

# Performance Strategies



Achieve Magnet Recognition for Nursing Excellence

Vol. 3, Issue 3, 2009

## Centra Health: Tapping Technology to Help Meet Magnet Standards



By Patti S. McCue, RN  
Senior Vice President, Patient Care Services and Chief Nursing Officer  
Centra Health



### Meeting Magnet Expectations

At [Centra Health](#), we have a motto that we live by: “Excellent Care... Every Time.” Participating in the American Nurses Credentialing Center’s (ANCC) Magnet Recognition Program® is one way we make sure that there is substance behind the sentiment contained in these words. Centra attained Magnet status in 2005 and is seeking recertification in 2009.

To earn the prestigious recognition, organizations must undergo a rigorous evaluation that centers on five model components:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations and Improvements
- Empirical Outcomes

We have found that the certification process has prompted our two-hospital system to zero in on how nurses work, their productivity and clinical outcomes.

### Controlling the Care Process with Electronic Data

Our quest to achieve and maintain Magnet status has led us to closely examine the nursing role. For example, instead of acting as “task masters,” Centra nurses now take ownership and control of the entire multidisciplinary care process, ultimately working to ensure that we continually deliver outstanding outcomes.

To do so, nurses rely on [Horizon Clinicals® solutions](#) from McKesson to support an interdisciplinary care planning approach. By accessing the data in these systems, nurses coordinate and facilitate patient care because they know what all the other members of the care team are doing. In short, care plans are no longer handwritten on separate pieces of paper by each clinician. Instead, nurses manage the entire plan by tapping into an integrated repository of data that is populated with individual caregiver contributions to the plan.

The Magnet program also prompts us to ensure – and prove – that our organization is efficiently using its nursing resources. At Centra, we rely on McKesson’s [nurse/staff and enterprise productivity management system](#) to optimally schedule nurses in an effort to meet the clinical needs of our patients. Data from the system is also used to support our nursing practice council in developing staffing guidelines for shift management.

### Leveraging Technology to Make the Most of Nursing Resources

While this system enables us to effectively tap our nursing resources, we strive to continually analyze exactly how we use nurses’ time on a day-to-day basis. McKesson’s [performance analytics system](#) enables us to view financial, clinical and operational data as well as role-based scorecards that illustrate what our nurses are doing with their time. For example, we can query the system to determine exactly how much time nurses are spending at the patient bedside and how much time they are spending in educational activities — both important Magnet criteria.

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## Centra Health: Tapping Technology to Help Meet Magnet Standards (Cont.)

The analytical tool also helps our organization assess case mix information by nursing unit. Such information helps us match our clinical resources to the needs of the patients we serve. In addition, the technology helps to ensure that our staff make-up mirrors our patients in terms of diversity — another important Magnet consideration. Access to our composite patient profile also helps us develop services that meet the needs of patients more closely.

### Using Technology to Demonstrate Improved Outcomes

In addition to focusing on interdisciplinary care planning and productivity, the Magnet program has prompted us to zero in on outcomes, a criterion that is taking center stage in the ANCC's revised Magnet Model. With information from our clinical systems, we can demonstrate improved outcomes in a number of areas. For example, we have met or exceeded expectations on a number of nursing quality measures, such as patient falls, hospital-acquired pressure ulcers and medication events (see scorecard below).

Concentrating on the performance of each individual nurse will become more important as we seek recertification as a Magnet facility in 2009 and as outcomes become more central to the focus of the recognition program. To improve outcomes, we will use our analytics system to measure and evaluate individual nurse performance on measures such as the Joint Commission's National Patient Safety Goals.

