2024 Magnet®-recognized and
Pathway to Excellence®-designated Organizations

Success Stories

SPECIAL SECTION

The role of hospital-based nurse scientists

American Nurse Journal. 2024; 19(9).
Doi: 10.51256/ANJ092430

Take advantage of their expertise to support patient care and research.

By Carolene Stephenson, PhD, MBA, MSN, FNP-C

According to studies by Allen and Brant, nurse scientists play a pivotal role in bridging interdisciplinary gaps in clinical research and practice to enhance patient care reliability and safety. Nurse scientists, with their advanced degrees and training in clinical research, stand at the forefront of integrating scientific inquiry with clinical practice, aiming to enhance patient outcomes and propel healthcare forward. However, according to Mu and colleagues, these professionals remain underused in clinical settings, a gap that signifies missed opportunities for advancing patient care.

The American Association of Colleges of Nursing (AACN) and the American Organization for Nursing Leadership have outlined guiding principles for academic–practice partnerships (APPs), including knowledge sharing and joint research. AACN's report emphasizes investment in nursing research and its translation into practice, recognizing the crucial role of these partnerships. Nurse scientists with PhD or doctor of nursing practice (DNP) degrees empower clinicians to understand the impact of research on healthcare delivery, policy, workforce management, and technology integration.

Nurse scientist contributions

Polomano and colleagues emphasized the significant contributions nurse scientists make in developing new knowledge, designing evidence-based health policies, and facilitating grant funding. Their role in translating research findings into clinical practice improves patient outcomes and advances system-wide healthcare improvements. Nurse scientists' expertise allows them to blend clinical acumen with research, creating a potential paradigm shift in patient care and research integration.

The advancement in evidence-based practice, quality improvement, and healthcare research hinges on collaborative efforts across all disciplines, and nurse scientists or clinician-scientists help drive cultural shifts toward quality, safety, and innovation. These shifts aim to enhance patient outcomes, ensure cost-effectiveness, and inform clinical decisions.

The American Nurses Association and Kawar and colleagues noted that nurses lead projects related to patient safety and quality care, contributing to both tangible and nontangible returns on investment, thereby enhancing operational efficiency and financial stability. In commenting on the challenges of securing funding and balancing research with clinical responsibilities, Lauck and colleagues advocated for interprofessional team approaches that involve senior leadership, nursing, provincial government policymakers, and APPs to help sustain the scientific rigor of evidence-based practice.

The 2010 *Future of Nursing: Leading Change, Advancing Health* report called for more faculty, scientists, and researchers. In addition, the ANCC Magnet Recognition Program® emphasizes five components (new knowledge, innovation, exemplary professional practice, structural empowerment, and empirical outcomes) designed to prompt initiatives that maintain and sustain the integration of nurse scientists into healthcare organizations and are realized through nurses' evidence-based projects. The implications of achieving and sustaining Magnet® recognition epitomizes the gold standard of nursing excellence, nurse retention, staff satisfaction, improved safety, and quality patient outcomes.

Challenges on the frontline

According to Hickey, inter- and transprofessional revolutions in scientific research aimed at ensuring holistic care requires leveraging nurse scientists in both academic and clinical settings. Polomano and colleagues noted the need for restructured PhD programs to better prepare nurse scientists for their roles in patient health, workforce, and policy development. Diverse nurse scientist engagement includes working with patients, families, clinicians, policymakers, and researchers, thus transcending traditional academic boundaries.

The nursing profession has received grant funding from the National Institutes of Health (NIH) and various organizations for research, including partnerships with other scientific fields. However, Bloch and Glasgow reported that the COVID-19 pandemic has resulted in a shortage of senior nurse scientists with clinical expertise, which creates challenges to obtaining funding. Research advancement requires that we sustain and replenish this funding. Mu and colleagues' cross-sectional study of nurse scientists in the Veterans Health Administration confirmed the connection between a strong research infrastructure and higher research productivity and funding.

Brant focused on the integration of nurse scientists in facilitating evidence-based practice and expanding research mentoring in clinical settings. For example, the doctoral nurse advisory board (DNAB), established in 2023 at Hackensack Meridian Health (HMH), aims to revitalize nursing research and bridge generational gaps through mentorship and the use of a Donabedian model to engage frontline clinicians and key stakeholders. (See *Nurse scientist success*.)

Nurse scientist success

Historically, Magnet® designation recognizes healthcare organizations for nursing excellence and highlights the use of nurse scientists in facilitating a research-rich infrastructure. In the Hackensack Meridian Health (HMH) network, eight nurse scientists support research across 11 campuses, collaborating with healthcare professionals to drive innovation and solve problems. However, engaging frontline clinicians in research remains a challenge.

Executive leadership support contributes to the success of initiatives that promote personal and professional development of frontline clinicians through formal mentorship. HMH promotes multidisciplinary collaboration among nurse scientists from the Ann May Center for Nursing and Allied Health, the office of research administration, the quality improvement department, the center for discovery and innovation, the diversity, equity and inclusion initiatives, and various team member resource groups. Through coordinated efforts with the nurse scientists and professional development workshop taskforce, the learning management system department used an algorithm to match experts with professional and nonprofessional members. Through formal mentorship in professional development workshops, HMH sustains a research-rich infrastructure. Resources also include biostatistician support and a research repository database.

In 2024, HMH Hackensack University Medical Center received its seventh Magnet® redesignation (the first in New Jersey to do so and one of two hospitals in the nation). The seamless collaborations between the Ann May Center nurse scientists and various departments support a research-rich culture of excellence, academics, and clinical practice.

Value requires ongoing investment

The Institute of Medicine's *Future of Nursing 2020˜2030: Charting a Path to Achieve Health Equity* notes the value of doctorally prepared nurses. They possess expert clinical knowledge, research skills, and leadership abilities, which enable them to improve patient outcomes, advance the profession, and shape healthcare policy.

Nurse scientists design and implement research studies, analyze data, and translate findings into practice. They also mentor and educate students and staff, which contributes to the growth of the scientific community.

However, a study by Hickey and Giardino found variabilities in doctor of nursing practice programs, which raise questions about adequate preparation to conduct research, drive innovation, and enhance healthcare quality. Ongoing research aims to quantify the nonmonetary return on investment of about 200 doctorally prepared nurses in 18 healthcare organizations within a large healthcare network.

Frontline clinicians face various challenges, including time constraints, resource limitations, and research prioritization. A formal DNAB of skilled doctoral nurses could address these challenges through mentorship, leadership support, and social media engagement, ultimately fostering a research-intensive culture. Lancaster and colleagues conducted a study on the development of a rigorous research infrastructure with strong organizational support. This infrastructure included strategies aimed at delineating distinctive roles for the nurse scientists and healthcare leaders to provide support when conducting multi-site research during mergers.

Paradigm shift

Historically, a gap has existed between clinical research and bedside care. Nurse scientists serve as a bridge, applying research findings directly to patient care and ensuring that clinical practices have access to the most current evidence. After reviewing current U.S. nurse scientist models, Hampton and Williams proposed using APPs to foster a research-intensive culture among frontline clinicians. Their recommendations include mentorship, staff enrollment

in research degree programs, studies that promote organizational policy or practice changes, leadership support, and research funding and dissemination.

Organizations can foster a paradigm shift with four significant evolutions: coordinated evidence-based delivery, patient-centered care, the unique expertise of nurse scientists, and technology integration. Current studies by Thusini and colleagues and Kesten and colleagues highlight the growing recognition of doctoral-prepared nurses and their crucial role in healthcare improvement. This shift requires an interprofessional approach that includes physicians and the integration of advanced technology, such as artificial intelligence (AI) and virtual reality simulations. These advancements will revolutionize research processes and underscore the importance of evidence-based care.

A critical gap

For more than 45 years, the sustainability of the clinician-scientist workforce has been a topic of discussion. A 2017 meeting in Utrecht, the Netherlands, brought together experts with unique perspectives from various fields, including medicine and the Air Force, as well as representatives from Canada, the Netherlands, the United States, and Singapore. The meeting focused on developing innovative strategies to strengthen the role, recognition, and sustainability of clinician-scientists within the healthcare system. The outcome of the discussion contributed to a wider recognition of the value of the clinician-scientist and a system-level approach to reinforce workforce changes.

Kinser and colleagues and Nowell and colleagues highlight the vulnerability of mid-career nurse scientists, who face high burnout and low retention in research-intensive academic settings. According to a study by Smeltzer and colleagues, a growing nurse scientist vacancy rate of 7.9% exists. They propose strategies to address this shortage, including innovative organizational models, data research and evidence translation, and recognition and sustainability within the healthcare ecosystem. Falkenberg-Olson identified a shortage of experts in data and research generation and suggested that doctorally prepared nurse practitioners could address this gap. However, limited resources, resistance to change, and lack of mentorship hinder their full integration into practice. Healthcare needs innovative organizational models to support nurse scientists and improve patient safety and quality outcomes.

Leveraging nurse scientists in practice

Ongoing challenges in healthcare delivery and the increasing emphasis on evidence-based practice underscore the important role of nurse scientists. Carroll noted several contextual barriers to nurse scientist integration, including resources (lack of time, personnel, money, expertise), prevalent culture, change processes, nursing education, as well as challenges within academia, which result in limited publication.

