Nursing Excellence
2016 Magnet®-Recognized Organization Success Stories
Congratulations to our nurses at Centra Lynchburg General Hospital, Centra Virginia Baptist Hospital and Centra Medical Group on achieving Magnet® designation.

The American Nurses Credentialing Center recognized this commitment to excellence by designating Centra Lynchburg General Hospital, Centra Virginia Baptist Hospital and Centra Medical Group as Magnet® organizations. This marks the third Magnet designation for Centra Lynchburg General and Centra Virginia Baptist hospitals and the first for Centra Medical Group. The Magnet Recognition Program® represents a commitment to excellence in nursing, innovations in professional nursing practice, and excellence in clinical care, safety and patient satisfaction. Less than seven percent of U.S. hospitals receive Magnet designation. Achieving Magnet designation for a third time places Centra Lynchburg General and Virginia Baptist hospitals in the top three percent of U.S. hospitals. Centra is focused first and foremost on its patients, providing resources and support for our nurses to ensure high-quality patient care. We thank our dedicated nurses and honor your commitment to nursing excellence in patient care, education, research and leadership.

Dedication, professionalism and compassion are the foundation of Centra nursing.

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Behind the scenes at the command center for a Magnet® appraiser site visit

This centralized location serves as a coordination hub for expediting communications and appraiser requests.

By Susan Winslow, DNP, RN, NEA-BC; Stacey Brull, DNP, RN, NE-BC; Lynn Goodloe, MS, CNRN, NE-BC; Jennifer Hall, MSN, RN, CNL; and C.J. Robison, BSN, RN, CMRSN

For healthcare organizations, ANCC Magnet Recognition® indicates excellence in patient care and nursing as well as innovative nursing practice. Once the applicant organization meets written Magnet® document requirements, the appraisers’ site visit is scheduled for about 6 weeks after notification. The purpose of the visit is to confirm, illuminate, and augment what was presented in the document. In the weeks leading up to the site visit, the staff organizes to prepare for the visit.

In this article, five Magnet Project Directors (MPDs) at organizations that have obtained Magnet recognition share a key strategy they used—establishing a command center. The command center concept is modeled on hospital incident command systems that organize oversight and resources during emergency and nonemergency events, such as regulatory surveys and disasters.

Usually, command center planning begins well in advance of the site visit to ensure that the necessary space and human and electronic resources will be available. Key command center personnel include the MPD, one or more Magnet champions, a key administrator, and resource support personnel. Before the site visit, team members should confirm that rooms and meals are ready for all sessions, communicating with the command center as needed.
During the site visit, the command center serves as a communication hub to coordinate numerous activities, including the appraisers’ escort process, setting up session meeting rooms, and handling information requests and food delivery. It also functions as a morning and afternoon briefing area; during huddles and as escorts report off, it provides a consistent place to collect appraisers’ questions and requests for additional information or resources. Typically, the command center is situated in a private but centrally located area of the building with easy access to team members and resources.

**Expediting appraisers’ requests**

Many times before and during their site visit, appraisers request additional information. Typical advance requests include the most recent data on patient and nursing satisfaction and nursing quality indicators. If questions or information still need to be resolved before the site visit, the organization sends its revisions to the appraisers in advance, along with a plan to resolve remaining questions through the command center. Providing source data during the visit is crucial, too, as the appraisers’ role is to verify as well as clarify and amplify.

Access to the organization’s communication mechanisms is critical in disseminating time-sensitive information to the hospital team. Electronic documents or simple paper flip charts are essential for managing the flow of requests and responses to documentation, information, and clarifications requested by appraisers.

During the visit, at the end of each day or the beginning of each morning (or both), the appraiser team leader typically updates the chief nursing officer (CNO) and MPD on which items they’ll need additional information for; these requests go to the command center for coordination. For instance, appraisers select employee names randomly for personnel file review. Those files must contain at least the manager’s performance review, the employee’s self-evaluation, and peer reviews and specific goals for each nurse. Appraisers review files of random nurses at all levels of the organization, including leaders, advanced practice nurses, nurse educators, and clinical nurses. The command center should stay in contact with the human resources department to help gather the needed information.

