Building a Culture of Magnet

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Director, Nursing Professional Practice & Magnet Program, Maine Medical Center
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Objectives

• Define the basic principles of a Magnet Designation/Re-designation Accreditation Process® and how they can be applied across all practice sites to enhance the culture, patient care outcomes and nurse satisfaction.

• Discuss how the Re-Designation Accreditation Process components of Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovation & Improvement and Empirical Quality Outcomes have all contributed to improved patient care (NSI, PSI and RN Satisfaction).

• Describe Magnet strategies to improve outcomes at all practice sites that you can implement at your practice site.
History- ANCC Magnet Recognition® Program

- Original Magnet® research study conducted in 1983 identified 14 characteristics
- These characteristics differentiated organizations who were best able to recruit and retain nurses during the nursing shortages of the 1970s and 1980s.
- ANCC Forces of Magnetism provide the conceptual framework for the Magnet appraisal process.
ANCC Magnet Recognition® Program

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovation & Improvements
- Empirical Outcomes

- Force 1: Quality of Nursing Leadership
- Force 2: Organizational Structure
- Force 3: Management Style
- Force 4: Personnel Policies and Programs
- Force 5: Professional Models of Care
- Force 6: Quality of Care
- Force 7: Quality Improvement
- Force 8: Consultation and Resources
- Force 9: Autonomy
- Force 10: Community and the Health Care Organization
- Force 11: Nurses as Teachers
- Force 12: Image of Nursing
- Force 13: Interdisciplinary Relationships
- Force 14: Professional Development
Magnet Recognition Program®

- Approximately 8% of all registered hospitals in the US have achieved ANCC Magnet Recognition (AHA Fast Facts on US Magnet Hospitals 2015)
- Magnet status is not a prize or award, rather it is a credential of organizational nursing excellence
- Magnet hospitals enjoy higher percentage of satisfied RNs, lower RN turnover and vacancy rates, improved clinical outcomes and improved patient satisfaction.
Magnet Recognized Hospitals

Designations & Redesignations as of July 2017

Year of Recognition

Number Recognized

Act with kindness and compassion.
Be an active listener.
Be a role model.
Set high standards.
Take responsibility.
Embrace change.
Bar Has Been Raised (2014 Manual)

- Inter-professional focus
- Outperformance needed and evidence of sustainment
  - Quality metrics
  - Workplace advocacy
  - Shared governance
  - Research and Evidence Based Practice
  - Innovation and technology
  - Staff engagement
Living Magnet Culture

- **EVERYONE** - Can engage the principles of MAGNET Nurses leading or co-leading the inter-professional team to deliver exceptional outcomes to our patients and families

- Examine our practices and ensure they are evidence-based
  - Integrating
  - Innovating
  - Documenting - Measuring what we are doing
  - Sustaining
  - Leading
  - Shaping
  - Excelling
Empirical Outcomes

Structural Empowerment

Transformational Leadership

Exemplary Professional Practice

New Knowledge, Innovations & Improvements
Ever Changing Practice Environment

Global Issues Affect NURSING...
Global Issues Affecting Practice

- Houston Flooding, IRMA
- LD 1410 Nursing Licensure Compact Legislation
- LD 80 CRNA legislation
- EBOLA
- H1N1 Influenza
- National legislation
  - Climate Change
  - Health Care Reform
- Projection of Nursing Shortages
- Opioid Epidemic
ONGOING Criteria

- BSN 80% by 2020
- Increase in Professional Certification
- Nurse Managers and above must have BSN
- Nurses must report to nurses and be evaluated by nurses
Empirical Outcomes

- Document what you are trying to achieve in an action plan
  
  (OP Ex template/Action Plan/Charter)

- Measure what is important

- Know what we are looking for

- Determine Outcomes and not process

- How do you know you made a difference? *Monitor…Monitor…Monitor*
Standardize Data Tracking

Maine Medical Center
EP13EO - Surgical Unit: Short Stay
% of Patients Answering "Always"

"During this hospital stay, did you get information in writing about what symptoms or health problems to look for after you left the hospital?"

