Although ANCC Magnet Recognition Program® (MRP) status is the highest honor for nursing excellence, it also marks a monumental achievement for your entire organization. As an integral member of the healthcare team, it’s important for you to understand what the program is, how you can benefit from it, and why your support is crucial to earning designation.

Inside this concise, easy-to-read handbook, you’ll find everything you need to know about the MRP, including:

- The concept behind the MRP
- How the MRP affects you
- Why your support is a key to success
- The 14 Forces of Magnetism
- Your role in creating and sustaining the culture
- The importance of autonomy and shared decision-making
- The process to earn designation
- How you can contribute to the written documentation
- What appraisers may ask you during the site visit
- And much more!

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Introduction

What is the concept behind the Magnet Recognition Program®?

During the nursing shortage of the 1980s, the American Academy of Nursing conducted a national research study to identify hospitals that had high retention rates and were able to recruit nurses despite the nursing shortage (McClure, Poulin, Sovie, and Wandelt 2002). Although more than 150 hospitals participated in the original study, only 41 were found to possess the attributes that supported the recruitment and retention (i.e., magnetic attraction) of highly qualified registered nursing staff while consistently providing quality patient care (McClure et al. 2002). These attributes demonstrated by the original 41 hospitals became known as the 14 Forces of Magnetism—14 elements that contribute to a culture of nursing excellence (McClure and Hinshaw 2002). These 41 hospitals shared the following organizational traits:

- The CNO was a formal member of the highest decision-making body in the organization
- Nursing was organized as a relatively flat structure, with minimal layers of hierarchy
- Decision-making related to staffing and patient care was decentralized to include staff nurses at the unit level
• Administration supported the nurses’ decisions regarding patient care
• Good communication existed between nurses and physicians (Havens and Aiken 1999)

In the early 1990s, nursing emphasized best practices, benchmarking, and quality outcomes data, as well as renewed interest in the “Magnet™” status concept. A need emerged for a process by which healthcare organizations could apply for national recognition of excellence in nursing care.

The ANCC
In 1991, the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association (ANA), was established to provide a process for both individuals and organizations to seek accreditation, certification, and the recognition the profession needed (Urden and Monarch 2002). Thus, the ANCC established a program known as the ANCC Magnet Recognition Program® (MRP), to which hospitals could apply to be recognized as centers of nursing excellence.

Earning MRP designation entails an initial application fee and submission of written documents exemplifying how the 14 Forces of Magnetism (i.e., the attributes of excellence identified in the original research) are consistently demonstrated throughout the organization. The document must meet all program expectations and score within the range of excellence to earn a multiple day site visit by an appraisal team (American Nurses Credentialing Center 2004).
Growing interest in Magnet Recognition Program® designation

The growing interest in achieving designation can be attributed to a number of factors:

1. Numerous published research studies have demonstrated better patient outcomes in hospitals with higher (i.e., better) nurse to patient ratios, higher percentages of certified nurses, and higher percentages of BSN-prepared nurses, all of which are characteristics of MRP status hospitals.

2. MRP designation has been identified in the federal Nurse Reinvestment Act and the Institute of Medicine Report as an initiative for reducing registered nurse turnover and improving quality of care.

3. The Joint Commission has identified designation as a positive force in improving practice environments, quality of care, and patient safety.

4. Faculty in colleges and schools of nursing encourage graduates to ask questions regarding the practice environment of a potential employer and to seek employment at designated facilities.

5. In 2004, for the first time, MRP status was added as a factor in how U.S. News and World Report ranks hospitals (in its annual list of top 100 hospitals).

Once an organization has achieved designation, it must apply for redesignation every four years. The original MRP has expanded to include long-term care facilities, ambulatory
surgery centers, rehabilitation services, home healthcare agencies, and international healthcare organizations. The ANCC’s MRP home page, which can be accessed through www.nurse-credentialing.org, includes the latest information and updates.

In 1994, the University of Washington Medical Center in Seattle became the first hospital to be awarded designation by the ANCC. By 1998, 13 hospitals had been awarded, three of which were among the 41 identified in the original research (Havens and Aiken 1999). When this publication went to press, there were more than 250 designated healthcare organizations listed on the ANCC’s Web site.

