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Main Line Health

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Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON SCHOOL OF POPULATION HEALTH AND LILLY USA, LLC

Magnet Recognition Program: Building Capacity for Innovations in Nursing

By Nancy Valentine, RN, MPH, PhD

The Magnet Recognition Program was developed by the American Nurses Credentialing Center (ANCC) to recognize health care organizations that demonstrate nursing excellence and to provide a vehicle for disseminating successful nursing practices and strategies.^{1,2} With a focus on quality patient care, nursing excellence, and innovations in professional nursing practice, this program offers consumers the ultimate benchmark for the quality of care that they can expect to receive. Of the hospitals listed on *U.S. News & World Report's* exclusive 2007 Honor Roll rankings for "America's Best Hospitals" (July 23, 2007), 7 of the top 10 were Nurse Magnet hospitals.

The Magnet Recognition Program is based on quality indicators and standards of nursing practice as defined in the newly revised 3rd edition of the *ANA Nursing Administration: Scope & Standards of Practice* (2009). The Magnet designation process includes the appraisal of qualitative factors in nursing, referred to as "Forces of Magnetism." These Forces are evidenced by a professional environment guided by a strong, visionary nursing leader who advocates for and supports professional development and excellence in nursing practice. In fact, the nursing profession benefits from the program in terms of elevated nursing standards and reputation.

Approximately 5.8% of all health care organizations in the United States have achieved ANCC Magnet Recognition status. Clearly there is opportunity for all hospitals to aspire to this level of practice.

The Magnet Vision and Goals

Magnet organizations value knowledge and expertise, settling for nothing less than excellence in the delivery of nursing care. Magnet organizations are committed to leading health care reform and constantly strive for discovery and innovation. There is no room for a business as usual approach. Primary research, replication of best practices, and the creation of a network of Magnet hospitals wherein nurses across organizations can share their practice excellence are examples of how the Magnet momentum is gaining hold within the larger nursing community.

The Magnet designation is recognized as important by the Centers for Medicare and Medicaid Services, The Joint Commission, and *US News & World Report*. The Magnet designation enables hospitals to market excellence to the communities they serve, affording a competitive edge within local and regional markets. Moreover, the broad Magnet network provides opportunities for partnerships among organizations that seek solutions to our most challenging issues.

Figure 1. Magnet Goals

1. **Transformational leadership**, which drives the cultural change via strategic planning, influence, advocacy, and visibility
2. **Structural empowerment**, which provides the forums for collaboration and program development via engagement, professional development, commitment to community involvement, and recognition of nursing
3. **Exemplary professional practice** that addresses infrastructure elements that support integrated top clinical team performance – Professional Practice Model (PPM); care delivery system; staffing, scheduling, budgeting; interdisciplinary care; accountability, competence, autonomy; ethics; diversity; culture of safety; and quality
4. **New knowledge, innovations, and improvements** that demonstrate utilization of evidence-based practice, support for knowledge inquiry, and that result in improved outcomes in attaining excellence in care delivery.

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The Magnet Program is a cutting-edge strategic plan an organization can use to meet its business goals and achieve recognition in the marketplace through the full engagement of nurses as leaders in determining the quality of care. The goals of the program are displayed in Figure 1.

Main Line Health Magnet Experience

Main Line Health (MLH), a system of community-based hospitals and services in Southeastern Pennsylvania, first received the Magnet designation as a system in 2005. Since that time, the Magnet model has evolved from an emphasis on processes for creating the infrastructure for excellence to a focus on outcomes that are essential to develop and sustain a culture of excellence and innovation. These qualitative and quantitative outcomes are related to the impact of structure and process on the patient, the nursing workforce, the organization, and the consumer. Dynamic and measurable, these outcomes may be reported at an individual unit, department, population, or organizational level.

Energized by the challenge of taking MLH to a new level of development, we have developed 2 *Magnet Exemplars*, cutting-edge programs that illustrate our commitment to innovation.

I. Magnet Model Component: Structural Empowerment

Question: How does an organization develop a model for nurses to engage in research?

With the goal of creating an infrastructure to support bedside nurses to engage in research, MLH developed partnerships with established researchers as part of the Lankenau Institute for Medical Research (LIMR) and instituted a program whereby nurses could acquire basic research skills. A pilot program was launched in the spring of 2009. Beginning with 10 nurses drawn from each of 3 system hospitals, the 2-week program provided basic instruction in clinical research and exposure to bench research.

The pilot achieved a nucleus, stimulus, and resource for the expansion of nursing research in MLH. Lectures by 4 LIMR researchers focused on basic science, clinical research design, biostatistics, and intensive study. The short-term goals were to enable these nurses to: implement a clinical research study; recruit patients, obtain written consent, and collect data for clinical studies; search relevant computer databases; identify clinical problems worthy of investigation; and develop and write publishable papers. Long-term goals include developing a nucleus of nurse research champions, improving the quality of patient care and outcomes, and supporting requirements for Magnet status.

Nurses and researchers reported great success and enthusiasm for the program, and recommended that it be continued on an annual basis. Mutual interest among team members yielded potential nurse-driven studies including measuring the effectiveness of a unit-based nurse champion model to build a unit-based culture of safety and quality accountability, evaluating education and family satisfaction with end-of-life care, and reducing ventilator-associated pneumonia through measurement of nurse compliance with a chlorhexidine oral care protocol.

II. Magnet Model Component: New Knowledge, Innovations, and Improvements

Question: How do we build champions of quality improvement and address key patient care needs?

In developing educational programs to support nurse-driven self-care models for improving patient compliance in chronic disease management, MLH was introduced to Communication Science SelfCareKits.³ These kits are developed utilizing an evidence-based approach; for example, prior to designing materials for a heart failure (HF) self-care kit, evidence was gathered by anthropologists who observed HF patients at home. Evidence for design choices is made by sociolinguists and artists who craft the communication.

This ethnographic approach incorporates research from disparate fields – functional flow analysis (an engineering approach to step-by-step instructions), cognitive mapping, and linguistic pragmatics (focus on patient vocabulary and grammar) – to make the material memorable.

MLH nurses have chosen to use 2 SelfCareKits to generate their own evidence:

1. *Heart Failure SelfCareKit*: Past studies using kits for discharged HF inpatients have shown 38%–74% reductions in readmissions and up to a full day shorter length of stay (LOS). MLH nurses have designed their own study to measure emergency room visits, readmissions, and LOS on readmission.

2. *Post Prostatectomy SelfCareKit*: Past studies using the kits have shown increases in patient satisfaction of nearly 300% and decreases in length of time to discharge. MLH nurses have designed their own study to measure satisfaction.

Combining this product with nursing practice will enable nurses to use the tool kit from the time of admission (ie, to educate the patient on self-care principles and techniques) and throughout the hospital stay, before giving the kit to the patient and/or family for use in the home environment.

In conclusion, the Magnet Recognition Program has been the stimulus for a relentless pursuit of care improvements. With the focus on quality and innovation, MLH nurses have been challenged to improve care and simultaneously have found increasing joy in our work.

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References:

1. American Nurses Credentialing Center. *Magnet Recognition Program Application Manual*. Silver Spring, MD: American Nurses Credentialing Center; 2008.
2. American Nurses Credentialing Center. ANCC Magnet recognition program. Available at: <http://www.nursecredentialing.org/Magnet.aspx>. Accessed August 12, 2009.
3. CareKit.com. Welcome to wellness! Available at: <http://www.carekit.com/>. Accessed August 12, 2009.