A Leadership Framework for Building a Magnet® Culture: The Building Blocks of Success

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UPMC Passavant
Objectives for this Session

1. Describe the importance of key CNO functions, including strategy and execution, when engaging nurses and leading teams to Magnet Designation.

2. Identify and describe the “building blocks of success” of an organizational journey to Magnet Designation.

3. Evaluate the various tools provided in the presentation which can be used to engage nurses and all staff in an organization on a journey to Magnet Designation.
ANCC Magnet Update

- Over 402 Magnet-designated facilities
- 7% of hospitals are Magnet designated
- 75% of top hospitals in U.S. News & World Report are designated
- More than 200 additional in the “pipe-line”
- Average growth per year of 32%
- Strong international interest (6 Magnet Designated)

Three UPMC Hospitals have achieved Magnet Designation:
- UPMC St. Margaret*
- UPMC Shadyside
- Children’s Hospital of Pittsburgh of UPMC
Magnet Designation by the Numbers

Magnet Hospitals:
- Average licensed beds = 442
- Average Daily Census = 279
- Average Turnover = 10.5%
- Average Vacancy Rate = 3.3%
- Average length of employment = 10.8 years

About the Nurses:
- 32% Board Certified
- 9% Diploma
- 37% AD
- 50% BSN
- 4% MSN

Nursing Leadership:
- 54% Master’s Prepared
- 59% Board Certified
- 25% Advanced Practice RNs
The Magnet Model
Excellence in patient care and clinical practice resulting in high quality care.
- Structures and processes support effective and efficient care delivery.
- Autonomy and accountability are present and valued.
- Employees embrace trust, respect, teamwork and shared decision making.
- Collaborative interdisciplinary partnerships.
- Support for education, professional growth and career advancement.
- Positive community image
Engaging Nurses on a Journey to Magnet
Building Blocks for Success
Magnet Building Blocks

Excellence in Quality, Nurse & Patient Satisfaction

- Evidence Based Practice, Research & Innovation
- Create National Best Practices

- Accountable and Autonomous Nursing Practice
- Comparison to National Benchmarks
- An Ethical and Just Culture

- Consistent Patient Care Delivery Model
- Interprofessional Teams
- Professional Growth and Development
- Develop a Framework for Professional Practice

- Vision and Values
- Strong Leaders and Teams
- Active Shared Governance Councils
- Evidence Based Standards of Care
- Collect Baseline Performance Metrics
Vision for Excellence in Nursing Practice

Requires organizational commitment and involvement from c-suite to front lines

Will take 3 – 5 years to transform culture

Guide the Journey with a Strategic Plan

Look for and engage leaders at all levels of the organization

Structures/ Processes and Outcomes
Laying the Foundation

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Vision and Values  Strong Leaders and Teams  Active Shared Governance Councils  Evidence Based Standards of Care  Collect Baseline Performance Metrics
• At first, CNO will articulate the vision
• Work among teams and individuals to gain buy in to share the vision
• Rely on values to guide your actions and decisions
• Celebrate those who model the values
• Refresh incorporating nursing input
Laying the Foundation – Strong Leaders and Teams

- Set expectations
- Training programs
- Assign a Mentor
- Advance education requirements
- Require certification
- Leadership Retreats and Team Building
• Initial focus on Professional Practice and Quality
• Unit based and organizational councils
• CNO visibility is critical
• Strive for staff leadership
• Utilize charters and goals and membership requirements
Laying the Foundation – Evidence Based Standards of Care

- Start with Policies and Procedures
- Engage Advance Practice Nurses, Clinicians and Educators with nurses
- Ensure that all practice is rooted in good science
- External consultation from Library, Academic Affiliations, Regulatory
• Determine key metrics
  – Nursing Sensitive
  – Core Measures
  – Nurse Satisfaction
  – Patient Satisfaction
  – RN Demographics
• Use comparative database (i.e.: NDNQI)
• Nurses must be able to access, interpret and identify key opportunities for improvement
Focus

Excellence in Quality, Nurse & Patient Satisfaction

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Focus on the Patients – Consistent Care Delivery Model

