



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

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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

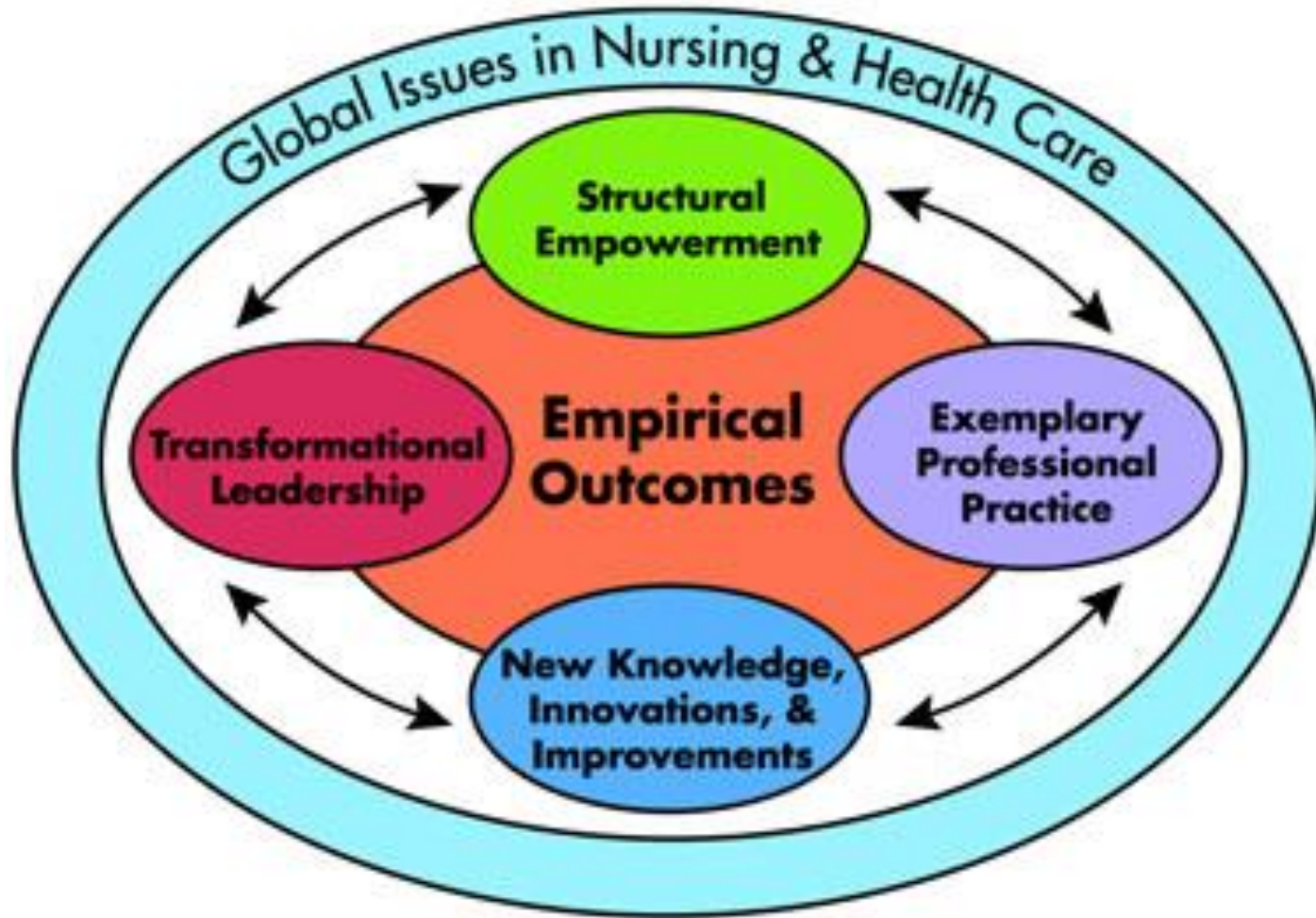
Nursing Leadership:

54% Master's Prepared

59% Board Certified

25% Advanced Practice RNs

The Magnet Model



A Magnet Culture Benefits All of Us!

