Magnet Designation®:
A Validation of Organizational Excellence

An Online Continuing Education Offering
Magnet Champion Bio: Leah Korkis, BSN, RN

- Leah Korkis, BSN, RN is a clinical nurse on the Resource Pool at SMUCLA and has been instrumental in writing the SMUCLA Magnet document.
- She has over 5 years of clinical experience in medical and surgical nursing, specializing in geriatrics.
- Leah is consistently recognized by patients, families, and colleagues for the compassionate, respectful, and dignified care she provides.
- Leah is currently pursuing her Master’s degree as an Adult-Geriatric Clinical Nurse Specialist and is passionate about ensuring patients and caregivers are active participants in end-of-life decisions and are true partners in establishing a personalized care plan.
Magnet Module Objectives

• This online learning module will provide UCLA Health staff with information about the ANCC Magnet Designation Program®.

• By the end of this module, participants will be able to describe:
  • History of Magnet & the foundation of the program
  • Magnet Designation® process
  • The Magnet Components®
  • How unit- and hospital-level data is linked to Magnet

• By the end of the module, participants will be able to evaluate unit-level data using standardized charts and graphs
Magnet organizations will serve as the fount of knowledge and expertise for the delivery of nursing care globally. They will be solidly grounded in core Magnet principles, flexible, and constantly striving for discovery and innovation. They will lead the reformation of health care; the discipline of nursing; and care of the patient, family, and community.

Commission on Magnet Recognition, ANCC, 2008
Background: Alignment with Health Care Reform

The Institute of Medicine (IOM) published 2 landmark studies in 1999:

Since publication, these reports have influenced the following improvements in American Health Care:

• Greater detail & transparency of hospital records
  • Adverse event and hospital-acquired condition mandatory reporting
• Culture & practice changes focused on safety
  • Care is safe, patient-centered, effective, equitable, timely, and efficient
A Brief History of Magnet®

• **Late 1970s:** National Nursing Shortage in USA
• **1983:** McClure Magnet Hospital Study
  - Examined hospitals which retained nurses during national nursing shortage – *Why were they keeping nurses?*
  - Identification of shared qualities of hospitals with high RN Retention rates and job satisfaction scores – *What type of hospital practice environments supported exemplary nursing?*
    - Staffing & Resources to provide good care
    - Nurses were respected & maintained strong collegial relationships
    - Nurses practiced with autonomy
    - Nurses influenced care provided to patients
    - Nurses influence organizational decisions regarding patient and nursing care
    - Nurses have opportunities for professional growth
    - Nurses have opportunities for educational advancement
    - Nurses recognized for their contributions to the organization and nursing practice

• **1990 - Present:** ANCC Establishes & continuously updates Magnet Designation Program™
  - Identified structures & processes which correlated to McClure’s shared hospital qualities *(AKA “Forces of Magnetism”)*
  - Developed accreditation process – *The Magnet Designation Program™* – to validate these components are alive & well within an organization
  - 1999: IOM publishes *To Err is Human*
    - Magnet updates are in alignment with Health Care Reform
  - 2007-2008: Magnet Model® developed & new manual released
  - 2014 Manual: Alignment with Health Care Reform
    - Greater emphasis on *outcomes data* – must show evidence of sustained improvements in nursing practice
Magnet® in a nutshell:

- Magnet Recognition® is the highest level of validation that American Nurses Credentialing Center (ANCC) can accord to healthcare organizations where registered nurses care for patients.

- The Magnet Recognition Program® advances 3 goals within health care organizations:
  1. Promote quality in a setting that supports professional practice
  2. Identify excellence in the delivery of nursing services to patients and families
  3. Disseminate best practices in nursing care

- Magnet Recognition® is Aligned with Quality Rankings
  - Focus on Outcomes

- Compel higher levels of evidence-based standards guiding:
  - Clinical care delivery
  - Organizational performance
  - Work force practices
Magnet Champion Bio:
Leilani Penalosa Quiambao, BSN, RN

- Leilani Penalosa Quiambao BSN, RN is a Clinical Nurse III on 8 West
- Leilani is recognized by her patients and colleagues for her positive attitude and can-do spirit.
- She has been instrumental in the success of many performance improvement initiatives on her unit
- Today, Leilani will share the following Magnet Concepts with you…
The Magnet Designation® Process

In order to obtain Magnet status, a health care facility must complete the following steps:

1. **Online application**
   1. Intent to apply for Magnet status
   2. OO’s (Organizational Overview) and Demographic information about facility

