MAGNET Leadership Culture and How it Influences Practice

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Nursing at Boston Children’s Hospital

- 1551 Registered Nurses (FTEs)
- 8.1% Diploma 12.9% AD, 73.3% BSN 5.7% MS
- BSN Preferred
- New Grad Program in place for past 6 years
- Turnover Rate: 7.8%
- Vacancy Rate: 5.5%
Nursing at Boston Children’s Hospital

Quality Achievements over past 6 years:
- Magnet Re-designated (2012)
- Beacon (ICU)
- Lantern (ED)

250 Nurse Practitioners
  all settings (Inpatient, Ambulatory, ICUs, Emergency Department)
Magnet® Designation

- Most prestigious distinction a healthcare organization can receive for nursing excellence and quality patient outcomes
- Recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice
- Magnet status is the outcome of Nursing excellence
- Organizations earn Magnet for they have established systems and processes that support nurses at the bedside that result in positive patient outcomes
  - Improved efficient and effectiveness at unit levels
Magnet® Designation

• Focus is on the “so what” or the impact
  – What difference did it make to the patient and family, the community, and/or the organization

• Use of data to demonstrate outcomes
  – Nurse sensitive indicators (NSI)
  – Comparison to national benchmarks
Magnet® Designation

- 8% of US hospitals have earned Magnet Designation
- 391 Hospitals Worldwide—Three in Australia
  - Sir Charles Gairdner Hospital, Nedlands, Western Australia
  - St. Vincent’s Private Hospital, New South Wales
  - Princess Alexandra Hospital, Brisbane, Queensland

- Evidence in the literature is beginning to demonstrate that Magnet Hospitals have better outcomes

- Better outcomes can be attributed to:
  - investments in highly qualified and educated nurses
  - practice environments supportive of high-quality nursing care
Magnet® Designation

• Magnet hospitals exhibit the characteristics of the nation’s top corporations
  – institution’s commitment to excellence
  – willingness to undertake organizational innovation

• The magnet designation signifies the hospital has proven its ability to attract and retain nurses.

• Nurses at Magnet hospitals are organized, trained, and supported by management to provide care differently
“We find over and over again that nurses save lives. These better outcomes can be attributed in large part, to investments in highly qualified and educated nurses, and practice environments supportive of high quality nursing.”

- Matthew McHugh, PhD, JD, MPH, RN, FAAN
The Magnet® Model

Transformational Leadership

- CNO equal status at highest level
  - Influence beyond Nursing
- RNs at all levels
  - Advocate for resources/using data to obtain
  - Lead change
- Expectation that there is direct care nurse input and involvement across the organization
- Lead interdisciplinary collaboration
- Leadership development
The Magnet® Model

Structural Empowerment

• RNs involved at unit and organizational level
• Advance Nursing through professional development
  – Conference attendance
  – Professional organization memberships
  – Formal education
  – Certification
• Decision Making-Shared Governance
• Recognition of RN contributions
The Magnet® Model

Exemplary Professional Practice

• Professional Practice Model
  – Shared Governance structure
  – Professional Advancement Program
  – Synergy Model of Care (along with PFCC)
  – Nursing Peer Review
  – Nursing Quality Plan
  – Evidence Based Practice
• Effective and efficient care
• Collegial interdisciplinary relationships
• Nurse Autonomy
• Workplace advocacy/safety
The Magnet® Model

New Knowledge Innovations and Improvements

• Integration of EBP/Research in clinical processes
• Solid infrastructure for EBP and RN Research
• Innovations in care
• Evolution of care and Nursing practice
• New ideas encouraged and supported
• Financial support for projects
The Magnet® Model

Empirical Outcomes

• quantitative and qualitative evidence related to the impact of structure and process on the patient, nursing workforce, organization, and consumer
• need to be dynamic and measureable
• may be reported at an individual unit, department, population, or organizational level

Examples

• Implementation of Bar Code Scanning of Medications—25% decrease in medication errors in a year.
• Implementation of Red Zones—CICU achieved an additional 37% decrease in errors within a year.
Empirical Outcomes

• Implementation of Nursing Home Visits for Community Asthma Initiative —
  – Reduction in ED visits by 64% after 12 months
  – Reduction in hospital admissions by 79% after 12 months
• Implementation of NP role in Neurology Clinic
  – 197 urgent patient appointments /yr. prior to hire to 3 years later clinic able accommodate 585 urgent care visits (avoiding ED)
• Implementation of the use of chlorhexadine and increase scrub time of IV access ports to 30secs
  – Resulted in increased days between CLABSIs from 77 to 394 days, in 2010 zero CLABSIs
Florence Nightingale

- Caring for the sickest and poorest of patients
- Transforming dismal conditions to create an environment where patients are empowered to heal
- Understanding the need for continuous education
- Recognizing the value of data to drive and support decisions
2005 Document

• Failed
  – Did not meet Magnet’s threshold of excellence
• Structures and processes well established
• Supportive evidence not included in document
  – meeting minutes, patient documentation, competency documentation, etc.
  – needed hard evidence of the who, what, where, when and how
• Missed the “so what”
Initial Designation
January 13, 2008

What Worked Well

• Core team-2 new members-added new perspective
  – had to ask questions vs. making assumptions
• Change in writing style-easy to read, simple, story like
• Engagement in process across organization and at all levels (Magnet Mondays)

Challenges

• Overcoming previous document failure
• Personalities/Nay sayers
• Too many writers-lots of re-writes for core team to ensure needed details (who, what, where, when, how and the so what)
• Keeping document under 15 inches
Emphasis on Professional Development

- Clinical ladders
- Certifications
- Graduate education for managers
- Advanced practice roles across institution
- Encouraging DNP/PhD programs
- Shared governance models
- TCAB
- Evidenced-based practice as the norm
- Nursing research
Redesignation
September 14, 2012

What Worked Well

• Writer experience/delegation
• Team given autonomy to select evidence
• Simple project plan vs. micromanaging details
• Having established RN metric program (fed outcome measures)
• Submitting electronically
• Set achievable goals (degrees, certifications)

Challenges

• Shortened writing time line by 2 months for website design
• Ensuring every verb addressed in the standard
• More with less discussions
Unless we are making progress in our nursing every year, every month, every week, take my word for it we are going back.

-Florence Nightingale
Tips for Success

- Strong Magnet® Coordinator
- Engage staff at all levels in the process
- Choose strong writers from the start
- Read sources over and over; re-read as writing to make sure answering the question
- Find excellent editors
- If using technology, test and retest
- Set firm deadlines
- Administrative support
- Belief RNs deserve recognition for work
Who is the Pediatric Nurse in a Magnet® Designated Institution?

- Systems thinker – ability to navigate and lead through complexities
  - Uses technology to enhance care
  - Population management
  - Care management
  - Value awareness
  - Community
  - Understands the business aspects of care
- Patient and family centered
- Clinical specialist at the bedside
- Active participant - engager
Magnet® Leadership

• RN leadership needed at all levels
• CNO sets direction/strategic imperative
  – Priority across organization
• RN executives and middle management
  – Belief
  – Resource for evidence
  – Supportive Role
  – Remove barriers
• Staff and Advance Practice Nurses
  – Are the evidence
Magnet® Leadership

Magnet Champions

– Unit based RN representatives
  • Informal leaders
  • Ambassadors
– Enhanced flow of information
– Translated process to staff
– Unit based resource
– Collect supporting evidence
– Keep staff energized through all phases
– Prepare for site visit
Don’t be afraid to be great. Our achievements are measured by the people who need us.

- UCLA Health System
Thank you.

Questions?