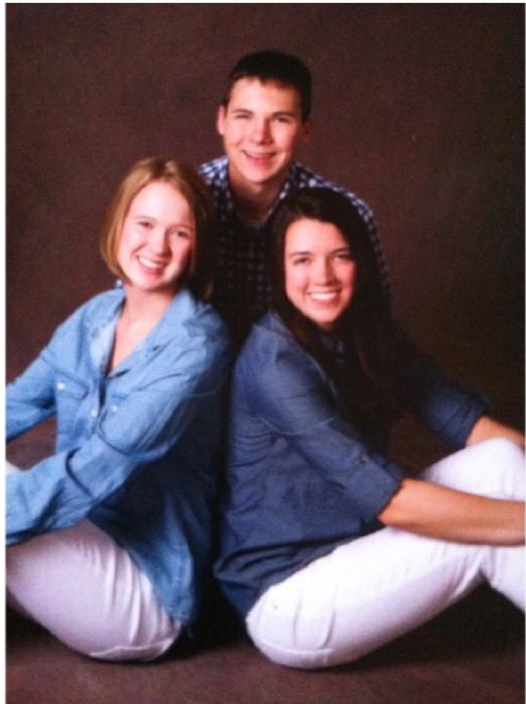
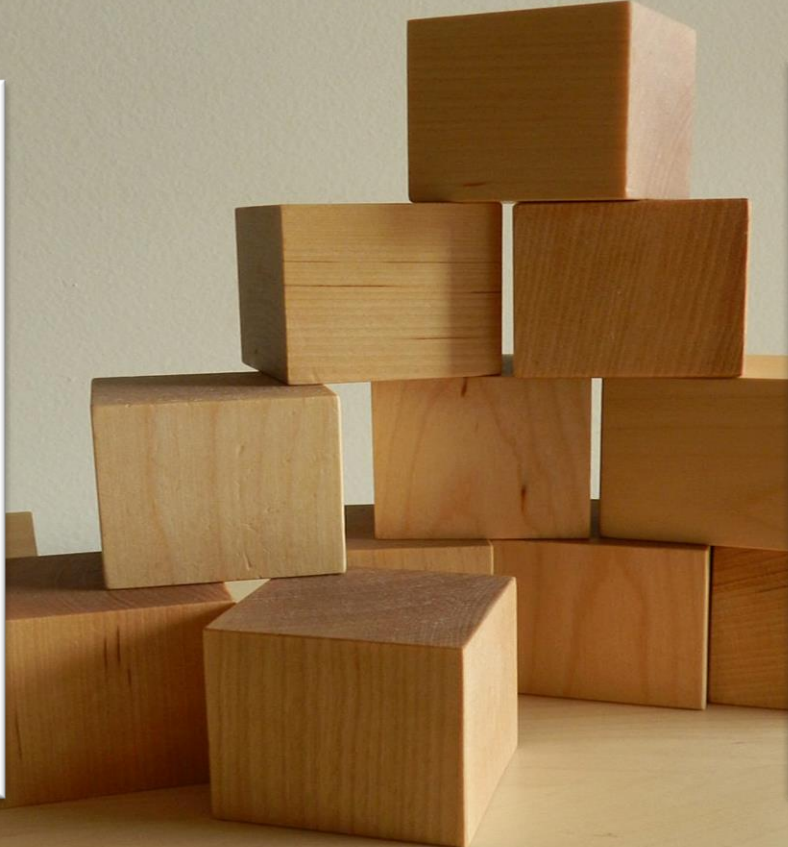
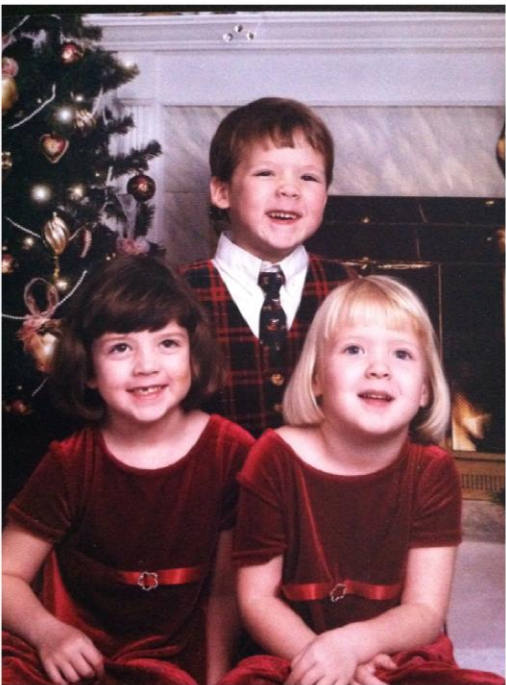
- Excellence in patient care and clinical practice resulting in high quality care.
- Structures and processes support effective and efficient care delivery.
- Autonomy and accountability are present and valued.
- Employees embrace trust, respect, teamwork and shared decision making.
- Collaborative interdisciplinary partnerships.
- Support for education, professional growth and career advancement.
- Positive community image



