

July 31, 2024

UAMS Magnet Champions

Session 2



Brief Overview of Definitions

Common Magnet Terms and Definitions

Magnet Language and Definitions

- Clinical Nurse – An RN who spends >50% of time in clinical care of patients, includes APRNs
- Nurse Manager – RN with accountability and supervision of all RNs and other healthcare providers who deliver nursing care in an inpatient or ambulatory care setting. Typically responsible for recruitment and retention, performance review, and professional development, budget formulation process and quality outcomes. Includes those who perform these functions, with or without title (ACSMs)

Magnet Language and Definitions

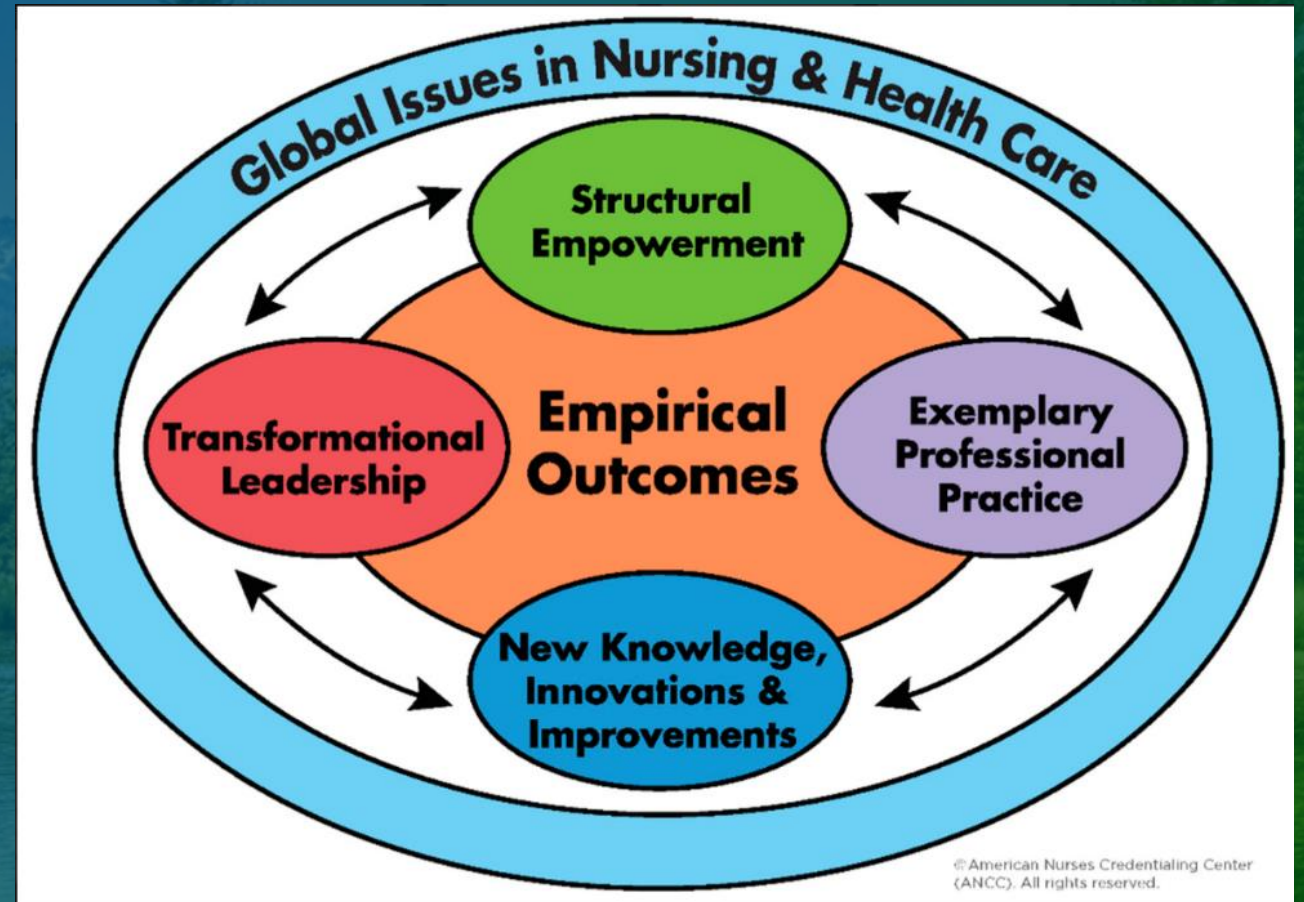
- Nurse Director – RN with line authority over multiple units that have RNs working to deliver nursing care in an inpatient or ambulatory care setting and are positioned between Nurse Manager and CNO. Includes those who perform these functions with/without title (Assistant Nursing Directors)
- Clinical Care Area – any area where RNs work and patient care is provided
- Ambulatory – care provided in outpatient settings; medical offices and clinics, ambulatory surgery centers, hospital outpatient departments, dialysis centers, diagnostic procedural areas, perioperative services and emergency departments

