

Question 1

What is the Magnet Recognition Program?

Question 2

What are the benefits of
Magnet Recognition?

Answer 1

- Magnet Recognition is the highest recognition the American Nurses Credentialing Center grants to healthcare organizations for excellence in nursing practice.
- It is a hospital award.

Answer 2

- **For patients...** Patient outcomes are more favorable in Magnet hospitals:
 - Increased patient satisfaction
 - Decreased mortality rates
 - Decreased pressure ulcers
 - Decreased falls
 - Patient safety and improved quality
- **For nurses...** Professional nurses consider Magnet designation as the gold standard:
 - Increased RN retention and lower nurse burnout
 - Decreased RN vacancy rate and RN turnover rate
 - Increased RN satisfaction
- **For the hospital...** Magnet signifies high quality care to consumers:
 - Increased press and media coverage focused on quality nursing care reducing marketing expenses.
 - Gain and maintain competitive advantage in regional markets.

Question 3

What are the five components of the Magnet Recognition Model?

Question 4

What are the components of Donabedian's Model of Quality of Care?

Answer 3

- The five components of the Magnet Recognition Model:
 - Transformational Leadership
 - Structural Empowerment
 - Exemplary Professional Practice
 - New Knowledge, Innovations & Improvements
 - Empirical Outcomes

Answer 4

- Structure
 - The attributes of settings where care is delivered
- Process
 - Whether or not good clinical practices are followed
- Outcome
 - The impact of the care on health status

Question 5

What are some characteristics of a transformational leader?

Question 6

What are some ways that transformational leaders empower staff at MGH?

Answer 5

- Transformational leaders are:
 - Visionary
 - Inspiring
 - Strategic
 - Engaging
 - Respectful
 - Trusting
- All levels of nurses at MGH are transformational leaders.

Answer 6

- Transformational leaders create structures that ensure access to:
 - Information
 - Resources
 - Support
- MGH examples include the Collaborative Governance structure and the Clinical Recognition Program.

Question 7

What are some components of exemplary professional practice at MGH?

Question 8

What is an example of how MGH encourages the development of new knowledge, innovation and improvements in care or the work setting?

Answer 7

- Patient Care Delivery Model
 - Interdisciplinary, Patient- and Family-Centered Care
- Professional Practice Model
- Ethical decision-making processes
- Professional development opportunities

Answer 8

- Innovation Units
- Evidence-Based Practice
- Process improvement projects guiding by Plan-Do-Check-Act (PDCA) framework
- The Yvonne L. Munn Center for Nursing Research and Munn Awards

Question 9

What are the key quality indicators that are being collected at MGH (i.e. empirical outcomes)?

Question 10

What are the appraisers' goals for the Magnet site visit scheduled for March 4-7, 2013?

Answer 9

- Nursing Sensitive Indicators (NSI)
 - Clinical outcomes related to patient care such as hospital acquired pressure ulcers, falls, restraint utilization, catheter associated urinary tract infections, and central line infections.
 - Patient satisfaction (HCAHPS)
 - Nurse satisfaction

Answer 10

- A team of appraisers from the American Nurses Credentialing Center (ANCC) will want to find “physical” evidence that supports our written evidence.
- The overall purpose of the site visit is to **verify, clarify, and amplify** the content of the written documentation and evaluate the organizational setting in which nursing is practiced.
- The appraisers want to know that we walk the talk.

Question 11

What types of evidence will the appraisers look for during their visit to MGH?

Question 12

How can I prepare for the Magnet site visit?

Answer 11

- Interdisciplinary patient-and family-centered care demonstrated through practice: the Patient Care Delivery Model
- How MGH values, supports, recognizes and rewards employees: Award and Recognition Programs, Clinical Recognition Program
- Quality, safety and performance improvement initiatives: Innovation Units
- A commitment to culturally-competent and safe care: diversity initiatives
- Strong and visible leaders at every level
- Staff having a voice in decision-making regarding practice: Collaborative Governance
- Robust employee development programs: Knight Nursing Center CE Offerings
- Strong presence of MGH Nursing beyond the hospital's walls: Community and international involvement

Answer 12

- Review the Magnet web site on the Excellence Every Day portal: mghpcs.org/EED
- Review the Magnet Q&A portion of the *Excellence Every Day Magnet Journey Resource Guide*
- Review the *Magnet Monday* newsletter every week
- Familiarize yourself with your practice area's Nursing Sensitive Indicators and outcomes including quality indicators, patient satisfaction and staff satisfaction

Question 13

What types of things will the Magnet appraisers want to discuss with staff during their visits to the units/practice areas?