Carter and colleagues evaluated the role of joint

nurse scientists in clinical and academic settings. This dual role fosters shared scholarly successes across academia and clinical care. In their academic role, nurse scientists participate in traditional research activities; in their practice role, they participate in educational seminars, individual mentorship, and research collaboration.

According Stuart, healthcare leaders outside of nursing have difficulty identifying the value and competitive advantage a doctorally prepared nurse scientist brings to an interprofessional team. Quantifying the nonmonetary ROI of these team members helps organizations recognize their broader value beyond the financial. This includes their impact on patient care, research, and leadership. Integrating nurse scientists into interprofessional teams enhances competitiveness, research productivity, and innovation. They also drive collaboration, support excellence, and mentor colleagues across healthcare networks. (See *Value requires ongoing investment*.)

Stay competitive

Nurse scientists working in complex healthcare settings offer a competitive edge through research and evidence-based practice. Their collaboration fosters personalized care, strengthens networks, and drives innovation. Additional research can help quantify the contributions of APPs and the impact of doctoral advisory boards led by nurse scientists to advance clinical practice and improve healthcare delivery. AN

Carolene Stephenson is a nurse scientist and nurse practitioner at Hackensack Meridian Health in Neptune, New Jersey.

References

Allen DH, Arthur EK, Blazey M, et al. A scoping review on the nurse scientist role within healthcare systems. *Worldviews Evid Based Nurs*. 2023;20(1):47-55. doi:10.1111/wvn.12624

Amann J, Blasimme A, Vayena E, Frey D, Madai VI. Explainability for artificial intelligence in healthcare: A multidisciplinary perspective. *BMC Med Inform Decis Mak*. 2020;20(1):310. doi:10.1186/s12911-020-01332-6

American Nurses Association. *Nursing's Social Policy Statement: The Essence of the Profession*. Silver Spring, MD: American Nurses Association; 2010.

Bloch R, Smith Glasgow ME. Where are nurse-scientists? Academic nursing research at critical crossroads. *Nurs Outlook*. 2023;71(2):101894. doi:10.1016/j.outlook.2022.10.007

Brant JM. Bridging the research-to-practice gap: The role of the nurse scientist. *Sem Oncol Nurs*. 2015;31(4):298-305. doi:10.1016/j.soncn.2015.08.006

Carroll DL. The nurse scientist in a practice organization. Paper presented at: 28th International Nursing Research Congress; 2017; Dublin, Ireland.

Carter EJ, Hessels A, Cato K, et al. Evaluation of the joint nurse scientist role across academia and practice. *Nurs Outlook*. 2020;68(3):261-9. doi:10.1016/j.outlook.2019.10.003

DeCoux Hampton M, Williams MY. Maximizing nurse scientist role potential in health care organizations. *Nurs Adm Q*. 2023;47(4):338-49. doi:10.1097/NAQ.0000000000000594

Falkenberg-Olson AC. Research translation and the evolving PhD and DNP practice roles: A collaborative call for nurse practitioners. *J Am Assoc Nurse Pract*. 2019;31(8):447-53. doi:10.1097/JXX.0000000000000266

Giordano N, Compton P, Joseph PV, Romano CA, Piano MR, Naylor

MD. Opportunities and challenges presented by recent pedagogical innovations in doctoral nursing education. *J Prof Nurs. 2021*;37(1):228-34. doi:10.1016/j.profnurs.2020.09.003

Hickey KT. Developing and sustaining a career as a transdisciplinary nurse scientist. *J Nurs Scholarsh*. 2018;50(1):20-7. doi:10.1111/jnu.12359

Kawar LN, Aquino-Maneja EM, Failla KR, Flores SL, Squier VR. Research, evidence-based practice, and quality improvement simplified. *J Contin Educ Nurs*. 2023;54(1):40-8. doi:10.3928/00220124-20221207-09

Kesten KS, Moran K, Beebe SL, et al. Impact of practice scholarship as perceived by nurses holding a DNP degree. *J Nurs Adm*. 2022;52(2):99-105. doi:10.1097/NNA.0000000000001109

Kinser PA, Loerzel V, Matthews EE, Rice M. Call to action to support the success of midcareer nurse scientists. *Nurs Outlook*. 2019;67(3):252-8. doi:10.1016/j.outlook.2018.12.013

Lancaster RJ, Gentile DL, Hlebichuk JL, Cleary MB, Hook ML, Vizgirda VM. Building research infrastructure and multisite studies in merged health care settings: A framework for nurse scientists and health care leaders. *Nurs Outlook*. 2023;71(6):102083. doi:10.1016/j.outlook.2023.102083

Lauck SB, Thorne SE, Saewyc EM, Heppell L, Black AT, Virani SA. Promoting cardiovascular nursing practice and research: A model for a university joint appointment. *J Clin Nurs*. 2022;31(3-4):311-7. doi:10.1111/jocn.15588

McCauley LA, Broome ME, Frazier L, et al. Doctor of nursing practice (DNP) degree in the United States: Reflecting, readjusting, and getting back on track. *Nurs Outlook*. 2020;68(4):494-503. doi:10.1016/j.outlook.2020.03.008

Mu Q, Guzman-Clark J, Etchin AG, Cox Sullivan S, Battaglia C. Exploring the roles, functions, and work experiences of nurse scientists in the Veterans Health Administration. *J Nurs Adm*. 2024;54(6):378-84. doi:10.1097/NNA.0000000000001442

Nowell L, Norris JM, Mrklas K, White DE. A literature review of mentorship programs in academic nursing. *J Prof Nurs*. 2017;33(5):334-44. doi:10.1016/j.profnurs.2017.02.007

Polomano RC, Giordano NA, Miyamoto S, Trautman D, Kempf S, Milone Nuzzo P. Emerging roles for research intensive PhD prepared nurses: Beyond faculty positions. *J Prof Nurs*. 2021;37(1):235-40. doi:10.1016/j.profnurs.2020.09.002

Powell Stuart W. Why seek a doctorate-prepared nurse to join your team? *Health Care Manag*. 2018;37(3):220-4. doi: 10.1097/HCM.0000000000000224

Redman RW, Pressler SJ, Furspan P, Potempa K. Nurses in the United States with a practice doctorate: Implications for leading in the current context of health care. *Nurs Outlook*. 2015;63(2):124-9. doi:10.1016/j.outlook.2014.08.003

Smeltzer SC, Sharts-Hopko NC, Cantrell MA, Heverly MA, Wise N, Jenkinson A. Perceptions of academic administrators of the effect of involvement in doctoral programs on faculty members' research and work-life balance. *Nurs Outlook*. 2017;65(6):753-60. doi:10.1016/j.outlook.2017.04.012

Thusini S, Milenova M, Nahabedian N, et al. The development of the concept of return-on-investment from large-scale quality improvement programmes in healthcare: An integrative systematic literature review. *BMC Health Serv Res*. 2022;22(1492):1492. doi:10.1186/s12913-022-08832-3

Weberg D. The future of nursing: A paradigm shifting moment. American Nurse Association. August 2021. nursingworld.org/practice-policy/innovation/blog/the-future-of-nursing-a-paradigm-shifting-moment/

Weggemans MM, Friesen F, Kluijtmans M et al. Critical gaps in understanding the clinician-scientist workforce: Results of an international expert meeting. *Acad Med.* 2019;94(10):1448-54. doi:10.1097/ACM.0000000000002802

Reflections: My first year as a Magnet® Program Director

Embrace flexibility, creativity, and mentoring.

By Peter Stoffan, DNP, MPA, RN, CCRN, NEA-BC, CPXP

I should preface any reflections about my first year as a Magnet® Program Director (MPD) by sharing that, before earning my nursing degree, I graduated with a degree in musical theatre. I'm beyond lucky that nursing and I found each other; after all, one can say it runs in my family. I realized quickly in those early days of nursing school that we control the size of the line between art and science. Like Florence Nightingale, we blend art and science in how we solve problems to ultimately benefit our patients and our teams. Nurses must be creative and think quickly, much like actors, when meeting and taking care of our patients. We also need to understand that similar to actors on a stage in the round, we also perform in the round. We're continually observed, and we role model healthy behaviors for our audiences.

Why I wanted to be an MPD

After years at the bedside in a surgical stepdown unit and a post-anesthesia care unit (PACU), I transitioned to a formal leadership role as a PACU nurse manager in a collective bargaining environment. Once again, thinking creatively proved crucial to finding common ground and ensuring continuous improvement and innovation remained a shared team goal to better serve our patients and our col-

American Nurse Journal. 2024; 19(9).
Doi: 10.51256/ANJ092436

leagues. After several years in various formal leadership roles in and out of nursing, I realized I needed to get back to a true nursing role where I could think like a nurse and effectively support and celebrate my colleagues.

Which leads me to one of the many reasons I applied to be an MPD: an opportunity to shine a light on all the wonderful things that happen in my organization. As an actor, I love the spotlight, but as an MPD, I stand behind the metaphorical lighting booth to ensure that the nurses I have the pleasure to work with shine as brightly as they can.

What I learned in year 1

My first year as an MPD provided many learning opportunities. Maybe what I learned will help you if you decide to take on this role.

