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Success Stories**



**Special
Section**

Comparing Pathway to Excellence® and Magnet Recognition® Programs

Two roads to nurse engagement and quality outcomes.

By Christine Pabico, MSN, RN, NE-BC, and Rebecca Graystone, MS, MBA, RN, NE-BC

Creating a supportive practice environment fosters sustained excellence and inspires innovation. Nursing leaders recognize the benefit of the American Nurses Credentialing Center's (ANCC's) organizational credentials from the Magnet Recognition Program® (Magnet®) and Pathway to Excellence® (Pathway).

Both programs provide valuable frameworks for achieving healthcare excellence that reinforce and build upon each other. Many organizations have used Pathway and Magnet frameworks to successfully improve a host of key measures, including nurse engagement, nurse retention, interprofessional collaboration, patient safety, quality, and outcomes.

But how do the two programs compare? Magnet and Pathway are two distinct programs with a complementary focus. Magnet recognizes healthcare organizations for quality outcomes, patient care and nursing excellence, and innovations in professional practice, while Pathway emphasizes supportive practice environments, including an established shared-governance structure that values nurses' contributions in everyday decisions, especially those that affect their clinical practice and well-being. This environment promotes engaged and empowered staff, an essential foundation for every organization. (See *Pathway and Magnet—Providing standards for excellence*.)

Achieving recognition

Both Pathway and Magnet recognition have a four-phase process: online application, document review, validation phase, and designation decision.

After healthcare organizations apply and are determined to meet eligibility requirements, they submit



written documentation that undergoes rigorous peer review by expert appraisers. The validation phase varies by program. If the written documentation for Magnet recognition meets the threshold for nursing excellence, a site visit is conducted to validate, verify, and amplify compliance with and en-

culturation of the Magnet® Model

components. For Pathway, instead of a site visit, all nurses have a voice through an invitation to participate in a confidential survey during the validation phase.

The final phase is a designation determination by the Commission on Magnet Recognition or Commission on Pathway to Excellence.

Work environment

Both Pathway and Magnet include standards and components related to the work environment. (See *Influential leadership*.)

Magnet addresses the work environment through the Magnet Model component Structural Empowerment, which fosters RN involvement in shared governance, decision-making structures, and processes that establish standards of practice and address opportunities for improvement. In addition, both Magnet and Pathway nurses support organizational goals, advance the profession, and enhance professional development through their work with professional and community groups.

Unique to Pathway is the well-being standard, which encourages staff to have a voice in organizational initiatives developed to promote work-life balance. Flexible scheduling and input into staffing, part of the well-being standard, are associated with increased job satisfaction and decreased intent to leave. Nurses are encouraged to be involved in

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Magnet and Pathway—Providing standards for excellence

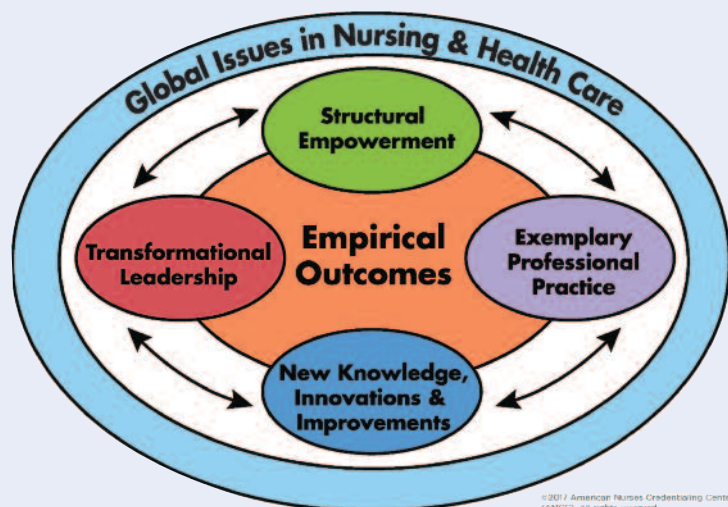
The American Nurses Credentialing Center's Pathway to Excellence and Magnet Recognition programs provide healthcare organizations with structures and standards for excellence.

