UPMC LIFE CHANGING MEDICINE

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

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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

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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

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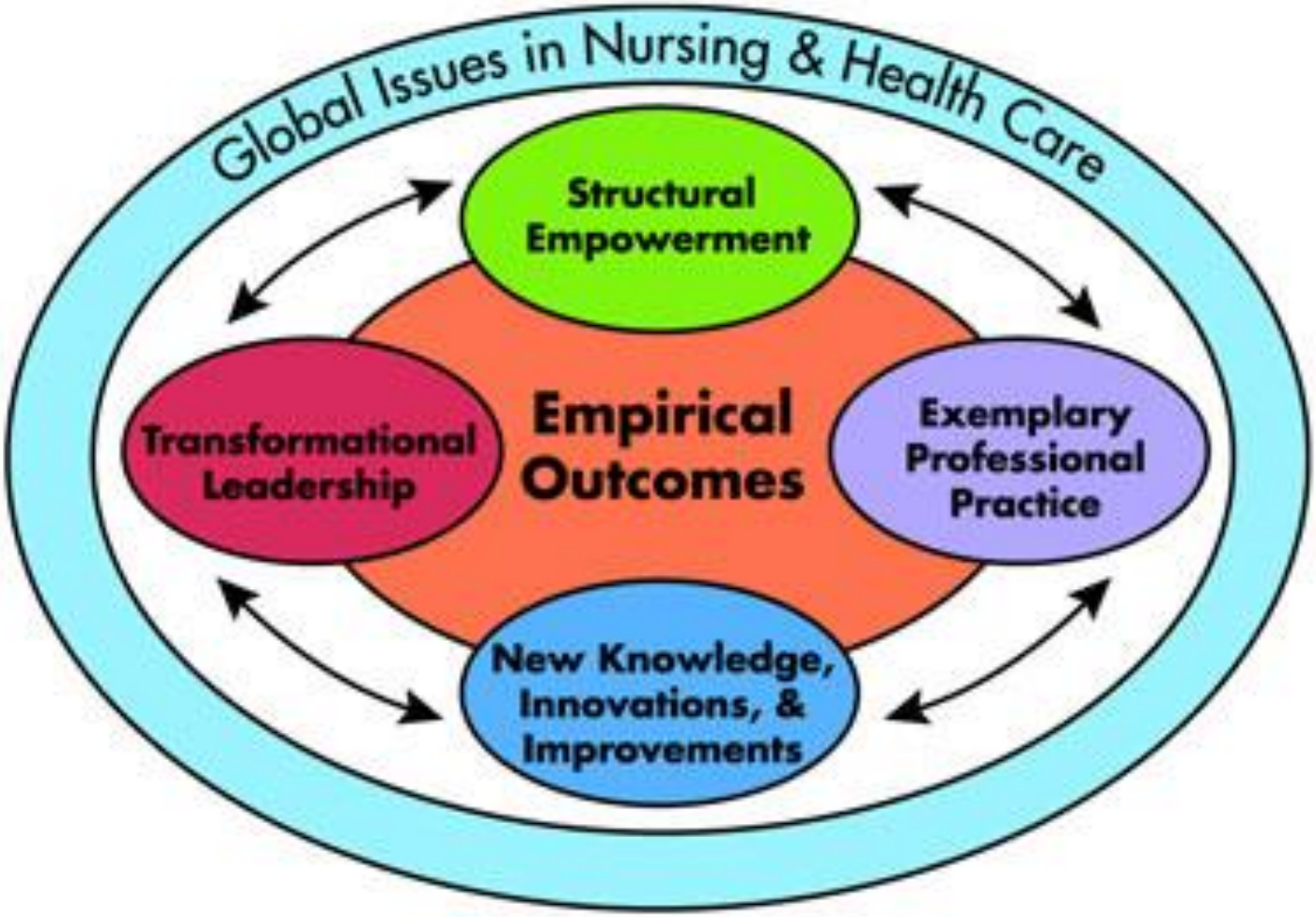
The Magnet Model



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A Magnet Culture Benefits All of Us!

- 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

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Engaging Nurses on a Journey to Magnet

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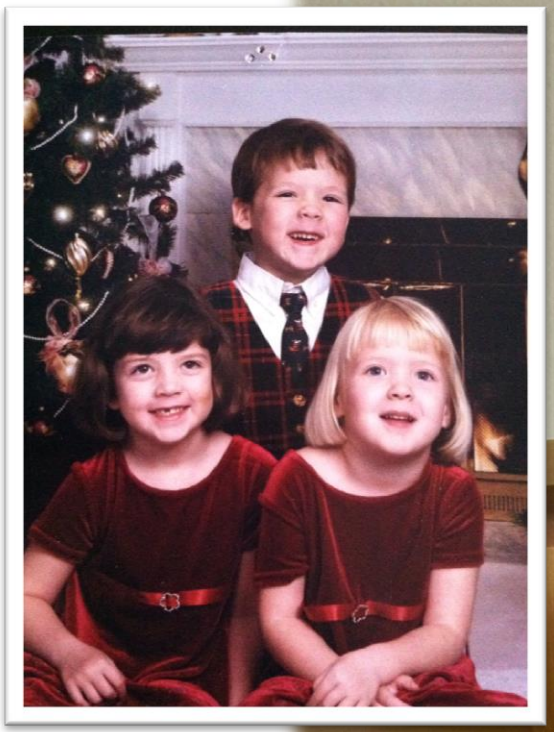
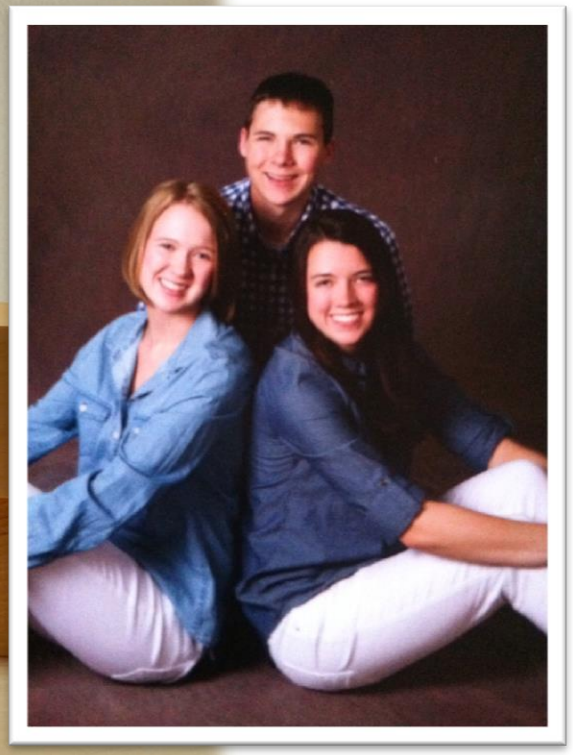
Building Blocks for Success





