Nursing Excellence
2016 Magnet®-Recognized Organization Success Stories
National Magnet Nurse of the Year® 2016 award winners

By Christina L. Dobson, MSN, BS, FNP, RN

The National Magnet Nurse of the Year® awards from the American Nurses Credentialing Center recognize the outstanding contributions of clinical nurses from Magnet®-recognized organizations for innovation, consultation, leadership, and professional risk-taking. The awards are presented for each Magnet® Model component. (See Magnet® Model.) A road map for organizations on the Journey to Magnet Excellence®, the Model provides a framework for nursing practice and research. The award winners were recognized at the ANCC National Magnet Conference® on October 6, 2016.

Transformational Leadership
Anne C. Boatright, MSN, RN, SANE
Forensic Nurse Examiner Coordinator
Nebraska Methodist Hospital
Omaha

Through dedication, advocacy, and tenacity, Anne transformed the way victims of violence in her community receive care. As the coordinator of the only forensic nurse-examiner program in her region, she built a team that provides around-the-clock care to patients. In four years, she grew the Methodist Heidi Wilke Forensic Nurse Examiner Program from 15 nurses to a staff of 30 forensic nurse examiners. With specially trained forensic nurses, her organization realized a 230% increase in patient volume in 3 years. Besides serving on county sexual assault and domestic violence response teams, Anne provides education and training to police and fire departments, advocacy agencies, and area hospitals and schools. She also serves on Nebraska’s human trafficking task force and works with the Federal Bureau of Investigation on human trafficking sting operations.

Structural Empowerment
Barbara M. Richardson, MSN, RN-BC, CCRN
Clinical Nurse Specialist
Transitional Care
Southwestern Vermont Medical Center
Bennington

A champion for transitional care nursing, Barbara serves patients in a rural medically underserved region that encompasses three states. She partners with local primary care providers to identify at-risk patients and helps patients navigate from one care setting to another. Barbara created a support network within the community, establishing partnerships with mental health services, Meals on Wheels, and the Support and Services at Home Program, which provides support to individuals who choose to live independently at home. She also collaborates with a community care team that works on decreasing emergency department (ED) visits. These

Magnet® Model

As shown in the image above, the Magnet® Model has five components.

- **Transformational leadership:** Visionary leadership that transforms the organization to meet changing needs
- **Structural empowerment:** Engaged staff with influential leadership that is prepared to meet current and future challenges of healthcare delivery
- **Exemplary professional practice:** Competent, dedicated nurses who apply their knowledge to achieve their professional best
- **New knowledge, innovations, & improvements:** Continued innovation that improves staff knowledge, clinical practice, and systemic excellence
- **Empirical outcomes:** System-wide measurement of quality outcomes related to nursing leadership and clinical practice that demonstrates continuous improvement

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efforts have led to a 69% decrease in hospitalizations and a 26% decrease in ED visits for patients enrolled in the program. As a result of its work, the transitional care team was awarded a $200,000 innovation grant from the state of Vermont.

Exemplary Professional Practice
Sharon A. Vanairsdale, MS, APRN, ACNS-BC, NP-C, CEN
Program Director
Serious Communicable Diseases
Emory University Hospital
Atlanta, Georgia

As the program director for Emory’s Serious Communicable Diseases Unit (SCDU), Sharon develops and maintains standard operating procedures to care for patients with a variety of highly infectious pathogens. In 2014, the SCDU cared for America’s first patients diagnosed with Ebola. Since then, Sharon has focused on the education of healthcare workers at Emory and hospitals across the nation. She assisted with developing courses on Ebola treatment and preparedness protocols and successfully trained more than 600 clinicians and public health professionals. Success of the training led to development of the National Ebola Training and Education Center, a collaboration among Emory Medicine, Nebraska Medicine, and New York City Health and Hospitals. Sharon creates curricula for the center’s free educational offerings for healthcare facilities around the world.

