



Magnet Readiness Toolkit

4th Designation

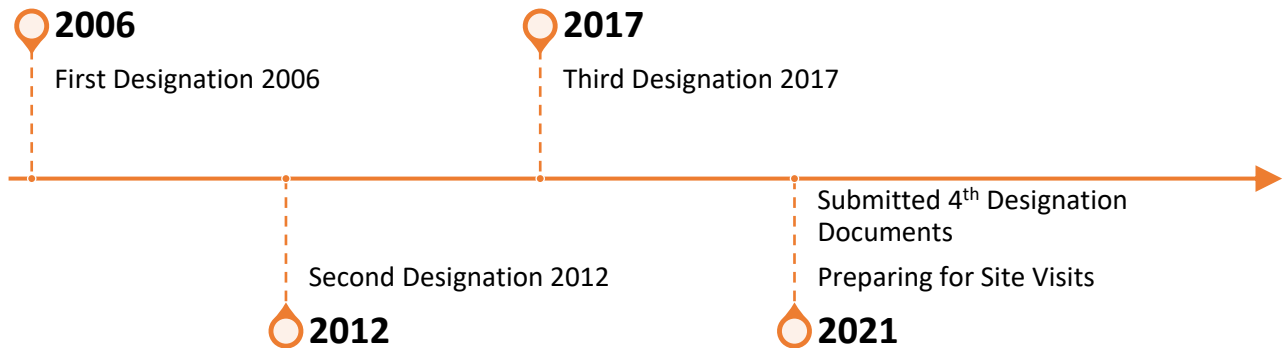
Magnet Education Steering Committee

Table of Contents:

Our Magnet Journey	<u>2</u>
Magnet Organization Essential Elements	<u>3</u>
Professional Practice Model	<u>6</u>
Shared Governance Structure	<u>7</u>
Benefits for Magnet Organizations	<u>8</u>
Preparing to Meet Appraisers	<u>9</u>
Additional Resources	<u>12</u>
References	<u>12</u>
Magnet Glossary	<u>13</u>
Printable Resource Sheets	<u>17</u>

Our Magnet Journey

VUMC's achieved its first Magnet designation in 2006. However, this monumental achievement did not occur overnight. Prior to receiving our first designation, years of foundational work occurred including nurturing a culture of shared governance, building strong interprofessional relationships, and focusing on providing high quality, safe care for our patients and families.



Links to Annual Reports

VMG: <https://vanderbiltnursing.app.vumc.org/newsletters/VMG%20Annual%20Report%205.25/mobile/index.html>

MCJCHV: <https://vanderbiltnursing.app.vumc.org/newsletters/CH%20Annual%20Report/mobile/index.html>

VPH: <https://vanderbiltnursing.app.vumc.org/newsletters/VPH%20Annual%20Report%205.24/mobile/index.html>

VUAH: <https://vanderbiltnursing.app.vumc.org/newsletters/VUAH%20Report%205.24/mobile/index.html>

Magnet Leads

A graphic with four blue vertical panels, each containing a circular portrait of a woman and her name/department. A large, light blue double-headed arrow is positioned at the bottom, spanning all four panels.

Department	Name
VMG	Kimberly Burkeen
MCJCHV	Ashley Ried
VPH	Lesley Worsley-Hynd
VUAH	Ashley Vosilla

Magnet Organization Essential Elements

Note: other resources are available at: <https://www.vumc.org/nursing-magnet/>

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

The Transformational Leader leads people to where they need to be to meet the demands of the future. Leaders create a vision for the future and the environment necessary to achieve that vision.

Qualities of Transformational Nursing Leaders:

- Provide a vision to evolve the organization to meet current and anticipated needs and strategic priorities
- Advocate for resources to support staff in delivering high quality, patient care
- Value direct care nurse input and involvement in setting goals and making decisions
- Visible and accessible to staff
- Effective, multi-directional communicator
- Advocate for ongoing leadership development for all nurses, with a focus on mentoring and succession planning

Structural Empowerment

Structural empowerment creates an innovative environment where professional practice thrives and leads to positive outcomes.

