

NURSING EXCELLENCE

2018 Magnet®-Recognized Organization
Success Stories



Special
Section

2019 Magnet® Application Manual raises the bar for nursing excellence

Revisions to the manual clarify the value of nursing across all healthcare settings.

By Rebecca Graystone, MS, MBA, RN, NE-BC

In October 2017, the American Nurses Credentialing Center's Magnet Recognition Program® released the *2019 Magnet® Application Manual*, the 12th application manual in the 27-year history of the program. It builds upon the foundation of seminal research conducted in the early 1980s that led to the creation of the program, but it also incorporates contemporary standards that address challenges faced globally by healthcare organizations today.

Subject matter experts with a broad collection of perspectives—the Commission on Magnet, professional association members, chief nursing officers, Magnet program directors, Magnet program staff, and others—contributed invaluable insights to inform this latest edition. This collective input, coupled with a rigorous review process, resulted in a nursing credential through which organizations demonstrate the value nurses contribute to patients, families, institutions, and communities. The changes in the *2019 Magnet Application Manual* clarify previous standards, reduce the volume of requested information, and expand documentation requirements for the outpatient arena and nursing research.

What stayed the same?

Many elements within the manual have not changed. Some examples include the Magnet® Model, the eligibility requirement for baccalaureate in nursing or higher prepared leadership, the continued focus on empirical outcomes (including those compared against national benchmarks), and innovation, research, and interprofessional collaboration. In addition, the four phases of the Magnet appraisal process—application, submission of written documentation, site visit, and Commission on Magnet Recognition decision—are unchanged. The written documentation and site visit phases require a thorough and comprehensive review by at least three independent, expert appraisers who determine whether the organization meets a threshold of excellence. The Commission on



The *2019 Magnet® Application Manual* was released in October 2017 and is effective February 2019. For more information about the Journey to Magnet Excellence®, visit nursecredentialing.org/Magnet or contact the Magnet Program Office at magnet@ana.org.

Magnet receives the appraisers' comprehensive reports for final deliberation and decision.

What changed?

As the 2019 manual continues to raise the bar for excellence, major changes include:

- **Clarification of leadership titles and roles.** The term "nurse leader" is replaced with "Assistant vice president/Director." Nurse managers remain unchanged, and documentation provided at the time of application to demonstrate academic preparation of leadership is streamlined. The focus remains on the Magnet-defined function, not the specific title of the RN serving in a leadership role.

- **Fewer organizational overview (OO) items.** The number of OO items dropped from 20 to 10. Each item represents a foundational element of a Magnet culture and must be present and operational in the applicant organization. Overlapping requirements within the standards led to the removal of some OO items or movement to the standards section.
- **Nursing research.** Nursing research requirements now include a total of at least three nursing research studies presented in the applicant's documentation. Two of the three studies must be complete; the third must be open or ongoing. This increase in nursing research studies supports the imperative that nurses in Magnet-recognized organizations are involved not only in evidence-based practices but also in creating new knowledge. Applicant organizations provide the infrastructure and resources to advance many nursing research activities within practice environments.
- **Expansion of requirements for outpatient settings.** Nine standards require applicant organizations to describe and demonstrate achievement of requirements in outpatient settings. Six of the nine standards require demonstration of empirical outcome data. The expansion into outpatient settings reflects contemporary trends in healthcare delivery and RNs' critical impact.
- **Transition to practice requirement.** For the first time, the standards provide applicant organizations the ability to meet a standard by providing evidence of a current, nationally accredited transition to practice program certificate. A copy of the current certificate provided as evidence fully satisfies the standard. Alternatively, if the applicant organization's transition to practice program is not accredited, three examples must be described and evidence provided to demonstrate integration and effectiveness of the six transition to practice elements for each example.