Memorizing isn't necessary

During my first week in the MPD role, I thought I had to memorize the *Magnet® Application Manual*. I was so impressed by my mentors and colleagues who knew each source of evidence (SOE). When I mentioned something going on in the hospital, they cited how it would perfectly match a standard and quoted the manual from memory. They left me impressed and overwhelmed. So, I went home and made flashcards. I spent hours color coding and memorizing. To be an effective MPD, I thought I had to be on the same level as my mentors and colleagues in my understanding and command of the material within my first few weeks. How wrong I was.

Knowing the examples of excellence helps me effectively map out how to connect all of the wonderful work the nurses are doing with Magnet components, but that comes with time and regularly referring to the manual. Maybe the flashcards helped me achieve a high-level overview of what I needed to prepare in the Magnet® application document, but I didn't need to memorize each SOE's definition.

I take the manual everywhere I go (if I know I can protect my spiral-bound teal "baby" appropriately). That way I can determine if what I'm learning on a unit or in a meeting fits somewhere in our application document.

Now I can call out many of the SOEs and their major components by memory, but that skill certainly isn't a job requirement. And guess what? The manual changes every few years. Like so many other things in our lives, the best way of knowing something is by actually doing it. Those flashcards are still in my desk drawer. They make me smile.

In pursuit of excellence and technical writing

Early on in my first year as an MPD, I took the "In Pursuit of Excellence: Magnet® Program Guidance" education course sponsored and delivered by ANCC's Magnet Program Office. The class takes a deep dive into one SOE at a time and breaks down the key elements necessary to becoming a successful Magnet application writer. The Magnet Program Office guides dozens of MPDs at a time through the course and somehow makes sense of a very technical and detail-focused writing process. They also review any updates to the manual.

Magnet writers must diligently include all details as outlined in the application manual (dates, graphs, and narratives must all match perfectly). I took the class early in my first year and didn't fully comprehend the details reviewed by the experts. I recommend that all MPDs take the class more than once, especially if you're new to the role.

The MPD role requires highly technical writing, which to me sometimes felt overwhelming. I had helped craft stories for a few different nursing organizations while in other leadership roles, but now I'm responsible for all SOEs and the success of the entire application document—a daunting prospect, even for someone who loves writing. I delayed writing for a few

MPD takeaways

- If you love nurses and love celebrating the many things nursing can achieve, a Magnet® Program Director (MPD) role may be just the right fit for you.
- Don't waste your time comparing yourself to others. You don't need to start any role with a command over the material and the ability to rattle off facts about the Magnet application.
- However, you do need an open and ready-to-learn attitude. In your first year as an MPD, you may feel like you're drinking from a Niagara Falls firehose.
- Finding mentors will add to your success. Fostering meaningful relationships in a structure that works for you will help keep you afloat.
- Understanding that you may experience blurred lines in the MPD role definition will save you headaches. Embrace that the MPD role is powerful, exciting, and ever-changing.

months out of fear that I didn't know enough and didn't fully grasp what I needed for a successful SOE. Waiting was a mistake.

When I finally stopped procrastinating, I created drafts and sent them to my leader and mentors for feedback. Receiving this feedback helped me understand how to avoid minor or major pitfalls when writing an SOE. Over time I wrote more efficiently. I wish I'd started writing sooner. Beginning the writing process earlier would have helped alleviate anxiety about meeting deadlines.

As I learn more about the writing process, I become more comfortable with this aspect of the MPD role. Slowly but surely, I'm finding my own writing style, which fits the Magnet framework for inclusion of necessary and technical components while following the guidance of my mentors.

Finding a mentor outside of your organization also can prove helpful. The nursing world is small, and the Magnet world even smaller.

Mentorship

Similar to other nursing roles, mentorship can aid MPD success. I'm lucky to work in an organization among an extremely robust pool of established nursing leaders with various degrees of Magnet experience.

Early on in my first year as an MPD, I was formally assigned to work and learn with two mentors. I prefer a casual approach to mentorship, which allows me the flexibility to ask questions as they arise rather than attending set meetings with a mentor. The rigidity of a set calendar invite and agenda takes away from the personal and emotional aspect of mentorship that I find rewarding and necessary. Perhaps it's the actor/musician/dancer in me, but even as an MPD, I primarily need emotional support. I want to ask for that support as I need it rather than waiting for a monthly mentor check-in. As I balanced the writing, professional governance, nurse engagement, and all the other aspects of the MPD role, I needed to be able to "phone a friend" in the moment.

I quickly found a mentor I could call at the drop of a hat, which provided me with the emotional support to learn how to balance the many MPD responsibilities, while also maintaining the more formal support from my other mentor for the technical and high-level aspects of the role. After all, more is more, right?

Finding a mentor outside of your organization also can prove helpful. The nursing world is small, and the Magnet world even smaller. We're all connected, so making friends at Magnet consortiums organized by regions or states allows for sharing information and learning best practices. The ANCC Magnet® Conference provides another avenue for networking and finding new and established mentors. Don't be shy about asking questions and making new friends.

Embracing the role

Perhaps the hardest and best part of the MPD role is that no clear lines exist to tell you where it begins and ends. I've learned that MPDs must embrace our role as nursing culture champions. We're nurse leaders and own all aspects of professional governance and have responsibility for many nursing activities within our organizations. This means that the role may at times feel nebulous and require both the artistic and logical sides of our brains.

I use the right-side of my brain when it comes to soft-skill nursing engagement. As an MPD, I must understand how to creatively and meaningfully work and communicate with other nurses. Creating a shared vision and purpose as it relates to nurse engagement is paramount for MPD success in driving improved nursing satisfaction. I also must rely on the left-side of my brain for analytical and organizational tasks related to driving outcomes, connecting engagement with quality metrics, and attending to details.

> I need to be flexible and look at the Magnet document as a puzzle that I must play with to ensure certain pieces fit.

Soft skills come a little more naturally to me, perhaps because of my musical theatre training (or my Gemini personality), so I learned early on in my first year as an MPD that I have to grow the left side of my brain and take advantage of organizational tools and mentor advice. I now love spreadsheets, tracking tools, and timelines (even Gantt charts). I also love calendar time and event reminders, which help to keep me on task, and I have an insane number of organized folders in a cloud-based program to save and track my Magnet writing progress.

I've also learned (and am still learning) how to embrace Plan Bs. A project plan is great, but I continue to learn that I need to be flexible and look at the Magnet document as a puzzle that I must play with to ensure certain pieces fit. I remind myself to add more buffer time to project plans and ensure I allow for the inclusion of a backup document or idea as needed. Embracing a certain lack of organization and control can help along the way.

I still have many lessons to learn, and becoming an MPD has been a gift. Perhaps inspiring and highlighting nursing excellence serves as my small contribution to making the world a healthier, safer, and more positive place. AN

Peter Stoffan is a Magnet® Program Director at New York-Presbyterian/Morgan Stanley Children's Hospital in New York City.

Reference

American Nurses Credentialing Center. *2023 Magnet® Application Manual*. Silver Spring, MD: American Nurses Credentialing Center; 2021.

Mitigating patient identification threats

Learn how a high-reliability organization protected patient safety in a unique situation.

By Maria Alcina Fonseca, DNP, MBA, CCRN, NE-BC; Nancy Levy, RN, BSN, MPA, CCRN, NE-BC, CNML; and Lise Cooper, DMH, MSN, RN-BC

American Nurse Journal. 2024; 19(9).
Doi: 10.51256/ANJ092440

A cardiology team scheduled a complex cardiothoracic surgery for identical young adult twins with the same life-limiting diagnosis. However, the twins insisted they undergo their surgeries on the same day with the same surgeon and recuperate in adjacent rooms. Because the surgeries were scheduled events, our medical center had time to plan additional layers of safety specific to patient identification concerns inherent to this situation.

According to Connor and colleagues, patient satisfaction has long been positively linked to patient safety and outcomes, so we made every effort to accommodate the twins' reasonable requests. As a six-time American Nurses Credentialing Center (ANCC) Magnet® designated hospital and high-reliability organization (HRO), we prioritize patient safety, outcomes, and satisfaction. All medical center team members—those who provide direct patient care and those who don't—remain committed to a goal of zero patient harm. (See *HRO and healthcare,* page 44.)

BON SECOURS MERCY HEALTH

Thank You.

We extend a heartfelt thank you to our dedicated nurses, whose commitment delivers on the Magnet Mission and Vision.

