Assessment Results

Hospital & Nursing Division Organizational Charts	
Risk:	Low
Risk Theme:	Leadership: (OO4)

Magnet® requirement:	Magnet® requires the submission of administrative and nursing organizational charts in OO4. While there are no specific Magnet® requirements related to organizational charts, they will be reviewed for CNO positioning in the organization and scope of role, and oversight of all nursing care by the CNO.
	
	<u>Magnet® Update MPD Session October 2014:</u>
	• Submit hospital/entity organizational chart
	• Submit nursing service organizational chart
	• Describe CNO's relationship to all areas where nursing is practiced
	  ○ Reporting relationships: direct and indirect
	  ○ Ask: Who is ultimately accountable for nursing practice?
	  ○ Don't forget APRNs and ambulatory/outpatient RNs

Observations/Gap(s):	• Alignment (All areas where nursing is practiced should have a reporting relationship to the CNO); this relationship can be direct or indirect
	• Mid Coast Hospital Organizational and Functional chart, dated 7/19/16 is provided.
	•
	• CNO reports to President/CEO
	• Chart has a notation that "CNO is accountable for nursing practice in all areas where patient care (nursing care) is delivered" This includes:
	  ○ Midwives (under Surgical Group Specialties)
	  ○ Any areas under MCMG Primary Care and Specialty groups where nursing may be practiced
	  ○ Hematology and Oncology
	  ○ Information Services (nursing only)
	  ○ Diagnostic Imaging (nursing only)
	  ○ Community Relations and Outreach (nursing only)
	• Separate nursing org chart is not provided

Gap Consequence(s):	One of twenty required documents for the Organizational Overview. If any of the requested documents in the twenty (20) Organizational Overview items are not present: • The review is suspended

	• The organization is notified and will have five (5) business days to provide the missing documents • If the missing documents are not provided after five (5) business days, the review is concluded.
Recommendation(s):	• Review organizational charts to accurately reflect current state of organization • Update organizational charts on a scheduled basis

Annual Organizational & Nursing Report (most recent)	
Risk:	Moderate
Risk Theme:	Leadership: Organizational Alignment (OO3)
Magnet® Requirement:	Magnet® OO3 requires submission of the organization and nursing annual report. <u>Magnet® Update MPD Session October 2014</u>: • Submit copies of the most recent reports • If an organization has only a single annual report or strategic plan, the nursing department must have a distinct presence in these reports. • If an organization submits a system-level report, the applicant organization must have a distinct presence in the report.

Observations/Gap(s):	• Draft annual nursing report is provided (the document is undated but the file name indicates this is a 2016 draft report)
	• Report highlights:
	  ○ Nursing demographics
	  ○ Patient letters
	  ○ Patient outcomes (all NSI presented in addition to restraints and VAP)
	  ○ Patient satisfaction
	  ○ Professionalism and Leadership (includes certified nurses and those participating in the clinical ladder for 2015)
	• Unable to locate report on website- may consider adding
	• Organizational report not provided, unable to assess for alignment

Gap Consequence(s):	One of twenty required documents for the Organizational Overview. If any of the requested documents in the twenty (20) Organizational Overview items are not present: • The review is suspended • The organization is notified and will have five (5) business days to provide the missing documents If the missing documents are not provided after five (5) business days, the review is concluded.
Recommendation(s):	• Consider adding annual nursing report to website to make more available to nursing and visitors • Provide organizational report if possible
Organization and Nursing Strategic Plans (most recent)	

Risk:	None
Risk Theme:	Leadership: Organizational Alignment (OO3 and TL1EO)
Magnet® requirement:	Magnet® OO3 requires submission of the organization and nursing strategic plan. TL1EO requires evidence of initiatives identified in the nursing strategic plan that resulted in improvements in the nurse practice environment and clinical practice. <u>Magnet® Update MPD Session October 2014</u>: • Submit copies of the most recent reports • If an organization has only a single annual report or strategic plan, the nursing department must have a distinct presence in these reports. • If an organization submits a system-level report, the applicant organization must have a distinct presence in the report. • An organization may submit quality and safety plans at the organization level and may combine them in one document and with separate sections for quality and for patient safety

Observations/Gap(s):	• Alignment of nursing strategic plan to organizational plan is evident based on shared language and alignment of goals
	• Strategic initiatives 2015-2017 are provided and include 8 initiatives with multiple goals under each:
	  ○ Integrating community health, prevention and wellness with delivery model
	  ○ Making system accessible, easy to navigate and patient focused
	  ○ Moving the delivery system towards integrated and accountable care
	  ○ Continuously improving our systems and processes to support superior outcomes
	  ○ Meeting community needs
	  ○ Relationships, public image, and marketing
	  ○ Developing a superior workforce (including providers) and employer of first choice
	  ○ Improving financial strength in support of the organization
	• Draft 2016 nursing strategic plan is provided; measurable goals included
	• Plan highlights:
	  ○ Efficiency measures
	  ○ Nursing excellence