Achieve excellence

Magnet designation is attainable by healthcare organizations regardless of size, setting, or location. Revisions to the manual provide clarity and relevance to consistently demonstrate the value of nursing care across healthcare settings, populations, and geography. Collectively, the enhancements give organizations an evidence-based, data-driven framework to achieve excellence in processes, structures, and ultimately patient-centered outcomes. ■

Rebecca Graystone is the director of the Magnet Recognition Program® at the American Nurses Credentialing Center in Silver Spring, Maryland.

Selected reference

American Nurses Credentialing Center. *2019 Magnet Application Manual*. Silver Spring, MD: American Nurses Credentialing Center; 2017.



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National Magnet Nurse of the Year[®] 2017 award winners

By Rebecca Graystone, MS, MBA, RN, NE-BC

The Magnet Recognition Program[®] recognizes healthcare organizations for quality patient care, nursing excellence, and innovations in professional nursing practice. Consumers rely on the Magnet[®] designation as the ultimate credential for high-quality nursing. Developed by the American Nurses Credentialing Center (ANCC), Magnet is the leading source of successful nursing practices and strategies worldwide. *US News & World Report* uses the Magnet designation as a primary competence indicator in its assessment of almost 5,000 hospitals to rank and report the best medical centers in 16 specialties.

The ANCC National Magnet Nurse of the Year[®] Awards were created in 2010 to recognize the outstanding contributions of clinical nurses for innovation, consultation, leadership, and professional risk-taking. Awards are presented in each of the five Magnet[®] Model components: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations, and improvements; and empirical outcomes. The 2017 award winners were recognized at the ANCC National Magnet Conference[®] in Houston, Texas.

Transformational leadership



Mary Dixon Still, MSN, RN, ANP-BC, ACNS, CCRN, FCCM
Clinical Nurse Specialist
Emory University Hospital
Atlanta, GA

Still was recognized for her leadership in sepsis mortality reduction, continuous renal replacement therapy, and a molecular absorbent recirculating system. Through research, persistence, and new technologies, she's created various policies and protocols that have decreased mortality rates and shortened the average length of patients' hospital stays.

Structural empowerment



John F. Shepard, BSN, RN, CCRN
RN Senior Partner
Indiana University Health-Methodist Hospital
Indianapolis

Shepard has a reputation of advocating for patients and peers by endorsing a culture that promotes safe work practices. Recognizing the risk of his own professional burnout, Shepard implemented nursing mindfulness meditation sessions. These brief meditations focus on topics such as intention, compassion, and gratitude, and they've already demonstrated a positive impact on the hospital's healthy work environ-

ment initiative. Since its inception, overall employee satisfaction has increased and nurses feel more connected with their patients and each other.

Exemplary professional practice

Susan Gold, BSN, RN, ACRN



Nurse Clinician
University of Wisconsin Hospitals
and Clinics
Madison

Throughout the course of her career, Gold has made both a local and global impact. A 25-year veteran at the University of Wisconsin, Gold has been specializing in the HIV clinic for the past 8 years. Since 2003, Gold has traveled to Africa to treat HIV orphans and to educate caregivers. And she's the first clinical nurse to ever be awarded both a Fulbright scholarship and a Nelson Mandela Fellowship.

New knowledge, innovations, and improvements



Laurie McNichol, MSN, RN, CNS, GNP, CWOCN, CWON-AP, FAAN
Clinical Nurse Specialist/Wound
Ostomy Continence Nurse
Cone Health-Moses H. Cone
Memorial Hospital
Greensboro, NC

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In 2012, McNichol convened a consensus conference of 20 representatives from various nurse specialties to discuss their findings linking skin damage to medical adhesives. After recognizing this as a widespread issue, McNichol coined the term “medical adhesive–related skin injury” (MARSI). Defining MARSI has led to research into how adhesives perform and resulted in practice innovation to improve the patient experience. McNichol is published in nursing journals, is a coeditor of the *Core Curriculum Wound Management* textbook, has given presentations and keynote addresses across six continents, and was named a Fellow of the American Academy of Nursing.

