



MASSACHUSETTS  
GENERAL HOSPITAL

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NURSING AND  
PATIENT CARE SERVICES

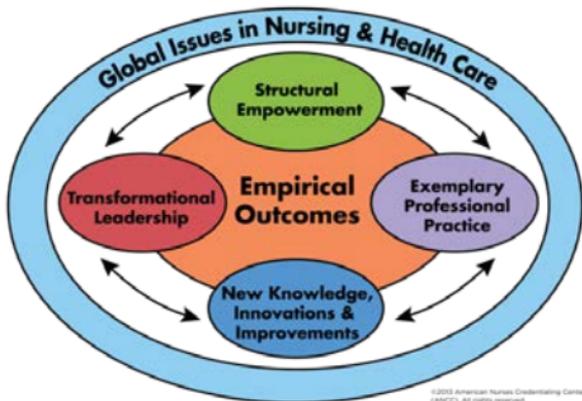


**2017-2018**  
**Magnet Recognition Journey**  
**Resource Guide**

# Magnet Redesignation® Journey Resource Guide

**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:** The Magnet Recognition® Program is grounded in research. A landmark study titled 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. In 2008, the ANCC introduced the next generation Magnet Model which is designed to provide a framework for nursing practice and research in the future. Though the 14 Forces of Magnetism are still foundational to the program, the new model has a new, simpler look and reflects a greater focus on measuring outcomes related to nursing practice.



## The Magnet Model Components

**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, patient care delivery system, 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 focuses heavily on outcomes. Outcomes are categorized in terms of clinical outcomes related to patient care; workforce outcomes; nursing sensitive indicators (NSIs) and patient and staff satisfaction. All outcomes are compared to benchmark data and used to describe the organizational commitment to excellence.

## Crosswalk: ANCC Model Components and 14 Forces of Magnetism

(Source: ANCC)

Model Elements	Overview	Forces of Magnetism
Transformational Leadership	Transformational leadership is essential to meet the demands of the future. Leaders are visionary, and strategic.	Quality of Leadership Management Style
Structured Empowerment	Structures and processes provide an innovative environment in which professional practice flourishes. The organization needs to develop and empower staff in order to identify best practices and achieve desired outcomes.	Organizational Structure Personnel Policies and Programs Community Professional Development Image of Nursing
Exemplary Professional Practice	The essence of a Magnet organization is exemplary professional practice which drives better outcomes.	Models of Care Autonomy Nurses as Teachers Interdisciplinary Relations Resources/Consultation
New Knowledge, Innovation & Improvement	Magnet organizations contribute to the organization and profession new knowledge and innovative models of care and contribute new evidence to the science of nursing.	Quality Improvement
Empirical Quality Results	Magnet organizations must use quality data to measure outcomes and demonstrate improvements in care delivery.	Quality of Care

**Nursing “Gold Standard”:** The ANCC has awarded Magnet recognition to approximately 9% of all registered US hospitals. In 2003, Massachusetts General Hospital (MGH) became the state's first hospital to earn this distinction and in 2008 and 2013 was re-designated 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 considered the “Gold Standard” for nursing practice in all settings.

**The Magnet Redesignation Process:** Nurses throughout MGH conducted a comprehensive process of gathering evidence to demonstrate the hospital's achievement of ANCC Magnet standards. MGH's evidence, submitted to the ANCC on June 1, 2017 is being reviewed by a team of four Magnet Appraisers who will determine advancement to the site survey phase. The same team of four appraisers will conduct a site visit at MGH to ensure the practice environment accurately reflects the evidence submitted. The role of the Magnet Appraiser is to **verify, clarify and amplify** the evidence.

**Magnet Recognition® Program Site Visit:** The focus of the site visit is to evaluate the overall hospital environment and culture as one that promotes excellence in patient care and service. Magnet Appraisers look for evidence of empowerment, collaboration and excellence as exemplified in the documentation submitted prior to the visit. It is an opportunity for staff to showcase the excellent care that is provided to patients and families at MGH.

**Magnet Appraisers** will visit as many patient care units and practice sites as possible. Appraisers will speak directly with staff nurses about verifying, clarifying and amplifying the submitted evidence. The visit will also involve all members of the healthcare team as well as patients and families regarding how clinical practice is delivered and supported. They may also speak with staff from other departments to discuss how they work with nurses to ensure patients get the equipment and services they need. Lastly, there will also be other forums throughout the site visit where nurses will have the opportunity to interact with appraisers.

