



Magnet Site Visit

Self-Study Guide

This guide contains information to help you prepare for our Magnet 3rd Designation site visit. Being prepared will make this site visit successful and enjoyable!

Vanderbilt was initially designated a Magnet organization in 2006. At that time, it was officially recognized that our organization met the stringent criteria to deserve that designation. During this 3rd Designation visit, the appraisers will be looking to observe how the practice of professional nursing at Vanderbilt has grown since that first designation.

Important Visit Etiquette Information

1. The appraisers are very familiar with Vanderbilt – they have read the entire narrative document that was submitted as evidence of our meeting Magnet criteria. *This visit is your chance to **validate, verify, and amplify** what is covered in the document.*
2. Keep the conversation on a professional level and ask questions if you don't understand something.
3. Unlike accreditation surveys when you tend to “answer only what is asked,” this is your chance to promote what you are proud of in your work at Vanderbilt. .
4. Be truthful; don't try to “snow” an appraiser.
5. Reply to appraisers' questions directly, concisely, and with pride and enthusiasm.
6. Never “bend a rule” for an appraiser.

Tips for a Successful Visit

1. If you don't know the answer to a question :
 - Buy time by asking the appraiser to repeat or clarify the question. This gives you more time to formulate a response.
 - Reply “I've never had to deal with that situation, but if I did I would . . .” “then answer appropriately with either, calling a charge nurse, supervisor, or administrator or finding the answer in a resource (online policy/ procedure).
 - Help each other out, if one of your peers is stumbling, jump in and help answer the question.
2. Practice, Practice, Practice . . .
 - Ask each other questions like those included in the sample questions on our Magnet website www.vanderbiltmagnet.com.
 - Convey confidence and a collaborative focus.

3. Staff should take turns responding to the questions. Include as many staff as possible and include disciplines other than nursing. Efforts are being made to make sure non-nurses are aware of this site visit and what kind of questions might be asked of them.
4. Channel concerns to appropriate people to address issues. The Magnet visit is not a time to air grievances.
5. *Magnet appraisers don't expect us to be a perfect organization.* If you are asked a question about something that you think we don't do as well as we could, accentuate the positive about where we are – and add comments about what we continue to work on. A commitment to continual improvement is important. Frame comments in the most positive way possible.
6. Staff should avoid looking to the manager for approval to answers or for validation of the responses given. Be confident.
7. Post any needed props around the conference room where the interview will take place. It is okay to refer to a chart on the bulletin board, particularly those items about quality and the great things your area is doing.

Environment/Safety

1. While the Magnet appraisers are not here to evaluate our physical environment per se, impressions about our work environment are important.
2. Call Environmental Services or designated service for:
 - Dirty hallway that needs cleaning
 - Full sharps containers
 - Unattended cleaning cart
 - Unattended oxygen tanks must be stored in a holder
 - Any equipment in front of electrical panels; gas control valves.
3. If you see food/ drink in work areas where it doesn't belong, remove it.

When appraisers visit your work area

“The site visit is like an open house. You welcome attendees into your home and show off points of interest with pride.”

1. You will know the schedule ahead of time for when the appraisers will be in your work area. We will be hosting 4 appraisers for a 4-5 day visit. Once they have come to your area, it is not likely they will return to ask more questions – but be aware that they will still be in the Medical Center...stay prepared! Staff Nurse Magnet Champions will be the Escorts for the appraisers. This group will be receiving special training to prepare them for this role.
2. To prepare for the visit:
 - Magnet Champions and unit leaders should have a unit based plan that includes-
 - i. A designated location to be able to sit and talk with appraiser if that is needed (make sure the space is big enough and is in good repair).

- ii. Identify staff to be available to talk with the appraiser– should include nurses, care partners, and any other staff (other disciplines) who are active in the care of patients on your unit... this would be a good place to introduce a carefully selected physician who can speak to the work of nurses in the area.
3. Be prepared. When the appraisers arrive (schedules will be closely maintained and you will be notified of any changes ahead of time) – you should be waiting and ready to greet them. This is a great time to share your enthusiasm and pride.

