2008 Manual Updates
Update 2 Issued: June 28, 2010
Clarifications related to submitting documentation for OO12, OO23, OO26, EP3EO, EP32EO, and EP35EO

Page	Category	Corrections, Clarifications and Additions
Page 20 Redesignating Applicants: Page 39	Organizational Overview #12	**Current:** Unit-based, nationally benchmarked nurse satisfaction or engagement data for a 2-or 3-year period to include data from the most recent two (2) survey cycles. If available, include the levels of statistical significance as compared to the benchmark. Include a graphic display of the data that clearly identifies benchmarks. (EP3) **Clarification:** Two (2) most recent unit-based, nationally benchmarked nurse satisfaction or engagement surveys. Preference is that the same tool be used for both surveys. Provide data for each unit. If the measurement tool has subscales, data should be displayed at the sub-scale level. If available include the levels of statistical significance as compared to the benchmark. Include a graphic display **and** a table of the data that clearly identify: • The database to which the data was contributed • The mean or median of the national benchmark (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) • Labels for each axis
Page 21 Redesignating Applicants: Page 40	Organizational Overview # 23.	**Current:** Nurse-sensitive indicator data related to patient outcomes for a 2-year period. If available, include the levels of statistical significance as compared to the benchmark. Data at the unit level by measure must be submitted on patient falls, nosocomial pressure ulcer incidence and/or prevalence, along with two (2) (the same data sets as used in response to EP32EO) of the following: • Blood stream infections • Urinary tract infections • Ventilator-associated pneumonia • Restraint use • Pediatric IV infiltrations • Other specialty-specific nationally benchmarked indicators. Include a graphic display of the data that clearly identifies benchmarks. List all external databases used to benchmark your performance. (EP32) **Clarification:** Unit-based, nationally benchmarked nurse-sensitive clinical indicator data related to patient outcomes for the most recent two year period. Provide quarterly data for every unit for which **all** patient falls and **all** nosocomial pressure ulcer incidence and/or prevalence are applicable. If available include the levels of statistical significance as compared to the benchmark.

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		Additionally, for each unit, display data for two (2) other applicable nurse sensitive clinical indicators selected from the list below: • Blood stream infections • Urinary tract infections • Ventilator-associated pneumonia • Restraint use • Pediatric IV infiltrations • Other specialty-specific nationally benchmarked indicators Include a graphic display **and** a table of the data that clearly identify: • The database to which the data was contributed • The mean or median of the national benchmark (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) • Labels for each axis • Whether a data point is 'no data submitted' or a 'zero' **Note: By 2012, organizations must provide unit-level data on all applicable indicators listed above.**
Page 22 Redesignating Applicants: Page 41	Organizational Overview # 26	**Current :** Patient satisfaction data at the unit level by measure for a 2-year period, including statistical levels of significance. Include a graphic display of the data that clearly identifies benchmarks. (EP35) **Clarification:** Unit-based, nationally benchmarked data for patient satisfaction **with nursing** for the most recent two (2) year period. Provide quarterly data for every unit for four (4) of the measures listed below. If available include the levels of statistical significance as compared to the benchmark. • Pain • Education • Courtesy and respect from nurses • Careful listening by nurses • Response time Include a graphic display **and** a table of the data that clearly identify: • The database to which the data was contributed • The mean or median or other benchmark statistic of the national database used (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) • Labels for each axis

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Page 29 Redesignating Applicants: Page 47	EP3EO	**Current:** That nurse satisfaction or engagement aggregated at the organization or unit level outperform the mean, median, or other benchmark statistic of the national database used. Include participation rates, analysis, and evaluation of the data. **Clarification:** That the results of the last nurse satisfaction or engagement survey outperform the mean or median of the national database used. This data can be displayed at the single unit level such as ICU, CCU, SICU; or by clinical groups of multiple like-units such as critical care, medical, surgical, medical-surgical, rehabilitation, ambulatory. If the measurement tool has subscales, data should be submitted at the sub-scale level. The narrative must include: • Participation rates • Analysis, and evaluation of the data • The database to which the data was contributed Include a graphic display **and** a table of the data that clearly identify: • All data from the most recent survey cycle within the last two (2) years. • The benchmark mean or median for the selected cohort (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) • Labels for each axis **NOTE:** Do not include internally benchmarked data
Page 31 Redesignating Applicants: Page 48 & 49	EP32EO	Current: That nursing-sensitive indicator data aggregated at the organization or unit level outperform the mean, median or other benchmark statistic of the national database used. Provide analysis and evaluation of data related to patient falls, nosocomial pressure ulcer prevalence and/or incidence, and two (2) of the following: • Blood stream infections Urinary tract infections • Ventilator-associated pneumonia • Restraint use • Pediatric IV infiltrations • Other specialty-specific nationally benchmarked indicators (use only for units for which the above do not apply

