2022 Magnet®-recognized and
Pathway to Excellence®-designated Organizations

Success Stories

SPECIAL SECTION

The ABCs of nursing research

Alleviate barriers with collaboration.

By Tina M. Mason, PhD, APRN, AOCN, AOCNS, FCNS, and Amy E. Patterson, MSN, APRN, AOCNS, BMTCN

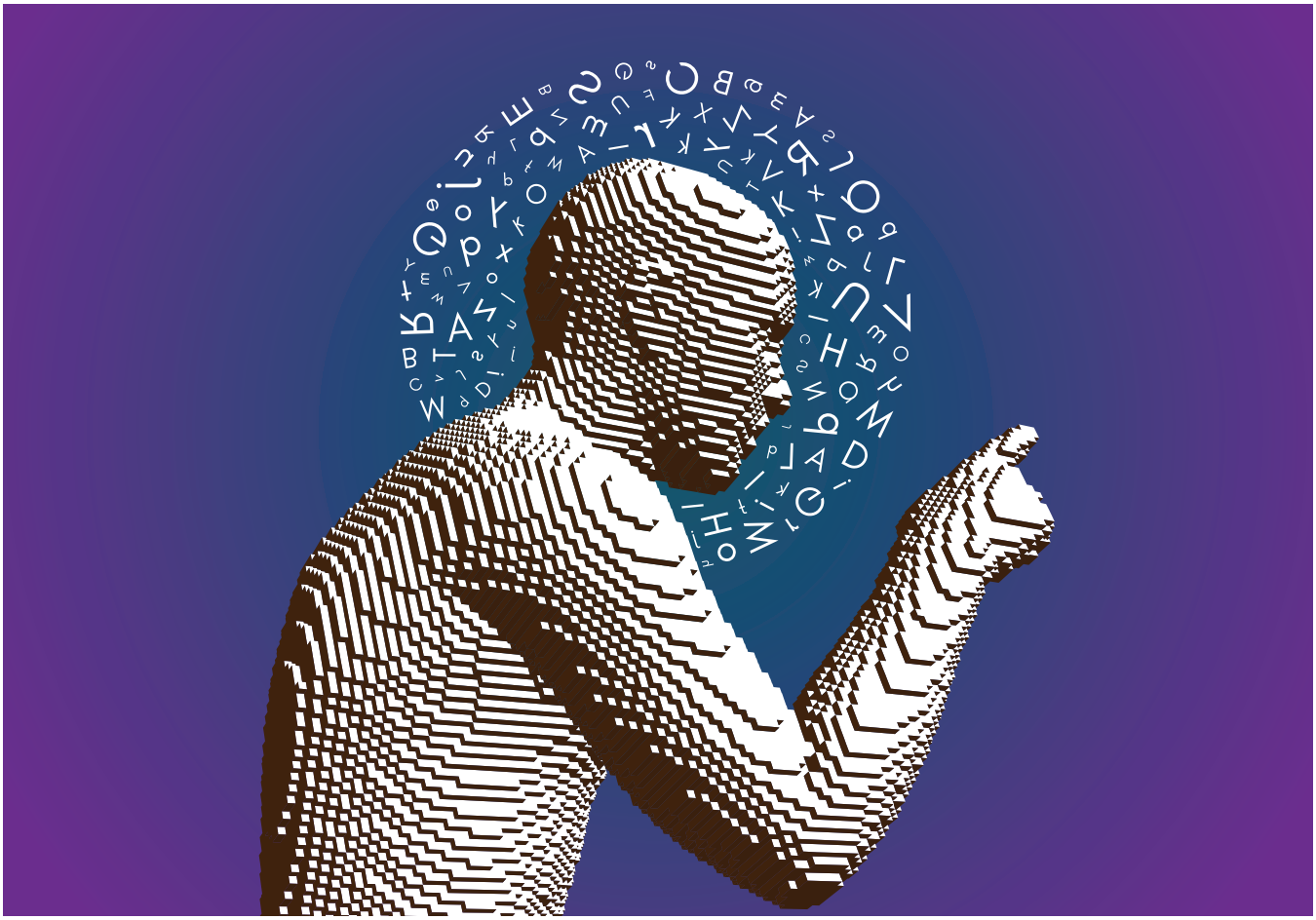
In the fourth component for Magnet® designation, the American Nurses Credentialing Center outlines the ethical and professional responsibility of organizations to positively impact patient care via current knowledge, innovations, and improvements. This component includes generating new evidence and contributing to the advancement of nursing science with research and outcome dissemination. Organizations that promote a culture of inquiry with an infrastructure that supports nursing research at the bedside and chairside help meet this responsibility.