Preparation

1. Ask yourself why you think VUMC is a Magnet organization. Practice your answer with colleagues, family, and friends.
2. Think about the main points you want the appraisers to know about the medical center.
3. Develop a list of questions you DON'T want them to ask. Think of your answers and you'll be surprised how much this will relieve any anxiety.
4. Develop a list of questions you DO want them to ask. Think about your answers and don't hold back your enthusiasm and sincerity. (These are often called soft-ball questions which allow you to “hit the answer out of the park.”)
5. Role play several times. Find a colleague to discuss these issues with and actually role play. You'll be surprised how much this will help.

During the visit

1. Be prepared. Take time in advance of your shift to go over all the above.
2. Don't be scared. This is a wonderful opportunity to tell the appraisers about VUMC nursing.
3. Don't guess at answers. Say you'll find out and make sure you follow up in a timely manner.
4. Be truthful and sincere in all of your interactions. This is a good rule to follow in any situation anyway.
5. Be punctual (if not 15 minutes early to each scheduled activity).
6. Be succinct in your conversation. Take a few minutes to make your point and likely the appraiser will use that as a springboard to continue the conversation.

Appearance:

1. Make eye contact/be friendly and confident.
2. Smile.
3. Don't chew gum.

4. Watch your posture.
5. Watch your body language to make sure you are welcoming and approachable.
6. If you wear a lab coat, jacket, etc., make sure it looks professional and polished. Your appearance says a lot about you... disorganized, sloppy, careless vs. professional, organized, detail oriented.
7. Turn your cell phones, pagers, and other electronic devices to vibrate.

Selected Information from the Magnet Criteria

Note: other resources are available at: www.vanderbiltmagnet.com

There are 5 Essential Elements which define a Magnet Organization:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations & Improvements
- Empirical Outcomes

Transformational Leadership

Quality of Nursing Leadership: Nurse leaders provide a vision for elevating their areas, involve staff in setting goals, and advocate for resources to support staff in giving patient care.

Reporting Structure for nursing (i.e. names, roles) – staff should know the names of leaders in their area.

Chief Nursing Officer (CNO) <i>aka Chief Nursing Executive, aka Director of Nursing</i>	
Administrative Director and Assistant Administrative Director (if applicable)	
Manager	
Assistant Manager(s)	
CSL(s)	
Charge Nurse(s)	

1. Examples of advocacy by the CNO on behalf of the staff, such as requests for additional FTEs, systems, equipment, personnel support, etc.

