2019 Magnet® Application Manual raises the bar for nursing excellence

Revisions to the manual clarify the value of nursing across all healthcare settings.

By Rebecca Graystone, MS, MBA, RN, NE-BC

In October 2017, the American Nurses Credentialing Center’s Magnet Recognition Program® released the 2019 Magnet® Application Manual, the 12th application manual in the 27-year history of the program. It builds upon the foundation of seminal research conducted in the early 1980s that led to the creation of the program, but it also incorporates contemporary standards that address challenges faced globally by healthcare organizations today.

Subject matter experts with a broad collection of perspectives—the Commission on Magnet, professional association members, chief nursing officers, Magnet program directors, Magnet program staff, and others—contributed invaluable insights to inform this latest edition. This collective input, coupled with a rigorous review process, resulted in a nursing credential through which organizations demonstrate the value nurses contribute to patients, families, institutions, and communities.

The changes in the 2019 Magnet Application Manual clarify previous standards, reduce the volume of requested information, and expand documentation requirements for the outpatient arena and nursing research.

What stayed the same?

Many elements within the manual have not changed. Some examples include the Magnet® Model, the eligibility requirement for baccalaureate in nursing or higher prepared leadership, the continued focus on empirical outcomes (including those compared against national benchmarks), and innovation, research, and interprofessional collaboration. In addition, the four phases of the Magnet appraisal process—application, submission of written documentation, site visit, and Commission on Magnet Recognition decision—are unchanged. The written documentation and site visit phases require a thorough and comprehensive review by at least three independent, expert appraisers who determine whether the organization meets a threshold of excellence. The Commission on Magnet receives the appraisers’ comprehensive reports for final deliberation and decision.

What changed?

As the 2019 manual continues to raise the bar for excellence, major changes include:

- **Clarification of leadership titles and roles.**
  The term “nurse leader” is replaced with “Assistant vice president/Director.” Nurse managers remain unchanged, and documentation provided at the time of application to demonstrate academic preparation of leadership is streamlined. The focus remains on the Magnet-defined function, not the specific title of the RN serving in a leadership role.
• Fewer organizational overview (OO) items. The number of OO items dropped from 20 to 10. Each item represents a foundational element of a Magnet culture and must be present and operational in the applicant organization. Overlapping requirements within the standards led to the removal of some OO items or movement to the standards section.

• Nursing research. Nursing research requirements now include a total of at least three nursing research studies presented in the applicant’s documentation. Two of the three studies must be complete; the third must be open or ongoing. This increase in nursing research studies supports the imperative that nurses in Magnet-recognized organizations are involved not only in evidence-based practices but also in creating new knowledge. Applicant organizations provide the infrastructure and resources to advance many nursing research activities within practice environments.

• Expansion of requirements for outpatient settings. Nine standards require applicant organizations to describe and demonstrate achievement of requirements in outpatient settings. Six of the nine standards require demonstration of empirical outcome data. The expansion into outpatient settings reflects contemporary trends in healthcare delivery and RNs’ critical impact.

• Transition to practice requirement. For the first time, the standards provide applicant organizations the ability to meet a standard by providing evidence of a current, nationally accredited transition to practice program certificate. A copy of the current certificate provided as evidence fully satisfies the standard. Alternatively, if the applicant organization’s transition to practice program is not accredited, three examples must be described and evidence provided to demonstrate integration and effectiveness of the six transition to practice elements for each example.

Achieve excellence
Magnet designation is attainable by healthcare organizations regardless of size, setting, or location. Revisions to the manual provide clarity and relevance to consistently demonstrate the value of nursing care across healthcare settings, populations, and geography. Collectively, the enhancements give organizations an evidence-based, data-driven framework to achieve excellence in processes, structures, and ultimately patient-centered outcomes.

Rebecca Graystone is the director of the Magnet Recognition Program® at the American Nurses Credentialing Center in Silver Spring, Maryland.

Selected reference
The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence, and innovations in professional nursing practice. Consumers rely on the 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. *US News & World Report* uses the Magnet designation as a primary competence indicator in its assessment of almost 5,000 hospitals to rank and report the best medical centers in 16 specialties.