### **What will Appraisers Look for During Unit Visits? Examples of:**

- Nurses' participation in decision-making
- Outcomes e.g. falls, pressure injuries, CAUTI, CLABSI
- Unit-based performance improvement activities
- Evidence-based practice, research, innovation
- Peer review and professional development
- Communication flow between nurses and leaders
- Community activities and involvement
- Interdisciplinary patient- and family-centered care
- Continuity of care across the continuum
- Patient/family involvement in plan of care
- Patient advocacy program
- Diversity
- Practice environment
- Delegation and teamwork

**Take a minute and jot down examples of what you're most proud of on your unit?**

**What Types of Questions will the Appraisers Ask?** Below are examples organized by the Magnet Model Components:

## **Transformational Leadership**

**Q** *What guides the practice of nursing at MGH?*

**A** The hospital's mission, Patient Care Services/Nursing vision and value statement, and guiding principles all guide the MGH practice of nursing.

### **Massachusetts General Hospital Mission**

Guided by the needs of our patients and their families, Massachusetts General Hospital aims to deliver the very best health care 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.

### **Nursing & Patient Care Services Vision & Values**

As nurses, health professionals, and patient care services support staff, our every action is guided by knowledge, enabled by skill, and motivated by compassion. **Patients are our primary focus, and the way we deliver care reflects that focus every day.**

We believe in creating a healing environment – an environment that is safe, has no barriers, and is built on a spirit of inquiry – an environment that reflects a diverse, inclusive, and culturally- competent workforce reflective of the patient-focused values of this institution.

It is through our professional practice model that we make our vision a demonstrable truth everyday by letting our thoughts, decisions, and actions be guided by our values. As clinicians, we ensure that our practice is **caring, innovative, scientific, and empowering**, and is based on a foundation of **leadership and entrepreneurial teamwork**.

## Nursing & Patient Care Services Guiding Principles

Maintaining the highest standards of patient care delivery is a never-ending process that involves the patient, family, nurse, all healthcare providers, and the community-at-large.

*What beliefs do we want to uphold as we strive toward our vision?*

- We are ever-alert for opportunities to improve patient care; we provide care based on the latest **research** findings.
- We recognize the importance of **encouraging patients and families to participate** in decisions affecting their care.
- We are most effective as a team; we continually strengthen our relationships with each other and actively promote **diversity** within our staff.
- We enhance patient care and the systems supporting that care as we work with others; we eagerly enter new **partnerships** with people inside and outside of the Massachusetts General Hospital.
- We never lose sight of the needs and expectations of our patients and their families as we make clinical decisions based on the most **effective use of internal and external resources**.
- We view **learning as a lifelong process** essential to the growth and development of clinicians striving to deliver quality patient care.
- We acknowledge that maintaining the **highest standards** of patient care delivery is a never-ending process that involves the patient, family, nurse, all healthcare providers, and the community-at-large.

**Q** *What are Nursing's strategic goals?*

**A** Every year, the MGH Nursing & Patient Care Services Executive Team sets strategic goals based on an assessment of organizational priorities and input from patients, families, staff. Goals focus on enhancing the patient experience; continually improving care delivery through increasing the efficiency and effectiveness of systems; and, creating and sustaining a strong, supportive practice environment in which staff have a strong voice in the design of care and services. Each of these goals has tactics with defined measures of success.

The annual strategic plan is vetted with nurses at all levels in the organization before finalization.

### **2017-2018 Nursing Strategic Goals**

**Goal 1:** Workforce – Maintain MGH’s Position as Employer of Choice

**Goal 2:** Lead and Participate in Partners 2.0 Initiatives to Realize Targeted Cost Savings

**Goal 3:** Implement and Support MGH Diversity Goals and Strategies

**Goal 4:** Maximize Capacity through ED Targeted Initiatives

**Goal 5:** Sustain and/or Improve Select Quality, Safety and Patient Experience Indicator Performance

**Q** ***If you have a question or want to communicate with your Chief Nurse, Associate Chief Nurse and/or Nursing Director, what ways do you use to contact them?***

**A** Our Chief Nurse is visible and accessible to staff through formal nursing presentations, monthly Collaborative Governance Staff Nurse Advisory Committee, and unit rounds. She is accessible to staff anytime via telephone, e-mail and face-to-face with her open-door-policy.