Pathway to Excellence

The Pathway to Excellence Program, the premiere designation for positive practice environments, recognizes healthcare organizations across the care continuum that create workplaces where nurses can excel. To achieve the designation, organizations must demonstrate that the six Pathway standards (shared decision-making, leadership, safety, quality, well-being, and professional development), the essential elements of a positive practice environment, are fully integrated within the organization.

Magnet Recognition

The Magnet Recognition Program requires healthcare organizations to meet eligibility requirements and address standards within five major components that comprise the Magnet Model (below). The model guides the Magnet principles that focus healthcare organizations on achieving superior performance as evidenced by outcomes.



the community, and they're recognized for their contributions to improving population health. Practice environments that foster praise and recognition, another important Pathway component, positively impact nurses' satisfaction and organizational commitment. In addition, Pathway organizations promote a culture of lifelong learning to ensure the professional competency and growth of all nurses.

Professional practice

Several unique Magnet Recognition components—Empirical Outcomes, New Knowledge, Innovations and Improvements, and Exemplary Professional Practice—demonstrate nursing excellence. Empirical Outcomes, a component that differentiates Magnet from Pathway, is one way Magnet recognizes cultures of excellence and innovation. For ex-

ample, Magnet-recognized organizations must demonstrate excellent patient care outcomes, including lower rates of patient falls with injury, central line-associated bloodstream infections, and stage II or higher hospital-acquired pressure injuries.

Pathway to Excellence emphasizes supportive practice environments that promote engaged and empowered staff. Pathway evaluates nurses' participation and involvement and considers how this has resulted in improved outcomes.

Magnet organizations build on positive practice environments that support exemplary professional practice. The care-delivery system is integrated within this model and promotes continuous, consistent, efficient, and accountable delivery of nursing care.

In addition, nurses in Pathway and Magnet-recognized organizations learn about evidence-based practice and research. Nurses in Magnet-recognized organizations systematically evaluate and use published research and generate new knowledge through research studies. This knowledge allows them to explore the safest and best practices for their patients and practice environment.

Framework for excellence

Both Pathway to Excellence and Magnet Recognition programs provide valuable frameworks for achieving healthcare excellence.

Many organizations have used the Pathway and Magnet frameworks to successfully achieve improvements in nurse empowerment, engagement, satisfaction, retention, care quality, and cost savings. By embracing change and innovation, Magnet and Pathway organizations, and those that are on the journey to recognition, are strongly positioned to meet new healthcare challenges and improve the future of healthcare delivery. ■

The authors work at the American Nurses Credentialing Center in Silver Spring, Maryland. Christine Pabico is director of the Pathway to Excellence Program. Rebecca Graystone is director of the Magnet Recognition Program.

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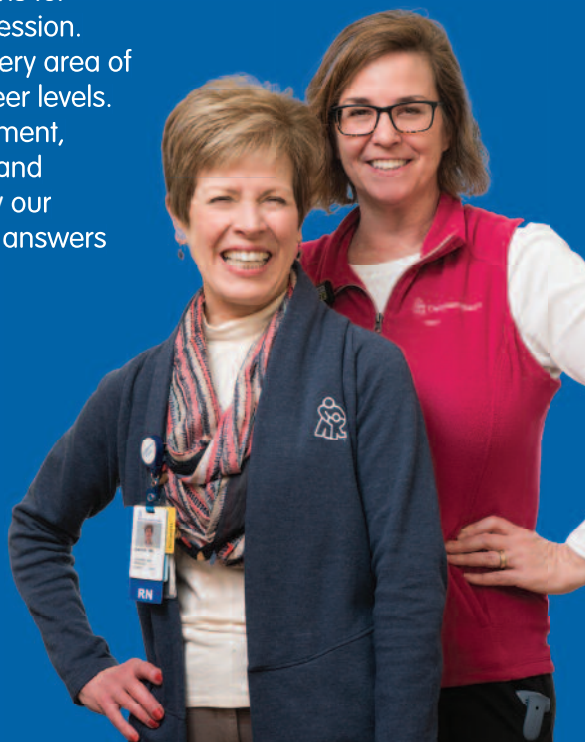
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Influential leadership

Leadership—from chief nursing officers (CNOs) at the organization level through nurse managers (NMs) at the unit level—plays a critical role in creating and sustaining positive practice environments. These leaders are aware of challenges experienced by nurses at the point of care and have the ability to remove obstacles that lead to staff dissatisfaction and frustration, allowing them to influence the practice environment.