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		Clarification That the most recent eight (8) quarters of data for four (4) nurse sensitive clinical indicators outperform the mean or median of the national database used. This data can be displayed at the single unit level such as ICU, CCU, SICU; or by clinical groups of multiple like-units such as critical care, medical, surgical, medical-surgical, rehabilitation, ambulatory. Two (2) of the indicators must be **all** patient falls and **all** nosocomial pressure ulcer incidence and/or prevalence if applicable. . Two (2) other indicators must be selected from the list below ○ Blood stream infections ○ Urinary tract infections ○ Ventilator-associated pneumonia ○ Restraint use ○ Pediatric IV infiltrations ○ Other specialty-specific nationally benchmarked indicators The narrative must include: • Analysis, and evaluation of the data • The database to which the data was contributed Include a graphic display **and** a table of the data that clearly identify: • All data from the most recent eight quarters. • The benchmark mean or median for each quarter, for the selected cohort (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) • Labels for each axis • Whether a data point is 'no data submitted' or a 'zero' **NOTE:** Do not include internally benchmarked data
Page 31 Redesignating Applicants: Page 49	EP35EO	**Current:** That patient satisfaction data aggregated at the organization or unit level outperform the mean, median or other benchmark statistic of the national database used. Provide analysis and evaluation of data and resultant action plans related to patient satisfaction with nursing addressing four of the following: • Pain • Education • Courtesy and respect from nurses • Careful listening by nurses

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		• Response time • Other nurse-related national survey questions. **Clarification:** That the most recent eight (8) quarters of data for four (4) measures related to patient satisfaction **with nursing** (indicated below) outperform the mean or median or other benchmark statistic of the national database used. This data can be displayed at the single unit level such as ICU, CCU, and/or SICU; or by clinical groups of multiple like-units such as critical care, medical, surgical, medical-surgical, rehabilitation, and/or ambulatory. If the measurement tool has subscales, data should be submitted at the sub-scale level. • Pain • Education • Courtesy and respect from nurses • Careful listening by nurses • Response time The narrative must include: • Analysis, and evaluation of the data and resultant action plans • The database to which the data was contributed Include a graphic display **and** a table of the data that clearly identify: • All data from the most recent eight quarters. • The benchmark mean or median or other benchmark statistic for the database used for each quarter, for the selected cohort (select one cohort such as hospitals, bed size, Magnet hospitals, etc.) • Labels for each axis **NOTE:** Do not include internally benchmarked data

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Page 4 Page 63	Magnet Dictionary/ Nurse Leader	**Previous:** A nurse administrator or a direct-care nurse who participates in decision-making bodies and/or has a leadership role. For the purposes of the Demographic Information Form, this includes nurse executives, nurse managers, and advanced practice nurses. Clinical nurse specialists are not included due to the

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		significant variation of that role across state Nurse Practice Acts. **Correction:** A nurse who participates in decision-making bodies and/or has a leadership role.
Page 6 Page 63	Magnet Dictionary/ Nurse Manager	**Previous:** The nurse who manages one or more defined areas within organized nursing services. His or her primary domains of activity are planning, organizing, leading and evaluating. **Correction:** A Registered Nurse with 24 hour/7day accountability for the overall supervision of all Registered Nurses and other healthcare providers in an inpatient or outpatient area. The Nurse Manager is typically responsible for recruitment and retention, performance review, and professional development; involved in the budget formulation and quality outcomes; and helps to plan for, organize and lead the delivery of nursing care for a designated patient care area.
Page 6	Table 2. Eligibility Criteria Nurse Managers Scope and Standards for Nurse Administrators	**Previous:** In the future, the COM will be moving toward a requirement that nurse managers be prepared at the master's level. **Correction:** In the future, the COM will be moving toward a requirement that nurse managers be prepared at the ***graduate level with either a baccalaureate or graduate degree in nursing at the time of application.*** **Previous:** Applicant organizations must have the American Nurses Association's Scope and Standards for Nurse Administrators (American Nurses Association, 2004) currently implemented throughout nursing. **Correction:** Applicant organizations must have the most current version of the American Nurses Association's Scope and Standards for Nurse Administrators currently implemented throughout nursing.
Page 20 Redesignating Applicants Page 39	Organizational Overview #7	**Previous:** 7. A table that displays direct-care nurses' participation in professional organizations/associations and activities at the local, state, national, and/or international levels. Include office(s) held. (SE2) **Correction:** 7. A table that displays direct-care nurses' participation in professional ***nursing*** organizations/associations and activities at the local, state, national, and/or international levels. Include office(s) held. (SE2)

