

Multiple Magnet® Designations Case Study Saratoga Hospital, Saratoga, NY

As a three-time Magnet designee, Saratoga Hospital in Saratoga Springs, NY, is well-positioned to meet the demands of an increasingly value-based healthcare environment. Leaders are so confident, in fact, they recently renegotiated with payers and opted to put a substantial amount of money at risk as pay for performance. They know that processes are in place to meet those deliverables and capture the vast majority of dollars. Saratoga's Magnet culture has transformed nursing from a cost center to a lucrative, revenue-generating center.

Like all hospitals across the country, Saratoga seeks to minimize readmissions and maximize care delivered in the community. Nurses play a critical role. They use a method called "teach back" to improve discharge education. Instead of pouring information into patients' heads, nurses start a dialogue, asking questions such as, "Tell me what you know about your illness?" and "When would you call your physician?"

Nurses educate patients before they enter the hospital, too. Orientation classes (similar to those for joint replacement patients) are offered to all patient populations so people are better prepared when they check in. Nurses designed the classes and their input keeps content relevant. For example, when it became clear that few patients complete a health proxy, it was added to the curriculum.

Nurse-driven callbacks also reduce readmissions. After a patient is discharged, a nursing staff member follows up with a phone call to clarify discharge instructions and make sure the patient is complying with the care plan.

Education proved to be one of the biggest challenges to maintain Magnet designation. When the CNO arrived seven years ago, most of Saratoga's nurses held associate degrees. Nursing leaders applied aggressive measures to make their nursing workforce the most highly educated in the region. The Foundation provided financial support and the hospital partnered with a local nursing school to build an on-site classroom. With barriers removed, leaders stepped back and watched nurses embrace educational advancement. Now, 45% of them have a BSN or higher and 50% of nursing leaders hold an MSN.

Similar measures improved certification rates. The hospital pays nurses in advance to take study courses and exams. It hosts on-site certification classes open to nurses throughout the region, with a pass rate well above 95%. Currently, 45% of Saratoga's nurses hold specialty certifications, with seven of 13 areas at, or greater than, 50%.

Perhaps nursing's most innovative engagement tool is its Magnet Days Away initiative. Twice a year, nurses join the CNO and senior leaders offsite to review Saratoga's strategic plan, offer input, articulate challenges and share success stories. Magnet Days Away fosters dialogue and

closes the communication loop. New nurses report that, in their first month at Saratoga, they have spent more time with senior leaders than they did during their entire tenure at other organizations. NDNQI and other survey results bear this out; nurse engagement levels consistently outrank the national norm. Likewise, the hospital's vacancy rate is so positive, travelers and agency nurses have been unnecessary for seven years.

At Saratoga, nurses lead decision-making, direct interdisciplinary teams, spearhead care improvements, and present their innovative work nationally and internationally. The result? Nurses set far higher expectations for themselves than the organization could ever set for them.

Nurses dominate Saratoga's Lean® teams, finding new ways to improve care delivery, processes and outcomes. They created and lead interdisciplinary teams (called collaboratives) that coordinate patient care from admission to discharge and beyond. And they are key players on architectural teams as the hospital redesigns its physical plant. Nurse input led to in-room dialysis equipment for all renal failure patients, reducing infections, improving efficiency and boosting satisfaction.

Intensive care unit (ICU) nurses spearheaded extraordinary changes around infection prevention and central lines. During rounds, they focus on each patient's overall care, rather than the line itself. How frequently is the patient repositioned? Is a central line even necessary? All ICU patients receive a chlorhexidine bath on admission and nurses educate other patients about this safeguard in pre-op classes. As a result, the hospital's surgical site infection rate has dropped dramatically.

Saratoga's advice to others considering the Magnet journey is simple: don't pursue the credential simply to make nurses feel good. Embrace it as an organization-wide culture change that encourages excellence and aligns with new demands in the healthcare environment – from regulatory bodies, managed care contractors and consumers. Magnet is your roadmap to get from point A to point B. And remember the three E's: engage all nurses in the pursuit of excellence; expect high levels of achievement; and elevate every effort with financial, scheduling and celebratory resources that remove barriers and facilitate success.

About the Magnet Recognition Program®

The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice. Consumers rely on Magnet designation as the ultimate credential for high quality nursing. Developed by the American Nurses Credentialing Center (ANCC), Magnet is the leading source of successful nursing practices and strategies worldwide.