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<tr>
<td>4Q15</td>
<td>96.7%</td>
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Transformational Leadership

- ALIGN goals of Nursing with organization and system
  - Includes the Mission, Vision and Values of the organization
- VISION
  - Power and influence of senior leadership in achieving organizational goals beyond the scope of nursing
- ADVOCATING
- CONTRIBUTING
- LISTENING & PARTNERING
  - Power and influence of clinical nurses advocating for patients and families in alignment with departmental goals. Want to make sure that unit-based initiatives percolate from the staff to leadership.
MMC Nursing Strategic Plan

Patient Experience
- Exceed national benchmarks (NRC)
  - Improve patient and family communication across continuum of care
  - Promote patient and family involvement in shared decision making

Nursing Clinical Outcomes
- Exceed national benchmarks for Nursing Sensitive Indicators
- Reduce instances of hospital acquired infections

Value Based Care
- Practice financial stewardship at all levels
- Optimum use and implementation of technology
- Develop mechanism to support workforce planning

Evidence Based Practice Excellence and Outcomes
- Translate EBP with the Collaborative Model of Evidence Translation model
- Develop inter-professional research & QI
- Standardize evidence based practices

Staff Engagement
- Exceed Engagement/Satisfaction national benchmarks (RN)
  - Develop rewards and recognition program (All levels)
  - Focuses attention on staff resilience
  - Infuse inter-professional education in the clinical learning environment
  - Create Preceptor development program
- Provide development and mentorship program for aspiring leaders (all levels)
- Increase professional certification
- Increase BSN to 80% by 2020

Maine Medical Center Nursing Strategic Plan 2015-2017
Structural Empowerment

4 E’s of Empowerment

- Empower
- Enable
- Engage
- Enhance
Structural Empowerment

- Structurally empowered nurse is best equipped to protect patient’s rights. Culture of Safety
- Focus not just on improving its own performance but contributing to new knowledge and to the science of nursing
- Shared governance structure enhancing decision making
- Professional organizations
- Policies & Procedures
Structural Empowerment

- Professional development opportunities – Career Growth
  - Certification
  - Advanced degrees
  - Peer review
- Community service
- Promotion of a positive nursing image
Certification/BSN Rate

- Linda Aiken's Research Has CHANGED the Nursing Profession
- Challenged nursing to increase BSN rates in hospitals
- Magnet program for hospitals is directly related to Aiken’s work

Educational Levels of Hospital Nurses and Surgical Patient Mortality

Dr. Linda H. Aiken, PhD, RN, Dr. Sean P. Clarke, PhD, RN, Dr. Robyn B. Cheung, PhD, RN, Dr. Douglas M. Sloane, PhD, and Dr. Jeffrey H. Silber, MD, PhD (2003) *JAMA* 1617-1623
Peer Review ANA 1988 Definition

“...an organized effort whereby practicing professionals review the quality and appropriateness of services ordered or performed by their professional peers”

Peer review should be on going and at all LEVELS!
Professional Governance Models

Unit-based Councils

Interprofessional/Nursing-based councils
Defined charters/action plans and measurements

Nursing Executive Council

Quality Improvement Teams
(Clinical Transformation)
Led or co-led with nursing

Board Performance Improvement
Clinical Quality
Presidents Council
Nursing Executive Council

The purpose of Nursing Executive Council is to coordinate, communicate, and integrate the work of the Nursing Councils.

Professional Development

Research & Ethics

Excellence in Patient Care

Clinical Nurse Advancement Council
To formally recognize and reward increasing levels of clinical expertise and commitment to patient care. Members of the Clinical Nursing Advancement Council will review staff applications monthly, as needed, and make decisions on advancement of peers. Council members will also ensure the integrity of the Program and make changes to the program as appropriate.

Co-Chairs:
Barbara Owen, BSN, RNC, CN4
662-2191 - owenb@mmc.org
Mary Brennan, RN, CN3
662-2881 –
Admin Support:
Susan Wood
662-2290 – woods4@mmc.org
Meetings:
4th Wednesday 8-10 a.m.

Magnet, Marketing & Communications
Support the organization in sustaining a Magnet culture and enhancing shared governance model that enables the professional nursing staff to provide high quality patient and family centered care

Co-Chairs:
Leslie Knight, RN
662-2881 – lknight@mmc.org
Elizabeth Perry
662-3129 – perrye@mmc.org
Admin Support:
Priscilla Kenne
662-2336 kenne@mmc.org
Meetings:
4th Wednesday 1-2:30 p.m.