These strategies are also used by the Associate Chief Nurses and Nursing Directors. All nurse leaders carry their pagers/cell phones 24 hours a day, seven days a week. Staff has the ability to page or call these leaders at any time to address a need on the unit or personal issue. It is common for Nursing Directors to work on evenings, nights or weekends to support staff during routine operations, special projects and for emergency situations. Clinical Nursing Supervisors augment the unit Nursing Director’s leadership presence and accessibility, particularly on the off-shift and weekends.

**Q** ***Describe ways in which your nursing leadership has improved the work environment?***

**A** Some examples of ways in which nursing leadership has improved the work environment include the installment of ceiling lifts and new beds in all patient rooms; establishment of tiger teams (ad-hoc groups) to address issues such as workplace violence; incorporation of peer review in the performance evaluation process; as well as, provision of education and support for conflict resolution.

**Q** ***Give examples of how the input of nurses has affected the work environment?***

**A** Input from the nursing staff has influenced many aspects of the work environment. A major example is the myriad of ways nurses were involved in the design, implementation and evaluation of the new eCare electronic patient record system. This is also an example of a major planned change that required keen communication.

## **Structural Empowerment**

**Q** ***How do nurses participate in decision-making (individually and through groups)?***

**A** Nurses participate in decision-making through their involvement in unit-based activities, interdisciplinary rounds, as a member of a Collaborative Governance committee, and in the role of resource or attending nurse.

**Q** ***Give examples of how participation in decision-making has resulted in improvements on the unit (e.g. through participation in collaborative governance, tiger teams, unit-based committees, etc.).***

**A** (Varies by unit; cite unit-based examples)

### **Nursing & Patient Care Services Collaborative Governance Committees**



**Q** *How does MGH support nurses' participation in professional organizations and pursuit of formal education and certification?*

**A** Flexible scheduling supports staffs' participation in professional organizations. Flexible hours, tuition reimbursement, scholarships, support service grants, college fairs, Pro-tech student mentorship, shadowing opportunities promote staffs' pursuit of academic education.

The MGH Department of Nursing supports professional certification by providing reimbursement for certification and recertification exams for nationally-recognized professional and specialty nursing organizations. The Norman Knight Nursing Center provides on-site educational preparation programs for many types of certification.

**Q** *Describe improvements on your unit that resulted from participation in professional organizations?*

**A** (Varies by unit; cite unit-based examples)

**Q** *Describe how MGH supports continuing education/professional development (internal and external)?*

**A** The MGH and The Norman Knight Nursing Center provide hospital-based continuing education programs that provide continuing education units (CEUs) to staff in attendance. The Norman Knight Nursing Center for Clinical & Professional Development offers over 150 programs each year in addition to the availability of hundreds of online and web-based educational opportunities as well.

Although funds are limited, the Department of Nursing also financially supports staff attendance at strategic conferences and seminars outside the MGH. Paid educational time and flexible scheduling practices ensure staff nurses are able to attend professional development opportunities.

**Q** *How do Magnet Hospitals view workforce and career development efforts?*

**A** 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:

**Award and Recognition Program:** financial support for education through vouchers, grants, scholarships and 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, Clinicians, Advanced Clinician, Clinical Scholar).

**Workforce Development Program:** Job Shadowing experiences

**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; Collaborative Governance Diversity Committee, Association of Multicultural Member of Partners (AMMP) scholarship and committee; Hausman Fellowship.

**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 promote time to attend classes.

**Q** ***How do MGH nurses support the education of undergraduate and graduate students?***

**A** Education is an integral part of our mission. MGH holds more than 170 contracts with schools from around the world, encompassing all disciplines across Patient Care Services. Within nursing, every year approximately 30 schools place more than 2500 students for clinical practicum experiences or 1:1 clinical preceptorship. MGH nurse preceptors provide education and clinical experiences for nursing students for a required number of hours and assist the student in meeting course objectives. Preceptors provide role modeling for students, as well as clinical and professional guidance.