	○ Financial stewardship ○ Nursing education and practice ○ Services ○ Patient safety ○ Continuous performance improvement/compliance • Goals for quality, safety evident • Education/certification, community outreach not evident in plan
Gap Consequence(s):	Two of twenty required documents for the Organizational Overview. If any of the requested documents in the twenty (20) Organizational Overview items are not present: • The review is suspended • The organization is notified and will have five (5) business days to provide the missing documents If the missing documents are not provided after five (5) business days, the review is concluded. Lack of evidence/data to support TL1EO
Recommendation(s):	<u>The following guidelines are recommended for formulating a nursing strategic plan:</u> • The nursing strategic plan should set the stage for the following three to five years and include the associated time frame, goals, and measurements to be achieved • It should communicate and align the organization's as well as nursing's mission, vision, values, and goals and set the agenda for committees and councils for the associated time frame of the plan • The plan generally includes broad umbrella concepts such as developing or expanding departments and services, clinical outcomes, employee development and engagement, and fiscal targets which align with the organization's strategic plan • These categories create the framework for conducting the business of providing patient care, and nearly all of nursing operations is included under these concepts • Mid Coast Hospital's Nursing Strategic Plan meets these recommendations

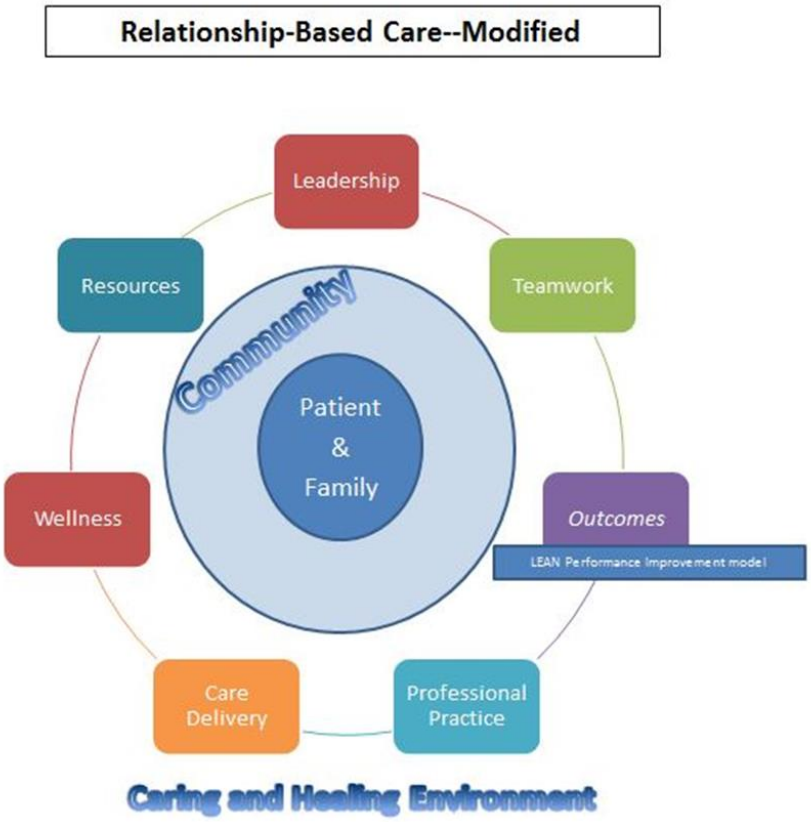
Organizational & Nursing Quality and Patient Safety Plans (most recent)	
Risk:	High
Risk Theme:	Leadership: Organizational Alignment (OO3) Culture of Safety: Potential data for EP18EO-EP21EO
Magnet® Requirement:	Magnet® OO3 requires the submission of quality and safety plans. It does not specify whether these are organizational plans, nursing plans, or both. OO17 requires a description of the infrastructure, organizational committees and decision-making bodies related to oversight of the quality of patient care. If there are separate organizational and nursing plans, Magnet® will look for alignment between the two. EP18EO requires demonstration with data of 2 examples of workplace safety improvements for nurses resulting from the organization's safety strategy. EP19EO requires demonstration with data of 1 example of an improvement in patient safety that resulted from nurses' involvement in risk assessment or error management. EP20EO requires demonstration with data of 2 examples of an improvement that resulted from clinical nurses' involvement in the evaluation of patient safety data at the unit level. EP21EO requires demonstration with data of 1 example of nurses' involvement in activities that address national or international patient safety goals that led to an improvement in patient safety outcomes. <u>Magnet® Update MPD Session October 2014</u>: • Submit copies of the most recent reports • If an organization has only a single annual report or strategic plan, the nursing department must have a distinct presence in these reports. • If an organization submits a system-level report, the applicant organization must have a distinct presence in the report. • An organization may submit quality and safety plans at the organization level and may combine them in one document and with separate sections for quality and for patient safety
Observations/Gap(s):	The safety strategy/plan and any improvement initiatives were provided. • Organizational Plan for Hospital and Medical Performance Improvement, dated 2/2016 is provided