**Research related to designation**

The original 41 hospitals were identified as MRP status facilities because of their ability to attract and retain registered nurses (RN). Descriptive research conducted in these hospitals produced a body of knowledge that defined the practice environments within them. These findings were presented in terms of attributes of the nursing leader, professional attributes of staff nurses, and the professional practice environment (Scott, Sochalski, and Aiken 1999). Subsequent research studies validated and expanded these findings, which are summarized as follows (McClure and Hinshaw 2002):
Nursing leaders

• are visionary and enthusiastic
• are supportive and knowledgeable
• maintain high practice standards
• value education and professional development
• are visible to staff nurses
• are actively involved in professional organizations
• respond to nurses’ needs
• conduct open communication with staff nurses

Staff nurses

• have autonomy and are accountable for their practices
• can establish and maintain positive nurse-patient relationships
• create collaborative nurse-physician relationships and openly communicate
• participate in the shared decision-making process
• engage in patient teaching
• value the professional image of nursing

In a professional practice environment, the organization provides adequate staffing, organizational support for education, professional growth, and career advancement. Nurses have competitive salaries and benefits, and the nursing organization is decentralized.
The benefits of designation

How Magnet Recognition Program® designation affects you and your organization

MRP status is the highest level of recognition for excellence in nursing that an organization can achieve and is considered the “gold standard” in the nursing world. Because designation is awarded for excellence in nursing services, its benefits extend to patients through improved quality of care, and especially to the organization as a whole. These benefits directly relate to the cultural transformation associated with obtaining and maintaining the designation and have been identified by research conducted in designated hospitals.

Benefits to patients:
- Decreased length of stay
- Increased patient/family satisfaction
- Decreased risk of falls, medication errors, and postprocedure complications
- Reduced family complaints
- High quality of nursing care
- Confidence in the hospital because it has obtained the highest honor awarded for nursing care

Benefits to the organization:
- Reduced RN turnover and vacancy rate
- Positive, collaborative, engaging work environment for all employees
- Competitive economic advantage—lower costs as a result of decreased RN turnover
• Recognition within the community
• Eliminated or decreased use of agency nurses
• Decreased adverse events
• Better preparation for Joint Commission requirements in terms of nursing documentation
• Ability to attract high-quality physicians
• A culture built on empowerment, pride, mentoring, respect, integrity, caring, and teamwork, which emerges during the process

Why your organization needs your support

The process for achieving designation is lengthy and comprehensive. And although ANCC Magnet Recognition® is an award for nursing excellence, it’s truly an organizational achievement because creating an MRP culture involves the entire healthcare team. Therefore, supporting your organization’s pursuit of designation from the beginning of the journey through achievement is essential for success.

Once achieved, maintaining designation requires annual interim monitoring and a comprehensive redesignation every four years. Organizations use inservices, articles, continuing education programs, presentations, posters, and staff meetings to inform and raise awareness, so be sure to look for updates on bulletin boards and postings throughout the facility. Also, get involved on the steering committee, educational programs, councils, and site visit preparation to gain a thorough understanding of and show your support for the initiative.
If your organization earns a site visit from an MRP appraisal team, take this opportunity to share stories about patient care with them, and discuss your personal contributions to the initiative. This phase will be covered more thoroughly in a later section, but it is important to note here that the site visit is a chance to tell appraisers exactly what earning designation means to you and how you have helped throughout the journey.

**Is it worth it?**

As you become more informed about the MRP, you may ask yourself, “Is designation worth this effort?” You are not alone. Current healthcare professionals at facilities pursuing designation have asked the same question, and they now say “yes,” citing several reasons:

- The practice environment becomes more supportive of the entire healthcare staff and professional practice
- Staff education is emphasized more
- MRP status encourages lower turnover, higher retention, and improved recruitment
- MRP status leads to better nurse-patient relations and helps create an environment that promotes better nurse-physician communication

Healthcare facilities consistently offer that the process to attain ANCC Magnet Recognition® is its own reward. This sentiment is often characterized by the phrase, “on the journey.” (American Nurses Credentialing Center 2004).
Autonomy and shared decision-making

An autonomous environment is demonstrated by the ability of nurses to act independently within their level of competence and expertise while maintaining professional standards of care (American Nurses Credentialing Center 2004). In addition to autonomy at the bedside, MRP cultures are required to demonstrate fully operational shared decision-making structures.