OUR MAGNET-DESIGNATED HOSPITALS:

- Mercy Health — St. Elizabeth Youngstown Hospital
- The Jewish Hospital — Mercy Health
- Mercy Health — West Hospital
- Bon Secours Mary Immaculate Hospital
- St. Francis Medical Center
- Mercy Health — St. Rita's Medical Center
- Mercy Health — Fairfield Hospital
- Mercy Health — St. Elizabeth Boardman Hospital
- Bon Secours Memorial Regional Medical Center
- St. Mary's Hospital
- Mercy Health — St. Joseph Warren Hospital

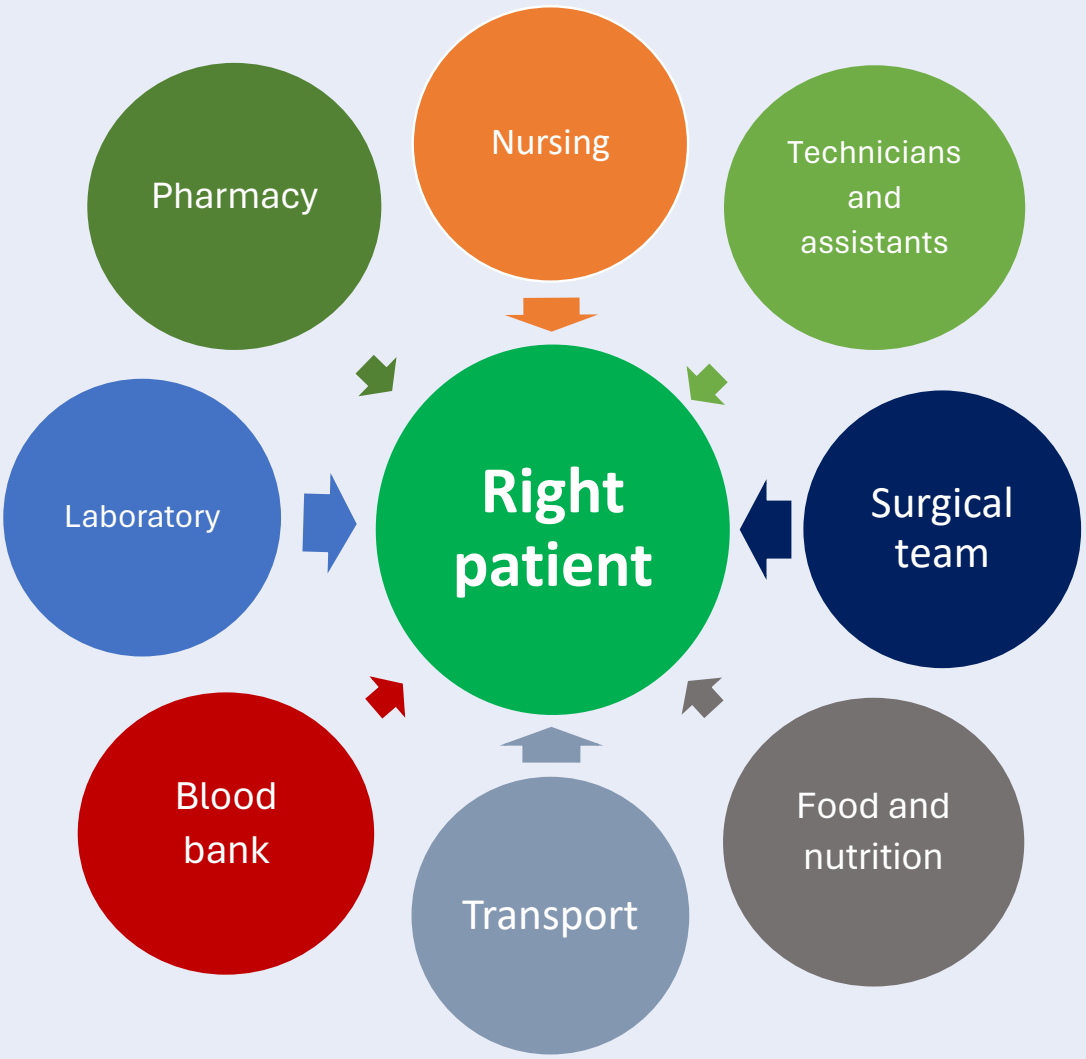
Join Bon Secours Mercy Health, where our Magnet-recognized culture sets the standard for nursing excellence, empowers your professional growth and prioritizes compassionate care.

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Experience a career where your gifts make a meaningful impact at **careers.bsmhealth.org**

Interprofessional safety

In preparation for the twins' surgeries, we identified all of the departments that would have direct patient contact and included them in the development of the safety plan.



Interprofessional collaboration

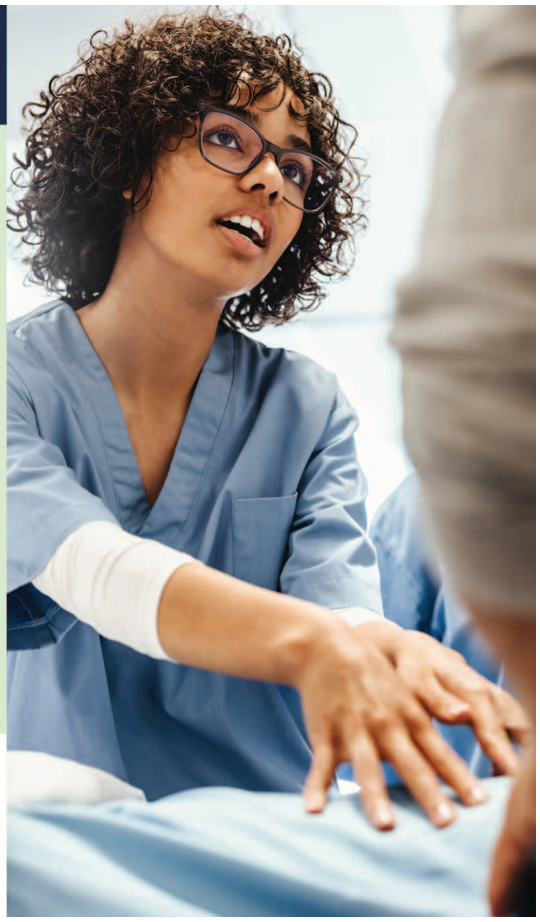
Senior nursing leaders representing cardiothoracic surgery and cardiac service lines managed the development of a comprehensive plan of identification and assessment of potential safety threats unique to the twins' hospitalizations. They conducted a PubMed literature search using several keywords, including patient safety, wrong patient, twins, human error, cognitive errors, medication errors, nursing, and perioperative safety. They evaluated 216 articles for relevance by title and reviewed 26; however, none of the articles discussed this type of unique situation.

Patient safety regarding twins has long been a concern within obstetrics and during the peripartum hospitalization period due to nearly identical names. Reports of adverse events persist as a result of juxtaposition errors related to electronic health record and medication dispensation entry. We reviewed the safety protocols in place at our women's health and obstetrics department and children's hospital. The processes for pediatric patients, where parents are at the bedside, wouldn't be sufficient for alert, oriented, and ambulatory young adult twins.

We recognized that identification at the point of patient encounter was most vulnerable, so we focused our safety plan on mitigating this threat. Our medical center has well-defined practices for establishing patient identification before any encounter. Usual care includes verifying two patient identifiers—patient name and date of birth or medical record number. We recognized

Careers with meaning.

You work with purpose and determination. It's why you chose nursing. It's an instinctive calling to practice medicine; a purposeful sense that helps you excel. That's why you belong at UVA Health. You'll work with the best and take pride in being part of a prestigious team. You'll enjoy many resources that support your growth and career journey. Join us and make a meaningful difference in your career.



UVA Health

Learn more or apply today at

Do Big Things for Little Ones

Reimagine what's possible as a pediatric nurse! Connecticut Children's is growing, from Hartford all the way to Fairfield County.

Join the only health system in Connecticut **100% dedicated to kids.**

Connecticut Children's

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

Get started by scanning the code or by visiting **connecticutchildrens.org/nursingcareers.**

HRO and healthcare

As procedures, technology, and patient care increase in complexity, healthcare benefits from applying attributes of high-reliability organizations (HROs) to improve patient safety and care quality. Hines and colleagues identified fundamental HRO characteristics that reflect exceptional patient care in health systems that participate in the Agency for Healthcare Research and Quality HRO Learning Network. They include the following:

- Initiate improvement in response to changing internal and external environments by applying current evidence.
- Identify opportunities for both improvement and threat mitigation.
- Study and measure change and rapidly initiate the findings.
- Apply established improvements across facilities and systems.

An HRO health system must consistently apply these attributes to all levels of patient care, professional engagement and development, leadership, and organizational culture.

On a daily basis, our health system practices these fundamental HRO principles. We address new opportunities and threats at all levels of patient care, staff needs, and leadership. Our culture of safety receives support and sustainment with daily interprofessional, collaborative safety huddles focused on harm prevention and threat response at the unit, department, and C-suite levels.

- **Preoccupation with failure.** Always be on the lookout for the smallest signal that a new (or existing) safety issue exists.
- **Sensitivity to operations.** Watch for deviations from standard work or best practices.
- **Reluctance to simplify interpretations.** Avoid broad, rationalized explanations when processes don't go well; probe for root causes.
- **Commitment to resilience.** Learn from errors and put mechanisms in place to prevent future errors.
- **Deference to expertise.** If you don't know the answer, don't guess. Instead, find an expert. Sometimes that isn't the person with the most seniority or the advanced degree.

that our challenge converged at this point of patient safety. These identical twins had the same last name, similar first names, medical record numbers that differed by only one digit, were scheduled for the same surgical procedure with the same surgeon on the same day, and would recover on the same specialized postoperative unit.

We identified the departments engaged in direct patient contact and included them in the safety planning. These departments met with nursing leadership to discuss and evaluate potential threats and develop additional safety measures. At these meetings, each department elaborated on their usual patient care, identified vulnerabilities in their practices relative to the twins, and proposed additional safety actions.

Interprofessional collaboration within the team environment prevented the unintentional creation of new threats. Feedback during team meetings identified the potential for one department's proposed safety actions to

conflict with another department completing their tasks. Sustainability also presented a challenge due to frequent shift changes and 24-hour care, which meant an abundance of hospital staff required instruction regarding error potential and education about the additional safety measures. (See *Interprofessional safety,* page 42.)