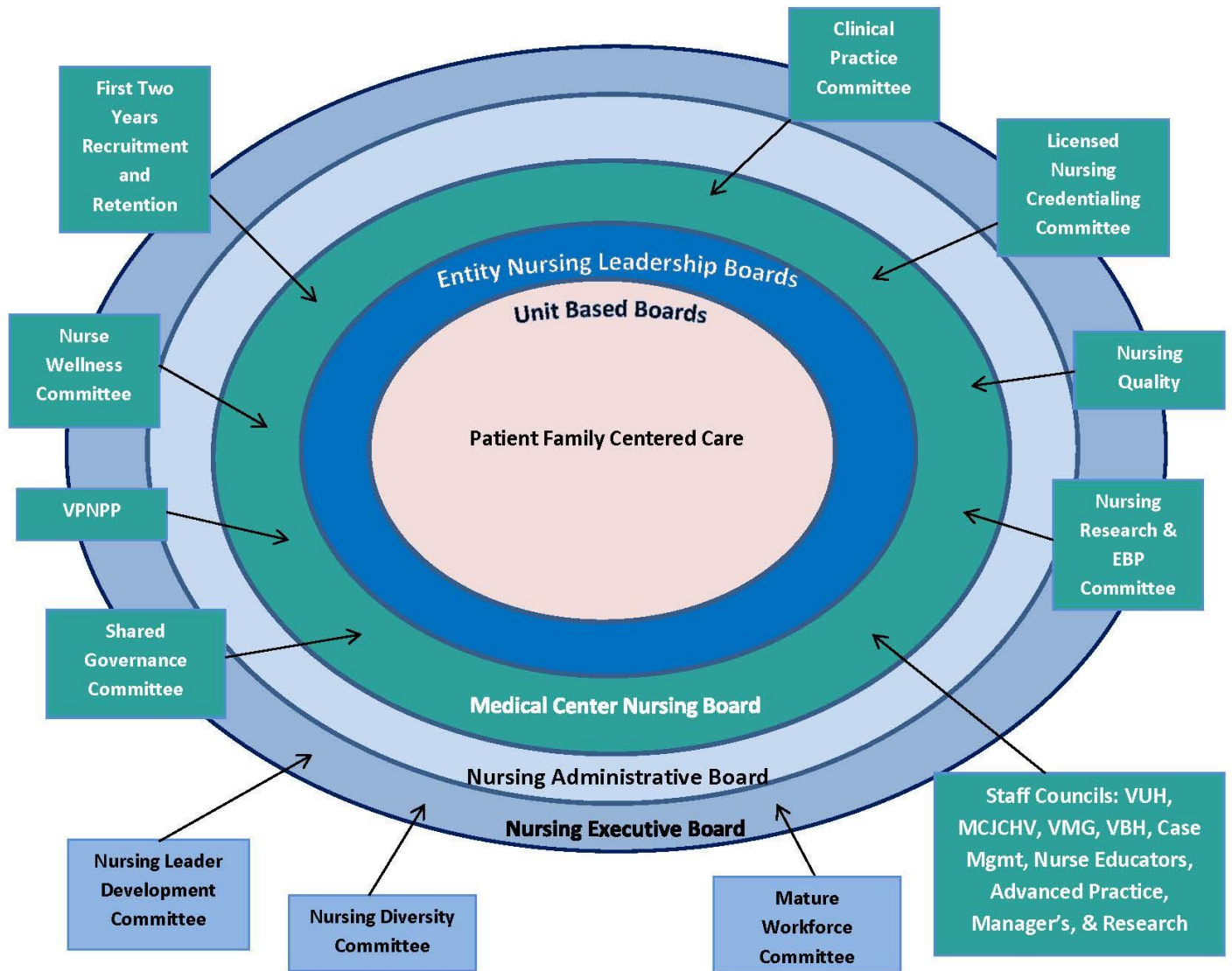
2. Specific examples of ways nurses at all levels have identified and advocated for resources to support unit goals.
3. Nursing Bylaws and Shared Governance (unit/clinic boards) are the mechanism for all nurses in the Medical Center to be involved in activities and decision-making.
4. Know how to access the bylaws, what they are, and why we have them. Hint: www.vanderbiltmagnet.com. The Nursing Staff Bylaws can also be accessed from the Clinical Policy Website through the LINKS connection on the left side of the page.
5. Know how to access the Philosophy of Nursing and be able to articulate how it supports the VUMC mission, credo, and values. Hint: www.vanderbiltmagnet.com. The Philosophy of Nursing is part of our Nursing Staff Bylaws.
6. Our CNO sits on the highest decision-making committees at Vanderbilt and represents nursing. Administrative Directors and Managers also represent nursing on various hospital(s) committees.
7. How do staff have access to the budget process? How do you have input about needed/desired items? For example, staff meetings and unit/clinic boards.
8. What discussion has occurred at the unit level about staff satisfaction surveys and have you been involved in developing action plans?
9. What feedback do you get on patient satisfaction surveys and have you been involved in developing action plans?
10. Overview of “Be the Best, Keep the Best” – Nursing’s Recruitment and Retention initiative. Several committees exist to address issues:
 1. Recruitment and First Year
 2. Nurse Wellness
 3. Shared Governance
 4. Maturing Workforce
 5. Leadership Development

Management Style: Participative management style. Direct care nurse feedback is supported and valued. Nursing leaders are visible and interactive with staff. Communication flows horizontally and vertically.