On White 7 and Ellison 7 Surgical Units, a Designated Education Unit model is in place. In this case, the MGH has a collaborative relationship with the University of Massachusetts, Boston, and staff nurses serve in the role of clinical instructor and are responsible for on-unit clinical education for 1-2 nursing students. A faculty member from UMASS, Boston, oversees and guides the staff clinical instructors. In partnership with the MGH Institute of Health Professions, MGH also houses Interprofessional Dedicated Education Units (IPDEU) on Bigelow 11, Ellison 8 and Ellison 12. Focusing on collaborative practice and team-based, patient-centered care in the acute care setting, IPDEU students are precepted by and interact with clinicians from various professions to learn firsthand about the importance of interprofessional practice.

**Q** ***How do nurses participate in community health-related activities, including community education?***

**A** MGH nurses regularly participate in health-related community activities including, but not limited to, health fairs, a variety of information sessions in the MGH Lobby, Blum Center Patient & Family Education Lecture Series, Senior HealthWISE Series, the Boston Health Care Expo, Center for Global Health initiatives, the community volunteerism, and national and international disaster response teams.

PCS has established guidelines to address the pay and benefits for employees embarking on domestic and/or international service work. Beyond formal compensation policies, MGH encourages participation in community activities by communicating opportunities through E-mail and hospital publications. In addition, staffs' participation is supported through flexible scheduling.

**Q** ***What is the process at MGH for developing, implementing and evaluating standards of practice and standards of care?***

**A** Several processes exist to facilitate the development, implementation and evaluation of standards of practice and standards of care. Examples include: Collaborative Governance Practice and Quality Committees, unit-based practice committees, perinatal review, the evidence-based practice initiative coordinated by the Yvonne L. Munn

Center for Nursing Research, staff and leadership participation in professional and specialty organizations, etc.

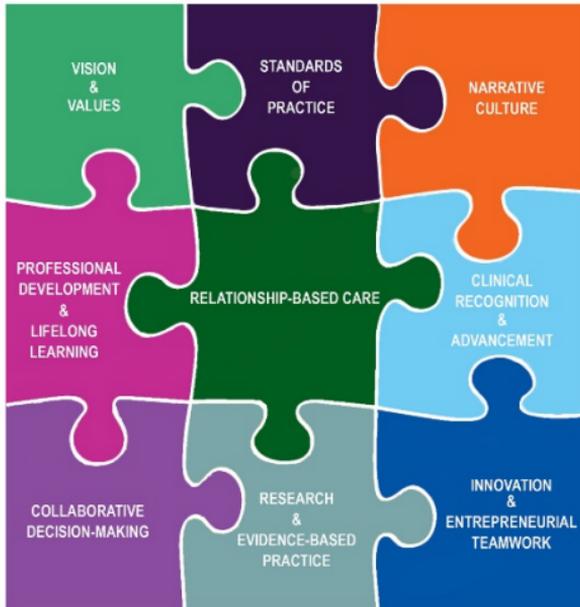
## Exemplary Professional Practice

### ***Describe the professional practice model?***

**A** The Massachusetts General Hospital Nursing & Patient Care Services (N&PCS) Professional Practice Model (PPM) is the framework that guides professional practice across multiple disciplines including the profession of nursing. The intent of the model is to provide clinicians the opportunity to explore, develop, learn and articulate their contributions to patient care. Originally crafted and launched in 1996 and revised several times (2006, 2012 and 2016) in the past 21 years, the PPM is comprised of nine interlocking components. Every element of the PPM “interlocks” to ensure the delivery of seamless, knowledge-based patient care.

- Relationship-Based Care: N&PCS’s primary core value is patient-centeredness and we believe that the patient/family-nurse relationship is critical to the delivery of safe, quality care. Through relationship-based care, we cultivate relationships with: our patients & families; our colleagues; and, with ourselves.
- Vision and Values: N&PCS’s vision is articulated through each component our PPM. It reflects that our patients are our primary focus, and the way we deliver care reflects that focus every day. Our values ensure that our practice is caring, innovative, scientific, and empowering and is based on a foundation of leadership and entrepreneurial teamwork.
- Standards of Practice: Standards of practice exist to ensure that the highest quality of care is consistently maintained across practice settings.
- Narrative Culture: Narratives provide an opportunity to share stories that have meaning to clinicians and at the same time describe concerns, inner dialogue and the evolving understanding of the situation.

