

Performance Strategies



Achieve Magnet Recognition for Nursing Excellence

Vol. 3, Issue 3, 2009

Clinical Information Technology Supports Nursing Excellence



By *Billie Whitehurst, MS, RN*
Chief Nursing Officer
McKesson Provider Technologies

The Catalyst to a Successful Magnet Journey

Hospitals that have achieved ANCC Magnet Recognition® have reason to celebrate on two counts: 1) Public acknowledgment that they have met the nursing profession's highest standards and 2) Sheer relief that all the process re-engineering, documentation and reporting required along their "Journey to Nursing Excellence" has paid off. Clearly there is a role for clinical information technology (IT) not only to help achieve the program's high standards but also to report on them. Let's look at how IT supports two of the five new Magnet Model components in particular.

Transformational Leadership

Like any nurse just out of nursing school, when I began my career I wanted to practice in an environment that delivered high-quality care. I also wanted to be in a place where I could grow and be seen as a valuable part of the organization – and frankly, where I wanted to come to work every day.

A participatory management style, such as the widely adopted shared governance model, gives frontline nurses a voice in decisions that affect their practice. But to have an informed voice, shared governance committees need accurate reports that help them monitor and manage nursing performance, and that incorporate clinical, financial and operational information so they understand the bigger picture.

To support their analysis and recommendations, shared governance committees need access to information about:

- Staffing shortages and costs
- Compliance with regulatory requirements and internal policies
- Performance against patient satisfaction, complication rates and other key metrics.

Such data is best delivered in the form of Web-based scorecards so users can drill down to investigate variances and determine root causes.

Equitable and appropriate staffing practices are also central to Magnet certification, to ensure both staff satisfaction and patient outcomes. Workforce management solutions can collect acuity and care plan data and incorporate it into dynamic staffing recommendations. Web-based, open-shift management gives nurses more autonomy over their time and income while reducing agency costs and scheduling headaches for managers.

Exemplary Professional Practice

IT plays a strong role within the Exemplary Professional Practice Model Component in three main ways:

- Providing information when it's needed
- Enabling continuous quality improvement (CQI)
- Making interdisciplinary care planning a reality

CONTINUED ON PAGE 2

Clinical Information Technology Supports Nursing Excellence (Cont.)

These functions also apply to two other Magnet components: New Knowledge, Innovations and Improvements; and Empirical Quality Outcomes.

Information Availability: To be effective, information must be patient specific and incorporate evidence-based content in accordance with national and health system guidelines and quality indicators. Information can be provided in the form of:

- Alerts, like a reminder that a restraint check wasn't completed
- A dashboard showing how outcomes are being affected by a global standard of care
- A documentation template that ensures a complete record
- A test result presented exactly when needed

Continuous Quality Improvement (CQI): Data is also essential to CQI. An organization focused on quality is able to quickly access and work with the data it needs. It has clearly defined metrics, which it monitors closely and broadcasts so all employees know how the organization is doing. As a result, the organization knows how various initiatives are affecting outcomes and can respond nimbly when efforts falter.

Interdisciplinary Care: Lastly, interdisciplinary care teams may be the norm today, but if we are to deliver true interdisciplinary care, everyone on the team must be working from the same record — which is far from the norm. To drive interdisciplinary care delivery toward optimal patient outcomes, the care plan must have five key components:

1. An **interdisciplinary approach** that eliminates duplicate orders and documentation to provide a single view of the patient's progress across all disciplines.
2. **Evidence-based content** in accordance with national and health system guidelines and quality indicators
3. **Integration** with orders, documentation and other systems to generate clinician-specific worklists that automatically update the plan as activities are completed.
4. A **focus on outcomes** that reduces variability by helping caregivers complete all prescribed care, monitor their patients' progress and anticipate discharge status.
5. **Analytics** to help the organization measure its performance and drive practice change accordingly.

In other words, a true interdisciplinary care plan can drive the kind of professional practice ANCC seeks to propagate via its Magnet program.

Start Your Magnet Journey This Year

McKesson salutes all hospitals that have achieved Magnet Recognition, especially the select few that have been able to sustain it. Thirty-seven [Horizon Clinicals®](#) customers are current Magnet sites, and more than 130 facilities have relied on McKesson's [nurse/staff scheduling and enterprise productivity system](#) to meet many of ANCC's robust reporting requirements. The new, simpler model and application requirements may entice more hospitals to go for the gold. The many publicized benefits of Magnet Recognition – higher recruitment and retention of qualified nurses, lower burnout and injury rates, superior clinical outcomes, and higher patient satisfaction – far outweigh the effort.

Billie Whitehurst, MS, RN, is Vice President and Chief Nursing Officer for McKesson. Prior to that she was the General Manager for McKesson's medication safety solutions and coordinated and developed McKesson's unified strategy for safe medication administration and patient safety. She has also served as Vice President and Solution Line Manager for the company's physician and nursing solutions.

Forces of Magnetism Transformed into Five Magnet Model Components

The Magnet Recognition Program® was updated in 2008 to streamline the documentation process and reduce duplication among its 14 “Forces of Magnetism” — practices that attract and retain the best in nursing. Based on evidence from statistical analysis, the 14 Forces of Magnetism were restructured to create 5 Magnet Model components. In addition, the new program emphasizes outcomes and benchmarking. Following are the five components.

Transformational Leadership: Today’s healthcare leaders need to be transformational in this environment of change. This requires vision, influence, clinical knowledge and a strong expertise relating to professional nursing practice. This component includes the following Forces of Magnetism: Quality of Nursing Leadership (Force #1) and Management Style (Force #3).

Structural Empowerment: Leadership needs to provide an innovative environment for achieving the organization’s mission, vision, goals and outcomes. The component includes: Organizational Structure (Force #2), Personnel Policies and Programs (Force #4), Community and the Healthcare Organization (Force #10), Image of Nursing (Force #12), and Professional Development (Force #14).

Exemplary Professional Practice: The organization needs to apply exemplary professional nursing practices that incorporate new knowledge and evidence in interactions with patients, families, communities and the interdisciplinary team. The component includes: Professional Models of Care (Force #5), Quality of Care: Ethics, Patient Safety and Quality (Force #6), Quality Improvement (Force #7), Consultation and Resources (Force #8), Autonomy (Force #9), Nurses as Teachers (Force #11), and Interdisciplinary Relationships Force #13).

New Knowledge, Innovations and Improvements: Nursing professionals need to contribute new knowledge as well as innovations and improvements to patient care, the organization and the profession. The component includes: Quality of Care: Research and Evidence-based Practice (Force#6) and Quality Improvement (Force #7).

Empirical Quality Outcomes: The organization needs to demonstrate clinical effectiveness and excellence through outcome metrics and benchmarks. Outcomes should be categorized by nursing, workforce, patient and consumer, community and organizational outcomes. The component includes: Quality of Care (Force #6).

[Read more details](#) on the new Magnet Model in the overview on the ANCC Web site.

Related Solutions

[Nursing Solutions](#)

[Interdisciplinary Care Solutions](#)

[Clinical Performance Analytics™](#)

[Workforce Management Solutions](#)