A decentralized organizational structure enhances the opportunity for unit-based decision-making. Because the most effective change happens close to the bedside with input from the entire interdisciplinary team, nurses participate in decisions affecting their clinical and professional work environment. They might do so by participating on unit-based and organizationwide committees and councils, including interdisciplinary committees.

Healthcare staffs’ participation on unit-based and organizationwide committees and councils makes it easy to identify practice exemplars that reflect the 14 Forces of Magnetism, especially autonomy and shared decision-making. Using such exemplars in the document submitted for evaluation reflects the work and outcomes of these committees or councils.
The committee structure that follows is one of several models used for shared decision-making:

- Nursing practice council (nursing quality council)
- Nursing education council
- Nursing research council
- Nursing recruitment and retention council (i.e., nursing recognition council or nursing practice environment council)
- Nursing leadership council

The specific names, numbers, and exact responsibilities of each committee will vary by organization, depending on its size and the availability of resources. You may already serve on one of the described councils. If not, find out what opportunities for shared decision-making are available at your organization. Whether these committees or councils are established yet depends on where your organization is on the journey. Note that shared decision-making at your organization may be structured differently, as opportunities for autonomy and shared decision-making are unique to individual institutions. The most important thing for ancillary staff, the interdisciplinary team, and administration to understand regarding the shared decision-making process is that their input and support is vital to the success of a decentralized decision-making process.

**What are the 14 Forces of Magnetism?**
The 14 Forces of Magnetism were derived from research conducted in the original MRP designated hospitals.
(McClure, Poulin, Sovie, and Wandelt 2002). Although the *Scope and Standards for Nurse Administrators* (ANA 2003) are the fundamental foundation of ANCC Magnet Recognition®, they have been incorporated into the 14 Forces of Magnetism, and in 2005, the 14 Forces became the framework for documentation submission.

The 14 Forces are described below. Following each description are examples that demonstrate how each Force is integrated into an organization. Note that the lists are not meant to be exhaustive, and some ideas support more than one Force. For example, nursing clinical ladders can be highlighted under personnel policies if there are monetary incentives associated with progress. They also can be discussed under professional models of care or professional development.

**Force 1: Quality of nursing leadership**

Nursing leadership advocates for the profession of nursing, as well as for individual nurses. Leaders are highly qualified, influential, and knowledgeable risk takers.

Examples of how an organization operationalizes the quality of nursing leadership include the following:

- A philosophy of nursing that is grounded in a theoretical framework
- Staff-nurse involvement in creating the nursing strategic plan or nursing mission statement
- The CNO facilitates nursing research, evidence-based practice (EBP), and advocates for staff
Force 2: Organizational structure
Nurse leader titles reflect the levels of work being done (e.g., senior vice president, vice president, directors, nurse managers, and nurse educators). Nursing units are decentralized, and nurses on the unit have autonomy and control over aspects such as patient care, staffing, budgeting, and peer review.

Examples of organizational structures that support Force 2:

- Shared governance or another shared decision-making structure is in place
- Nurses at all levels are involved in decision-making, as evidenced by participation in quality, education, leadership, research, practice, recruitment, and retention councils
- Unit-based advisory council exists

Force 3: Management style
The management style is participative. Individual and group participation is sought, encouraged, and valued. Communication moves in all directions, and all parties have equal responsibility for the process.

Projects/programs that exemplify Force 3:

- Peer evaluations
- Nursing staff attendance at director/manager meetings
- Nurse leaders who are visible and accessible to staff
- A model for shared decision-making
Force 4: Personnel policies and programs
Salaries and benefits are competitive and the scheduling process is creative and flexible. Career ladders or other professional advancement programs recognize clinical expertise and excellence at the bedside.