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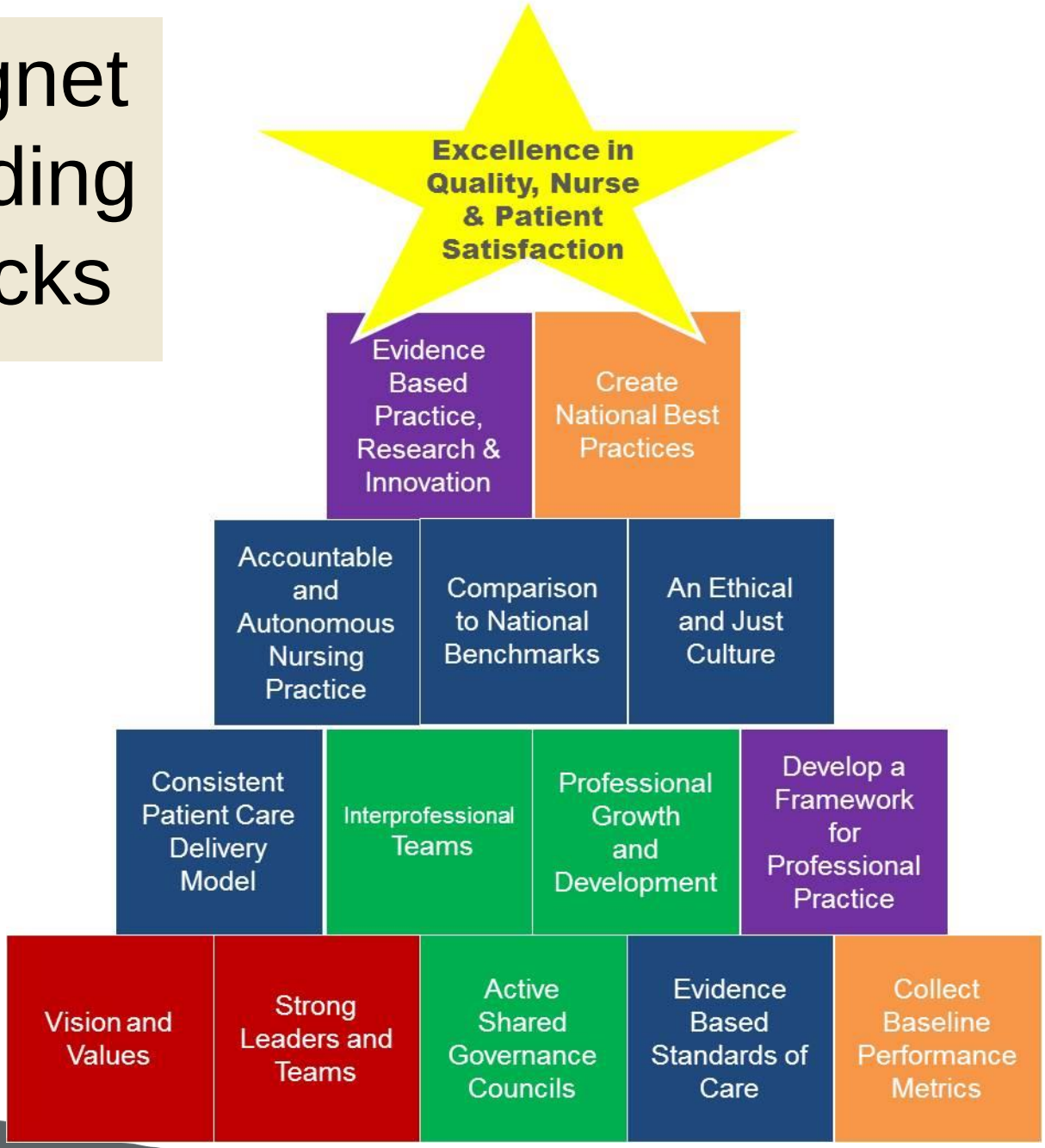
Magnet Building Blocks



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Strategy and Execution are Essential CNO Leadership Functions

- 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

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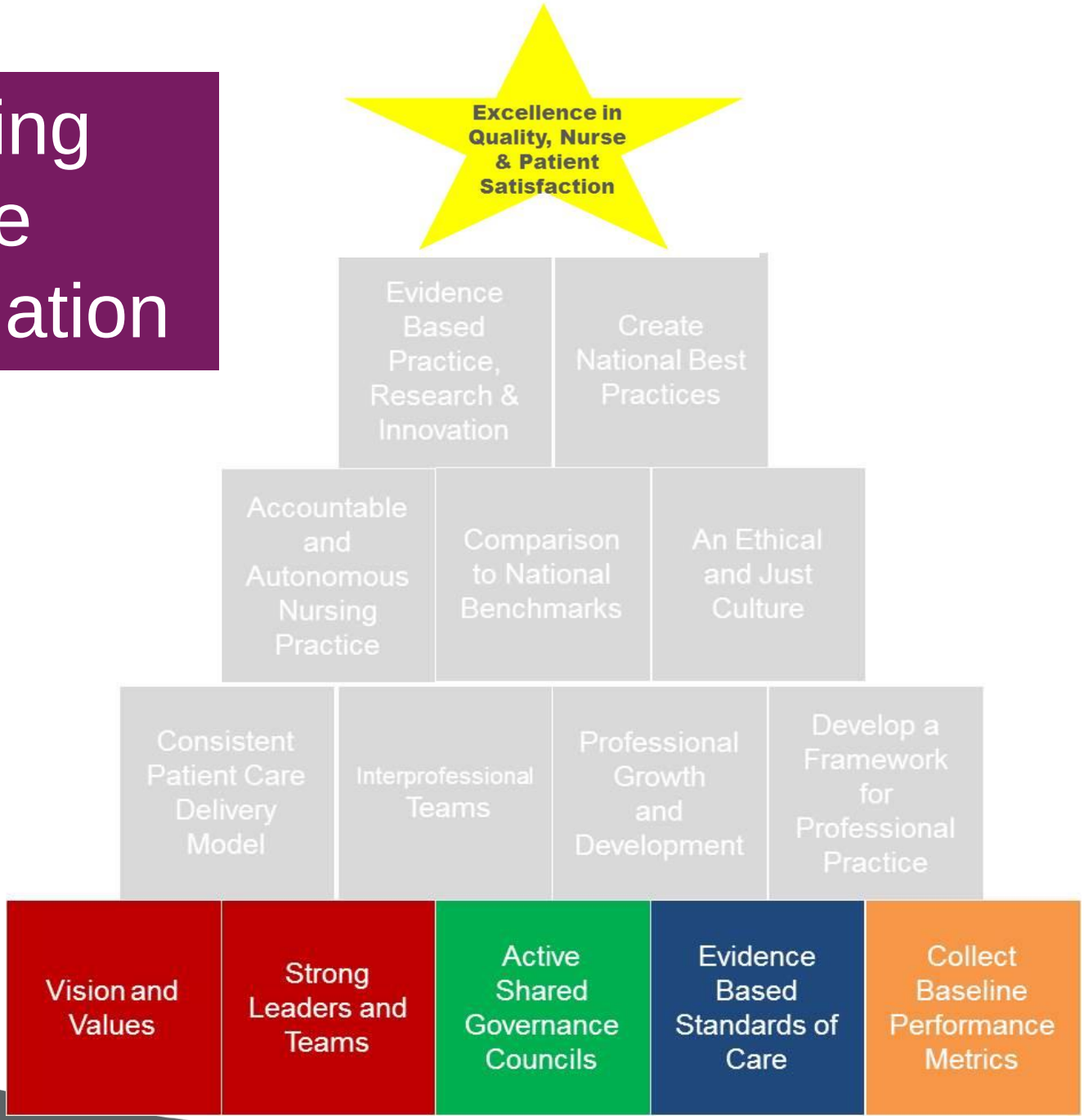
Laying the Foundation