After formation of the safety plan, each department's additional safety measures were emphasized in daily huddles for 2 weeks before the twins' scheduled admissions and continued throughout their hospitalizations.

Safety plan

When the twins arrived on the morning of their surgeries, we assigned each a color (one red and one green) for the duration of their hospitalization to visually distinguish one from the other. We applied this color coding to their physical charts, name bands, and room assignments. We also adjusted the electronic health record to display red and green fonts for the respective twins. However, the green font proved difficult to read, so the green twin's charting remained standard black. Other departmental safety measures included the following:

Nursing

- Each twin was assigned a different nurse and assistant on each shift.
- Each twin's room entrance displayed a bold, color-coded label, red or green as appropriate, with the corresponding twin's first name.
- At every shift change, the oncoming nurse and nursing assistant double-checked their assigned twin's color-coded arm band for accuracy.
- All change-of-shift reporting emphasized the twins and the importance of following all of the extra safety measures.
- Daily huddles at the unit and leadership levels included a special focus on the twins so any team member encountering a twin was aware of the patient safety concerns and the additional measures in place to mitigate safety threats.

Surgery

- The surgery team scheduled prolonged preoperative timeouts to ensure accurate patient identification.
- They conducted an independent double-check of blood products when they arrived at the operating suite and before administration.

Pharmacy

- Independent double-checks occurred at the time of medication order fulfillment.
- The pharmacy structured locked medicine cabinets so that only one twin would appear on the access screen to avoid selecting the wrong one.
- Medications arrived on the unit distinctly separated and double-checked with the primary nurse when placed in each twin's medication drawer.

Laboratory
- Before and after each blood draw, the nurse and phlebotomist performed independent double-checks to ensure placement of the right patient, right order, and right identifier on the vials.
- We performed two type and screen blood draws at two separate times on each twin with the same double-checks performed between the primary nurse and the phlebotomist.

Blood bank
- Before blood product order fulfillment, blood bank personnel double-checked type and screen results for correct patient identification.
- After order fulfillment, they performed another double-check and labeled the blood with the usual patient identifiers as well as the appropriate red or green label.

Technicians and assistants
- Before any encounter with a twin, the technician or assistant performed a double-check with the patient's primary nurse.
- If the twin needed to leave the unit for a test, the twin's primary nurse called the receiving department to confirm the test was for their twin patient.

Transport
- If either twin required transport to another part of the hospital, the transporter checked with the twin's primary nurse to confirm the correct twin identification for the ordered test.

Food and nutrition
- Postoperatively, the twins' diets advanced at different rates. Although they shared a common food allergy, their final diet orders differed.
- The primary nurse double-checked the meal delivery to ensure the correct twin received the correct meal.

Identification and mitigation

Sutcliffe as well as Vitale and Raman describe creating a culture of consistent communication via safety huddles with feedback and problem-solving as key components of an HRO. Preventable harm in the hospital setting can result from human or system errors or omissions. We identified human error as the focus of our mitigation strategies.

According to studies by Vitale and Raman, Wahr, and Suliburk and colleagues, as well as the World Health Organization, human error in healthcare occurs because of distraction from the task at hand, workarounds, fatigue, inadequate alarms or alerts, and other contributing factors, such as inattentiveness. According to Rodziewicz and colleagues, system error results from unforeseen design, educational, or cultural gaps. For example, when glucometer results upload slowly (system error) to the electronic health

record, nurses may rely on nursing assistants to accurately verbalize (potential human error) blood sugar results when administering insulin before a patient begins a meal. Note that human error can play a key role in system error.

HRO success requires proactively identifying and sustainably mitigating potential patient safety threats. The nurses and care team members at our medical center initiated preemptive changes in preparation for this extraordinary situation, and they identified opportunities to enhance patient safety by mitigating threats.

The complex nature of cardiothoracic surgery and postoperative care demands interprofessional collaboration. Postoperatively, our cardiac nursing leaders managed the complex interaction of department and unit team members caring for these patients.

Error-free hospitalization

Our nurse-driven comprehensive safety plan realized optimal outcomes during a unique situation. Our care teams acknowledged the risks involved in caring for identical twins having the same surgery on the same day with the same surgeon and recovering on the same unit. By recognizing the opportunities to ensure patient safety, planning for successful threat mitigation, and consistently implementing our patient safety plan, the twins experienced error-free hospitalizations. AN

Maria Alcina Fonseca is a nurse manager in cardiac surgery at Morristown Medical Center in Morristown, New Jersey. Nancy Levy is director of cardiac services at Atlantic Health System and Morristown Medical Center. Lise Cooper is a nurse researcher at Atlantic Health System.

References

Connor L, Beckett C, Zadvinskis I, et al. The association between Magnet® recognition and patient outcomes: A scoping review. *J Nurs Adm*. 2023;53(10):500-7. doi:10.1097/NNA.0000000000001325

World Health Organization. *Global Patient Safety Action Plan 2021–2030: Towards eliminating avoidable harm in health care*. 2021. who.int/publications/i/item/9789240032705

Hines S, Luna K, Lofthus J. Becoming a high reliability organization: Operational advice for hospital leaders. AHRQ Publication No. 08-0022. Rockville, MD: Agency for Healthcare Research and Quality. April 2008.

Lal MM. Introducing Magnet® with Distinction. *J Nurs Adm*. 2023; 53(3):125-6. doi:10.1097/NNA.0000000000001255

Rodziewicz TL, Houseman B, Vaqar S, Hipskind JE. Medical error reduction and prevention. February 12, 2024. StatPearls. ncbi.nlm.nih.gov/books/NBK499956

Suliburk JW, Buck QM, Pirko CJ, et al. Analysis of human performance deficiencies associated with surgical adverse events. *JAMA Netw Open*. 2019;2(7):e198067. doi:10.1001/jamanetworkopen.2019.8067

Sutcliffe KM. Building cultures of high reliability: Lessons from the high reliability organization paradigm. *Anesthesiol Clin*. 2023;41(4):707-7. doi:10.1016/j.anclin.2023.03.012

Vitale MG, Raman DL. Safety does not happen by accident: Preventing human error through high-reliability practices. *J Pediatr Orthop*. 2022; 42(suppl 1):s35-8. doi:10.1097/BPO.0000000000002067

Wahr JA. The cognitive basis for human error and the best practices to reduce error. *Anesthesiol Clin*. 2023;41(4):719-30. doi:10.1016/j.anclin.2023.06.003

Weick KE, Sutcliffe KM. *Managing the Unexpected: Sustained Performance in a Complex World*. 3rd ed. San Francisco, CA: Jossey-Bass; 2015.

Magnet4Europe: Taking the next steps

American Nurse Journal. 2024; 19(9).
Doi: 10.51256/ANJ092448

A partnership continues in support of patients and nurses.

By Rocel Besa, PhD, RN, CV-BC, NPD-BC, CNE, CPPS; Ellen Angelo, DNP, MSN, RN, CENP, CCRN; and Katrin Mueller-Duemke, MScN

Magnet4Europe (M4E), a 4-year European Union (EU)-funded project, includes more than 60 hospitals in six European countries (Belgium, Germany, Ireland, Norway, Sweden, and the United Kingdom) and 67 U.S. hospitals that have received recognition from the American Nurses Credentialing Center Magnet Program®. The project aims to improve mental health and well-being among European health professionals. Achieving this goal requires redesign of healthcare work environments to improve job-related outcomes for nurses and physicians as well as health outcomes for patients.

One-on-one partnerships (twinning) between European hospitals and Magnet-recognized U.S. hospitals aim to adopt the Magnet blueprint and gap analysis tool. These learning collaboratives offer opportunities to share best practices, create networks, and develop actionable feedback reports.

Twinning

In November 2020, Hackensack Meridian Jersey Shore University Medical Center (HM-JSUMC), a six-time Magnet-designated hospital in Neptune, New Jersey, was twinned with Klinikum Lüneburg (KL) in Germany. Collaboratively, the hospitals identified current standards and opportunities for improvement. In one-to-one discussions, group presentations, and virtual observations and attendance at council and committee meetings, the U.S. team shared best practices, policies, and tools to address gaps.

Magnet® in a nutshell

Organizations that have received Magnet® recognition develop a culture that embeds a continuous evaluation of the organization's strengths, weaknesses, and performance in relation to the Magnet model and components (Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge Innovations and Improvements, and Empirical Outcomes). They then implement changes that allow nurses to lead and advance healthcare.

Identified gaps and initial actions

Immediate needs identified included educating the KL nurses and interdisciplinary team on Magnet principles and practices to build and embed its culture. They began by creating an interprofessional Magnet council. The KL Magnet Program Director (MPD) recruited nurses and other professionals who showed interest, passion, and commitment to Magnet. Clinical nurses, nurse managers, nurse directors, and three physicians from surgery, obstetrics, pediatrics, internal medicine, critical care, emergency, geriatrics, neurology, and endoscopy joined the 12-member council.

The council met monthly to discuss the gap analysis and how to address it. Significant accomplishments included the creation of the KL professional practice model. To enhance communication and continue to educate employees, the council created a newsletter, which also became a platform for recognizing promotions and work anniversaries as well as welcoming new hires, including nurses from Mexico.

