Nursing Excellence - Nursing Excellence is the practice of professional nursing through shared leadership/governance, our professional practice model, and monitoring of nursing sensitive quality indicators to achieve the best outcomes for our patients and continued professional growth for ourselves.

Nursing is:

- Protection, promotion, and optimization of health and abilities
- Prevention of illness and injury
- Alleviation of suffering through the diagnosis and treatment of human response
- Advocacy in the care of individuals, families and populations.

ANA 2010

Shared Leadership - A model in which nurses are formally organized to make decisions about:

- Clinical Practice Standards
- Quality Improvement
- Staff And Professional Development
- Research

2014 Magnet™ Application Manual
Professional Practice Models

The driving force of nursing care; a schematic description of a theory, phenomenon, or system that depicts how nurses practice, collaborate, communicate and develop professionally to provide the highest quality care for those served by the organization.

Professional practice models illustrate the alignment and integration of nursing practice with the mission, vision, and values that nursing has adopted.

2014 Magnet™ Application Manual
Care Delivery System
- Integrated within the Professional Practice Model
- The Care Delivery System is adapted to regulatory considerations and describes the manner in which care is delivered, skill set required, context of care, and expected outcomes of care.

Models for the Delivery of Nursing Care

<table>
<thead>
<tr>
<th>Primary Nursing</th>
<th>Team Nursing</th>
</tr>
</thead>
<tbody>
<tr>
<td>Functional Nursing</td>
<td>Total Patient Care</td>
</tr>
<tr>
<td>Specialty Teams</td>
<td>Family Centered Care</td>
</tr>
<tr>
<td>Maternity Care</td>
<td>Modified Primary Nursing</td>
</tr>
<tr>
<td>Interdisciplinary Team Model</td>
<td>Zone Nursing in ED</td>
</tr>
</tbody>
</table>

ANA Code of Ethics
- The Code of Ethics for Nurses addresses:
  - The nurse in all professional practices
  - The nurse’s primary commitment, responsibility, accountability, integrity, competency, and values
  - The nurse’s advancement of the profession through education, administration, and knowledge development
- Visit [www.nursingworld.org](http://www.nursingworld.org) for complete information

Nurse Sensitive Indicators
- Quality indicators that are indicative of, and directly related to nursing care
- NDNQI 2013
- Measures and indicators that reflect the impact of nursing actions on outcomes ANA, 2004

NDNQI: National Database Nursing Quality Indicators
- Established in 1998 in response to ANA’s Safety and Quality Initiative
- Originally contracted through the Midwest Research Institute and KU School of Nursing
- Now completely housed at the KU SoN.
- Part of ANA’s National Center for Nursing Quality

**NDNQI Indicators:**
- Nursing Hours per Patient Day
- Staff Mix
- Nurse Turnover
- Hospital Acquired Pressure Ulcer Prevalence
- Falls/Injury Falls
- Restraints Prevalence
- Peripheral Intravenous (PIV) Infiltrations – Pediatric/Neonatal
- Pediatric Pain Assessment/Intervention/Reassessment
- Physical/Sexual Assault – Psychiatric
- Central Line Associated Blood Stream Infections
- Ventilator Associated Pneumonia
- Catheter Associated Urinary Tract Infections
Magnet Program

The Magnet Recognition Program™ was established in 1993 by the American Nurses Credentialing Center (ANCC), an arm of the American Nurses Association (ANA).

*Development of the program was based on research identifying common factors present in organizations with a high recruitment rate and low turnover rate of registered nurses.*

14 Characteristics of Magnet hospitals

- Quality of nursing leadership
- Organizational Structure
- Management Style
- Personnel policies and programs
- Professional models of care
- Autonomy
- Quality of care
- Quality improvement
- Consultation and resources
- Community and the healthcare organization
- Image of nursing
- Professional development
- Teaching
- Interdisciplinary relationships

Magnet Program

*The program has three goals:*

1. Promote quality in a milieu that supports professional nursing practice and development.
   - **Shared Leadership structure**
   - **Professional Practice Model**
2. Identify excellence in the delivery of nursing services to patients/residents
   - **Quality outcomes**
   - **Nurse sensitive indicators**
3. Provide a mechanism for the dissemination of “best practices” in nursing services
   - **Research**

Nursecredentialing.org/Magnet Program Overview - 2014
Magnet Model - The Model for ANCC’s Magnet Recognition Program (2008)

The model configures the original 14 Forces of Magnetism into 5 Model components. The model reflects a greater focus on measuring outcomes and allows for more streamlined documentation, while retaining the 14 Forces as foundational to the program.