Organizational Structure:

- Unit/clinic-based decision making prevails (shared governance)
- Strong nursing representation on organization-wide committees and at all levels of decision-making.

Community and the Healthcare Organization:

- The organization promotes and develops strong partnerships with community organizations to improve patient outcomes and advance the health of the communities we serve

Image of Nursing:

- Nurses are viewed as essential members of the healthcare team.
- Nurses are recognized for their contributions in addressing the strategic priorities of the organization

Professional Development:

- Significant emphasis is placed on supporting nurses during their transition to practice (orientation), continuing education, obtaining professional nursing certification, and other career development activities
- Nurses are supported in participating in local, regional, national, or international professional organizations

Exemplary Professional Practice

Exemplary professional practice in nursing entails a comprehensive understanding of the role of nursing and what the professional practice can achieve.

Professional Models of Care:

- Nurses have shared authority and are accountable for their evidence-based nursing practice
- Nurses are the coordinators of the care patients receive

Consultation and Resources:

- Knowledgeable experts are available for peer support and consultation, both inside and outside nursing

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

Nurses as Teachers:

- Nurses are supported and expected to incorporate teaching into all aspects of their practice

Interdisciplinary Relationships:

- Interdisciplinary relationships are positive with mutual respect
- Conflicts are managed constructively

Workplace Advocacy:

- Nurses are empowered to identify and bring forth concerns
- Attention is given to achieving equity of care and equity in the workplace environment

New Knowledge, Innovations & Improvements

This component includes new models of care, application of existing or new evidence, and visible contributions to the science of nursing as a part of the professional responsibility to contribute to patient care, the organization, and the profession.

Research:

- Nurses receive education about evidence-based practice and research
- Nurses conduct, disseminate, and systematically evaluate research

Nurses as Innovators:

- Innovations in patient care, nursing, and the practice environment are supported and encouraged

Technology and Workflow Improvement:

- Nurses are involved with the design and implementation of technology
- Nurses design and implement work-flow improvements and space design

Empirical Outcomes

This component asks, “What difference have you made?” Magnet organizations are uniquely positioned to be pioneers and demonstrate innovative solutions related to nursing.

Quality of Care:

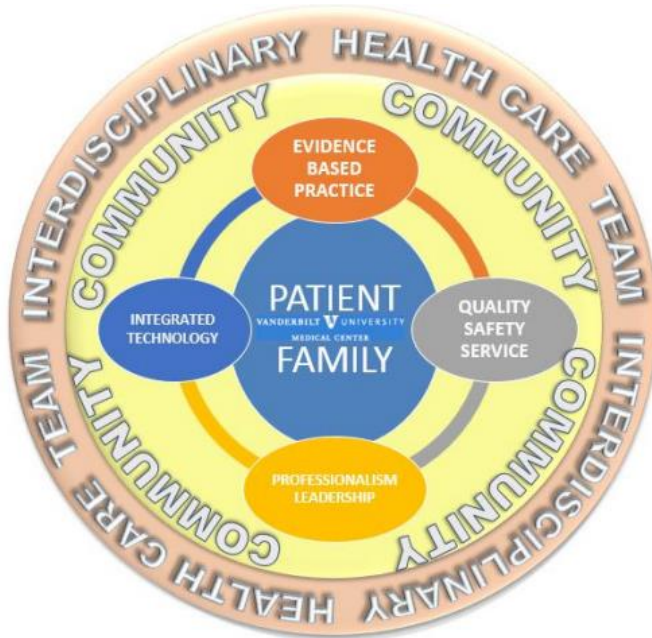
- High quality patient care is a priority
- Staff nurses are involved in all aspects of safety, quality monitoring, and quality improvement
- Nurses analyze data and use national benchmarks to gain a comparative perspective about their performance and the care patients receive

Reference “Essential Elements: Questions to Prepare Staff” for more information visit