During a 4-day site visit to Germany, the KL and HM-JSUMC teams shared best practices and strategies to address common challenges. Their discussions made clear that KL leadership, interprofessional teams, and nurses have a strong desire to improve the work environment and incorporate the Magnet culture. Unique to the organization was having three physicians as active members of the Magnet council. KL also has a Worker's Council, chaired by a nurse, which represents and advocates for all employees. Similar to most organizations, KL also has a dedicated MPD who leads initiatives and serves as the point person for the M4E collaborative.

Key areas identified for improvement included rewards, recognition, and support for training and education to aid nurse retention; strategies for recruitment; enhancement of physician–nurse relationships and collaboration; exploration of ancillary and support staff (certified nursing aids or patient care technicians) to support nurses; and empowerment of nurses for shared decision-making and accountability in patient outcomes and a healthy work environment. The team also identified the need for national benchmarking to allow hospital performance comparison.

To provide KL nurses with first-hand experience and observation, the group, in collaboration with the KL

What's next?

After their visit to Hackensack Meridian Jersey Shore University Medical Center, the Klinikum Lüneburg nursing team developed next steps based on Magnet® Program components.

Magnet® component	Next steps
Transformational Leadership	• Leader-facilitated team building activities to enhance the relationships among physicians and nurses • Leader-facilitated initiatives to enhance the image of nursing • Communication of performance metrics data and results to nursing leaders and clinical nurses to empower and partner with them for improvement • Continued leadership support for embedding the Magnet culture and improving the work environment • Continued use of a newsletter to keep nurses and team members informed
Structural Empowerment	• Reward and recognition program development • Market analysis of RN salaries and benefits • Ancillary support staff to assist in RN workload • Recruitment initiatives (internal recruitment) • Retention strategies (education and career advancement assistance and opportunities)
Exemplary Professional Practice	• Collection and benchmarking of nurse-sensitive indicators and RN and patient satisfaction • Evolving professional practice model to reflect the organization's and nursing's goals and priorities
New Knowledge, Innovation & Improvement	• Training and staff engagement in performance improvement, evidence-based projects, and research • Use of newsletter to disseminate project and research information • Expansion of evidenced-based design of units and departments

president, planned a visit to HM-JSUMC. They scheduled the visit for October to coincide with the Magnet Conference® and Pathway to Excellence Conference® so the KL nurses could attend. (To learn more about the HM-JSUMC visit to Germany, visit myamericannurse.com/magnet4europe.)

U.S. site visit

In October 2023, four KL nurses visited HM-JSUMC for 3 days. In addition to the MPD, a pediatric clinical nurse, an assistant nurse manager/lactation consultant, and a medical-surgical nurse manager attended.

The HM-JSUMC MPD prepared an agenda that allowed each KL nurse to shadow a U.S. nurse of the same/equivalent position and observe day-to-day activities and responsibilities. The agenda also included unit tours and observation of shared decision-making, leadership functions, interdisciplinary collaboration, reward and recognition programs, and recruitment and retention initiatives, as well as processes that highlight the organization's culture of high reliability to support the best patient outcomes, patient experience, and healthy work environment. (Visit myamericannurse.com/?p=402897 to view a list of questions the KL team asked of the HM-JSUMC team.)

Transformational leadership

The HM-JSUMC leadership team (president, chief nursing officer [CNO], nurse directors, and shared governance council chair) welcomed the KL nurses. Over breakfast, they discussed the HM-JSUMC nursing structure, the organizational chart, and the services offered.

Next, the KL team met with the hospital's senior leadership and medical executive board, which includes each specialty department's medical directors/lead physicians. Discussions focused on building partnerships among physicians and nurses and developing interprofessional collaborations and projects. A meeting with nurse managers highlighted their leadership responsibilities; training and preparation before assuming their leadership role; concerns delegated to assistant nurse managers (staffing and covering callouts and sick leaves); strategies for engaging teams in shared decision-making; and functions of ancillary support staff (such as patient care technicians, which Germany doesn't have).

The KL nurses also observed the nursing leadership team "communication" meeting, which was led by the CNO and attended by all nursing leaders. The meeting provides an opportunity to discuss any topic affecting nursing and provide hospital updates. A meeting with the MPDs from sister hospitals showcased collaboration and partnership as well as their roles and responsibilities.

Structural empowerment

Competency assessments are a new process for KL nurses, so they observed sessions conducted by the HM-JSUMC nurse educator and advanced practice nurse for the cardiac catheterization lab staff. The educators use

this time to validate staff competency via testing and return demonstrations; they also teach new skills and concepts and the use of new equipment.

Meetings with professional development staff, educators, the RN residency team, and partner schools emphasized orientation, transition into practice, competency activities and validation, scholarship and tuition reimbursement support for nurses to pursue specialty certification and advanced education, and partnerships with area schools of nursing for student clinical experiences and rotations as well as recruitment. These activities provided evidence of the strong HM-JSUMC organizational support for advancement and successful transition.

The KL nurses also sat in on the HM-JSUMC professional practice/shared governance meeting, which showcased nurses' involvement in shared decision-making—from policy review and approval to updates from the CNO and each of the unit-based council chairs' unit reports. They met with the human resources, volunteer services, chaplain/spiritual, and culture teams to discuss the organization's well-being and support program, retention and recruitment efforts, and partnership and support of ancillary teams. The KL nurses noted the organization's strong security presence and the emphasis on zero tolerance of workplace violence.

Exemplary professional practice

While shadowing their HM-JSUMC equivalents, KL nurses observed bedside shift reports as well as morning medication administration. The KL nurses also followed the HM-JSUMC nurse manager, assistant nurse manager/lactation consultant, and nurse director and observed the daily safety huddle where each department reported actual and anticipated safety concerns. Other areas of discussion included bed status, ED patient holding, and anticipated discharge, as well as any updates.

The KL nurse shadowing the HM-JSUMC clinical staff nurse observed her care for patients in the pediatric unit, including carrying out physician orders, providing referrals, and escalating any patient concerns or changes in status. The assistant nurse manager/lactation consultant shadowing the U.S. lactation consultant observed the maternity unit report, where the physician discussed each patient's current status and care plan. They then proceeded to round on newly delivered mothers to teach them about breastfeeding and encourage continued bonding. They then went to the outpatient lactation service center, where follow-up visits of recently discharged patients occur.

The KL nurse manager observed the U.S. nurse manager during nurse leader rounding on each patient in her unit, following up on any concerns or needs as well as patient plans of care. They also participated in interprofessional rounds, which include discussion of patient care plans to identify and address any needs to facilitate discharge or transfer.

A KL nurse followed the U.S. nurse director as she rounded in all of her reporting units. In one of the units, a rapid response was called for a patient who had a change

in his baseline condition. Rapid response isn't practiced in Germany, so observing it gave the KL nurse an opportunity to see how the interprofessional team works collaboratively to address and treat the cause of the change in the patient's condition.

The KL nurses noted how each meeting starts with a focused recognition as well as patient safety stories. They also remarked on a better nurse-to-patient ratio (compared to their 1:10) and the use of whiteboards in the patient's room with patient information (such as plan of care), vital hospital information (emergency, concierge, dietary team phone numbers), and interprofessional team members' names so that patients know who's caring for them. The KL nurses felt that Germany's privacy laws would prohibit use of whiteboards in this way.

> The KL nurses noted the organization's strong security presence and the emphasis on zero tolerance of workplace violence.

Meetings with the quality and outcomes, patient experience, medication safety, infection prevention, and wound care teams included discussion of data collection, sharing, and comparison to benchmarks among units within the hospital and nationally with similar hospitals. These meetings afforded opportunities to present quality improvement projects on infection and pressure injury prevention as well as the use of medication barcoding and medication dispensing cabinets to enhance medication safety. This information further emphasized the need for collection and benchmarking of quality data and patient and nurse satisfaction, which doesn't currently exist in Germany.

New knowledge, innovation, and improvement

The KL nurses met the nursing research council chair and members as well as the nurse scientist to discuss their roles in supporting nursing research and scholarly work. They also reviewed the role of the institutional review board (IRB) in protecting research participants' rights. The HM-JSUMC team presented one of their research projects to the KL nurses to demonstrate the steps they took—from forming a research idea to developing the protocol, submitting the IRB approval, collecting and analyzing data, and disseminating findings. The KL nurses noted that having nurse scientists and organizational support encouraged nurse involvement in research and other scholarly projects.

Next steps

The KL nurses returned to Germany inspired to continue their Magnet journey. They shared what they learned, emphasizing a plan to adopt some of HM-JSUMC's processes. The next month, the MPDs from both hospitals met virtually to complete KL's second gap analysis and discuss next steps. The KL team started by recogniz-

ing nurses with an ice cream social during World Nurses Day, and they plan to implement interprofessional rounds and unit-based council chairs.

Common gaps identified in all M4E twinnings include lack of national benchmarks in the EU to enable hospital performance comparisons as well as differences in educational degree equivalents and national nursing specialty certifications. Identification of these gaps led to developing international interpretations from the Magnet Program office to help twinned hospitals determine the equivalent degree, professional development activities, and benchmarks.