- Clearly defined roles and responsibilities
- Patient and Family Centered Design
- Care Delivery designed for specific level of care
- Attention to handoffs and coordination of care delivery
A Focus on Teams – Interprofessional Teams

- Collegial professional relationships
- Well defined expectations and performance behaviors
- Includes professional and support staff from all disciplines
- Dignity and Respect
- Recognition Programs
- Chain of Command
A Focus on People – Professional Growth and Development

- Onboarding and Welcome
- Retention and Recognition Strategies
- Continuing Education
- Advanced academic credentials
- Board Certification
- Career Advancement Program
- Succession Planning
- Progressive Leadership Development and Mentoring Programs
Focus on the Environment of Care - A Professional Practice Model

- Essentials elements include:
  - Values
  - Care Delivery
  - Interprofessional Relations
  - Leadership/Management Governance
  - Reward and Recognition

- Nurse Participation in design and evaluation

Role Modeling Excellence

Excellence in Quality, Nurse & Patient Satisfaction

Evidence Based Practice, Research & Innovation
Create National Best Practices

Accountable and Autonomous Nursing Practice
Comparison to National Benchmarks
An Ethical and Just Culture

Consistent Patient Care Delivery Model
Interprofessional Teams
Professional Growth and Development
Develop a Framework for Professional Practice

Vision and Values
Strong Leaders and Teams
Active Shared Governance Councils
Evidence Based Standards of Care
Collect Baseline Performance Metrics

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Magnet Definitions:

“Accountability” – the ethical concept of being answerable or responsible for one’s actions to one’s self, one’s peers and the community.

“Autonomy” – Control over one’s practice.

“Clinical autonomy” – the freedom to make nursing care decisions within the full scope of one’s practice.
Role Modeling Excellence – Comparison to National Benchmarks

Injury Falls Per 1,000 Patient Days

Compared by: Bed Size by Teaching
Peer Group: Bed Size 300 – 399; Non-Teaching Facilities
Measure: Injury Falls per 1,000 Patient Days
Role Modeling Excellence - An Ethical and Just Culture

Become an advocate for A Just Culture

SPEAK UP FOR SAFETY
• Academic affiliations and external consultant for partners in nursing research
• APN can assist to translate evidence to practice
• Nurses active in value analysis decisions, software modifications and documentation flow and space/ work redesign
Reaching Excellence – Create and share national best practices
Tools for Successful Engagement of Nurses
Strategic Visioning

OUR VALUES

- Communication:
  We communicate with dignity and respect in an open and honest manner through all interactions.

- Accountability:
  We are accountable for our actions through personal responsibility and integrity to uphold our service excellence standards.

- Empathy:
  We display empathy through caring and listening to each and every employee, patient and family.

- Responsibility & Integrity:
  We perform our work with the highest levels of responsibility and integrity.

- Safety & Quality:
  We believe in providing exceptional quality care in a safe environment through innovation and excellence.
Tools to Engage Staff – Laying the Foundation

- Shared Governance
- NDNQI Satisfaction Survey
- SOAR Process and Results
- Gap Analysis
- Strategic Work Plan
- Magnet Dashboard
The Professional Practice Environment

- Core Values Guiding Principles (Our Roots)
- Patient and Family Centered Care (Our Core)
- Relationship Based Care (Care Delivery)
- Interprofessional Teams (Collegial Relations)
- Professional Growth and Development
- Shared Leadership (Management System)
• It’s a dynamic that incorporates shared leadership and participative decision making
• It empowers and organizes staff to make decisions about
  – clinical practice standards
  – quality improvement
  – staff professional development
  – research
• Staff assume full accountability while participating in collegial interdisciplinary relationships
Unit-Based Council Structure
Coordinating Council Model

Coordinating Council

- Evidence-Based Care Council (EBCC)
- Nursing Quality Council (NQC)
- Education & Research Council (ERC)
- Professional Practice Council (PPC)
- Interdisciplinary Informatics Council (IIC)
- Patient Care Leadership Council (PCLC)
- Operations Council