*Patti S. McCue, RN, is the Senior Vice President, Patient Care Services and the Chief Nursing Officer at Centra Health, a two-hospital system based in Lynchburg, Va. McCue is a Johnson & Johnson – Wharton Executive Fellow. She has also been honored with Nursing Excellence Awards from the South Carolina League for Nursing, the S.C. Hospital Association and the S.C. Organization of Nurse Executives, and the Medical University of S.C. Medical Center (along with its Outstanding Nursing Alumnus Award). She currently serves on the McKesson Nurse Advisory Council. McCue is a frequent lecturer and has been published in various nursing journals.*

### Nursing Quality Indicators

Quality Indicator	2008 Target	Actual Measure
Falls per 1000 patient days	≤ 3.73	2.12 (December 2008)
Percent of patients with reported hospital-acquired pressure ulcers	TBD	0.50% (December 2008)
Percent of patients restrained	≤ 2.88%	2.38% (December 2008)
Medications: Reported medication events per 1000 patient days	> 2.78	2.42 (December 2008)
Pneumonia Measures: Pneumococcal vaccination rate	>=95%	94.4% (Q3, 2008)
Smoking counseling rate	>=95%	100% (Q3, 2008)
Stroke measures: Education	>=85%	100% (Q3, 2008)
Infection control: BSI	≤ 1.75	0.98 (Q3, 2008)
Infection control: VAP	≤ 2.82	0.00 (Q3, 2008)
Infection control: UTI	≤ 3.65	5.42 (Q3, 2008)

*With the revised Magnet Model's emphasis on measurement and outcomes, Centra Health has improved its nursing quality indicators in several areas. Using information from its clinical systems, it can demonstrate it has met or exceeded the 2008 goals in a number of areas, such as patient falls, hospital-acquired pressure ulcers and medication events.*

## Learn More

[Nurse Leader: A Comprehensive Future Care Model](#)

[ANCC Workshops for Journey to Magnet Excellence](#)

[ANCC Continuing Education](#)

# Performance Strategies



Achieve Magnet Recognition for Nursing Excellence

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## Rush's Journey to Magnet Status Made Easier with IT



By Jane Llewellyn, RN, PhD, NEA-BC  
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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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## Rush's Journey to Magnet Status Made Easier with IT (Cont.)

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.

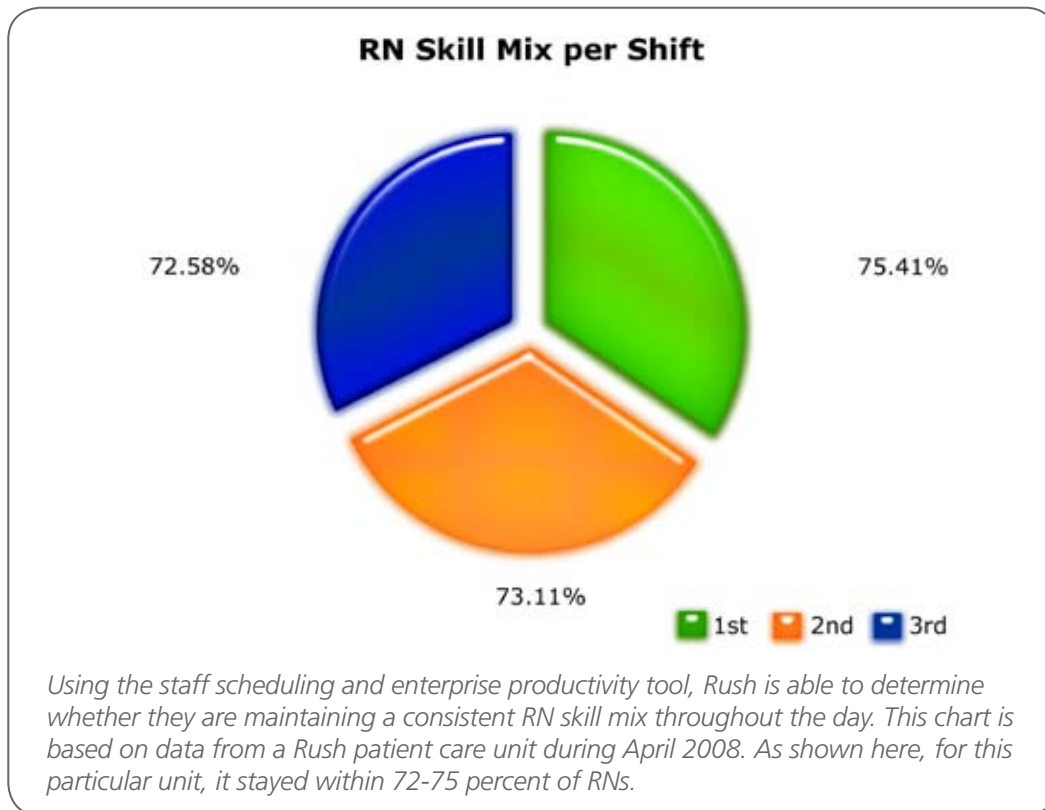
Every nursing employee receives an e-mail account at orientation. Nursing managers have access to shared folders, and we are considering giving additional staff access to these folders. Medical center policies and procedures and a variety of clinical resources are available on our intranet, which nurses 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.*