Magnet Language and Definitions

- Outcome – quantitative evidence related to the impact of structure and process (intervention) on the patient, nursing workforce, organization, and consumer
- Interprofessional – at least one other profession besides nursing (can be 1 more more)
- SOE – source of evidence; a narrative story that is supported with 5 pieces of evidence
- EO – empirical outcome; a chronologic narrative improving an outcome, supported with graphed data

Magnet Model

14 Forces of Magnetism align with 4 domains of excellence to yield excellent empirical outcomes



Magnet Manual



- 70 outcomes
- 122 examples
 - 29 examples of quality
 - 45 data outcomes
 - 46 narratives
 - 11 organizational overview
 - 10 outcomes on interprofessional collaboration



Transformational Leadership

Nurse Leaders use input from Clinical Nurses to influence change in the organization

Major Highlights

- Organizational Mission Statement
- Nursing Strategic Plan
- Advocacy for Resources
- Supporting Wellbeing of Nurses
- Mentoring
- Succession Planning
- Communication between Clinical Nurses and Nurse Leaders

UAMS Mission



- Improve the health, health care and well-being of Arkansas and of others in the region, nation, and the world by:
 - Educating current and future health professionals and the public
 - Providing high-quality, innovative, patient and family centered health care and also providing specialty expertise not routinely available in community settings
 - Advancing knowledge in areas of human health and disease and translating and accelerating discoveries into health improvements

Nursing Strategic Plan

Focuses on achieving goals for professional development, quality, patient experience, and RN engagement

Nursing Strategic Plan

The UAMS Nursing Strategic Plan sets forth goals that support nursing's role in the UAMS Vision 2029, which states that by 2029 UAMS will lead Arkansas to be the healthiest state in the region through its synergies of education, clinical care, research and purposeful leadership. Achieving these goals will require collaborative work within UAMS Nursing and with our UAMS colleagues across the institution.

Strategic Objectives/ Strategy Map (Vision 2029 1.0/2.0 Alignment)	Measures/ Data Sources	2025 Targets
External Stakeholder		
<ul style="list-style-type: none"> Achieve national recognition for excellence in clinical care (C1) Improve research and development reputation (R2 3/ES3) Improve Student satisfaction Success (E4/ES2) Improve patient/family satisfaction (C2; C4; C5/ES1) Improve community impact in all mission areas (S2; C1/ES4) 	ANCC Magnet	Achieve ANCC Magnet Designation
	Patient Experience	Units and clinics outperform vendor benchmark in 5 of 8 quarters for 4 Patient Experience Survey Domains
Financial		
<ul style="list-style-type: none"> Grow margin to invest in mission (F1; F3-5/FN2) Improve performance in evolving healthcare finance models (F2/FN1) 	Short Term Labor Contract	Reduce expense related to short term contracts, alternate staffing resources
	Staffing and Productivity Levels	PCS SL will maintain staffing and productivity levels at the 35th percentile.

