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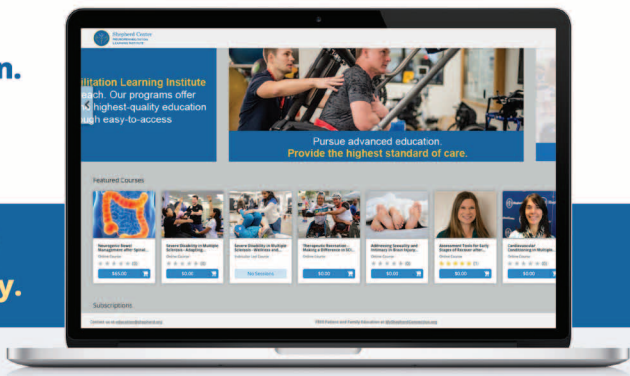

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Nursing Excellence

2021 Magnet®-recognized and Pathway to Excellence®-designated Organizations Success Stories

Special Section

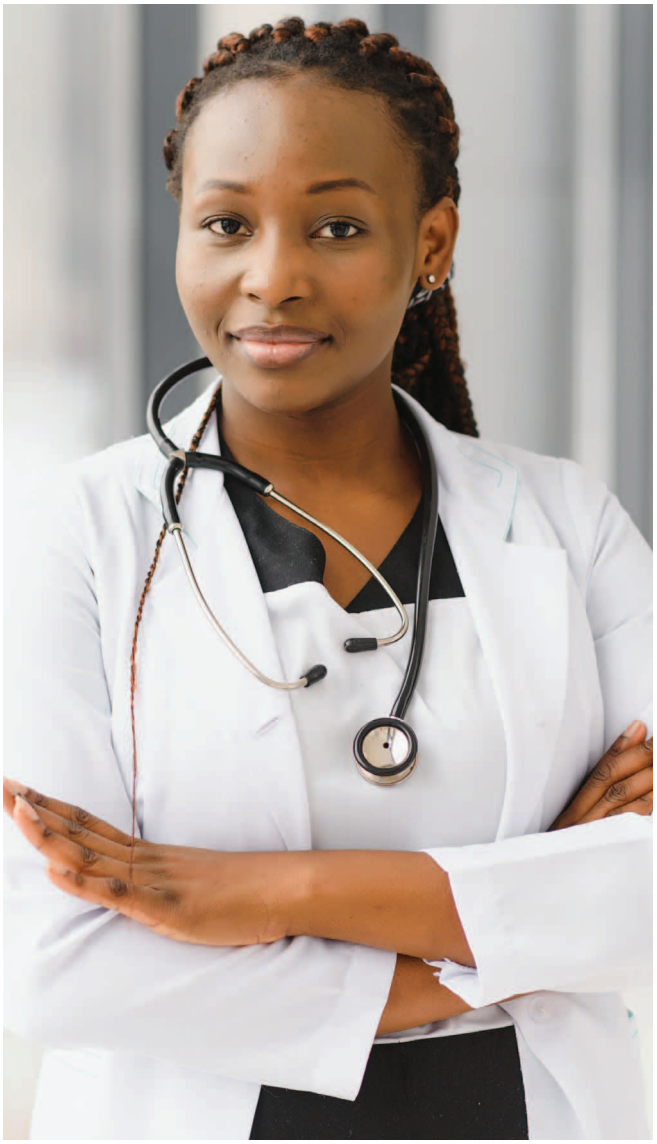
Pivotal role of the Magnet® program director

Fanning the flames of nursing excellence

By Sarah Ann Mowry Lackey, DNP, RN, CCNS; Tanya F. Lott, DNP, RN-BC; and Jill Whade, MSN, RN, CPN

Celebrating Magnet® designation is a day like no other. Whether it's the first, third, or fifth designation, this achievement—which represents quality, excellence, innovation, and leadership—is something to be celebrated.

American Nurses Credentialing Center (ANCC) Magnet designation has become one of the blueprints healthcare organizations use to attain and sustain nursing excellence. Applying Magnet standards to engineer nursing culture results in progressive structural, process, and outcome improvements that directly and indirectly affect patient care and organizational metrics. Since its inception in the 1990s, Magnet designation has moved nursing forward, demonstrating its impact in all areas of healthcare. Studies have shown better patient outcomes, including reduced mortality rates, and significant improvements in the work environment in hospitals that have received the designation compared to those that haven't. Benefits also include pride in nursing practice, which leads to recruitment advantages for Magnet hospitals.



Magnet designation is the result of intentional work by leaders, clinical nurses, interprofessional colleagues, teams, and workgroups across the organization. At the center of all that work is a key player—the Magnet program director (MPD).

ANCC requires organizations to identify a designated MPD. Along with the organization's chief nursing officer (CNO), the MPD is the primary contact for communication with the ANCC throughout the designation cycle. The MPD plays a pivotal organizational role, serving as a critical facilitator in attaining and maintaining Magnet designation. The role is complex, diverse, and challenging. MPDs serve as data analysts and interpreters, authors and editors, and directors. (See *Program vs. project director.*)

Data analyst and interpreter

As healthcare data have become more abundant and amassed from numerous sources (including clinical records, financial records, wearable devices, medical devices, and research) across diverse disciplines, determining how to most effectively analyze and use the information to improve patient outcomes and stimulate innovation has been challenging. Analyzing and interpreting nurse-sensitive data are important to the MPD role.

Many of the sources of evidence requested in the Magnet application manual are data centric. A challenging aspect of the MPD role is to facilitate the pursuit of empirical outcome measures, as opposed to process measures. Process measures capture quality improvement efforts, whereas empirical outcome measures re-

flect the impact an intervention has on patients' health status. As individuals and teams construct quality improvement projects, the MPD must ask the question, "So what? How does this intervention impact the patient or the work environment?" Keeping an eye on quality initiative designs to ensure empirical outcomes are measured is an aspect of the MPD role frequently overlooked but is vital to successful Magnet designation.

The MPD uses data to objectively tell the story of nursing excellence and provide context for comparisons against national benchmarks. The National Database for Nurse Sensitive Indicators is one platform that provides nationally benchmarked nurse-sensitive indicators (such as falls, pressure injuries, and infection rates) required for Magnet evidence.

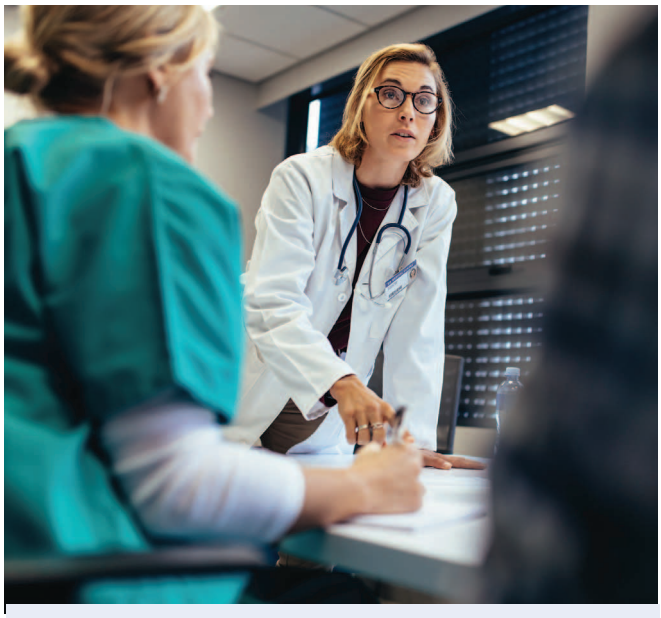
In addition to data-centric examples, designating organizations also must present eight quarters of data for nurse-sensitive indicators (such as pressure injuries, catheter-acquired urinary tract infections, and falls with injury); the data must be compared to other organizations in a national database. To pass Magnet standards, more the half the units presented must be above average (for inpatient and outpatient care areas) in at least five quarters. Organizations also must exceed national averages in nurse satisfaction in the majority of units to move forward to the site visit step in the Magnet designation or redesignation process.