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Laying the Foundation – Vision and Values

Vision and Values

- 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

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Laying the Foundation – Strong Leaders and Teams

Strong Leaders and Teams

- Set expectations
- Training programs
- Assign a Mentor
- Advance education requirements
- Require certification
- Leadership Retreats and Team Building

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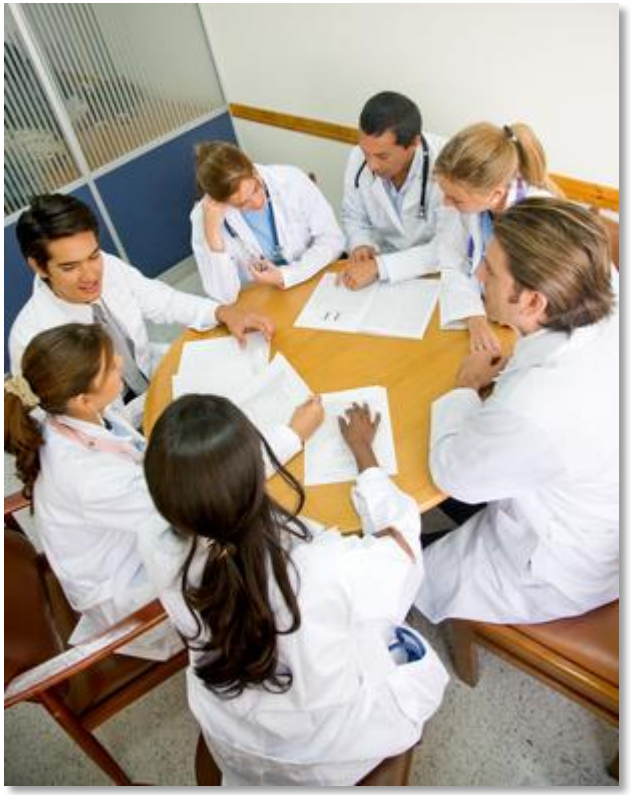
Laying the Foundation – Active Shared Governance

Active Shared Governance Councils

- 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



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Evidence Based Standards of Care

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

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Collect Baseline Performance Metrics

Laying the Foundation –
Collect & Report Baseline Measures of Performance

- 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

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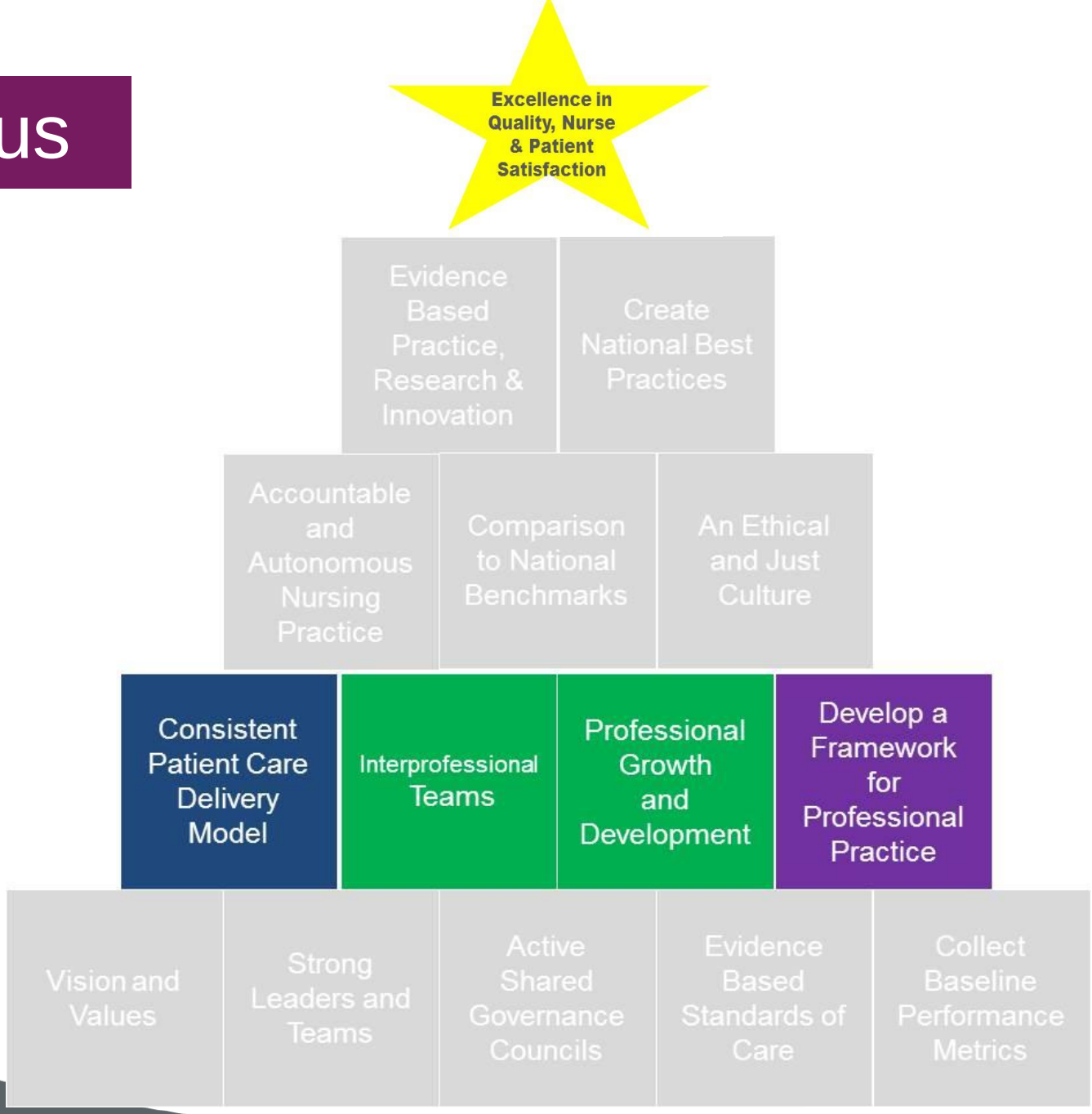
Focus