New Knowledge, Innovations, & Improvements
Christi D. DeLemos, MSN, CNRN, ACNP-BC
Nurse Practitioner
Department of Neurological Surgery
University of California Davis Medical Center
Sacramento

Christi’s contribution to new knowledge and innovation is exemplified by her development of a mobile application, called Neuroscience Nurse, designed for nurses who care for patients with neurologic impairments. The goals of the app are to enhance bedside care through instant access to neuroscience nursing information and to increase nurses’ confidence in caring for neurologic patients. Developed over a 1-year period, the app was reviewed by an international committee of nurses. Launched in 2015, the free app has been downloaded by more than 1,700 users in 19 countries. A committed educator, Christi has created a wide range of multilingual educational resources. She currently serves as president of the World Federation of Neuroscience Nurses, an international organization dedicated to promoting and developing neuroscience nursing worldwide.

Empirical Outcomes
Colleen K. McIlvennan, DNP, RN, ANP-BC
Lead Nurse Practitioner
Advanced Heart Failure and Transplantation
University of Colorado Hospital
Aurora

Colleen cares for critically ill patients with advanced heart failure, heart transplants, and left ventricular assist devices (LVADs). She generated groundbreaking research encompassing patients’ and caregivers’ emotional, rational, and fundamental beliefs when considering an LVAD. This work led to development of two innovative decision aids, an eight-page pamphlet, and a 26-minute video now used by LVAD programs across the United States and Canada. These efforts led to a $2 million grant from the Patient-Centered Outcomes Research Institute. Colleen’s pilot work and testing of the decision aids have garnered recognition from the American Heart Association and the Heart Failure Society of America.

About the Magnet Recognition Program®
The Magnet Recognition Program accredits organizations worldwide for nursing excellence. Magnet recognition is the highest and most prestigious international distinction a healthcare organization can receive for nursing service and quality patient care. Magnet designation recognizes the development and use of evidence-based criteria to guide organizations to achieve nursing excellence. The rigorous application process demands organization-wide participation and requires applicants to confirm the presence of key evidence-based standards of performance. Because Magnet recognition is a multiyear commitment, it offers a long-term framework for quality-improvement efforts and a means for engaging and motivating staff at all levels. Organizations with Magnet recognition embrace change and innovation and are strongly positioned to meet new healthcare challenges and improve the future of healthcare delivery.

Christina L. Dobson is director of special projects and program support for the American Nurses Credentialing Center.

Note: The 2017 ANCC National Magnet Conference® will be held in Houston, Texas, October 11-13. Visit nursecredentialing.org/MagnetConference for more information.
A nurse-driven community education program for older adults

This evidence-based approach increased participants’ knowledge and medication skills competency.

By Kelsey Vukov, MS, RN; Jack Davis, MSN, RN, ONC; and Patricia Quinlan, PhD, MPA, RN, CPHQ

Organizational involvement in community service is a key component of the American Nurses Credentialing Center’s Magnet Recognition Program®. Healthcare organizations with Magnet® recognition can address community healthcare needs through partnerships and programs. This article describes how nurses at a big-city specialty hospital developed and evaluated a nurse-driven community education program for older adults.

From research to program launch
Self-care management education in the community setting is an evidence-based approach for addressing key healthcare reform objectives, including better health, better healthcare, and value. Self-care education workshops can improve key aspects of chronic disease management, like medication compliance and patient-provider communication.

In 2012, nurses from the Hospital for Special Surgery (HSS) in New York City launched a nursing community education program for underserved older adults. The program came about after an internal nursing research study (N = 125) by Quinlan and colleagues showed decreased self-care knowledge is independently associated with increased aging (p < 0.05) and poor treatment adherence is independently associated with living in a low-income neighborhood (p < 0.05).

Based on these findings, HSS nurses formed the Nursing Community Education Committee (NCEC) consisting of interdisciplinary members. Committee goals aligned with the hospital’s community service plan, which reflects shared governance to sustain a professional practice model committed to partnerships, accountability, and interdisciplinary collaboration toward a sustainable, prevention-focused wellness intervention in the community setting.

NCEC partnered with graduate nursing students to develop a structured, nurse-led community education program and address the healthcare needs of older adults in underserved areas of the city. The evidence-based approach included:
- review of the literature and best practices
- identification and assessment of potential learning sites for seniors
- recruitment strategies for nurse teachers and learners
- development of course content and delivery methods
- cost analyses for program implementation
measures of effectiveness.