MPDs have an opportunity and an obligation to ensure that nursing initiatives focus on empirical outcomes and that data are tracked, evaluated, and disseminated. MPDs help anchor nursing practice to outcomes by ensuring data are accurate, accessible, and understood by nurses at all levels.

Author and editor

In addition to data analysis and interpretation, MPDs oversee construction of one of the most comprehensive and sophisticated representations of Magnet excellence: the Magnet document. Magnet standards are exacting, so MPDs work to ensure the document is a precise and logical progression of ideas and facts that address each of the standards. Any ambiguity will result in an example being returned with requests for additional information. (See *Narrative and empirical examples*.)

The designation cycle spans 4 years, and most MPDs will agree that producing a quality document takes 2 to 3 of those years. This work becomes an organization-wide activity as teams search for examples that accurately and clearly meet each standard, authors construct narratives according to required phrasing, editors revise for accuracy and syntax, readers review individual items to ensure requirements are met, leaders clear barriers to acquiring information and evidence, and units celebrate when their work is included. The MPD oversees and synthesizes the entire process, from the interpretation of each example statement to team education and uploading of the document into the ANCC electronic platform.



Program vs. project director

When the Magnet® director role was first created, it sometimes was called a "project director." However, the distinction between the Magnet Recognition Program® as a project vs. a program is significant. A *project* is single-focused and frequently concludes quickly, whereas a *program* consists of a collection of ongoing projects that benefit the organization over time.

Magnet standards, if used strategically, provide a framework that organizations can use to continually guide nursing practice, aligning structures and processes to achieve excellent patient outcomes and improve the work environment. As hospitals move through designation and redesignation cycles, the process becomes continuous. Magnet, as a program of nursing excellence, is not merely a project to be focused on at the time of redesignation. It requires ongoing vigilance and oversight.

Director

While other nursing leaders are focused on day-to-day operational issues, MPDs focus on the strategic direction nursing must take to continually improve care delivery. They strive to align the organization with current Magnet standards, and they work with interprofessional colleagues across the organization to help guide its strategic direction. For example, MPDs collaborate with CNOs to identify gaps in nursing practice and develop improvement plans. This gap analysis is essential for sustaining the Magnet culture.

Strong time management and organizational skills are needed to manage a Magnet program. MPDs also must possess excellent verbal and written communication skills. They're called upon to provide education, present the impact Magnet status has on the organization, and work with internal teams, external consultants, the ANCC Magnet Program staff, and appraisers to ensure continual improvement. In addition, MPDs

Narrative and empirical outcome examples

The Magnet® document requires two types of written examples to demonstrate achieved standards: narrative and empirical outcome examples.

Narrative examples are written to specific requested elements, and evidence validates each of the key points addressed in the example statement. Evidence for narrative items includes dated written documents, protocols, policies, and presentations.

Empirical outcome examples are written to specific requests for improvement, with graphic representation of pre-intervention and sustained improved post-intervention data used as evidence.

Requirements for each of these examples, which are precise and outlined in the *Magnet Application Manual,* represent a rigorous scholarly template for reporting nursing initiatives.

develop teams and individuals, grow programs, innovate, and help craft a culture that yields the type of examples of excellence that are presented in the Magnet document.

Shared and professional governance councils are the main venues for involving clinical nurses and other frontline interprofessional staff in the development and implementation of the organization's strategic plan. MPDs frequently lead these councils and serve as encouragers, mentors, and coaches.

The constant state of change in healthcare can be distracting, but MPDs help ensure the focus of nursing stays on the Magnet standards, which translates into high-quality outcomes and engaged nurses.

MPD role preparation

MPD roles vary based on the size of the organization and available resources. Preparing for the role can be challenging, and the skill set is broad. Key skills include leadership, communication, program management, data analysis, scholarly writing, and education.

Some MPDs have reported learning the role by trial and error, whereas others benefited from apprenticeship-like structures and mentoring provided by experienced MPDs. Mentoring and group support can help soften the learning curve and give new MPDs ready resources for questions and consultation. Some states (such as Maryland, North Carolina, South Carolina, California, and Virginia) organize groups of MPDs who meet regularly and provide support for each other. Lackey and colleagues recommend doctor of nursing practice education as preparation for the role.

MPDs function autonomously, frequently without line authority, but they must influence organization-wide collaboration and cooperation to pull all the elements of the designation together, particularly in the construction of the Magnet document. Organizations

that provide adequate training and mentoring opportunities for new MPDs can help ensure that their Magnet program is seamlessly managed and that the focus on improving nursing practice according to excellence standards is continually maintained. (To learn more about MPD orientation, read the article on page 50.)

Moving practice forward

The MPD role is challenging and rewarding. The broad skill set and the opportunity to influence nursing culture and work with colleagues at many levels in the organization are all advantages not found in many other roles. Mastering the MPD role is a professional accomplishment unlike many others. Developing the required skills can help MPDs excel in just about any other role they pursue. Many nurses in the MPD role are tapped to undertake sophisticated, innovative, and change-oriented initiatives.

Magnet designation is the engine that has moved nursing practice forward, within organizations and within the profession. At the heart of the effort in each organization that's achieved the designation is the MPD. AN

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References

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

Anscombe Wood D. Pursuing Magnet designation: Pros and cons. *Nurse.com*. resources.nurse.com/magnet-hospitals-pros-and-cons.

Bekelis K, Missios S, MacKenzie TA. Association of Magnet status with hospitalization outcomes for ischemic stroke patients. *J Am Heart Assoc*. 2017;6(4):e005880. doi:10.1161/JAHA.117.005880

Brewitt M. The difference between a project and a program. APMG International. July 26, 2019. apmg-international.com/article/difference-between-project-and-program

Kutney-Lee A, Stimpfel AW, Sloane DM, Cimiotti JP, Quinn LW, Aiken LH. Changes in patient and nurse outcomes associated with Magnet hospital recognition. *Med Care*. 2015;53(6):550-7. doi:10.1097/MLR.0000000000000355

Lackey S, Cuellar NG, Letvak S, Isley T. Does a doctor of nursing practice degree provide preparation for assuming a Magnet program director role? *J Dr Nurs Pract*. 2017;10(1):56-64. doi:10.1891/2380-9418.10.1.56

Lean Enterprise Institute. What is Lean? www.lean.org/whatslean

Lott TF. Preparing clinical nurses for shared governance leadership roles. *Nurse Leader*. 2016;14(6):403-8. doi:10.1016/j.mnl.2016.08.001

NEJM Catalyst. Healthcare big data and the promise of value-based care. January 1, 2018. catalyst.nejm.org/doi/full/10.1056/CAT.18.0290.