Empirical outcomes



**Melanie Roberts, DNP, RN-BC,
CNS, CCNS, CCRN**

Critical Care Clinical Care
Specialist
UCHealth Medical Center of
the Rockies
Aurora, CO

Poudre Valley Hospital
Fort Collins, CO

A pursuit to improve care quality and reduce mortality rates for postoperative cardiovascular patients led Roberts to initiate guidelines for cardiac surgery advanced life support (CALS). As a result of these guidelines, UCHealth reports that 100% of patients who had the CALS interventions and averted cardiac arrest survived. Roberts' work also has resulted in a significant decrease in the number of patients needing chest compressions, leading to a reduction in injuries.

Making a difference

These five nurses represent the best of nursing—and the potential in all nurses. Through their dedication, innovation, and attention to excellent care, they've made a difference in the lives of their patients, colleagues, and communities. ■

Rebecca Graystone is the director of the Magnet Recognition Program® at the American Nurses Credentialing Center in Silver Spring, Maryland.

The 2018 ANCC National Magnet Conference® will be held October 24-26 in Denver, Colorado.

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Transitional care—The pathway to integrated care delivery

Clinical and community partnerships reduce hospitalization and emergency department visits.

By Billie Lynn Allard, MS, RN



Healthcare delivery in the United States is not sustainable in its present state, and nurses across the country need to take the lead in re-designing it. One group of clinical nurse specialists is spearheading the design and implementation of value-based, integrated care in rural Vermont.

Making the transition

The clinical nurse specialists in our American Nurses Credentialing Center Magnet® designated hospital are integral members of the care team, but with decreasing inpatient census we risked losing this valuable resource. To retain these care professionals, we began a literature search that revealed the successful work of Mary Naylor at the University of Pennsylvania. Naylor used nurse practitioners as transitional care nurses (TCNs) to help patients navigate from one setting to another, bridging the gaps in communication, collaboration, and education. TCNs partner with patients and families, sharing pertinent information with care providers, assisting with appropriate referrals, and providing education about symptom and medication management for chronic diseases. (See *Transitional care model*.)

Building relationships

With a goal of engaging clinical and community partners in this program, TCNs initially met with the clinical leaders of community agencies and the hospital to identify gaps in care. Then TCNs held group meetings with frontline staff from those facilities and agencies, asking where they saw gaps, where they needed help, and what was and wasn't working. Getting to know colleagues who play major roles in care delivery and building relationships became the

foundation of the project. Home care and medical home agencies worried about duplication of effort and turf issues, so mapping out workflows and providing assistance when requested was the first step. We wanted to create a cohesive, interdisciplinary team to better meet our community's needs.

Solving the puzzle

After learning where help was needed, TCNs began spending time in skilled nursing facilities, shadowing home care and hospice nurses, learning about case management, and witnessing care delivery in primary care practices. The total picture of each individual patient's journey became clearer; TCNs learned that a hospital stay is one small part of the story, with a minimal impact on health outcomes.

TCNs discovered that many patients didn't understand their complex discharge plans, didn't take medications correctly, and had overwhelming social issues including needing assistance to pay for medications, food, and heat for their homes. The expectation that patients would understand their chronic disease and manage their symptoms was unrealistic. For the first time, the pieces of the puzzle came together.