Advocacy of Resources

- Staffing, equipment, supplies, etc.
- During budgeting and throughout the year
- Specific supplies to the unit, ability to deliver care in alternate places, new equipment

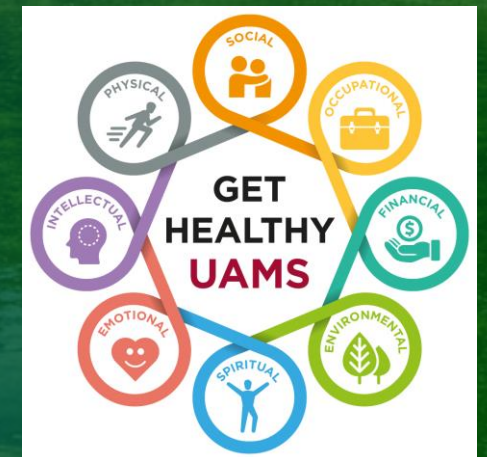
Supporting Wellbeing

UAMS 8 Pillars of Wellbeing

- Emotional
- Environmental
- Financial
- Intellectual
- Occupational
- Physical
- Social
- Spiritual

Spaces for Breaks

- 4th floor outside garden
- Wellness room
- Chancellor's garden
- PRI atrium
- Parking 1 garden



Mentoring & Succession Planning

- We do not have a current mentoring program, however, RNs identify professional development goals and can be paired with a mentor based on goals
- Professional development goals and clinical ladder is used for succession planning

Communication with Nurse Leaders

- Divisional meetings
- Organizational meetings
- CNO rounding
- Staff meetings
- NQUEST centralized councils
- Talk with Tammy





Structural Empowerment

Supporting organizational goals, advancing the nursing profession, and enhancing professional development to improve patient and community healthcare

Major Highlights

- Professional Development
- Professional Organizations
- Learning Needs
- Community Health
- Interprofessional Collaboration
- Shared Decision-Making

Professional Development

- Each unit and the org has a goal to increase BSN and Certification rates by 1% per year
- 50% tuition discount
- National Certification reimbursement program
- Clinical Ladder
- Unit-specific Clinical Leaders (ECMO, Code Team, PICC, Charge Nurse, Resource RN, etc.)

Professional Organizations

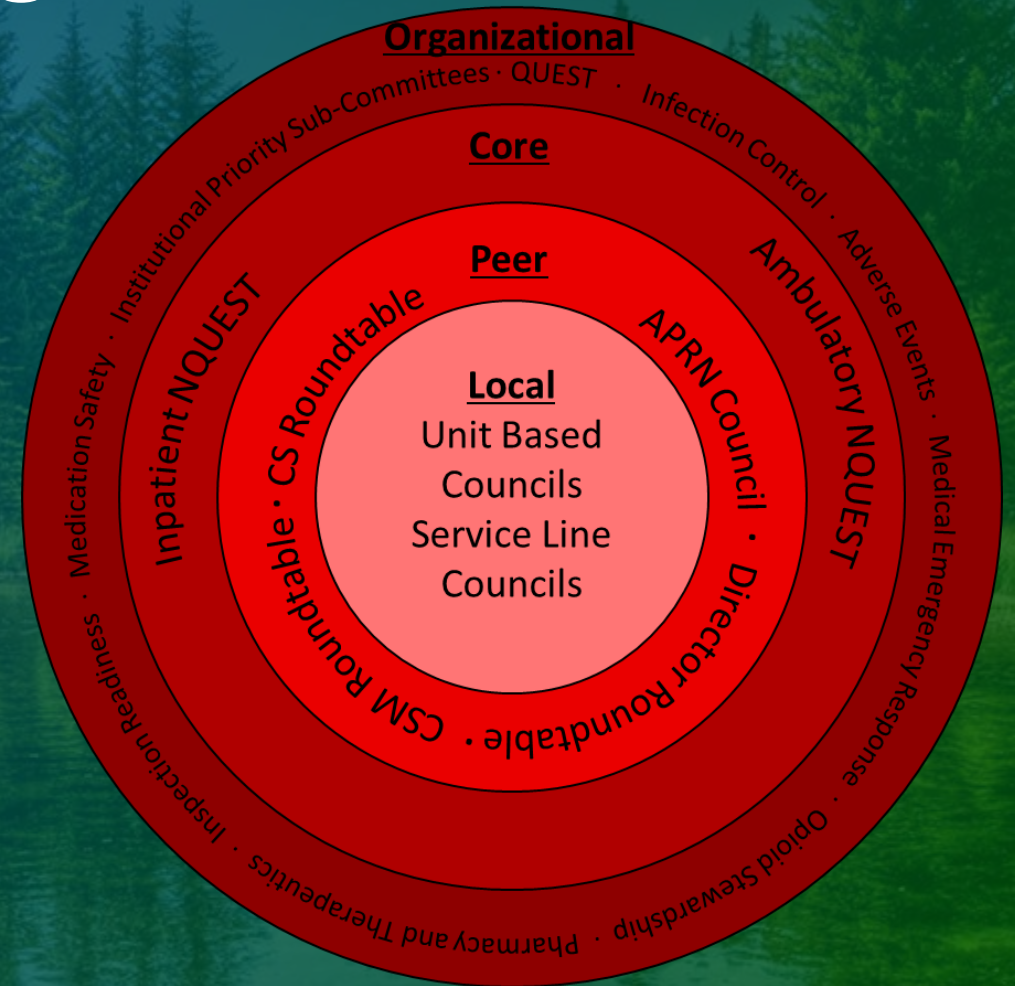
- Member of Professional Specialty Organization receives additional points on annual performance appraisal
- Professional Development Funds support national conference attendance
- Journal articles and practice guidelines support clinical practice