Van Bogaert P, Van Huesden D, Slootmans S, et al. Leadership in nursing excellence: The Magnet Recognition® journey experiences in Europe. *J Nurs Adm*. 2020;50(11):578-83. doi:10.1097/NNA.0000000000000940

Wysocki R, Maughan ED. Using data to tell your school health story. *NASN Sch Nurse*. 2019;34(5):274-7. doi:10.1177/1942602X19865327

Competency-based orientation of Magnet® program directors

MPD preparation is the first step in the journey.

By Susan A. Winslow, DNP, RN, NEA-BC; Teresa E. Bilyeu, BSN, RN, NPD-BC; Lesley A. Cook, MSN, RN, NE-BC; Jolene J. Dorrell, MSN, RN, NPD-BC, PCCN-K; Kelly A. Via, MSN, RN, NE-BC; and Kelly F. Winslow, MS, BSN, RN, CEN

American Nurses Credentialing Center (ANCC) Magnet® designation recognizes healthcare organizations for patient care and nursing excellence as well as innovative nursing practice. Organizations on the Magnet journey need a dedicated Magnet program director (MPD) to successfully lead them toward designation and ensure they maintain it. ANCC guidelines for the MPD position state that organizations must appoint a single source of communication and contact for the process. However, no specific published requirements for the role exist.

MPD onboarding and orientation can be challenging because it's a single role within the organization and the previous MPD may no longer be present to ensure a smooth transition. Organizations frequently promote staff who exhibit strong leadership skills, but may lack knowledge of the Magnet components and standards. To ensure MPD and Magnet submission success, organizations should develop a detailed orientation program.

MPD role

As of March 2021, 552 Magnet facilities represent approximately 9% of U.S. hospitals. However, many more hospitals may be actively pursuing Magnet designation and have a formal MPD responsible for overseeing the program.

Serving as an MPD can be overwhelming, especially if no one else in the organization has experience in the role. Some states and regions have consortiums for networking, some healthcare systems have former and current MPDs who support and mentor one another, and the Magnet website includes guidance resources, including a new MPD checklist. Recently, robust discussion on private Magnet listservs have focused on the need to create and share a formal MPD orientation competency for successful onboarding.

Developing a new MPD competency model

MPD orientation at our 12-hospital healthcare system in the mid-Atlantic used a standard checklist of tasks, information, and data sources. It included reviewing the current Magnet manual and website, data collection tools, clinical benchmark and nursing and patient

satisfaction vendors, nurse-sensitive clinical indicators, document preparation, professional practice domains (care delivery models, professional practice model, shared governance structures), nursing research activities, and site visit logistics. The checklist had been updated over the past decade to meet changing Magnet requirements.

To align with the Magnet model components within transition to practice, we saw an opportunity to advance MPD orientation from a checklist focus to a competency-based outcome assessment.

Literature review

We started with a literature review (using the key words "Magnet program director," "competency," and "orientation") to guide our development of a new MPD orientation and competency tool. Little literature on the MPD role and innovative competency-based orientation models exits. Martin and Holskey, however, note that MPD succession planning has an impact on data collection, shared governance, mentoring, operations, document preparation, and site visit coordination. Lavin's description of the role includes the ideal structure for reporting to the chief nursing officer and its importance in cultural development and as an organizational change catalyst. A 2015 survey by Winslow and colleagues noted that one-third of MPDs in Virginia indicated they received no formal orientation. Most were self-taught.

Collaboration

MPDs and education leaders within the health system, representing nine Magnet-designated organizations, collaborated to transform the checklist into a competency validation tool. We based the new tool design on the Martin and LaVigne Nurse Development Resources® Benchmark, a standardized, evidence-based tool for assessing and documenting a transitioning nurse's readiness to practice.

The new MPD competency tool uses a design that promotes progression toward independence and incorporates concepts from current nursing competency theorists. It also includes the fundamental Magnet components (transformational leadership, structural empowerment, exemplary professional practice, new knowledge, innovations and improvement, and empirical outcomes) and familiarity with the Magnet manual and Magnet website resources. In addition, we integrated several competencies from the American Organization for Nursing Leadership (AONL), including communication, knowledge, leadership, professionalism, and business skills.

The tool defines each benchmark through an overarching competency outcome statement that's supported by purpose-driven objectives and defined by actions and activities for achieving independence. It also includes suggested verification methods. (See *Benchmark overview.*)

Benchmark overview

The Magnet® program director competency tool sets the following benchmarks:

- Demonstrate an overall understanding of Magnet and its impact within the organization.
- Demonstrate transformational leadership qualities by instilling vision and guiding nurses to embrace change for improved outcomes.
- Facilitate and promote shared governance structures to endorse a culture of structural empowerment.
- Model and influence professional nursing practice development to promote exemplary professional practice.
- Advocate for integration of nursing research and evidence-based practice to promote outcome improvements and new knowledge innovation.
- Navigate (access, review, retrieve) and analyze data from locations and repositories necessary to support empirical outcomes.

Competency validation

The Magnet® program director competency tool uses a variety of methods to assess competency and validate completion of orientation benchmarks. Here are some of them:

- case studies
- direct observations
- evidence of daily work
- exemplars
- group discussions and demonstrations
- mock events/surveys
- monitoring and reviewing reports or documentation
- peer review
- performance reviews
- presentations
- return demonstrations
- self-assessment
- simulation
- teach-back
- tests/quizzes/exams
- verbal feedback.

Magnet® program director competency tool: Empirical outcomes

This sample of a competency tool is for empirical outcomes. The competency outcome statement is: The Magnet Program Director navigates (accesses, reviews, retrieves) and analyzes data from locations and repositories necessary to support empirical outcomes for Magnet designation.

Degree of dependency	1 Fully dependent	2 Maximum dependence	3 Moderate dependence	4 Minimum dependence	5 Independent
Date/Initials	_____ /_____	_____ /_____	_____ /_____	_____ /_____	_____ /_____

Objective: Assume or oversee quarterly Patient Quality National benchmark data entry processes and demonstrate understanding of benchmarks and definitions.	**Date**
Actions/activities • Notify NSCI vendor(s) of contact and review site license, noting renewal dates and fees. • Traverse national benchmark vendor website. • Join quality improvement council(s). • Confirm data sources, unit management, and reporting.	**Verification methods** ☐ Complete required vendor nursing quality benchmarking on-line modules (TQE). ☐ Initiate and participate in stakeholder meetings to 1) confirm sources of data and unit management (GD) 2) confirm reporting structure/setting/dashboard processes (GD, DOC). ☐ Verbalize overview of benchmarks, including relation to Magnet quarterly performance requirements for Empirical Outcomes (V).