2. **Magnet Document**
   1. Guided by the most current Magnet manual (2014)
   2. 350-page document containing 49 Sources of Evidence or “SOEs” – examples of nursing excellence

3. **Site Visit**
   1. Scheduled once document has been accepted
   2. Magnet Appraisers visit for 3 days to speak with nurses & validate document
The Magnet Document

Document divided into 6 Categories:

1. OO’s – Organizational Overview
2. TL’s – Transformational Leadership
3. SE’s – Structural Empowerment
4. EPP’s – Exemplary Professional Practice
5. NK’s – New Knowledge, Innovations, & Improvements
6. EO’s – Empirical Outcomes

Of these 6 Categories, 5 of them (TL’s, SE’s, EPP’s, NK’s, EO’s) are the Magnet Model Components®
The Magnet Document: 6 Categories
A closer look...

1. OOs – Organizational Overview
   A. Provides a “snapshot” of the facility, including organizational structures, policies & procedures, etc.
   B. OOs are sent to ANCC before the rest of the document; once the OOs are approved, the facility can submit their Magnet Document

2. TLs – Transformational Leadership
   A. Demonstrates innovative & effective nursing leadership strategies and their outcomes

3. SEs – Structural Empowerment
   A. Validates that all nurses are encouraged to utilize and participate in decision-making structures to initiate or influence practice improvements
4. EPPs – Exemplary Professional Practice
   A. Exemplifies the innovative work of nurses within the full scope of their professional practice

5. NKs – New Knowledge, Innovations, & Improvement
   A. Nurses advance their field by initiating & participating in research and the development and implementation of innovations in care delivery

6. EOs – Empirical Outcomes
   A. Not a “stand-alone” component, EOs are found in each of the 4 Magnet Components (TLs, SEs, EPPs, NKs)
   B. EOs are SOE’s that require measurable data to demonstrate the effectiveness & sustainability of improvements in nursing practice
In the Magnet document, each Magnet category has a prescribed list of requirements, in the following format:

1. **Magnet Component** – TL, SE, EPP, NK

   A. **Key Concepts** – *These are more focused topics within the Magnet components*

   a. **Source of Evidence** “SOE” – exemplary examples of nursing practice

   b. **Empirical Outcomes** “EO” – exemplary examples of nursing practice with measurable data presented in graph
How to Access RRUCLAMC’s 2014 Magnet Document:

You can access the Ronald Reagan Magnet document through the UCLA Nursing website at [http://nursing.uclahealth.org/](http://nursing.uclahealth.org/) in four easy clicks:

1. Click on the UCLA Nursing website link.
2. Navigate to the UCLA Department of Nursing page.
3. Click on the link to access the RRUCLAMC Magnet Document 2014.
4. Enter the User Name = uclarr and Password = magnet8114 (will open new window).

User Name = uclarr    Password = magnet8114
How to Access RRUCLAMC’s 2014 Magnet Document:

Simply click on the sidebar navigation tool to read more about how the Magnet components are exemplified at UCLA Health!
Magnet Component Online Example:

**TRANSFORMATIONAL LEADERSHIP**

*As seen on the Magnet Website*

1. **Navigation Bar**
   - Lists “SOEs” or Sources of Evidence
2. **TL Synopsis**
3. **TL Key Areas with related SOEs and EOs**

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**Transformational Leadership**

At Ronald Reagan UCLA Medical Center, we believe every nurse is a leader. We expect and encourage nurses throughout the organization to lead in practice and in the profession. Heidi Crooks, RN, MA, Chief Nursing Officer, is a transformational leader who guides with a vision for a future of nursing and patient care that is alive with possibility. She is a visible and vocal advocate for the contributions of nurses and has built a leadership team that creates an environment where nurses can develop and grow as leaders. Our culture, grounded in trust and strong relationships, empowers and engages nurses to innovate and lead in quality and safety. Throughout this section, you will see examples of transformational leadership at all levels, from the point of care to the executive suite.

