Magnet Recognition Program®

A Program Overview

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Objectives

• Explain what is meant by Magnet® recognition
• Explain the origin of the Magnet Recognition Program®
• Identify examples of the 14 Forces of Magnetism
• Describe the five Magnet Model components
• State outcome indicators for patients and nurses in Magnet facilities
Overview

- Magnet Recognition Program
- Program Structure
- Original Research
- Forces of Magnetism
- History
- New Magnet Model
- Considering the Magnet Journey
- Application Process
- Magnet Organization as Employer
Common Questions About Magnet

- What is Magnet Recognition?
- Who recognizes hospitals as Magnets?
- When and how did the Magnet Recognition Program begin?
- What is a Magnet hospital?
- How does a hospital achieve Magnet status?
- What is it like to work in a Magnet hospital?
What is Magnet Recognition?
Who Recognizes Hospitals as Magnet?

The American Nurses Credentialing Center’s Commission on Magnet Recognition (COM)

- 14 members
- Represent various nursing administrative and clinical sectors
- Two international members:
  - Australia
  - Germany

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ANA, ANCC Organizational Structure

American Nurses Association

American Nurses Credentialing Center

Accreditation
Certification
Magnet Recognition Program
Commission on Magnet
Pathway to Excellence
Institute for Credentialing Innovation

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Original Magnet Research

1980–1982

• National supply of nurses larger than ever with regional nursing shortages (1980–1982)
• 100,000 vacant nursing positions (inadequate staffing in 80% of hospitals)
• Crippling effect on the day-to-day operations
Original Magnet Research

AAN Task Force on Nursing Practice in Hospitals Researchers:

- Margaret L. McClure, EdD, RN, FAAN
- Muriel A. Poulin, EdD, RN, FAAN
- Margaret D. Sovie, PhD, RN, FAAN
- Mabel A. Wandelt, PhD, RN, FAAN
Magnet Recognition Program® Overview

Research Process

• 165 hospitals nominated by Academy Fellows as having the identified characteristics
• 155 hospitals consented to be studied
• 46 qualified for inclusion in the final sample; 41 participated
• Individual and group interviews
Study Outcomes

Findings:

- Organizational structure supported nursing leadership
- Staff nurses had autonomy and clinical authority in directing patient care
- Ability to attract and retain professional nurses
- Researchers called this the “magnet” effect—thus, Magnet Hospitals
- 41 hospitals designated Magnets
Magnet Recognition Program® Overview

**Forces of Magnetism**

- Quality of Nursing Leadership
- Organizational Structure
- Management Style
- Personnel Policies & Programs
- Professional Models of Care
- Quality of Care

- Quality Improvement
- Consultation & Resources
- Autonomy
- Community
- Nurses as Teachers
- Image of Nurses
- Interdisciplinary Relationships
- Professional Development

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Program History

1993

- ANCC established the Magnet Recognition Program
- ANA Scope and Standards for Nurse Administrators and the findings from the original study served as the basis for program standards

- Program Goals:
  » Identify excellence in the delivery of nursing services to patients,
  » Promote quality in a milieu that supports professional clinical practice, and
  » Provide a mechanism for disseminating best practices in nursing services.
**Program History** (continued)

1994

- First healthcare organization designated Magnet Recognition status—University of Washington Medical Center, Seattle

2002

- First international hospital recognized

2007–2008

- Analysis completed that integrated the 14 Forces of Magnetism into broader Components and a new conceptual Magnet model and vision emerged
The New Magnet Model

2008–Year of Transition

Consolidated the 14 Forces of Magnetism into five Model Components:

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

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The Magnet Model
Transformational Leadership

- Strategic Planning
- Advocacy and Influence
- Visibility, Accessibility, and Communication
Structural Empowerment

- Professional Engagement
- Commitment to Professional Development
- Teaching and Role Development
- Commitment to Community Involvement
- Recognition of Nursing
Exemplary Professional Practice

- Professional Practice Model
- Care Delivery System(s)
- Staffing, Scheduling, and Budgeting Processes
- Interdisciplinary Care
- Accountability, Competence, and Autonomy
- Ethics, Privacy, and Confidentiality
- Diversity and Workplace Advocacy
- Culture of Safety
- Quality Care Monitoring and Improvement

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New Knowledge, Innovations, and Improvements

- Research
- Evidence-based Practice
- Innovation
New Direction: Focus on Outcomes

Shift from **structure** and **process** to a greater focus on **outcomes**

- Clinical (patient)
- Community
- Workforce
- Organizational Outcomes

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Outcome Sources of Evidence

- Nurse-sensitive indicators
- Nursing research
- Practice changes
- Professional development
- Work environment changes
- Community involvement
Nurse-sensitive Indicators

- Clinical Indicators
- Patient Satisfaction
- Nurse Satisfaction
Clinical Indicators

- Falls
- Pressure Ulcers
- Other Indicators
  - Bloodstream Infections
  - Urinary Tract Infections
  - VAP
  - Pediatric IV Infiltration
  - Other Specialty Specific Indicators
Magnet Recognition Program® Overview
Beginning the Magnet Journey

• Self-Assessment
  » Magnet Web Site—Check for Resources
  » Magnet Application Manual

• Seek Assistance
  » Magnet Program Office Staff
  » ANCC Consultants
  » Magnet Organizations
Beginning the Magnet Journey