Objective: Familiarize self with additional data collection resources.	**Date**
Actions/activities • Access and review patient satisfaction national vendor website. • Familiarize self with unit nursing dashboards and processes. • Access and reference patient outcomes.	**Verification methods** ☐ Retrieve data reports for ☐ education/certification (DOC) ☐ NSCI/national benchmark vendor (DOC) ☐ patient satisfaction (DOC) ☐ nursing satisfaction (DOC). ☐ Verbalize overview of data collection resources, including relation to Magnet requirements for Empirical Outcomes (V). ☐ Review past Magnet document submission writing for Empirical Outcomes (DOC), if available (☐ N/A).

Degree of dependence: 1 = Dependent on other(s) 100% of time; 2 = Maximum dependence on other(s) 75% of time; 3 = Moderate dependence on other(s) 50% of time; 4 = Minimum dependence on other(s) 25% of time; 5 = Independent 100% of time

DOC = monitoring and reviewing reports of documentation, GD = group discussions and demonstrations, NCSI = nurse-sensitive clinical indicator, TQE = tests/quizzes/

Validating competency

This migration toward competency-based onboarding cultivates an autonomous, self-paced learning environment that preserves the subject-matter expert dynamic required for MPD success. To address the lone position of most MPDs, the competency tool was designed with independent accountability in mind. The MPD validates their own competencies for each Magnet domain using standard orientation processes, benchmarks, and myriad other strategies (See *Competency validation*.)

The MPD's supervisor monitors the completion of the overall process and periodically evaluates the MPD until they can function independently. (See *Magnet® Program Director competency tool: Empirical outcomes*.)

New model success

The new tool was successfully validated by five sea-

soned MPDs who led multiple Magnet designation outcomes for their organizations. It's been used to onboard several new MPD colleagues with clear focus on the leadership competencies required to successfully lead the Magnet process and the professional practice, data outcomes, and Magnet document creation.

MPDs in settings without prior Magnet experience may need to navigate their own onboarding and champion access to resources, experiences, asynchronous education, and mentorship outside of their organization.

This tool is ideal for MPDs who have a year or more before designation or redesignation. However, many MPDs are appointed less than a year before documentation submission or after submission and before the on-site visit. In those situations, using this tool may not be feasible.

Looking ahead

The MPD competency tool closes an identified gap and serves as one component of helping organizations achieve Magnet success. We'll continue to evaluate the tool for usefulness and make modifications as the MPD role is revised and refined to meet Magnet expectations.

MPDs at our health system are finalizing plans for a formal mentorship program to complement the competency tool and help increase MPD confidence and motivation as well as support retention. Currently, mentorship is informal, but we've identified a need to match each new MPD with a fellow MPD, taking into account both nurses' schedules and timelines for designation or redesignation. Our health system is large enough to provide internal mentorship, but a smaller or single hospital MPD could pursue mentorship from an MPD in another organization. In our experience, MPDs across the nation are happy to share their time and talents with others.

Magnet excellence is a journey of innovation, creativity, and best practices. Seasoned MPDs attest to the positive difference the Magnet experience has had on their own lives as well as those of their fellow nurses and patients. Setting up MPDs for success is step one of that journey. AN

Access references at myamericannurse.com/?p=299468.

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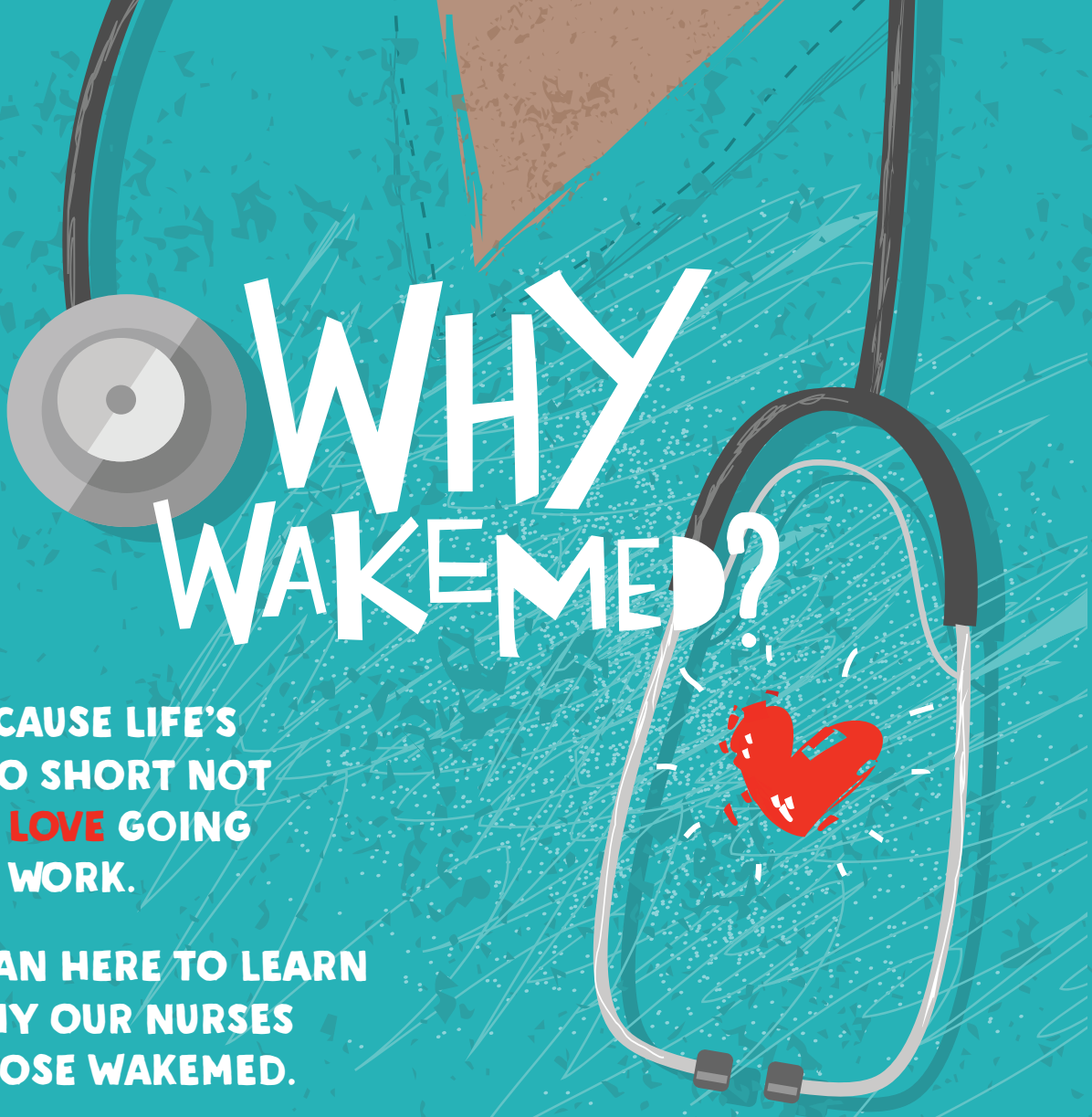

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Operationalizing Pathway to Excellence® standard for shared decision-making

A principle that guides nursing practice

By Gloria F. Giordano, MSN, RN

Piedmont Fayette Hospital in Fayetteville, Georgia, has been on a journey to promote a culture of interprofessional decision-making since before its first Pathway to Excellence® designation in 2015 (the second was in 2018). This deeply rooted culture—which encompasses unit-based councils, hospital committee representation, huddles, debriefings, multidisciplinary communication, and recruitment—empowers all nurses to have a voice in their practice and work environment.