## Learn More

[MNA News: 101 Ways to Improve Nursing Practice](#)

[Nurse Talk Tech Survey: Nurses Link IT to Improved Care](#)

[McKesson Supports Nursing with Scholarships](#)

# Performance Strategies



Achieve Magnet Recognition for Nursing Excellence

Vol. 3, Issue 3, 2009

## Inova Fairfax Experiences Ongoing Magnet Benefits



*By Pat Conway-Morana, MAd, RNC, CPHQ, NEA-BC, FACHE  
Assistant Vice President, Chief Nurse Executive  
Inova Fairfax Hospital*



### Realizing Long-Term Magnet Benefits

Earning Magnet Recognition® is not an end in itself. At [Inova Fairfax Hospital](#), an 833-bed regional medical center based in Falls Church, Va., we've found that the benefits associated with receiving this honor simply multiply over time.

In 1997, we became the fourth hospital in the country to earn Magnet Recognition from the [American Nurses Credentialing Center](#), and we have been re-designated as a Magnet facility twice since then. We will apply for re-designation again in 2010.

Although participating in the Magnet process is quite an undertaking, the benefits continue long after receiving the accolade. For example, because we have held Magnet status for more than a decade, our nurses are extremely well regarded in the professional community. We often are asked to present papers and poster sessions at professional conferences. A number of our nurses sit on the boards of prestigious associations such as the American Organization of Nurse Executives. In essence, the award has enabled us to elevate recognition of the practice of nursing in our organization.

Perhaps most importantly, the Magnet designation attracts nursing school graduates to our facility. Today more graduates are intent on starting their professional careers at Magnet facilities. As a result, we have been able to easily attract an outstanding clinical staff.

- About 63% of our nurses hold bachelor's degrees (compared to a national average of only 32%)
- About 25% hold national specialty certification

It's quite an accomplishment considering that by 2020, 808,416 jobs for full-time-equivalent RNs are expected to go unfilled nationwide, according to the U.S. Department of Health and Human Services.

### The Bar Continues to Rise

Each time we seek re-designation as a Magnet facility, the bar is higher. With increasing expectations from the Magnet program, we need to demonstrate exactly how we are moving to the next level. For example, in addition to filling nursing positions, we need to prove that we are retaining nurses. As a result, we have developed a clinical ladder program, which enables nurses to increase their level of responsibility and compensation by completing the professional development and continuing education required to climb from rung to rung. The program provides the professional advancement necessary to keep nurses engaged in their careers here at Inova.

We also concentrate on demonstrating improved outcomes to achieve repeat Magnet designation. For instance, if a facility meets 60% of the Centers for Medicare & Medicaid Services quality indicators when initially designated as a Magnet facility, the appraisers might expect the organization to achieve 70% or higher the next time around.

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## Inova Fairfax Experiences Ongoing Magnet Benefits (Cont.)

### **Leveraging Information Technology in Our Magnet Mission**

Since we already have been through the process three times – and will seek a fourth designation in 2010 – we increasingly rely on information technology to support our Magnet mission. Using the following systems enables us to improve practices and outcomes — and to streamline the Magnet application process.

