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.

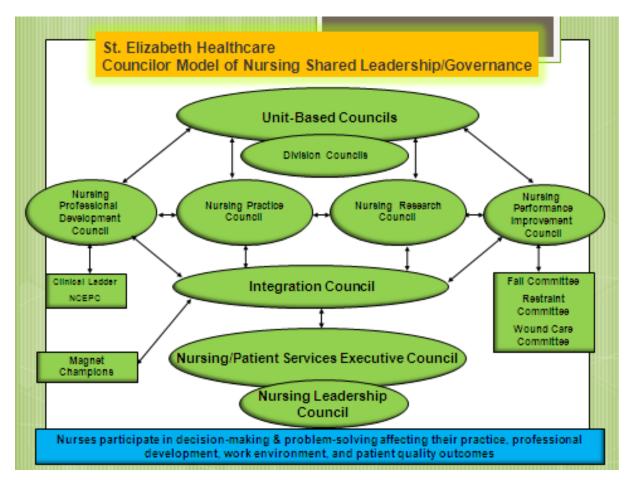
Nursing is:

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

ANA 2010

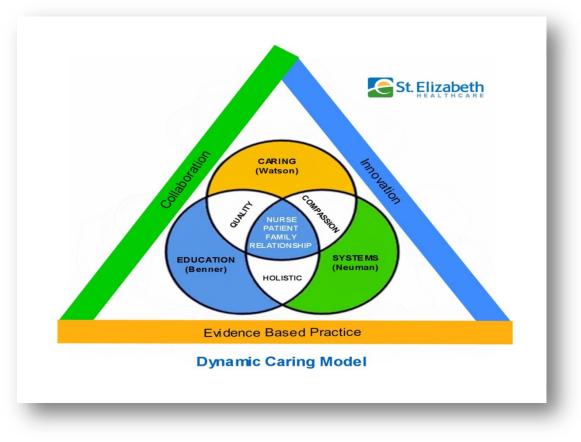
<u>Shared Leadership</u> -A model in which nurses are formally organized to make decisions about:

- 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



Jean Watson Science of Caring Theory	Betty Neuman System's Theory	Patricia Benner Novice to Expert Theory
 Ten Carative Factors Presence in the healing relationship Transpersonal Caring Conscious intent Harmony 	 Holistic philosophy Environmental stressors Energy response Primary prevention Secondary prevention Tertiary prevention 	 Novice Advanced Beginner Competent Proficient Expert Seven domains of nursing practice

Care Delivery System

- **4** 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.

woodens for the Derivery of Automig Care		
Primary Nursing	Team Nursing	
Functional Nursing	Total Patient Care	
Specialty Teams	Family Centered Care	
Maternity Care	Modified Primary Nursing	
Interdisciplinary Team Model	Zone Nursing in ED	

Models for the Delivery of Nursing Care

ANA Code of Ethics

The Code of Ethics for Nurses addresses:

- **4** 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
- **4** Visit <u>www.nursingworld.org</u> for complete information

Nurse Sensitive Indicators

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

NDNQI: National Database Nursing Quality Indicators

- **4** Established in 1998 in response to ANA's Safety and Quality Initiative
- 4 Originally contracted through the Midwest Research Institute and KU School of Nursing
- **W** 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
- **4** Restraints Prevalence
- Feripheral Intravenous (PIV) Infiltrations Pediatric/Neonatal
- Pediatric Pain Assessment/Intervention/Reassessment
- Physical/Sexual Assault Psychiatric
- Central Line Associated Blood Stream Infections
- **Wentilator Associated Pneumonia**
- Catheter Associated Urinary Tract Infections

Magnet Program

The Magnet Recognition ProgramTM 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

- 4 Organizational Structure
- **Hanagement Style**
- Personnel policies and programs
- Professional models of care
- Autonomy
- 4 Quality of care
- 4 Quality improvement
- 4 Consultation and resources
- Community and the healthcare organization
- Image of nursing
- Professional development
- \rm 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

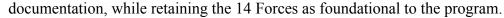
3. Provide a mechanism for the dissemination of "best practices" in nursing services

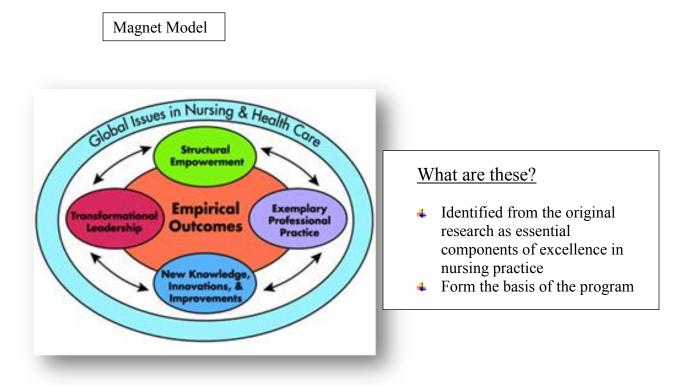
Research

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





<u>14 Forces of Magnetism</u>

- 4 Quality of Nursing Leadership
- Organizational Structure
- Management Style
- Personnel Policies and Programs
- Professional Models of Care
- Quality of Care
- Quality improvement

- Consultation and Resources
- Autonomy
- **4** Community and the Hospital
- Nurses as Teachers
- Image of Nursing
- Interdisciplinary Relationships
- Professional Development

Model Component	Transformational Leadership	
Forces	Force 1 – Quality of Nursing Leadership Force 3 – Management Style	
Unit Activity Examples	UBDT initiatives related to changes in the work environment and/or patient careStaff led hiring committee	
<u>Model Component</u>	<u>Structural Empowerment</u>	
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) 	
<u>Model Component</u>	Exemplary Professional Practice	
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 	
<u>Model Component</u>	New Knowledge, Innovations, and Improvements	
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 	
<u>Model Component</u>	Empirical Outcomes	
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
- **4** Quality Outcomes
- ♣ Frontline Leadership
- Staff Led Research
- Certification Support
- **4** Evidence Based Practice
- Unit Based Councils
- Patient Satisfaction
- Nurse Satisfaction

References: American Nurses Association <u>www.Nursingworld.org</u>

American Nurses Credentialing Center <u>www.nursecredentialing.org</u>

2014 Magnet® Application Manual Drenkard, K., Wolf, G., & Morgan, S. (2011). *Magnet®: The next generation-Nurses making the difference*. Silver Springs MD: American Nurses Credentialing Center.

McClure, M., Poulin, M., Sovie, M., & Wandelt, M. (1983). Magnet Hospitals: Attraction and retention of professional nurses. Kansas City, MO: American Nurses Association. Questions?