A culture of inquiry encourages nurses to question practice, review existing literature, and integrate evidence-based outcomes that improve patient care. If not enough evidence exists to support change, nurses must conduct research. However, common barriers—lack of time, resources, knowledge, and support—may deter bedside nurses from taking on this work. The department of nursing research at Moffit Cancer Center helps alleviate these barriers for bedside nurses.

Two clinical nurse specialists (CNS)—one a nurse researcher and the other a blood and marrow transplant and cellular immunotherapy (BMT-CI) CNS—collaborate to alleviate barriers and lay the groundwork for successful implementation of research by bedside nurses.

Roles and responsibilities

The nurse researcher is an oncology CNS who transferred from the traditional CNS role. Within the department of nursing research, which was created in 2007, she assists with Magnet initiatives related to promoting a culture of inquiry by developing new evidence and advancing nursing science. Her main responsibilities center



BMT-CI nursing research studies

The following table describes the nursing research studies conducted by BMT-CI staff nurses at Moffitt Cancer Center.

Purpose	Results	Change in practice	Potential cost savings	Publication
To assess equivalence of temperatures taken via temporal artery and oral methods in febrile inpatients with cancer.	Using the temporal artery thermometer as a noninvasive alternative to the oral method for febrile adult patients in the hematology–oncology population was not supported.	Discontinued use of temporal artery thermometer.	N/A	Mason TM, Boubekri A, Lalau J, Patterson A, Hartranft SR, Sutton SK. Equivalence study of two temperature-measurement methods in febrile adult patients with cancer. *Oncol Nurs Forum*. 2017;44(2):E82-7. doi:10.1188/17.ONF.E82-E87
To determine if a difference in line patency exists when using normal saline only vs. heparin and normal saline, as well as TPA use and incidence of CLABSI when flushing central lines in patients undergoing BMT.	No statistically significant difference was found in line patency, TPA use, or CLABSI between flushing with saline only or saline and heparin.	Discontinued use of heparin in central line flushing protocols.	Although cost was not evaluated in this study, the institution's cost of a 1 mL vial of heparin 1,000 units/mL is $2.40 ($4.80 per 2 mL flush/lumen), and heparin 10 units/mL is $0.43 per 5 mL syringe/lumen.	Klein J, Jepsen A, Patterson AE, Reich RR, Mason TM. Heparin versus normal saline: Flushing effectiveness in managing central venous catheters in patients undergoing blood and marrow transplant. *Clin J Oncol Nurs*. 2018;22(2):199-202 doi:10.1188/18.CJON.199-202
To determine whether the orthostatic vital signs algorithm used in the BMT-CI population can help reduce in-patient falls.	Fall frequency decreased from 5.38% to 3.4% with no falls related to orthostatic hypotension. Algorithm compliance was 93%.	Use of the algorithm added as standard of nursing practice.	Potential healthcare cost savings of $56,000-$248,000 for the BMT-CI in-patient unit.	Grady L, Klein J, Patterson A, Pompos C, Reich RR, Mason TM. Orthostatic vital signs algorithm: Decreasing falls in patients undergoing blood and marrow transplantation or treatment with cellular immunotherapy. *Clin J Oncol Nurs*. 2020; 24(5):489-4. doi:10.1188/20.CJON.489-494
To investigate if pure essential oils of peppermint or ginger can reduce the severity of CINV in the autologous BMT population.	Study in progress	Study in progress	N/A	Study in Progress

CINV = chemotherapy-induced nausea and vomiting, CLABSI = central line–associated bloodstream infection, TPA = tissue plasminogen activator

around establishing protocols and obtaining regulatory approval from the center's internal scientific review committee and external institutional review board (IRB). She works closely with the biostatisticians for each study's data analysis plan and disseminates updates to hospital leadership and nursing councils.

The CNS who supports BMT-CI works with staff nurses reviewing the literature for evidence-based practice related to their queries. If evidence is lacking, which frequently is the case within specialty populations, she encourages conducting or replicating a research study. Based on nurse interest, she discusses feasibility of the idea with the nurse researcher. The BMT-CI CNS focuses on staff education for the study, data collection, and data entry. Throughout the study, she mentors the principal investigator staff nurse and the research team.