**McKesson's *nurse/staff scheduling and enterprise productivity system*** enables us to schedule our nurses to meet patient needs. In addition, the system tracks nurse education and certification, which enables us to easily document the level of preparedness of our nursing staff, an important Magnet consideration.

**An *online clinical documentation system*** ensures that we continue to make improvements in terms of patient safety and quality outcomes. With this system, we can easily access the data that helps us track clinical outcomes.

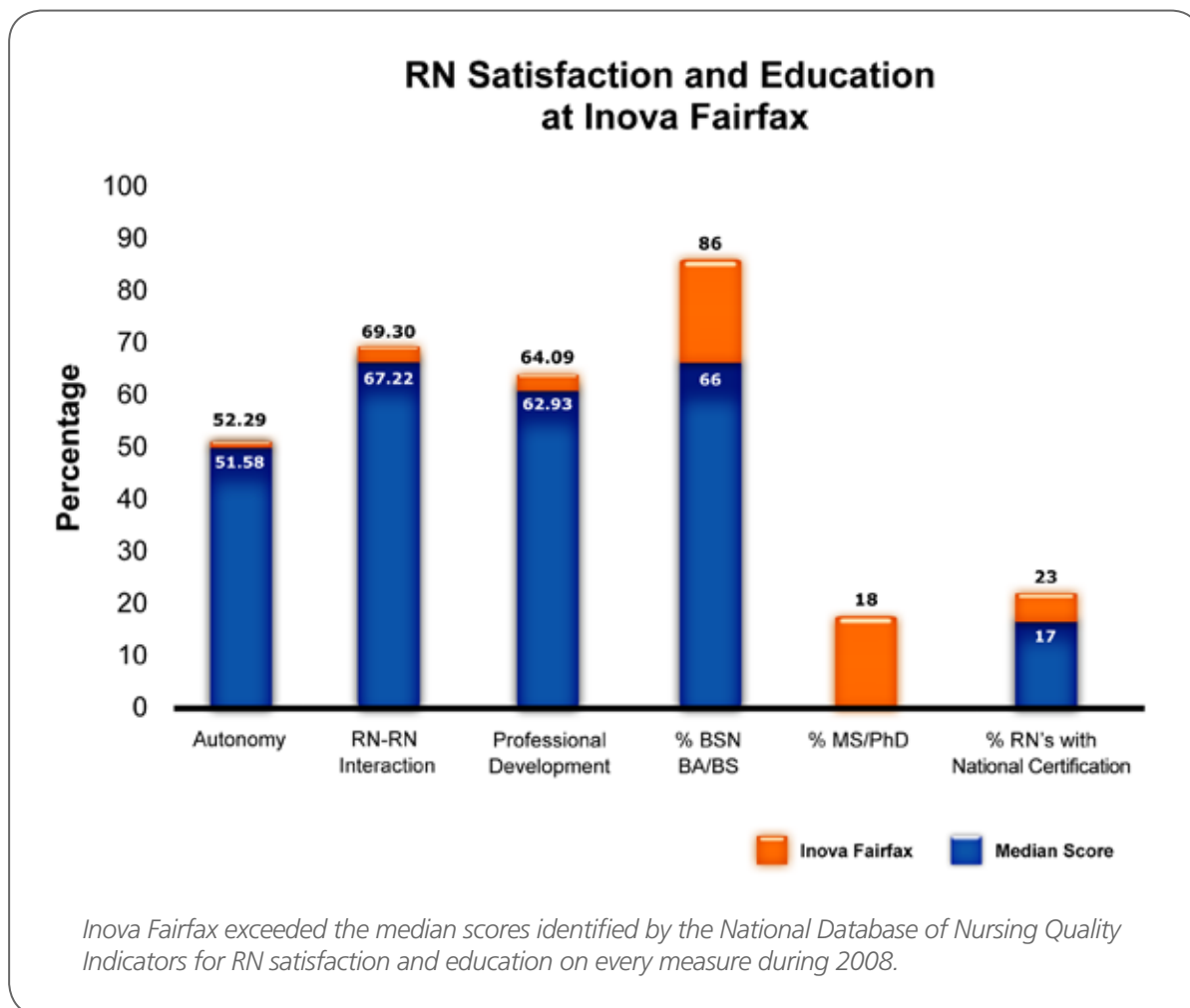
**A *financial information system*** enables us to keep tabs on resource allocations, which are required for Magnet certification. For example, the system enables us to easily provide the Magnet committee a dollar amount on how much we spend on nursing education — quite a task considering we employ more than 2,300 nurses.