14 Forces of Magnetism

<table>
<thead>
<tr>
<th>Quality of Nursing Leadership</th>
<th>Consultation and Resources</th>
</tr>
</thead>
<tbody>
<tr>
<td>Organizational Structure</td>
<td>Autonomy</td>
</tr>
<tr>
<td>Management Style</td>
<td>Community and the Hospital</td>
</tr>
<tr>
<td>Personnel Policies and Programs</td>
<td>Nurses as Teachers</td>
</tr>
<tr>
<td>Professional Models of Care</td>
<td>Image of Nursing</td>
</tr>
<tr>
<td>Quality of Care</td>
<td>Interdisciplinary Relationships</td>
</tr>
<tr>
<td>Quality improvement</td>
<td>Professional Development</td>
</tr>
</tbody>
</table>

What are these?

- Identified from the original research as essential components of excellence in nursing practice
- Form the basis of the program
<table>
<thead>
<tr>
<th>Model Component</th>
<th>Transformational Leadership</th>
</tr>
</thead>
</table>
| Forces          | Force 1 – Quality of Nursing Leadership  
|                 | Force 3 – Management Style  
|                 | UBDT initiatives related to changes in the work environment and/or patient care  
|                 | • Staff led hiring committee  
|                 | Unit Activity Examples  

<table>
<thead>
<tr>
<th>Model Component</th>
<th>Structural Empowerment</th>
</tr>
</thead>
</table>
| Forces          | Force 2 – Organizational Structure  
|                 | Force 4 – Personnel Policies and Programs  
|                 | Force 10 – Community and the Healthcare Organization  
|                 | Force 12 – Image of Nursing  
|                 | Force 14 – Professional Development  
|                 | Unit Activity Examples  
|                 | • Community Involvement  
|                 | • Unit Based Councils  
|                 | • Participation in hospital wide committees responsible for patient care decisions (VBP)  

<table>
<thead>
<tr>
<th>Model Component</th>
<th>Exemplary Professional Practice</th>
</tr>
</thead>
</table>
| Forces          | Force 5 – Professional Models of Care  
|                 | Force 6 – Quality of Care: Ethics, Patient Safety, and Quality Infrastructure  
|                 | Force 7 – Quality Improvement  
|                 | Force 8 – Consultation and Resources  
|                 | Force 9 – Autonomy  
|                 | Force 11 – Nurses as Teachers  
|                 | Force 13 – Interdisciplinary Relationships  
|                 | Unit Activity Examples  
|                 | • Integration of the DCM – Nurses as teachers (Benner)  
|                 | • Staff led PI initiatives resulting in changes to patient care and outcomes  

<table>
<thead>
<tr>
<th>Model Component</th>
<th>New Knowledge, Innovations, and Improvements</th>
</tr>
</thead>
</table>
| Forces          | Force 6 – Quality of Care: Research and Evidence Based Practice  
|                 | Force 7 – Quality Improvement  
|                 | Unit Activity Examples  
|                 | • Evidence-Based practice changes  
|                 | • Research  
|                 | • New technology – Bar code med admin/e-care plans  

<table>
<thead>
<tr>
<th>Model Component</th>
<th>Empirical Outcomes</th>
</tr>
</thead>
</table>
| Force           | Force 6 – Quality of Care  
|                 | Unit Activity Examples  
|                 | Written EO to support unit activities  
|                 | • Describe purpose and background  
|                 | • Describe data and methods  
|                 | • Discuss stakeholders involved/all disciplines  
|                 | • Describe measurement to evaluate outcome/effectiveness  

1-24-2014 Q Drive/Orientation/Magnet/2014/Handout
**Magnet at St. Elizabeth Healthcare:**

- Patient Outcomes
- Education Cohorts
- Quality Outcomes
- Frontline Leadership
- Staff Led Research
- Certification Support
- Evidence Based Practice
- Unit Based Councils
- Patient Satisfaction
- Nurse Satisfaction

References:
American Nurses Association  www.Nursingworld.org

American Nurses Credentialing Center  www.nursecredentialing.org


Questions?