Make a proposal

Nurses at the Moffitt Cancer Center use the following form to outline their research idea.

Nursing Research Idea Proposal Form

Name and credentials: _____ Date: _____

Unit/area: _____ Manager's signature*: _____

Others interested in participating in the project:

Role	Name	Title	Unit/Dept

Required with research proposal form:
___Current resume or curriculum vitae

Required before data collection begins:
___CITI Training Good Clinical Practice (Link on Nursing Research & Evidence-Based Practice Council webpage)

Research project
Please attach a one- to two-page summary of your project. Briefly address the following:

1.	Working title	This temporary name can be revised during protocol development.
2.	Introduction/problem	What is the area of concern or interest? What is already known about the problem you are addressing? Why is the study needed?
3.	Research questions	List the questions your research will attempt to answer.
4.	Study design	How do you intend to answer the questions? Will you administer a questionnaire? Will you abstract data from the patient record or other documents?
5.	Recruiting	Are the participants in your research patients or staff? If patients, are they admitted to your area? How will you recruit your participants?
6.	Impact on practice (patient outcomes or work environment)	What are the potential contributions of your study to the practice environment at Moffitt, to oncology nursing practice, or to oncology nurses?

*Manager signature indicates a commitment to providing protected time to work on the study.

Overcoming the time barrier

Staff nurses at the center receive protected time for reviewing the literature when searching for evidence related to patient care or generating an idea for a research study. The nurse researcher and BMT-CI CNS work collaboratively with the potential study team to develop a research proposal, which the Nursing Research & Evidence-Based Practice Council (formerly the Nursing Research & Innovation Council) then vets. The proposal, a one- to two-page summary, includes background, a purpose statement, research questions, study design, recruiting the strategies, and impact. (See *Make a proposal*.)

Before presenting the proposal to the council, the principal investigator's supervisor signs off on the study. This ensures the principal investigator has up to 4 hours of protected time each pay period to work on study-related projects (Collaborative Institutional Training Initiative [CITI] training, informed consent, data collection), which helps alleviate time barriers to research. Other research team members may receive protected time, especially during the literature review and data collection, at the discretion of their supervisors.

Overcoming the resource barrier

The department of nursing research collaborates with biomedical librarians, biostatisticians, the organization's scientific review committee, and the IRB. The nurse researcher and BMT-CI CNS can use these resources when working with staff nurses to write the research protocol before submitting it to the nursing research and innovation council. After approval and implementation of final changes, the nurse researcher submits the proposal to the scientific review committee and IRB. The nurse researcher and BMT-CI CNS also coordinate meetings with the research team to answer questions, discuss study protocols, and reinforce timelines and deadlines.

Biomedical librarians offer classes on database searching and provide one-on-one support. The biostatistician, who serves as a member of the study team, meets with team members after data analysis is completed to ensure they understand the results and to assist with manuscript preparation, particularly the data analysis and results sections.

Overcoming the knowledge and support barrier

Before data collection, the principal investigator completes the CITI-approved training as outlined in the center's research policy. This provides a broad overview of how to conduct research and protect human subjects. The nurse researcher and CNS answer questions and offer support throughout the research process. For example, they help with writing protocols, creating spreadsheets, and entering data.

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After completing the study, the nurse researcher and CNS assist staff nurses with internal and external dissemination. Within the organization, the study team presents their findings to the clinical unit, nurse executive council, coordinating practice council, and other shared governance councils and committees as appropriate. Externally, the team disseminates their research to professional nursing organizations and conferences.

Dissemination education and support include abstract writing and submission, poster or podium presentation preparation, and manuscript development and submission. Nurses also receive support with time off and funding to present their findings at external conferences.

Outcomes

From 2014 to 2021, 12 BMT-CI nurses participated in four research studies as team members or principal investigators. Other unit nurses received education about study processes and assisted with study interventions. Three completed studies (the fourth is in progress) have resulted in abstract submissions and presentations at six conferences. All three studies have been published. With the support of both nursing and the organization's executive leadership, study outcomes have resulted in practice changes and house-wide implementation. (See *BMT-CI nursing research studies*.)