**A *home-grown e-learning system*** enables nurses to go online, access continuing education materials and then take an online test to assess their competency. The technology makes it possible for our busy nurses to easily keep up with the ongoing education requirements of the Magnet program.

In the final analysis, pursuing Magnet designation has become more than just a goal at Inova. It has become a part of our culture. And we relish the challenge, because we realize that the program provides us with the incentive to continue to elevate our practice of nursing.

*Pat Conway-Morana is the Assistant Vice President and Chief Nurse Executive at Inova Health System, Falls Church, Va. In this position, she oversees approximately 2,300 nurses. She also is a member of numerous professional organizations and currently serves on the board of directors of the American Organization of Nurse Executives. Conway-Morana holds several academic degrees, including an MAd in Human Resources Management from Lynchburg College; a BS in Nursing from the Jefferson College of Health Sciences; a BS in Business Administration from Christopher Newport University; and a diploma in nursing from Riverside Regional Medical Center School of Professional Nursing. She is currently pursuing a PhD in Nursing Administration from George Mason University.*

## Inova Fairfax Experiences Ongoing Magnet Benefits (Cont.)



## Learn More

[AHRQ: Patient Safety and Quality Handbook for Nurses](#)

[ANCC: Key Changes to the Magnet Program](#)

[ANCC Magnet Application Process](#)

# Performance Strategies



Achieve Magnet Recognition for Nursing Excellence

Vol. 3, Issue 3, 2009

## Magnet Recognition: It's the Right Thing to Do



*By Karen Drenkard, Phd, RN, NEA-BC, CPHQ, Director  
Magnet Recognition Program  
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### **The Gold Standard for Nursing Excellence**

[American Nurses Credentialing Center \(ANCC\)](#) Magnet Recognition® is the highest and most prestigious international distinction a healthcare organization can receive for nursing excellence and quality patient care. Only 5% of the nation's hospitals currently hold this honor. Fewer still – just 1.8% – have been re-designated Magnet™ facilities. Clearly, it's the gold standard for nursing.

Magnet Recognition is a credential, not an award. To reach this top tier, healthcare organizations must demonstrate that they have successfully developed, disseminated and enculturated exceptional nursing practices and strategies. In turn, they reap far-reaching benefits, including:

- A more stable, motivated workforce
- Better teamwork and collaboration
- The best and brightest new graduate nurses
- Greater continuity of patient care
- Increased community partnership and support

Evidence is growing that clinical outcomes are superior in Magnet hospitals as well.

### **The Power to Attract and Retain**

The Magnet Recognition Program® originated more than 25 years ago during the nursing shortage of the early 1980s. Researchers noticed a trend: while most hospitals were struggling with high vacancy and turnover rates, a few didn't have any problems at all. These institutions were dubbed Magnet hospitals because of their ability to attract and retain well-qualified nurses. The characteristics that distinguished them became known as the Forces of Magnetism.

The findings inspired the American Nurses Association to develop a nationwide credentialing program to validate the highest-level nursing standards within hospitals. It established the ANCC to oversee the program and, in 1990, the University of Washington Medical Center became the first Magnet-designated healthcare organization in the country.

### **Success at Home and Abroad**

As evidence grew that a supportive, innovative workplace with empowered nurses boosted retention and recruitment, healthcare organizations took notice. CNOs in particular got savvy. They knew it was time to move beyond quick fixes such as signing bonuses, and focus instead on implementing long-term, sustainable structures and processes that would attract RNs.