## MGH Professional Practice Model



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- Professional Development and Life-Long Learning: Creating an environment for professional development and life-long learning is essential to our ability to provide quality care, to achieve personal and professional satisfaction, and to advance our careers.
- Clinical Recognition and Advancement: Using Dr. Patricia Benner's "novice to expert" framework, clinicians have the opportunity to advance their clinical practice and career at the bedside through the Clinical Recognition Program. Our robust awards and recognition program celebrates excellence and supports professional advancement.
- Collaborative Decision-Making: Collaborative governance is the communication and decision-making structure framework that

ensures decisions are made by those closest to the patient and family.

- Innovation and Entrepreneurial Teamwork: Through interdisciplinary teamwork and innovation, opportunities are created to ensure the delivery of patient care and the structures that support it.
- Research and Evidence-Based Practice: The possession of a body of knowledge from research is the hallmark of a profession. Research and evidence-based practice are the bridges that translate academic knowledge and constructed theories into direct clinical practice.

**Q** *How do nurses influence what the professional practice model is at MGH (adapt or modify)?*

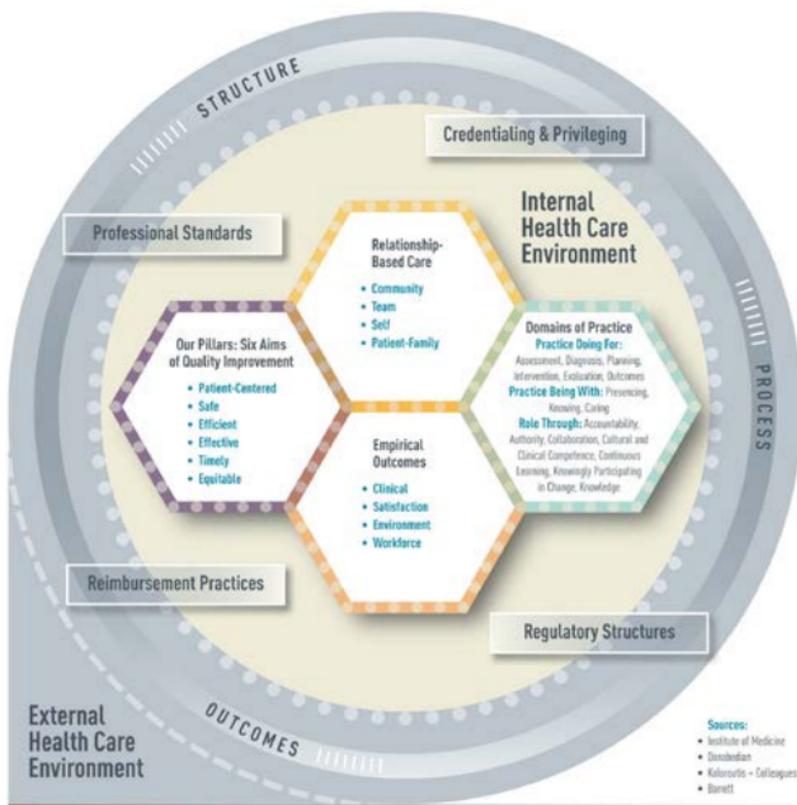
**A** The Staff Perceptions of the Professional Practice Environment Survey is an evaluation of our professional practice model at the MGH. It is administered to clinicians throughout Patient Care Services every 2 years. Feedback from this survey is critically reviewed and used to influence changes that are made. Examples of this would be the redesign of our Collaborative Governance model and development of conflict-resolution education programs.

**Q** *What is MGH's patient care delivery model?*

**A** In short, Interdisciplinary patient-and family-centered care. Describe *how* this is operationalized on your unit.

The Nursing & Patient Care Services (N&PCS) Patient Care Delivery Model has **relationship-based care** at its center as it's at the center of N&PCS's Professional Practice Model. This speaks to the importance of "knowing" patients in order to provide the highest quality care and service.

## **MGH Patient Care Delivery Model**



Sharing the center of the model are the **six aims for quality improvement** from the Institute of Medicine ensuring that care is patient-centered; safe; efficient; effective; timely; and equitable. These objectives have become the pillars of our care-delivery model and the mainstay of our culture at Mass General.