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Consistent Patient Care Delivery Model

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

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A Focus on Teams – Interprofessional 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

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A Focus on People – Professional Growth and Development

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

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Develop a Framework for Professional Practice

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

Wolf, G., & Greenhouse, P. (2007). Blueprint for design: creating models that direct change. Journal Of Nursing Administration, 37(9), 381-387

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Role Modeling Excellence

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Accountable and Autonomous Nursing Practice

Role Modeling Excellence - Accountable & Autonomous Nursing Practice

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.

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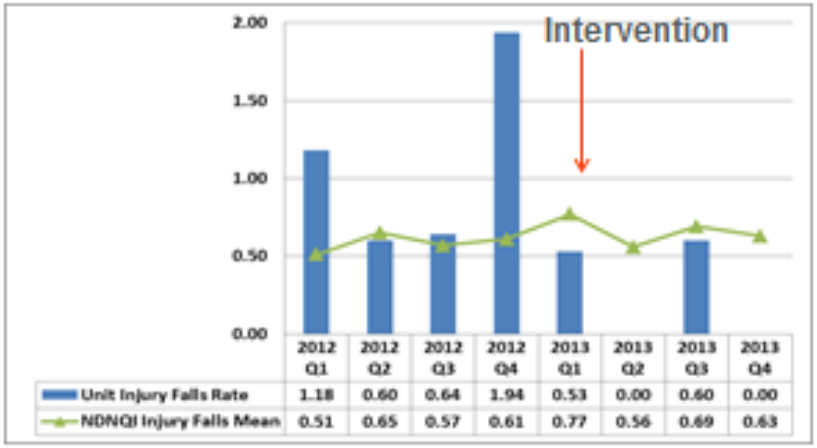
Comparison to National Benchmarks

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



Quarter	2012 Q1	2012 Q2	2012 Q3	2012 Q4	2013 Q1	2013 Q2	2013 Q3	2013 Q4
Unit Injury Falls Rate	1.18	0.60	0.64	1.94	0.53	0.00	0.60	0.00
NDNQI Injury Falls Mean	0.51	0.65	0.57	0.61	0.77	0.56	0.69	0.63

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Role Modeling Excellence -
An Ethical and Just Culture

An Ethical and Just Culture

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Reaching Excellence

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Evidence Based Practice, Research & Innovation