The ANCC National Magnet Nurse of the Year® Awards were created in 2010 to recognize the outstanding contributions of clinical nurses for innovation, consultation, leadership, and professional risk-taking. Awards are presented in each of the five Magnet® Model components: transformational leadership; structural empowerment; exemplary professional practice; new knowledge, innovations, and improvements; and empirical outcomes. The 2017 award winners were recognized at the ANCC National Magnet Conference® in Houston, Texas.

### Transformational leadership
Mary Dixon Still, MSN, RN, ANP-BC, ACNS, CCRN, FCCM
Clinical Nurse Specialist
Emory University Hospital
Atlanta, GA

Still was recognized for her leadership in sepsis mortality reduction, continuous renal replacement therapy, and a molecular absorbent recirculating system. Through research, persistence, and new technologies, she’s created various policies and protocols that have decreased mortality rates and shortened the average length of patients’ hospital stays.

### Structural empowerment
John F. Shepard, BSN, RN, CCRN
RN Senior Partner
Indiana University Health–Methodist Hospital
Indianapolis

Shepard has a reputation of advocating for patients and peers by endorsing a culture that promotes safe work practices. Recognizing the risk of his own professional burnout, Shepard implemented nursing mindfulness meditation sessions. These brief meditations focus on topics such as intention, compassion, and gratitude, and they’ve already demonstrated a positive impact on the hospital’s healthy work environment initiative. Since its inception, overall employee satisfaction has increased and nurses feel more connected with their patients and each other.

### Exemplary professional practice
Susan Gold, BSN, RN, ACRN
Nurse Clinician
University of Wisconsin Hospitals and Clinics
Madison

Throughout the course of her career, Gold has made both a local and global impact. A 25-year veteran at the University of Wisconsin, Gold has been specializing in the HIV clinic for the past 8 years. Since 2003, Gold has traveled to Africa to treat HIV orphans and to educate caregivers. And she’s the first clinical nurse to ever be awarded both a Fulbright scholarship and a Nelson Mandela Fellowship.

### New knowledge, innovations, and improvements
Laurie McNichol, MSN, RN, CNS, GNP, CWOCN, CWON-AP, FAAN
Clinical Nurse Specialist/Wound Ostomy Continence Nurse
Cone Health–Moses H. Cone Memorial Hospital
Greensboro, NC

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Call for Manuscripts

American Nurse Today, the official journal of the American Nurses Association, invites you to consider submitting an article for publication.

American Nurse Today is a peer-reviewed journal providing a voice for today’s nurses in all specialties and practice settings. Packed with practical information, it keeps nurses up-to-date on best practices, helps them maximize patient outcomes, and enhances their careers.

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If you haven’t written before, please consider doing so now. Our editorial team will be happy to work with you to develop your article so that your colleagues can benefit from your experience.
In 2012, McNichol convened a consensus conference of 20 representatives from various nurse specialties to discuss their findings linking skin damage to medical adhesives. After recognizing this as a widespread issue, McNichol coined the term “medical adhesive–related skin injury” (MARI). Defining MARI has led to research into how adhesives perform and resulted in practice innovation to improve the patient experience. McNichol is published in nursing journals, is a coeditor of the Core Curriculum Wound Management textbook, has given presentations and keynote addresses across six continents, and was named a Fellow of the American Academy of Nursing.

**Empirical outcomes**

Melanie Roberts, DNP, RN-BC, CNS, CCNS, CCRN
Critical Care Clinical Care Specialist
UCHealth Medical Center of the Rockies
Aurora, CO

Poudre Valley Hospital
Fort Collins, CO

A pursuit to improve care quality and reduce mortality rates for postoperative cardiovascular patients led Roberts to initiate guidelines for cardiac surgery advanced life support (CALS). As a result of these guidelines, UCHealth reports that 100% of patients who had the CALS interventions and averted cardiac arrest survived. Roberts’ work also has resulted in a significant decrease in the number of patients needing chest compressions, leading to a reduction in injuries.