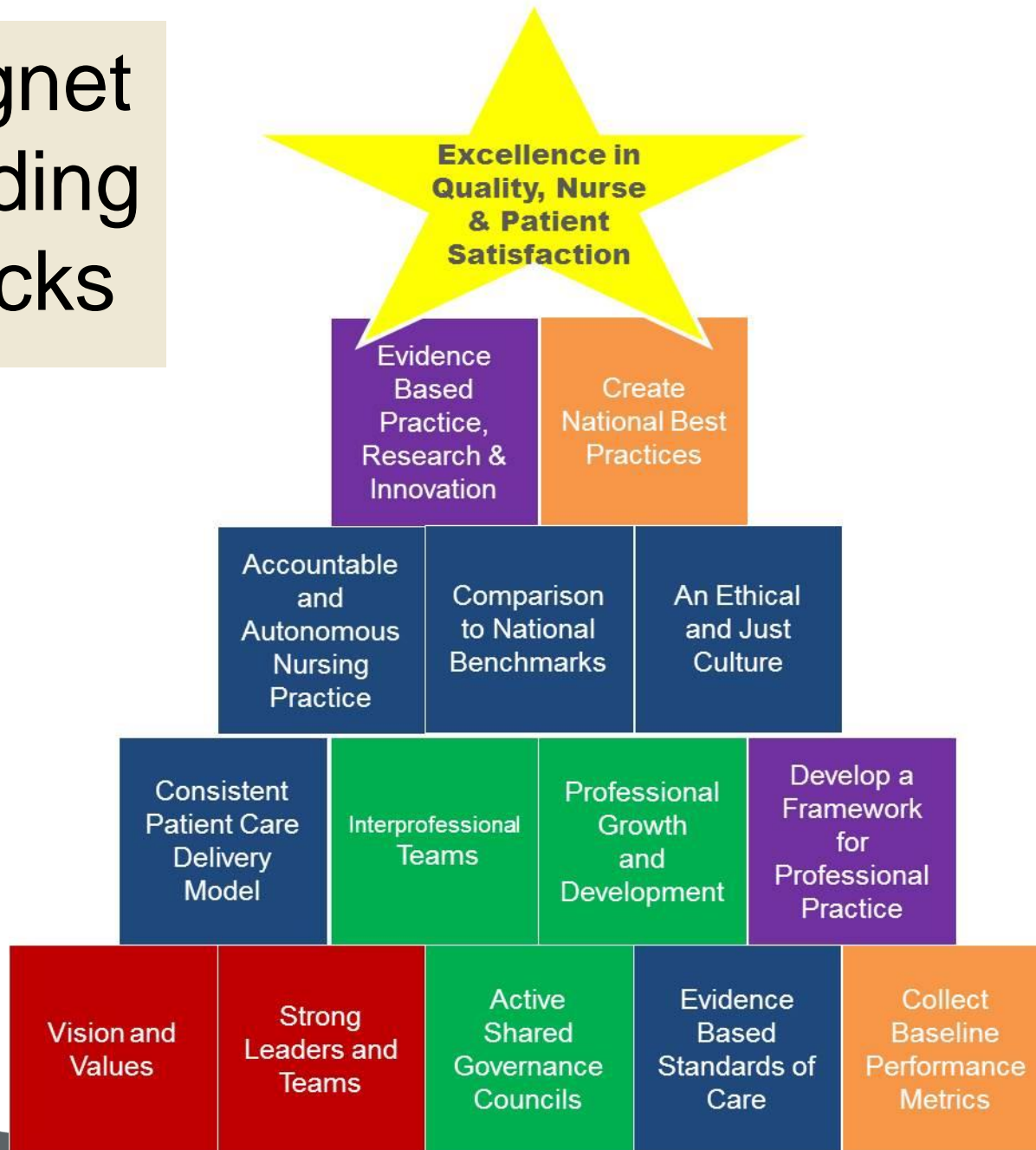
Engaging Nurses on a Journey to Magnet



Building Blocks for Success

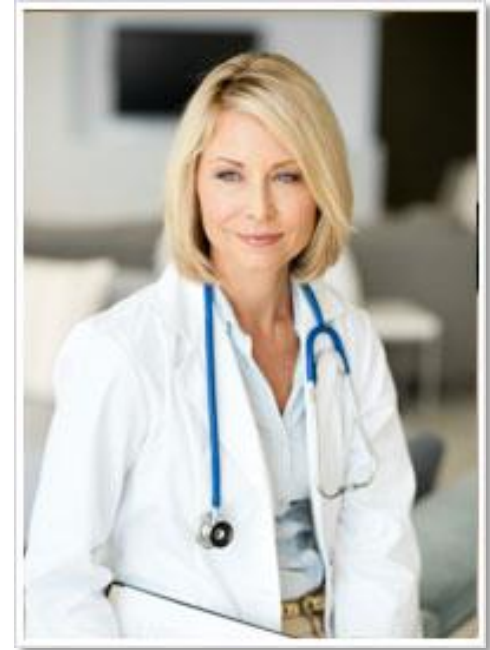


Magnet Building Blocks

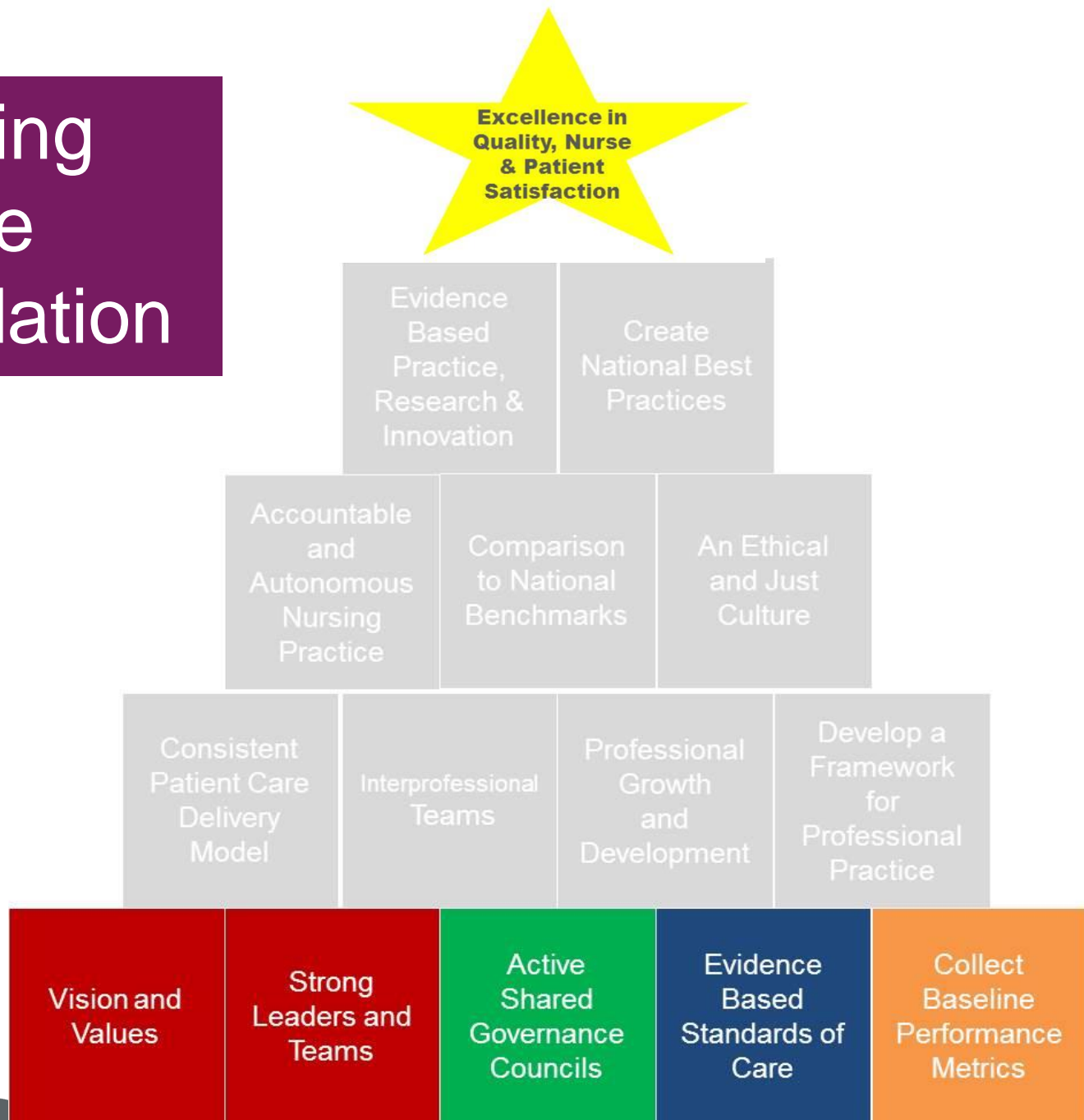


Strategy and Execution are Essential CNO Leadership Functions

- 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



Laying the Foundation



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

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



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



Laying the Foundation – Evidence Based Standards of Care

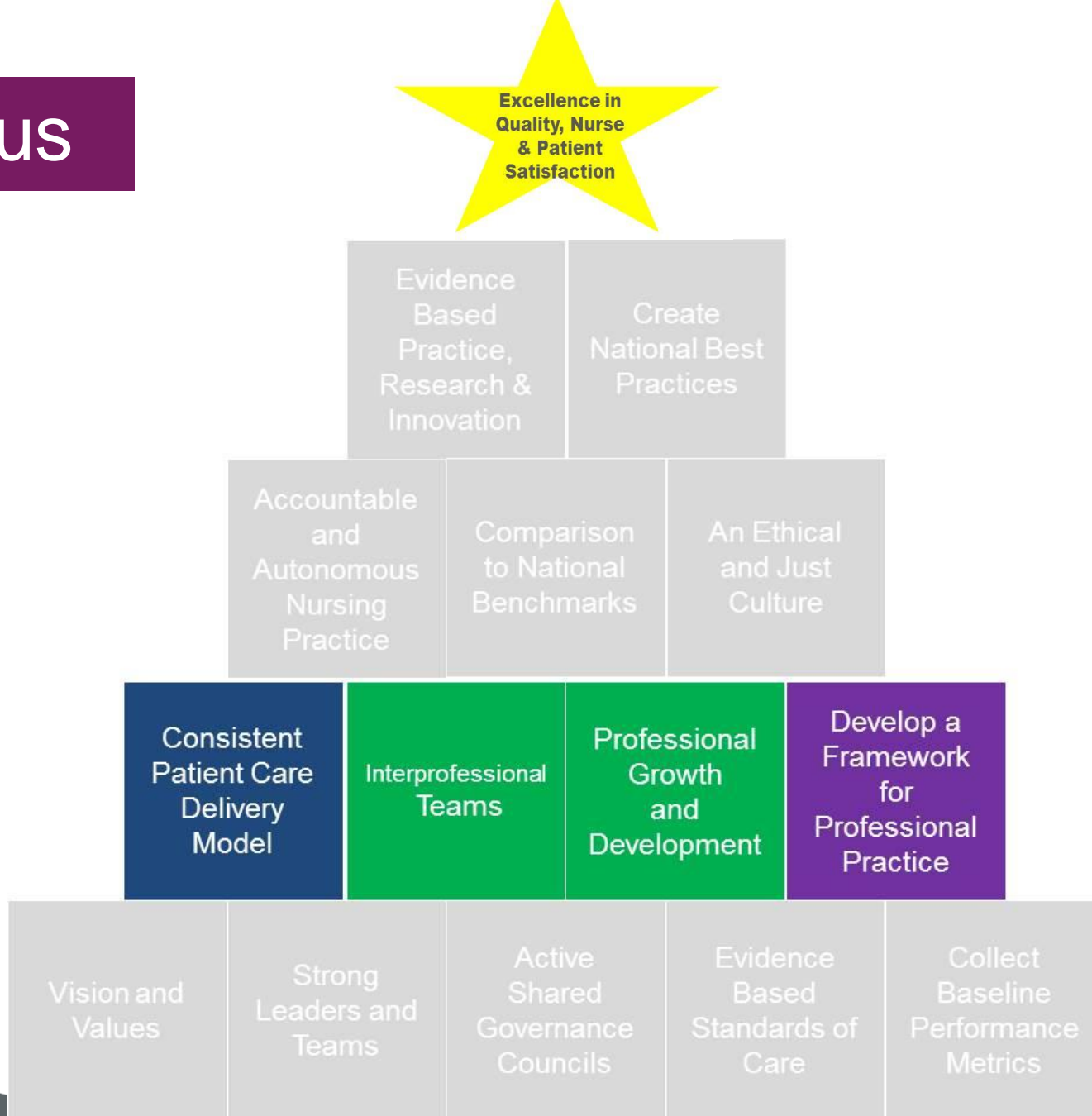
- Start with Policies and Procedures