Nursing Research & Innovation
NR&I aims to be the driving force that fosters the advancement of nursing scholarship through the promotion of EBP within the many levels of interdisciplinary partnerships. We collaborate with other councils to ensure evidence-based care for patients. We encourage the use of COMET between the Research, Practice and Quality Councils to promote partnership in disseminating EBP. We educate, support, and mentor our colleagues in the research process. We maintain, support and enhance the Knowledge Bank which raises awareness and understanding of the MMC nursing research culture. We encourage renewal of the professional spirit through curiosity, reflective thinking and passionate practice

Co-Chairs:
Jennifer LaFlamme, BSN, RN, BC, CN3
662-2097 - l aflamme@mmc.org
Carrie Strick, MS, RN, CNL
662-2456 – Cstrick@mmc.org
Meetings:
3rd Wednesday 8-10

Clinical Ethics Committee
(Interdisciplinary Institutional Committee)

Nurse Liaison:
Cynthia Kilbride-Johnson, RN, DNP, CN
662-2322
kilbr@mmc.org
Meetings:
3rd Wednesday 8-9:30

Practice
Develop and approve policies, procedures, and standards of care that reflect evidence-based practice, regulatory standards, federal and state law. Act as professional practice safety champion in monitoring practice, policies, and procedures for safe practice. The Practice Council also supports and guides staff who is seeking implementation of innovations which enhance quality of care and the ongoing growth of professional nursing practice

Co-Chairs:
Jana Jacobs, BSN, RN, CMSRN, CN3
662-2456 - jacobj1@mmc.org
Jeanne Benger, RN, CN3
662-2176 – bengej@mmc.org
Meetings:
3rd Wednesday 12-2

Interprofessional Quality
To identify and monitor the value of patient centered nursing care in order to achieve optimal patient outcomes and safety while maintaining patient satisfaction and keeping costs to a minimum. The Nursing InterProfessional Quality Council will be responsible for monitoring, and implementing best practices related to nurse-sensitive clinical indicators, patient satisfaction, and patient safety

Co-Chairs:
Jenny Gilmore, BSN, RN, CMSRN, CN3
662-2456 - jacobj1@mmc.org
Jeanne Benger, RN, CN3
662-2176 – bengej@mmc.org
Meetings:
3rd Wednesday 12-2

Interprofessional

Quality

Informatics Advisory
Support and guide the delivery of safe, effective and efficient patient centered care throughout all clinical areas by:
1. Ensuring that all components of the EMR related to clinical practice support evidence based/best practice model.
2. Work collaboratively with providers, clinical support services and IS to develop the best solution for all care providers using all technology systems.

Co-Chairs:
Sally Prokey, ADN, RN, OCN
662-5945 – prokes@mmc.org
Lauri Wilson, MS, RN, CNL
662-4130 – wilso@mmc.org
Meetings:
2nd Thursday 11:00-1:00
Community Service
Exemplary Professional Practice

- Controlling Practice
- Care Delivery Systems and Models of Care
- Staffing and scheduling based upon evidence-based standards
- Quality and Safety - NSI
- Ethical Practices
- Accountability
- Autotomy
- Patient and Family Centered Care
- Patient and Staff Satisfaction
Professional Practice Model: What Does Professional Practice Look Like?

- What does practice look like from the eyes of the clinical nurse?
- Are clinical staff living the Model?
- Does the Model demonstrate Practice?
- How do we know the Model is working?
- Are we evaluating the Model?
Tenets of a Profession

A Profession…

1. involves a high degree of individual responsibility
2. professes a body of specialized knowledge and skill
3. aims to provide practical and definite service
4. is characterized by self-organization and self-regulation
5. motivation tends to be altruistic

Dr. Abraham Flexner- 1910
New Knowledge & Innovation

- Integrating nursing research into practice and disseminating the research
- Professional Practice is guided by the evidence
- Innovative practices
- Control of workflow and work space
CoMET

Collaborative Model for Evidence Translation

Evidence
Research
Context
Practice
Quality
Facilitation

Strength of Evidence
Staff Education
Implementation
Practice Uptake
Sustainability
Outcomes

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Patient Care Services, Maine Med
Disseminating
A Few Ways *EVERYONE* Can Create a Magnet Professional Practice Culture
What Kind of Leader are You?