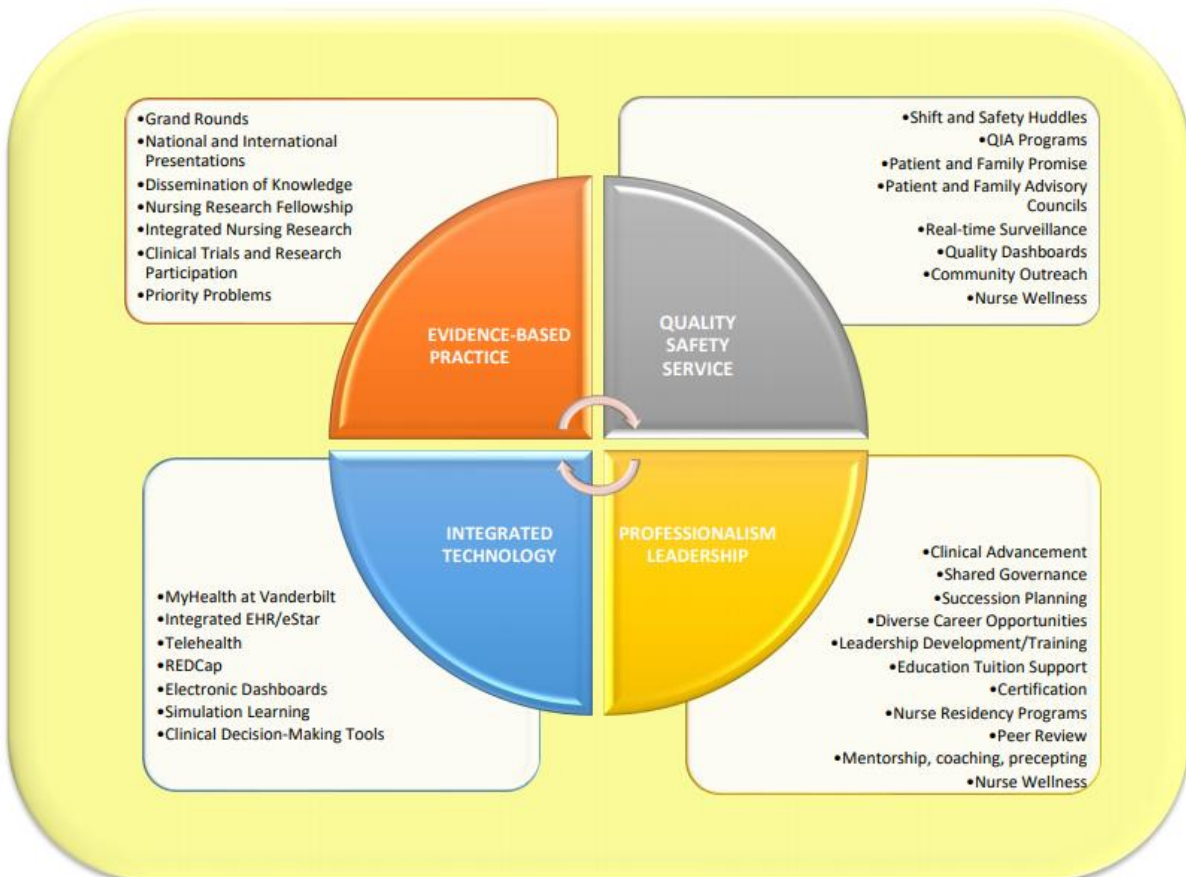
<https://www.vumc.org/nursing-magnet/>

Professional Practice Model (PPM)

Our PPM illustrates how nurses practice, collaborate, communicate, and professionally develop while keeping patients and families at the center of their work.



Vanderbilt nurses are transformational leaders committed to patient- and family-centered care. As essential members of the interdisciplinary team, our nurses incorporate evidence and state-of-the-art technology to achieve the common goals of quality, safety, and service for our patients, families, and community.