Learning Needs

- Learning Needs Assessment – evaluating learning needs for new initiatives and ongoing skill maintenance
- Annual skills fairs
- Unit-specific education

Shared Decision-Making

- Unit based councils
- Unit based quality committees
- Centralized NQUEST councils
- Organizational councils/committees





Exemplary Professional Practice

RN Engagement, Quality Patient Outcomes, & Patient Satisfaction

Major Highlights

- Evidence-based practice
- Collaboration with patients and families
- Coordination of care
- Leading quality improvement
- Annual performance evaluation
- Quality outcomes
- Patient experience
- RN engagement

Nursing Professional Practice Model



TRANSFORMATIONAL LEADERSHIP

- Mission, Vision, & Values
- Nursing Strategic Plan

STRUCTURAL EMPOWERMENT

- Professional Development
- Clinical Ladder
- National Certification
- Shared Governance

EXEMPLARY PROFESSIONAL PRACTICE

- Autonomy & Accountability
- Resource Nurse Program
- NQUEST

NEW KNOWLEDGE AND INNOVATION

- INQUIRE
- UAMS EBP Model



The Mission of UAMS Nursing

is to deliver safe, high quality, patient-family centered care through interprofessional relationships, supported by a structure of Nursing Excellence.

Collaboration with Patients & Families

- Gina Boshears is the Director of Patient Experience
- Patient Family Advisory Councils
- Seek patient/family input when we consider changing policies, creating spaces, etc.
- Evaluate patient experience survey results to implement processes that improve experience

Leading Quality Improvement

- Resource RN program
- Unit-based quality councils
- Evaluating unit data
- Improvement huddle boards
- Unit-specific initiatives

Annual Performance Evaluation

- Self-evaluation
- Peer evaluation
- Manager evaluation
- Portfolio with evidence of activities for Annual Performance Appraisal guide
- Professional development goals

