Magnet Hospital
Re-designation Journey 2007 - 2008
The Journey of Leadership and Quality Improvement in the context of organizational structure, management style, personnel policies, professional models of care, quality of care, quality improvement, consultation and resources, autonomy, community and hospital, nurses as teachers, interdisciplinary relationships, professional development, and the image of nursing.
The Commission on Magnet Recognition Program currently recognizes 275 healthcare organizations (4.79% of US hospitals), as well as one in Australia & one in New Zealand for their excellence in nursing service.

Massachusetts General Hospital received Magnet designation in 2003 by the ANCC, the first in Massachusetts.
Benefits of Magnet Designation

For patients…

- Multiple studies have shown that patient outcomes are more favorable in Magnet hospitals. They experience fewer complications, lower mortality rates & higher patient satisfaction scores.

For nurses…

- Professional nurses consider Magnet designation as the gold standard when looking for a practice environment where autonomy, control over practice & professional development are emphasized.

For the hospital…

- Magnet signifies high quality care to consumers. Many Magnet hospitals advertise through media, newspaper announcements, billboards, radio & TV commercials. The improved attraction & retention of nurses results in significant cost savings.
Magnet Re-designation Evaluation Framework

- Development
- Dissemination
- Enculturation
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.
- Nurses and patients receive a high **level of support** from nursing administration.
Magnet Ambassadors

Four to five staff nurses representatives from each Magnet Division Team plus one Clinical Supervisor

- Charges:
  - Serve as a major communication link between Magnet Division Team Leadership (Associate Chief Nurses & Nursing Director Co-chairs) & Magnet Champions
  - Support Magnet Champions through:
    - Identification of unit-based evidence
    - Development of succinct communication tools
    - Coaching around challenging conversations
    - Development of strategies to maintain Magnet momentum before, during & after the site visit.
Magnet Champions

- Staff nurse representatives from each inpatient/unit practice area
- Charges
  - Discover
  - Communicate
  - Motivate
Communication

- Magnet Intranet Web page
  http://www.massgeneral.org/pcs/Magnet/Magnet.asp
- Caring Headlines, Hotline, etc.
- On-going meetings:
  - Steering Committee
  - Departmental & unit-based
  - Division Teams
  - Ambassadors
- Take a Magnet Moment
- Unit-based posters
- Presentations/“Road shows”
- Information table (main corridor)
- Mock site visits
Magnet Re-designation Timeline


- October 26, 2007: Submitted evidence to ANCC.

- December 2007 – Site visit 2008: Prepare for site visit (including unit & dept presentations, Magnet Ambassador & Champion retreat).

- February 20-22, 2008: Site Visit.
# Forces of Magnetism

## Overview

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Force 1
Quality of Nursing Leadership

Visionary nurse leaders exemplify advocacy & support for patients, family & staff.

MGH Examples
- Annual strategic planning process
- Support for new programs – e.g., EMAP, Doc Com, Rapid Response Team
- Nurse leadership roles in professional organizations
- Role of nurses at all levels in development of operating budget
- Staff Perceptions of the Professional Practice Environment (SPPPE) Survey
Successful organizational structures are proactive & responsive to change.

MGH Examples

- Forums that support nurse decision-making – e.g., Patient Care Services Executive Committee (PCSEC), Combined Leadership & unit-based staff meetings
- Development of The Institute for Patient Care
- Collaborative Governance communication & decision-making model
- Unit-based leadership triad
Force 3
Management Style

Nursing leaders create an environment for staff participation & recognition for the uniqueness of the individual.

MGH Examples
- Multi-faceted communication structure (e.g., Caring Headlines, PCS News you Can Use, PCS Website, Take a Magnet Moment newsletter)
- Creation of Magnet Ambassador role
- Annual staff performance appraisal process
- Collaborative Governance committees are co-chaired by clinicians and a member of the leadership team serves as a coach
Force 4
Personnel Policies and Programs

Personnel policies & guidelines are created with staff involvement, & significant administrative & clinical promotional opportunities exist.

MGH Examples

- Annual wage & salary program review & market adjustment process
- On-line scheduling system & adjustments in response to fluctuating patient workload
- Consistency with ANA Principles of Nurse Staffing
- Clinical Recognition Program
Models of care support professionalism in nursing by providing educational resources & opportunities to accomplish desired outcomes.

**MGH Examples**

- Definition of the Patient Care Delivery Model: interdisciplinary patient & family-centered care
- Development of unit schedules
- Department of Nursing & unit-based orientation
- Educational offerings in The Norman Knight Nursing Center for Clinical & Professional Development
Force 6
Quality of Care

Positive patient outcomes are achieved by the partnership of nursing leadership & staff supporting quality of care as a priority.