The **Domains of Practice** hearken back to an earlier iteration of the model and speak to the importance of “doing for” and “being with” the patient. “Doing for” includes assessment, diagnosis, planning,

intervention and evaluation of outcomes. “Being with” refers to behaviors that create an environment where patients can heal. The nurse-patient relationship occurs within and across each dimension of the patient’s experience including coming to know the patient and family, their changing health responses, and the dynamic and interactive response of the nurse to the patient’s experience.

Finally, **Empirical Outcomes** refer to the critically important function of how we measure the impact of our work encompassing clinical outcomes, patient and staff satisfaction, the environment of care and quality of work life. As represented by the model, these four central components are symbiotically related, each one vital to the effectiveness of care and each one inter-dependent on all the others.

**Donabedian’s Structure-Process-Outcomes cycle** circles the model. Care Delivery is influenced by factors in both the internal and external health care environments including professional standards, credentialing and privileging processes, regulatory structures and reimbursement practices.

### Donabedian’s Structure-Process-Outcomes Model



**Q** *What’s an example of using the Structure, Process, Outcomes model?*

- A. Issue: Pressure ulcer prevalence was trending upward.

**Structure:** The Nursing and Patient Care Services Strategic Plan included a goal of reducing hospital-acquired pressure ulcers and an interdisciplinary Tiger Team was formed.

**Process:** The Tiger team conducted a comprehensive review and identified that the Dolphin Mat is a best practice. They developed and implemented a hospital-wide pressure ulcer prevention program and incorporated the use of Dolphin Mats, in addition to other measures.

**Outcome:** Dolphin Mats were purchased and deployed in adult intensive care units and in the ORs. The comprehensive pressure ulcer prevention plan was implemented. The prevalence of pressure ulcers subsequently trended downward.

- Q ***Give an example of how you involved a patient and family in the plan of care.***

A (Cite personal example: Possible answers to this would include goal setting, identifying priorities, family meetings, and obtaining health information through the Patient / Family Learning Center).

- Q ***Describe an example of how you've advocated for your patients?***

A (Varies by unit; cite unit-based examples)

- Q ***Who are your expert resources? How do you access them?***

A Expert resources include: Nursing Directors, Clinical Nurse Specialists, Resource Nurses, Attending Nurses, The Institute for Patient Care (comprised of The Norman Knight Nursing Center for Clinical & Professional Development, The Yvonne L. Munn Center for Nursing Research, The Blum Patient and Family Learning Center and The Center for Innovations in Care Delivery), the PCS Office of Quality and Safety, etc. Resource contacts are available by email, phone or in person.

- Q ***How do nurses influence recruitment and retention?***

**A** Nurses influence recruitment and retention through word-of-mouth, preceptorship of students, involvement in residency rotations, participation in interviews, shadowing, sharing information about our Magnet status, voicing their input in decisions around practice, as well as ownership and accountability for their practice. (*Cite unit-based examples*).

**Q** ***How do nurses impact their staffing budget?***

**A** On many inpatient units, nurses impact their unit's staffing budget through completing Quadramed, a productivity measurement system, which quantifies patient acuity and workload. This data provides invaluable information that guides resource allocation decisions to match staffing to workload. Other productivity measurement systems are used in the Emergency Department, Operating Rooms, etc. MGH nurse are empowered to make decisions to match staffing to workload on a shift-to-shift basis.

**Q** ***How is staffing determined on a shift by shift basis and by whom?***

Direct care staffing requirements occurs at three levels: long term projections for the Fiscal Year, near-term scheduling for successive four-week cycles, and daily shift to shift requirements.

Staff decisions are: made at the unit level, based on patient acuity and based on the competency of available staff.

Daily and shift-to-shift decisions regarding staffing are made at the unit level by Nursing Directors and/or their designees, such as staff and Resource Nurses. In the event that additional staff are needed for a particular shift there are several options available including: calling in staff scheduled for "on call" or standby, negotiating changes in scheduled time among the unit staff, utilizing cross-trained staff from other units, using staff from the Central Resource Team, accessing per diem staff, using part-time staff to work beyond their standard hours and/or working long-week/short-week hours.

In addition, the Department of Nursing is committed to providing clinical support to all nurses providing direct care. Resources such as the Clinical Nursing Supervisors, The Central Resource Team Staff Nurses, Unit Resource Nurses, Clinical Nurse Specialists and expert

Advanced Practice Nurses are available to assist all nurses regardless of years of experience or competence in a clinical specialty.

