

Magnet® Frequently Asked Questions and Answers for Clinical Nurses/Charge Nurses (2019)

1.	<p>Q: Why did the American Nurses Credentialing Center (ANCC) develop the Magnet Recognition program?</p> <p>A: To recognize healthcare organizations demonstrating excellence in nursing care, innovations and patient and family-centered care AND sustain a professional nursing practice environment supporting nurse recruitment and retention.</p>
2.	<p>Q: Currently, how many healthcare organizations are Magnet-designated?</p> <p>A: 492 across the US and in countries including: Belgium, Jordan, Saudi Arabia, Lebanon, Australia, Canada and China.</p>
3.	<p>Q: BHLEX is on the journey for a fourth designation. Approximately how many organizations possess the Magnet credential for the fourth time?</p> <p>A: 1 in 50 organizations</p>
4.	<p>Q: What type of leadership structure and management style is utilized at BHLEX?</p> <p>A: Flat organizational structure with participative style (feedback from staff at all levels). Flat structures promote more effective and efficient access to leaders including responses to staff.</p>
5.	<p>Q: Who is responsible for the ongoing assessment, implementation and evaluation of professional nursing practice?</p> <p>A: COO/CNO, Karen Hill, DNP, RN, NEA-BC, FACHE, FAAN</p>
6.	<p>Q: Can non-nurse directors oversee units comprised of clinical nurses and who is responsible for evaluating professional nursing practice in such scenarios?</p> <p>A: Absolutely non-nurse directors can oversee nursing units; however, a designated nurse director must be assigned to all units and service lines who is responsible for evaluating nursing practice and performance as directed by the COO/CNO. Nurse directors must finalize the evaluation for any RN demonstrated by a formal signature on summary evaluation. Non-nurse directors have input into the process, participate in the discussion and co-sign as well endorsing other organizational requirements.</p>
7.	<p>Q: How do nurses and interprofessionals access the President, COO/CNO and nursing/interprofessional leaders?</p> <p>A: Staff meetings, email, cell phones, text, unit-based and hospital-wide councils and workgroups, daily huddle/management boards, schedule appointment or through open door policy, etc.</p>
8.	<p>Q: What empowerment infrastructure is in place whereby nurses and interprofessionals can voice concerns about the practice environment, participate in change and improve patient and family-centered care?</p> <p>A: BHLEX Model of Care (aka “Tree”) comprised of unit-based/organizational level shared governance councils, teams, committees and workgroups as supported by the BHLEX Model of Care and also used to ensure communication with COO/CNO and nurse directors.</p>
9.	<p>Q: What is the overall goal of the BHLEX Model of Care (aka “the tree”)? What does the graphic illustration represent?</p> <p>A: Improve patient and family-centered outcomes. The figure (tree) represents professional nursing practice and the shared governance empowerment model. Shared governance is the support structure for practice to communicate concerns through various councils, teams, committees and workgroups.</p>

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10.	Q: Who is the author of the Theory of Human Caring that was adopted by nursing in 2003 and represents the “heart” of the BHLEX Model of Care?
	A: Dr. Jean Watson
11.	Q: Name the four care-centered values of BHLEX Model of Care.
	A: CARE: Compassion, acceptance, respect, empathy
15.	Q: According to the BHLEX Model of Care, who is the coordinator of patient care?
	A: RN (primary nurse)
16.	Q: According to the BHLEX Model of Care, what are some descriptors of professional nursing practice?
	A: Research, autonomy, empowerment, advanced technology, quality and safety, evidence-based practice, and innovation.
15.	Q: Name examples of shared governance councils. (How is shared governance displayed across the organization?)
	A: Unit-based councils, Senior Team, Nursing Operations, Nursing Leadership Council, Magnet Nurse Champions, Education Council & Nursing and Allied Health Research Council.
16.	Q: How can interprofessional team members and nurses encourage change in practice throughout the organization?
	A: Participating and/or leading quality initiatives, evidence-based practice initiatives and nursing and interprofessional research studies in collaboration with directors, professional development specialists, quality nurses and Nursing & Allied Health Research Office.
17.	Q: Name examples of initiatives demonstrating nursing and interprofessional collaboration to improve practice and outcomes?
	A: Quality/EBP Initiatives: daily management boards, daily huddles for leaders and staff, Meds to Beds Program, Fall/HAPI/CAUTI/CLABSI/MRSA/CDIFF initiatives, multidisciplinary and complex rounds for Med-Surg, Tele & ICUs, patient handoff between providers and units. Research Studies: Daily huddles for leaders, ERAS Study, Dysphagia Evaluation Tool.
18.	Q: Name examples of nursing and interprofessional process excellence projects implemented to revised workflow and improve patient outcomes.
	A: Decreasing LOS in the NICU; Reducing Door to IV tPA times for Ischemic Strokes in the ED & Door to Balloon Time for AMI in Cath Lab.
19.	Q: What organizational-level nursing council is used to communicate with clinical nursing representatives, evaluate, and approve practice changes in collaboration with the COO/CNO?
	A: Nursing Leadership Council (comprised of nearly 25 clinical nurses from inpatient and ambulatory units who collaborate with Karen to modify and approve formal changes in clinical policies and the practice environment).
20.	Q: What organizational-level nursing council is used by nurses to communicate changes in practice and share outcomes from research studies to the unit-level?
	A: Magnet Nurse Champions (comprised of nearly 50+ clinical nursing, professional development specialists, nurse directors and Karen. At times, interprofessionals often attend to share new knowledge from quality/EBP/research initiatives. Champions share that information to peers on the units).