- Engage Advance Practice Nurses, Clinicians and Educators with nurses
- Ensure that all practice is rooted in good science
- External consultation from Library, Academic Affiliations, Regulatory



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

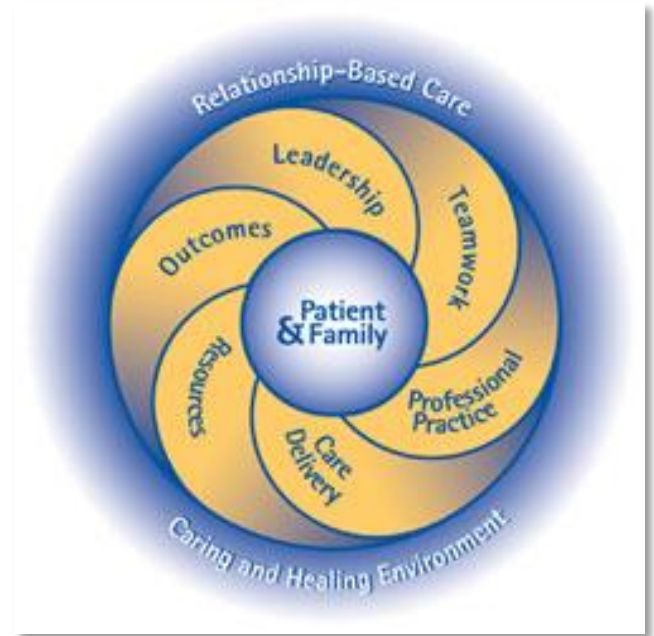
Focus



Focus on the Patients – Consistent Care Delivery Model

Consistent Patient 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

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

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

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

Role Modeling Excellence



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.