**Q** *Give examples of interdisciplinary performance improvement activities.*

**A** Examples include: The LEAF fall-prevention program, the skin team work in preventing hospital-acquired pressure injuries; safety rounds implementation; central line associated bloodstream infection team, etc. (*Cite unit activities*)

**Q** *How do nurses influence technology at MGH? (equipment and electronic documentation)*

**A** Examples include nurses' involvement on the Collaborative Governance Informatics Committee, piloting all new equipment and technology, and participating in the design and testing for eCare electronic patient record.

**Q** **What is the Nurse Practice Act and how can it be accessed?**

**A** **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. In Massachusetts, the NPA can be accessed on the Massachusetts Board of Registration in Nursing website. It provides the following information: definition of a registered nurse; responsibilities and functions of registered nurses and delegation and supervision of selected nursing activities by licensed nurses to unlicensed personnel.

**Q** *What are the five rights for delegation?*

**A** The five rights that guide your judgement and decision to delegate a task are:

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

**Q** ***What are the key components of the annual performance appraisal process?***

**A** **Self-Reflection:** The performance appraisal process provides the nurse with an opportunity for self-reflection as a way to improve practice. In addition to completing the self-evaluation too, 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 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 group.

**Manager Review:** During the review process the nurses' manager shared his/her assessment of the nurses's performance and professional development opportunities.

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

**Q** ***How do nurses use external standards and resources such as the ANA Code of Ethics?***

**A** Resources to guide ethical decision-making at MGH include: Collaborative Governance Ethics in Clinical Practice Committee, Optimum Care Committee, Advance Care Planning Task Force, MGH Ethics Task Force, Pediatrics Bioethics Committee, Harvard Ethics Leaders Council, Interdisciplinary Ethics Resource Program, Unit-Based Ethics Rounds, MGH Employee Assistance Program and individual consultation with the Ethics Clinical Nurse Specialist.

The ANA Code of Ethics is a key document and is shared and discussed at Ethics Forums each year.

**Q** *What does MGH do to meet the needs of such a diverse patient population?*

**A** MGH has a number of resources including our Culturally-Competent Care Program, Disabilities Awareness Initiative, Medical Interpreters Services, Patient Care Services Diversity Program, etc.

**Q** *How are problems managed related to unsafe or unprofessional conduct?*

**A** Unsafe or unprofessional conduct can be reported through our MGH Safety Reporting System, and directly to Unit Directors. There is also a confidential compliance hotline where staff can report issues. Employees are expected to adhere to the behaviors outlined in the organization's Credo and Boundary Statement.

**Q** *Give examples of what has been done to improve workplace safety and safe patient handling?*

**A** Numerous examples exist illustrating efforts to improve workplace safety and safe patient handling, including: installation of ceiling lifts; Management of Aggressive Behavior (MOAB) training; and the work of the Safe Patient Handling Committee, Workplace Safety Committee, and the Safe Handling Chemo Team. *(Cite additional unit examples)*

## **New Knowledge, Innovation & Improvement**

**Q** *Describe difference between research, evidence-based practice and performance improvement.*

**A** **Research** is the analysis of data collected from a homogenous group of subjects who meet study inclusion and exclusion criteria for the purpose of answering specific research questions or testing specific hypotheses.

**Evidence-Based Practice** is the practice of applying knowledge (research findings, expert opinion, case reports) to a particular patient's situation as well as considering the patient's preferences and

values as well as the clinician's expertise. At Mass General, we use the Johns Hopkins Model of Evidence-Based Practice (Dearholt & Dang, 2012) and utilize their EBP toolkit to guide the process.



**Performance improvement** is the concept of measuring the output of a particular process or procedure, then modifying the process or procedure to increase the output, increase efficiency, or increase the effectiveness of the process or procedure. Remember the steps (**PDCA**): 1) **Plan** (identify and opportunity and gather information and measure the current situation), 2) **Do** (design and improve and implement the change), 3) **Check** (measure again to see if the plan worked), and 4) **Act** (sustain the change).