Shared Governance Structure

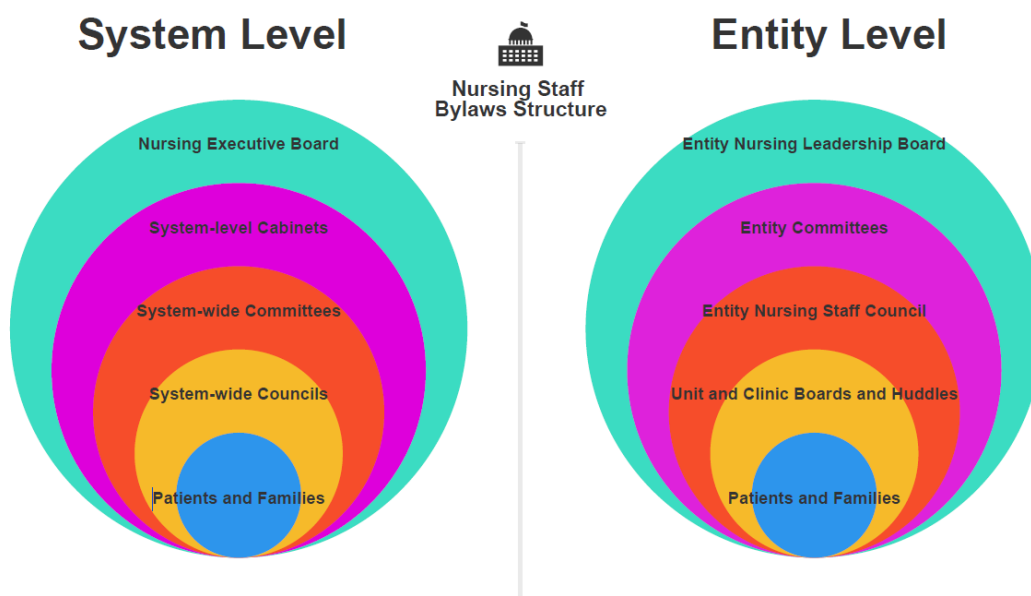
The Shared Governance Task Force defined Shared Governance as “a dynamic staff-leader partnership that promotes collaboration, shared decision making, and accountability for improving quality of care, safety, and enhancing work life.”

- The structure is based on Tim Porter O’Grady’s model of shared decision making
- Shared Governance is supported through our Nursing Bylaws.
- Every 2 years at the Nursing Bylaws Convention, the shared governance structure is assessed and updated as needed.
- Through the unit/clinic/department boards, decision-making is closest to the point of care.
- Nursing Leadership Boards serve to set strategic direction, share information, and determine how to implement programs and changes.
- Organizational committees, with staff nurse representation, serve to support patient care, work life, and professional development.

For more information, go to the Shared Governance website [here](#):

VUMC Nursing Shared Governance Structure

Vanderbilt Nursing
VANDERBILT UNIVERSITY
MEDICAL CENTER



VUMC's Shared Governance structure is built to support the delivery of patient and family centered care. The system-wide shared governance structure supports the individual entities and unit and clinic boards to improve patient care and professional practice at VUMC.

Benefits for Magnet Organizations

America's Best Hospitals – US News & World Report

- Factors Magnet designation into Best Hospitals rankings
- Magnet designation contributes to the total score for quality of inpatient care

Leapfrog

- Hospital ratings include Magnet status
- Organizations with Magnet designation automatically earn full credit for Safe Practice #9 Nursing Workforce (used to score hospital's commitment to staffing highly trained nurses and nurse leaders)

The Joint Commission (TJC)

- Recognizes and endorses the Magnet Program
- Values the impact Magnet has in creating workplace culture and nursing practices that support patient safety and high-quality care
- Having Magnet status prepares nurses for TJC visits, policies and procedures are current and evidence-based, and QI projects are staff-nurse driven

How Magnet Organizations Rank

- All 20 *Honor Roll* hospitals are Magnet organizations (US News Best Hospitals in America, 2020-2021)
- All 10 hospitals in the *Children's Hospital Honor Roll* are Magnet recognized (US News Children's Hospital Honor Roll, 2021-2022)

Patient Care and Outcomes

- Studies assessing links between work environment and patient safety find that Magnet hospitals experience decreased rates of patient mortality, pressure injuries, and falls while achieving increased patient satisfaction

Preparing to Meet Appraisers

This guide contains information to help Magnet Champions prepare themselves and their work area for the Magnet 4th Designation site visit. Being prepared will make the site visit successful and enjoyable!

