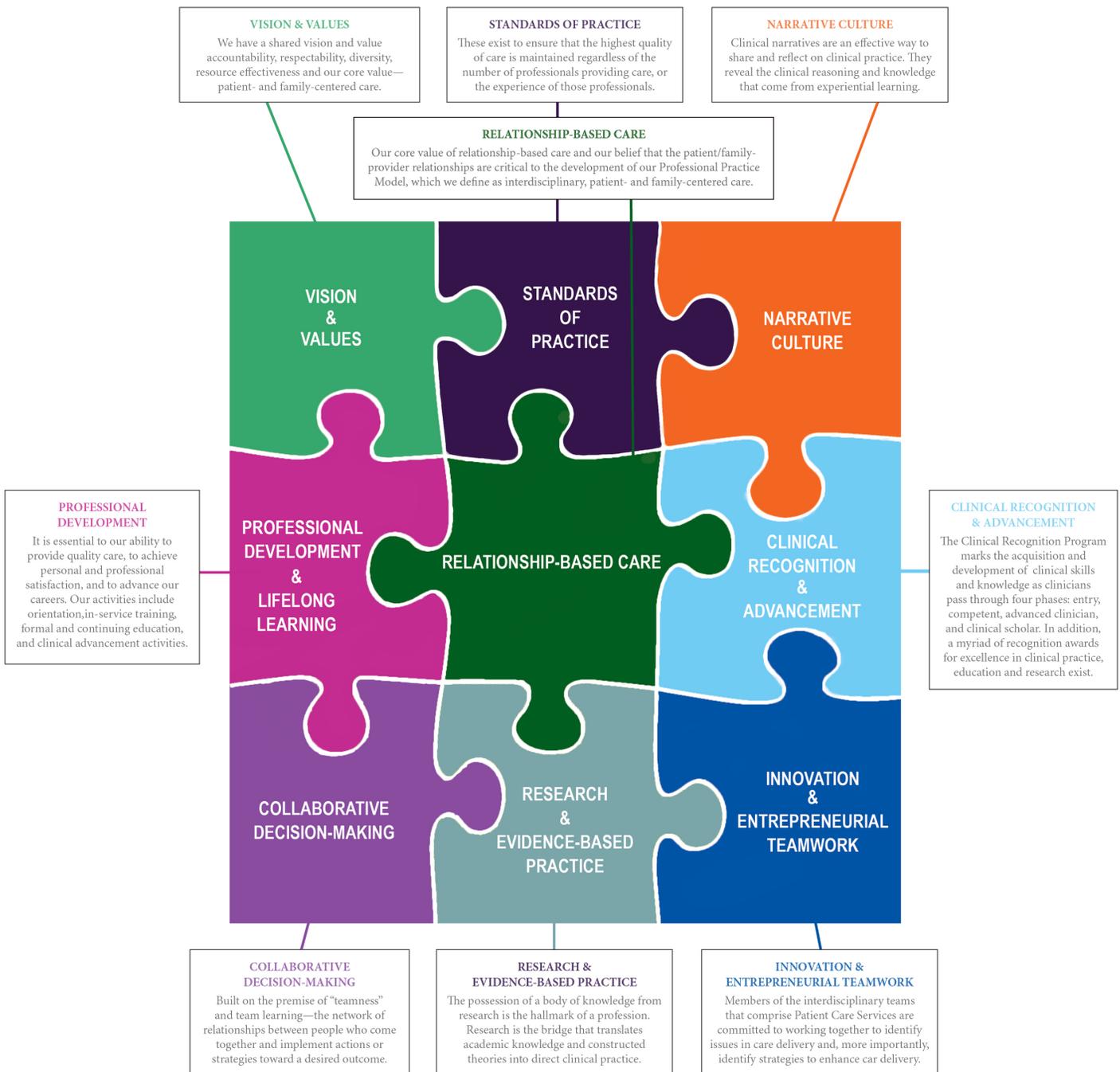


MGH EXAMPLE: Pressure ulcer prevalence was trending upward

Structure:	PCS Strategic Plan set a goal of reducing hospital-acquired pressure ulcers; an 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; prevalence of pressure ulcers subsequently trended downward

Identify a structure, process and outcome example from your practice area.