Unit-based councils

Nursing shared governance is the foundation of nursing

collaboration and shared decision-making. Initially, our shared governance councils were hospital-wide and carried a broad purpose. As the councils began working on projects, nurses wanted to be involved in making changes and promoting the Pathway to Excellence standards on their own units, so we transitioned to unit-based councils (service lines, med–surg, emergency, critical care, and others) to give nurses sense of ownership, teamwork, and connection. We also created a nursing leadership council, which consists of the chair and co-chairs of each unit-based council, the department directors, and the chief nursing officer. The hospital has invested in the shared governance councils by sending council chairs to Lean Six Sigma training to acquire the skills they need to complete projects successfully.

If a project involves more than one department or service line, a temporary task force composed of all stakeholders leads the project. The task force disbands after project completion and evaluation. Projects take 6 months to a year to complete, depending on difficulty.

Unit-based councils meet monthly, and the nursing leadership council meets every 6 weeks to discuss projects and progress. Leadership council members help acquire resources and remove barriers as needed. The individual councils provide an avenue for nurses to voice concerns, share ideas, examine practice, and promote life-long learning and change, while focusing on evidence-based practice and patient-centered care. (See *Unit-based council at work.*)

Hospital committee representation

Nurses share in decision-making outside of shared governance by participating in various hospital committees. For example, the sepsis team is championed by a stat nurse and includes physicians (intensivist and hospitalist) and other nurses (critical care, stat team, med–surg, emergency department). The committee meets monthly to discuss quality metrics, wins, and challenges. The nurse champion is part of the system-level sepsis team, which provides updates and changes to sepsis treatments. The addition of new nurse graduates year-round requires ongoing staff education about sepsis protocols and treatments. All new hires spend a day with the stat nurse learning about sepsis protocols.

Huddles

Daily pre-shift and patient safety huddles began at Piedmont Fayette Hospital in late 2011. At the time, most employees were unfamiliar with the huddle concept. Now, huddles are integrated into practice and a source of daily shared decision-making.

Every department and every nursing unit has a pre-shift huddle to discuss the day's events and concerns and to review safety principles and error-prevention tools. The huddles also are used for announcements, education, and any hospital-wide issues that may affect unit operations. If a unit seems overwhelmed, a charge nurse may call for a mid-shift huddle to help the unit prioritize, find out who needs help, and determine who can offer assistance.

Patient safety huddles are held every day at 10 AM and 10 PM, and they typically last 15 minutes (maximum 30 minutes). A representative (manager or team member, such as a direct-care nurse) from each department attends the meeting; nursing units usually send charge nurses. Each patient safety huddle begins with a promise story (something good that's happened) or safety story (a concern or win). Then each department gives a brief "state of the unit" report. These reports help alert everyone to any issues that may affect them. For example, if a computed tomography unit is down in radiology and won't be repaired until late in the evening, nursing units can be prepared to inform patients and families that procedures may be delayed. Those involved work together after the huddle to find solutions.

Safety huddles also give direct-care nurses the op-

Unit-based council at work

Two nurses on a med–surg unit at Piedmont Fayette Hospital attended a conference on evidence-based practice and learned that similar units in other hospitals had RNs take the first set of vital signs on each shift.

The hospital's current practice was for patient care techs to take the first set of vital signs on as many as 15 patients, making the time between the first patient's vital signs and the last significant. Med–surg nurses have a 1-to-5 nurse–patient ratio, so if nurses would take the first set of vital signs, patient care techs would have time to begin patients' baths and get them ready for breakfast or ambulating.

The nurses who attended the conference presented this idea to the med–surg unit council as a potential practice change. The council completed a literature search that confirmed it as a best practice. Discussions about the proposed change began in the council meetings and then were shared with leaders and direct-care nurses for support.

The staff of a 23-bed surgical unit volunteered to participate in a trial. Education took place at day- and night-shift safety huddles and during staff meetings. Nurses were given an email address to share thoughts and concerns about the change. Staff found that nurses taking the first set of vital signs aided patient care assessment and helped them address changes in a patient's condition, resulting in better outcomes. The unit adopted this new practice with plans to introduce it to other med–surg units.

Collaboration in action

The intensive care unit (ICU) at Piedmont Fayette Hospital recently participated in shared decision-making related to equipment purchase and unit expansion.

Equipment purchase
Direct-care nurses told their unit manager and director that they found a certain brand of bed (VitalGo) to be important to their practice and patient care, especially with the increased need for beds during the COVID-19 pandemic. The bed allows nurses to measure patient weight bearing for progressive, early mobility therapy. Nurses witnessed the positive progress patients made when the bed was used. However, it wasn't always available to rent.

The team explored the cost of renting vs. owning a bed and found that owning would provide cost savings. At the same time, a local civics group donated a large sum of money for the ICU. The nurses advocated for using the donation to purchase the bed. Management and the executive team approved the bed recommendation, and several beds have been purchased.

Unit expansion
During a COVID-19 surge, the ICU swapped its physical space with a larger unit to increase critical care beds from 14 to 30. After a few months, it was decided that a need for the 30 beds still existed and that the swap would be permanent.

Direct-care nurses were asked to make a list of renovations and other items needed to transform the unit into a permanent ICU. The list was presented to the director and executive team, and current discussions are taking place. Because of shared decision-making, critical care nurses have a voice in what the unit needs and how it will be designed.

portunity to voice concerns and ask for assistance. Others can then join the conversation. For example, a direct-care nurse might report a difficult patient experience and request assistance and guidance on how to handle the situation. Other departments (such as case management, security, patient experience), management, or executive staff may offer assistance and meet after the safety huddle to provide a quick resolution. When nurses are included in this collaborative process, they can see the results, which builds trust in leadership and lets them know it's safe to speak up.

During the hospital's COVID-19 surges, pre-shift huddles continued on the units, and safety huddles were virtual. A 24/7 incident command center allowed staff to call for information or assistance at any time.

Debriefings

Debriefings are a critical element of the healthcare safety

tool kit. They can be called by any staff member after an event, usually a difficult patient situation. Discussions, led by the parties involved, focus on what went well, what could have been done better, and what requires follow-up. The whole team participates in the debriefing, which aids process improvement.

Multidisciplinary rounds

Multidisciplinary rounds (which include the primary nurse, provider, care manger, patient, and family) occur daily on the nursing units. Other disciplines, such as physical therapy or nutrition, also may participate as needed. During these rounds, decisions are made about current treatment plans, discharge planning, and other issues that can help patients better manage their care at home.

During the first COVID-19 surge, the care team sought ways to continue to have multidisciplinary rounds. Using two telehealth monitors, the stat nurse, physicians, unit managers, and charge nurses developed a process to continue rounds. Physicians had a monitor in their work area while nurses moved the other monitor from patient to patient. FaceTime and other mobile device applications were used to connect with the family during rounds.