**Sources of Evidence & Empirical Outcomes**

**Strategic Planning**
- TL1EO - Nursing Strategic Plan
- TL2 - Advocating for Resources

**Advocacy and Influence**
- TL4EO - CNO Organizational Influence
- TL4 - CNO Involvement in Organizational Decision-Making
- TL5 - Nurse Leaders Guiding Change
- TL6 - Developing Leaders
- TL7 - Data-Driven Resourcing

**Visibility, Accessibility and Communication**
- TL8 - CNO Visibility & Accessibility
- TL5EO - Influencing Change
Magnet Champion Bio: Ana Andress, BSN, RN

• Ana Andress, BSN, RN is an Administrative Nurse II in the Medical ICU at RRUCLA.
• She has been a nurse for over 11 years specializing in medical/surgical, oncology, and critical care nursing.
• She has been in formal and informal leadership positions in her unit and has been instrumental in bedside coaching, ICU delirium, bedside handover, team nursing and various evidence-based research quality improvement initiatives.
• She is passionate about providing quality and safe patient care. She currently holds a BSN from UCLA and plans to begin her MSN Admin program in the Fall 2015 at Cal State Dominguez.
• In addition, she is currently studying for her CCRN!
Magnet Component #1: Transformational Leadership

The organization’s senior leadership team creates the vision for the future and the systems and environment necessary to achieve that vision.

Traits associated with Transformational Leaders include:

1. Vision, influence, clinical knowledge and strong expertise relating to nursing practice
2. Motivates and leads others to higher levels of achievement
3. Listens, challenges, influences and affirms the transformation necessary to achieve the vision
4. Creates the systems and environment to achieve the vision
   A. If/when this change creates turbulence, Transformational Leaders involve others to create innovative solutions.
Magnet Component #1: **TRANSFORMATIONAL LEADERSHIP**

*The organization’s senior leadership team creates the vision for the future and the systems and environment necessary to achieve that vision.*

Within the context of the Magnet Model, **transformational leadership** encompasses the following 3 key concepts:

1. **Strategic Planning**
2. **Advocacy and Influence**
3. **Visibility, Accessibility and Communication**

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**UCLA Health**
Magnet Component #1: Transformational Leadership

The organization’s senior leadership team creates the vision for the future, and the systems and environment necessary to achieve that vision.

Within the context of the Magnet Model, Transformational Leadership encompasses the following 3 key concepts:

<table>
<thead>
<tr>
<th>Key Concept Topic</th>
<th>Definition</th>
<th>Document SOEs</th>
</tr>
</thead>
</table>
| **1** Strategic Plan & Vision      | The ANCC verifies that the Nursing Department’s Mission, Vision, Values and Nursing Strategic Plan align with Organization’s priorities to improve performance.  
A. You can access the UCLA Health Organization and Nursing Strategic plans on the UCLA Health Nursing website at http://nursing.uclahealth.org/body.cfm?id=216 | ★ TL1EO - Nursing Strategic Plan  
> TL2 - Advocating for Resources                                                                                                   |
| **2** Nurses Advocate & Influence Decision-Making | The ANCC examines applicants’ programs for leadership development, succession planning, and mentoring                                                                                                                                          | ★ TL3EO - CNO Organizational Influence  
> TL4 - CNO Involvement in Organizational Decision-Making  
> TL5 - Nurse Leaders Guiding Change  
> TL6 - Developing Leaders  
> TL7 - Data-Driven Resourcing                                                                                                      |
| **3** Leaders are Accessible, Visible, & Communicate Effectively with Nurses | The ANCC examines the organization for structures facilitating communication and relationships between Nurse Leaders and Clinical Nurses in formal and informal settings                                                                                               | ★ TL8 - CNO Visibility & Accessibility  
★ TL9EO - Influencing Change                                                                                                         |
Magnet Champion Bio: Scott Demar, BSN, RN

• Scott Demar, RN, MSN is a clinical nurse on the 6ICU Neuro/Trauma unit at RR UCLA since 2013.

• Scott is a graduate of the UCLA Master's Entry Clinical Nurse Program and is recognized as a leader on his unit.

• Scott serves as the UPC Vice President and has been instrumental in unit level Magnet re-certification education.

• Scott is passionate about critical care, dogs, and exercise.
Magnet Component #2: **Structural Empowerment**

The organization provides opportunity structures to engage & empower nurses to grow academically and professionally, ensuring their role as active decision-makers in the advancement of nursing practice and patient care.