To help meet Magnet leaders' educational/academic and licensure requirements, M4E participant degrees obtained in the EU initially were recommended for submission to the Commission on Graduates of Foreign Nursing Schools (CGFNS) International for evaluation and verification. Applicants can then submit the verification from CGFNS International as part of their application to meet the education eligibility requirements. The international interpretation also provided guidelines on using professional development activities as an alternative to professional board certification requirements.

On April 1, 2024, ANCC updated the International Interpretation of the 2023 Magnet® Application Manual so that those who obtained baccalaureate (BSN) or higher degrees in nursing outside of the United States don't require evaluation for comparability to a U.S. degree. Bachelor's degrees in non-nursing subjects do require review by CGFNS, which is solely responsible for determining educational credential comparability.

The requirement for an externally managed database to collect data from multiple organizations and provide benchmarks related to nurse-sensitive clinical quality indicators remains to be addressed. Five German hospitals, all currently part of the M4E collaborative, found three common themes related to this issue. First, little nurse-sensitive data exist; most hospitals collect data only on hospital-acquired pressure injuries and falls with injuries. Second, the hospitals noted the importance of creating and enabling a data collection culture where employees accept data collection and see themselves as facilitators to using it in the clinical setting. Third, they acknowledge the challenges and opportunities in establishing benchmarking to standardize indicators, data collection, and comparative groups.

Little nurse-sensitive data exist; most hospitals collect data only on hospital-acquired pressure injuries and falls with injuries.

This information, presented at the Magnet4Europe Learning Collaborative in Cork, Ireland, in May 2022, not only prompted discussions about the data collection gap but also paved the way for the five hospitals to establish data collection and benchmarks through the B·IN Pflege project, which has expanded to include 10 hospitals. Their journey to address the benchmarking gap has

just begun, but the possibilities for influencing nursing's role, the work environment, and patient outcomes appears promising. (See *What's next?*)

In April 2024, the 2023 Magnet® Application Manual included an important international accommodation on benchmarking, which waives the requirement to use an approved vendor. This means that if no national benchmark is available, which is the case throughout Europe, hospitals may use an "internally established benchmark," which can be based on professional standards, literature review, or internally trended data.

Implications for nursing

Magnet-recognized organizations promote nurses' autonomy and empowerment. Incorporating nurses' opinions into patient care results in better outcomes and experiences. Nurses' voices improve the working environment that enhance innovation, which cultivates growth and promotes job satisfaction and retention. Every organization around the world should set these as their ultimate goals. The initial desire of EU hospitals to improve the work environment led to the M4E collaboratives. This paved the way not only for putting nurses at the center of positively influencing practice and outcomes but also created long-term partnerships, friendships, and relationships. AN

Rocel Besa is the Magnet Program Director at Hackensack Meridian Jersey Shore University Medical Center in Neptune, New Jersey. Ellen Angelo is the vice president and chief nursing officer at Jersey Shore University Medical Center. Katrin Mueller-Duemke is the nurse director and Magnet Program Director at Klinikum Lüeneburg in Lüeneburg, Germany.

References

American Nurses Credentialing Center. International information for the Magnet Program. nursingworld.org/organizational-programs/magnet/international/

American Nurses Credentialing Center. 2023 Magnet® Application Manual [Effective: Feb 1, 2023] International Interpretation of Selected Sources of Evidence. Retrieved from nursingworld.org/~4ae138/globalassets/organizational-programs/magnet/international/2023-magnet-application-manual---intl-interpretation-of-select-soes-final.pdf

2023 Magnet® Application Manual [Effective May 1, 2024] International Interpretation of Selected Sources of Evidence. nursingworld.org/~4ae138/globalassets/organizational-programs/magnet/international/2023-magnet-application-manual---intl-interpretation-of-select-soes-final.pdf

dela Rosa-Besa R, Guinta L, Mueller-Duemke K. Magnet4Europe. *Am Nurse J*. 2023;18(6):38-43. doi:10.51256/anj062338

Magnet4Europe. magnet4europe.eu

Maier CB, Gurisch C, Köppen J, Kleine J. Nurse-sensitive quality and benchmarking in German hospitals: A qualitative study. German Congress of Health Services Research. 2023. doi:10.3205/23dkvf470. www.egms.de/static/de/meetings/dkvf2023/23dkvf470.shtml

Reich J, Fruecht N, Sumner V, van den Hooven T, Mattioni C, Aiken LH. Partnering for nursing advancement. *Am Nurse J*. 2023;18(1):46-9. doi:10.51256/anj012346

Winter S. How do you benchmark when there is no national data. A German story of success. Magnet4Europe. June 17, 2022.magnet4europe.eu/blog-page/how-do-you-benchmark-when-there-is-no-national-data-base-a-german-story-of-success

Bon Secours Mercy Health

bsmhealth.org

Bon Secours Mercy Health (BSMH) nurses provide quality, compassionate care to communities in Florida, Kentucky, Maryland, New York, Ohio, South Carolina, Virginia, and Ireland. We support our nurses' calling by encouraging them to achieve their professional goals alongside our organization's strategic goals. Together we are transforming the communities we serve.

Boston Children's Hospital

300 Longwood Avenue, Boston, MA
617-919-4781 • jobs.bostonchildrens.org

At Boston Children's Hospital, the quality of our care—and our inclusive hospital working environment—lies in the diversity of our people. With patients from local communities and 160 countries around the world, we're committed to reflecting the spectrum of their cultures, while opening doors of opportunity for our team. Here, different talents pursue common goals. Voices are heard and ideas are shared. Join us, and discover how your unique contributions can change lives. Yours included.

CarolinaEast Medical Center

2000 Neuse Boulevard, New Bern, NC 28560
Human Resources, 252-633-8846

CarolinaEast Health System is dedicated to quality and compassionate care across the Coastal Carolina region. We are a full-service facility housing a complete compliment of inpatient and outpatient services with the latest technology. Come for your career, stay for the people you will serve and the relationships you will develop.

Case Western Reserve University

216-368-2541
mtr2@case.edu • case.edu/nursing

The Frances Payne Bolton School of Nursing at Case Western Reserve University creates and empowers nurse leaders who develop and implement innovative and interprofessional research, education, and practice activities that make a positive difference in the health of individuals and communities.

Connecticut Children's

ConnecticutChildrens.org

Connecticut Children's is the only health system in Connecticut dedicated to children, providing more than 30 pediatric specialties. Kids and parents love our exceptional care offered at multiple locations in three states and through Video Visit. Our experts and community leaders are committed to breakthrough research and innovative partnerships, which have won us multiple awards. We are Magnet® recognized, a designation only 7% of hospitals achieve, and *U.S. News & World Report* has named us a best children's hospital in the nation.

Eisenhower Health

careers.eisenhowerhealth.org

Eisenhower has been a leader in healthcare for the Coachella Valley since opening our medical center in 1971. Since then, we've been growing steadily, adding services, capabilities, and facilities to anticipate and meet the needs of our expanding area. Eisenhower Medical Center is honored to have received Magnet® recognition by the American Nurses Credentialing Center. Start your career with Eisenhower!

Emory Healthcare

550 Peachtree Street NW, Atlanta, GA 30308
Careers@emoryhealthcare.org • Emoryhealthcare.org/careers
2,701 beds

As the most comprehensive academic health system in Georgia, Emory Healthcare nurses are integral members of high-functioning interprofessional teams that are transforming healthcare and advancing medical discoveries. We are dedicated to the health of our community and proud to be the only healthcare system in Georgia with three Magnet®-designated hospitals: • Emory Johns Creek Hospital • Emory Saint Joseph's Hospital • Emory University Hospital • Emory University Orthopaedics & Spine Hospital

To nurses, Magnet® Recognition means education and development through every career stage, which leads to greater autonomy at the bedside.

Mount Sinai Nurses
Creating Excellence Together

Mount Sinai nurses are empowered to grow as professionals and leaders. We are critical thinkers who provide the highest quality and safest possible care, stemming from the most current evidence-based knowledge; delivered with boundless compassion. Working as a team, Mount Sinai nurses take pride in **creating excellence together**.

Learn more at
mountsinai.org/nursing

WE FIND A WAY

Mount Sinai

The George Washington University Hospital

900 23rd Street, NW, Washington, DC 20037
www.gwhospital.com/careers

GW Hospital is a 395-bed acute care facility located in downtown Washington, DC. We have 10 outpatient locations offering a comprehensive network of care nearby, including outpatient surgery, imaging services, and rehabilitation. GW Hospital is a 2022-2023 Top Ranked High Performing Hospital in eight areas, including cardiac, kidney, and lung cancer surgery. Our hospital team is defining medicine through their capacity to think, study, research, discover, evaluate, teach, learn, refine, and innovate.

Glens Falls Hospital

Glens Falls, NY • glensfallshospital.org

Glens Falls Hospital (GFH) is a proud member of the Albany Med Health System, the region's largest locally governed health system. GFH today operates an advanced healthcare delivery system featuring 20 regional facilities. A vast array of specialized medical and surgical services is provided in addition to coronary care, behavioral healthcare, rehabilitation, wellness, and others. GFH is a not-for-profit organization and the largest employer in New York's Adirondack region, with over 2,300 employees and a medical staff of over 550 providers.