Are you a Transformational leader?

Or

Are you a Transactional leader?
Transactional Leader

- Seeks to control
- Focuses on doing
- Goal oriented
- Provides form & structure
- Stays within boundaries
- Preserves stability
- Does things right
- Manages what is
Transformational Leader

- Seeks to influence
- Focuses on becoming
- Mission oriented
- Provides meaning
- Plays with boundaries
- Promotes instability
- Does the right things
- Creates what is not
A Transformational Leader…

Sets the course
- Creates culture of mutual respect, collaboration, safety and civility
- Shares a vision builds desired future
- Inspires; shows courage
- Lives mission, vision and values

Advocates for resources
- Influences others (formally and informally)
- Seeks input from clinical staff
- Builds the business case

Manages change
- Succession planning
- Engages stakeholders
- Rewards & recognizes

Listens & Engages
- Is vulnerable & transparent
Shared Professional Governance

- Efficient and effective care is the result of culture, professionalism, and staff accountability.

- Wayward staff drain the energy, initiative, and creativity right out of us and our organizations.
  

- ... the nurses who actually deliver care are often absent from policy making process and structures.

Accountability

“Accountability requires that people have ownership over their work. Consequently the organization must recognized that it does not control the work that people do but simply providers the context within which they do it.”

ACCOUNTABILITY for Practice

Who? EVERY Nurse EVERY Where

Where? At Point of Care Through Unit Governance Professional Governance

What? NDNQI Quality Indicators Nurse Sensitive Measures Patient Experience

How? Analyzing, Acting on Data Peer Review Evidence Based Practice

Linking to Hospital/ Nursing and unit Goals

Measuring: Making Plan come alive
Ask the Why and Take Action

- How does issue related to unit goals, department goals and hospital goals?
- Present data at Unit Level
- Link to National Benchmarks
- Review evidence
- Review national guidelines from professional organizations
- Develop Action Plan
- PDSA cycles - test of change
- MONITOR for outcomes and processes when indicated
CAUTI

MMC Overall Catheter Associated UTIs

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<th>Rate</th>
<th># CAUTIs</th>
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NDNQI Teaching Mean Benchmark: 1.04
CAUTI

- Unit Goals – NDNQI benchmark
  - Unit level action plan based on EBP/Professional Organization standards
  - Monitoring Best Practice

- Departmental Goals
  - Nursing Strategic Plan Goals
  - Determining Best Practice & setting practice guidelines

- Hospital Level Goal
  - AIP/Strategic Plan
Operationalize Peer Review

- At *every* level for *every* nurse
- No one is exempt
- Utilize existing processes: formally or informally
- Remember: Peer-to-Peer *not* Peer-to-Manager! For peers use to grow as a professional.
- Our Professional Obligation
Grow the Profession

- How are we developing our Nurses?
- Are we growing our Preceptors?
- Are we growing our staff?
  - Clinical Ladders?
- Succession Planning?
- Mentoring for everyone?
- How are we contributing to profession and professional organizations?
Reward and Recognize

Nominate a Nurse for the Daisy Award for Extraordinary Nurses in memory of J. Patrick Barnes

OMNE Emerging Leader Award
Engage in the Evidence

• Can Clinical Staff use the evidence?

• MMC Clinical Scholar Program
  ▪ Part 1: Understanding the Evidence/ EBP
  ▪ Part 2: Creating the Evidence (Research/ QI)
  ▪ More information Hyrkak@mmc.org

• What does the evidence say?

• Is the evidence credible?

• Do we need to create evidence?
Measuring/Monitoring for OUTCOMES

• Does every nurse know how their unit is doing?
• Using action plans to monitor outcomes
  ▪ Sometimes need to monitor process changes to reach outcomes
• Are they reviewing data?
• Remember measure:
  ▪ Pre-data
  ▪ Intervention data
  ▪ Post-data
• Have patience
Maine Medical Center
EP20EO- Surgical Unit: R3
Rate of CLABSIs

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Summary

Magnet Recognition Program® is a framework for promoting excellence in practice

Principles can be incorporated into everyone’s practice

Can you identify one thing you may integrate at your institution?
Question