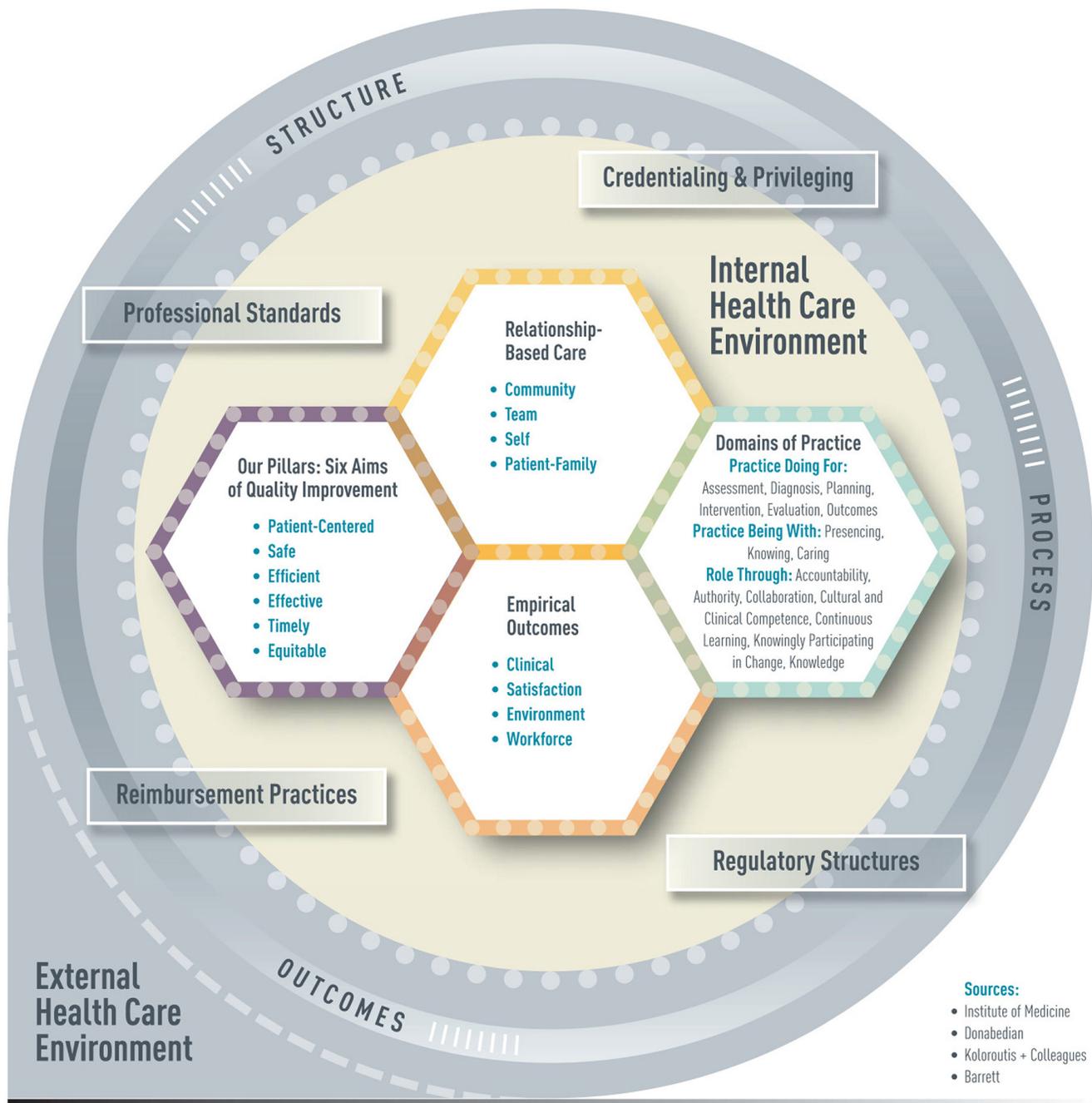
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Q: Can you describe how the Patient Care Delivery Model is practiced on your unit?

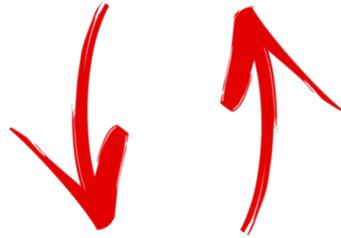


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Strategic Planning

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.”



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Our collective goals for advancing the Mass General Mission

