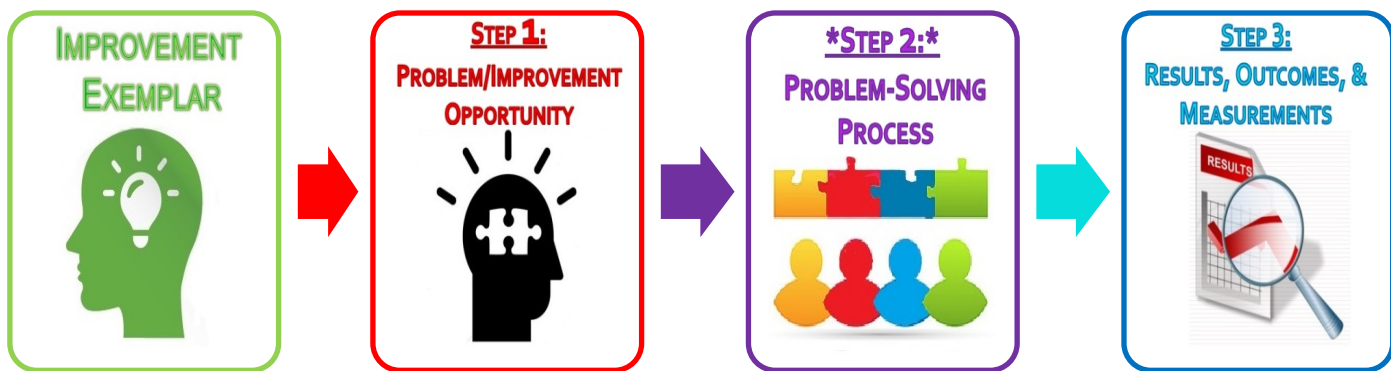


MAGNET READINESS CAN BE AS EASY AS
1, 2, 3:

MAGNET APPRAISER SITE VISIT PREP: 3 UNIT EXEMPLARS DIRECTIONS & TEMPLATES

The purpose of the following slides is to help prepare all SMUCLA nurses for the upcoming **Magnet Appraiser Visit**.



To this end, we would like to encourage you all to be able to discuss at least **3 Unit/Hospital Improvements** (*aka Exemplars*) that **YOU** are proud of.

Here is what you need to know...

MAGNET READINESS CAN BE AS EASY AS 1, 2, 3:

Here is what you need to know:
First, think of an Exemplar!

IMPROVEMENT
EXEMPLAR



THINK OF YOUR FAVORITE UNIT EXEMPLAR(S) TO SHARE

- **DON'T WORRY** about what the Magnet Appraiser might ask you – **TAKE CONTROL & DECIDE** which exemplary stories you want the appraiser to hear!

Ask Yourself:

- What makes you proud to work on your unit?
- Think of a personal patient/family interaction that resonates with you. How did you provide exemplary care?
- What projects have been implemented on your unit or hospital-wide that have resulted in improvements for patients or staff?

**EXAMPLE: Proud of Infection Prevention Efforts
with CHG**

Helpful Tip: **DO NOT FEAR THE APPRAISERS!**

- Magnet Appraisers are your **Nursing Peers** – They want you to succeed!
- **More questions = Appraiser's curiosity** – They want to learn more about the Best Practices on your unit, **not grill you!**
- **The Magnet Appraiser visit** is the **EXACT OPPOSITE** of a **Joint Commission visit!** – So, **SPEAK UP!** Be excited to share the great work you do for patients every day!

MAGNET READINESS CAN BE AS EASY AS 1, 2, 3:

Here is what you need to know:

STEP 1:
PROBLEM/IMPROVEMENT
OPPORTUNITY



STEP 1: BRIEFLY DESCRIBE PROBLEM/ OPPORTUNITY FOR IMPROVEMENT

- **Who & How** identified as an improvement opportunity? (*RN-driven improvements are best/preferred!*)
- **Who & How** was issue brought to the attention of leadership & shared with unit as a priority?
- **EXAMPLE: CLABSI rates were above the national benchmarks**
 - *UPC discovered this during quarterly review of Unit's data*
 - *UPC members Sam Smith, BSN, RN, & Lori Jones, MSN, RN, took data to UD.*
 - *UD took UPC concerns to Executive Nurse Leadership meeting and took suggested interventions back to UPC*
 - *Together, UD & UPC announced decreasing CLABSI rates was a top priority at Staff meetings and via email alerts to all unit staff*



Helpful Tip: NO PRONOUNS ALLOWED!