1. Example of how direct care nurses’ feedback is used in organizational decision-making.
2. Examples of how direct care nurses initiate change to improve patient care, nursing practice, and/or the work environment.
3. Examples of how direct care nurses’ feedback is used by nurse leaders to make changes to improve patient care, nursing practice, and/or the work environment.
4. Examples of mentoring and succession planning by and for nurse leaders and direct care nurses. (Charge nurses, assistant nurse managers)

5. “Elevate” – This is a hospital initiative to “elevate” the level of practice and service within the medical center. Emphasis is on customer service, quality care, and staff satisfaction. Leaders use rounding to elicit feedback and to reward & recognize staff.
6. Examples of how nursing leaders are visible in the organization such as:
 - a. Rounding
 - b. Emails
 - c. CNO breakfasts
 - d. Administrative Coordinators off-shift

Structural Empowerment



Organizational Structure: Organizational structure is flat and unit based decision making prevails. Strong nursing representation is evident in the hospital committee structure. Executive level nurse leaders serve at the organization’s executive level. The CNO reports directly to the CEO.

1. Describe how decision-making is operationalized to involve all levels of nursing. What are the avenues nurses have for input into decisions (shared decision making) such as unit/clinic boards, Staff Nurse Council and other hospital committees?
2. The CNO is an influential member of the Clinical Executive Group (CEG) which is the highest decision-making body, for strategic planning and operations of the Medical Center. Nursing has a strong voice in decision-making in the Medical Center. Nursing practice is not dictated.

Personnel Policies and Programs: Personnel policies/staffing models, etc. are created with staff involvement. Staff members have opportunities to be promoted.

1. Retention and recruitment at unit/clinic/department level – what is happening unique to your area?
2. What is done with direct care nurses input to address variation in unit and/or service based turnover, and vacancy rates?
3. Examples of development of unit staffing plans and corresponding schedules (keeping in mind our adherence with national standards. – i.e. ANA principles of staffing).
4. How staffing adjustments are made in response to fluctuating patient workload and acuity (e.g. the use of registry/float pool, OT).
5. How are direct care nurses educated about matching staff assignments to patient needs and staff member skill sets and area experience (unit orientation).
6. Examples of patient assignments, including the rationale for the assignments of personnel of various roles, who was responsible for making assignments and who had input in the process.
7. Examples of how the performance appraisal process improves the practice of nurses at the direct care level.
8. Staff should be able to discuss the VPNPP.
 - Our VPNPP provides the foundation for the performance appraisal process and advancement. The program serves as a performance-based career advancement system that recognizes and rewards the application of clinical nursing expertise in direct patient care. The goals of the program include:
 - ✓ Define and support professional nursing practice.
 - ✓ Attract and retain clinical experts.
 - ✓ Instill enthusiasm in nursing by appropriately recognizing and rewarding performance.
 - ✓ Create aspirations for continued growth in nursing practice and direct patient care.
 - ✓ Link performance to the goals and strategic plan for nursing and VUMC.
9. Clinical research nurses should be familiar with newly implemented career pathway.
 - Increase in research at the Medical Center has resulted in the need to recruit additional research personnel and to identify ways to retain experienced personnel, especially research nurses.
 - A collaborative effort spearheaded by the Clinical Research Staff Council resulted in new job descriptions for research nurses that have been recently approved and adopted by HR.
 - Opportunity for research nurses now ranges Research Nurse Specialist I – IV.

The levels of practice in our VPNPP program are based on Patricia Benner's philosophy of novice to expert. Based upon the levels of professional practice, there are 4 RN and 4 LPN job descriptions which correspond to novice, competent, proficient, and expert nursing practice. Each level has specific requirements and accountability measures.

10. Tuition Reimbursement Policy – more information is available on the Nursing Website.
<http://www.mc.vanderbilt.edu/root/vumc.php?site=vanderbiltnursing&doc=24606>
11. State Nurse Practice Act (access online-link to policy at the Magnet website under Professional Links) or on the Links section with the Clinical Policy Manual.
<http://www.mc.vanderbilt.edu/root/vumc.php?site=vanderbiltnursing&doc=10876>

*Note: please make sure you know how to **access on-line resources** such as the policy and procedure manuals, religious cultural manual, etc. If you are not sure about how to do this, please let your manager, asst. manager, or unit educator know...they can help! These sites are designated as "Favorites" and labeled Patient Care Resources on the clinical workstations.*

12. All staff should be aware of benefits/programs such as
 - a. Health Plus/fitness centers
 - b. Credit union
 - c. Vanderbilt Valet
 - d. Tuition reimbursement benefits
 - e. Many others

Community and the Healthcare Organization: The organization is perceived as a strong, positive, and productive corporate citizen.