**Q** Give an example of a practice you implemented based on research findings?

- A** Examples include: hourly safety rounding to influence patient outcomes and satisfaction; development of sensory cart to decrease restraint use, and using wound care research findings to identify skin care and pressure ulcer prevention strategies. (*Cite unit-based examples*)
- Q** ***What processes are in place to promote evidence-based practice at MGH?***
- A** The Yvonne L. Munn Center for Nursing Center is the organizational structure that supports and promotes nursing research. Research components include: Collaborative Governance Research and Evidence-Based Practice Committee, the Clinical Nurse Specialist Research Task Force, the Norman Knight Visiting Scholar Program, the Yvonne L. Munn Nursing Research Awards, the Yvonne L. Munn Post-Doctoral Fellowship, and the Doctoral Forum. Internal consultation is also widely available through the Munn Center's Nurse Scientists, MGH doctorally-prepared staff and the Mongan Institute for Health Policy. The unit-based CNSs actively promote evidence-based practice at MGH.
- Q** ***How is research disseminated at MGH?***
- A** Examples of how nursing research is disseminated at MGH include: Did You Know posters designed by the Research and Evidence-Based Practice Committee, Journal Club, research poster display during Nurse Recognition Week, presentations at conferences and through publications.
- Q** ***What is innovation and how is innovation supported at MGH?***
- A** Clinicians are challenged every day to find solutions to problems in care delivery. The Center for Innovation in Care Delivery's (part of The MGH Institute for Patient Care) focus is to bring teams together to identify opportunities, to estimate the impact of change (including workforce demographics, new technologies and regulatory change) and to construct innovations. The Center works to provide clinicians with knowledge, skills and opportunities to solve problems at the bedside and within the system.

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 (Greenhalgh, 2004).

IDEA grants were launched in 2016 to support clinician innovation initiatives. Examples included a proposal to design and install bathroom safety harnesses to prevent patient falls and an initiative to assess the impact of a central-line-associated blood-stream infection (CLABSI) flip board on staff engagement with the CLABSI-prevention process via qualitative analysis.

## Empirical Quality Results

**Q** *What are the nurse-sensitive indicators related to your unit?*

**A** As defined by the ANA, "Nursing Sensitive Indicators are those indicators that capture care or its outcomes most affected by nursing care." These indicators have been defined to show clear linkages between nursing interventions, staffing levels and positive patient outcomes. Common examples of nurse-sensitive indicators include: patient falls and falls with injury, hospital-acquired pressure ulcers, restraint utilization, and central line infections. (*Cite unit-based nurse-sensitive indicator*).

### Quality NSIs Submitted in 2017 Evidence

- Inpatient Falls with Injury
- Inpatient Hospital-Acquired Pressure Injury stage 2 or greater
- Inpatient CLABSI
- Inpatient CAUTI
- ED: Ischemic stroke patients who received IV tPA within 60 minutes of arrival in ED
- Ambulatory: Falls with Injury

**Q Give examples of strategies used on your unit to improve outcomes related to nurse-sensitive indicators?**

**A** *(Cite unit-based initiatives to improve nurse-sensitive outcomes; refer to unit-based performance improvement plans).*

**Q How do nurses get results about nurse satisfaction data and patient satisfaction data? In what ways are the findings discussed and analyzed? Describe the results for your unit?**

**A** Nurse and patient satisfaction results are shared with nurses through staff meetings, bulletin board postings, quarterly email distributions, and presentations from the Chief Nurse and leadership in various meeting forums. *(Cite unit-based examples)*

#### **Nurse Satisfaction Indicators Submitted in 2017 Evidence (Measured by NDNQI RN Survey)**

- Autonomy
- Interprofessional relationships (all disciplines)
- Quality of nursing care
- Adequacy of resources and staffing

#### **Patient Experience Indicators Submitted in 2017 Evidence**

- Courtesy & Respect
- Careful Listening
- Patient Education
- Care Coordination

**Q Give examples of other improvement projects on your unit? What were the strategies and how do you know they have been effective?**

**A** *(Cite unit-based initiatives).*

**For Additional Resources  
Regarding Magnet Recognition® Program  
Visit MGH Excellence Every Day Portal – Magnet Page  
[mghcpcs.org/PCS/Magnet](http://mghcpcs.org/PCS/Magnet)**

## Notes

***This ends the Magnet Redesignation  
Section  
of the Resource Guide  
For information about the  
Regulatory Surveys,  
close the guide and flip over***