- **No one achieves Greatness alone (or anonymously)! Own the important work you & your colleagues accomplished: *Put your names on it!***
 - **Mention individuals and committee/councils by *name*** (Remember to use *individuals' roles and credentials* whenever possible!)

MAGNET READINESS CAN BE AS EASY AS 1, 2, 3:

Here is what you need to know:

STEP 2: DESCRIBE IMPROVEMENT PROCESS

This is the LONGHIEST PART of story!

Be sure to include:

- Participants (interprofessional)
- Committees involved
- Approval processes/steps taken
- Implementation processes/steps

EXAMPLE: CHG Bathing Improvement Process

- 1) Interdisciplinary group (comprised of clinical RNs, RN leaders, Materials Management, etc. – use names when possible!) convened to discuss issue.*
- 2) Group reviewed the literature and found that CHG was a best practice.*
- 3) Group writes proposal & presents to Leadership & Material Mgmt.*
- 4) Upon approval, resources were allocated by CNO and Materials Mgmt, who consulted with interdisciplinary group to choose pilot units.*
- 5) ICUs & OR units piloted, group reviewed the data & saw benefits.*
- 6) ICU & OR UPCs presented results at TL Meeting.*
- 7) TL members vote & agree CHG will be rolled out across hospital.*
- 8) How CHG info shared & implemented across units (emails, edu, etc.)*

Helpful Tip: NO COGNITIVE LEAPS!

- Be sure to **include ALL steps undertaken by individuals and committees** to create & implement your exemplar
- **Use Active Voice when describing your exemplar** – Greatness doesn't just "happen" what ***specifically*** did you and your healthcare colleagues do to make positive changes on your unit?
 - **Passive Voice Example** = "New CHG protocol was developed and implemented."
Who? How?
 - **Active Voice Example** = "UPC worked with Materials Mgmt & Nursing Leadership to develop new CHG protocol. UPC members developed educational materials and shared progress at unit staff meeting, where they enlisted the help of other clinical RNs & CCP volunteers to implement protocol across unit."

MAGNET READINESS CAN BE AS EASY AS 1, 2, 3:

Here is what you need to know:

STEP 3: RESULTS, OUTCOMES, & MEASUREMENTS



STEP 3: DESCRIBE IMPROVEMENT RESULTS

- How do you know the improvement process worked?
- How are the results measured?
- Who measures, tracks, and shares the data?
- How are results shared?

EXAMPLE: Overall Hospital-wide Decrease in CLABSI

- 2012: 136 Cases (1.79/1000 CL days)
- 2013: 114 Cases (1.47/1000 CL days)
- 2014**: 70 Cases to date.
- Hospital CLABSI rates are monitored monthly and posted on unit dashboards. (Show Appraiser posted data!)



Helpful Tip: PLAN, PROMPT, & PRAISE!



- Practice speaking about your exemplar with your clinical nurse colleagues!
 - Utilize posted data/graphs/materials to support your exemplar – while *a script is not recommended*, you can show the Appraiser evidence to illustrate your progress
 - **Prompt & Praise** – share speaking time with your colleagues & recognize each other's great work!

Magnet Readiness can be as easy as

1,2,3:

When the appraisers arrive, be able to discuss at least **3** Unit/Hospital Improvements that YOU are proud of.

Here is what you need to know:



Improvement Example	KNOW what was the problem/issue/process that needed improvement.	KNOW what was done/changed to make the needed improvement and WHO implemented the changes!	KNOW what the outcome is AND how is it measured.. <i>(Show the data!)</i>
<p>Example: Proud of Infection Prevention Efforts with CHG.</p>	<p>Hospital CLABSI rates were above the national benchmarks.</p>	<p>Interdisciplinary group convened to discuss issue . Used the literature and found that CHG was a best practice. ICUs and Pre-Op patients were piloted, group reviewed the data and saw improvements. CHG was then rolled out across the hospital.</p>	<p>Decrease in Overall CLABSI as a Hospital. 2012: 136 Cases (1.79/1000 CL days) 2013: 114 Cases (1.47/1000 CL days) 2014**: 70 Cases to date. Hospital CLABSI rates are monitored monthly and posted on unit dashboards.</p>
<p>1.</p>			
<p>2.</p>			
<p>3.</p>			

This template is ideal for jotting down multiple Exemplar ideas & thinking through the process

3 Unit Exemplars (Final Template & Example)

(UNIT NAME) MAGNET EXEMPLARS

Nurses at UCLA Health are committed to continuously improving their professional practice & providing exemplary care to their patients!