Recruitment

Nursing departments use shared decision-making in the hiring process. A panel of direct-care nurses and clinical managers conduct interviews using a system of behavioral questions, standard questions, and point grading. Nurses who serve on the panel score each question, and those scores are considered in the hiring decision. Unit nurses also take candidates on tours of the unit, which allows them to get a sense of whether a candidate is a good fit for the team.

Guiding principle

Piedmont Fayette Hospital nurses have worked hard to create a shared governance program, participate on committees, and have a voice in processes that affect their practice and patient care. (See *Collaboration in action*.) The Pathway to Excellence program, including standard one (shared decision-making), provides a guiding framework for many of the hospital's nursing projects. AN

Gloria F. Giordano is manager of nursing programs at Piedmont Fayette Hospital in Fayetteville, Georgia.

References

What is lean healthcare? NEJM Catalyst. April 27, 2018. catalyst.nejm.org/doi/full/10.1056/CAT.18.0193

Cardona-Morrell M, Prgomet M, Lake R, et al. Vital signs monitoring and nurse-patient interaction: A qualitative observational study of hospital practice. *Int J Nurs Stud.* 2015;56:9-16. doi:10.1016/j.ijnurstu.2015.12.007

Fasolino T, Verdin T. Nursing surveillance and physiological signs of deterioration. *Medsurg Nurs.* 2015;24(6):397-402.

Operationalizing Pathway to Excellence® standard for professional development

Strategies for developing a competent, collaborative staff

By Tina Citro, DNP, RN, NE-BC

During this past year, nurses have been celebrated as heroes, receiving the well-deserved spotlight. Although long overdue, this recognition highlights the immense impact each nurse, in every setting, has on the health of individuals, communities, and populations they serve. Pathway to Excellence® Standard 6: Professional Development recognizes the importance of competent and collaborative staff as a foundation for delivering safe and effective patient care. So regardless of—or perhaps because of—the ever-changing world around us, lifelong learning and growth must be a priority for every professional and every healthcare organization.

The Pathway to Excellence journey begins with an assessment of the nursing department's culture. For example, when I arrived at my organization several years ago, I met with all formal and informal nurse leaders, including educators, house supervisors, charge nurses, and council chairs. Then, as I met with other department leaders, I asked about their department's

relationship with the nursing department. Those interviews provided me with insights about the culture of the department and helped me articulate my vision and build a leadership team and structure in alignment with that vision.

Pathway Standard 6 supported me in attaining those goals. It contains nine elements of performance focused on developing competent and collaborative staff. They fall into three buckets: orientation and competency, professional development, and growing future leaders.

Orientation and competency

During a thorough review of current orientation materials, I discovered forms and checklists photocopied so many times that they were unreadable and full of varying expectations, processes, and lengths of orientation. As part of an integrated health system, I needed to clearly understand what content was being covered at the centralized health system orientation for nurses and where gaps existed that were the responsibility of my individual hospital.

I spoke with newly hired nurses and those who served as preceptors to elicit feedback about the process and their experiences throughout orientation. Recognizing that we lacked the resources to provide the comprehensive orientation necessary to elevate nursing practice, recruit and retain strong nurses, and ensure competency across the organization, I advocated for clinical educators. Then, to emphasize the importance of professional development, I established a hospital-based, centralized professional development department with the expertise to enhance staff orientation, education, and competency.

The professional development department standardized orientation materials across the organization with checklists created to address unit-specific competencies. In addition, the department re-established expectations that require all preceptors to attend the system-wide preparedness course and all novice nurses to attend the year-long residency program. Previously, managers were concerned about staffing levels and didn't prioritize program attendance. Articulating the programs' benefits and advocating for resources to support attendance helped establish the professional practice environment.

After the comprehensive orientation process was solidified across the organization, the professional development department focused on competency validation. Although the health system requires annual minimal competencies, unit-based education and skills days were inconsistent. The department evaluated staff learning needs, quality and regulatory compliance misses, new clinical services, and gaps in the system's annual competency program to create unit-specific skills and competency days.

Because orientation should evolve, the organization piloted an intensive orientation model. Based on the Advisory Board's work on the experience-complexity gap, the first several weeks of unit-based orientation follow a targeted skills-intensive model. This allows novice nurses to master tasks before incorporating critical thinking, time management, and multitasking. Feedback from orientees has been positive. (See *Orientation success*.)

Orientation success

The medical–surgical unit at WellSpan Ephrata Community Hospital has used the skills-based model to decrease average length of orientation from 12 weeks to 10. A specially trained frontline staff RN preceptor, designated as an "intensive leader," directs a group of four new nurses for an initial period of 2 weeks. Unit-based preceptors have expressed their support for the new orientation process and noted overall improved nurse preparedness. They've also indicated willingness to continue participating in onboarding new hires.

Since the start of the program, 17 nurses have participated, and a second intensive leader has been oriented. Plans to expand the model will include all inpatient areas, and a modified version will be used for specialty areas, such as the emergency department, operating room, and family maternity.

Professional development

After an engaged leadership team, educators, an appropriate structure, and a consistent orientation process were in place, we focused on professional development and educational offerings. The professional development department helped frontline leaders and

Growth opportunities

Organizations can provide a variety of growth opportunities for emerging nurse leaders. For example, a formal mentoring program can help address the need for this invaluable resource. In addition, supporting access to activities outside of nursing's scope—such as board and system leadership meetings, quality committees, community events, and other forums—allow potential leaders to witness nurses' work outside of the department and at higher levels within the organization. Then leaders can follow up with discussions to provide insight and elicit feedback.

educators understand quality benchmarks, conduct unit-based competency or skills days, and use survey tools to identify staff educational needs. In addition, to ensure all staff benefit from the department's expertise, the department created an easily accessible online education and in-service request form that can track requests and assign appropriate educators.

Advocating for and supporting professional development and shared governance activities through leadership presence and financial resources are invaluable for demonstrating the importance of these activities. Nurse leaders are responsible for articulating the benefits of conference attendance, abstract submissions, bachelor-prepared nurses, and specialty certification. To do this effectively, leaders must understand how to present data and evidence-based research to support funding for these activities. I had the opportunity to present to the philanthropy board of my organization and describe the benefits of helping nurses learn and grow professionally. Three projects were later funded to advance nursing professional development: a clinical simulation lab, a general nursing education fund, and a SAFE (sexual assault forensic exam) program for training emergency department nurses.

Regardless of the extent the organization can fund activities, every event, certification, and professional development activity should be recognized and celebrated. For example, my organization acknowledged Certified Nurses Day by providing badge buddies

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(badges that connect to the employee's hospital ID) with "certified RN" written on them. This small gesture was widely appreciated.

A clinical ladder program designed to recognize and reward nurses at the bedside is another valuable tool for promoting professional development. An organization can help staff achieve and maintain their clinical ladder level by identifying opportunities for involvement in initiatives, committees, or community events, and encouraging and facilitating participation. A mentoring program that pairs a nurse who's pursuing the clinical ladder with one who recently achieved it is a professional growth opportunity for both individuals.