Nurse-friendly research

By collaborating within their respective roles and using the resources provided by the department of nursing research, the Moffitt Cancer Center nurse researcher and BMT-CI CNS have minimized the barriers to research and increased staff comfort with the research process. Since the success of the initial study, the CNSs have built momentum by enriching a spirit of inquiry that continues, making research bedside-nurse friendly. AN

The authors work at Moffitt Cancer Center in Tampa, Florida. Tina M. Mason is a nurse scientist. Amy E. Patterson is a clinical nurse specialist.

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Operationalizing the Pathway to Excellence® quality standard

Engage new nurses to ensure a sense of shared responsibility.

By Kerrie Guerrero, DNP, MBA, RN, NE-BC, and Sarah Fleming, MBA, BSN, RN, NE-BC

Houston Methodist The Woodlands Hospital (HMTW), a 187-bed complex care medical center that opened June 26, 2017, is part of an eight-hospital academic medical center with facilities throughout the Houston metro area. In August 2019, HMTW received American Nurses Credentialing Center (ANCC) Pathways to Excellence® designation. The Pathway to Excellence Program requires organizations to meet six standards and offers a framework that fosters a supportive work environment for providing high-quality care.

HMTW has achieved high marks in quality assessments by external organizations, such as Vizient. In 2021, Vizient ranked HMTW as an overall top performer in a cohort of 121 similarly sized medical centers and first within the safety domain. The Pathway to Excellence Program quality standard—which requires that organizations have hard-wired processes for benchmarking, quality improvement, evidence-based practice, and education—enhances these efforts. HMTW creates interprofessional collaboration via evidence-based practice on hospital- and system-wide quality initiatives that align closely with the Houston Methodist mission, vision, value, and goals.

Benchmarking

To aid in setting priorities, initiatives, and education, HMTW developed benchmarking procedures for external and internal metrics.

Recommendations

The HMTW quality management team (which includes a quality director, performance improvement co-

External benchmarking in action

Houston Methodist The Woodlands Hospital (HMTW) uses the National Database of Nursing Quality Indicators (NDNQI) to externally benchmark many nurse-sensitive indicators. Partnering with NDNQI allows HMTW to collect and analyze data, compare performance to peers across the country, and determine areas of opportunity. For example, HMTW used NDNQI to assess patient falls on an adult medical/surgical unit. This unit averaged 3.59 falls per 1,000 patient days, compared to 2.62 in the American Nurses Credentialing Center Magnet®-recognized cohort.

To address this assessment outcome, HMTW adopted the Hester Davis Fall Prevention Program with live classes (including skills demonstrations), online modules, and webinars. Bedside nurses served as champions for their units, conducting intervention audits. The fall champions led Plan-Do-Check-Act cycles to improve Hester Davis tool use, which increased from 51% to 97% adherence within 6 months. The unit's fall rate decreased to 1.05.

ordinators, and direct care nurses) shares and discusses external benchmarking through shared governance. The team coordinates data collection across departments and compares findings against national sources, including the National Database of Nursing Quality Indicators (NDNQI), Centers for Disease Control and Prevention, National Healthcare Safety Network, Vizient Clinical Database, and, for specialty services, the American Heart Association and American Stroke Association. Based on these comparisons, the quality management team facilitates a Plan-Do-Check-Act (PDCA) cycle for strategic quality improvement. The team collects additional data to assess progress toward goals. (See *External benchmarking in action*.)

Internal benchmarking

Using a similar data collection and comparison process, the quality management team conducts internal benchmarking of several quality standards, including hand hygiene, blood culture contamination rates, specimen mislabeling, and barcode medication administration rates. These assessments, used across the Houston Methodist System, create unit-specific and system-wide benchmarks. (See *Internal benchmarking in action*.)

Quality improvement

HMTW uses shared governance to facilitate nurse-led, evidence-based best practice initiatives, which share three key features to promote success: evidence-based practice, specific patient outcomes, and interprofessional context. The interprofessional shared governance group includes representatives from each hospital department, both clinical and nonclinical. Empowering frontline staff who help drive change and quality initiatives was a precedent set on day one. By embracing a culture of evidence-based

Internal benchmarking in action

Houston Methodist The Woodlands Hospital established an internal benchmark for barcode medication administration (BCMA) of 97% adherence. The quality and pharmacy departments collect and share BCMA adherence data with the nursing units. The data then are reviewed by the shared governance clinical informatics and technology council, which is led by the nurse informaticist and includes clinical nurses, nursing leadership, and the quality department. Initially, BCMA adherence averaged 95.6%. In conjunction with the pharmacy department, unit champions conducted Plan-Do-Check-Act cycles to identify issues related to reduced BCMA adherence. This careful review resulted in targeted educational outreach to address problems directly. HMTW now consistently achieves adherence above the goal.

practice, HMTW employees commit to providing unparalleled patient care and meeting quality standards.