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





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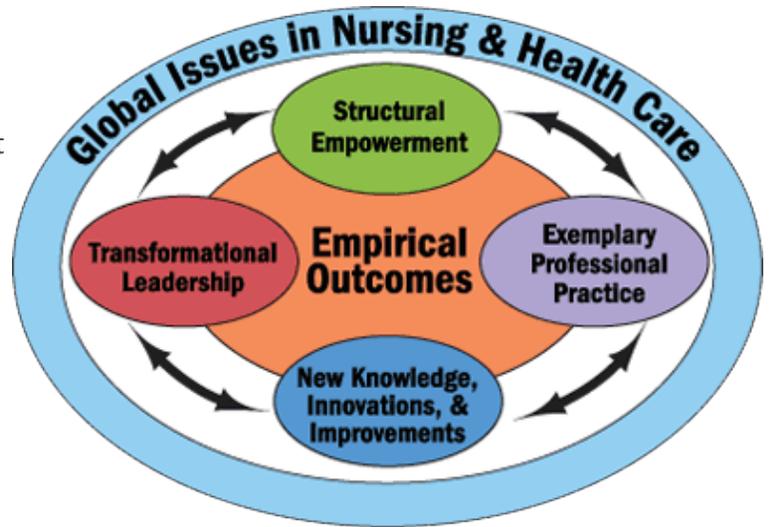
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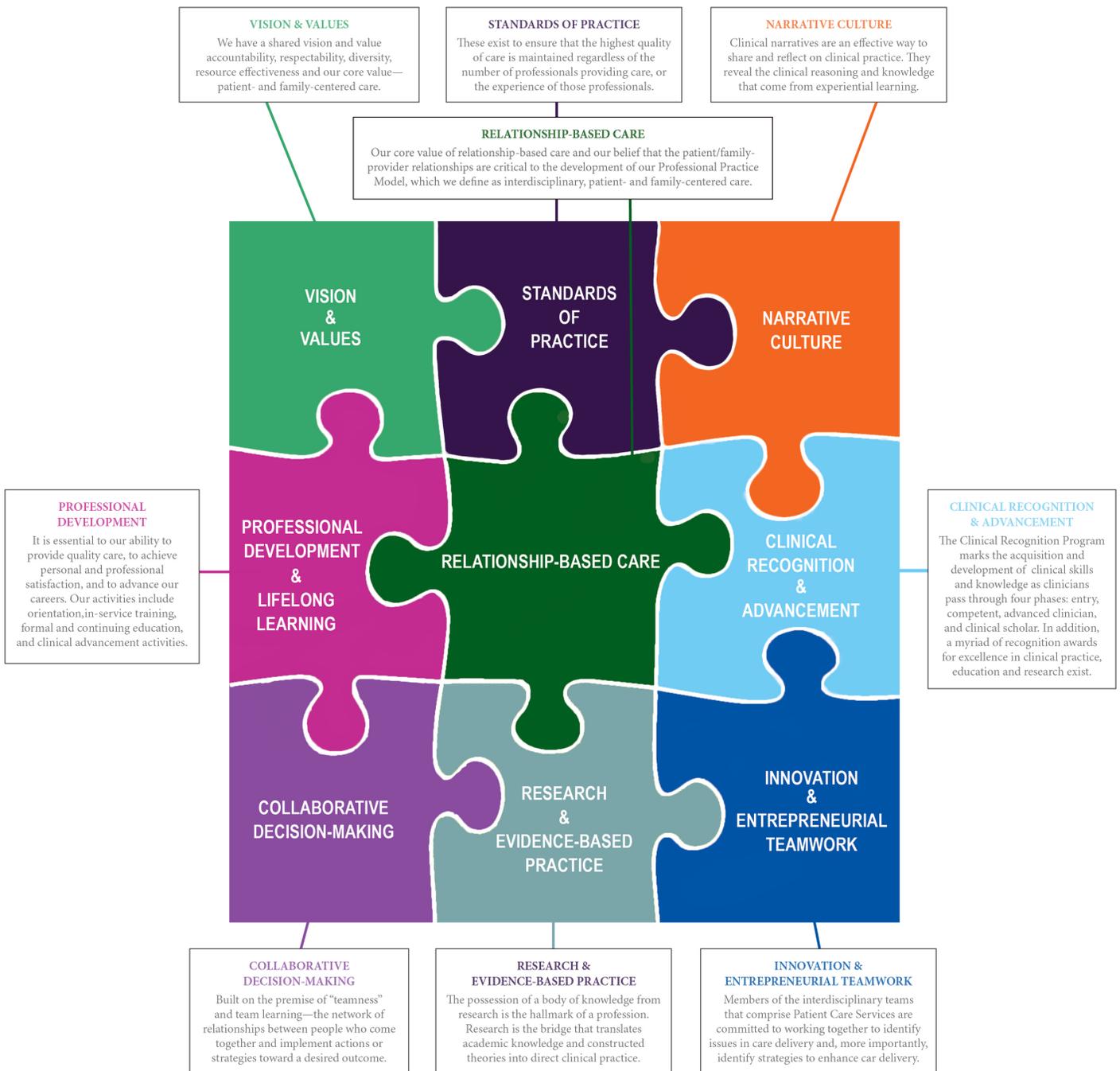