Question 14

What are the components of the MGH Professional Practice Model?

Answer 13

- Efforts to promote nursing autonomy and control over practice
- How you develop and communicate the patient's plan of care
- The process used for interdisciplinary care planning
- How you ensure continuity of care
- The process for orientation, mentoring and professional development
- How you make staffing decisions
- Examples of interdisciplinary teamwork
- How you use evidence-based information to inform your practice
- Your unit's Nursing Sensitive Indicators and outcomes/impact on practice
- How you appropriately delegate tasks to assistive personnel
- Examples of collaborative performance improvement activities

Answer 14

- Vision & Values
- Standards of Practice
- Narrative Culture
- Patient-Centeredness
- Professional Development
- Clinical Recognition and Advancement
- Collaborative Decision-Making
- Research and Evidence-Based Practice
- Innovation and Entrepreneurial Teamwork

Question 15

What is the
Patient Care Delivery Model
at MGH?

Question 16

What is the process used for quality
improvement projects at MGH?

Answer 15

- Interdisciplinary, patient-and family-centered care.
- Within the Patient Care Delivery Model, a philosophy of relationship-based care guides our practice, emphasizing the basic tenets of the caregiver's relationship with:
 - Self (self-awareness)
 - Team/Colleagues
 - Patient and Family
 - Environment of Care

Answer 16

- **Plan Do Check Act (PDCA)** is the standard tool used for quality initiatives at MGH
 - **PLAN:** Identify the problem and current processes - create a plan for improvement.
 - **DO:** Implement or carry out the plan.
 - **CHECK:** Evaluate the change – did you get the results you wanted?
 - **ACT:** Continue with the change or modify the plan until you get the results you want to achieve.

Question 17

How does MGH support the professional development of MGH nurses?

Question 18

What does the term “empirical outcomes” refer to in the Magnet Model?

Answer 17

- Examples of structures and processes include:
 - Financial support for education-related activities through the Institute for Patient Care (IPC) Award and Recognition Program (vouchers, grants, scholarship, fellowships)
 - The Norman Knight Nursing Center for Clinical & Professional Development (Knight Center) is an ANCC-Approved Provider for Continuing Education (CE) for Nurses
 - The Knight Center's Evaluation of Professional Learning Environment for Nurses (PLEN) learning needs survey of inpatient and outpatient direct care staff
 - Advice and mentoring for nursing wishing to advance their careers through the IPC and during the performance appraisal process.
 - Flexible unit scheduling practices to allow nurses to attend classes (degree granting programs or CE)
 - Paid education time, as negotiated with manager, to attend continuing education programs

Answer 18

A result or outcome that has been validated by data to show that real change has occurred because of a particular action.

Question 19

What are Nursing Sensitive Indicators?

Question 20

What will the appraisers want to know about Nursing Sensitive Indicator data when they visit my unit?

Answer 19

- Nursing Sensitive Indicators (NSI) are measures that reflect the structure, processes and outcomes of nursing care (American Nurses Association, 2004).
- These measures reflect the impact of nursing care.
- Three types of NSIs were presented in our Magnet evidence: Clinical Quality, Patient Satisfaction and Nurse Satisfaction.

Answer 20

- You should be familiar with:
 - The type of data that was submitted for your clinical area
 - How your department's performance compares to the national benchmark
 - What your unit/department has done to maintain or improve performance
- The Communication Board on your unit will have some of this information; otherwise, ask your Nursing Director or Clinical Nurse Specialist for help.

Question 21

What kind of clinical Nursing Sensitive Indicators data do we collect at MGH?

Question 22

How do we measure Patient Satisfaction and why is it important?