Reaching Excellence - Evidence Based Practice, Research and Innovation

- 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

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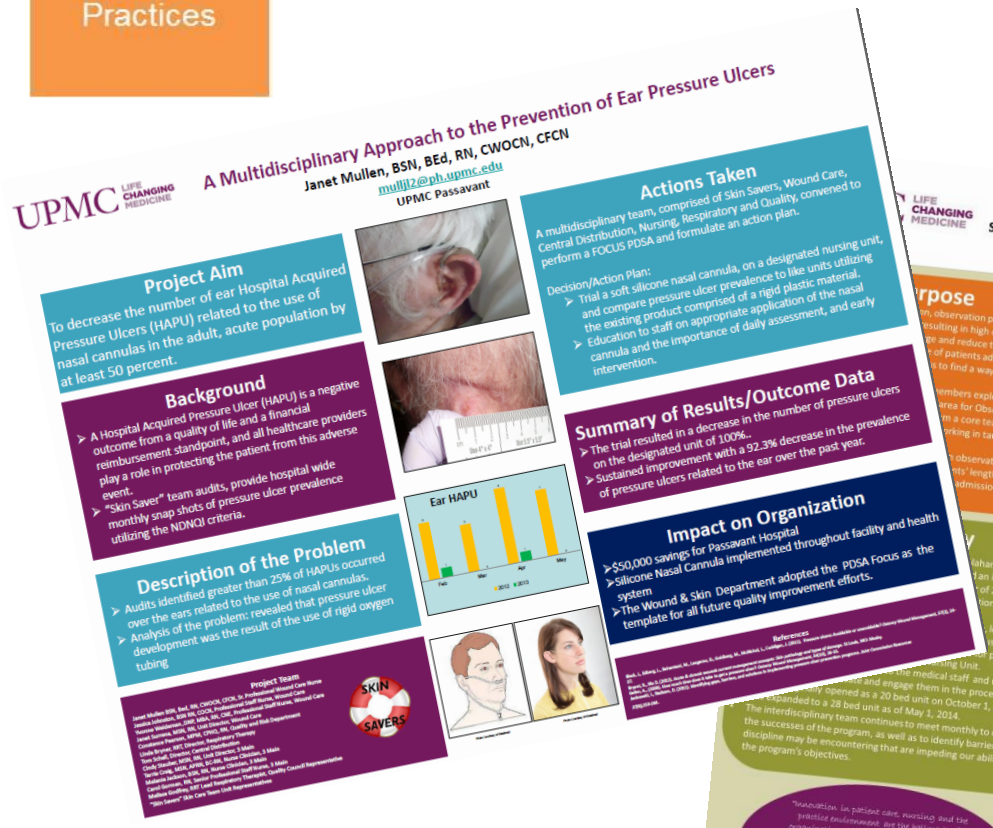
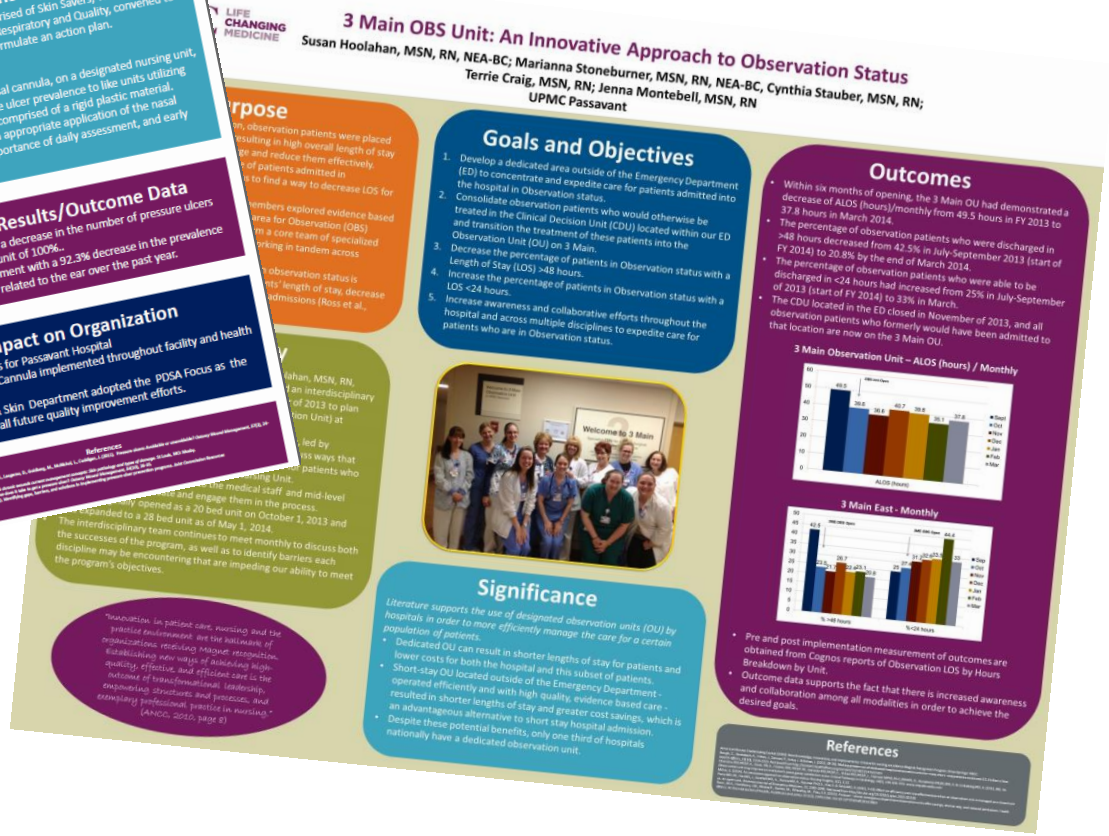
Create National Best Practices

Reaching Excellence – Create and share national best practices





Tools for Successful Engagement of Nurses

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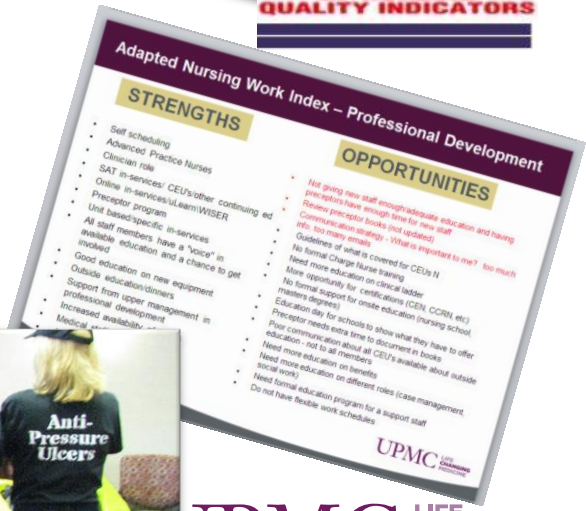
Strategic Visioning

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 out 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.

NDNQI®
NATIONAL DATABASE OF NURSING QUALITY INDICATORS



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Tools to Engage Staff – Laying the Foundation

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

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The Professional Practice Environment

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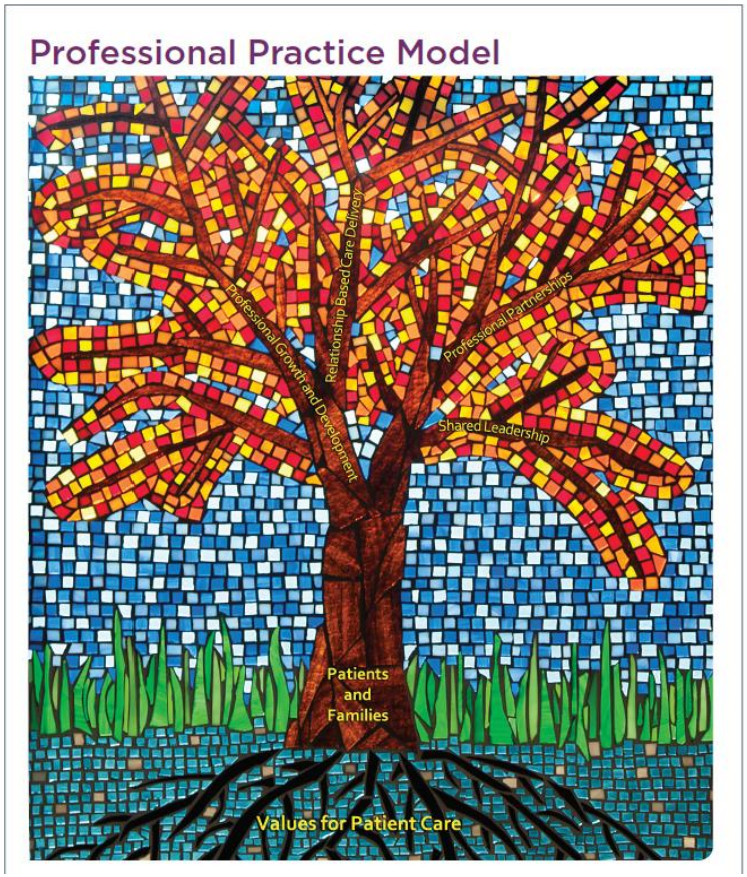