Hackensack Meridian Health

hackensackmeridianhealth.org/en/About-Us/Nursing

Hackensack Meridian Health is one of the most recognized healthcare systems in the country for nursing excellence with seven Magnet® designations from the American Nurses Credentialing Center. Our team of more than 8,600 nurses serves as the cornerstone of patient care at 17 hospitals and 500 other patient locations across New Jersey.

Joe DiMaggio Children's Hospital

JDCH.com

Joe DiMaggio Children's Hospital, in Hollywood, Florida, is one of the nation's leading pediatric hospitals, offering a comprehensive scope of healthcare services and programs. We combine advanced technology, the expertise of some of the region's most diverse specialists, and a patient- and family-centered focus to heal the body, mind, and spirit.

Johns Hopkins Health System

joinhopkinsnursing.org

Johns Hopkins Health System, a nonprofit, combines over 125 years of commitment to community care with groundbreaking research, teaching, and medical services to patients worldwide. The Johns Hopkins Health System Corporation (JHHS) is dedicated to providing the highest quality patient healthcare in the treatment and prevention of human illness.

Jefferson Health

careers.jefferson.edu

At Jefferson Health, our nurses are leaders in their profession and are known for their extraordinary care and compassion in every patient interaction. Through our collaboration with the Jefferson College of Nursing, our innovative partnership with Strongline™ to protect our staff, empowerment through our shared governance model, and competitive compensation and benefits, our nurses are positioned for success throughout their career. Become a Jefferson Nurse Today!

LCMC Health

LCMChealth.org

At LCMC Health, we know that patient well-being starts with your own well-being and that happy, healthy nurses make for extraordinary caregivers. We're always looking for talented, experienced RNs to help us deliver healthcare with heart, so if you're looking for a team to support you in your calling, we'd love to be your caregiving forever home. With three proud Magnet® Recognition Program hospitals, including Children's Hospital New Orleans, East Jefferson General Hospital, and University Medical Center New Orleans, this important designation reflects our nurses' commitment to providing the very best care for families across our community. Become an LCMC Health nurse at lcmchealth.org.

Lehigh Valley Health Network

LVHN.org/careers

Lehigh Valley Health Network (LVHN) is one of the nation's premier health networks located in eastern Pennsylvania. Our 23,000 colleagues further our mission to heal, comfort, and care for the people of our community.

MedStar Health

MedStarHealth.org/Nursing

At MedStar Health, we use the best of our minds and the best of our hearts to serve our patients, those who care for them, and our communities. As the medical education and clinical partner of Georgetown University, we care for the whole person and advance care through our MedStar Health Research Institute. With 30,000 associates and 4,000 affiliated physicians, we commit to providing high-quality care that's easy and convenient—it's how we treat people.

Mercy Medical Center

345 St. Paul Place, Baltimore, MD 21202

410-332-9000 • careers.mdmercy.com/mercy-nursing

Outstanding, quality nursing has been a hallmark of Mercy since the Sisters of Mercy came to Baltimore in 1874. As the legacy lives on, today's Mercy nurses are dedicated to continuing its reputation of nursing excellence and compassionate quality care. Nurses at Mercy are leading, innovating, and creating the future of nursing.

Mount Sinai

mountsinai.org/nursing

When nurses are empowered to flourish as professionals, make decisions at the bedside, and influence their working environment, they not only grow as professionals and leaders, but patients receive better care and have better outcomes. With teamwork, knowledge, and critical judgment, Mount Sinai nurses take pride in creating excellence together. Learn more at mountsinai.org/nursing

Northwell Health

New York State • NorthwellCareers.com

At Northwell Health, we're 85,000 strong—caring for millions of individuals and families who share our neighborhoods and communities. We're New York State's largest healthcare provider, with locations in Long Island, Manhattan, Queens, Staten Island, Brooklyn, and Westchester. Our ability to serve and care for the community grows. And so does your opportunity to advance your career with us. We are committed to improving the lives of millions, we never lose sight of you and your career aspirations.

St. Jude Children's Research Hospital

stjude.org/nursing-jobs

St. Jude Children's Research Hospital is the only National Cancer Institute-designated Comprehensive Cancer Center devoted solely to children. We provide a supportive practice environment that promotes nursing excellence as well as professional growth, retention, and teamwork. Our vision is to set the global standard for pediatric oncology nursing practice through compassionate, patient-centered care. Explore our many nursing opportunities.

Tampa General Hospital

TGH.org/Careers

Tampa General is ranked one of the nation's best and the #1 hospital in Tampa Bay by *U.S. News & World Report* for 2024-25. We have eight specialties ranked Top 50 in the nation and five in the Top 10%. We have a comprehensive stroke center and one of the top organ transplant centers in the country. TGH has earned Magnet® designation five times, placing Tampa General in the top 2% of hospitals in the nation. We strive to be the safest and most innovative academic health system in America.

Temple Health – Fox Chase Cancer Center

foxchase.org/clinical-care/departments-programs/nursing/careers

At Fox Chase Cancer Center, we consider defeating cancer to be our calling. Our unique culture allows employees to work collaboratively with a single, shared focus across all departments. As a nurse at Fox Chase, you will provide high-quality, patient-centered nursing care in an atmosphere of warmth and compassion.

Temple Health

Philadelphia, PA • templehealth.org/NursingOpportunity

Temple Health is proud of our hospitals' Magnet® designations and our team's commitment to world class patient care, transformative research, and superb training. We offer excellent salaries and benefits, and provide a path for nurses to build the careers they are seeking. We are hiring nurses at all levels and would love to discuss how we can help you meet your career objectives.

Tower Health

towercareers.org

Tower Health is an award-winning healthcare system serving Berks, Chester, Montgomery, and Philadelphia counties. We're nationally recognized for advanced care and committed to academic medicine and training, including residency, fellowship, and preceptorship programs. Diversity is celebrated, advancement is supported, and employees enjoy comprehensive benefits, generous time off, and more.

Tufts Medicine

tuftsmedicine.org

Tufts Medicine empowers nurses to lead, learn, and grow. Our nurses collaborate with colleagues across Tufts Medicine to reimagine healthcare for all. We are Tufts Medicine—Tufts Medical Center, Lowell General Hospital, MelroseWakefield Hospital, Lawrence Memorial Hospital, Care at Home, and a 2000+ physician network—delivering care throughout our region.

UCLA Health

A passion for advancing care and careers
uclahealthcareers.org

If you're devoted to transforming the future of healthcare, bring your passion for nursing excellence to UCLA Health. As California's #1 health system with multiple Magnet® hospitals, UCLA Health is the place where you can advance your nursing career while elevating the health of patients, the community, and the world.

The University of Texas – MD Anderson Cancer Center

jobs.mdanderson.org/creative/careers-nursing

At The University of Texas MD Anderson Cancer Center, we enjoy a worldwide reputation for outstanding programs of cancer care, research, education, and prevention. MD Anderson is currently the #1 ranked cancer center by *U.S. News & World Report* and is the world's largest treatment center for oncological diseases.

UVA Health

Transforming Health. Inspiring Hope.

You have the courage to do anything. Be anything. To make a difference. To work with the best. You're a UVA Health nurse. We honor our compassionate Magnet®-designated nursing team and extend our gratitude to all others. Nurses make the difference. Find your future with us. Learn more or apply today at careers.uvahealth.org/us/en

VCU Health

804-628-4748 • vcuhealth.org/careers

We are a pioneer of health and a comprehensive system serving Virginia and the mid-Atlantic region. Our unwavering commitment to providing exceptional, quality care is our mission every day. Our health system includes our Level I trauma center, VCU Medical Center, and two community hospitals—VCU Health Community Memorial Hospital and VCU Health Tappahannock Hospital. VCU Medical Center is a four-time Magnet®-recognized hospital and has the area's only full-service children's hospital, Children's Hospital of Richmond at VCU. EEO Employer/Disabled/Protected Veteran/41 CFR 60-1.4

White Plains Hospital

wphospital.org

White Plains Hospital is consistently recognized for its commitment to providing the highest level of care close to home for patients in the Hudson Valley, where it serves as the tertiary hub of advanced care for the Montefiore Health System. It has received 5 Stars for quality from the Centers for Medicare & Medicaid Services for three consecutive years and has achieved Magnet® designation three times over for nursing excellence.

The Wound, Ostomy and Continence Nursing Certification Board (WOCNCB®)

wocncb.org

Join over 10,000 nurses holding WOCNCB® credentials who are specialists in wound, ostomy, continence, and foot care. The Gold Standard for Nursing Certification®, WOCNCB®'s Wound, Ostomy and Continence credentials are accredited by NCCA and ABSNC. Accredited specialty nursing certification is an important guidepost for healthcare facilities seeking ANCC Magnet® designation.

LCMC Health

Extraordinary care for patients at every stage of life starts with **extraordinary nurses.**

Magnet® recognition reinforces the culture of excellence that is a cornerstone of how LCMC Health serves our community.

With three proud Magnet® Recognition Program hospitals, including **Children's Hospital New Orleans, East Jefferson General Hospital, and University Medical Center New Orleans,** this important designation reflects our nurses' commitment to providing the very best care for families across our community.

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

LCMC Health is a New Orleans-based, non-profit health system on a mission to provide the best possible care for every person and parish in Louisiana and beyond, and to put a little more heart and soul into healthcare along the way. Learn more about nursing career opportunities at LCMChealth.org/careers.

LCMChealth.org