Here are a few Exemplary examples of improvements initiated by (Unit Name) Nurses:

EXEMPLAR	PROBLEM	PROBLEM-SOLVING PROCESS	RESULTS, OUTCOMES, & MEASURES

6ICU MAGNET EXEMPLARS

Nurses at UCLA Health are committed to continuously improving their professional practice & providing exemplary care to their patients!

EXEMPLAR	PROBLEM	PROBLEM-SOLVING PROCESS	RESULTS, OUTCOMES, & MEASURES
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CAUTI	<p>6ICU CAUTI Rates were above National Benchmark</p>	<p>Clinical Educator and UPC met to discuss need for improvement; foley audits implemented:</p> <ul style="list-style-type: none"> ➤ Team Leader assessments 2 times per week, checking for necessity of foley catheters and compliance with maintenance bundle. ➤ Theraworx trial from March to June of 2015: Staff in-serviced by company daily at AM/PM huddles. Peri-care performed and documented every 6 hours ➤ Educational posters outlining the proper use of Theraworx displayed in unit ➤ Sage M-Care trail from July to October of 2015: Staff in-serviced by company daily at AM/PM huddles, Peri-care to be performed and documented every 6 hours 	<p style="text-align: center;">CAUTI Rate per 1,000 Foley Line Days 6 ICU 1Q13 to 1Q15</p> <table border="1" style="margin-top: 10px;"> <thead> <tr> <th>Quarter</th> <th>CAUTI Rate</th> </tr> </thead> <tbody> <tr><td>1Q13</td><td>3.20</td></tr> <tr><td>2Q13</td><td>4.20</td></tr> <tr><td>3Q13</td><td>4.68</td></tr> <tr><td>4Q13</td><td>3.50</td></tr> <tr><td>1Q14</td><td>3.74</td></tr> <tr><td>2Q14</td><td>3.75</td></tr> <tr><td>3Q14</td><td>2.71</td></tr> <tr><td>4Q14</td><td>5.30</td></tr> <tr><td>1Q15</td><td>2.13</td></tr> </tbody> </table> <ul style="list-style-type: none"> ➤ Clinical Educator shares CAUTI Data shared with staff ➤ CAUTI rate dashboard displayed in conference room ➤ CAUTI rate variable 	Quarter	CAUTI Rate	1Q13	3.20	2Q13	4.20	3Q13	4.68	4Q13	3.50	1Q14	3.74	2Q14	3.75	3Q14	2.71	4Q14	5.30	1Q15	2.13
Quarter	CAUTI Rate																						
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2Q14	3.75																						
3Q14	2.71																						
4Q14	5.30																						
1Q15	2.13																						

Avoiding Cognitive Leaps



Things to Remember:

- ✓ The details – people & committees involved, their actions, etc. – are the *most interesting and compelling part* of your story.
- ✓ Take a few minutes to make sure every person involved and action – from planning to data analysis – is highlighted during your interview.
- ✓ The Appraiser won't know the depth and breadth of the exceptional work you & your colleagues accomplished unless you tell them!

<p>BE SURE TO MENTION:</p>	<p>KNOW THESE DETAILS!: Practice with your colleagues so you will all be prepared to "Pass the Ball"! (See "The 12 P's for Success")</p>
<p>PARTICIPANTS:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Names <input type="checkbox"/> Roles <input type="checkbox"/> Credentials <input type="checkbox"/> Departments
<p>COMMITTEES:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> Title <input type="checkbox"/> Membership <ul style="list-style-type: none"> <input type="checkbox"/> names of members, roles, credentials, etc. <input type="checkbox"/> how members elected, etc. <input type="checkbox"/> Where Committee falls in Organization Committee structure <input type="checkbox"/> How often committee meets (monthly, biweekly, etc.?)
<p>CHANGES IN POLICIES, PROTOCOLS, & PRACTICES:</p>	<ul style="list-style-type: none"> <input type="checkbox"/> What resources/structures were in place to address issue? <input type="checkbox"/> What changes were made to current practice & related policies? <ul style="list-style-type: none"> <input type="checkbox"/> Administrative Process(es) – describe approval process, advocacy to cut red tape <ul style="list-style-type: none"> <input type="checkbox"/> Include: Proposals written (by who?), presentations given, etc. <input type="checkbox"/> Clinical Process(es) – describe changes in daily practice on unit. Include: <ul style="list-style-type: none"> <input type="checkbox"/> Dissemination methods (How do RNs access?) <input type="checkbox"/> Educational Materials/offerings <input type="checkbox"/> Peer Review, etc.