1. How is Vanderbilt involved in the Community? (examples from your area).

Image of Nursing: Nurses are viewed as essential, positive members of the healthcare team. Nurses effectively influence system wide processes.

1. What do you think the image of nursing is in the hospital and the community at large?
2. How are nurses utilized and show cased in advertising, marketing, and promotions for Vanderbilt?
3. What would the non-nurse staff say about the image of nursing in your area?

Professional Development: Significant emphasis is placed on orientation, in-service education, continuing education, formal education, and career development.

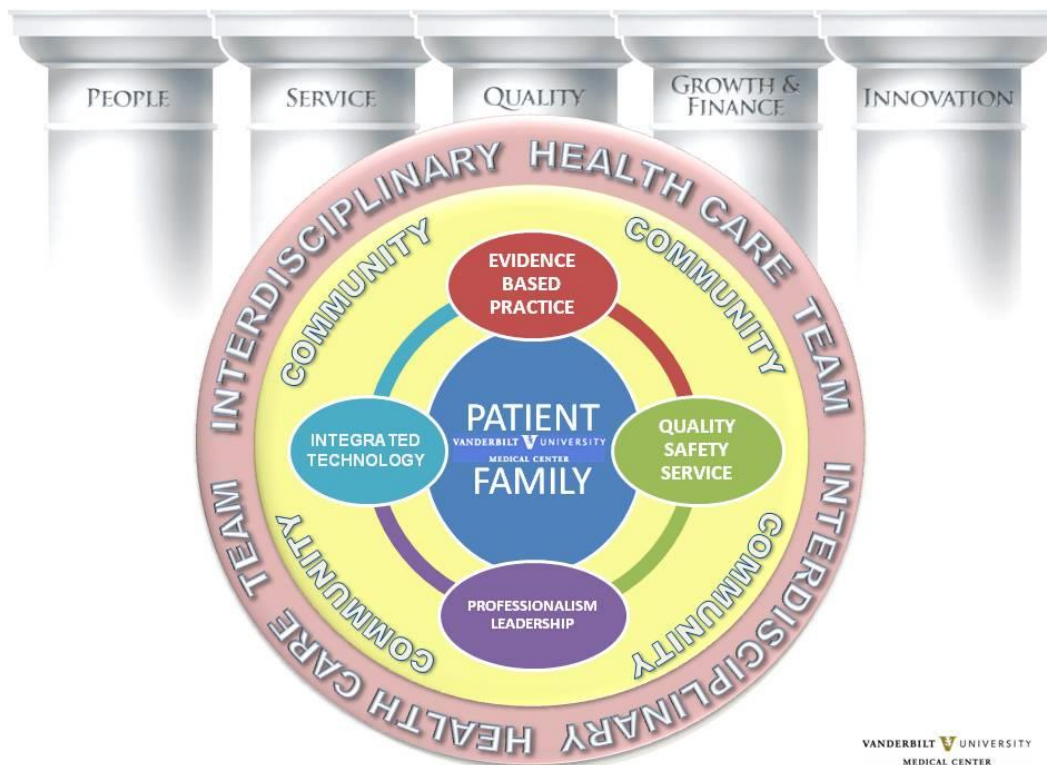
1. What are examples of educational opportunities available to Vanderbilt staff? (contact hour opportunities in Aprilfest and Octoberfest, ACLS, PALS, other Nursing Continuing Education events)
2. Opportunities, tuition reimbursement for return to school, support for professional conferences).
3. Orientation
 - a. Staff orientation for licensed and non-licensed staff is offered monthly. It begins with centralized core content and then continues with a unit based clinical preceptor.