Three of the capstone project’s participants were hospital employees, which allowed easy facilitation of meetings and brainstorming throughout the project. For example, the cost analysis was drafted by a capstone nurse and senior director of nursing excellence (coauthor Patricia Quinlan). The manager of patient education and research (coauthor Jack Davis) bridged the work of the capstone group and NCEC. The final product, which took a year to create, was a highly structured community education program for older adults.

**Program implementation**
A study approved by the hospital’s institutional review board (IRB) accompanied implementation of the education program. Study design took the form of a pretest and a posttest to evaluate effectiveness of the program on older adults’ knowledge and satisfaction.

Fourteen classes consisting of didactic lectures were given to 122 participants in two older-adult community centers from August 2012 through November 2013. Presentation topics were based on results of the hospital’s community health-needs assessment, which showed interest in self-care education specific to older adults’ needs, such as medication management and patient-provider communication.

Across sessions, the average mean increase in knowledge assessed through pretests and posttests was 9%. Eighty-nine percent of survey respondents said they learned something new and 98% rated the courses as good or excellent.

**Program expansion**
With success of the program, outreach expanded to additional senior living centers. To accommodate this expansion, committee members recruited more staff to volunteer to teach and develop content. Recruitment strategies included:

- committee members recruiting from their respective units
- presentation and call for speakers at the hospital’s annual Nursing Education & Research Day
- program summary published in the hospital’s internal newsletter
- volunteer opportunities through the annual nursing needs assessment.

Recruitment succeeded, as shown by the increased number of nurse and other clinician volunteers—from two in 2012 to 18 in 2015. (See Program growth over 4 years.)

**Medication skills training**
In 2014, the committee sought to further explore the effects of community education beyond knowledge and satisfaction. Through grants from the hospital’s Academy of Medical Educators and the department of nursing, we enhanced the community education program by adding skills training to our medication management classes, provided through a four-class series workshop for seniors.

**Participants’ knowledge scores: Before and after**
This graph shows participants’ knowledge scores before and after the medication safety skills training workshop.
The IRB principal investigator and co-investigators completed an IRB-approved quasi-experimental study design to compare participant knowledge, confidence, and skills before and after the workshop. Trained staff facilitators assessed participants’ skills in three competencies:

- reading medication labels
- creating a medication list
- communicating with a healthcare provider.

The workshop was piloted at two local senior living centers with a convenience sample of 30 participants from December 2014 to May 2015. The mean change in knowledge score was 26.4 ($p = 0.008$). (See Participants’ knowledge scores: Before and after.)

Although confidence for each skill increased slightly, the change wasn’t statistically significant. Nearly three-quarters (74%) of participants successfully completed the three skills competencies. At study completion, 93% reported they were adhering to their medication regimens and 54% said they were using a medication list. All participants ranked the workshop as excellent and said they’d recommend it to a friend.

At study completion, **93% of seniors** reported they were adhering to their medication regimens and **54%** said they were using a medication list.

The medication skills training—a more intensive program with additional personal nurse attention—seemed to be a more effective teaching method than simple didactic lectures. The intervention in the first study (involving lectures) resulted in a slight increase in knowledge; but the second study with its active learning model led to a greater knowledge increase. These findings have influenced current practice, as nurses at HSS have incorporated more active learning in other community and in-house education.

The authors work at the Hospital for Special Surgery in New York, New York. Kelsey Vukov is a patient educator. Jack Davis is manager of Patient Education & Research. Patricia Quinlan is assistant vice president for Nursing Excellence.

**Selected references**


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WPH is a member of the Montefiore Health System. The Hospital is fully accredited by the Joint Commission and earned Top Performer for Key Quality Measures® in 2015 and 2013. WPH received Magnet® re-designation in 2016 from the American Nurses Credentialing Center (ANCC). Also in 2016, White Plains Hospital received the Outstanding Patient Experience Award from Healthgrades® and was named a Best Regional Hospital by U.S. News & World Report.
Children's Mercy Kansas City was the first hospital in Missouri or Kansas to earn Magnet Designation for excellence in nursing services, an honor the hospital has now received four consecutive times. Children's Mercy nurses are national leaders in helping advance pediatric nursing and how it’s practiced in Kansas City and around the world.

Learn more about nursing at Children's Mercy by visiting ChildrensMercy.org/Nursing.