Examples that demonstrate personnel policies and programs include the following:

- Flexible scheduling options
- Unit-based self-scheduling
- Salary differential for certification and educational advancement
- Administrative mentorship programs

Force 5: Professional models of care
RNs view themselves as accountable for the care of their patients and set standards of nursing care on their units and for the department of nursing. RNs also define nursing practice and ensure continuity of care.

Projects or concepts that exemplify professional models of care include the following:

- RN/licensed practice nurse (LPN) collaboration
- RN/certified nursing assistant (CNA) model of care
- Model of care that uses nursing theory as a framework
- Career ladders (e.g., Benner’s Novice to Expert framework)
- Interdisciplinary patient-centered care
• Family-centered care
• Primary care model

**Force 6: Quality of care**

RNs are proud to deliver high-quality care to their patients. Family and significant others are included with appropriate clinical disciplines when RNs are planning for patient care. Internal and external quality experts are available to professional nurses.

Projects or programs that exemplify quality of care include the following:

• Results of nurse-sensitive quality indicator benchmarks (e.g., the National Database of Nursing Quality Indicators [NDNQI])
• Results of patient, nurse, and employee satisfaction surveys
• Nursing leadership and healthcare team involvement in organizationwide quality initiatives
• Input from healthcare team members into quality measures

**Force 7: Quality improvement**

Nursing staff has a focused committee/council that works with individual units, units of similar types, and also large departmentwide quality improvement projects. There is a central committee in place for information to be exchanged.
Projects or programs that exemplify quality improvement include the following:

- Unit-based quality projects driven by the nursing staff
- Active involvement of nurse-practice or nurse-quality council in implementing change based on the results of quality improvement projects or NDNQI results
- Unit storyboards or posters
- Evidence-based quality projects that result in a change in practice
- Interdisciplinary collaboration on organizationwide quality projects that result in a practice change

**Force 8: Consultation and resources**

The institution’s specialists are valuable resources for direct-care RNs. Mentors, preceptors, advance practice nurses (APNs), and nurse educators are supported in their efforts to provide necessary resources for the direct-care RN.

Projects or programs that exemplify consultation and resources include the following:

- APNs are available for nursing consultation
- Staff nurses serve on the institution’s ethics committee
- Ethics committee members are available for consultation
- Resources (e.g., journals, library, computer programs) are available to support nursing research
• Faculty members are available for clinical or research consultation

• Healthcare staff, staff nurses, APNs, and nursing faculty collaborate on research projects

• Members of nursing research council are available for mentoring or consultation

• Proposal(s) are reviewed by shared decision-making councils

• Internal or external funding is received to support research initiatives

**Force 9: Autonomy**

Professional practice includes the responsibility to control delivery of care to patients, set standards of care, set goals, monitor practice, and measure patient outcomes.

Projects or programs that exemplify autonomy include the following:

• Policies and procedures are evidence based and reflect professional organization standards

• Healthcare staff and staff nurses have direct access to Internet, library, or consultative resources

• Healthcare staff and staff nurses help make organizationwide decisions

• The peer review process drives professional growth
**Force 10: Community and the healthcare organization**

The organization must have a long-standing relationship with, demonstrate support for, and be involved in the community. Outreach programs define the organization’s workforce as a caring and concerned member of the community.

Projects or programs that support Force 10 include the following:

- Healthcare and nursing staff participation in local, regional, or national professional organizations
- Presentations at local, regional, and national professional conferences
- Involvement of healthcare and nursing staff in community events
- Volunteer activities of the healthcare and nursing staff
- Relationships with local schools or colleges of nursing
- Institutional involvement in community organizations

**Force 11: Nurses as teachers**

Direct-care RNs derive great professional satisfaction from teaching. Nurses always incorporate patient/family teaching into daily care for patients.

Projects or programs that exemplify nurses as teachers include the following:

- Staff nurses who serve as mentors, preceptors, or adjunct faculty members
• Preceptor program
• Active involvement of family members in nurses’ teaching
• Community educational programs that are supported by the institution
• Interdisciplinary approach to patient teaching
• Guest lectures presented by staff nurses for community agencies

**Force 12: Image of nursing**

Nurses—from direct-care providers to nurse executives—are respected as vital to the healthcare team. Nurses are considered competent and capable and are valued by other healthcare professionals.