Answer 21

- Data on our rates for:
 - Pressure Ulcers
 - Falls
 - Use of Physical Restraints
 - Pediatric Peripheral Infiltrations
 - Central Line Blood Stream Infections
 - Catheter-Associated Urinary Tract Infections
 - Ventilator-Associated Pneumonia

Answer 22

- Providing an excellent patient experience is part of our mission.
- Patient satisfaction surveys are conducted:
 - MGH inpatients are called randomly and asked to complete the HCAHPS Survey, which stands for “Hospital Consumer Assessment of Healthcare Providers & Systems.” The survey is required for all hospitals by the government.
 - Emergency Department and Pediatric patients complete specialized surveys to assess their satisfaction with their patient experience.
 - Radiation Oncology and Infusion Center patients complete a specialized survey administered by Press Ganey.
 - The outpatient population receives the Clinician and Group Consumer Assessment of Healthcare Providers & Systems (CG-CAHPS) Survey. MGH is exploring ways of incorporating nursing-specific questions into this survey.
- These surveys measure patients’ perceptions of “how often” they felt they received high quality clinical and customer service.
- The HCAHPS scores are publicly reported and are tied to the hospital’s reimbursement—so the results impact our reputation and our bottom line!

Question 23

How do we measure
Staff Satisfaction at MGH?

Question 24

What structures and processes support
Workforce and Career Development for
nurses, other employees, students, and
visitors at MGH?

Answer 23

- **Staff Perceptions of the Professional Practice Environment Survey (SPPPE)** - developed at MGH; the CNO uses this tool as a "report card" for evaluating MGH's practice environment and identifying what is working, and, just as importantly, what's not working, to support care delivery ; measures staffs' perceptions of:
 - Autonomy
 - Control over practice
 - Clinician-MD relations
 - Communication
 - Teamwork/leadership
 - Conflict management/handling disagreements
 - Internal work motivation
 - Cultural sensitivity
- **National Database of Nursing Quality Indicators (NDNQI) survey** - provides mean scores benchmarked nationally against other academic medical centers.
- **Practice Environment of the Nursing Work Index (PES-NWI)** - measures staff satisfaction with five organizational characteristics:
 - RN Participation in Hospital Affairs
 - Nursing Foundations for Quality of Care
 - RN Manager Ability, Leadership, and Support of Nurses
 - Staffing and Resource Adequacy
 - Collegial RN-MD Relations

Answer 24

- The Institute for Patient Care initiatives include:
 - Awards and Recognitions Program
 - Clinical Affiliations Program
 - Clinical Recognition Program
 - Collaborative Governance
 - International Visitor Consultation Program
 - Workforce Development Program
 - The Norman Knight Nursing Center for Clinical and Professional Development (Knight Center); continuing education, in-service education, and training
- Diversity initiatives
- MGH Workforce Development initiatives

Question 25

What are the key components of the Performance Appraisal process?

Question 26

What is Peer Review and why is it important?

Answer 25

- Self-Reflection/Self-Assessment
- Peer Review
- Manager Review
- Mutual Goal Setting

Answer 26

- The American Nurses Association defines peer review as:
“A process by which professionals from common practice areas systematically assess, monitor, make judgments, and provide feedback to peers by comparing actual practice to established standards.”
- Self-regulation is the hallmark of any profession and supports our obligations to our patients, families, colleagues, and society.

Question 27

What is the difference between Performance Improvement (PI), Evidence-based Practice (EBP), and Research?

Question 28

What do Patient Satisfaction surveys measure?

Answer 27

- **Performance Improvement:** efforts to improve workflow, processes, productivity, costs, systems and quality - Plan-Do-Check-Act (PDCA).
- **Evidence-based Practice:** helps clinicians make decisions based on best evidence, clinician's expertise, and patient's preferences and values – the Iowa Model of EBP is used to promote quality outcomes.
- **Research:** generating new knowledge through a scientific process - randomized controlled trials (RCT), focus groups, surveys.

Answer 28

- Patients' perception of "how often" they felt they received high quality clinical and customer service. The goal is to have patients answer "always".
- Measures include nurse communication, physician communication, pain management, cleanliness and quiet, responsiveness, and discharge education.

Question 29

What is different about Patient Satisfaction with the care experience at a Magnet Hospital?

Question 30

What Nursing Sensitive Indicators do we measure at MGH that relate to Patient Satisfaction?

Answer 29

- Patients in Magnet hospitals have higher overall patient satisfaction.

Answer 30

- Patient Satisfaction Nursing Sensitive Indicators:
 - Response to patient's complaint of pain
 - Nurse courtesy and respect
 - Nurse listening
 - Nurse responsiveness

Question 31

What are some examples of how we are trying to improve our Patient Satisfaction metrics?

Question 32

Name one organizational characteristic measured in the NDNQI Nurse Satisfaction Survey.