**Making a difference**

These five nurses represent the best of nursing—and the potential in all nurses. Through their dedication, innovation, and attention to excellent care, they've made a difference in the lives of their patients, colleagues, and communities.

Rebecca Graystone is the director of the Magnet Recognition Program® at the American Nurses Credentialing Center in Silver Spring, Maryland.

The 2018 ANCC National Magnet Conference® will be held October 24-26 in Denver, Colorado.
We are honored to announce that American Nurse Today has received three ASHPE awards in 2017:

- Silver Award for Best Cover: Photo Category: How to help human trafficking victims (January 15, 2016)
- Silver Award for Best Cover: Computer-Generated Category: Carbon Monoxide Poisoning (September 15, 2016)
- Silver Award for Best How-To Article Category: How to recognize delirium in pediatric patients (May 15, 2016)

American Nurse Today has a long history of ASHP awards dating back to the launch of the journal, and we are thrilled that YOUR journal continues to be recognized by experts in the healthcare publishing field.

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• and serving as an authority on evolving trends in the healthcare publishing sector.
Transitional care—The pathway to integrated care delivery

Clinical and community partnerships reduce hospitalization and emergency department visits.

By Billie Lynn Allard, MS, RN

Healthcare delivery in the United States is not sustainable in its present state, and nurses across the country need to take the lead in redesigning it. One group of clinical nurse specialists is spearheading the design and implementation of value-based, integrated care in rural Vermont.

Making the transition
The clinical nurse specialists in our American Nurses Credentialing Center Magnet® designated hospital are integral members of the care team, but with decreasing inpatient census we risked losing this valuable resource. To retain these care professionals, we began a literature search that revealed the successful work of Mary Naylor at the University of Pennsylvania. Naylor used nurse practitioners as transitional care nurses (TCNs) to help patients navigate from one setting to another, bridging the gaps in communication, collaboration, and education. TCNs partner with patients and families, sharing pertinent information with care providers, assisting with appropriate referrals, and providing education about symptom and medication management for chronic diseases. (See Transitional care model.)

Building relationships
With a goal of engaging clinical and community partners in this program, TCNs initially met with the clinical leaders of community agencies and the hospital to identify gaps in care. Then TCNs held group meetings with frontline staff from those facilities and agencies, asking where they saw gaps, where they needed help, and what was and wasn’t working. Getting to know colleagues who play major roles in care delivery and building relationships became the foundation of the project. Home care and medical home agencies worried about duplication of effort and turf issues, so mapping out workflows and providing assistance when requested was the first step. We wanted to create a cohesive, interdisciplinary team to better meet our community’s needs.

Solving the puzzle
After learning where help was needed, TCNs began spending time in skilled nursing facilities, shadowing home care and hospice nurses, learning about case management, and witnessing care delivery in primary care practices. The total picture of each individual patient’s journey became clearer; TCNs learned that a hospital stay is one small part of the story, with a minimal impact on health outcomes.

TCNs discovered that many patients didn’t understand their complex discharge plans, didn’t take medications correctly, and had overwhelming social issues including needing assistance to pay for medications, food, and heat for their homes. The expectation that patients would understand their chronic disease and manage their symptoms was unrealistic. For the first time, the pieces of the puzzle came together.

Measuring results
In the 3 years since this project began, all primary care practices affiliated with the Southwestern Vermont Health Care system have chosen to partner with the TCNs. Each TCN works with three to four primary care practices, identifying high-risk, chronic care patients who’ve had multiple hospitalizations and emergency department (ED) visits and may benefit from assistance. More than 1,000 patients

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Little Company of Mary Medical Center Torrance Achieves Highest National Honor for Nursing Excellence

Providence Little Company of Mary Medical Center Torrance is proud to have achieved Magnet status, the “gold standard” of nursing excellence. The Magnet Recognition Program® recognizes healthcare organizations for quality patient care, nursing excellence and innovations in professional nursing practice — a prestigious award that represents our commitment to providing excellent care with compassion to the community we serve. And we’re happy to share this honor with all of you.