Within the context of the Magnet Model, **Structural Empowerment** encompasses the following 5 key concepts:

1. Professional Development
2. Commitment to Professional Development
3. Teaching and Role Development
4. Commitment to Community Involvement
5. Recognition of Nursing
Magnet Component #2: **STRUCTURAL EMPOWERMENT**

Within the context of the Magnet Model, **STRUCTURAL EMPOWERMENT** encompasses the following 5 key concepts:

<table>
<thead>
<tr>
<th>Key Concept Topic</th>
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</tr>
</thead>
<tbody>
<tr>
<td><strong>1. Professional Development</strong></td>
<td>Clinical nurses are involved in interprofessional decision-making groups at the organizational level. The healthcare organization supports nurses' participation in local, regional, national or international professional organizations.</td>
<td>★SE1EO - Interprofessional Decision-Making Groups ★SE2EO - Professional Organization Participation</td>
</tr>
<tr>
<td><strong>2. Commitment to Professional Development</strong></td>
<td>The organization supports nurses' continuous professional development (Certifications and Educational Degrees). <strong>IOM Recommendation</strong> – 80% Nurses have BSN+ by 2020</td>
<td>★SE3EO - Professional Nursing Certification ★SE4EO - Continuing Education Programs &gt; SE5 - Non-Nurse Career Programs</td>
</tr>
<tr>
<td><strong>3. Teaching and Role Development</strong></td>
<td>The organization provides opportunities to improve nurses' expertise in effectively teaching a patient or family and facilitates the effective transition of registered nurses and advanced practice registered nurses into the work environment.</td>
<td>&gt; SE6 - Nurses as Teachers &gt; SE7 - Transitioning New Nurses into Practice &gt; SE8 - Developing Nurse Preceptors</td>
</tr>
<tr>
<td><strong>4. Commitment to Community Involvement</strong></td>
<td>The organization supports nurses' participation in community healthcare outreach.</td>
<td>&gt; SE9 - Community Outreach ★SE10EO - Community Healthcare Needs Assessment</td>
</tr>
<tr>
<td><strong>5. Recognition of Nursing</strong></td>
<td>Nurses are recognized for their contributions in addressing the strategic priorities of the organization.</td>
<td>&gt; SE11 - Recognizing Nurses</td>
</tr>
</tbody>
</table>
ANCC considers EPP “the true essence of a Magnet Organization.” This entails a comprehensive understanding of the role of nursing, the application of that role with patients, families, communities, & the interdisciplinary team, and the application of new knowledge & evidence to continuously drive practice forward.

Within the context of the Magnet Model, Exemplary Professional Practice encompasses the following 8 key concepts:

1. Professional Practice Model
2. Care and Delivery Systems
3. Staffing, Scheduling & Budgeting Processes
4. Interprofessional Care
5. Accountability, Competence, Autonomy
6. Ethics, Privacy, Security, Confidentiality
7. Culture of Safety
8. Quality Care Monitoring & Improvement
Magnet Component #3: **EXEMPLARY PROFESSIONAL PRACTICE**

The Magnet certification process examines **8 key concepts** of **EXEMPLARY PROFESSIONAL PRACTICE** that are essential to organizational effectiveness:

<table>
<thead>
<tr>
<th>KEY CONCEPT TOPIC</th>
<th>DEFINITION</th>
<th>DOCUMENT SOEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>Professional Practice Model</td>
<td><strong>Clinical nurses are involved in the development, implementation and evaluation of the professional practice model.</strong></td>
<td>&gt; EP1 - Professional Practice Model</td>
</tr>
<tr>
<td>Care and Delivery Systems</td>
<td><strong>Nurses create partnerships with patients and families to establish goals and plans for delivery of patient-centered care.</strong></td>
<td>&gt; EP4 - Establishing a Plan of Care</td>
</tr>
<tr>
<td>Staffing, Scheduling &amp; Budgeting Processes</td>
<td><strong>Nurses are involved in staffing and scheduling based on established guidelines to ensure that RN assignments meet the needs of the patient population.</strong></td>
<td>&gt; EP6 - Regulatory &amp; Professional Standards</td>
</tr>
<tr>
<td>Interprofessional Care</td>
<td><strong>Nurses assume leadership roles in collaborative interprofessional activities to improve the quality of care.</strong></td>
<td>&gt; EP12 - Nursing Leadership Roles, EP13EO - Patient Education Programs</td>
</tr>
<tr>
<td>KEY CONCEPT TOPIC</td>
<td>DEFINITION</td>
<td>DOCUMENT SOEs</td>
</tr>
<tr>
<td>----------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------</td>
<td>-------------------------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
</tbody>
</table>
| **Accountability, Competence, Autonomy** | Nurse autonomy is supported and promoted through the organization's governance structure for shared decision-making. Competency and continuous professional development of all nurses are assured through periodic formal performance reviews that include self-appraisal and peer feedback processes. | > EP14 - Resources for Autonomous Resources  
> EP15 - Performance and Peer Review  
> EP16 - Shared Governance Supports Nurse Autonomy                                           |
| **Ethics, Privacy, Security, Confidentiality** | Nurses use available resources to address ethical issues related to clinical practice and organizational ethical issues.                                                                                          | > EP17 - Ethical Issues                                                                                                                             |
| **Culture of Safety**                  | Clinical nurses are involved in the review, action planning and evaluation of patient safety, proactive risk assessment, and workplace safety at the organization- and unit-level.                             | ★ EP18EO - Workplace Safety  
★ EP19EO - Proactive Risk Management  
★ EP20EO - Evaluating Patient Safety Data  
★ EP21EO - Patient Safety Goals  
★ EP22EO - Nurse Sensitive Quality Indicators                                                                                                   |
| **Quality Care Monitoring & Improvement** | Unit- or clinic-level patient satisfaction data (related to nursing care) outperform the mean or median of the national database used.                                                                      | ★ EP23EO - Patient Satisfaction                                                                                                                   |
Magnet Component #4: New Knowledge, Innovations, & Improvements

