

Performance Strategies



Achieve Magnet Recognition for Nursing Excellence

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Rush's Journey to Magnet Status Made Easier with IT



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At [Rush University Medical Center](#), we began considering ANCC Accreditation® in the late 1990s, during the infancy of the Magnet Recognition Program®. At that time, there were no other Magnet-designated facilities in our Chicago area. We soon understood that achieving this honor was not just about recognizing our nurses, but rather was a much broader initiative that would strengthen our entire organization and raise our nursing to a new level.

Magnet certification recognizes outstanding hospitals that provide the best in nursing care, including those that demonstrate leadership in advancing and improving patient-safety measures, and promote professional opportunities for research and academic nursing. These were things we were already doing at Rush — in our opinion, we had operated as a Magnet organization for years. Now, we just needed to demonstrate this through our data so we could be recognized for this excellence by the Magnet program.

Productivity Technology Doubles as Certification Tool

The initial designation process required determination and widespread participation from our nursing staff. To begin gathering the detailed data required for designation, it made perfect sense to use tools we already had in place, which included McKesson's [nurse/staff scheduling and enterprise productivity system](#). And we have relied on it since then to help us maintain our Magnet distinction.

- Hours per patient day calculation is one of the key indicators for Magnet designation, which we can generate with the click of a button. The system enables us to specify timeframes for calculation that are consistent with Magnet reporting requirements, including drilldown or rollup of nursing units.
- Magnet requires us to report “caregiver time” versus “non-caregiver time.” Although we could obtain basic data from our payroll system to report on this, we can easily get exactly what we need through our workforce solution.

Providing Evidence-Based Findings to Magnet

Magnet requires analysis of data as well as a reaction to the findings — “evidence based” is the term used to describe this process. Using the tool, we were able to:

- Provide trended data related to staffing plans.
- Gain insight into budget development. We can look at how we're spending our hours – the evidence – and make recommendations for adjustments for the next reporting period.
- Measure various productivity aspects of patient care units.

Additionally, over time we've discovered just how flexible the tool is, and we've been able to alter our system configuration to better accommodate Magnet reporting requirements. For example, we changed our reporting to break down non-RN time in order to provide additional detail for the Magnet application.

Tool Offers Added Value

Initially, we didn't do a lot with the Personnel module of the tool. We started using it to track in-house education in 2007, and that

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effort was so well received that we decided CPR certification information should also appear in the module. This began January 2009. Additionally, leadership teams on the individual units are now able to use the Personnel module to track events such as staff meetings, in-services and unit-based competencies. The productivity information in this tool also complements detailed demographic information we have in a separate database.

IT Empowers Nurses and Helps Bring About Culture Change

Journeying to Magnet status and harnessing the power of IT throughout the process has helped bring about an important culture change at Rush. Today, our nurses are empowered through a number of IT tools.

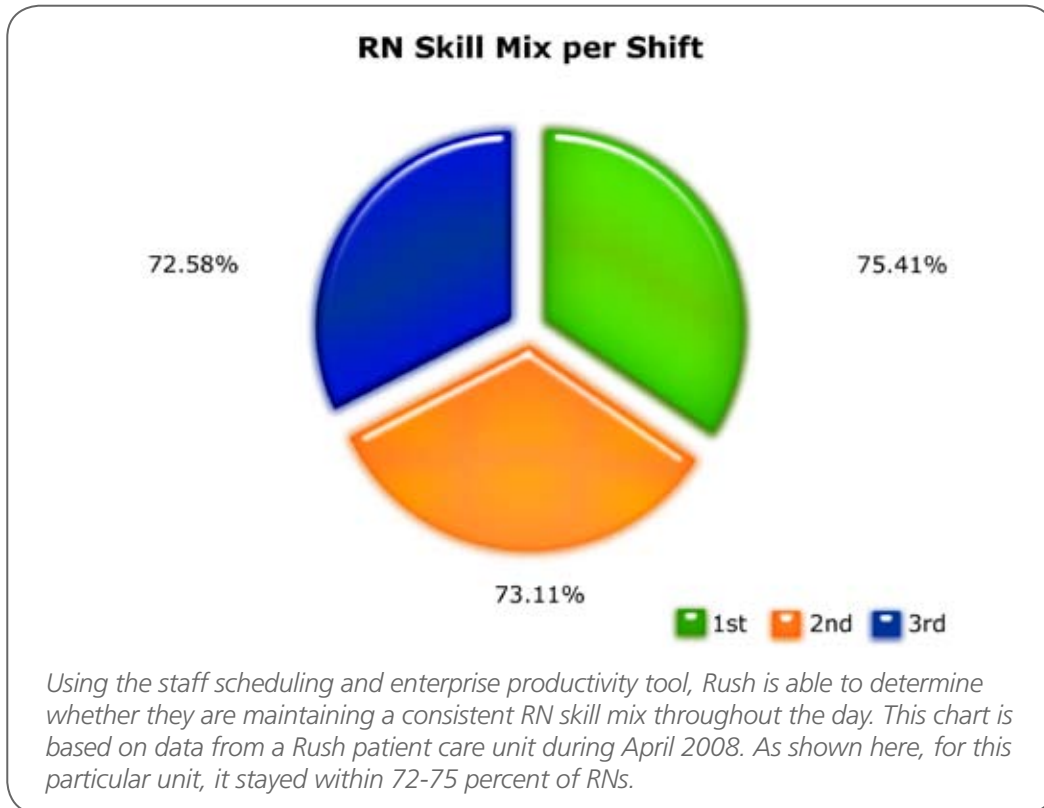
Every nursing employee receives an e-mail account at orientation. Nursing managers have access to shared folders, and we are considering giving additional staff access to these folders. Medical center policies and procedures and a variety of clinical resources are available on our intranet, which nurses have easy access to via the many computer stations on patient care units. Rush also employs technology to provide secure remote access to hospital systems for employees who need it.

Magnet Requires Shared Governance, and Using a Self-Scheduler Helps Deliver

Using technology to self-schedule enables us to support shared governance – another Magnet concept – and gives staff nurses a voice in scheduling issues. We have created our own web-based system, WANDA (Web Assisted Nursing Daily Availability), so that employees can search for open shifts online. Open shifts are also communicated to our Supplemental Staffing Office, which has a pool of nurses that communicate their availability.

Our units select their option for self-scheduling. A few units are now actively using the McKesson solution to self-schedule, and others are considering moving to the tool. Other units have opted to use a paper-based system to self-schedule.

Jane Llewellyn, PhD, RN, NEA-BC, has served as Vice President of Nursing and Chief Nursing Officer for the Division of Nursing at Rush University Medical Center since 1997. In this role, she guided the nursing staff to achieve Magnet designation in 2002, and re-designation in 2006. She has held a variety of leadership roles at Rush in both operations and the College of Nursing since 1972. She was a founding faculty member of the Rush College of Nursing and currently serves as its Associate Dean for Practice. Dr. Llewellyn's numerous publications and presentations deal with a variety of clinical and administrative topics. She is a Johnson & Johnson/Wharton Executive Nurse Fellow and a Fellow in the Institute of Medicine of Chicago.



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