During this 4th Designation visit, the appraisers will be looking to observe how the practice of professional nursing at VUMC has grown since our first designation in 2006. For the first time, we will be hosting 4 different teams of Magnet appraisers – one team for each entity. For the questions below, when you see ****, insert the name of your entity (MCJCHV, VMG, VPH, VUAH).

Preparation

- Magnet Champions and unit leaders will have a unit-based plan that includes:
 - A designated location to be able to sit and talk with appraiser if that is needed (ensure the space is big enough, in good repair, and clean).
 - Identify staff who can be available to step away from patient care and talk to an appraiser. This includes nurses, care partners, and any other disciplines who are active in the care of patients on your unit. This would be a good time to introduce a carefully selected physician who can speak to the work of nurses in your area.
 - Training / practice opportunities to prepared staff to talk with an appraiser.

Practice for Staff Before the Visit

- Ask staff to think about the following:
 - Why do they think **** is a Magnet organization?
 - What are the main points they want the appraisers to know about their unit/entity?
 - What questions DON'T they want the appraisers to ask?
 - Think of answers and you'll be surprised how much this will relieve any anxiety.
 - What questions DO they want the appraisers to ask?
 - Think about answers and don't hold back your enthusiasm and sincerity.
- Role play different practice questions. Have staff members discuss questions and practice.
 - You'll be surprised how much this will help.

Important Visit Etiquette Information

- The appraisers are very familiar with **** – they have read the entire narrative document that was submitted as evidence of meeting Magnet criteria. This visit is your chance to **validate, verify, and amplify** what is covered in the document.
- Keep the conversation on a professional level and ask questions if you don't understand something.
- 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 ****.
- Be truthful; don't try to “snow” an appraiser.
- Reply to appraisers' questions directly, concisely, and with pride and enthusiasm.
- Never “bend a rule” for an appraiser.

Tips for a Successful Visit

- 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 . . ." Include that you could call a charge nurse, supervisor, or administrator, or find the answer in a resource (online policy/procedure).
- Help each other out, if one of your peers is struggling, jump in and help answer the question.
- Practice, Practice, Practice . . .
- Show confidence and collaboration with peers and the interdisciplinary team.
- Avoid looking to the manager for approval to answers or for validation of the responses given.
- Take turns among different staff members responding to the questions. Include as many staff as possible and include disciplines other than nursing.
- *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.
- The Magnet visit is not a time to air grievances. Channel concerns to the appropriate people at the appropriate time to address issues.
- 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

- While the Magnet appraisers are not here to evaluate our physical environment per se, impressions about our work environment are important.
- Call Environmental Services or other 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.
- 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."*

- You will know the schedule ahead of time for when the appraisers will be in your work area. We will be hosting appraisers for a 2-3 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 your entity. Stay prepared!
- Staff Nurse Magnet Champions will be the Escorts for the appraisers.
- Be prepared. Take time in advance of your shift to go over everything that was practiced.
- Don't be scared. This is a wonderful opportunity to tell the appraisers about **** nursing.
- Be truthful and sincere in all your interactions.
- Be punctual (if not 15 minutes early to each scheduled activity).
- Be succinct in your conversation. Take a few minutes to make your point. The appraiser will use your opening as a springboard to continue the conversation.

Appearance

- Make eye contact/be friendly and confident.
- Smile.
- Watch your body language to make sure you are welcoming and approachable.
- Make sure you look professional and polished. Your appearance says a lot about you (disorganized and sloppy vs. professional and detail oriented).
- Turn your cell phones and other electronic devices to vibrate.
- If in patient care, hand off your pager and/or Mobile Heartbeat phone to a colleague not participating in the interview.

Additional Resources

Printable Resources

- Summary Sheets
- Essential Elements: Questions to Prepare Staff
- Magnet Link Here
- Quiz Question Link

References

<http://www.jointcommission.org/>

<https://www.nursingworld.org/organizational-programs/magnet/>

<http://health.usnews.com/best-hospitals/rankings>

<https://www.hospitalsafetygrade.org/>

<http://www.hcpro.com/>

Drenkard, K. (2010). The Business Case for Magnet. *Journal of Nursing Administration*, 40(6), 263-271.