Big 3 Outcomes

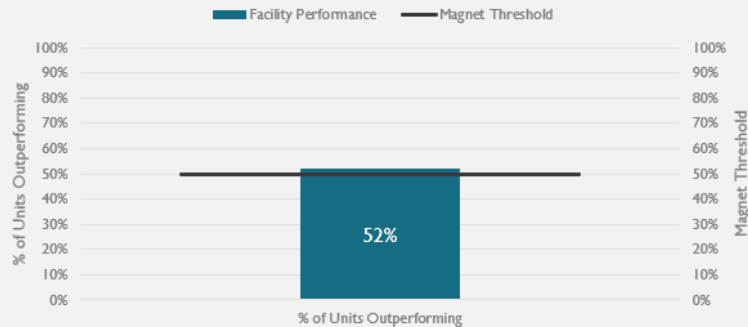


Magnet® Dashboard

Magnet® Journey Submission: February 2024
 Patient Satisfaction Data Submission Quarters: 2021Q4 – 2023Q3
 NSI Data Submission Quarters: 2021Q3 – 2023Q2

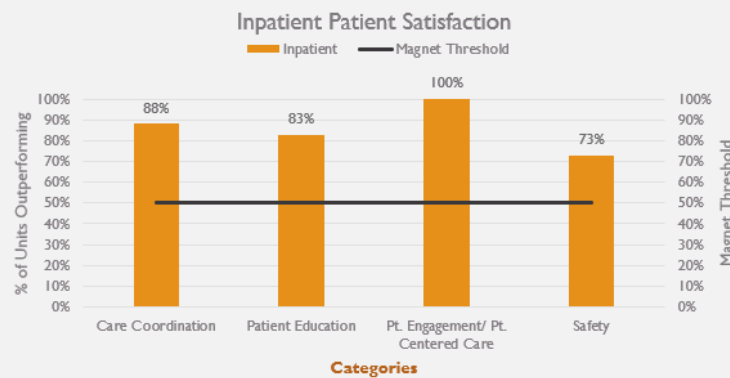
RN Engagement

RN Engagement Magnet Performance Summary

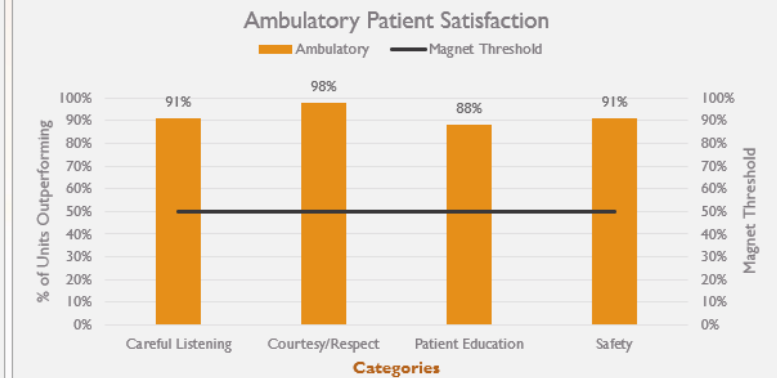


Dashboard reflects performance from 2021Q3 – 2023Q2 for NSI's and Patient Satisfaction (including 2022 RN survey)