The Pathway to Excellence framework fosters the development of leaders who empower and advocate for nurses and create an environment that protects the safety and well-being of staff and patients. Likewise, Magnet Recognition includes an entire component, transformational leadership, with standards related to the CNO and other nurse leaders' strategic position, influence, advocacy, and visibility to affect meaningful change within an organization.

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Novel ethics champion programs

Three pediatric hospitals share tips for success.

By Heather Fitzgerald, MS, RN; Angela Knackstedt, BSN, RN-BC; Karen Trotochaud, MN, MA, RN

Recognizing ethical issues, engaging colleagues in discussion, speaking up despite perceived risk, acting in response to ethical concerns, and addressing moral distress are essential to effective teamwork and patient well-being. However, these skills too often aren't sufficiently developed in education or clinical settings, leaving nurses ill-prepared in the face of ethical challenges. Studies show that nurses who experience moral distress and feel powerless to act effectively are at risk for moral disengagement, emotional numbing, and distancing from patients. Mitigating moral distress, promoting moral courage, and developing moral resilience are pressing priorities for nurse ethicists, scholars, educators, and leaders.



Nurses with Interpretive Statements, which offers a clear charge to integrate ethics into clinical practice and promote ethical environments. Provision 4.3 states that “nurses must bring forward difficult issues related to patient care and/or institutional constraints upon ethical practice for discussion and review.” And Pro-

vision 6 states, “The nurse, through individual and collective effort, establishes, maintains, and improves the ethical environment of the work setting and conditions of employment that are conducive to safe, quality healthcare.”

Elements of success

Hospital-supported nurse ethicists direct all three programs. Working collaboratively, they conducted a survey across the three settings to describe their respective program aims. (See *Champions make an impact.*)

The nurse ethicists believe that the comments and results of the survey positively reflect the programs and provide feedback of their impact on each ethical environment. The ethicists agree that the following elements are necessary for success when launching an ethics champion program:

- Approach the hospital ethics committee to confirm support for the program. Ethics champions programs aren't a replacement for the committee; they're a mechanism to extend the committee's reach throughout the organization.
- When possible, administer a baseline assessment of the organization. For example, a hospital ethical climate or moral distress survey can provide valuable data to guide and measure program interventions.
- Engage key stakeholders—such as nurse executives, nurse directors, and nurse managers—to assist with member recruitment, share perspectives about organizational needs, and foster ownership. To provide clarity about the scope of the effort, confirm support for staff time to participate and the number of ethics champions approved per unit.
- Customize your recruitment and engagement approaches to the setting, and consider individ-

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Ethics champions

An ethics champion program is one way to meaningfully connect nurses with the ethical foundations of nursing practice and to promote moral agency. Children's Hospital Colorado (Magnet®-recognized), Children's Mercy Kansas City (Magnet®-recognized), and Children's Healthcare of Atlanta are three pediatric centers with robust ethics champion programs. Each site has distinct approaches, but all provide supportive, educational, unit-based, hospital-wide forums to address moral distress, deepen moral sensitivity, increase confidence in recognizing and responding to ethical issues, and connect colleagues to available ethics resources.

Ethics champions augment their professional roles by serving as visible and accessible ethics representatives in their respective settings. They attend meetings for ethics education to deepen knowledge and practice in the complex skills necessary for effective communication, ethical decision-making, conflict resolution, and diminishment of moral distress among peers and interdisciplinary colleagues. The champions take these skills back to their settings to help clinical colleagues navigate ethically complex issues and take advantage of hospital ethics resources, such as the ethics committee.