Graystone, Rebecca MS, MBA, RN, NE-BC The Value of Magnet® Recognition, JONA: The Journal of Nursing Administration: October 2019 - Volume 49 - Issue 10S - p S1-S3 doi: 10.1097/NNA.0000000000000796

Haller, K., Berends, W., Skillin, P. Organizational culture and nursing practice: The Magnet recognition program as a framework for positive change, *Revista Médica Clínica Las Condes*, Volume 29, Issue 3, 2018, Pages 328-335, ISSN 0716-8640, <https://doi.org/10.1016/j.rmcl.2018.03.005>.

Hamadi, H., Martinez, D., Palenzuela, J., Spaulding, A., (2021) Magnet Hospitals and 30-Day Readmission and Mortality Rates for Medicare Beneficiaries, *Medical Care*, 59(1), 6-12, <https://doi.org/10.1097/MLR.0000000000001427>

Joint Commission on Accreditation of Healthcare Organizations. (2005). Health care at the crossroads: strategies for addressing the evolving nursing crisis.

Tuazon, N. (2007). Is Magnet a Money-maker? *Nursing Management*, 38(6), 24-31.

Magnet Glossary

Accountability: the concept of being answerable or responsible for one's actions. The primary goals of professional accountability in nursing are to resolve problems, maintain high standards of care, and to protect patients from harm.

Advanced Practice Nurse (APN or APRN): a registered nurse who has met advanced educational and clinical practice requirements beyond the basic nursing education required of all RNs. This includes many roles such as nurse practitioners, certified nurse midwives, clinical nurse specialists, and certified nurse anesthetists.

American Nurses Credentialing Center (ANCC): the largest and most prestigious nurse credentialing organization in the United States. ANCC developed the Magnet Recognition Program to recognize hospitals and healthcare organizations that provide nursing excellence.

Autonomy: the capacity to consider alternatives, make choices, and make an informed, independent decision.

Benchmarking: comparing data within or outside of the organization for the purpose of goal setting and performance measurements. Benchmarking allows an organization to compare itself with others so it can identify best practices to incorporate into its care.

Bylaws: The Nursing Staff Bylaws document provides the framework for accountability and autonomy in nursing at Vanderbilt. The bylaws define the responsibility of nursing board, committees, and councils. They can be accessed on the Vanderbilt Nursing Shared Governance site under the Nursing Bylaws tab.

Care Delivery System: a system for the provision of care that outlines the nurses' authority and accountability for clinical decision-making and outcomes. The care delivery system describes the context and manner by which care is delivered, the skill set required, and expected outcomes of care.

Certification: a process by which a nongovernmental agency or association validates that an individual licensed to practice a profession has met certain predetermined standards. The purpose of nurses holding specific certifications is to ensure that an individual has mastered a body of knowledge and acquired skills in a particular specialty. Examples include CCRN, CPN, OCN, etc. It does not include ACLS, PALS, or BLS, in which the nurse is certified for the ability to perform clinical interventions.

Chief Nursing Officer (CNO): the nurse who participates in the management of healthcare services delivery by directing and coordinating the work of nurses and other personnel and representing nursing services. The Executive Chief Nursing Officer at Vanderbilt is Marilyn Dubree, MSN, RN, NE-BC.

Elevate: a Vanderbilt initiative that promotes a culture of excellence based on service to patients, commitment to colleagues, and professionalism. One Elevate goal is to strengthen VUMC leadership practices to recruit, retain, and develop an engaged and committed workforce.

Evidence-Based Practice (EBP): process by which clinical decisions are made using best available evidence, clinical expertise, and patient preference.

Exemplary Professional Practice: a way to describe practice when nurses are key members on an interdisciplinary, collaborative team that works to achieve high quality patient outcomes. It also includes staff having a significant impact on staffing and scheduling procedures, functioning autonomously, and being grounded by a culture of safety and quality.