Projects or programs that exemplify the image of nursing include the following:

• Link to nursing Web page from the organizational home page
• Staff-nurse presentation of practice examples (e.g., small story in which nursing made a difference in a patient’s life) at the board of trustees or executive team meeting
• Biosketches of nurse leaders and featured staff nurses on the nursing Web page
• Promotion of awards won by staff nurses
• Nurse involvement in interdisciplinary, patient-centered organizational committees

**Force 13: Interdisciplinary relationships**

Mutual respect and appreciation for all disciplines and co-workers is present in an MRP status environment.

Examples of projects or documents that illustrate interdisciplinary relationships include the following:

• Nurse-physician round tables, grand rounds, and lunch-and-learns
• Positive nurse-physician relationships
• Nurse-physician collaboration on patient-focused committees
• Interdisciplinary quality projects
• Interdisciplinary research projects
• Interdisciplinary approach to plan of care development
Case study: Interdisciplinary communication

“Nursing works closely with many other disciplines and departments to provide excellent patient care. One example is the work of an interdisciplinary team related to a special population. In response to a rising number of bariatric patients admitted to the medical center and the unique challenges associated with their care, an interdisciplinary committee was formed to explore the care of the bariatric patient.

The team was led by a nurse manager and consisted of dieticians, engineers, pharmacists, physicians, nurses, and staff from purchasing. After researching the literature and calling other facilities, the team developed a critical pathway for care. This pathway was reviewed and approved by the surgical quality improvement committee, pharmacy and therapeutics committee, and the medical care evaluation committee, which are all interdisciplinary committees.

The bariatric care team also led staff and patient evaluations of bariatric equipment, which was then purchased, and they developed a flow chart for use of the bariatric beds. They also created patient education for the gastric bypass patients. Finally, they identified the need for and hired new assistive personnel, specifically trained to help with lifting to reduce the burden on the nursing staff. The work of this team provided the nursing staff with needed equipment, information, and support to care for this challenging patient population.”

Source: Beverly Hancock, MS, RN, education/quality coordinator, Rush University Medical Center, Chicago.
Force 14: Professional development

Healthcare and nursing staff must be lifelong learners. MRP-designated facilities place great importance on formal and staff development educational programs.

Examples of projects or documents that illustrate professional development include the following:

- Career (clinical) ladders
- Web-based tutorials
- Onsite certification review courses

Nursing research

The MRP requires the CNO to support research and integrate it into the delivery of nursing care and nursing administration. To do so, he or she should support the identification of contemporary practice issues to be studied, review proposed research studies, ensure the protection of human subjects, integrate research findings into clinical practice, and identify resources needed to support research projects.

For example, to achieve designation, the organization must be able to demonstrate that nursing care is based on EBP, which includes conducting research, using research results, and identifying practice problems through the quality-improvement process, the research process, patient-satisfaction data, focus groups, or discussions with staff. Ancillary staff and the interdisciplinary team may be asked to participate in nursing research by way of surveys or other activities. These contributions to nursing research can serve to direct the project outcome and change the way care is delivered.
Nursing research is the key to establishing EBP and the CNO is ultimately responsible for supporting and promoting an environment focused on improving patient outcomes.

**Overview of the program phases**

**Magnet Recognition Program® phases**

As an organization decides to pursue designation, the CNO, MRP project director, committee, or external consultant usually performs a “gap analysis,” or internal assessment, to acknowledge the strengths and weaknesses of the organization, identify needed resources, and create a realistic time frame in which to transform improvements into excellence. During this analysis, the CNO must assess whether the organization is ready to apply for designation or whether it needs to spend one to two years in a preplanning phase, implementing needed cultural transformation and identifying processes by which to collect the required data. After completing this detailed assessment of organizational readiness, institutions proceed with the designation process, which consists of four phases (Urden and Monarch 2002):

- The initial application phase
- Submission of written documents and evaluation phase
- The site-visit phase
- The decision phase

Once an organization assesses its readiness to pursue the journey, the organization submits a letter of intent and an initial fee. The organization then has approximately 24 months
to send all the written narratives and supporting material (i.e., the “documents”) to the MRP office. The submission of written documentation involves compiling the written narratives and supporting evidence for submission to the MRP office and then waiting for the appraisal team to review the documents.

