



In today's economic climate, along with major fiscal restraints in nursing departments and all hospital departments, this poster addresses the rewards and challenges of pursuing MAGNET recognition and the rehabilitation nurses' role in the journey.

Background

The MAGNET[®] Recognition Program was developed by the American Nurses Credentialing Center (ANCC) to acknowledge superior patient care, nursing excellence and innovations in professional nursing practice. Less than five percent of U.S. hospitals have achieved this distinction.

The MAGNET Journey at Jefferson was a visible and active commitment by everyone in the Department of Nursing and every department throughout the Hospital. The dedication and professionalism of more than 1800 Jefferson nurses as well as the support from physicians, staff, employees and our Board of Trustees made a tremendous impact toward our success.

Jefferson's Acute Rehabilitation Unit is proud to have contributed to our Hospital's successful MAGNET Journey and its achievement of MAGNET recognition in April 2009 from ANCC.

History of MAGNET Recognition

In 1981, the American Academy of Nursing (ANA) established a Task Force to study why some hospitals could recruit and retain nurses better than others. Results identified 41 hospitals that attracted nurses because they were able to create work environments that nurses found both professionally and personally rewarding. These hospitals were called "MAGNET" hospitals.

Organizational features of original MAGNET hospitals:

- Flat organizational structures instead of hierarchical layers;
- Unit-based decision making processes
- Influential and transformational nurse leadership who consistently seek staff nurse feedback
- Investments in nursing education, career development and expertise of nursing
- Improved patient outcomes.

In the 1990s, the American Nurses Credentialing Center (ANCC), a subsidiary of the American Nurses Association, established the formal MAGNET Recognition program.

To achieve MAGNET recognition, Jefferson demonstrated evidence that the organization met criteria for the 14 MAGNET Forces. Organizational structure, quality of nursing care and the professional environment of the institution are all vigorously evaluated.

The Forces are:

1. **Quality of Nursing Leadership:** risk-takers, knowledgeable
2. **Organizational Structure:** flat structure without multiple management layers
3. **Management Style:** shared decision-making
4. **Personnel Policies and Programs:** staff involvement e.g. flexible scheduling
5. **Professional Models of Care:** coordinators of all care are accountable
6. **Quality of Care:** quality care priority
7. **Quality Improvement:** perceived as educational opportunities
8. **Consultation and Resources:** peer support; knowledgeable experts
9. **Autonomy:** exercise independence judgment
10. **Community and the Healthcare Organization:** strong ties with examples of outreach
11. **Nurses as Teachers:** teaching incorporated into all aspects of care
12. **Image of Nursing:** integral to the organization
13. **Interdisciplinary Relationships:** mutual respect; productive relationships
14. **Professional Development:** strong educational presence

These 14 Forces were amended by ANCC in October 2008, creating components for a new dynamic and streamlined MAGNET model. They are:

1. **Structural Empowerment**
2. **Transformational Leadership**
3. **Exemplary Professional Nursing Practice**
4. **New Knowledge, Innovations, and Improvements:** organizations can partner with other organization to share resources
5. **Empirical Outcomes**

Why MAGNET, Why Now?

Since the primary employers in the Philadelphia area are healthcare and educational institutions, there is intense competition locally and regionally. From a business perspective, MAGNET recognition provides a competitive edge for Jefferson in attracting patients, physicians, nurses and other healthcare professionals.

But Magnet is also about investing in staff to be all they can be professionally and personally. MAGNET recognition empowers staff to make positive changes for our patients and it helped us do so based on sound evidenced-based research. It is an institutional commitment too.

A comparison of MAGNET hospitals demonstrated: significantly higher level of education preparation of the nursing staff; higher ratio of registered nurses to patients; select aspects of hospital rated more highly; nurses less likely to report feeling burned out; higher level of job satisfaction and quality of care rated higher by nursing.

Challenges of Pursuing Recognition: Time and Money

Attaining MAGNET recognition was an organizational goal as well. Costs vary in range depending on size of the institution. The initial MAGNET application process can be costly but sustained efforts to achieve the recognition make the return on investment measurable through reduced vacancy rates, shorter vacancy times, and reduced use of agency or temporary nurses. See above for example of fee schedule. (source: ANCC)

Fees Schedule

Application Fee: \$3,500.00

Acute Care In-Patient Settings and Long Term Care	
Licensed Bed Size	Appraisal Fee
100 or less	\$13,750.00
101-299	\$15,100.00
300-399	\$24,150.00
400-499	\$35,000.00
500-749	\$45,280.00
750-949	\$54,350.00
950+	\$57,850.00 + \$65 per bed over 950