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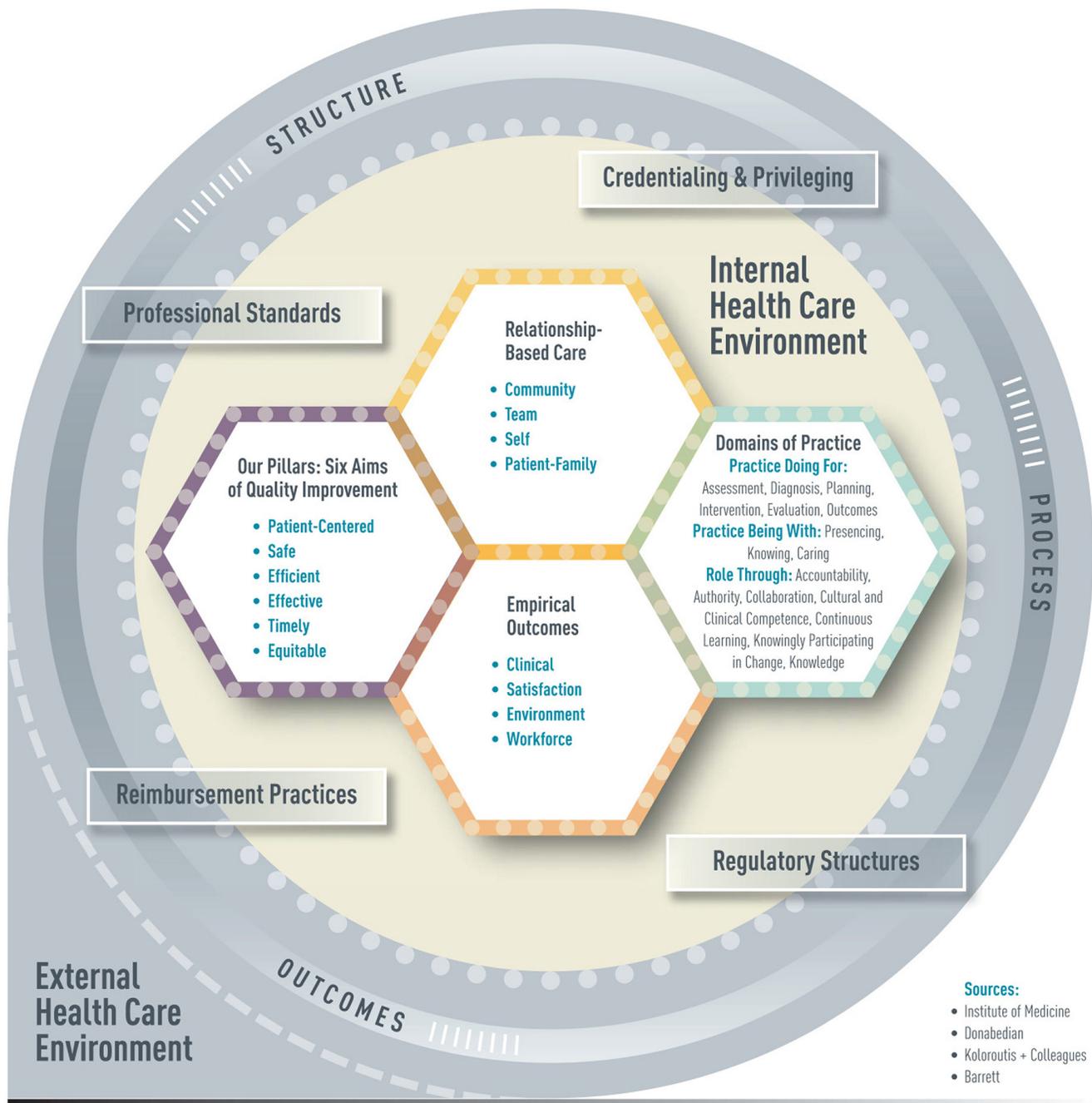
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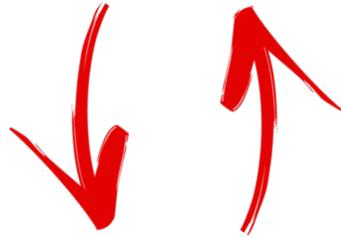