All three programs are grounded in the American Nurses Association's (ANA's) *Code of Ethics for*



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Champions make an impact

When the nurse ethicists directing the ethics champion programs at Children's Hospital Colorado, Children's Mercy Kansas City, and Children's Healthcare of Atlanta conducted evaluations of their programs, participants responded to a narrative question about the impact on clinical practice. Their responses clustered into eight major themes:

- 1 increased awareness and recognition of ethical issues in their practice
- 2 importance of available support in addressing ethical issues
- 3 increased individual moral agency for determining ethical choices and acting on those choices
- 4 greater knowledge of ethical issues and ability to professionally share that knowledge with others
- 5 increased recognition of the opinions and values of others and capacity to seek different perspectives
- 6 empowerment to use ethics resources, such as the ethics committee, and act as a resource to others
- 7 better understanding of how participation makes a difference in the clinical practice by giving nurses a voice
- 8 recognition of the value of ethics discussions and patient care to support providers.

One participant said: "I believe 100% that [being an ethics champion] has made me a better nurse. Overall, I have found that I am able to look at a situation more objectively and I can appreciate the opinions of others when addressing an issue. I have also changed the way I have interacted with my patients and families and I have found it easier to maintain a therapeutic relationship with my patients."

uals' inherent leadership qualities, interest in ethics, and "early adopter" attitude. Consider connecting the ethics champion role to professional advancement within the organization to offer a measurable benefit to program members and the clinical setting.

- Create an ethics education curriculum based on baseline survey results and cultivated over time in response to emerging organizational needs and current bioethics issues. To keep participants engaged, develop a mix of approaches, including study of ANA's *Code of Ethics for Nurses with Interpretive Statements*, literature reviews, case discussions, guest speakers, ethical analysis tools, films, podcasts, blogs, book clubs, and "ripped from the headlines" ethics topics. If possible, offer free continuing-education credit at monthly meetings to provide an additional benefit to participants.
- Develop education for regularly scheduled ethics champion meetings so that the content can be easily replicated in their respective settings for ethics champion-facilitated, unit-based ethics education and discussion.
- Promote interdisciplinary inclusion and discussion at these sessions.

- Include the ethics champions in hospital-wide ethics committee meetings and activities to build relationships and increase awareness of available resources.
- Match ethics champion program development (through education, consultation, and policy guidance) with the ethics committee to increase participants' skills, knowledge, and engagement with the committee's work.
- Plan an annual program evaluation to elicit feedback and shape program development.
- Establish a "true north." For example, incorporating ethical discernment of everyday practice into cognitive action.
- Above all, provide a safe place for the ethics champions to bring ethical concerns, develop skills for effective ethics conversations, and share skills and abilities with their colleagues to benefit patients and families in their care.

Meet your ethical obligations

Marsha Fowler, in the *Guide to the Code of Ethics for Nurses with Interpretive Statements: Development, Interpretation, and Application*, 2nd edition, states that "nurses, in all roles, must create a culture of excellence and maintain practice environments that support nurses and others in the fulfillment of their ethical obligations...the Code goes beyond a foundation of support for nurses; it seeks to construct a culture of excellence wherein meeting ethical obligations is an everyday expectation." These three ethics champion programs aim to do just that and provide an example for other organizations to follow. ■

Heather Fitzgerald is a clinical nurse ethicist at Children's Hospital Colorado in Aurora. Angela Knackstedt is a health literacy/bioethics clinical coordinator at Children's Mercy Kansas City in Missouri. Karen Trotochaud is a nurse ethicist at Children's Healthcare of Atlanta in Georgia.

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Staffing committees: A safe staffing solution that includes engagement

With nurse input, this hospital strives for staffing satisfaction.

By Ann Blankenhorn, MSN, MBA, RN, NEA-BC

Readings Hospital, a 700+ bed acute care hospital in Reading, Pennsylvania, achieved ANCC Magnet Recognition® in 2016. In October 2017, along with the acquisition of five additional hospitals, the organization became part of the Tower Health System.

