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

**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!)
Here is what you need to know:

**Step 2:** Describe Improvement Process

*This is the **lengthiest 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.”
Here is what you need to know:

**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:

1. **KNOW** what was the problem/issue/process that needed improvement.
2. **KNOW** what was done/changed to make the needed improvement and WHO implemented the changes!
3. **KNOW** what the outcome is AND how is it measured.. *(Show the data!)*

<table>
<thead>
<tr>
<th>Improvement Example</th>
<th>KNOW what was the problem/issue/process that needed improvement.</th>
<th>KNOW what was done/changed to make the needed improvement and WHO implemented the changes!</th>
<th>KNOW what the outcome is AND how is it measured.. <em>(Show the data!)</em></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Example:</strong> Proud of Infection Prevention Efforts with CHG.</td>
<td>Hospital CLABSI rates were above the national benchmarks.</td>
<td>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.</td>
<td>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.</td>
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</table>

| 1. |  |  |  |
| 2. |  |  |  |
| 3. |  |  |  |

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

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:**
3 Unit Exemplars (Final Template & Example)

(UNIT NAME) MAGNET EXEMPLARY

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

UCLA Health

6ICU MAGNET EXEMPLARY

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

CAUTI

- 6ICU CAUTI Rates were above National Benchmark
- Clinical Educator and UPC met to discuss need for improvement; Foley audits implemented:
  - 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 trial 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.

- Clinical Educator shares CAUTI Data shared with staff
- CAUTI rate dashboard displayed in conference room
- CAUTI rate variable

UCLA Health

CAUTI Rate per 1,000 Foley Line Days

<table>
<thead>
<tr>
<th>1Q13</th>
<th>2Q13</th>
<th>3Q13</th>
<th>4Q13</th>
<th>1Q14</th>
<th>2Q14</th>
<th>3Q14</th>
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<tr>
<td>3.20</td>
<td>4.20</td>
<td>4.58</td>
<td>3.82</td>
<td>3.74</td>
<td>3.75</td>
<td>2.71</td>
<td>5.10</td>
<td>2.13</td>
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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!

<table>
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<tr>
<th><strong>Be Sure to Mention:</strong></th>
<th><strong>Know these details!:</strong> Practice with your colleagues so you will all be prepared to “Pass the Ball”! (See “The 12 P’s for Success”)</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Participants:</strong></td>
<td>❑ Names ❑ Roles ❑ Credentials ❑ Departments</td>
</tr>
<tr>
<td><strong>Committees:</strong></td>
<td>❑ Title ❑ Membership ❑ names of members, roles, credentials, etc. ❑ how members elected, etc. ❑ Where Committee falls in Organization Committee structure ❑ How often committee meets (monthly, biweekly, etc.?)</td>
</tr>
<tr>
<td><strong>Changes in Policies, Protocols, &amp; Practices:</strong></td>
<td>❑ What resources/structures were in place to address issue? ❑ What changes were made to current practice &amp; related policies? ❑ Administrative Process(es) – describe approval process, advocacy to cut red tape ❑ Include: Proposals written (by who?), presentations given, etc. ❑ Clinical Process(es) – describe changes in daily practice on unit. Include: ❑ Dissemination methods (How do RNs access?) ❑ Educational Materials/offerings ❑ Peer Review, etc.</td>
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