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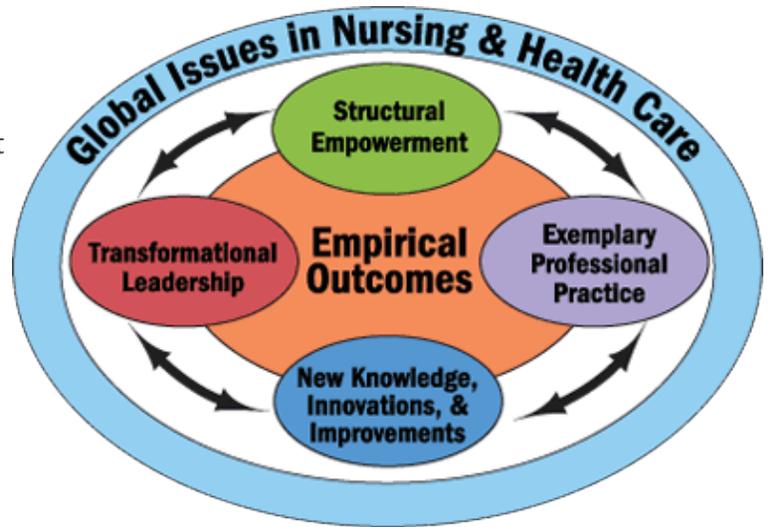
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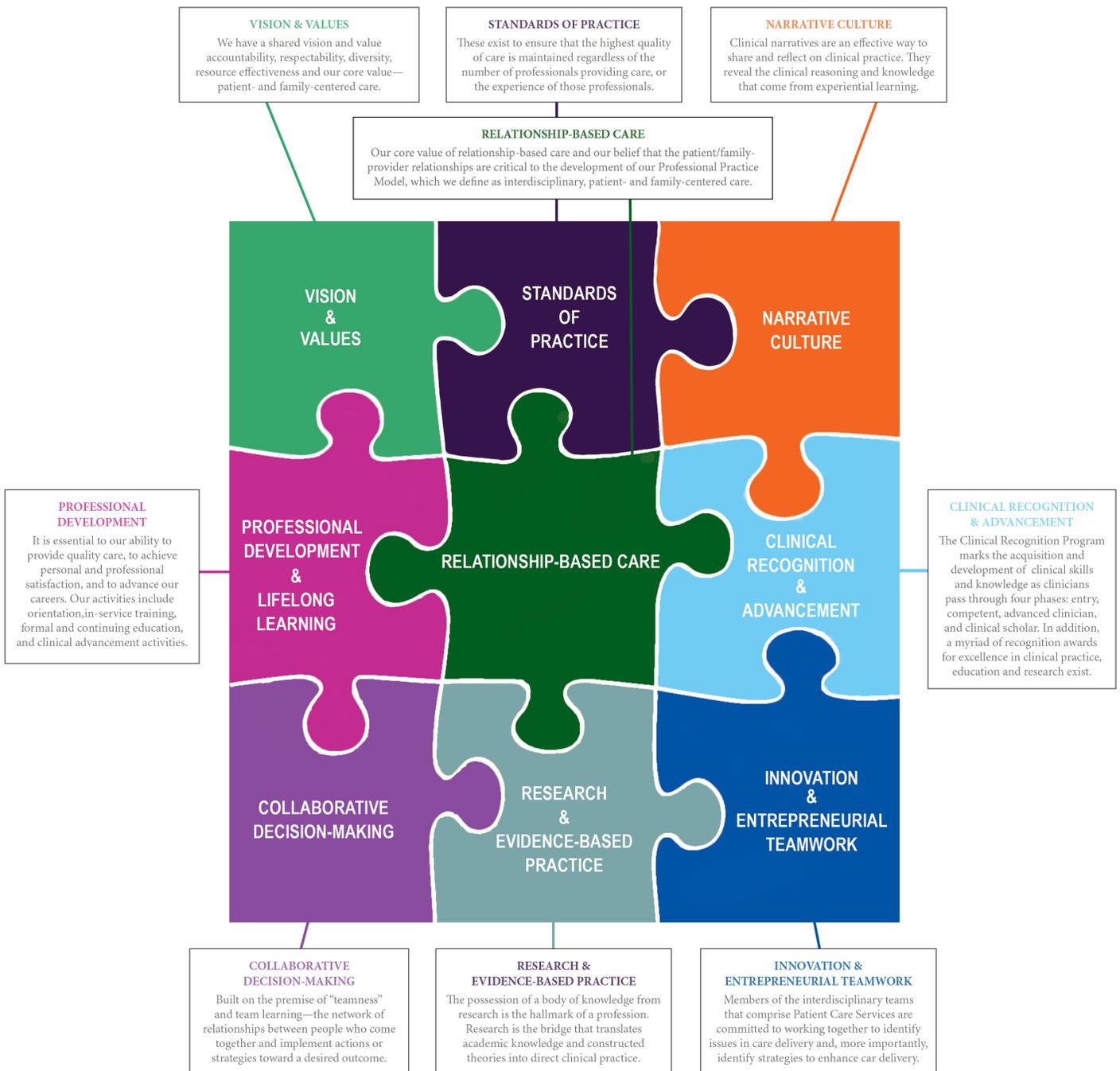