Other common appraiser requests include minutes of shared governance council meetings, clinical ladder or promotional applications, an updated strategic plan, and the organization’s annual report. Showcasing what your organization does well is part of the process, so take time to strategically place proof of accomplishments in areas the appraisers will visit.

**Real-time updates during the site visit**

To share ongoing communication, Magnet® appraiser escorts should provide real-time updates to the command center. Many organizations rely heavily on texting among team members to monitor overall progress and status of the schedule. If an appraiser is running a few minutes behind, the escorts can text this information to notify the next scheduled group, easing anxiety and frustration.

One hospital used a private-event mobile app to keep everyone informed. Staff in the main command center, all leaders, and other key individuals used the app, creating a mobile command center team. By providing real-time information, this practice eliminated the risk of misinterpretation. The app was fun to use; those using it cheered each other on with emojis, photos, and the ability to “like” a comment. Also, the command center can maintain live blog pages to update the entire organization, providing real-time feedback and excitement for the visit.

**Providing consistent communication**

Another focus of the command center is to ensure consistent communication. Organizations need to provide a clinical nurse or direct-care provider to escort Magnet appraisers during the visit. The command center serves as home base for this essential team. Successful common practices include:

- assigning one or two escorts to each appraiser for the entire visit, to provide familiarity and consistency to both parties
- building a close relationship between the appraisers and a single administrative support person

Developing a master communications grid, including contact numbers, can avoid conflicts and confusion during the site visit. (See Real-time updates during the site visit.)

**Stocking the command center**

The command center is a natural place to keep staff involved in the site visit and for them to store personal belongings and essential resources, including cell-phone chargers, tissues, cafeteria vouchers, parking passes, and personalized lab coats to wear during the visit. Keeping bottled water and high-protein snacks here can provide needed hydration and energy for the long days of the site visit.

**Responding to emerging needs**

During the site visit, backup “runners” stationed throughout the organization can respond to emerging needs, such as prepping meeting spaces and meal sessions or the occasional sick call from an escort. Runners also can help manage sign-in
sheets, conduct ID badge checks, and direct traffic in and out of conference rooms. For meal sessions, runners oversee placement of boxed lunches outside meeting rooms for easy access to food and to maximize the time allotted for staff to speak with appraisers.

The best-laid plans often go awry, so the name of the game is flexibility. Any number of things can change the original plan, so having a team that can stay fluid helps ensure the site visit is a positive experience. Mother Nature bows to no one; weather may disrupt the ability to host sessions or may change the preestablished visit schedule. Work with escorts, support staff, and travel services to ensure the appraisal team is informed of all changes brought on by outside influences.

Site visits don’t happen in a void. Normal daily operations must continue during the visit, so don’t be surprised if the appraisers witness a code or other significant event. View these as opportunities to showcase your high-functioning team while escorts ensure the appraisers’ observance isn’t disruptive. If such unplanned events happen, ensure a mechanism for reporting them to the command center. Also, remind escorts they’re nurses first and must continue to prioritize patient safety.

A site visit is a complex event. Preparing for and managing it give staff the chance to participate and celebrate this honor. It’s also an opportunity to capture staff members’ thoughts, energy, and innovations for future strategic planning and sustaining excellence. Take the time to document opportunities for improvements, special recognition, and appreciation to team members who went above and beyond during the visit.

The site visit is also a time to celebrate and recognize the aspects of your organization and nursing practice you’re most proud of—a time to celebrate the excellence of your organization’s nursing outcomes. When it’s over, tear down the command center and relax!

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Selected references

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The journey toward earning ANCC Magnet Recognition® can be compared to building a house: As with any construction project, the impetus is the desire to build something important and sustainable. Next comes drafting of blueprints that outline the structure-to-be.