The ANCC believes Magnet® organizations have an ethical responsibility to contribute to patient care, the organization, and the profession in terms of new knowledge, innovations and improvements. Magnet® organizations conscientiously integrate evidence-based practice and research into clinical and operational processes. Using evidence-based practice, nurses are encouraged to design and implement clinical projects that improve nurse-sensitive and patient outcome indicators.

Within the context of the Magnet Model, New Knowledge, Innovations, & Improvements encompasses the following 3 key concepts:
The Magnet certification process examines **3 key concepts** of **NEW KNOWLEDGE, INNOVATIONS, & IMPROVEMENTS** are essential to organizational effectiveness:

<table>
<thead>
<tr>
<th>Key Concept Topic</th>
<th>Definition</th>
<th>Document SOEs</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Research</td>
<td>The organization supports the advancement of nursing research. Nurses disseminate the organization's nursing research findings to internal and external audiences.</td>
<td>NK1EO - Advancing Nursing Research &gt; NK2 - Disseminating Research Knowledge</td>
</tr>
<tr>
<td>2 Evidence-Based Practice</td>
<td>Clinical nurses evaluate and use evidence-based findings in their practice.</td>
<td>&gt; NK3 - Integrating Evidence-Based Findings into Practice</td>
</tr>
<tr>
<td>3 Innovation</td>
<td>Innovation in nursing is supported and encouraged. Nurses are involved with the design and implementation of technology &amp; work flow improvements to enhance the patient experience and nursing practice.</td>
<td>NK4EO - Nursing Innovation NK5EO - Implementing Technology NK6EO - Improving WorkFlow and Space Design</td>
</tr>
</tbody>
</table>
Magnet Champion Bio: Andrew Baird, BSN, RN

• Andrew Baird, BSN, RN, has been a clinical nurse on the 8North Liver Transplant Unit at RRUCLA for over 5 years.
• Andrew holds a unit-based leadership role as chair of the Unit Practice Council and is also a clinical instructor for pre-licensure BSN students at Mount St. Mary’s University.
• He is currently pursuing his MSN at the University of Texas, Arlington. Andrew is consistently recognized for the patient-centered care he provides to some of our most critically ill patients and their families.
• He has been awarded the RRUCLA Inpatient Nurse of the Year, the Jackie Colleran Award, and the Daisy Award in recognition of these efforts.
Empirical Outcomes is not a stand-alone component; each Magnet component (TL, SE, EPP, & NK) have SOE’s which require Empirical Outcomes (EO).

Together, Transformational Leaders, Supportive Systems/Structures, and Exemplary Nurses who utilize EBP PROVIDE BETTER OUTCOMES.

Empirical Outcomes (27 EOs in total)

- **Transformational Leadership EO’s:** TL1EO, TL3EO, TL9EO
- **Structural Empowerment EO’s:** SE1EO, SE2EO, SE3EO, SE4EO, SE10EO
- **New Knowledge, Innovation, & Improvements EO’s:** NK1EO, NK4EO, NK5EO, NK6EO

The “WHY?” in healthcare: It is no longer enough for nurses to articulate what has been done, it is now imperative to answer, “What difference has this made?”

EoS articulate the work of nurses & demonstrate nurses’ value to the organization. EO’s focus on results and differences made. This data can be found on Unit Dashboards.

Empirical Magnet Outcomes seek to quantify the effectiveness of care, nurses, and the system & structures in which nurses practice.
Magnet Component #6: Empirical Outcomes

What are Nurse-Sensitive Indicators?