Source: <http://www.nursecredentialing.org/Magnet/ProgramOverview/New-Magnet-Model>

Forces of Magnetism: The original Magnet research from 1983 first identified 14 characteristics that differentiated organizations that were best able to recruit and retain nurses during the nursing shortages of the 1970s and 1980s. These characteristics became the ANCC Forces of Magnetism that provide the conceptual framework for the Magnet appraisal process. These forces are still valid, and the concepts are included within the Essential Components of Magnet organizations (Transformational Leadership; Structural Empowerment; Exemplary Nursing Practice; New Knowledge, Research, and Innovations; and Empirical Outcomes).

Handover: structured process to accurately and efficiently transfer patients and patient information from one caregiver or healthcare team to another. Handovers should be conducted using the SBAR (*see SBAR*) format in an environment that is free from distraction or interruption.

Innovation: the introduction of something new or a change in the thought process for doing something to improve outcomes, efficiency, cost effectiveness, or user experience.

Institutional Review Board (IRB): a board, committee, or other group formally designated by an organization to review and approve research involving humans as participants and conduct periodic review of that research. This is an independent committee comprised of scientific, non-scientific, and non-affiliated members established according to the requirements of U.S. federal regulations.

Licensure: the process of granting permission to engage in a specified activity or to perform a specified act. Permission generally is granted following confirmation of knowledge (usually by way of a test) and abilities (demonstrated competencies to perform specific activities and tasks).

Magnet Designation: the highest level of recognition that the American Nurses Credentialing Center (ANCC) can accord to healthcare organizations which provide nursing care.

New Knowledge, Research, and Innovations: This is exemplified when nurses use evidence-based practice, research, and quality improvement information to make changes in their practice and ensure their patients are receiving the best healthcare available. Nurses are committed to sharing their expertise and knowledge.

Nurses at Every Level: This phrase is used to emphasize the importance that nurses in every role – not solely nurse managers or administrators – participate in decision-making bodies.

Nursing Research: a systematic search for knowledge about issues of importance to the nursing profession. Nursing research may develop knowledge to build the scientific foundation for clinical practice, prevent disease and disability, manage and eliminate symptoms caused by illness, and enhance end-of-life and palliative care.

Nurse Satisfaction: job satisfaction expressed by nurses. Usually measured by asking a uniform series of questions designed to elicit nursing staff attitudes toward specific aspects of their employment situation.

Nurse Sensitive Indicators: factors that reflect the structure, process, and outcomes of nursing care. “Patient outcomes that are determined to be nursing sensitive are those that improve if there is a greater quantity or quality of nursing care (e.g. pressure ulcers, falls, IV infiltrations).” Source: American Nurses Association (ANA).

Outcomes: measurable results of a nursing process. Empirical outcomes are ones that are based on evidence. Outcomes that are important in a Magnet organization are outcomes related to patients, nurses, the organization, and consumers.

Patient Satisfaction: patient opinion of the care received, usually measured by asking a series of questions designed to elicit patient views about aspects of care.

Professional Practice Model: a description of how nurses practice in a highly collaborative and interdisciplinary manner to provide the highest quality care to those served by the organization. Vanderbilt has defined their model by putting patients and family at the core. (*See Exemplary Nursing Practice.*)

Quality Improvement (QI): process of continually evaluating existing processes of care and developing new standards of practice.

Rapid Response Team (RRT): a team of healthcare providers that respond when patients show signs of deterioration in their clinical condition. Staff is educated on changes in patients’ conditions that may warrant

calling the RRT. Family-initiated RRT gives family members a way to get medical help when they feel that something is just not right.

SBAR: method to format handover information when giving report on patients to oncoming staff members. **S**-situation; **B**-background; **A**-assessment; and **R**-recommendations.

Shared Leadership/Participative Decision-Making: a model in which nurses are formally organized to participate in decision-making about clinical practice standards, workplace operations, quality improvement, staff and professional development, and research. VUMC uses a Shared Governance model for shared decision-making.

Shared Governance: a dynamic staff-leader partnership that promotes collaboration, shared decision-making, and accountability for improving quality of care, safety, and enhancing work life. Examples of shared governance vehicles are unit/clinic boards, committees, task forces, and surveys seeking staff members' input - any avenue which gives staff a way to be heard and included in decisions that directly impact them.