Like health care, the Magnet Recognition Program® is evolving. At Baystate Medical Center in Springfield, Massachusetts, we achieved Magnet recognition for the third time in September 2015. With each journey, obtaining this designation became more challenging—but also more rewarding.

Vision, professionalism, and passion

Our journey began in 2003. Our chief nursing officer (CNO) had a vision of gaining Magnet® designation, which was crucial to our endeavor. A Magnet Program Director (MPD) was appointed and worked with the CNO, who advocated for creating a blueprint for obtaining Magnet designation that embraced the concepts of nursing shared governance, a nursing philosophy and vision, a theoretical model of care, and promotion of the standards of nursing care.

In any organization, the MPD promotes communication, vision, and direction and—most important—models professionalism and passion. The MPD has a difficult role but reaps the huge reward of being able to recognize bedside nurses’ tireless efforts.

Our first Journey to Magnet Excellence®

In 2004, our MPD and Magnet recognition team began to draft a blueprint that we could use to demonstrate the 14 Forces of Magnetism—characteristics of organizations best able to recruit and retain nurses. However, our journey was delayed due to the requirement to have a CNO in place for at least 1 year.

In the meantime, the MPD and Magnet recognition team educated staff throughout the entire hospital about the Magnet Model and what it means.

Earning ANCC Magnet Recognition® the third time around

Professionalism, pride, and passion drove one hospital to seek this honor multiple times.

By Eileen Grunwald, MS, RN, NEA-BC, and Cidalia J. Vital, MS, RN, CNL, CPAN
to have Magnet status. Nursing dashboards pertaining to nursing-sensitive indicators were developed so our clinical nurses could access information about falls, catheter-associated urinary tract infections, hospital-acquired pressure ulcers, and central line–associated bloodstream infections. The dashboards were sent out quarterly and discussed at meetings of newly formed unit-based clinical practice councils. At these meetings, nurses discussed clinical practice challenges and shared successes within each nursing unit, which were then reported to the hospital-wide clinical practice council.

Clinical nurses created department-specific boards, visible to staff, to highlight information about the dashboards, nurse acknowledgement for certification, recognition for completing higher nursing degrees, and community involvement. The blueprints for our journey also outlined incentives for specialty nursing certification. Baystate’s clinical nurse recognition program (CNRP) for advancement prescribed sound clinical indicators needed to achieve each step the nurse takes when climbing the clinical ladder.

The 2005 *Magnet*® Application Manual (used for our first journey) embraced the Forces of Magnetism. We found these items somewhat challenging to understand and describe, so we focused on gathering meeting minutes and committee lists to be used as evidence to support how Baystate demonstrates the Forces. For example, a list of nurses involved in community activities was required, but the outcome of nurse involvement in the community wasn’t. (The latest manual emphasizes demonstrating outcomes of nurse involvement.)

With each of the 14 Forces of Magnetism established within the foundation of nursing at Baystate, our Magnet application document was ready to be written. Document preparation and the appraiser site visit were stressful times for the MPD and Magnet team. However, we eventually received word from the American Nurses Credentialing Center (ANCC) that Baystate had achieved Magnet recognition, validating the tremendous work of our clinical nurses. We viewed this achievement as a celebration and recognition of nursing’s role in patient care, elevating the nursing profession within our organization and providing well-deserved recognition for our nurses.

**Our second journey**

With the foundation laid by our first Magnet designation, our second Magnet application document concentrated on framing our organization. We used the 2008 *Magnet*® Application Manual, which required a description and demonstration of each Magnet program standard. The Magnet Model had changed, with the Forces of Magnetism evolving into the five Magnet Model components—transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations, and improvements; and empirical outcomes.

Building on what we already had in place, such as more nurses with bachelor’s degrees and certifications, we redefined practices and processes to keep the Magnet tenets alive. New to the 2008 *Magnet* Manual were examples of evidence-based practice, which we’d already incorporated into our nurse research scholar program, thanks to strong affiliations with area colleges and universities. Because our workplace culture was Magnet driven, the required examples were fairly easy to find and incorporate into our document.