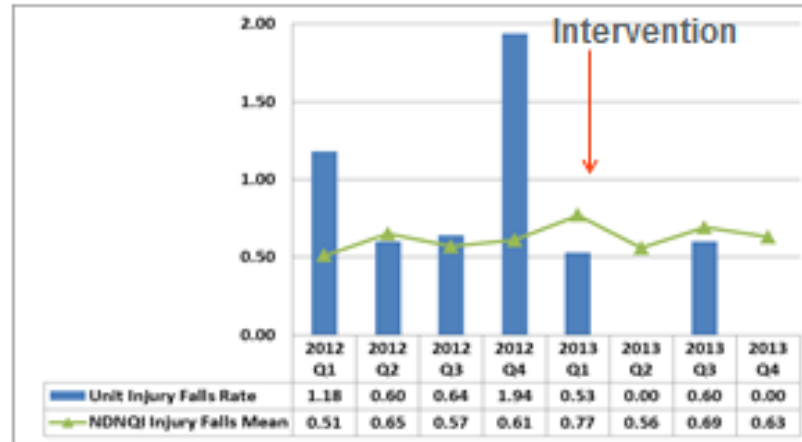
“Autonomy” – Control over one’s practice.

“Clinical autonomy” – the freedom to make nursing care decisions within the full scope of one’s practice.

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

Role Modeling Excellence - An Ethical and Just Culture

An Ethical
and Just
Culture



Reaching Excellence



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

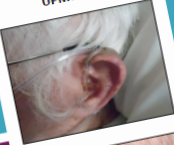
Create National Best Practices

Reaching Excellence – Create and share national best practices

UPMC LIFE CHANGING MEDICINE A Multidisciplinary Approach to the Prevention of Ear Pressure Ulcers

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UPMC Passavant

Project Aim
To decrease the number of ear Hospital Acquired Pressure Ulcers (HAPU) related to the use of nasal cannulas in the adult, acute population by at least 50 percent.

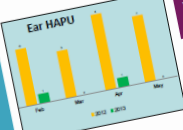


Background
 > A Hospital Acquired Pressure Ulcer (HAPU) is a negative outcome from a quality of life and a financial reimbursement standpoint, and all healthcare providers play a role in protecting the patient from this adverse event.
 > "Skin Saver" team audits, provide hospital wide monthly snap shots of pressure ulcer prevalence utilizing the NDNQI criteria.



Actions Taken
 A multidisciplinary team, comprised of Skin Savers, Wound Care, Central Distribution, Nursing, Respiratory and Quality, convened to perform a FOCUS PDSA and formulate an action plan.
Decision/Action Plan:
 > Trial a soft silicone nasal cannula, on a designated nursing unit, and compare pressure ulcer prevalence to like units utilizing the existing product comprised of a rigid plastic material.
 > Education to staff on appropriate application of the nasal cannula and the importance of daily assessment, and early intervention.

Summary of Results/Outcome Data
 > The trial resulted in a decrease in the number of pressure ulcers on the designated unit of 100%.
 > Sustained improvement with a 92.3% decrease in the prevalence of pressure ulcers related to the ear over the past year.



Impact on Organization
 > \$50,000 savings for Passavant Hospital
 > Silicone Nasal Cannula implemented throughout facility and health system
 > The Wound & Skin Department adopted the PDSA Focus as the template for all future quality improvement efforts.

Description of the Problem
 > Audits identified greater than 25% of HAPUs occurred over the ears related to the use of nasal cannulas.
 > Analysis of the problem: revealed that pressure ulcer development was the result of the use of rigid oxygen tubing

Project Team
 Janet Mullen, BSN, BEd, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Andrea Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Jennifer Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Kristin Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Lisa Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Mary Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Nancy Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Sarah Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Tracy Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Wendy Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Yvonne Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager
 Zita Mullen, BSN, RN, CWOCCN, CFCN, Inpatient Medical Case Manager



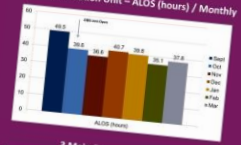
3 Main OBS Unit: An Innovative Approach to Observation Status

Susan Hoolahan, MSN, RN, NEA-BC; Marianna Stoneburner, MSN, RN, NEA-BC, Cynthia Stauber, MSN, RN; Terrie Craig, MSN, RN; Jenna Montebell, MSN, RN
UPMC Passavant

Purpose
 In observation patients were placed resulting in high overall length of stay and reduce them effectively. Patients admitted in order to find a way to decrease LOS for observation patients.

Goals and Objectives
 1. Develop a dedicated area outside of the Emergency Department (ED) to concentrate and expedite care for patients admitted into the hospital in Observation status.
 2. Consolidate observation patients who would otherwise be treated in the Clinical Decision Unit (CDU) located within our ED Observation Unit (OU) on 3 Main.
 3. Decrease the percentage of patients in Observation status with a Length of Stay (LOS) >48 hours.
 4. Increase the percentage of patients in Observation status with a LOS <24 hours.
 5. Increase awareness and collaborative efforts throughout the hospital and across multiple disciplines to expedite care for the patients who are in Observation status.

Outcomes
 • Within six months of opening, the 3 Main OU had demonstrated a decrease of ALOS (hours)/monthly from 37.8 hours in FY 2013 to 37.8 hours in March 2014.
 • The percentage of observation patients who were discharged in FY 2014 to 20.8% by the end of March 2014.
 • The percentage of observation patients who were able to be discharged in <24 hours had increased from 25% in July-September of 2013 (start of FY 2014) to 33% in March.
 • The CDU located in the ED closed in November of 2013, and all observation patients who formerly would have been admitted to that location are now on the 3 Main OU.