To find out more, visit us online at providence.org/torrance or call us at 888-HEALING (432-5464).
Transitional care model

Clinical nurse specialists use the transitional care model to help patients navigate from inpatient hospital care to home or other healthcare settings.

Transitional care model diagram:
- Patient is introduced to transitional care nurse (TCN) during a scheduled visit.
- TCN introduces his or her role as an extension of the primary care provider (PCP) office to assist with communication, education, and support.
- PCP
- Patient transitions to subacute care.
- TCN visits patient in subacute care within 24 to 48 hours of notification.
- TCN coordinates with the facility to prevent duplication of effort and ensure a smooth transition.
- TCN visits patient as needed.
- Patient transitions home.
- TCN visits patient within 24 to 48 hours of notification to review discharge plan, assist with medication reconciliation, plan referral appointment, and provide additional teaching to supplement teaching done in the institutional setting.
- Patient transitions to hospital.
- TCN visits patient in hospital within 24 to 48 hours of notification.
- TCN partners with hospital care team to provide additional information that may assist with care.
- For patients discharged with home health support, TCN coordinates with the home health agency to prevent duplication of effort and ensure a smooth transition.

have participated in the program with over 700 allowing home visits.
Implementing TCNs led to a 49.7% decrease in hospitalizations and a 11.3% decrease in ED visits in the 180 days after intervention among these patients. Scores on satisfaction surveys are high, with multiple positive comments from patients and families, and healthcare costs for patients in the program have fallen. Reduced rates of hospitalization and ED visits mean less revenue for the hospital, a goal for healthcare reform that’s difficult to embrace in a fee-for-service model, but will be rewarded in a value-based environment.

As part of annual nursing education, the TCNs have shared insights with their inpatient colleagues. As a result, projects are underway to change how we discharge patients and involve them in the process:
• creating refrigerator magnets with color-coded instructions for managing chronic obstructive pulmonary disease (COPD) and heart failure symptoms in all settings
• providing medication boxes along with assistance from healthcare providers to educate patients about proper use
• partnering with clinical pharmacists to ensure cost-effective medication ordering and to develop strategies that improve medication adherence, such as pharmacists providing medication education in hospitals, primary care practices, and homes
• sharing standardized heart failure, COPD, and diabetes education with providers in various healthcare settings to improve patient understanding.

The team creates care plans that better meet the needs of their patient population; interventions include helping patients find stable housing situations, procure health insurance, establish primary care providers, and find part-time jobs. Diabetes educators are embedded in office practices to engage patients in shared goal setting, to teach disease-management skills, and to support patients with new and existing diagnoses. Patients enrolled in the integrated diabetes education program had a 15.7% reduction in their average HbA1c levels.

At weekly transitional care team meetings and quarterly community-based meetings, the team gathers information, updates the gap analysis, and systematically creates an accountable community of care. (See A community of care.)

Strengthening partnerships
The TCNs’ work has strengthened partnerships with ambulatory practices by reducing gaps in care
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Magnet® designation is the gold standard for excellence in nursing care. The University of Kansas Hospital is one of only 8 percent to achieve Magnet® designation from the American Nurses Credentialing Center. Even fewer have been designated three times or more.

**Third consecutive Magnet® designation:** 2006, 2011, 2017

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coordination. Primary care providers also have more resources at their fingertips. For example, a provider can reach out to a TCN and request a home visit for a woman whose blood glucose and blood pressure are out of control but who claims to be taking her medications. During the home visit, the TCN may discover the patient never filled the prescription for a diabetes medication and is taking only half of the blood pressure medication because of the side effects. The TCN then communicates that information to the medical home nurse case manager, who shares it with the provider.