Measuring results

In the 3 years since this project began, all primary care practices affiliated with the Southwestern Vermont Health Care system have chosen to partner with the TCNs. Each TCN works with three to four primary care practices, identifying high-risk, chronic care patients who've had multiple hospitalizations and emergency department (ED) visits and may benefit from assistance. More than 1,000 patients

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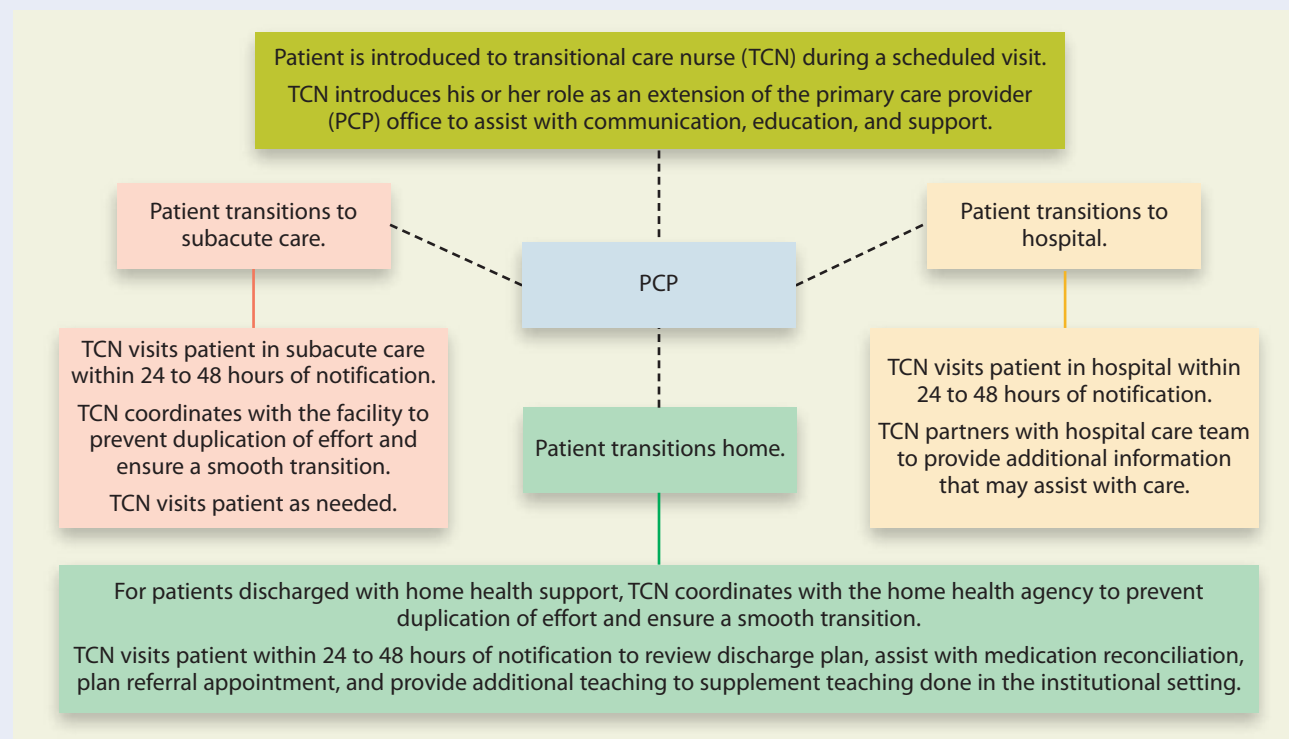
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Transitional care model

Clinical nurse specialists use the transitional care model to help patients navigate from inpatient hospital care to home or other healthcare settings.



have participated in the program with over 700 allowing home visits.

Implementing TCNs led to a 49.7% decrease in hospitalizations and a 11.3% decrease in ED visits in the 180 days after intervention among these patients. Scores on satisfaction surveys are high, with multiple positive comments from patients and families, and healthcare costs for patients in the program have fallen. Reduced rates of hospitalization and ED visits mean less revenue for the hospital, a goal for healthcare reform that's difficult to embrace in a fee-for-service model, but will be rewarded in a value-based environment.