Growing future leaders

As opportunities and support for professional development permeate the nursing department, potential leaders will begin to emerge. Identifying them will ensure department success into the future. Conducting professional development discussions, at least annually, will alert managers to staff interests and may uncover some untapped talent.

My organization's nursing department has access to many formal leadership development programs. For example, a nursing leadership academy and nurse manager residency program help groom future leaders. Access to these programs and allowing time to attend are necessary to ensure adequate preparation for emerging leaders and leadership stability into the future. (See *Growth opportunities*.)

Make the commitment

Healthcare organizations have a moral and ethical obligation to ensure staff competency. However, to change the culture and "guide the transformation of the practice environment," as stated in the mission of Pathway to Excellence, individuals and organizations must go beyond basic competency validation and commit to lifelong learning and professional development that continually elevate the practice of nursing. AN

Tina Citro is president of WellSpan Ephrata Community Hospital in Ephrata, Pennsylvania, and vice-president of the hospital's patient care services.

References

American Nurses Credentialing Center. *2020 Pathway to Excellence® Practice Standards and Elements of Performance*. Silver Spring, MD: ANA Enterprise; 2020.

Covey S. *The 7 Habits of Highly Effective People: 30th Anniversary Edition*. New York City, NY: Simon and Schuster; 2020.

Crosson R. *What Makes a Leader Great: Discover the One Key that Makes the Difference*. Eugene, OR: Harvest House Publishers; 2014.

Herleth A. The experience-complexity gap. Advisory Board; 2019.

Wake M, Green W. Relationship between employee engagement scores and service quality ratings: Analysis of the National Health Service staff survey across 97 acute NHS Trusts in England and concurrent Care Quality Commission outcomes (2012-2016). *BMJ Open*. 2019;9(7):e026472. doi:10.1136/bmjopen-2018-026472

Advancing shared governance during a pandemic

A collaborative initiative yields positive outcomes despite challenging circumstances.

By Dani Edwards, MSN, RN, PCCN-K; Sarah Brzozowski, MBA, BSN, RN, NEA-BC; Susan Rees, DNP, RN, CPHQ, CENP; Meghan Reisman, BSN, RN; Mandy Jo Mlsna, MSN, RN, CPN; and Rebecca Rankin, MS, RN, CPHQ, PMP

A strong shared governance structure has been shown to enhance the effectiveness of healthcare organizations by improving patient outcomes, increasing nurse satisfaction, supporting nurse autonomy, and strengthening nursing practice. Despite the challenges faced throughout the COVID-19 pandemic, healthcare organizations must remain committed to a culture that values and supports shared governance.

In early 2020, UW Health, a large academic medical center with 595 beds and 45 clinics, sought to strengthen its shared governance structure. The process began with a current state assessment, which led to a 3-day workshop with an overall goal of transforming nursing practice through nurse empowerment.

Assessing the situation

As a Magnet® organization, UW Health values and promotes nurse autonomy. It launched a formal nursing shared governance council structure in 2004, which by 2020 included eight system-level councils (practice, products and technology, professional advancement, recognition, quality and standardization, education, research and evidence-based practice, and staffing), a council of unit chairs, a nurse executive council, and unit councils. UW Health's overarching nursing council, the nurse coordinating council (NCC), consists of the chairs and co-chairs of each of the eight system-level councils and council of unit chairs. (See *Shared governance structure.*)

The NCC completed a current state assessment of the system-level council structure, including all system-level councils, the NCC itself, and the council of unit chairs, to identify strengths and barriers of shared governance using a fishbone diagram (a visualization tool for identifying problems and understanding their root causes). The NCC then assessed the combined strengths and barriers of all the councils to pinpoint themes and subthemes to target for improvement.

To objectively evaluate the operations within each individual shared governance council, members completed the Council Health survey tool. Results of the current state assessment revealed a need for leadership development of system-level council chairs and enhancement of shared governance council processes. (Access NCC health survey results at myamericannurse.com/?p=303143.)

Designing a workshop

With commitment and backing from the organization's chief executive officer and interim chief nurse executive, the authors designed a 2-day workshop to provide the NCC with

focused time to address identified barriers, which was approved for June 2020. Planning for the interactive workshop began immediately with support from key stakeholders, including Magnet and nursing excellence department staff (planning), nursing education and development department staff (contact hour guidance), nursing education council and nurse coordinating council chairs (direct-care nurse feedback and planning), and UW Health's organizational improvement department (activity development). The workshop agenda was first shared with the NCC chair for initial review. Before finalizing the agenda, all NCC members reviewed and prioritized topics based on their identified needs. (See *Workshop structure*.)

Safety and technology

In addition to planning the content of the workshop, extensive logistical preparation ensured all Centers for Disease Control and Prevention and organizational COVID-19 guidelines were followed. To support contact tracing recommendations, each workshop attendee was assigned to one of three meeting rooms, which remained consistent throughout each day and session. The workshop was offered in a hybrid format of in-person and virtual sessions, but it could have been exclusively virtual.

The workshop was held in an administrative building with low occupancy during the pandemic. Attendance included 30 incoming and outgoing NCC members. When attendees arrived, they were directed to their assigned rooms. The three rooms allowed for adequate physical distancing, and attendees wore masks at all times.

The rooms were connected via teleconferencing technology with screen sharing and video capabilities. Overhead microphones permitted attendees to control when audio connections between rooms were active, providing opportunity for individual room collaboration or larger group interaction. Presenters rotated among rooms, which guaranteed that each workshop participant would receive equal in-person presentation time. To ensure participants had everything they needed, one facilitator was present in each room to guide group discussions and manage technology.

Day 1: Setting the stage

On the first day of the workshop, participants discussed a variety of topics, including meeting facilitation, communication skills, and evidence-based practice. The outcomes from those discussions were evaluated and incorporated into activities for the second day. This structure encouraged participants to build on their learnings and implement new concepts during collaborative group work.