Staff Nurse Council: nursing representatives from each unit within the medical center who form a committee to serve in an advisory capacity and provide a forum for direct dialogue with key leaders on topics related to quality of work life, clinical quality, patient/family care, and professional development. At Vanderbilt, there is a staff council for VUH, MCJCHV, VMG, and VPH.

Standard: a norm that expresses an agreed-upon level of performance with the aim of achieving excellence in practice.

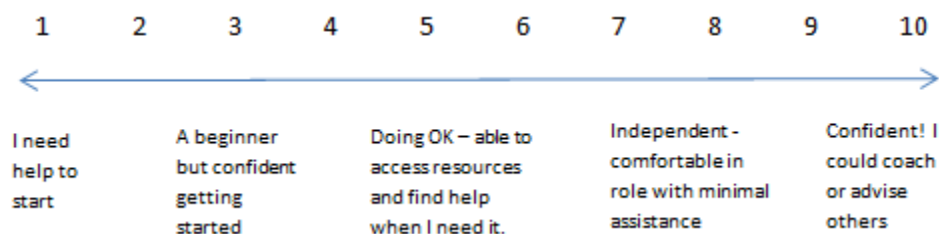
Structural Empowerment: an environment that provides a mechanism for nurses to have a voice in their daily work and professional practice. An environment that puts policies, procedures, and processes in place that support patient care.

Transformational Leadership: when leaders possess a vision for the future and strategically plan to prepare for the organization to advance, helping individuals and departments see where they fit into future plans, guiding staff through transitions, and advocating for staff.

Printable Resource Sheets

Magnet Readiness Assessment

Rate your readiness for a Magnet site visit:



	YES	NO
1. Does your area have Magnet Champion(s)?		
2. If more than one champion, are they working together?		
3. Do you feel you have enough Magnet Champions for your area?		
4. Is the department leadership team actively involved in Magnet efforts?		
5. Does the staff in your area understand what Magnet is?		
6. Does your department have a regular communication method (i.e. email updates, newsletter, staff meetings or unit/clinic board meetings, “jump start” etc.)?		
7. If you have a regular communication method in your department, are you using it for regular communication about Magnet?		

Score yourself?

- 5 “yes” answers = Good Magnet support in place
- 3-4 “yes” answers = Room for strengthening efforts
- Under 3 “yes” answers = Contact magnet.education@vanderbilt.edu for support and resources

Magnet Readiness Assessment Tiers

Tier 1: Beginner

Goals - Staff should know:

1. MCJCHV/VMG/VPH/VUAH is a Magnet organization and what that means
2. We are preparing for a site visit in anticipation of receiving a 4th designation.
3. What to expect during a site visit and how to be comfortable talking with Magnet appraisers.

Suggested mechanisms to use to communicate with staff:

1. Staff meetings or unit board meetings
2. Unit based newsletters
3. Email communications
4. Bulletin boards

Suggested Steps:

1. Discuss Magnet preparation needs with your department leadership team and Magnet Champion(s).
2. Identify Magnet Champions for your area.
3. Access the Magnet website at <https://www.vumc.org/nursing-magnet/> for resources

Tier 2: Intermediate

Goals:

Staff understand the essential elements of a Magnet organization

1. Transformational Leadership
2. Structural Empowerment
3. Empirical Outcomes
4. New Knowledge, Innovation & Improvement
5. Exemplary Professional Practice:

Suggested Steps:

1. All resources listed under Tier 1 plus:
2. Use practice questions to get staff to think about how the essential elements are met in their area.

Tier 3: Advanced

Goals:

1. Staff can describe key concepts and how their everyday work is reflective of organizational priorities
 - a. Nursing Strategic Plan
 - b. Nursing Quality Plan
 - c. Professional Practice Model
2. Examples include how patient/family centered care is delivered, evidence-based practice is incorporated, staff act as leaders and are supported in their development, and integrated technology supports work.

Suggested Steps:

1. All resources under Tiers 1 and 2 plus:
2. Work with staff to identify department-based examples.
3. Work with staff to practice describing the work of the area considering nursing strategic and quality plans.
4. Work with staff to describe the Professional Practice Model and give examples of how it works in their area.