Based on the Institute of Medicine’s Recommendations that care provided is:

- Safe
- Efficient
- Effective
- Patient-Centered
- Timely

We need to have quantitative & qualitative measures which accurately reflect the outcomes of quality & effectiveness of the nursing care at the unit, department, and organizational levels.

These measures are called: Nurse-Sensitive Indicators
Magnet Component #6: **Empirical Outcomes**

*Where does this data come from?*

Magnet draws from various national databases to measure **Nurse-Sensitive Indicators**, which include:

**Hospital-Acquired Conditions**
- Central line-associated bloodstream infections (CLABSI)
- Catheter associated urinary tract infections (CAUTI)
- Ventilator-associated pneumonia (VAP)
- Patient Safety Indicators (PSI)
  - Falls with Injury
  - Pressure ulcers
  - Retained foreign objects
  - Obstetrical complications
  - Failure to Rescue

**Satisfaction Scores**
- Patient Satisfaction
- RN Satisfaction

*Our goal is to outperform the National Benchmarks for all of these Nurse-Sensitive Indicators!*
Magnet Component #6: **EMPIRICAL OUTCOMES**

WHERE DOES THIS DATA COME FROM?

The following databases are utilized in assessing **Nurse-Sensitive Indicators:**

1. **Mandatory Reporting Databases:**
   a) **CMS Data** – “Centers for Medicare & Medicaid Services”
      i. **Press Ganey HCAHPS** – “Hospital Consumer Assessment of Healthcare Providers and Systems”
      ii. **HIQR** – Hospital Inpatient Quality Reporting
      iii. **HOQR** – Hospital Outpatient Quality Reporting
      iv. **Billing and Claims Data**
   b) **California Mandatory State Reporting**
   c) **CDC** – Centers for Disease Control and Prevention
      i. **NHSN** – National Healthcare Safety Network

2. **Voluntary Reporting Databases:**
   a) **American Hospital Association (AHA)**
   b) **University Healthcare Consortium (UHC)**
      i. **Press Ganey NDNQI** - National Database of Nursing Quality Indicators
Magnet Component #6:

**Empirical Outcomes**

*Where Do You See This Data on Your Unit?*

Here is an example of a Magnet Metrics Dashboard!

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### What is a Benchmark?
Aggregated performance scores determined by data collected from hospitals across the nation
- Help us evaluate how our hospital & nurses perform compared to other similar hospitals across the USA
- At UCLA, we want to **outperform the benchmarks**

### Benchmarks serve as Quality Indicators which indicate:
- How safe care is for our patients (Blue table)
- Patient Satisfaction/Perception of nursing care (Purple table)

### Why is this important to look at?
The goal of these dashboards is to provide you with up-to-date, accurate data on nurse-sensitive indicators on your unit.
- How is your unit doing compared to other units?
- Where do we need to improve?

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### Where can I find my unit’s data?
Look to your unit’s **Magnet Dashboard**! You can find your unit’s Magnet Dashboard on the Nursing Quality Performance board!

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Celebrate your unit’s strengths and strategize to improve any weaknesses!
### Magnet Component #6:

**EMPIRICAL OUTCOMES**

**HOW DO YOU INTERPRET YOUR UNIT’S DATA? TABLE A: A CLOSER LOOK...**

<table>
<thead>
<tr>
<th>Hospital Acquired Condition Type</th>
<th>4Q12</th>
<th>1Q13</th>
<th>2Q13</th>
<th>3Q13</th>
<th>4Q13</th>
<th>1Q14</th>
<th>2Q14</th>
<th>3Q14**</th>
</tr>
</thead>
<tbody>
<tr>
<td>Unit X CLABSI Rate</td>
<td>7.42</td>
<td>0.00</td>
<td>1.40</td>
<td>8.43</td>
<td>0.90</td>
<td>0.00</td>
<td>1.63</td>
<td>3.76**</td>
</tr>
<tr>
<td>NHSN Benchmark Group</td>
<td>1.61</td>
<td>1.61</td>
<td>1.63</td>
<td>1.63</td>
<td>1.63</td>
<td>1.63</td>
<td>1.63</td>
<td>1.63</td>
</tr>
<tr>
<td>Falls with Injury Rate</td>
<td>4Q12</td>
<td>1Q13</td>
<td>2Q13</td>
<td>3Q13</td>
<td>4Q13</td>
<td>1Q14</td>
<td>2Q14</td>
<td>3Q14**</td>
</tr>
<tr>
<td>Unit X Falls Rate/1,000 pt days</td>
<td>1.28</td>
<td>2.18</td>
<td>0.86</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>NDNQI Benchmark Group</td>
<td>0.68</td>
<td>0.69</td>
<td>0.62</td>
<td>0.64</td>
<td>0.61</td>
<td>0.64</td>
<td>0.60</td>
<td>0.60</td>
</tr>
<tr>
<td>HAPU Stage 2+</td>
<td>4Q12</td>
<td>1Q13</td>
<td>2Q13</td>
<td>3Q13</td>
<td>4Q13</td>
<td>1Q14</td>
<td>2Q14</td>
<td>3Q14**</td>
</tr>
<tr>
<td>Unit X HAPU Stage 2+ Rate</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
<td>3.85</td>
<td>0.00</td>
<td>0.00</td>
<td>0.00</td>
</tr>
<tr>
<td>NDNQI Benchmark Group</td>
<td>1.83</td>
<td>1.96</td>
<td>1.85</td>
<td>1.53</td>
<td>1.57</td>
<td>1.73</td>
<td>1.47</td>
<td>1.47</td>
</tr>
<tr>
<td>CAUTI Rate</td>
<td>4Q12</td>
<td>1Q13</td>
<td>2Q13</td>
<td>3Q13</td>
<td>4Q13</td>
<td>1Q14</td>
<td>2Q14</td>
<td>3Q14**</td>
</tr>
<tr>
<td>Unit X CAUTI Rate</td>
<td>1.80</td>
<td>1.80</td>
<td>1.80</td>
<td>1.80</td>
<td>1.80</td>
<td>1.80</td>
<td>1.80</td>
<td>1.80</td>
</tr>
</tbody>
</table>

1. Hospital Acquired Condition Type
2. 8 Quarters featured
3. Example scores
   A. ‘Unit X’ scores - Scores are highlighted in green have outperformed the benchmark!
   B. National Benchmark scores - collected from databases discussed earlier
4. Total Number of Quarters Unit X Outperformed Benchmark - Just remember: Green = Great!
## Magnet Component #6: Empirical Outcomes

**How do you interpret your unit’s data? Table B: A Closer Look...**

<table>
<thead>
<tr>
<th>Patient Satisfaction questions</th>
<th>1. Patient Satisfaction questions</th>
<th>2. 8 Quarters featured</th>
<th>3. Example scores</th>
<th>4. Total Number of Quarters Unit X Outperformed Benchmark</th>
</tr>
</thead>
<tbody>
<tr>
<td>2. 8 Quarters featured</td>
<td>1.</td>
<td>1.</td>
<td>A. ‘Unit X’ scores - Scores are highlighted in green have outperformed the benchmark!</td>
<td>Just remember: Green = Great!</td>
</tr>
<tr>
<td>4. Total Number of Quarters Unit X Outperformed Benchmark</td>
<td>1.</td>
<td>1.</td>
<td>B. National Benchmark scores – collected from databases discussed earlier</td>
<td>1.</td>
</tr>
</tbody>
</table>
Nurse-Sensitive Magnet Data may also be displayed in the form of a graph on your unit.

The following slides will help you to confidently interpret graphs on your unit!
Components of Unit-Level Data Graph – Questions to Ask Yourself:

1. What is being measured?
   ⇨ A. Title – CLABSI Rates per 1,000 Central Line Days on 7North
   ⇨ B. Y-axis – Rate of CLABSIs per 1,000 Central Line Days

2. What is the Benchmark? Where is it?
   ⇨ D. The CDC’s National Healthcare Safety Network pooled mean for Adult Step Down Units
   ⇨ E. Benchmark is represented by the red line

3. How is this unit performing?
   ⇨ F. 7North’s rates are represented by the blue line. Because this graph measures infection rates, we want to be below the benchmark.
   ⇨ G. Summary Box - 7North has successfully Outperformed the Benchmark for 8 consecutive quarters!!
Magnet Champion Bio: Jenni Baird, PhD, RN

• Jenni Baird, PhD, MSW, RN, is a per diem clinical nurse on the float pool and was instrumental in writing the RRUCLA Magnet re-designation document.

• Jenni began her nursing career as a new graduate nurse in the UCLA PICU.

• She received her PhD in nursing from UCSF and is currently completing a post-doctoral fellowship at Boston Children's Hospital and an MPH at the Harvard Chan School of Public Health.