For example, HMTW created an initiative to address malignant hyperthermia in labor and delivery. The process began with an interprofessional drill that included nursing, pharmacy, physicians, and anesthesia. After the drill, participants debriefed together and identified areas for improvement. Next, an interprofessional team with representatives from labor and delivery, emergency services, critical care, endoscopy, surgical services, imaging, anesthesia, and pharmacy convened to address concerns and develop a new workflow. The policy and procedure council (which includes members from nursing, respiratory therapy, pharmacy, education, and quality) reviewed and approved the new workflow and policy, which has been reinforced through ongoing quarterly drills. Successful initiatives such as this create a sense of pride and accountability for the interprofessional team.

Education

High-quality patient care requires staff education. HMTW provides education across multiple platforms based on ongoing quality improvement initiatives and goals, including during orientation and via continuing education opportunities throughout the year.

New employee orientation

New nurse employees participate in orientation that provides insight into the Houston Methodist experience, including the organization's mission, vision, and values. They then attend a multiday clinical orientation (which includes didactic sessions, guest speakers, and skill competency validations) to review specific processes, policies, and clinical practices. This valuable time ensures new employees feel prepared to integrate into their units, where additional education occurs.

New employees meet several weeks into their orienta-

tion in a setting that provides a safe, open forum where they can ask questions and offer feedback on their orientation experience. This follow-up allows educators to course-correct the orientation process as needed. For example, educators have received feedback related to electronic health record (EHR) training. The educators took this information to the EHR training team, which made adjustments to the orientation schedule.

The chief nursing officer (CNO) also meets with a few new nurses about 90 days into their employment to touch base and get their feedback on orientation. The CNO shares this feedback with the appropriate department and changes are implemented when appropriate.

Continuing education

To facilitate continuing education, all nurses receive an annual needs assessment survey. The results help guide the education department's strategies for the coming year. The department creates quarterly competency training and seminars to focus on identified needs and to re-engage staff with essential initiatives. Service quality skill labs, lunch and learns, and online learning opportunities provide avenues for increasing knowledge and competence.

The system's organizational development department (which includes educators and an organizational development specialist) leads the Houston Methodist Academy of Leadership and Learning to provide professional development opportunities to all staff. To help staff grow as professionals and leaders, Houston Methodist offers additional courses, including charge nurse classes, leadership development courses, and other organizational improvement opportunities. To meet staff needs, the classes (which include topics such as communication and conflict management) are available in-person and online. These offerings engage employees and create an opportunity to build shared values and promote professional development. As a result, 92.25% of the organization's nursing staff have bachelor's degrees and 8.72% have received a master's degree or higher. In addition, 41.45% of nursing staff are nationally certified in a specialty.

Engagement culture

All HMTW employees are encouraged to participate in evidenced-based quality improvement. This sense of shared responsibility for patient care has created a culture of active engagement that enables large-scale initiative success. The Pathway to Excellence quality standard sets the foundation for achieving safe, high-quality patient care goals. AN

The authors work at Houston Methodist The Woodlands Hospital in The Woodlands, Texas. Kerrie Guerrero is vice president and chief nursing officer. Sarah Fleming is associate chief nursing officer.

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Magnet® and COVID-19 response

Emergent change requires a framework that supports nurses.

By Susan A Winslow, DNP, RN, NEA-BC, NPD-BC; Genemarie W McGee, MS, BSN, RN, NEA-BC; and Catherine V Smith, DNP, RN, CCNS, CCRN

Challenges presented by the COVID-19 pandemic have compelled all nursing leaders to rapidly modify existing patient care structures and processes. In early 2020, the first U.S. COVID-19 patient volume models predicted implications for clinical care and preparation for surge modeling. Clinicians providing care at the beginning of the pandemic immediately recognized the ravaging pulmonary effects of the virus and anticipated an unprecedented need for interventions such as prone positioning, high-flow oxygen, mechanical ventilators, and thrombosis prevention and treatment. Leaders and bedside nurses also had to learn how to manage social distancing, personal protective equipment (PPE) accessibility and reuse, and restrictions on nonessential staff entering rooms of patients with COVID-19.