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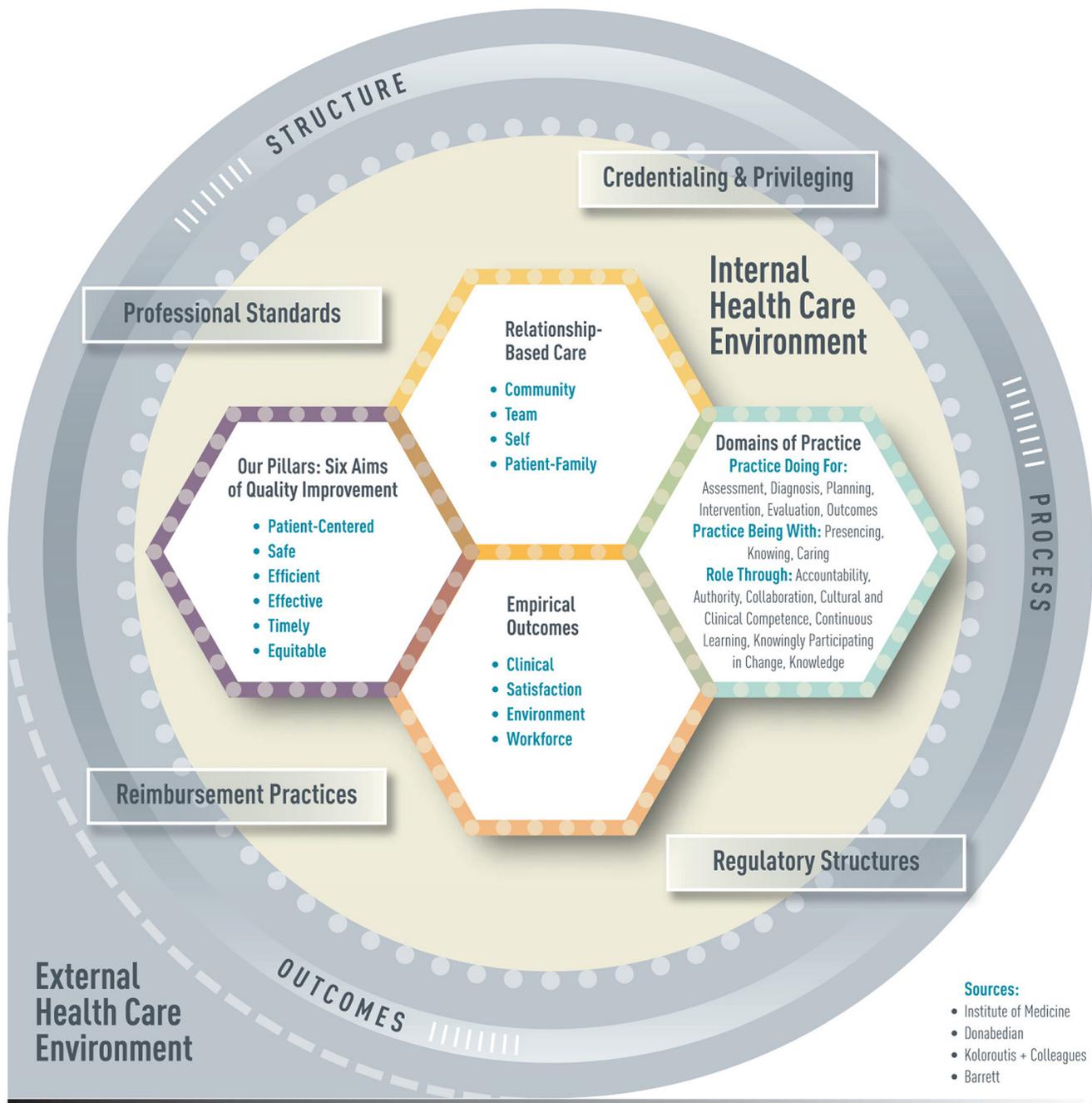
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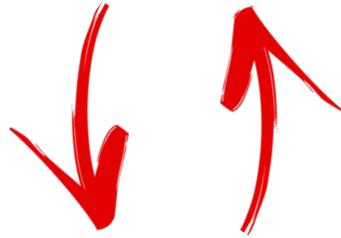