- Orientation roadmaps are customized based on clinical area and learner needs. Employee pre-hire assessments are available to assess learning styles and past experiences.
- Staff initially participates in an interdisciplinary, VUMC wide orientation which among other things, focuses on the team approach to care of patients.
 - Residency programs exist for new graduates. This is an effort to support new nurses in their transition into professional practice.
 - Courses such as Cardiac Arrhythmia Interpretation and Chemotherapy courses are offered on an ongoing basis to meet staff learning needs.
 - What other educational/learning opportunities have you had and do you have?

Exemplary Professional Practice

Professional Models of Care (Regulatory considerations, Care Delivery Models and Staffing Systems):
Nurses are accountable for their own practice and are the coordinators of the care patients receive.

Interdisciplinary Collaborative Model of Care – Vanderbilt’s model of care is an Interdisciplinary/Collaborative Model with Patients and Families at the center. Think about your role as a nurse in your work setting and how you function in an interdisciplinary way. How do you work as part of the team and what is your unique contribution as a nurse to the team and to patient outcomes? How do non-nurses interface with nurses to use team approach to patient care?



Foundation for our Model of Care – the foundation of our Interdisciplinary Collaborative Model of care is based on Virginia Henderson’s philosophy of nursing and interdisciplinary care model. The ANA Standards of Nursing Practice, The Rules of the Tennessee Board of Nursing, and related professional standards were used to operationalize our model of care and develop job descriptions which define staff practice.

Family centered care is aligned with our Interdisciplinary model. This approach is grounded in mutually beneficial partnerships among patients, families, and health care providers. Virginia Henderson was one of

the first nursing theorists to step out and advocate for the unique body of knowledge and skills that nurses have and that nurses are not just in place to “carry out physician orders”. She advocated for the interdisciplinary approach with nursing being one of the critical team members. Virginia also advocated for the patient/family to be part of the interdisciplinary team.

1. How would you define the model of care in your area based on the needs of your patient populations?
Hint: Interdisciplinary and Collaborative is a good answer! How has the Model of Care been implemented in your particular area?
2. How do you provide for continuity of care across the continuum of care for our patients?
3. How are the State Nurse Practice Act and Professional Standards utilized? How do they shape your practice?
4. How do the Models of care address patient care needs, patient population demographics, number of nursing staff and ratio of nurses?
5. Describe innovations by direct care nurses to implement the model of care to meet specific patient needs at the area level.
6. Give examples of how direct care nurses influence scheduling.
7. How do you ensure that the utilization of staff is consistent with your established staffing plans, scheduling plan, patient needs, and model of care?

Consultation and Resources: Knowledgeable experts, particularly advanced practice nurses, are available for peer support and consultation, both within and outside the nursing division.

1. What are resources available to staff? (sample list)
 - a. Advanced Practice Nurses
 - b. Electronic Library Services (Eskind Digital Library)
 - c. Educators (what is the name of the educator for your area if applicable?)
 - d. Managers, Assistant Managers, Clinical Staff Leaders, and Charge Nurses
 - e. Administrative Directors
 - f. Peers
 - g. Physicians
 - h. Nursing Education and Professional Development
 - i. The Resuscitation Department
 - j. Many others
2. How do the Advanced Practice Nurses practice within the model of care in your area? (who are they in your area?)
3. How do you support/promote resources in your areas?
4. Can staff discuss Evidence-Based Practice?
 - a. In relation to policies
 - b. In relation to their own practice
 - c. In relation to pathways

5. How are staff supported to participate in professional and community activities outside the organization?
 - a. What are some examples from your area?
 - b. How has it enhanced patient care in your areas?
 - c. How has it helped the nurses in your areas?

Autonomy: Nurses use independent judgment within the context of a multidisciplinary approach to patient care and within the context of the Tennessee State Nurse Practice Act.

1. Provide examples of how direct care nurses use available professional standards, literature, and research to support control over nursing practice, independent decision-making, and assertiveness/leadership in patient care management and practice.
2. What are examples of issues that were identified by direct care nurses and that affect patient outcomes and how were these issues addressed?
3. How have you used peer review for your own professional growth and for direct care nurses? (for example, peer review happens annually with staff evaluations).
4. Examples in which staff nurses exercise independent judgment to resolve patient care issues.
5. Can nurses discuss their own practice in relation to independent, interdependent and intra-dependent practice with others on the interdisciplinary team (pathways, order sets, etc.)?