Department & Unit-Based Councils
### Strategic Work Plan

**UPMC Passavant**  
**Nursing Strategic Plan FY2014**  
**September 10, 2013**

<table>
<thead>
<tr>
<th>Goal</th>
<th>Executive Sponsor</th>
<th>Team Member(s)</th>
<th>Expected Outcomes</th>
<th>Action Items</th>
<th>Action Status</th>
<th>Comments</th>
</tr>
</thead>
</table>
| TL 1:0 Transformational Leadership                                 | Janice            | Walker, Wall   | • Cannot find nursing mission for Passavant, researched several areas, have not distributed mission  
• Are we incorporating values and vision all together word for word  
• If all together – road block – very lengthy – who will read? | All patients will recognize nursing mission  
Create a standout symbol  
Create template for Nursing mission, vision, values  
Incorporate this on TV screens, entrance, Nursing Insights, Communicator  
Create those MVV for exposure on each nursing unit | IP              |          |

| Nurse leaders and clinical nurses advocate for resources to support nursing unit and organizational goals. | Janice            | Marie          | Staff nurses need to be familiar with how to advocate for resources, educate and provide structure | Create a standout symbol  
Create template for Nursing mission, vision, values  
Incorporate this on TV screens, entrance, Nursing Insights, Communicator  
Create those MVV for exposure on each nursing unit | IP              |          |

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**UPMC Passavant**  
**Matrix Designation**  
**Exemplary Professional Practice (EP23-35EO)**  
**Gap Analysis – #2 Worksheet**  
**64 1/2 2015**

**Ethics, Privacy, Security, Confidentiality: Describe and demonstrate**

<table>
<thead>
<tr>
<th>EP23 How nurses use available resources, such as the ANA Code of Ethics for Nurses (American Nurses Association, 2003b), to address complex ethical dilemmas. Provide examples from different practice settings.</th>
<th>A</th>
<th>B</th>
<th>C</th>
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</table>
| - Need to make ANA Code of Ethics available to all nurses, educate nurses on it  
- Need to be able to access ethics consults, educate nurses on it (i.e., Grand Rounds, add to Orientation)  
- i.e. Reconstituted ethics committee to build and train ethics consultants at Passavant, deals with end of life issues, donation issues, currently palliative care  
- System resources for ethics – continue participation in ethics consortium (Pitt), bringing in ethics experts  
- Ethics symposium for nurses, physicians, lawyers, social workers  
- Conduct formal debriefing sessions on situations after cardiac death | | | |

| EP24 How nurses have resolved issues related to patient privacy, security, and confidentiality.  
Examples: Security system for ICU, various being buzzed back to see patients  
Difficult Patient Toolkit  
Condition H, M, L, Bounce Alerts  
Example: Changes made because of WPIC (shooting): lock down emergency room, metal detectors, security covering (entry, doors locked at 9p)  
We need to do a basic button assessment – who has, who needs  
We will need to demonstrate how a nurse has protected a patient’s HIPAA rights  
We need to look at other hospitals best practices in protecting patient information with people call in (i.e. PINS, admitting nurses, if when they first come in)  
Examples how we’ve address issues with private sensitive room issues | | | |

**Diversity and Workforce Advocacy: Describe and demonstrate**

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<tr>
<th>EP25 How the organization identifies and addresses disparities or inequality or differences in some respect in the assessment of the healthcare needs of diverse patient populations. Include role of the nurse</th>
<th>A</th>
<th>B</th>
<th>C</th>
</tr>
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Magnet Dashboard
Magnet Champions

- Front line staff from all departments
- Fire Starters/ Idea Generation
- Story telling
- Living the values
- Ambassadors

The UPMC Passavant Magnet Champions Committee

Magnet Champions are...

- Energetic!
- Excited!
- Informed!
- Engaged!
- Change Oriented!
- Innovative!
- Patient Focused!
- Proud!
- Committed!
- Positive!
- Respected!
- Accountable!
- FUN!
So how will you know when you are there?
You Can Do It!