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- Core Values Guiding Principles (Our Roots)
- Patient and Family Centered Care (Our Core)
- Relationship Based Care (Care Delivery)
- Interprofessional Teams (Collegial Relations)
- Professional Growth and Development
- Shared Leadership (Management System)

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Definition of Shared Governance

- 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

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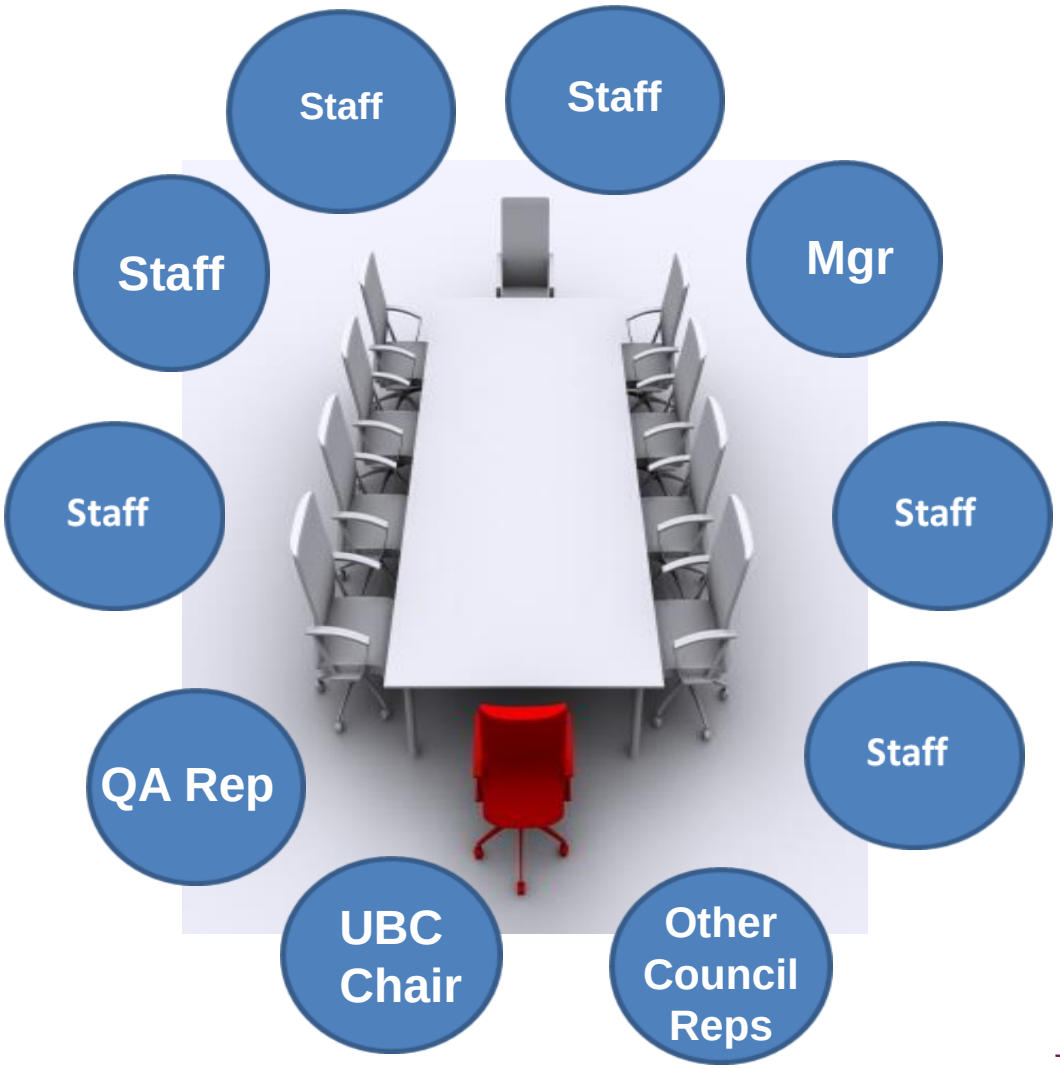
Unit-Based Council Structure



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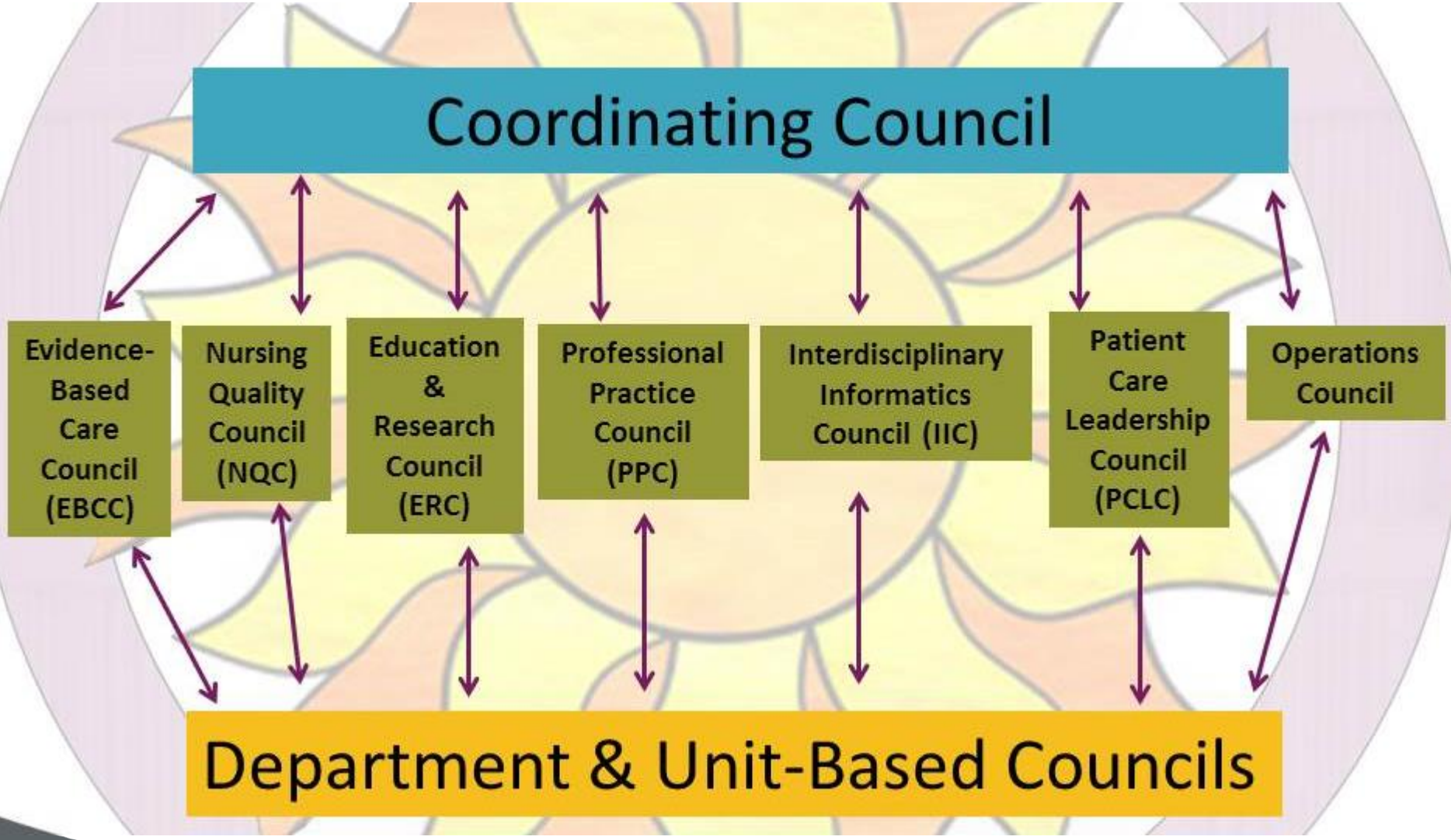
Coordinating Council Model