Significance
 Literature supports the use of designated observation units (OU) by population of patients.
 • Dedicated OU can result in shorter lengths of stay for patients and lower costs for both the hospital and this subset of patients.
 • Short-stay OU located outside of the Emergency Department resulted in shorter lengths of stay and greater cost savings, which is an advantageous alternative to short stay Hospital admission.
 • Despite these potential benefits, only one third of hospitals nationally have a dedicated observation unit.

• Pre and post implementation measurement of outcomes are obtained from Cognos reports of Observation LOS by Hours Breakdown by Unit.
 • Outcome data supports the fact that there is increased awareness and collaboration among all modalities in order to achieve the desired goals.

"Innovation in patient care, nursing and the greatest enhancement are the outcomes of organizations redefining inpatient care, increasing quality, efficiency, and effective care in the outcome of transformational leadership, embracing strengths and processes, and extending professional practice in nursing." (ANDC, 2010, page 8)

References
 American Nurses Association. (2010). *Nursing: A global perspective*. Washington, DC: American Nurses Association.
 American Nurses Association. (2010). *Nursing: A global perspective*. Washington, DC: American Nurses Association.
 American Nurses Association. (2010). *Nursing: A global perspective*. Washington, DC: American Nurses Association.

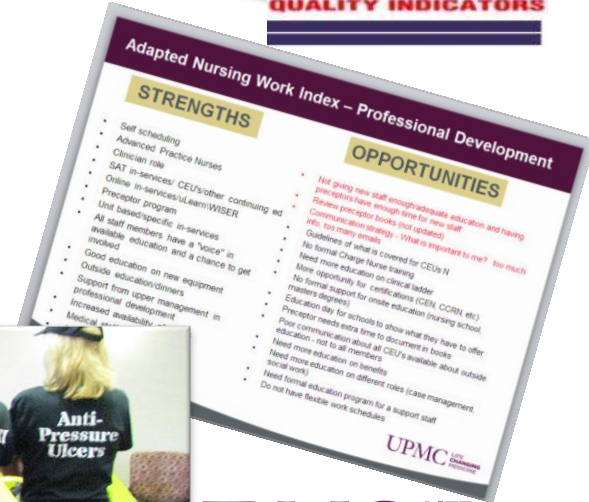
Tools for Successful Engagement of Nurses



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

UPMC Passavant

Professional Practice Model

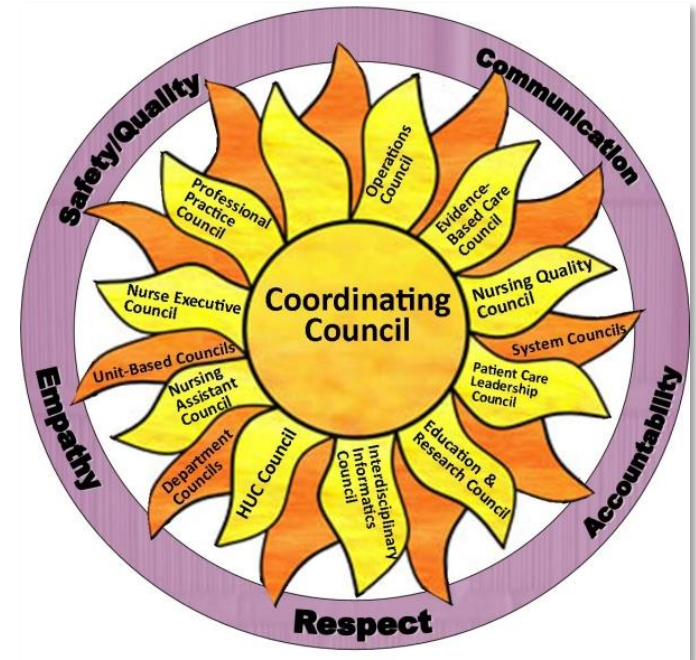


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- Core Values Guiding Principles (Our Roots)
- Patient and Family Centered Care (Our Core)
- Relationship Based Care (Care Delivery)
- Interprofessional Teams (Collegial Relations)
- Professional Growth and Development
- Shared Leadership (Management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