During the early stages of the pandemic, hiring slowdowns at most major healthcare organizations, in response to diminished elective and other discretionary patient care, reduced workforce resources. As the situation intensified and lack of workplace human connec-

About the Magnet® framework

American Nurses Credentialing Center's Magnet Recognition Program® acknowledges healthcare organizations for quality patient care, nursing excellence, and innovation in nursing practice. The program began when the American Academy of Nursing established a taskforce to study organizational characteristics distinguishing a small number of successful hospitals. The study investigated widespread turnover and vacancy as well as the resiliency of select nursing settings that were "magnets" for outstanding nurses. The outcomes led to the current Magnet program.

ANCC Magnet nursing cultures embrace change and encourage nurses to use data and best practices to create structures, processes, and responses that improve outcomes and optimize performance. Organizations on an initial or continued Magnet designation journey align with five components of the Magnet Model:

- **Transformational Leadership** calls for leaders to communicate with and advocate for their teams.
- **Structural Empowerment** requires organizations to develop partnerships at all levels, identify shared governance processes, and establish professional development improvement goals.
- **Exemplary Professional Practice** builds a culture based on a professional practice model that focuses on safety and multiple data points to demonstrate satisfaction and clinical indicator performance.
- **New Knowledge, Innovation, and Improvements** expect organizations to integrate evidence-based practice and nursing research into care.
- **Empirical Quality Outcomes** (categorized as clinical nursing, patient and consumer, and organizational) follow from strong structures and processes.

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All components woven into a Magnet culture support aspiring, designating, and re-designating organizations to focus on superior quality outcomes benchmarked to national standards. To learn more about the Magnet journey, visit nursingworld.org/organizational-programs/magnet.

tion continued (as a result of social distancing, increased patient mortality, and complicated patient care), staff began to demonstrate symptoms of emotional and physical fatigue. In many organizations, visitor limitations required nurses to serve as surrogates in the absence of family presence, most poignantly during difficult conversations about care and at patient deaths.

The already rapidly changing healthcare landscape, calls for social justice, and new and existing political issues further complicated the pandemic. Challenges exceeded pandemic-related patient care and quickly exacerbated the nursing shortage already predicted due to early retirements, shifting nursing practice role paradigms, staff quarantines as a result of COVID-19 exposure, and increased traveling and temporary nurse assignments.

Our mid-Atlantic health system, Sentara Healthcare, consists of 12 hospitals, nine of which have achieved Magnet® designation, beginning with the first in 2006. All of our hospitals are on active Magnet journeys. Nurse leaders hypothesized that our settings, which enculturate the Magnet framework, were well-positioned to cope with pandemic-related challenges. The phases of the pandemic focused on creating an initial and then ongoing capacity to respond to potential and actual patient demands as we better understood the virus and clinical care approaches. Our work to develop and sustain a successful response to the pandemic aligns with the Magnet model components (Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, and Empirical Quality Outcomes), which support the program's framework for high-quality care and job satisfaction. (See *About the Magnet framework*.)

Transformational Leadership

Our transformational leadership culture led to extraordinary efforts to obtain essential PPE amid global scarcity. We implemented innovative conservation strategies of safe PPE reuse and bundled care to limit staff exposure and conserve precious resources.

As the pandemic continued and new care standards emerged, nurse leaders supported clinical nurses through numerous practice changes. A significant aspect of leadership included prompt approval of decisions (for example, placing I.V. pumps outside of patient rooms, reusing PPE safely, allocating space and resources for increasing patient volume, and designating COVID units). Care bundling strategies and shifting care delivery models established the nurse as the priority clinician in the patient room.

Our organization activated a reduced electronic health record (EHR) documentation navigator to provide quick-access buttons for frequently used flowsheet rows. Condensed admission, discharge, and shift navigators focused only on essential information required during the sustained crisis. The streamlined EHR process reduced the amount of time nurses spent documenting

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so they could spend more time with patients. Leaders took on complex and laborious approval processes, resulting in a new structure that we've adapted for continued use.

Structural Empowerment

Fragkos and colleagues found strong correlation between structural empowerment and the organizational commitment of nurses. Magnet fundamentals inspire nurses at all levels to have a voice in advocacy and patient care outcomes.

Our professional practice model maintained a clear focus on how nurses practice, function, interact, and collaborate to provide high-quality care.