TCNs visit patients 24 to 48 hours after discharge to review instructions and medications and to ensure a safe home environment. The TCN shares updated information with the primary care provider before the patient’s next office visit along with questions and concerns to be addressed during the appointment. TCNs may accompany patients to provider appointments, sharing crucial information, updating medication lists, and ensuring patients understand instructions and medication changes. For example, the TCN might supervise a man with heart failure correctly adding new cardiac medications and removing others from his medication box, explain what the new medication is for, and discuss the importance of daily weights. The TCN leaves his or her contact information in case the patient has any questions or concerns and then returns in 3 days for a follow-up visit. The goal is to help patients own their health and better understand how their decisions and choices have consequences. Some patients require only one or two home visits, while others benefit from 3 or 4 months of oversight.

The transitional care program offers nurses the opportunity to partner over time with individual patients and their families to develop trusting relationships. We strive to meet patients where they are, find out what their goals are for the future, and work with them to develop a plan that is realistic and achievable. The goal is to help patients own their health and better understand how their decisions and choices have consequences.
MSK Department of Nursing
2018 Nursing Continuing Education Programs

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and help them develop a realistic plan to get there. When necessary, TCNs assist with palliative care or hospice referrals, laying the foundation for the next choice the patient makes. Care is driven by the patient and supported by the nurse.

Making an impact
TCNs are making an impact on the delivery of healthcare in this community and meeting the triple aim (improving the patient experience, improving population health, and reducing per capita healthcare costs). Patient surveys demonstrate improvement in the patient experience, quality outcomes have improved, and hospitalizations and ED visits have steadily decreased for patients in the program. Even more important is the interdisciplinary team approach to care delivery. We’re using available, appropriate resources, creating a shared care plan, and advocating as one for necessary resources. One by one, we’re bridging gaps to improve healthcare delivery in our community. Without a doubt, it’s the most meaningful and rewarding work of our careers.

Billie Lynn Allard is the administrative director of care management, transitional care, and ambulatory services at Southwestern Vermont Health Care in Bennington.

In October 2017, Southwestern Vermont Medical Center received $50,000 for this innovation as the winner of the ANCC Magnet Prize™, sponsored by Cerner.

Selected references
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Coming next month
February focus—Hospice care
For the month of February, we’ll be focusing on hospice care. Check in with AmericanNurseToday.com throughout the month to hear about your colleagues’ experiences and get information about how to talk to patients and families about this challenging healthcare decision.

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www.AmericanNurseToday.com
Designing a sustainable research strategy

A workshop helps frontline nurses pursue research interests.

By Stephanie A. Walton, MSN, RN, NPD-BC; Kara Sankey, MSN, CNL, RN; and Nichelle Jensen, DNP, APNP

Encouraging all levels of nursing to participate in research is an important component of establishing an inclusive research culture. Here’s how we built that culture at our organization.

How we began
Our health system, which crosses nine counties and two states, includes two community hospitals, two critical-access hospitals, and over 48 outpatient centers. The organization received its first Magnet® designation with a systemwide project to introduce research to all staff. For the next designation, we implemented a learning-by-doing model, which consists of strategic planning sessions with clinical staff to develop research topics within the organization. Three clinical leaders from the team meet with key executive leadership to align topics from brainstorming sessions to help attain goals on the nursing strategic plan. The clinical staff and executive leadership together identify which areas the organization will pursue as research.

How the program works
This program encourages frontline nursing staff to participate in research by providing dedicated working time, resources, and motivation to pursue areas of research that are meaningful to their daily practice. Using a workshop structure, research proposals are written with a mentor present to help keep research groups on a strict timeline. (See Research workshop agenda.) This format allows for time and resources for bedside staff to engage in research, and focusing on patient outcomes keeps them engaged and improves participation. After research is completed, plans are developed to help researchers disseminate their findings internally and externally. The program consists of new cohort brainstorming sessions every 12 to 18 months to support continued growth and ongoing research development within the organization.

Spike in research
The program has resulted in an exponential increase in research activity. We went from one research project that took just over 2 years to complete, to four projects completed in the last 1½ years at five locations. These outcomes have been sustained over 2 years, proving that creating a structure helps embed research in the culture.

The authors work at Mercyhealth™ in Janesville, Wisconsin. Stephanie A. Walton is a patient navigator, Kara Sankey is director of IP case management and social services, and Nichelle Jensen is a hospitalist nurse practitioner.

Selected reference