Answer 31

- Regular circulation of unit level HCAHPS results through use of Communication boards (coming soon!)
- Staff education around hourly safety rounds
- Patient white boards: introduce care team members and promote patient engagement
- Use of key words at key times to help set patient expectations
- Pain management: Pain Relief Champion program and patient education
- Patient and Family Notebook: patient engagement tool that promotes relationship-based care
- Discharge Envelope: repository for all patient education materials, including discharge instructions
- Discharge phone calls: calls made to recently discharged patients to follow up and assess their perception of their experience

Answer 32

- RN Participation in Hospital Affairs
- Nursing Foundations for Quality of Care
- RN Manager Ability, Leadership, and Support of Nurses
- Staffing and Resource Adequacy
- Collegial RN-MD Relations

Question 33

How does MGH perform when compared to national benchmarks on the following

Nurse Satisfaction areas:

- RN Participation in Hospital Affairs
- Nursing Foundations for Quality of Care
- RN Manager Availability, Leadership and Support of Nurses
- Staffing and Resource Adequacy
- Collegial RN-MD Relations

Question 34

What are some of the critical factors that contribute to the success of MGH?

Answer 33

- RN Participation in Hospital Affairs
 - Better than
- Nursing Foundations for Quality of Care
 - Better than
- RN Manager Ability, Leadership, and Support of Nurses
 - Better than
- Staffing and Resource Adequacy
 - Better than
- Collegial RN-MD Relations
 - Better than

Answer 34

- **Interdisciplinary teamwork** that supports **patient- and family-centered care delivery model**.
- Nurses are expected to practice with **autonomy** and control over practice.
- **Collaborative clinician-physician relationships**.
- **Compliance with documentation standards**.
- **Voice in decisions** regarding practice and quality of work-life.
- **Integration of quality initiatives** across the entire organization; strong **empirical outcomes**.
- Nurses and patients receive a high **level of support** from hospital and nursing administration

Question 35

What is the role of the Collaborative Governance Champions in the Magnet redesignation process?

Question 36

What is the name of the fall prevention program implemented at MGH?

Answer 35

- Collaborative Governance Champions
 - Influence their colleagues
 - Communicate important information to their colleagues
 - Educate their colleagues

Answer 36

- The LEAF Program - "Let's Eliminate All Falls" - is a comprehensive, evidence-based, fall-prevention program that has been rolled out on all inpatient units at MGH.

Question 37

What is the NDNQI?

Question 38

How do nurses participate in decision-making regarding their practice at MGH?

Answer 37

- The National Database of Nursing Quality Indicators (NDNQI) was established by the American Nurses Association to collect data related to Nursing Sensitive Indicators (NSI) including clinical indicators (ex: hospital acquired pressure ulcers), patient satisfaction, and nurse satisfaction.

Answer 38

- In the Department of Nursing and Patient Care Services, an interdisciplinary Collaborative Governance communication and decision-making structure was implemented in 1996 and is comprised of the following seven committees: Practice, Quality, Research, Patient Education, Ethics in Clinical Practice, Diversity, Professional Development and Staff Nurse Advisory.
- Unit-based and hospital committees including interdisciplinary committees
- Participation in staff meetings

Question 39

What is a Nurse Practice Act?

Question 40

What are the five rights of delegation?

Answer 39

- Nurse Practice Acts are laws in each state that define the scope of nursing and are designed to protect public health and promote safety and public welfare. They:
 - List requirements for entry into practice
 - Define the scope of practice for nursing
 - Establish disciplinary procedures
- The Massachusetts Nurse Practice Act can be found on the MGH Magnet Portal page:
 - <http://www.mghpcs.org/magnet>

Answer 40

- The Massachusetts Nurse Practice Act outlines the requirements for Delegation and Supervision of Selected Nursing Activities by Licensed Nurses to Unlicensed Personnel.
- Registered nurses must assess the patient's care needs prior to delegating any task and are ultimately accountable for all nursing care
- The five rights that guide your judgment and decision to delegate a task are:
 - Right task (can the task be delegated to an assistant?)
 - Right person (is the assistant competent to perform the task?)
 - Right circumstances (are there any patient- or environment-specific nuances that influence your decision to delegate?)
 - Right communication and direction (are your directions and expectations clear?)
 - Right supervision (have you made sure that the task was done correctly and according to your directions?)