Our health system defines shared governance as a working model of participation in which nurses make decisions about clinical practice standards, quality improvement efforts, staff and professional development, and nursing research. Nurses are well versed in system-, hospital-, and unit-level shared governance structures and the role of evidence-based practice guidelines in ongoing care delivery.

During the pandemic, virtual shared governance (consisting of clinical nurse and nurse leader representatives from each hospital) guided specialty nursing practice, policy, procedures, competencies, and educational training programs. When care bundling and PPE limitations required innovation, clinical nurses advocated using extended tubing on I.V. pumps outside patient rooms to support modified care standards. The clinical nurses developed a system-wide policy and procedure to guide safe, standardized practice.

Our organization rapidly pivoted in-person professional development programs to synchronous and asynchronous virtual offerings to support initial competencies and ongoing professional development role progression. Socially and culturally sensitive care, a hallmark of Magnet organizations, led to one of the first-in-the-nation transparent face masks. The mask was created by one of our organization's labor and delivery nurses in the first days of the pandemic to support a lip-reading father during his family's birth experience.

Exemplary Professional Practice

Our 2021 nursing satisfaction survey performance on leadership access and responsiveness and interprofessional relationships improved during the pandemic. Perceived contributory factors include increased leader rounding, expanded huddles, and frequent leadership communication.

Our professional practice model maintained a clear focus on how nurses practice, function, interact, and collaborate to provide high-quality care. As the primary

caregivers in patient rooms, clinical nurses assumed additional responsibilities within their scope. Their adaptability and flexibility allowed them to take on new challenges to meet patient needs.

New Knowledge, Innovation, and Improvements

Magnet organizations foster innovation as a cultural norm. Sentara Healthcare's clinical workforce redeployment included just-in-time training and shifting care delivery from a primary model to a team and functional model. Nonpatient care extender roles supported overburdened units, and interdepartmental collaboration ensured that redeployed staff received immediate access to and training on the inpatient EHR. When clinical nurses advocated for technology to enable family members to communicate with loved ones during limited bedside visitation, the organization quickly reassigned devices for use with social media platforms, which connected patients and families across the continuum of care. Clinical nurses also partnered with providers to facilitate inpatient telehealth visits to support continuation of timely bedside consults.

Magnet culture requires a spirit of scholarly inquiry. As in-person meeting attendance dropped in response to social distancing requirements, dissemination opportunities shifted toward manuscripts and virtual conferences. In addition, our organization's nurses led groundbreaking research on moral distress and resiliency related to the unrelenting demands of the sustained situation. Sheppard and colleagues identified that moral distress related to the work environment significantly impacts nurse retention and that supporting nurses to cope with moral distress can improve that environment.

Empirical Outcomes

Throughout the pandemic, our organization's nurses remained focused on data and outcomes. This intense focus prompted early recognition of an increased need for preventing respiratory device–associated pressure injuries secondary to prone positioning, which led to interdisciplinary collaboration and improvement efforts.

Although episodic nurse-sensitive indicator rates increased at the height of each pandemic surge, the overall central line–associated blood stream infection, catheter-associated urinary tract infection, and hospital-acquired pressure injury incidence rates decreased in 2021 compared to 2020. Falls with injury is the one nurse-sensitive clinical indicator we're seeing increases in compared to pre-pandemic rates.

Future implications

Concerns about completing quality Magnet documents and navigating new virtual site visits during the pandemic have proven unfounded in our experience. Three Sentara Healthcare hospitals conducted site visits between March 2020 and May 2021, and two sites hosted completely virtual visits. In the spirit of Magnet inquiry, we conducted a post-site visit survey of our clinical nurse es-

corts to evaluate the impact on them and our Magnet nursing culture. The survey concluded that both in-person and virtual site visit experiences led to improved resiliency, coping, and stress reduction, resulting in a 100% retention of those individuals serving in the Magnet escort role. The reported experience provided a global perspective of the organization for these nurses, which led to a stronger sense of ownership of the Magnet designation outcome. For our organizations, virtual visits continue to support the Magnet process and nurse engagement.

Sustaining a Magnet journey hasn't been easy as the months have turned into years of the pandemic. We've witnessed patient satisfaction challenges resulting from reduced visitation policies as well as changing patient and family dynamics and behaviors. New nurse preparation practice gaps require additional emphasis on transition-to-practice programs—key to the Magnet journey—when some in professional development roles face deployment for direct patient care. Outmigration of experienced senior nurses has created challenges to traditional nurse expert mentorship, another hallmark of Magnet, and reduced energy and focus prevent some nurses from pursuing specialty certifications and degree advancement. Our organization has established and met improvement goals, but at a lower rate. Continuing attention to these outcomes is critical.