*This Force encompasses quality of care, ethical decision-making, research/evidence-based practice and diversity.

MGH Examples

- Departmental structures with oversight & accountability for quality & safety efforts:
  - MGH/ Massachusetts General Physicians Organization (MGPO) Center for Quality & Safety
  - Patient Care Services (PCS) Office of Quality & Safety
  - Office of Patient Advocacy
  - Clinical Care Management Unit

- Simulation training
- Clinical Practice Committee
- The Yvonne L. Munn Center for Nursing Research
- Culturally Competent Care Curriculum
Nurses actively participate in many initiatives that improve the quality of patient care delivered within the organization.

MGH Examples

- On-line incident reporting system (RL Solutions)
- Unit-based dashboard
- Participation in the National Database of Nursing Quality Indicators (NDNQI)
- The Center for Innovations in Care Delivery
Force 8
Consultation and Resources

A Magnet organization provides consultants, experts & advanced practice nurses to the nursing & support staff to support their practice.

MGH Examples
- Role of Clinical Nurse Specialists
- Nursing Research Journal Club
- Department of Nursing Visiting Professor Program
- Nurse Recognition Week
- The Institute for Patient Care
Force 9
Autonomy

Autonomous nursing care is built on knowledge, competence, and professional expertise.

MGH Examples
- Available resources – e.g., “Knowledge Link,” Partners Handbook, Treadwell Library, Patient Care Services Website
- Component of practice measured in the Staff Perceptions of the Professional Practice Environment (SPPPE) Survey
Force 10
Community and the Hospital

The community that we serve is embedded in the mission & values of our hospital.

MGH Examples
- MGH mission statement & commitment to community service
- The Center for Global Health & Disaster Response
- Nursing mentor programs for nursing students & nursing faculty
- Clinical affiliations
- Community involvement of nurses at all levels
Nurses incorporate teaching in all aspects of their practice.

**MGH Examples**
- Nurses as preceptors & mentors
- Nurses as champions (e.g., Magnet, pain, hand hygiene, Care Pages, etc.)
- Teaching as a component of the Clinical Recognition Program
- New Graduate in Critical Care Program
- The Blum Patient & Family Learning Center
Nurses are viewed as integral to providing quality patient & family-centered care. Nursing remains one of the most highly-respected professions.

MGH Examples

- Special projects – e.g., Cbeds, LEAN Equipment Program, Blake Elevator Pilot
- Nurses in unique roles – e.g., Financial Management Systems, Innovations Specialist (Center for Innovations in Care Delivery), Facility Planner
- Marketing & advertising campaign
- Boston Globe’s 4-part series, “Critical Care: The Making of an ICU Nurse”
Force 13
Interdisciplinary Relationships

Mutual respect & collaboration are modeled among disciplines which creates strong & positive interdisciplinary relationships.

MGH Examples

- Interdisciplinary Collaborative Governance committees
- Planning & design process for the Building of the Third Century (B3C)
- Conflict management measured in Staff Perceptions of the Professional Practice Environment (SPPPE) Survey & initiatives developed to address issues
Our organization is committed to the professional development of nurses & other members of the health care team.

**MGH Examples**
- Orientation, training & continuing education programs
- Annual competency training
- Ethics education programs
- Research education programs
- Culturally Competent Care Curriculum
- Career counseling
- Monetary support for tuition reimbursement, certification, attendance at internal & external continuing education programs
Our Journey...
Site Visit – February 20-22, 2008

Appraisal Team

- Patricia A. Witzel, RN, MS, MBA, CNAA, BC, FNAP - Team Leader
  CNO, University of Rochester Medical Center/Strong Memorial Hospital;
  Associate Dean, Clinical Affairs, University of Rochester

- Kim Sharkey, RN, BSN, MBA, CNAA, BC – Team Member
  VP, Medicine Service Line and CNO, St. Joseph’s Hospital, Atlanta

- Andrea Schmid, RN, PhD, MBA – Team Member
  CNO, Bon Secours Health System (as of 11/07); VP PCS/CNO, UPMC Presbyterian Shadyside, Pittsburgh

- Kay Takes, MA, BSN, RN, CNAA – Team Member
  VP PCS/CNO, Mercy Medical Center, Dubuque

- Penny Hurley, RN, MSN, MBA – Fellow
  Director of Special Projects for PCS and Magnet Director, University of Chicago Medical Center
Site Visit – Foci  (Draft agenda)

- Numerous meetings with MGH Staff Nurses
- Visits to patient care units
- Meetings with department of nursing committees
- 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: Pharmacy/Nursing PI initiatives, IS steering committee, Community and educational institution representatives, Critical Care Committee, and human resources)

- Document review