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Nurses at all levels:

- Advocate for resources
- Participate in decision making to advance practice/ support patient care

EXAMPLES:

- Budget Process
- Project Proposals
- Plan of Care
- Staffing & Scheduling
- Collaborative Governance
- Interdisciplinary Committees and Subgroups
- Staff Meetings
- Unit-Based Committees & Subgroups
- 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)

NPAs are the most important pieces of legislation related to nursing practice, and are designed to protect public health, safety and welfare, including shielding the public from unqualified and unsafe nurses. State boards of nursing oversee NPA-related laws and have the responsibility and authority to determine who is competent to practice nursing by:

- directing entry into nursing practice
- defining scope of practice
- establishing disciplinary procedures.

Q: Where can you access the Massachusetts Nurse Practice Act?

- **Massachusetts Board of Registration in Nursing**
<http://www.mass.gov/eohhs/gov/departments/dph/programs/hcq/dhpl/nursing/nursing-regs/rules-and-regulations.html>
- **MGH Magnet Portal**
<http://www.mghpcs.org/magnet>

Q: What are the five rights for delegation?

right **TASK** | right **PERSON** | right **CIRCUMSTANCES**

right **COMMUNICATION AND DIRECTION** | right **SUPERVISION**



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Know the differences between:

- Process Improvement (PI)
- Evidence-Based Practice (EBP)
- Research

Nurses in Magnet organizations are committed to evidence-based practice while providing 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.”

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

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 the above, visit the Excellence Every Day portal:
mghpcs.org/EED_Portal/EED_evidence-based_practice.asp

INNOVATION

At MGH, innovation is defined as a novel set of behaviors, routines and ways of working— implemented by planned and coordinated actions— that are directed at improving:

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

(Greenhalgh, 2004)

Examples at MGH: eCare Residency Program and Addressing Device-Related HAPUs

Nursing and Health Professions eCare Residency Programs

In 2016, Mass General “went live” with an entirely new operating system— electronic medical record: Epic. This high-reliability, high-stakes venture required the uninterrupted and safest possible delivery of care before, during and after. Preparing the 7,000-plus members of the Nursing and Patient Care Services staff for this major shift in operations and practice was a massive undertaking. From the first second of “Epic Live,” the staff had to be fully functioning within the new system.

Mass General PCS took a different approach than most organizations that had made this transition. In July 2015, the hospital began hiring new graduate nurses for a six month residency program. Hiring more than 300 graduate nurses enabled all staff to have dedicated time to participate in extensive Epic training programs. Hiring resident nurses meant there was no need to hire external nurses from other agencies for the go-live, thereby ensuring the quality and consistency of care, patient safety and staff resilience during a period of great change. All of the hospital’s nurses were successfully MGH and Epic trained.

Addressing Device-Related HAPUs

Device-related hospital-acquired pressure ulcers (HAPU) account for up to one-third of all HAPUs in acute care. Nurse Practice Specialists and CNS-led initiative to reduce pressure ulcer rates among tracheostomy patients on Thoracic Surgery & General Medicine Unit (Ellison 19) and the Respiratory Acute Care Unit (Bigelow 13 formerly Bigelow 9). The nurses involved consulted their clinical nurses, consulted with the CNS/NPS Wound Care Task Force, and approached the three surgical services of Trauma, Interventional Pulmonology, and Surgery to discuss the practice of suturing newly-placed tracheostomies. They reviewed data and conducted a literature search to explore innovative ideas and related risks for securing tracheostomy flanges, and through a series of strategic approaches, influenced a change in the suturing practice via Velcro ties. This innovation resulted in a more than 60% decrease in device-related pressure ulcers, with no decannulations.

Q: What examples of innovation can you identify in your practice area?

For more information, visit mghpcs.org/PCS/Magnet



MASSACHUSETTS
GENERAL HOSPITAL



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“I believe that feedback is extremely important in learning. As a new nurse I encourage my peers to give me feedback, especially on what I can improve on.” —an MGH nurse

Know the key components of the performance appraisal process

Self-Reflection

The performance appraisal provides a nurse an opportunity for self-reflection to improve practice (e.g. annual clinical narrative allows nurse to reflect on his/her practice by writing about an event they feel best exemplifies their current clinical practice).

Manager Review

During the review process, the nurse’s manager shares his/her assessment of the nurse’s performance and professional development opportunities.

Peer Review

All MGH nurses seek peer feedback during the annual performance appraisal, which offers insight and collective learning. The peer review tool for each role group is based on its related domains of practice (e.g., nurses seek peer feedback in one of three clinical domains: clinical knowledge and decision making, clinician/patient relationships or collaboration/teamwork).

Mutual Goal Setting

The manager and the nurse together review the performance appraisal—including the self-evaluation, manager and peer feedback—and develop goals that provide a road map for professional development.

Internal & External Resources that Support Practice

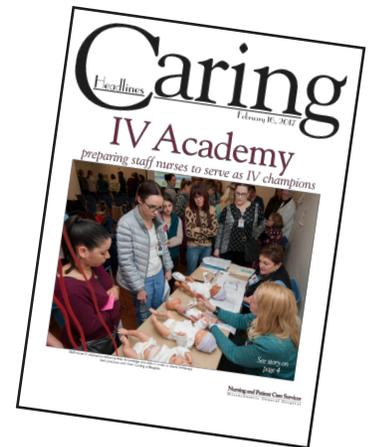
Q: Can you name examples from your area?