For our second Magnet journey, leadership at every level was engaged and clinical nurses were intricately involved in decision making. We focused on demonstrating how we’d continued to grow and develop as professional nurses within a supportive organizational culture. Our nurses attended conferences and, as expected, brought best practices back to the organization for implementation. Baystate had developed a strong inter-disciplinary culture with shared goals. Organizational expectations seemed to align with the Magnet Model. The new Magnet Model provided well-defined direction and clarity of examples needed. Because we’d already been through the process, employees at all levels and departments provided encouragement and support.

On this second journey, developing our Magnet document went more smoothly than it did the first time around. We were better able to organize the writing and to determine what examples to include. Again, our document was accepted without requests for additional information by ANCC. We’d learned to be succinct while providing the necessary elements and details to meet the standard.

Our second ANCC appraiser site visit generated significant enthusiasm. Many of the nurses and other department participants had been present for our first Magnet journey, so they were relatively comfortable and confident.

Finding out we’d obtained Magnet designation for the second time was as gratifying as the first. Sustaining excellence over an extended period is challenging, so this second achievement validated our nurses’ and our organization’s commitment to excellence.
Our latest journey
By the time Baystate applied for Magnet recognition for the third time, the 2014 Magnet® Application Manual had been released. Based on the changes, we needed to reconfigure our shared governance model, nursing orientation, nursing dashboards, and professional practice model. We also revised the CNRP to include key Magnet Model components.

This time, we were pioneers, in a way, of the new Magnet Manual. Not many other organizations had submitted their Magnet documents based on the new standards, so we lacked mentors and other organizations to provide guidance. This time, we’d have to demonstrate transformational leadership, application of our professional practice model and a related outcome, nursing research driven at the bedside, and innovations within nursing. Though we were required to write fewer standards, outcomes played a vital role with this document. We found ourselves hitting roadblocks with our data, causing us to dig deeper to find examples of related patient outcomes. Obviously, ANCC had raised the bar for Magnet recognition once again.

In 2014, we submitted our third Magnet document. With our first two Magnet documents, we’d gone straight to a site visit, without any questions beforehand, and received accolades for our work. But as other MPDs have shared, with the 2014 Magnet® Application Manual, ANCC tends to request clarification or additional information before the site visit. As we waited to learn when our site visit would occur, we got a call from ANCC requesting clarification of multiple standards.

We regrouped as a team and began rewriting some of our examples. This effort forced us to redefine much of our work. We needed to rethink our processes, develop more granular and multidimensional teams, and most important, garner the trust of frontline nurses to gain their willingness to think differently, actively question their bedside practices, and participate in innovation, research, and outcomes. As we modified our blueprint for achieving Magnet recognition for the third time, our CNO supported us in tweaking our thinking and our processes.

Last September, we realized our dream of achieving Magnet recognition for the third time. Once again, we’d realized our goal—one that helps us deliver higher-quality care to our patients.

The authors work at Baystate Health in Springfield, Massachusetts. Eileen Grunwald (now retired) was the Magnet Project Director (MPD) for all three of the hospital’s Magnet journeys. Cidalia J. Vital is the current MPD.

Visit AmericanNurseToday.com/?p=24275 for a list of selected references.
Nurses are poised to integrate nursing research and evidence-based practice (EBP) into their clinical practice to deliver safe, effective, efficient care and improve patient outcomes. Integrating research and EBP can inform our professional practice and help achieve nursing excellence.

With hospitals in Virginia and North Carolina, Sentara Healthcare is an integrated system committed to nursing excellence and high-quality care. Six of its 12 hospitals have achieved Magnet® recognition; the others are on their Journey to Magnet Excellence®. One of the five Magnet Model components is to promote new knowledge, innovations, and improvements by implementing the nursing research process.