Documentation Review Fee

MAGNET Appraiser Team Leader: \$2,500.00

Each MAGNET Appraiser Team Member: \$2,000.00

Site Visit Fee: \$1,850/appraiser/day

Acute Rehabilitation Nursing Role in Jefferson's MAGNET Journey

Nurses and interdisciplinary team members of our Rehabilitation Nursing Unit enthusiastically and energetically participated in Jefferson's MAGNET Journey. One of the tenets of professional rehabilitation nursing practice is being an active part of a highly effective team. As our unit demonstrated the MAGNET forces on the rehabilitation unit, we realized that staff was invested in achieving this recognition. Some examples of rehabilitation nursing part in Jefferson's MAGNET Journey include:

- Rehabilitation nursing demonstrated utilizing evidence-based practice: a literature search was done to examine the age old practice to instill saline into or tracheostomy or not to do so and recommendations were made for our spinal cord injured population based on this review. This demonstrated keeping practice current.
- Rehabilitation nursing assisted in writing a chapter of the MAGNET documentation and adding to the forces.
- Rehabilitation nursing took the lead in six nurse-led unit Resource Groups: (Falls, Diabetes, Dermal Defense, Pain, Ethics, Infection Control). Nurses participated in analyzing unit and comparing data from NDNQI (National Database of Nursing Quality Indicators) and determined that our nosocomial pressure ulcer rate was within NDNQI benchmark for rehabilitation unit. Staff discussed our Balanced Scorecard and how to achieve goals. The nursing unit was also recognized in 2008 as "Most Improved Scores" by Press Ganey.
- Rehabilitation nursing participated in three MAGNET unit committees guided by our Shared Governance Model: Evidenced-based Practice, Professional Development and Quality and Research. Examples of how the rehab nurses participated in projects on these committees include initiation of a peer review process on the unit that continues to evolve as staff becomes more comfortable giving peer feedback. Rehabilitation nursing staff took a more active role in hiring of new staff: interviewing and touring the potential new hire and giving feedback to the manager.
- Rehabilitation nursing staff invested in themselves by becoming certified in rehabilitation nursing. 9 RNS currently achieved certification, the most the unit ever had.
- Rehabilitation nursing participated in unit-based projects to improve patient outcomes such as the decline in our falls rate through various suggestions and innovative solutions by staff. Nurses brainstormed to solve problems and make a difference. When our patient, a young man who

was ventilator dependent and with spinal cord injury, was too fragile to get to his high school graduation, the nurses, with nursing leadership and administration support made it happen in an auditorium at the hospital.

- Rehabilitation nursing developed and improved hands-off communication between therapy and nursing that decreased errors by using the acronym GRAPES (greet, report, ask, privacy, explain, success). Rehab nursing developed a discharged checklist used at patient weekly conference. Team huddle with therapy and rehab nursing at the nursing unit each morning has improved collaboration and collegiality and heightened awareness of the three-hour Medicare rule for inpatient rehabilitation facility (IRF), and safety issues.
- Rehabilitation nursing with nurse manager support developed scheduling solutions that improved nurse satisfaction and patient satisfaction rates: flexible scheduling based on nurses' feedback on acuity, census and staff expertise.
- Rehabilitation nursing participated in the new resident orientation by presenting a PowerPoint presentation of information helpful for their transition.

A highlight of the whole journey was our entire rehabilitation team interacted with the MAGNET site surveyors on the days of the site visit. Interdisciplinary team members came in on their day off too. Surveyors interviewed the entire rehabilitation team including the nursing staff, rehabilitation unit medical director, attending physicians, speech therapist, PT and OT therapies, Spinal Cord Injury Center staff, social workers, pastoral care, recreational therapist, psychologist, pastoral care representation, and the unit housekeeper.

Conclusion

In April 2009, Thomas Jefferson University Hospitals, Center City Campus, was granted MAGNET recognition from ANCC for a four-year period.

With this recognition, Jefferson is required to periodically submit data to ensure our hospital is maintaining, sustaining and growing in depth within the new MAGNET Forces. We will continue to transform our practice through evidenced-based research at the bedside through rehabilitation nursing participation.

Although time and cost are significant in the MAGNET process, it is our opinion that patients and nursing staff have and will continue to reap the benefits of this prestigious recognition.

We believe that the experience of the MAGNET surveyors in interacting with the interdisciplinary rehabilitation team and the professional rehabilitation nurses helped play an important role in achieving MAGNET, Now.

References

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