- Clinical Nurse Specialists/
Nurse Practice 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
- 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
- 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 common strategies to provide you with key information to guide your practice?



- EED Portal
- Staff Meetings
- Committees
- E-mail
- Surveys
- Interdisciplinary Rounds
- Unit-based Communication Boards
- Town Meetings

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

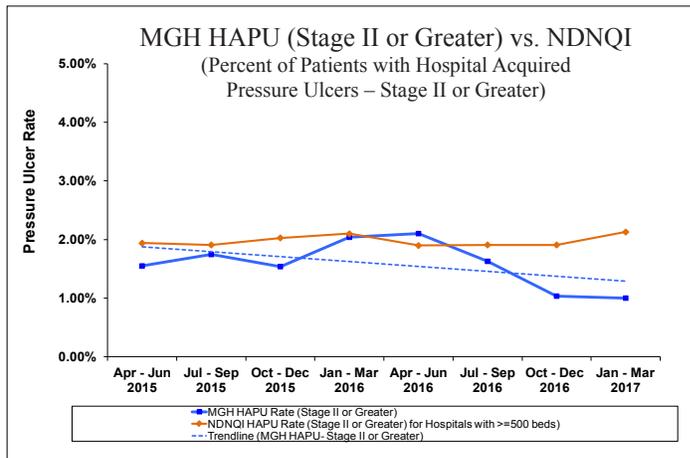


Empirical Outcomes

In 1998, the American Nurses Association established the National Database of Nursing Quality Indicators (NDNQI) to collect 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.

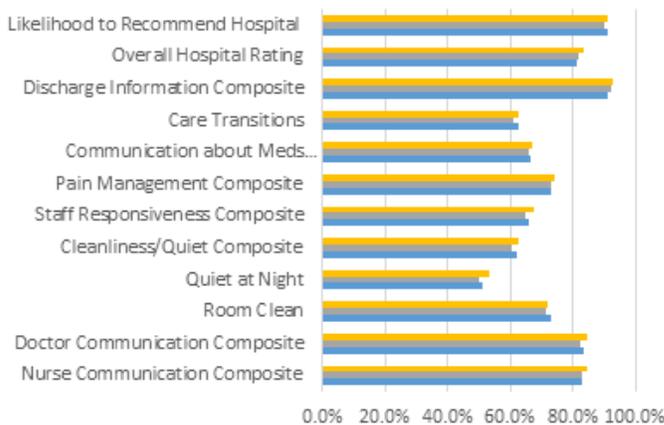
Sample Clinical Quality NSI



Over eight quarters, more than 50% of units outperformed the NDQI benchmarks more than 50% of the time. The percentage of patients with HAPU Stage II or greater continues to trend downward.

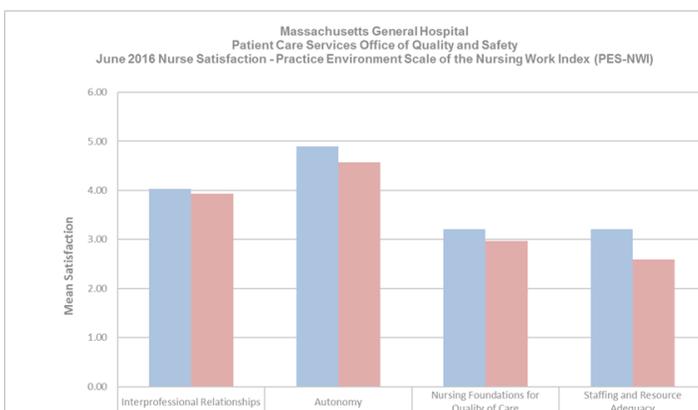
Patient Satisfaction

HCAHPS Measures



MGH Nurses exceeded required Magnet standards in all four NSIs submitted as part of the hospital's Magnet evidence for patient satisfaction. These included Care Coordination, Education, Courtesy and Respect from Nurses, and Careful Listening from Nurses for both inpatient and ambulatory areas.

Nurse Satisfaction



In June 2016, Nurse Satisfaction was measured at the individual unit level using the Practice Environment Scale of the Nursing Work Index tool. Unit data were benchmarked against academic medical centers in the National Database of Nursing Quality Indicators in four categories: Interprofessional Relationships, Autonomy, Nursing Foundations for Quality of Care and Staffing and Resource Adequacy.

Q: What quality measures are tracked in your practice setting?

Professional Development

Know how 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.

EXAMPLES: MGH workforce and career development efforts

- **The Institute for Patient Care**—multiple programs, including:
 - **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**
 - **Professional & Specialty Certification:** Reimbursement for certification exams; certification prep opportunities
- **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 to allow 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