As part of annual nursing education, the TCNs have shared insights with their inpatient colleagues. As a result, projects are underway to change how we discharge patients and involve them in the process:

- creating refrigerator magnets with color-coded instructions for managing chronic obstructive pulmonary disease (COPD) and heart failure symptoms in all settings
- providing medication boxes along with assistance from healthcare providers to educate patients about proper use
- partnering with clinical pharmacists to ensure cost-effective medication ordering and to develop strategies that improve medication adher-

ence, such as pharmacists providing medication education in hospitals, primary care practices, and homes

- sharing standardized heart failure, COPD, and diabetes education with providers in various healthcare settings to improve patient understanding.

The team creates care plans that better meet the needs of their patient population; interventions include helping patients find stable housing situations, procure health insurance, establish primary care providers, and find part-time jobs. Diabetes educators are embedded in office practices to engage patients in shared goal setting, to teach disease-management skills, and to support patients with new and existing diagnoses. Patients enrolled in the integrated diabetes education program had a 15.7% reduction in their average HbA1c levels.

At weekly transitional care team meetings and quarterly community-based meetings, the team gathers information, updates the gap analysis, and systematically creates an accountable community of care. (See *A community of care.*)

Strengthening partnerships

The TCNs' work has strengthened partnerships with ambulatory practices by reducing gaps in care

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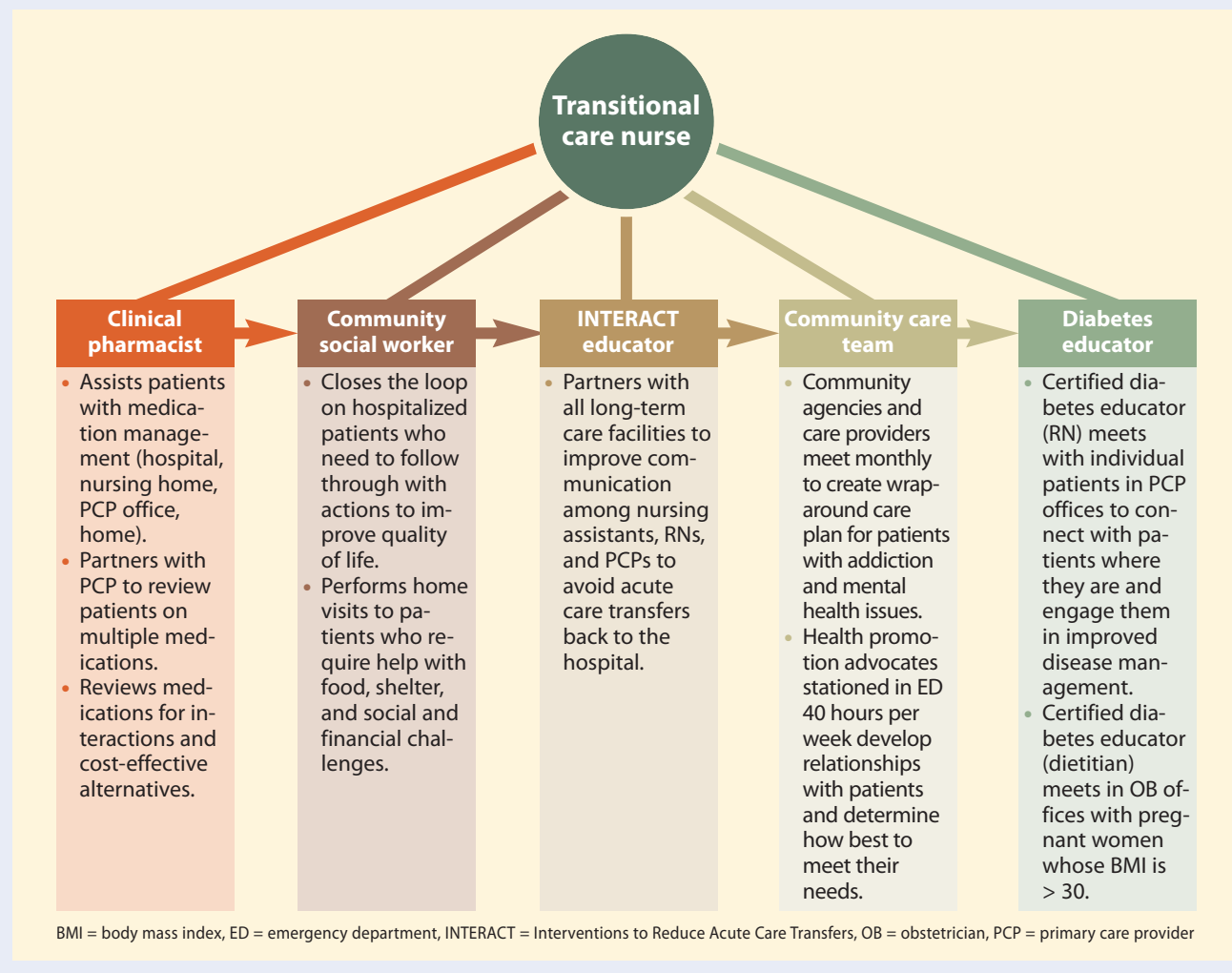
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A community of care