Healthcare staff organizationwide should contribute exemplars and evidence for the documentation as this award reflects all areas of healthcare practice. For example, share individual stories that illustrate quality care, cultural diversity, excellence in nursing, interdisciplinary collaboration, and more. The documents will demonstrate how the 14 Forces are integrated and internalized across the entire healthcare environment. Including stories from the interdisciplinary and allied health teams, as well as organizational executives, provides a global perspective for the appraisers as they evaluate the culture surrounding nursing practice.

**Site-visit phase**

After their review, if the appraisers score the documents within the “range of excellence,” the appraisers work with your facility’s project director to schedule a site visit to verify the information presented in the documents. Prior to the site visit, all employees, visitors, consumers, and the local community are notified of your organization’s upcoming site visit, and have an opportunity to provide feedback or comments to MRP staff about the organization. The documents are also placed in a public area for anyone to view.
The site visit is usually two or three days and typically involves a CNO-led appraisal team, but the length may vary depending on the size of your organization. Before the site visit, the appraisers will give the project director a list of all nursing, ancillary, interdisciplinary, and administrative team members with whom they want to meet. Although staff nurses are the main focus of the site visit, the appraisers will also bring interdisciplinary collaboration to the forefront. Depending on the stories that went into your organization’s documents, this might include professionals such as physicians, the HR department, quality staff, board members, respiratory therapists, and dietary staff.

The site visit is your opportunity to express what becoming an MRP status facility means to you and how you were involved in the journey. The promotion of MRP status awareness throughout the organization is important to prepare the healthcare team to be comfortable when engaging with appraisers during the site visit.

For instance, you should be prepared to discuss why the staff nurses should be considered for this prestigious award and be able to give examples that demonstrate the excellent patient care outcomes that staff nurses deliver to their patients.

The overall purpose of the appraisers’ site visit is to evaluate how the 14 Forces of Magnetism are operationalized in the day-to-day management of the organization so the appraisers may look to you to assess how you and your organization meet the expectations. Their specific intent is to evaluate,
verify, and clarify the written documentation. During the site visit, the appraisers may review numerous documents, including the following:

- Minutes of meetings focused on quality improvement issues for the past 12 months
- All nursing research findings from the past 12 months
- The CNO’s educational history over the past year
- Examples of communication between the CNO and nurses who provide direct patient care
- Results of patient, employee, and nurse satisfaction survey(s) for the past 12 months
Possible questions appraisers may ask the healthcare team during the site visit

The following are the types of questions that appraisers may ask during the site visit:

- What is your educational background, credentials, and tenure at [insert facility name]?
- What do you do at [insert facility name]?
- Why do you stay at [insert facility name]?
- What makes you most proud of this organization?
- What is the most frustrating aspect of this organization?
- How would you describe nurse staffing on the units at this time?
- How is the organization addressing vacancy rates and turnover?
- How are you involved in shared decision-making at the organization?
- Give an example of how the quality of care has been improved throughout the organization.
- What quality initiatives are you involved in that improve the coordination and delivery of quality care?
- Describe the relationships between nurses and the healthcare team.
• How would you say the healthcare team perceives nursing and MRP designation?
• How do you think the community perceives the quality of care at your organization?
• How have you supported your organization in the pursuit of designation?


According to nurse administrators who have recently undergone site visits, appraisers spend the majority of their time with staff nurses. But appraisers do take time to visit with healthcare staff other than nurses because they are just as important in achieving designation.
Case study: Preparing for the site visit

Before receiving MRP designation in 2005, the adult cardiac nursing units at West Virginia University Hospital (WVUH) in Morgantown, WV, developed strategies to prepare healthcare staff for the site visit.

“By using a systematic approach, along with staff input, the unit management was able to develop several unique strategies that gave staff the tools to lead a successful survey at the unit level.”