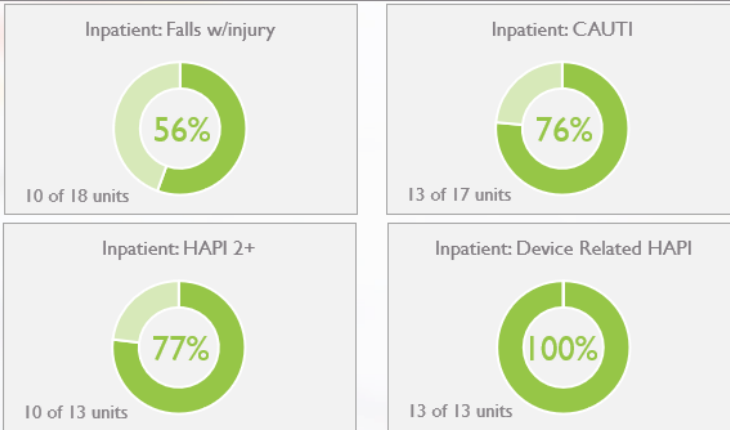
Inpatient Patient Satisfaction



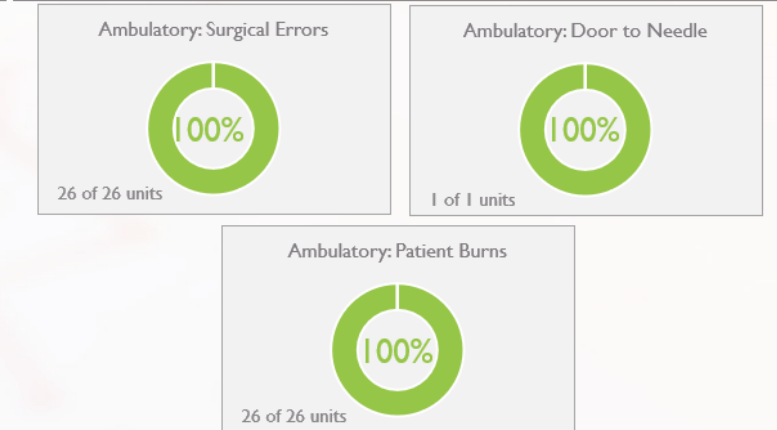
Ambulatory Patient Satisfaction



Inpatient NSI's



Ambulatory NSI's





New Knowledge, Innovations & Improvements

Establishing new ways of achieving high-quality care through innovation, research, evidence-based practice and technology

Major Highlights

- Nursing research
- Implementation of evidence-based practice
- Adoption of technology
- Practice environment/workflow

INQUIRE

- Innovation
- Quality Improvement
- Research
- Evidence-based Practice



I am responsible for promoting and engaging in a Culture of Inquiry to advance the profession of nursing and the outcomes of patients.



INNOVATE

Creation of new theories, practices, tools, or equipment to meet the needs of patients and nursing.



QUALITY IMPROVEMENT

Improvement in current, sound practices and models to promote safety, reduce inefficiencies and create better outcomes for patients.



RESEARCH

Continually remaining in the forefront of advancing nursing practice through evaluating and developing new knowledge of nursing interventions in the prevention or treatment of disease with well-designed nursing research studies.