Combining the efforts of transitional care nurses with clinical pharmacists, diabetes educators, social workers, and others ensures comprehensive care of patients after discharge.



coordination. Primary care providers also have more resources at their fingertips. For example, a provider can reach out to a TCN and request a home visit for a woman whose blood glucose and blood pressure are out of control but who claims to be taking her medications. During the home visit, the TCN may discover the patient never filled the prescription for a diabetes medication and is taking only half of the blood pressure medication because of the side effects. The TCN then communicates that information to the medical home nurse case manager, who shares it with the provider.

TCNs visit patients 24 to 48 hours after discharge to review instructions and medications and to ensure a safe home environment. The TCN shares updated information with the primary care provider before the patient's next office visit along with questions and concerns to be addressed during the appointment. TCNs may accompany patients to provider appointments, sharing crucial information, updating

medication lists, and ensuring patients understand instructions and medication changes. For example, the TCN might supervise a man with heart failure correctly adding new cardiac medications and removing others from his medication box, explain what the new medication is for, and discuss the importance of daily weights. The TCN leaves his or her contact information in case the patient has any questions or concerns and then returns in 3 days for a follow-up visit. The goal is to help patients own their health and better understand how their decisions and choices have consequences. Some patients require only one or two home visits, while others benefit from 3 or 4 months of oversight.

The transitional care program offers nurses the opportunity to partner over time with individual patients and their families to develop trusting relationships. We strive to meet patients where they are, find out what their goals are for the future,

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and help them develop a realistic plan to get there. When necessary, TCNs assist with palliative care or hospice referrals, laying the foundation for the next choice the patient makes. Care is driven by the patient and supported by the nurse.

Making an impact

TCNs are making an impact on the delivery of healthcare in this community and meeting the triple aim (improving the patient experience, improving population health, and reducing per capita healthcare costs). Patient surveys demonstrate improvement in the patient experience, quality outcomes have improved, and hospitalizations and ED visits have steadily decreased for patients in the program. Even more important is the interdisciplinary team approach to care delivery. We're using available, appropriate resources, creating a shared care plan, and advocating as one for necessary resources. One by one, we're bridging gaps to improve healthcare delivery in our community. Without a doubt, it's the most meaningful and rewarding work of our careers. ■

Billie Lynn Allard is the administrative director of care management, transitional care, and ambulatory services at Southwestern Vermont Health Care in Bennington.

In October 2017, Southwestern Vermont Medical Center received \$50,000 for this innovation as the winner of the ANCC Magnet Prize™, sponsored by Cerner.

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Memorial Sloan Kettering Cancer Center has devoted more than 130 years to exceptional patient care, innovative research, and outstanding educational programs. We are one of 47 National Cancer Institute-designated Comprehensive Cancer Centers, with state-of-the-art science, clinical studies, and treatment. The collaboration between our physicians and scientists is one of our unique strengths, enabling us to provide patients with the best care available as we discover more-effective strategies to prevent, control, and ultimately cure cancer. Our education programs train physicians and scientists, having impacts on cancer treatment and biomedical research around the world.