The following are some of the key strategies used by unit management to prepare cardiac healthcare staff for a successful site visit:

- Created scrapbooks that featured evidence-based projects, awards, certificates, etc.
- Displayed successes on storyboards that were placed throughout the cardiac units and featured research projects, clinical quality improvement, community involvement, etc.
- Assigned a unit ancillary partner to act like an appraiser by doing a walk-through of each unit

Before the site visit, healthcare staff was additionally prepared with information that included:

- A letter from the steering committee that explained that their involvement is something to be excited and to feel special about
Case study: Preparing for the site visit (cont.)

- A copy of the 14 Forces of Magnetism with a section at the end of each Force labeled “Key Take-Aways” and “Potential Questions”
- A survey pocket guide

Source: Lisa Hern, RN, BSN, nurse manager, CTU/CCU, West Virginia University Hospital, Morgantown, WV

Decision phase

Following their site visit, the appraisers submit a confidential report to the MRP office, and this report is then forwarded to the Commission on Magnet Recognition. The Commission members receive “blind” reports to review, and neither the names of the appraisers nor the name of the organization is on the documents (Urden and Monarch 2002). All members of the Commission review this final report, and the decision to award MRP status requires an affirmative vote of two-thirds of the Commission (Urden and Monarch 2002). The Commission chairperson notifies the organization of the decision.

When the CNO receives the call, the formal announcement is made within the organization. Typically, organizations have celebration receptions, buy ANCC MRP pins or gifts for all employees, and publish the information in their local
newspaper. This is a time to celebrate and to be proud of your achievements. The magnitude of the celebration events varies, but the celebration is organizationwide because it takes participation from all of the healthcare staff and nurses to create an MRP culture.

Creating and sustaining the culture

What ANCC Magnet Recognition® means to the healthcare team

A major characteristic of an MRP culture is the healthcare team’s ability to create an environment that empowers and respects nursing staff. Earning designation means that applicants live up to this standard.

Now that you are more familiar with the history, benefits, and concepts of the MRP, here is a closer look at the culture that defines ANCC Magnet Recognition®:

- Representation of having the best nurses who represent high quality services
- Stability in the colleagues with whom you work every day to provide care
- Community recognition for being the best at what you do
- Systems and processes in the workplace that value the individual
- High-quality continuing education programs/inservices and a professional development program
• An environment that recognizes and emphasizes your role in quality improvement

• Increased autonomy and shared decision-making

• Stronger communication and improved relationships between staff nurses, interdisciplinary team members, and ancillary staff

An MRP culture also means that healthcare staff:

• Practice in systems that promote high-quality care, quality outcomes, nursing research, and EBP

• Receive encouragement and support to participate in decision-making through councils, committees, task-forces, staff meetings, and focus groups

• Contribute to building and maintaining a strong environment that facilitates departmental collaboration to achieve quality outcomes

Nursing is not an entity unto itself—it is an integral part of the system of healthcare delivery that relies on the skills and expertise of the entire healthcare team. No matter what your role, every person contributes to a positive patient experience. To achieve ANCC Magnet Recognition®, an organization must exemplify a culture of nursing excellence, but this culture evolves from continuous dialogue, motivation, commitment, and innovation from all members of the healthcare team.
Case study: Culture-building

“We decorated a cart with candy, stories, and a variety of little give-away items because we knew that we had to take the information to the healthcare staff and not to expect the staff to come to us. On cart rounds two people man the cart, and we rolled into the unit and asked them what they knew about Magnet Recognition Program® designation. For any answer we handed them candy or something that helped draw the staff on the floor over to the cart. We also asked them to give us ‘examples of excellence’ to share with other areas. We captured staff stories [for the documents] by doing this.

“In addition, we had a booth at least once a month in front of our cafeteria where we would talk to staff and hand out information. Another motivator was that we videotaped a variety of staff telling an ‘example of excellence’ story. We played it on our parking lot shuttle buses and on our employee education channel. We had tremendous response from the staff; they loved hearing the stories and seeing their colleagues. We made sure to incorporate ancillary staff too—this made designation feel more than just recognition for the nursing division. We duplicated the video and sent it to all departments to have them play it for their staff. It really makes a difference when staff members see examples of things that happen in their own backyard.”

Source: Cheryl Smith, MS, RN, ANCC Magnet Recognition Program® project coordinator, INTEGRIS Baptist Medical Center, Oklahoma City, OK.
References