Nurses as Teachers: Nurses are supported and expected to incorporate teaching into all aspects of their practice.

1. Orientation (including staff's role as preceptors)
 - a. How are staff who take on these roles supported? (i.e. training programs, support from unit leadership team including educators)
2. Patient and family education (nurses role in doing teaching on a daily basis and also role in development of teaching resources).
3. Staff act as mentors formally and informally - for students and new staff as they go through residency programs.
4. Clinical and leadership staff development (Unit leaders have ongoing development opportunities through the Elevate Leader Development Institute offerings and also through the Nursing Leadership Academy. The Frontline Leadership Academy is targeted for frontline nursing leaders and has recently been expanded to include non-nurse frontline leaders. Staff leaders continuously mentor one another as well as partner with their managers through unit/clinic board roles.)
5. Scholarly initiatives (for example, staff who serve as adjunct faculty with schools of nursing, participation in nursing research internship, journal clubs, staff who do poster or other presentations to staff inside and outside of Vanderbilt).

Interdisciplinary Relationships: Interdisciplinary relationships are positive and a sense of mutual respect is exhibited. Conflicts are managed constructively.

1. What have you done in your area to develop collaborative working relationships (formal and/or informal) within the interdisciplinary team?
2. How do you involve other disciplines in evaluation of patient care standards in your areas?
3. How do you address the management of interdisciplinary conflict?
4. Examples of interdisciplinary involvement in addressing patient centered clinical outcomes

New Knowledge, Innovations & Improvements

Quality Improvement: Staff participates in data analysis and planning for improvement. *Note: know who the staff nurses are that represent your area on committees. Committee examples include the following, but may include many others:*

1. Value Analysis Committee
2. Patient Satisfaction Surveys and results
3. Clinical Practice Committee
4. Outcomes of Smooth Moves Program
5. Participation in tracer audits

Empirical Outcomes

Quality of Care (Quality Infrastructure and Processes, Patient Safety, Ethical Practice, Research and Evidence Based Practice): Quality care is a priority and staff nurses are involved in developing the environment in which quality care is provided.

1. What is the mechanism for discussion, assessment, and evaluation of standards at the area level?
2. How do you address/discuss patient safety and ethical practice at area level?
3. Examples at the unit level of Research and Evidence-Based Practice (does not have to be extensive research projects).
4. How would you access the Ethics Committee (and what circumstances would prompt you to do so)?
5. Is staff aware of policy OP 30-10-10 which provides them with the avenue to ask to be excused from an assignment due to religious or ethical (moral) beliefs?
6. How do we address a patient's varied cultural and spiritual needs and what tools do we have to assist us?
7. How do we assist with a patient's language and hearing needs?

8. Nursing Research Internship – A Nursing Research Internship is hosted yearly by Dr. Nancy Wells, Director of Nursing Research. The internship is specially designed to help nurses become comfortable with interpreting research and incorporating to clinical practice.
9. How do nurses use the nursing process and contribute to the plan of care with pathways?
10. Staff should know about Research and the IRB? Research happens all over the medical center. The Institutional Review Board (IRB) exists as a review body to protect the welfare of human subjects who participate in research.
11. Can nurses speak of Nursing Quality Indicators (Nurse Sensitive Quality Indicators) for their specific areas?
 - a. Falls
 - b. Medication errors
 - c. Skin integrity
 - d. Unit specific indicators
 - e. Pain assessment
 - f. Patient access to clinic visits including the number of visits available
 - g. Others
12. Staff should know how to access works which guide professional nursing practice at Vanderbilt. Hint: access any of these from the Professional Links section of the www.vanderbiltnursing.com website.
 - a. [Patient Bill of Rights](#)
 - b. [ANA's Bill of Rights for Nursing](#)
 - c. [Ethical Decision Making](#)
 - d. [ANA Code of Ethics for Nursing](#)