Consider the Organizational Culture

• Leadership support for Magnet
• Infrastructure for shared decision-making, quality improvement, peer review, interdisciplinary relationships, evidence-based practice, and nursing research
• Professional development programs
• Professional model of care as a basis for nursing practice

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Beginning the Magnet Journey

Organizational Culture (continued)

• Nurses at all levels (direct care, management, and leadership) should be knowledgeable about and actively involved in the above processes, programs, and activities

• The Sources of Evidence (measures of excellence) should be developed, disseminated, and enculturated throughout nursing services

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Application Process

Eligibility Requirements

• One Individual Serving as CNO
• CNO
  » (1) Master’s degree
  » (2) Nursing degree at baccalaureate level or higher
  » Effective January 1, 2011, 75% of nurse managers must have at least a baccalaureate degree in nursing
• Use of ANA Scope and Standards for Nurse Administrators
Application Process

Eligibility Requirements (continued)

• Compliance with all federal laws and regulations administered by the United States OSHRC, EEOC, HHS, DOL, and NLRB as they relate to registered nurses in the workplace

• These include health and safety, anti-discrimination, and labor management laws

• Nurse-sensitive quality indicators data at the unit level and benchmarked at the highest or broadest level possible

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Application Process

- Application
- Written Documentation
- Site Visit
- Commission Vote
### Magnet Characteristics

**Average Magnet® Organization Characteristics**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Overall (n=333)</th>
<th>0-100 (n=22)</th>
<th>101-200 (n=48)</th>
<th>201-300 (n=36)</th>
<th>301-400 (n=56)</th>
<th>401-500 (n=47)</th>
<th>501-600 (n=49)</th>
<th>601-700 (n=26)</th>
<th>&gt;701 (n=49)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Licensed bed size (average)</td>
<td>434</td>
<td>68</td>
<td>157.1</td>
<td>255.7</td>
<td>352</td>
<td>444.5</td>
<td>539.5</td>
<td>649.8</td>
<td>969.4</td>
</tr>
<tr>
<td>Average Daily Census</td>
<td>279</td>
<td>39.4</td>
<td>93.4</td>
<td>149.9</td>
<td>222.6</td>
<td>285.2</td>
<td>350.8</td>
<td>412.6</td>
<td>631.2</td>
</tr>
<tr>
<td>RN turnover (average)</td>
<td>9.90%</td>
<td>8.50%</td>
<td>10.20%</td>
<td>8.10%</td>
<td>9.70%</td>
<td>11.20%</td>
<td>10.40%</td>
<td>9.70%</td>
<td>10.30%</td>
</tr>
<tr>
<td>RN vacancy rate (average)</td>
<td>2.40%</td>
<td>4.10%</td>
<td>2.90%</td>
<td>3.40%</td>
<td>1.20%</td>
<td>1.70%</td>
<td>3.90%</td>
<td>1.20%</td>
<td>1.90%</td>
</tr>
<tr>
<td>Length of RN employment (yrs)</td>
<td>9.8</td>
<td>10.8</td>
<td>9.8</td>
<td>10</td>
<td>9.2</td>
<td>10</td>
<td>10.1</td>
<td>9.1</td>
<td>9.7</td>
</tr>
<tr>
<td>% of RN decision makers with graduate degrees</td>
<td>51.40%</td>
<td>49.40%</td>
<td>41.50%</td>
<td>51.20%</td>
<td>45.80%</td>
<td>48.50%</td>
<td>53.40%</td>
<td>51.20%</td>
<td>59.30%</td>
</tr>
<tr>
<td>% of RN decision makers certified by a nationally recognized organization</td>
<td>50.40%</td>
<td>56.50%</td>
<td>45.30%</td>
<td>50.90%</td>
<td>45.10%</td>
<td>53.40%</td>
<td>45.40%</td>
<td>48.70%</td>
<td>51.20%</td>
</tr>
<tr>
<td>% RN decision makers who are advanced practice nurses</td>
<td>28.10%</td>
<td>27.10%</td>
<td>19.10%</td>
<td>27%</td>
<td>20.10%</td>
<td>27%</td>
<td>29.80%</td>
<td>27.90%</td>
<td>34.20%</td>
</tr>
<tr>
<td>% of direct care RNs certified by a nationally recognized certifying organization</td>
<td>29.40%</td>
<td>27.40%</td>
<td>28.70%</td>
<td>29.50%</td>
<td>29.30%</td>
<td>31.50%</td>
<td>30.80%</td>
<td>28.90%</td>
<td>28.20%</td>
</tr>
</tbody>
</table>

**Direct care nurse education:**

- **Associate degree, nursing:** 37.60% 48.70% 42.20% 41.90% 38.10% 39.80% 36.20% 35.70% 31.70%
- **Bachelor/University degree, nursing:** 48.60% 38.70% 43.90% 42.20% 47.10% 47.20% 49.40% 49.70% 55.20%
- **Diploma:** 10.50% 12.20% 11.50% 12.30% 11.40% 10% 11.40% 10.40% 8.80%

Decision Makers include nurse executives, nurse managers, nurse practitioners, nurse midwives and CRNAs.

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Magnet Recognition Program® Overview

Magnet Culture of Excellence

Great Leaders
Great Structures
Great Nurses
Knowledge & Innovation
Great Outcomes

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Your Journey...

• Would you want to work in a Magnet hospital?
• What questions would you ask when seeking employment at a Magnet organization?
• How would the organization benefit if you joined the staff?
References


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