As in many organizations, staffing and scheduling practices can be a source of staff satisfaction or dissatisfaction. In 2014, in an effort to ensure staffing satisfaction, nursing leadership formed a nurse-driven staffing and scheduling committee composed of 50% direct-care RNs. We began our journey focused on safe staffing practices, using the American Nurses Association's principles for nurse staffing as our foundation.

The committee first worked to develop a solid charter that identified functions and responsibilities, including:

- developing, reviewing, evaluating, and implementing hospital-wide nurse staffing plans
- creating recommendations for unit-based staffing teams and identifying opportunities to optimize staffing resources
- providing education on topics such as benchmarks (including ActionOI® and the National Database of Nursing Quality Indicators®) and policy.

Building a solid team

The current committee is made up of 65% direct-care nurses and 35% hospital leadership and support staff, including patient care assistants, payroll and electronic staffing system members, representatives from the reassignment team and



patient safety, and a member from human resources (HR). We meet once a month for 90 minutes.

The clinical staff provides insight into what's happening in practice and how it's managed throughout the nursing areas.

Alignment with interprofessional committee members helps with problem solving and idea sharing. For example, the HR member provides a direct link to that department to identify and quickly address topics such as pay and compensation, as well as policy and practice. Receiving accurate information quickly helps the team better understand problems and solutions and provides transparency to the divisions and units. And with the help of the reassignment team member, we moved the reassignment survey to an electronic format, which lets participants respond anonymously, giving us more open feedback.

Achieving accomplishments

During the last 3 years, we've achieved many accomplishments, including aligning pay to hours, incorporating turnover and vacancy data, creating vacation and holiday time guidelines, standardizing call-off time requirements, and balancing schedules by divisions before posting.

We continue to work to ensure consistent and fair practices for all nursing staff. Currently, we're exploring the following topics:

- incentives to pick up extra shifts
- best practices related to 12-hour shifts
- automated emails for the reassignment survey
- staffing effectiveness and safety issues.

For example, the organization offers financial

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Orlando Health Arnold Palmer Medical Center (APMC) is comprised of the 158-bed Arnold Palmer Hospital for Children and the 315-bed Winnie Palmer Hospital for Women & Babies. APMC is one of only 8 percent of U.S. healthcare organizations to be awarded the American Nurses Credentialing Center's Magnet® Designation, recognizing exemplary patient care and innovative nursing practice. Both Arnold Palmer Hospital and Winnie Palmer Hospital have been named 2017 Top Hospitals by The Leapfrog Group. In addition, Arnold Palmer Hospital was named a 2017-2018 Best Children's Hospital by *U.S. News & World Report* in five pediatric specialties.



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2,104 beds

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Memorial Sloan Kettering
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Memorial Sloan Kettering Cancer Center

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The Magnet Recognition Program®
recognizes health care organizations
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excellence and innovations in professional
nursing practice.

Tools you can use

The nurse-driven staffing and scheduling committee at Reading Hospital has developed several tools aimed at improving staffing.

Web page

The committee's web page provides full transparency to its work. Information available to all hospital staff includes:

- meeting minutes
- committee roster
- charter and strategic planning initiatives
- outcomes achieved in the previous fiscal year
- unit staffing guidelines
- reference guides for staff reassigned to a unit
- up-to-date divisional reference guides and individual practices.

Electronic scheduling tools

We developed an education plan for staff and managers. Education included use of electronic scheduling tools, such as how to self-schedule and scheduling around requests. We've incorporated tip sheets into weekly huddles, so the information can reach as many staff as possible.

Learning board

Our committee meetings include an open forum at the beginning so that hot topics are addressed. The forum includes a learning board on each unit where staff can post concerns on any topic, as well as potential solutions. When first submitted, a topic is in the red zone, which means it hasn't yet been reviewed. As it's reviewed and work begins, the topic moves to yellow; when it's completed, it moves to green with a summary of what occurred. This format closes the loop with the entire team and makes follow-up information available to everyone.

incentives to encourage nurses to pick up an extra shift. However, the staffing and scheduling committee identified that not everyone is motivated by the same thing, so we conducted a brainstorming session to look at what motivates people. We learned that extra paid time off and the ability to reduce accrued attendance points were important to some staff.