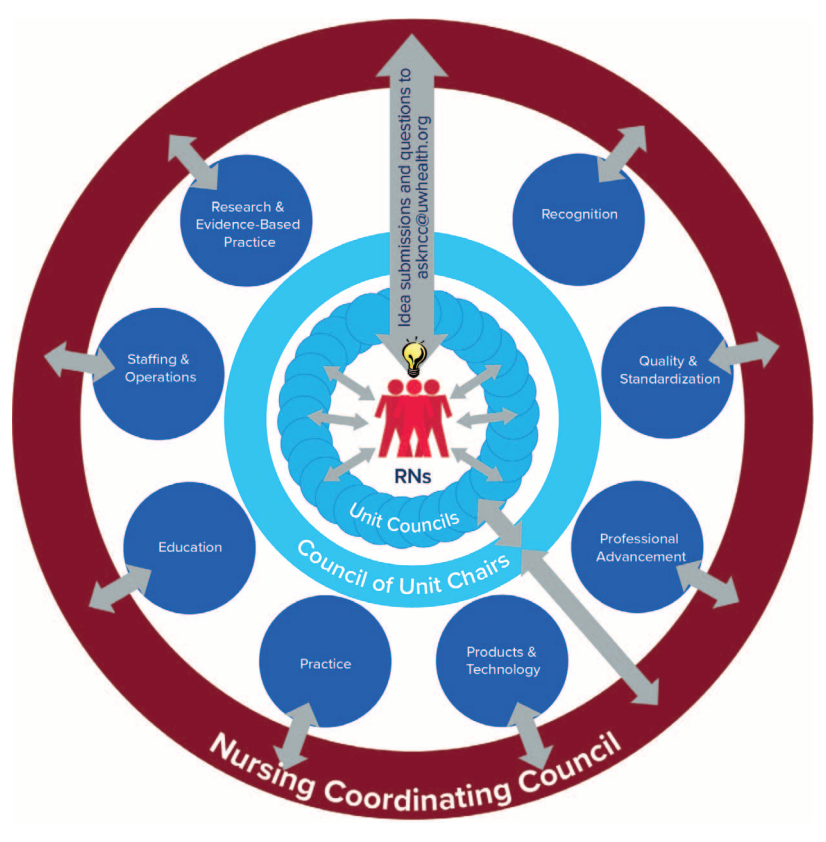
Day 2: Mission and vision

Day 2 began by developing a new nursing philosophy, mission, and vision. Using the teleconferencing technology, all participants updated the organization's existing nursing philosophy, then each individual room broke into two separate groups to develop mission and vision statements. They wrote their statements on easels that were displayed in a shared hallway. Each group viewed the statements, and then each participant used a sticker dot to vote on their preference. Mission and vision statements with the most votes were reviewed with the entire group, and edits made before finalizing each.

The finalized nursing mission statement consists of the following: "To innovate and advance healthcare without compromise through service, scholarship,

Shared governance structure

UW Health's robust nursing shared governance structure supports nurse satisfaction, patient outcomes, and organization effectiveness.



Workshop structure

The overall goal of the workshop was to achieve three main outcomes:

- Prepare nurses to become council leaders.
- Address identified barriers to the organization's shared governance council structure.
- Revise the organization's nursing philosophy, mission, and vision.

Topics for the first day included the following:

- shared governance structures at UW Health
- meeting facilitation
- virtual meeting and communication skills
- quality improvement
- evidence-based practice
- research
- department leader presentations (finance, marketing, human resources, quality)
- strategic planning preparation.

Work conducted on the second day included the following:

- developing a new nursing philosophy, mission, and vision
- creating a marketing and communication plan for nursing shared governance
- designing a plan for the upcoming fiscal year.

science, and social responsibility while providing remarkable patient-, family-, and community-centered care across the continuum of health and wellbeing."

The finalized nursing vision statement reads as such: "To serve as remarkable and trusted national leaders in nursing. Every day."

Day 2: Communication plan

The organization's chief marketing officer and nursing corporate communication strategist provided education to help participants create a communication plan aimed at promoting nursing shared governance. The participants then split up into four separate groups. Three of the groups worked on developing an overall communication strategy, including an algorithm for triaging nursing questions, comments, and suggestions to the appropriate resource; a process for requests made to the NCC; and a plan for communication between councils. The fourth workgroup refined membership attendance

Outcomes by the numbers

Six months after the workshop, the nurse coordinating council re-evaluated its operations by repeating the Council Health Survey measurement tool.

- Of the 23 NCC members, 17 (73.9%) completed the pre-assessment, and 13 of 21 (61.9%) completed the post-assessment.
- Results showed positive improvements in 20 of 25 measures, with more than 5% improvement to the following measures:
  - have the necessary computer and project management skills to perform council activities: 9%
  - make meaningful decisions: 13%
  - use decisions to change practice: 13%
  - communicate decisions to all stakeholders: 8%
  - participate in activities that improve the care of patients: 8%
  - participate in activities that improve the professional practice environment: 9%
  - provide formal education or training for new council members/leaders: 14%
  - establish a process for selecting and deselecting council members: 6%
  - establish a process to assess each other's participation in the council: 15%.

These results support the effectiveness of the knowledge and skills gained from the workshop in strengthening the NCC's shared governance operations. Further evaluation to assess the impact of the workshop on the organization's other councils is in progress.

expectations, a council process that required updating. Each group then shared a summary of their work.

Day 2: Implementation plan

At the end of the day, the entire group discussed an implementation plan that included activities identified during the workshop that needed further work and provided momentum and direction for all shared governance councils for the coming year. The implementation plan comprised 26 items, including creating an NCC charter, producing resources for conducting virtual meetings, and enhancing a council membership model representative of all care areas.

Continued on page 70

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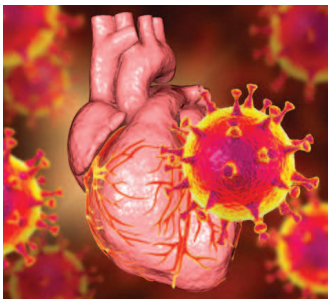

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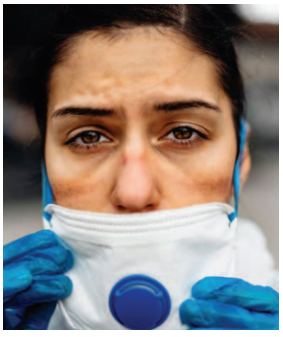

To COVID-19 War nurses

Iraq War nurse Karen Steinbock, MBA, BSN, RN, sees what nurses fighting COVID-19 are going through. She offers her support and guidance.

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Outcomes

After the workshop, all participants were asked to complete an evaluation form. Feedback was overwhelmingly positive, with participants saying that an annual workshop would be beneficial because NCC members change each year.

Anticipated outcomes for the workshop were met, including preparing nurses for their roles as council leaders, addressing barriers to the organization's shared governance council structure, and creating new nursing mission, vision, and philosophy statements. In addition, the workshop allowed for nurse-to-nurse and interdisciplinary engagement during the pandemic, firsthand experience with virtual meeting skills and strategies, opportunities to lead small and large group work, and improved confidence in leadership abilities and communication. Leadership presence throughout the workshop allowed council chairs to interact, engage, and feel supported by nursing leaders.

Obstacles encountered during the workshop included having only 4 weeks to prepare, complying with COVID-19 guidelines to ensure staff safety, and working through technology glitches. Despite these few challenges, the workshop successfully enhanced and strengthened the organization's shared governance structure.

Long-term effects and benefits of the workshop were seen throughout the following year. Because in-person meetings weren't possible for most of the year, the virtual meeting skills obtained during the workshop were invaluable to participants during council activities. Technology has transformed the way all employees within the organization work, and the skills gained during the workshop aided nursing shared governance progress. In addition, workshop outcomes have cascaded to members of each of the system-level and area councils, allowing all nurses involved in shared governance to benefit. (See *Outcomes by the numbers.*)

Transformation for the future

Transforming and strengthening nursing shared governance is essential for the future of healthcare organizations. Organizational support to encourage the understanding and growth of shared governance knowledge and leadership skills can have an immense impact on the effectiveness of nursing councils. UW Health found success creating and implementing the workshop, despite challenges posed by the pandemic. This work resulted in many benefits and can be easily replicated by other organizations.

Access references at myamericannurse.com/?p=303143.

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