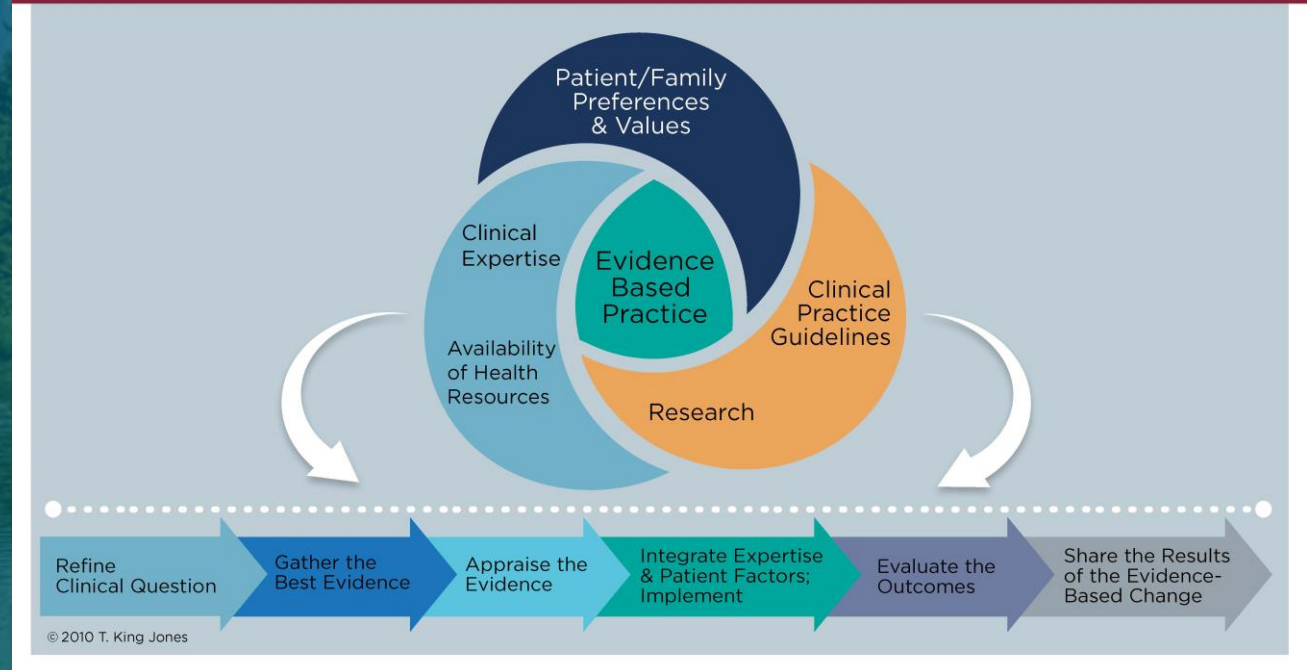
EVIDENCE BASED PRACTICE

Systematically reviewing and critically appraising the literature and implementing new practice when indicated.

Implementing EBP

- Refine the clinical question
- Gather the evidence
- Appraise the evidence
- Integrate expertise and patient factors; implement
- Evaluate the outcomes
- Share the results

UAMS EVIDENCE-BASED PRACTICE MODEL



Nursing Research

- 2 completed and 1 ongoing IRB approved nursing research studies
- Director of Research and Excellence provides consultations as needed
- Dissemination of research to internal and external audiences

Adoption of Technology

- “The practical application of knowledge especially in a particular area; a manner of accomplishing a task especially using technical processes, methods or knowledge”
- Virtual nursing/telesitters
- External female urinary catheters
- PD cyclers
- Ultrasound for PIV/lab draws

Unit Prep

Preparing your Unit and Peers for Site Visit

Unit Environment

While the Magnet appraisers are not here to evaluate our physical environment, impressions about our work environment are important

- Site Visit is like an open house. Welcome attendees into your unit and show off points of interest with pride
- Call Environmental Services or other designated services for:
 - Dirty hallway that needs cleaning
 - Full sharps containers
 - Unattended cleaning cart
 - Unattended oxygen tanks (must be stored in a holder)
 - Any equipment in front of electrical panels; gas control valves.

Unit Environment

- If you see food/ drink in work areas where it doesn't belong, remove it.
- Prepare meeting spaces (conference rooms, breakrooms, nursing stations, etc.)
- Make sure your improvement boards are up to date
- Show them your unit accolades (Outstanding Area of the Month, DAISY nurses, certification plaques, High-Reliability Awards, etc.)

What to Say

- The appraisers are very familiar with UAMS; they have read the entire narrative document that was submitted as evidence of meeting Magnet criteria. This visit is your chance to **validate, verify, and amplify** what is covered in the document.
- Keep the conversation on a professional level and ask questions if you don't understand something.
- Unlike accreditation surveys when you tend to “answer only what is asked,” this is your chance to promote what you are proud of in your work at UAMS.
- Be truthful; don't try to “snow” an appraiser.
- Reply to appraisers' questions directly, concisely, and with pride and enthusiasm.
- Never “bend a rule” for an appraiser.

What to Say

- If you don't know the answer to a question:
 - Buy time by asking the appraiser to repeat or clarify the question. This gives you more time to formulate a response.
 - Reply "I've never had to deal with that situation, but if I did I would . . ." Include that you could call a charge nurse, supervisor, or administrator, or find the answer in a resource (online policy/ procedure).
- Help each other out, if one of your peers is struggling, jump in and help answer the question.
- Take turns among different staff members responding to the questions. Include as many staff as possible and include disciplines other than nursing.

What to Say

- Magnet appraisers don't expect us to be a perfect organization. If you are asked a question about something that you think we don't do as well as we could, accentuate the positive about where we are, and add comments about what we continue to work on. A commitment to continual improvement is important. Frame comments in the most positive way possible.
- The Magnet visit is not a time to air grievances. Channel concerns to the appropriate people at the appropriate time to address issues.