• Jenni is passionate about creating a health care system that consistently empowers patients and families to partner with providers in pursuit of optimal care.

• Her research focuses on creating a family-centered care environment for pediatric patients with complex chronic conditions and their families, including enhancing continuity of care and improving our communication with families to create a shared mental model that in turn promotes safety and family satisfaction with care.
Magnet Designation®
So... What’s in it for Patients?

• Validation that you are in a **safer environment**
• Validation that **nurses are well trained**
• Validation that **patient outcomes are better** than average

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**FAQ:** We already provide good patient care! What benefit does Magnet Designation provide us?

**Answer:** As the public grows increasingly medically savvy, they rely on Magnet Designation® as an important indication of quality patient care when choosing healthcare providers. It is the right thing to do for our patients!
Magnet Designation®
So... What’s in it for Nurses?

• **Improved Work Environment & Professional Autonomy**
  - Culture that supports & encourages RN clinical decision-making at the bedside
  - Enhanced interdisciplinary collaboration & teamwork
  - Empowers nurses to utilize their full scope of practice & assume leadership positions
  - Environment recognizes & celebrates nurses’ accomplishments

• **Advance Nursing Standards & Practice**
  - Professional growth & development opportunities
  - Educational opportunities

• **Attract & Retain Top Nursing Talent**
  - Increased RN retention and job satisfaction
  - Lower nurse burnout
  - Lower turnover rates
  - Decreased RN vacancy rate

• **Focus on Improving Patient Care**
  - Increased patient satisfaction
  - Decreased mortality rates
  - Decreased pressure ulcers
  - Decreased falls
  - Improved patient safety & quality

*In addition, Magnet provides a framework to measure:*
- The components influencing high-quality nursing care
- The factors contributing to a safer, healthier environment
- The forces that impact better patient outcomes
Through the Magnet Journey, nurses take a role in reducing patient harm and improving safety and quality outcomes.
Contributions you can make today:

• **Get Involved!**:
  - Join (or create!) nursing &/or interprofessional committee(s) at UCLA Health that shape your practice and drive improvements in patient care
    - Unit-based and hospital/system-wide
    - Contribute to EBP, performance improvement, and quality improvement projects and studies
      - Use your innovative ideas to improve practice!!
  - Join a professional nursing association
    - National/regional/specialty nursing associations
  - Get the word out about the work nurses do and the contributions nurses make both in the art and science of nursing
    - Contribute to UCLA Health newsletters (such as *The Investigator* and unit-based periodicals)

• **Advance your Professional Practice!**:
  - Take advantage of resources offered by UCLA Health to:
    - Become certified in your specialty area of nursing practice
    - Expand & continuously update your knowledge of the most current and relevant nursing practices by attending continuing education classes
Contributions you can make today:

• **Know your Unit’s Magnet Data!**
  - Familiarize yourself with the Nurse Sensitive Clinical Indicator data on your unit
    - Who collects this information?
    - Where is it displayed on your unit? Where can you access it?
    - What does each indicator measure? How would you explain your unit’s data to an outsider?
    - What are nurses doing on your unit to improve these scores?
      - Utilize your unit/system committee membership(s) to contribute to or initiate projects for improvement!
      - Use your innovative ideas to improve practice!!

• **Learn More About UCLA Health’s Strategic Goals & Magnet Journey!**:
  - Visit the Magnet Journey page on the UCLA Health Nursing website at [http://nursing.uclahealth.org/body.cfm?id=99](http://nursing.uclahealth.org/body.cfm?id=99) to access:
    - The RRUCLAMC 2014 Magnet Document
    - The RRUCLAMC 2014 Nursing Annual Report
    - The UCLA Health Organizational Strategic Plan & Nursing Strategic Plan
    - Magnet Site Visit Resources
    - And much more!!!
Please complete the Post-test!

• To obtain your CE credit, please follow the link to the Magnet Module Post-test!

• Questions? Please contact:
  
  • Jennifer Zanotti, MN, RN, Magnet Program Director at jzanotti@mednet.ucla.edu

  • Charlene Collazzi, Magnet Program Analyst at ccollazzi@mednet.ucla.edu

Thank you!
Our Magnet Champion Narrators:

Leah Korkis, BSN, RN
Float/Resource Team

Leilani Penalosa Quiambao, BSN, RN
8West

Ana Andress, BSN, RN
4ICU

Scott Demar, MSN, RN
6ICU

Andrew Baird, BSN, RN
8N

Jenni Baird, PhD, RN
PICU/Magnet