NYU Langone Health

550 First Avenue, New York, NY 10016

212-404-3618

nyulangone.org

NYU Langone Health is a world-class, patient-centered, integrated academic medical center, known for its excellence in clinical care, research, and education. Included in the 200+ locations throughout the New York area are five inpatient locations: NYU Langone Hospital—Brooklyn and the Magnet®-recognized Tisch Hospital; Rusk Rehabilitation; NYU Langone Orthopedic Hospital, Hassenfeld Children's Hospital at NYU Langone. Also part of NYU Langone Health is the Laura and Isaac Perlmutter Cancer Center, a National Cancer Institute-designated cancer center, and NYU School of Medicine. For more information, go to nyulangone.org and interact with us on Facebook, Twitter, YouTube, and Instagram.



Providence Little Company of Mary Medical Center

4101 Torrance Boulevard

Torrance, CA 90503

310-540-7676

providence.org/torrance

Providence Little Company of Mary Medical Center Torrance ranks among the best year after year in a number of categories. The hospital has received numerous accolades and special recognition, such as the Healthgrades 2017 Patient Safety Excellence Award, which it has received for 5 years in a row. The medical center was ranked, by U.S. News and World Report in 2017 as the #8 hospital in Los Angeles and the #16 hospital in California, and has been designated a Magnet® hospital, the highest nursing honor in the nation.

Goals & Guiding Principles

The Magnet Recognition Program® advances 3 goals within health care organizations:

- Promote quality in a setting that supports professional practice
- Identify excellence in the delivery of nursing services to patients/residents
- Disseminate best practices in nursing services.



The University of Kansas Hospital

4000 Cambridge St., Kansas City, KS 66160
913-588-1227

kansashealthsystem.com/nursing

The University of Kansas Health System is the region's premier academic medical center. Our physicians, nurses and staff share a commitment to service, continuous improvement and patient care excellence. Dedicated to research and discovery, we achieve life-changing breakthroughs that benefit our patients first. Nurses come here to perform at the leading edge of their profession and to deliver specialized care and services unavailable anywhere else in the region.



University of Virginia Health System

1215 Lee Street, Charlottesville, VA
434-924-0211

uvahealthjobs.com

Located in Charlottesville, UVA Medical Center is Virginia's #1 hospital, according to U.S. News & World Report — and for good reasons. We're Magnet®-recognized. As part of UVA Health System, which includes a Level I trauma center, children's hospital, nationally recognized cancer and heart centers, and primary and specialty clinics throughout central Virginia, we're approaching healthcare in new and innovative ways. And we want you to join us.



VCU Health System

1250 E. Marshall Street
Richmond, VA 23219

804-628-HR4U (4748) • vcuhealth.org/careers

Beth Hubbard • beth.hubbard@vcuhealth.org

1,125 beds

We offer more than 200 specialty areas, including Level 1 adult and pediatric trauma centers, Massey Cancer Center, Hume-Lee Transplant Center, Pauley Heart Center, Harold F. Young Neurological Center, Evans-Haynes Burn Center and Children's Hospital of Richmond at VCU.

Our specialists are available to more Virginians than ever before, including our newest locations: VCU Neurosciences, Orthopaedic and Wellness Center (NOW Center), located in Short Pump area of Richmond, and VCU Health Community Memorial Hospital in South Hill. VCU Medical Center is proud to have been recognized by *U.S. News & World Report* year after year. We are a Magnet®-designated regional referral center.



Winchester Medical Center Valley Health

1840 Amherst Street, Winchester, VA 22601

Phone: 540-536-8000 • valleyhealthlink.com

Valley Health System is a not-for-profit network of hospitals, urgent cares, physician practices, and services. Expanding across Virginia, West Virginia, and Maryland, we are devoted to the health of all who call our 18-county area home.