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Strategic Work Plan

UPMC Passavant
Nursing Strategic Plan FY2014
September 10, 2013

2014 SOE	2014 STANDARD W/ INTENT	Goal	Executive Sponsor	Team Members	Required Resources	Roadblocks/ Dependencies	Empirical Outcomes	Action Items	Action Item Status	Status Comments
	Transformational Leadership									
TL 1EO	**Nursing's MVV and strategic plan align with the organizations priorities to improve the organizational performance.** ➢ Provide one example, with supporting evidence, of an initiative identified in the nursing strategic plan that resulted in an improvement in the nurse practice environment. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data. *AND* ➢ Provide one example, with supporting evidence, of an initiative identified in the nursing strategic plan that resulted in an improvement of clinical practice. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.	All employees will be familiar with the hospital MVV; all nurses will be familiar with the Nursing MVV	Jasko	Walker Wall Misencik		• 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 Passavant nursing will recognize nursing MVV	Create a standout symbol	IP	
								Create template for Nursing mission, vision, values	IP	
								Incorporate this on TV screens, entryway, Nursing Insights, Communicator	IP	
								Create those MVV for exposure on each nursing unit	IP	
TL 2	**Nurse leaders and clinical nurses advocate for resources to support nursing unit and organizational goals.** ➢ Provide one example, with supporting evidence, of a nurse	Staff nurses need to be familiar with how to advocate for resources, educate and provide structure	Jasko	Manni Stoneburner						

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Magnet Designation
Exemplary Professional Practice (EP23-35EO)
Gap Analysis #2 Worksheet
04/15/2013

Column A – Developed, Disseminated & Enculturated
Column B – Developed
Column C – Not Developed

	Ethics, Privacy, Security, Confidentiality. Describe and demonstrate	A	B	C
EP23	How nurses use available resources, such as the ANA Code of Ethics for Nurses (American Nurses Association, 2001b), to address complex ethical issues. Provide examples from different practice settings. - 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. Revitalized 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 session on donations after cardiac death			√
EP24	How nurses have resolved issues related to patient privacy, security, and confidentially. - Examples: Security system for ICUs, visitors being buzzed back to see patients - Difficult Patient Toolkit - Condition H, M, L, Bronze Alerts - Example: Changes made because of WPIC shooting (lock down emergency room, metal detectors, security carrying tasers, doors locked at 9p) - We need to do a panic buttons assessment – who has, who needs - 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. PIN#, admitting assigns # when they first come in) - Examples how we've address issues with private/semiprivate room issues			√
	Diversity and Workplace Advocacy. Describe and demonstrate	A	B	C
EP25	How the organization identifies and addresses disparities or inequality or differences in some respect in the management of the healthcare needs of diverse patient populations. Include the role of the nurse			

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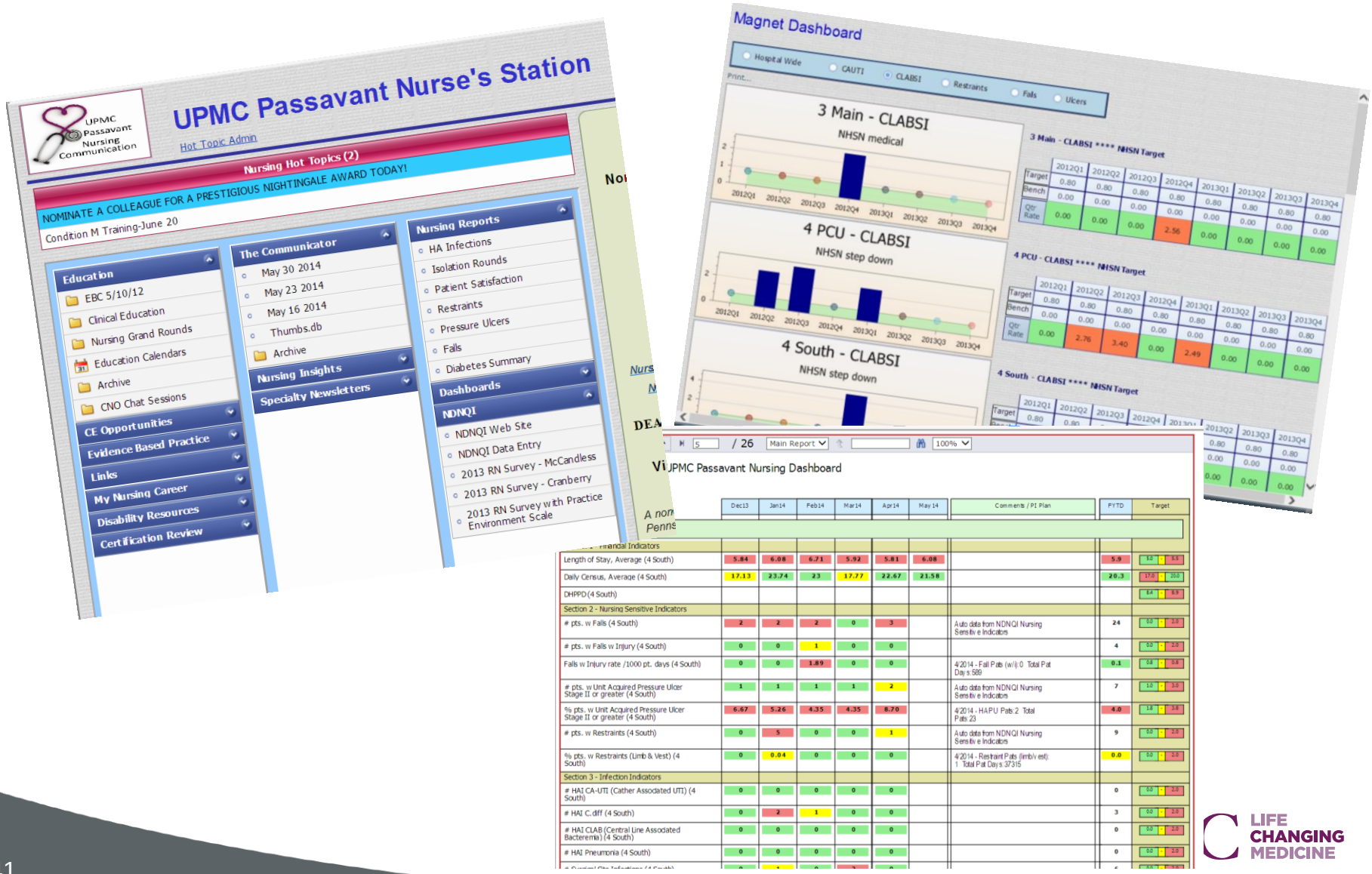
Magnet Dashboard