**Nursing research policy**

Sentara created the Sentara Quality Research Institute (SQRI) to foster a culture of inquiry, enhance professional practice, achieve nursing excellence, and improve health outcomes. The SQRI structure uses a three-pronged approach:

- Create a nursing research policy and develop a standardized process for nurses to follow when proposing a research idea.
- Provide doctoral-prepared nurses as mentors to nurses to promote and support their research activities.
- Develop and promote collaboration through nursing research forums and councils in all Sentara hospitals.

In 2013, SQRI developed a system-wide nursing research policy to promote the goal of nurses at all levels participating in EBP integration, as well as to provide support for nurses conducting research. The policy outlined the structure and process for nursing research and provided a blueprint for creating an environment conducive to scholarly inquiry. Also, the Eastern Virginia Medical School’s Institutional Review Board (IRB) supported the addition of registered nurses (RNs) to its IRB and appointed RNs to serve as members of study review meetings.

**What SQRI provides**

To develop and guide research teams to increase nursing knowledge and improve patient safety and satisfaction, SQRI provides mentors to support nurses in developing, planning, conducting, and disseminating transformational research and EBP studies. Doctoral-prepared nurses, biostatisticians, and researchers are available to mentor and support nursing research throughout the Sentara

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**Achieving nursing excellence through research and evidence-based practice**

Integrating EBP and research can improve health outcomes.

By Susan A. Tweed, PhD, RN; Gabrielle D’Lima, PhD; Patricia Ver Schnieder; and Kathie Zimbro, PhD, RN
Nursing research forums
Research takes time, expertise, resources, and commitment from nurse leaders. Sentara’s nurse executives support a professional practice model that features shared decision making. This model includes nurse-led projects that promote EBP practice and knowledge generation through research.

All Sentara hospitals have active nursing research forums (NRFs) supported by doctoral-prepared nurses with research backgrounds. Patient advocates and volunteers are encouraged to attend the forums and serve as active NRF members. These forums meet monthly to promote journal clubs, provide guidance to novice researchers, promote research initiatives, and disseminate study resources.

NRFs collaborate with the system-wide nursing research council (SNRF) to support quality improvement, EBP, and research initiatives. SNRF promotes nursing research and offers quarterly educational seminars, compliance and regulatory information, and quarterly updates of scholarly work. It reports information to the nursing executive advisory council and nurse executive council, composed of nurse executives and leaders throughout the system. The councils share this information with other Sentara executives and board members.

SQRI also manages the Lois Kersher Research Fund, established to support clinical nurses in developing, implementing, and disseminating EBP projects and nursing research studies. Selection procedures are designed to identify nurses whose projects show the greatest promise of contributing to nursing knowledge. Funding supports nurse researchers, either individually or as teams, with grants awarded annually at the Sentara’s Nurse Leadership Academy.

Sentara nursing research process
SQRI developed a specific nursing research process to advance nursing research and translate research results into EBP within a not-for-profit multihospital health system. Although specific to a large integrated healthcare system, the process may be applied in other healthcare settings. It has five phases: engagement, planning, method and results, dissemination, and closure.

Phase 1: Engagement
In the engagement phase (the formative part of the research study), the nurse researcher formulates a research idea and engages the research team. The NRF chair and an SQRI team member help develop the research idea and ensure that it aligns with Sentara’s strategic imperatives. Because project team creation is an important consideration, the principal investigator (PI) encourages interprofessional representation on the research team to optimize project outcomes.

During this phase, the PI and research team get acquainted with the nursing research policy, research process flow map, research project plan, sample letter to the nurse executive, and PI contract. For auditing and regulatory purposes, the PI is required to maintain a research notebook or folder to store the final documents from the research study.

The nursing research policy and nursing process flow map serve as guides for the project. The PI and project team members develop the research project plan to formulate the study idea, purpose, problem statement, study design, literature review, summary of risks and benefits, analysis plan, and proposed dissemination plan. The completed research project plan is sent to the respective nurse executive along with a letter requesting approval.