Ongoing implications for all nurses must include adopting nursing excellence principles, Magnet component structures, and the discipline to support a professional practice environment regardless of formal designation. However, Magnet remains the gold standard for nursing excellence. The post-pandemic healthcare environment will require bold thinking and leadership by all nurses to reset today's normal for nursing and discover new, innovative solutions. The recently updated *Nursing: Scope and Standards of Practice* and the timely release of *Future of Nursing 2020–2030: Charting a Path to Achieve Health Equity* call on all nurses to lead. Historic programs, models, frameworks, and offerings may no longer be relevant or even appropriate. Nurses must embrace a culture of "why not" and "what if." At Sentara Healthcare we say that Magnet nurses always find a way to get to yes. The hallmarks of Magnet culture helped our teams face the challenges of the past several years and will point us in the right direction for our future together. AN

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At NYU Langone Health, we empower our nurses to deliver world-class care in an intellectually stimulating environment. Nurses at our hospitals, outpatient and surgical centers, and physician practices in NYC, boroughs, and suburbs are patient advocates, decision-makers, and collaborative clinical partners.

Tufts Medicine Lowell General Hospital

295 Varnum Avenue, Lowell, MA 01854
lowellgeneral.org/nursing
Lowell General Hospital's culture of excellence values teamwork and care coordination. It has earned a strong reputation for exceptional nursing care, including achieving Magnet® recognition from the ANCC. It is one of ten Magnet®-designated healthcare organizations in Massachusetts, and one of only 2% of U.S. hospitals to achieve it more than once.

Spectrum Health

Grand Rapids, MI
Spectrumhealth.org/nursingcareers
Spectrum Health is a not-for-profit health system that provides care and coverage, comprising 31,000+ team members, 14 hospitals, a robust network of care facilities, and teams of nationally recognized doctors and providers. People are at the heart of everything we do. Locally governed and headquartered in Grand Rapids, Michigan, we are focused on our mission: to improve health, inspire hope, and save lives.

UPMC Center for Nursing Excellence

Pittsburgh, PA
412-647-2880
corporatenursing@upmc.edu • upmc.com/nursingcareers
With locations throughout Pennsylvania and beyond, UPMC, a $19 billion world-renowned healthcare provider and insurer, is inventing new models of accountable, cost-effective, patient-centered care. UPMC Center for Nursing Excellence integrates nursing excellence and spreads best practices across the UPMC health system to achieve quality clinical outcomes and increase nursing engagement through shared governance and development of our future leaders.

University of Louisville School of Nursing

2301 S Third Street, Louisville, KY 40292
502-852-5825
online@louisville.edu
https://bit.ly/38tYrHX
The University of Louisville's RN-to-BSN degree is 100% online and can be completed in 8-week terms. Students take 31 credits of coursework one course at a time and earn 30 credits (tuition-free) upon completion of their professional nursing portfolio. Save more than $11,000 in tuition and get started today!

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Raleigh, NC
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At WakeMed, we put patients first in all that we do. Our exceptional team of nurses, doctors, and specialists represents the best minds and biggest hearts in the business. If you have a passion for providing exceptional patient care, we want to hear from you. Learn more at wakemed.org/careers.

UMC Southern Nevada

Las Vegas, NV
702-383-2000
umcsn.com
UMC offers the highest level of care in Nevada, providing a wide range of exclusive and specialized healthcare services to community members and visitors. UMC is home to Nevada's only Level I Trauma Center, only Designated Pediatric Trauma Center, only Verified Burn Center and only Center for Transplantation.

White Plains Hospital

41 East Post Road, White Plains, NY 10601
wphospital.org
White Plains Hospital is a growing organization with key clinical areas including maternity, Level III NICU, two cardiac catheterization labs, free-standing cancer facility, orthopedics, five new operating suites, and two of the latest da Vinci® Xi™ robots for minimally invasive surgeries. White Plains Hospital is a member of the Montefiore Health System. The 292-bed hospital is fully accredited by the Joint Commission and earned Top Performer for Key Quality Measures® in 2015 and 2013. WPH received Magnet® recognition in 2016 from the American Nurses Credentialing Center.

Magnet® is the leading source of successful nursing practices and strategies worldwide.