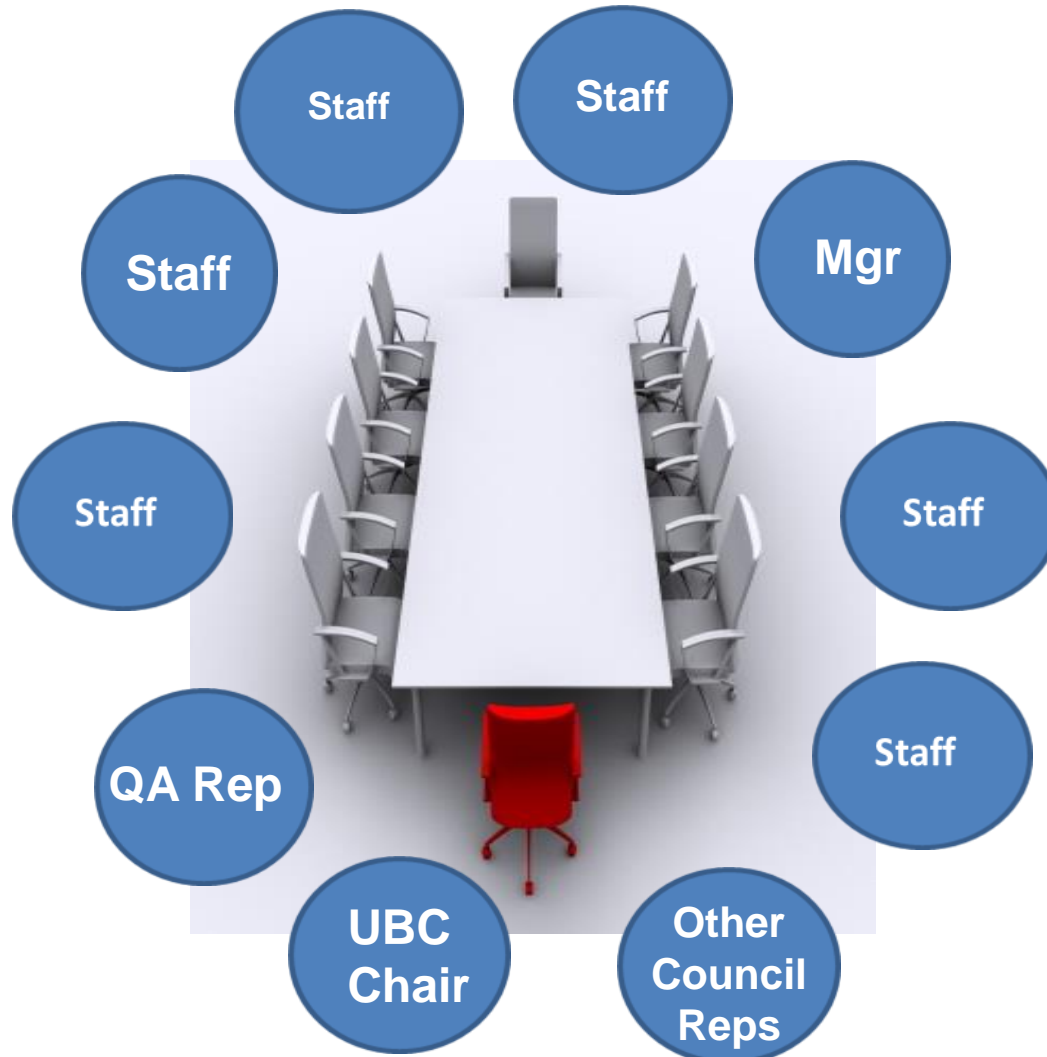
Definition of Shared Governance

- 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

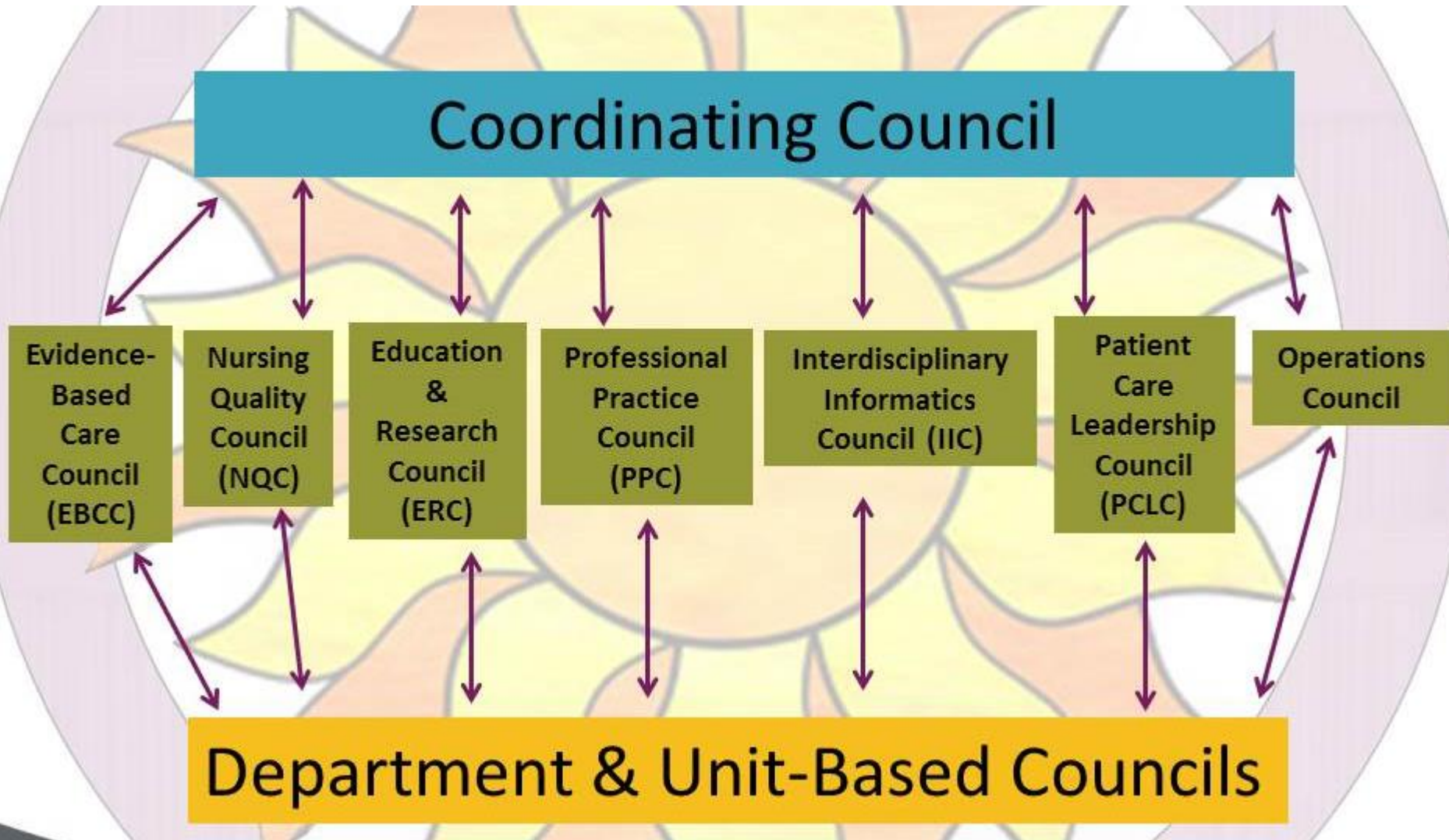


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Unit-Based Council Structure