After the nurse executive approves the plan, the PI signs the PI contract, which highlights the PI’s role, responsibilities, and actions required throughout the research process, focusing particularly on study milestones. Next, the planning phase begins.

Phase 2: Planning
This phase starts with finalizing the research team, which should represent all stakeholders in-
Our Magnet® Nurses Go Beyond.

Hackensack University Medical Center has always been proud of its exceptional patient care team. Our team of more than 2,300 nurses achieved our fifth consecutive Magnet® designation.

HackensackUMC is one of the first two hospitals in the entire nation to achieve this feat—the highest honor that can be bestowed by the American Nurses Credentialing Center.

Magnet® designation indicates not only our commitment to quality patient care, but also affirms the supportive environment we provide our nurses to encourage innovation and professional growth.

We are grateful for the countless contributions of our world-class nursing team. Together with the rest of our HackensackUMC team, they continue to go beyond for our patients.
The planning phase starts with finalizing the research team, which should represent all stakeholders involved in the study outcome.

The research team must consider at least three questions when deciding how to disseminate results:
• Who can benefit from the results?
• What’s the best way to communicate the findings?
• What resources are needed to disseminate the results?

During this phase, the PI reconnects with the nurse executive to share study findings and implications for nursing practice. The abstract and a copy of the publication or poster presentation are sent to Sentara’s library services to be entered into the nursing research database. This searchable database makes nursing research more accessible to healthcare providers both within the system and externally.

Phase 5: Closure
The final phase of the nursing research process has three steps.
1. The completed electronic research folder is given to the lead SQRI member working with the research team for cataloging, auditing, and regulatory purposes.
2. Formal documentation is submitted to the IRB to close the study.
3. A list of dissemination products is sent to the SNRC for compilation and dissemination to Sentara’s executive leadership teams, including the CNO and nursing executive council.

Research and EBP strengthen the nursing workforce
Nursing research and EBP are critical to building a strong, informed nursing workforce that’s prepared to manage current and future health needs. As Sentara Healthcare transitions to a value-based system, research and EBP will prove even more crucial.

Selected references


ANCC Magnet Recognition®
One more reason to celebrate our nurses.

In nursing, the Magnet designation is more prestigious than any other. Only seven percent of all hospitals receive it. In fact, Greenwich Hospital is one of only six hospitals in Connecticut to achieve this recognition of exceptional patient care, safety and innovation by our nurses. It’s another example of our commitment to providing the highest level of patient satisfaction.

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Centra is a nationally recognized award winning nonprofit healthcare system serving central and southside Virginia with more than 7,000 healthcare professionals, four hospitals, numerous specialty centers and programs and a network of over 180 primary care physicians and medical and surgical specialists. Two of Centra’s hospitals, Lynchburg General and Virginia Baptist, achieved their first Magnet^ designation in 2005 with re-designations in 2010 and 2014. Centra Medical Group also became a Magnet^-designated organization in 2014.

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Greenwich Hospital
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206 beds
Greenwich Hospital is a member of Yale New Haven Health. Greenwich is a 206-bed (includes 32 isolates) community hospital serving lower Fairfield County, Connecticut and Westchester County, New York. It is a major academic affiliate of Yale School of Medicine. Since opening in 1903, Greenwich Hospital has evolved into a progressive medical center and teaching institution representing all medical specialties and offering a wide range of medical, surgical, diagnostic and wellness programs. Greenwich Hospital is recognized throughout the healthcare industry as a leader in service and patient satisfaction excellence. Greenwich Hospital has the prestigious Magnet^ designation from the American Nurses Credentialing Center, the nation’s highest honor of nursing excellence.

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Valley is a leader in the field of cardiology services and is widely known for its Comprehensive Cancer Program and maternity services.

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Children’s Mercy Kansas City was the first hospital in Missouri or Kansas to earn Magnet Designation for excellence in nursing services, an honor the hospital has now received four consecutive times. Children’s Mercy nurses are national leaders in helping advance pediatric nursing and how it’s practiced in Kansas City and around the world.

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