Learning lessons

Nurse-driven staffing committees help encourage engagement around the most difficult topic nurse leaders face. Our committee has been very realistic and effective in making difficult decisions that incorporate the greater good of the organization and the patients. Turnover reports for the last 2 years identify the top four reasons for leaving: another job opportunity, family obligations, relocation, and retirement. The committee will continue to identify any connections between global scheduling issues and turnover. ■

Ann Blankenhorn is the senior nursing director at Reading Hospital in Reading, Pennsylvania.



New York-Presbyterian Hudson Valley Hospital

1980 Crompond Road, Cortlandt Manor, NY 10567
(914) 737-9000
hvhc.org

NewYork-Presbyterian Hudson Valley Hospital, a member of the NewYork-Presbyterian health system, is a fully accredited general, not-for-profit 128-bed hospital offering a wide range of inpatient services and ambulatory care. In collaboration with NewYork-Presbyterian and ColumbiaDoctors, the faculty practice of Columbia University Medical Center, patients have access to more than 450 highly skilled and dedicated practitioners who provide advanced diagnostic and treatment expertise in 62 specialties. The hospital has achieved Magnet®-recognition three consecutive times, underscoring its high standard of patient care.



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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.



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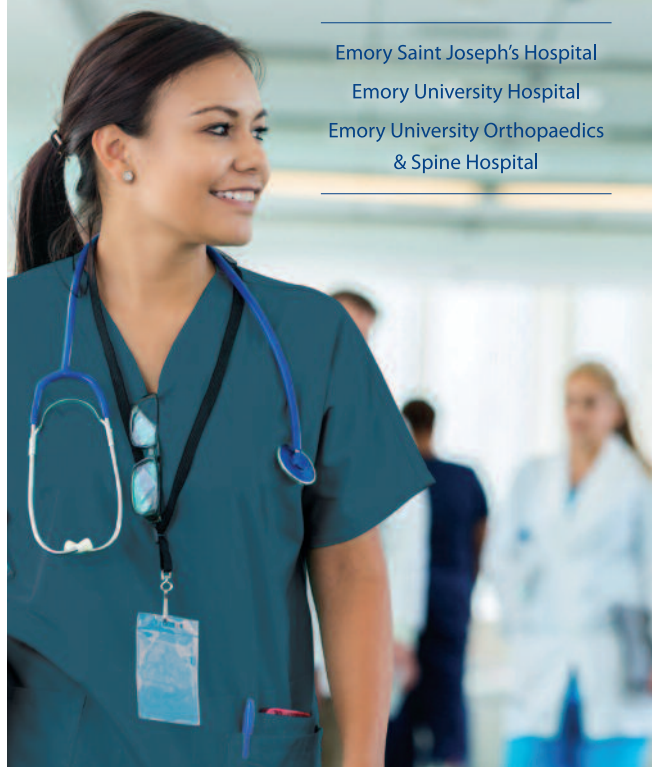
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MSK Department of Nursing
2018 Nursing Continuing Education Programs

Advancing Nursing Expertise in the Care of Older Adults with Cancer

June 1
December 14

APHON Pediatric Chemotherapy and Biotherapy Provider Course

March 8 - 9
June 21 - 22
October 22 - 23

The Breast Care Course

March 1 - 2
October 19 - 20

End of Life Nursing Education Consortium (ELNEC) Program

March 22 - 23
May 22 - 23
September 24 - 25

Hematopoietic Stem Cell / Bone Marrow Transplant

July 18 - 19
November 14 - 15

Immunotherapy: Treatment, Toxicity, and Future Trajectory

June 28 - 29
October 2 - 3

Caring for the Oncology Patient Receiving Radiation Therapy: Treatment and Management Strategies

April 12
October 18

Pediatric Fundamental Critical Care Support (PFCCS) Course

December 5 - 6

Pediatric Oncology Education Day

May 2 and 10
October 24 and November 6

Memorial Sloan Kettering Cancer Center - Nursing Professional Development/Continuing Education is accredited with distinction as a provider of continuing nursing education by the American Nurses Credentialing Center's Commission on Accreditation.

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