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21.	Q: What are some examples of organizational level decision-making bodies that demonstrate clinical nurse and interprofessional involvement to improve outcomes?
	A: Patient Safety Committee, Breast Program, Catheter Based Intervention Committee, HAPI Committee, Infection Control Committee, Ethics Committee, etc.
22.	Q: Identify retention, reward and recognition activities for interprofessionals?
	A: Annual employee picnic, annual turkey give-away, hospital week celebration, programs supporting professional development, scholarship dollars, flexible and/or self-scheduling, comprehensive benefits, free parking, discount meals in the cafeteria/Café North, free CEU offerings, employee awards banquet, new 2019 Dr. Karen S. Hill Legacy of Caring Award (given to one nurse and one interprofessional starting 2020), recognition provided by Bill Sisson, President and Karen Hill COO/CNO to five interprofessional workgroups for interdisciplinary improvements in clinical practice to five groups via email, hospital newsletter and formal certificates (e.g. Breast Feeding Team, Medication Safety Team, HAPI Committee, Stroke and AMI Committee).
23.	Q: What resources are available to promote professional development of interprofessional staff?
	A: Tuition reimbursement program, continuing education offerings, annual research symposiums for various service lines, Evolving Leaders, Medical Library, access to online libraries on every workstation on patient care units, Nursing & Allied Health Research Office, Education Council, etc.
24.	Q: What are examples of initiatives supporting improvements in the practice environment and safety for interprofessionals and nursing?
	A: Patient Wandering Policy that is now BH system-wide, construction projects (new North Tower) using input from all disciplines to design, consistency of HR policies (e.g. dress code, tuition reimbursement, attendance to local and national conferences, etc.).
25.	Q: What are some examples of internal resources available to nursing that promote mentoring and/or succession planning for career advancement?
	A: Evolving Leaders; continuing education programs. Evolving Leaders require an application for acceptance for each level (I-III) providing access to basic and advanced leadership courses from subject matter experts. Level III provides a designated mentorship experience with an internal leader. All activities support career advancement at BHLEX.
26.	Q: What are some examples of resources provided by BHLEX to promote caregiver stress management and overall well-being of interprofessionals that support a healthy work place?
	A: Employee Assistance Program (wellness program, financial, personal and marital counseling); Integrative CARE provides Canine Therapy, massage and essential oils to staff; and Employee Assistance Emergency Fund is available through Pastoral Care.
27.	Q: How is diversity supported and managed among interprofessionals and nursing?
	A: Resources discussed in orientation and BH Handbook, annual education is provided through Develop You, chaplains from Pastoral Care are available 24/7 to assist with both employees and/or patients.
28.	Q: What is the role of the interprofessional BHLEX Ethics Committee?
	A: Primary resource for all nurses and employees to address and resolve conflict regarding decision-making in clinical practice 24/7. Contact Chaplain in Pastoral Care to access services.

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29.	Q: What is the service recovery acronym used to guide and script responses from staff to patients and families?
	A: GREAT: G- greet and introduce self; R- relate and actively listen for needs and respond in an empathetic manner; E- Explain and clarify your role, situation and plans as clear as possible; A- Ask with open ended questions to gauge understanding; T- Thank and show gratitude for the interaction and wish the patient/family well.
30.	Q: What resources are available to confidentially report concerns regarding professional practice and/or incompetent, unsafe practice without fear of retaliation?
	A: Chain of Command (clinical house supervisors, nurse directors, COO/CNO, Administration), Sexual and Workplace Violence Policy, Grievance Procedure in Human Resources, Corporate Compliance hotline accessed via BEN, etc.).
31.	Q: Do patients actually receive a copy of their rights as a patient?
	A: Yes, upon admission or when obtaining the patient’s signature on the condition and consent for treatment form.
32.	Q: Provide examples demonstrating nursing and interprofessional involvement within the community to support population health.
	A: Annual Stroke Fair, Mid-Summer Nights Run, March of Dimes, Arthritis Walk, Relay for Life, Shine a Light (Lung Cancer Alliance), Expecting Great Things Maternity Event, various health screenings in the community.
33.	Q: How does the organization support employees who volunteer in employee events?
	A: With pre-approval, employees may be incentivized with paid hourly wages and hospital may purchase materials to support event (t-shirts, brochures, educational materials, etc.).
34.	Q: What is an interprofessional care plan?
	A: Care plan within EPIC where all disciplines document individual patient plan of care and goals.
35.	Q: Does BHLEX require mandatory OT?
	A: No. Some units require call as part of the position and are encouraged to take back time if they are called in above their standard hours.
36.	Q: How does Magnet benefit nursing? What’s in it for me?
	A: Yes. The Magnet credential recognizes a professional practice environment for nursing that also benefits interprofessionals. Benefits include the following: 1) empowered to participate in shared governance; 2) exert autonomy within scope of practice; 3) collaborate in an environment were all disciplines are encouraged to promote change as a team; 4) increased access to professional development resources and programs. Compared to non-Magnet hospitals, Magnet organizations have higher patient satisfaction, lower incidence of falls with injury, hospital acquired infections, mortality and decreased length of stay.