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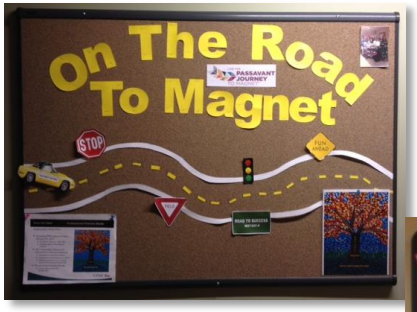
Magnet Champions

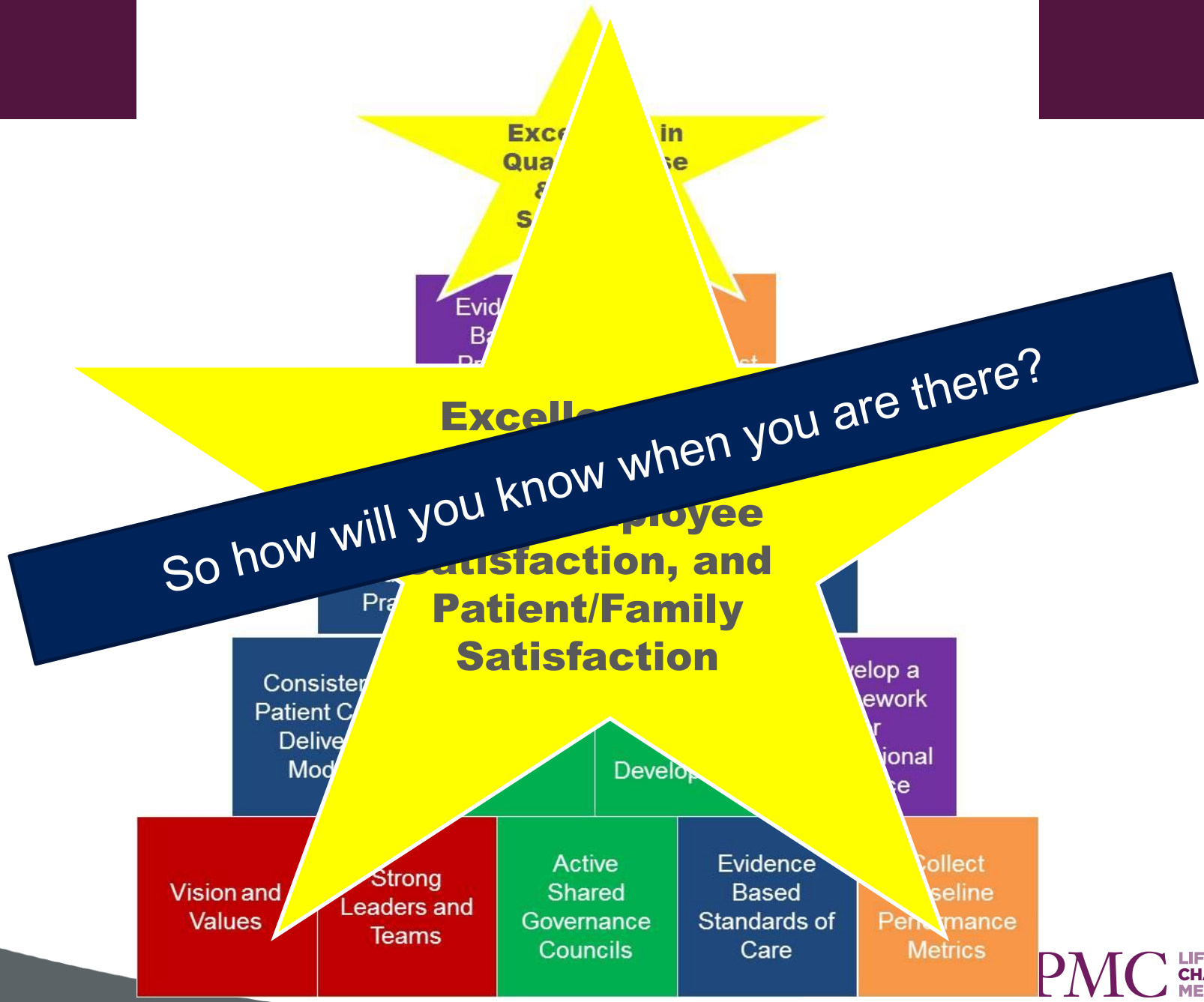
- Front line staff from all departments
- Fire Starters/ Idea Generation
- Story telling
- Living the values
- Ambassadors



The UPMC Passavant Magnet Champions Committee

Magnet Champions are…

Energetic! Patient Focused!
Excited! Proud! Committed!
Informed! Engaged! Positive!
Change Oriented! Respected!
Innovative! FUN! Accountable!



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You Can Do It!