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Page 20 Redesignating Applicants Page 39	Organizational Overview #12	**Previous:** 12. Nurse satisfaction or engagement data for a 2-year period to include data from at least two (2) survey cycles. If available, include the levels of statistical significance as compared to the benchmark. Include a graphic display of the data that clearly identifies benchmarks. (EP3) **Correction:** 12. ***Unit-based, nationally benchmarked*** nurse satisfaction or engagement data for ***a 2- or 3-year period*** to include data from the ***most recent*** two (2) survey cycles. If available, include the levels of statistical significance as compared to the benchmark. Include a graphic display of the data that clearly identifies benchmarks. (EP3)
Page 21 Redsignating Applicants Page 40	Organizational Overview # 23	**Previous:** 23. Data at the unit level by measure must be submitted on patient falls, nosocomial pressure ulcer incidence and/or prevalence, along with two (2) (the same data sets as used in response to EP37EO) of the following: **Correction:** 23. Data at the unit level by measure must be submitted on patient falls, nosocomial pressure ulcer incidence and/or prevalence, along with two (2) (the same data sets as used in response to ***EP32EO***) of the following: **Previous:** Note: By 2010, organizations must provide unit-level data on all indicators listed above. **Correction:** Note: By ***2012***, organizations must provide unit-level data on all **applicable** indicators listed above.
Page 27 Redesignating Applicants Page 45	Sources of Evidence SE2 & SE2EO	**Previous:** SE2 The structure(s) and process(es) that enable nurses at all levels to participate in professional organizations at the local, state, and national levels. Include international participation, if any. SE2EO Two (2) improvements in different practice settings that occurred because of nurse involvement in a professional organization(s). **Correction:** SE2 The structure(s) and process(es) that enable nurses at all levels to participate in professional ***nursing*** organizations at the local, state, and national levels. Include international participation, if any. SE2EO Two (2) improvements in different practice settings that occurred because of nurse involvement in a professional ***nursing*** Organization (s).

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Page 29 Redesignating Applicants Page 47	Exemplary Professional Practice, last paragraph last sentence Sources of Evidence EP3EO	**Previous:** Magnet hospital data demonstrate outcome measures at or above the benchmark mean in patient and nurse sensitive indicators the majority of the time. **Correction:** Magnet hospital data demonstrate outcome measures that **outperform the benchmark statistic of the national database *used in patient and nursing-sensitive indicators*** the majority of the time. **Previous:** EP3EO That nurse satisfaction or engagement aggregated at the organizational level outperforms the mean of the national database used. Include participation rates, analysis, and evaluation of the data. **Correction:** EP3EO That nurse satisfaction or engagement data aggregated at the organization ***or unit level outperform the mean, median or other benchmark statistic*** of the national database used. Include participation rates, analysis, and evaluation of the data.
Page 31 Redesignating Applicants Page 48	Sources of Evidence EP30	**Previous:** EP30 The structure(s) and process(es) used by the organization to improve workplace safety for nurses, based on standards such as the *ANA's Safe Patient Handling and Movement (h*ttp://www.nursingworld.org/MainMenuCategories/ ANAPoliticalPower/Federal/Issues/SPHM.aspx). **Correction:** EP30 The structure(s) and process(es) used by the organization to improve workplace safety for nurses, based on **recommendations** such as the *ANA'sSafe Patient Handling and Movement (*http://www.nursingworld.org/ MainMenuCategories/ANAPoliticalPower/Federal/Issues/SPHM.aspx).
Page 31 Redesignating Applicants Page 48	Sources of Evidence EP 32EO	**Previous:** EP 32EO That nursing-sensitive indicator data aggregated at the organization level outperform the mean of the national database used. **Correction:** EP32EO That nursing-sensitive indicator data aggregated at the organization ***or unit level outperform the mean, median or other benchmark statistic*** of the national database used.
Page 31 Redesignating Applicants Page 49	Sources of Evidence EP35EO	**Previous:** EP35EO That patient satisfaction data aggregated at the organization level outperform the mean of the national database used. **Correction:** EP35EO That patient satisfaction data aggregated at the organization ***or unit level outperform the mean, median or other benchmark***

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		statistic of the national database used.
Redesignating Applicants Page 43	Sources of Evidence	**Previous:** TL10 The structure(s) and process(es) by which input from direct-care nurses is used to improve the work environment and patient care. **Correction:** TL10 ***How nurse leaders use input from direct care nurses to improve the work environment and patient care.***
Redesignating Applicants Pages 38-41	Organizational Overview/Sources of Evidence	**Previous:** All of the Sources of Evidence (88) that correlated with the Organizational Overview item for scoring were indicated in parenthesis following the item. **Correction:** Only the Sources of Evidence (60) required for redesignating organizations that correlate with the Organizational Overview item for scoring are indicated in parenthesis following the item. Note: Redesignating organizations are expected to fully comply with all 88 sources of evidence.
Appendix B Page 76	Crosswalk	**Previous:** OO14 in the 2005 manual crosswalks to OO12, EP1 **Correction:** OO14 in the 2005 manual crosswalks to ***OO11***, EP1
Appendix B Page 86	2008 Manual New Sources of Evidence	**Correction:** Deleted EP4EO
Appendix E Page 93	Formatting, Assembly, and Submission of Written Documentation	**Previous:** Submit single-sided pages, except preprinted documents such as brochures or clinical pathways. **Correction:** Submit ***single-spaced***, single-sided pages, except preprinted documents such as brochures or clinical pathways
Page 15	Demographic Information Form	***New Bullet !*** ***Submit a separate DIF for each component entity of a system.***
Appendix D Page 90	System Applicants/ Written Documentation	***New Sentence!*** ***A separate DIF must be completed for each component entity.***
Appendix F Pages 95-96	International Application Guidelines	***New Appendix!*** ***Information addresses initial international applicants only***