Coordinating Council Model



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											
TL1EO	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		<ul style="list-style-type: none"> 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 Create template for Nursing mission, vision, values Incorporate this on TV screens, entryway, Nursing Insights, Communicator 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 leader advocate that resulted in	Staff nurses need to be familiar with how to advocate for resources, educate and provide structure	Jasko	Manni Stoneburner							

UPMC Passavant
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 confidentiality. - 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			

Magnet Dashboard

UPMC Passavant Nurse's Station
Hot Topic Admin

Nursing Hot Topics (2)
NOMINATE A COLLEAGUE FOR A PRESTIGIOUS NIGHTINGALE AWARD TODAY!
Condition M Training-June 20

- Education
 - EBC 5/10/12
 - Clinical Education
 - Nursing Grand Rounds
 - Education Calendars
 - Archive
 - CNO Chat Sessions
- CE Opportunities
- Evidence Based Practice
- Links
- My Nursing Career
- Disability Resources
- Certification Review

The Communicator

- May 30 2014
- May 23 2014
- May 16 2014
- Thumbs.db
- Archive

Nursing Reports

- HA Infections
- Isolation Rounds
- Patient Satisfaction
- Restraints
- Pressure Ulcers
- Falls
- Diabetes Summary

Dashboards

- NDNQI
- NDNQI Web Site
- NDNQI Data Entry
- 2013 RN Survey - McCandless
- 2013 RN Survey - Cranberry
- 2013 RN Survey w/ th Practice Environment Scale

Magnet Dashboard

Print... Hospital Wide CAUTI CLABSI Restraints Falls Ulcers

3 Main - CLABSI
NHSN medical

4 PCU - CLABSI
NHSN step down

4 South - CLABSI
NHSN step down

3 Main - CLABSI ** NHSN Target**

	2012Q1	2012Q2	2012Q3	2012Q4	2013Q1	2013Q2	2013Q3	2013Q4
Target	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
Bench	0.50	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Qtr Rate	0.00	0.00	0.00	2.56	0.00	0.00	0.00	0.00

4 PCU - CLABSI ** NHSN Target**

	2012Q1	2012Q2	2012Q3	2012Q4	2013Q1	2013Q2	2013Q3	2013Q4
Target	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
Bench	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Qtr Rate	0.00	2.76	3.40	0.00	2.49	0.00	0.00	0.00

4 South - CLABSI ** NHSN Target**

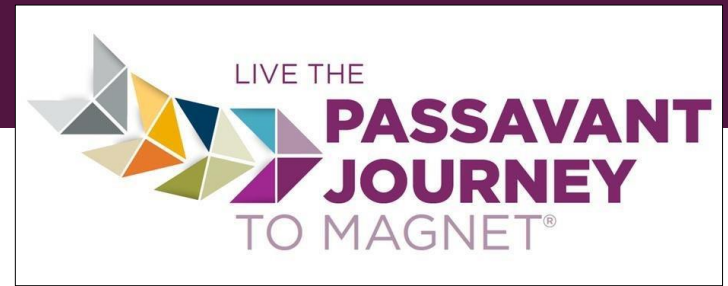
	2012Q1	2012Q2	2012Q3	2012Q4	2013Q1	2013Q2	2013Q3	2013Q4
Target	0.80	0.80	0.80	0.80	0.80	0.80	0.80	0.80
Bench	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00
Qtr Rate	0.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00

VIUPMC Passavant Nursing Dashboard

	Dec13	Jan14	Feb14	Mar14	Apr14	May14	Comments / PI Plan	FYTD	Target
Financial Indicators									
Length of Stay, Average (4 South)	5.84	6.08	6.71	5.92	5.81	6.08		5.9	1.0
Daily Census, Average (4 South)	17.13	23.74	23	17.77	22.67	21.58		20.3	17.0
DHPPD(4 South)								1.6	1.8
Section 2 - Nursing Sensitive Indicators									
# pts. w Falls (4 South)	2	2	2	0	3		Auto data from NDNQI Nursing Sensitive Indicators	24	0.0
# pts. w Falls w Injury (4 South)	0	0	1	0	0			4	0.0
Falls w Injury rate /1000 pt. days (4 South)	0	0	1.89	0	0		4/2014 - Fall Pats (w/i) 0 Total Pat Days = 589	0.1	0.8
# pts. w Unit Acquired Pressure Ulcer Stage II or greater (4 South)	1	1	1	1	2		Auto data from NDNQI Nursing Sensitive Indicators	7	1.0
% pts. w Unit Acquired Pressure Ulcer Stage II or greater (4 South)	6.67	5.26	4.35	4.35	8.70		4/2014 - HAPU Pats 2 Total Pat Days 23	4.0	1.8
# pts. w Restraints (4 South)	0	5	0	0	1		Auto data from NDNQI Nursing Sensitive Indicators	9	0.0
% pts. w Restraints (Limb & Vest) (4 South)	0	0.04	0	0	0		4/2014 - Restraint Pats (limb/est) 1 Total Pat Days 37315	0.0	0.0
Section 3 - Infection Indicators									
# HAI CA-UTI (Cather Associated UTI) (4 South)	0	0	0	0	0			0	0.0
# HAI C.diff (4 South)	0	2	1	0	0			3	0.0
# HAI CLAB (Central Line Associated Bacteremia) (4 South)	0	0	0	0	0			0	0.0
# HAI Pneumonia (4 South)	0	0	0	0	0			0	0.0

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!
- Change Oriented!
- Innovative!
- Patient Focused!
- Proud!
- Engaged!
- Respected!
- FUN!
- Committed!
- Positive!
- Accountable!



So how will you know when you are there?

Employee Satisfaction, and Patient/Family Satisfaction

Vision and Values

Strong Leaders and Teams

Active Shared Governance Councils

Evidence Based Standards of Care

Collect Baseline Performance Metrics

You Can Do It!