A vital resource for healthcare, we are the region's largest employer, a dependable community partner, and are at the leading edge of clinical innovations.

We are looking for passionate, innovative, and caring people who will each bring their unique skills and perspectives.



NYU Winthrop Hospital

259 First Street, Mineola, NY 11501

Phone: 516.663.0333 • nyuwinthrop.org/careers

NYU Winthrop Hospital is a world-class Magnet® recognized 591-bed university-affiliated medical center and a major regional healthcare resource with a deep commitment to medical education and research. Our team of skilled and dedicated professionals is the key to our success. We offer an incredibly positive workplace that truly nurtures, develops & engages our staff, creating an environment for you to be your best!

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Designing a sustainable research strategy

A workshop helps frontline nurses pursue research interests.

By Stephanie A. Walton, MSN, RN, NPD-BC; Kara Sankey, MSN, CNL, RN; and Nichelle Jensen, DNP, APNP

Encouraging all levels of nursing to participate in research is an important component of establishing an inclusive research culture. Here's how we built that culture at our organization.

How we began

Our health system, which crosses nine counties and two states, includes two community hospitals, two critical-access hospitals, and over 48 outpatient centers. The organization received its first Magnet® designation with a systemwide project to introduce research to all staff. For the next designation, we implemented a learning-by-doing model, which consists of strategic planning sessions with clinical staff to develop research topics within the organization. Three clinical leaders from the team meet with key executive leadership to align topics from brainstorming sessions to help attain goals on the nursing strategic plan. The clinical staff and executive leadership together identify which areas the organization will pursue as research.

How the program works

This program encourages frontline nursing staff to participate in research by providing dedicated working time, resources, and motivation to pursue areas of research that are meaningful to their daily practice. Using a workshop structure, research proposals are written with a mentor present to help keep research groups on a strict timeline. (See *Research workshop agenda*.) This format allows for time and resources for bedside staff to engage in research, and focusing on patient outcomes keeps them engaged and improves participation. After research is completed, plans are developed to help researchers disseminate their findings internally and externally. The program consists of new cohort brainstorming sessions every 12 to 18 months to support continued growth and ongoing research development within the organization.

Spike in research

The program has resulted in an exponential increase in research activity. We went from one research project that took just over 2 years to com-

Research workshop agenda

A workshop structure, led by a mentor, helps keep nurse researchers focused and on schedule. Here's a sample agenda.

Class #1 beginning of January, length: 3 hours

- Layout program.
- Create timeline.
- Participate in protection of human subjects' education and training.
- Build résumés and curriculum vitae.
- Develop question.
- Start literature review.

Class #2 end of January, length: 4 hours

- Continue literature review.
- Finalize question.

Class #3 beginning of February, length: 2 hours

- Meet with research consultant.

Class #4 mid-February, length: 4 hours

- Craft problem statement.
- Explain significance to nursing.
- Explain significance of study.
- Develop theoretical framework.

Class #5 mid-March, length: 4 hours

- Determine methodology.
- Continue writing.

Class #6 beginning of April, length: 4 hours

- Finalize institutional review board (IRB) submission.
- Develop dissemination plan.

Class #7 end of April, length: 4 hours

- Complete IRB submission with IRB representative.

plete, to four projects completed in the last 1½ years at five locations. These outcomes have been sustained over 2 years, proving that creating a structure helps embed research in the culture. ■

The authors work at Mercyhealth™ in Janesville, Wisconsin. Stephanie A. Walton is a patient navigator, Kara Sankey is director of IP case management and social services, and Nichelle Jensen is a hospitalist nurse practitioner.

Selected reference

Wilkes L, Jackson D. Enabling research cultures in nursing: Insights from a multidisciplinary group of experienced researchers. *Nurse Res.* 2013;20(4):28-34.