Quality and safety moved to the forefront, too. Magnet standards became the framework by which to create a safe, high-quality environment where the entire healthcare team could thrive. More and more hospitals pursued Magnet certification, and the number continues to rise. Even in the current economic downturn, applications are up. Healthcare organizations say, "We will not compromise on quality and safety," and that's what Magnet is all about.

Now we've caught the world's attention. There are already two Magnet hospitals in Australia, and ANCC is developing a plan to expand the program globally.

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## Magnet Recognition: It's the Right Thing to Do (Cont.)

### New Outcomes-Based Model

The Magnet Model constantly evolves to reflect changes in clinical nursing practice and the work environment. Like any good business, ANCC listens to its customers. When they told us the old Model was redundant and the application process was difficult, we commissioned a scholarly review and statistical content factor analysis. The result is a dynamic, new Magnet Model that groups the 14 Forces of Magnetism into five components:

- Transformational Leadership
- Structural Empowerment
- Exemplary Professional Practice
- New Knowledge, Innovations and Improvements
- Empirical Outcomes

This simpler model reflects a new emphasis on measuring outcomes and enables more streamlined documentation. Evidence-based practice, innovation, evolving technology and patient partnerships are stressed. To put it plainly: Magnet is great leaders working with great nurses, in great structures providing great care, yielding great patient outcomes.

### Take the Magnet Journey

Any healthcare organization can take the Journey to Nursing Excellence™ and achieve Magnet designation regardless of size, setting or location. The application process provides valuable feedback and improvement opportunities. Here are some helpful tips to get started:

**Educate yourself.** You'll find all the information and materials you need on ANCC's web site: [nursecredentialing.org/magnet](http://nursecredentialing.org/magnet).

**Read all about it.** Order a copy of our updated Magnet Manual and read it cover to cover. It's filled with practical advice and instructions for the application process.

**Attend a workshop.** ANCC sponsors regional Magnet workshops and a National Magnet Conference™. Check the Web site for dates and locations.

**Perform a gap analysis.** See how your organization measures up to the best of the best. Visit the Web site for assessment tools and tips.

**Apply immediately.** There's no waiting list! Submit your documents when you are ready. Applications are accepted five times a year: February 1, April 1, June 1, August 1 and October 1.

*Dr. Karen Drenkard is Director of the Magnet Recognition Program. She most recently served as the Senior Vice President of Nursing and Chief Nursing Executive at Inova Health Systems, in Falls Church, Va., where she was responsible for nursing practice, education, research, strategy, and operations. During her tenure at Inova, she led two hospitals to successful Magnet designation and served as a champion of the program. She has published and presented extensively on the Magnet Recognition Program. Dr. Drenkard has been widely recognized for leadership, including being the recipient of prestigious awards from Nursing Spectrum (Nurse of the Year 2005, Advancing the Profession) and the American Organization of Nurse Executives (Executive Nurse Scholar of the Year 2005).*

### Call to Post Scientific-based Research from ANCC Magnet Hospitals

Nurses at American Nurses Credentialing Center (ANCC) Magnet-recognized healthcare facilities are invited to submit scientific-based research abstracts to Sigma Theta Tau International's Virginia Henderson International Nursing Library.

The honor society's **Registry of Nursing Research** is a free, searchable online database located at [www.nursinglibrary.org](http://www.nursinglibrary.org) and contains more than 28,000 studies. The goal of the library is to provide nurses worldwide with one of the most comprehensive resources for nursing information.

Instructions for submitting abstracts are available on the library site. For additional information, contact Margie Wilson, Library Services Coordinator, at 1-888-634-7575 or [librarymanager@nursinglibrary.org](mailto:librarymanager@nursinglibrary.org).

## Events

### **AONE 42nd Annual Meeting & Exposition**

*Leading Beyond Limits*

April 15-19, 2009

San Antonio, Texas

McKesson Booth #418

### **2009 ANCC National Magnet Conference™**

Louisville, Kentucky

October 1-3, 2009

McKesson Booth #312

### **McKesson Clinical Leadership Education Sessions**

*Attend complimentary*

*CE-accredited*

*Webinars sponsored by*

*AMDIS & McKesson*

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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

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## 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](#)