	• References Institutes of Medicine report *Crossing the Quality Chasm* as a basis for their plan • Leaders including the Board of Directors, the Medical and Professional Staff and Administration, through the allocation of resources and alignment of services, commit to the systematic, coordinated and continuous approach to evaluate performance for the Medical, Allied Health and Hospital Staff • Plan discusses various stakeholder groups including nursing • Plan is formally reviewed/revised every 2 years and on an ongoing basis as needed • Performance Improvement methodology PDCA (Plan, Do, Check & Act) is utilized- to facilitate this goal, emphasis is placed upon the "Dimensions of Performance" from the Joint Commission • Plan includes attachment for the Quality and Performance Improvement Organizational and Reporting Chart Quality and Safety Program information may be viewed on website at http://www.midcoasthealth.com/quality/default.aspx
Gap Consequence(s):	One of twenty required documents for the Organizational Overview. If any of the requested documents in the twenty (20) Organizational Overview items are not present: • The review is suspended • The organization is notified and will have five (5) business days to provide the missing documents If the missing documents are not provided after five (5) business days, the review is concluded. Potential underperformance of EP18EO-EP21EO
Recommendation(s):	• During assessment, challenges were identified in determining potential examples use in Magnet® document • Review nursing and patient safety initiatives, continue to track over time • Assess for timeline, pre, and post data requirements to support EP18EO-EP21EO

Summary of Nursing Research Projects (past 48 months)	
Risk:	High
Risk Theme:	New Knowledge, Innovations & Improvements: (OO20, NK2)
Magnet® Requirement:	Magnet® OO20 requires completion of a table of nursing research studies for the preceding 48 months, along with the description of one completed study in NK1EO. Magnet® NK2 also requires evidence of clinical nurse involvement in disseminating research. Note: There is no required number of studies to be included on the table; however, there must be one completed study meeting all the requirements listed in NK1EO. Magnet® Update MPD Session October 2015: • Nursing Research must be within the organization • Primary Investigator or Co-primary investigator must be a nurse and employee of the organization • Improvement projects or evidence-base projects are not acceptable • Nurse research study utilized in NK1EO must be from this list
Observations/Gap(s):	• Research table not provided • An IRB approved research study has not been completed
Gap Consequence(s):	The nursing research table is one of 20 required documents for the Organizational Overview One of twenty required documents for the Organizational Overview. If any of the requested documents in the twenty (20) Organizational Overview items are not present: • The review is suspended • The organization is notified and will have five (5) business days to provide the missing documents • If the missing documents are not provided after five (5) business days, the review is concluded... If the missing documents are not provided after five (5) business days, the review is concluded Potential underperformance of OO20, NK1EO, and/or NK2.
Recommendation(s):	• Complete an IRB-approved research study

	• Review current projects to determine whether they are nursing research or EBP projects • Consider partnering with educational institutions or acute care facilities for research support • Determine structure and process for dissemination of nursing research (internal and external) to ensure evidence is available to support NK2

Professional Practice Model

Risk:	None
Risk Theme:	Professional Practice: (OO8, EP1, and EP2EO)
Magnet Requirement:	Magnet® OO8 requires submission of a schematic of the PPM. The schematic should depict how nurses practice, collaborate, communicate, and develop professionally to provide the highest quality care. EP1 and EP2EO require evidence that clinical nurses are involved in the development, implementation, evaluation, and revision of the PPM, and that clinical practice improvement results.
Observations/Gap(s):	Professional Practice Model (PPM):  • PPM was revised in 2016 • Clinical nurses involved in revision of model • Based on caring/healing environment, community, leadership, teamwork, outcomes, professional practice, care delivery, wellness, and resources
Gap Consequence(s):	Potential underperformance of OO8, EP1, and/or EP2EO. One of twenty required documents for the Organizational Overview. If any of the requested documents in the twenty (20) Organizational Overview items are not present: • The review is suspended

	• The organization is notified and will have five (5) business days to provide the missing documents If the missing documents are not provided after five (5) business days, the review is concluded. Lack of PPM enculturation and evidence to support clinical nurse involvement in the development
Recommendation(s):	• Ensure dissemination and enculturation of PPM, including nurse education and posting the model in all clinical areas • Focus efforts on the education, integration, adoption, and enculturation of the PPM for each setting, unit, and clinic where nursing is practiced • Document clinical nurse participation in all aspects of the review and revision process • Incorporate PPM and CDS into discussions of nursing issues, meetings, educational programs, and relevant nursing publications • Initiate a cycle of regular evaluation of the PPM • Be alert to examples of clinical nurse involvement in the PPM resulting in clinical practice improvement

Shared Decision-Making Model and/or System- Charters and/or bylaws	
Risk:	Moderate
Risk Theme:	Autonomy: (EP16)
Magnet® Requirement:	The Magnet® expectation is that nurse autonomy and shared decision-making be supported and promoted through the organization's governance structure. EP16 requires 2 example of clinical autonomy that demonstrate the authority and freedom to make nursing care decisions, and 1 example of organizational autonomy that demonstrates the authority and freedom of nurses to be included in broader unit, service line, organization or system decision-making processes.

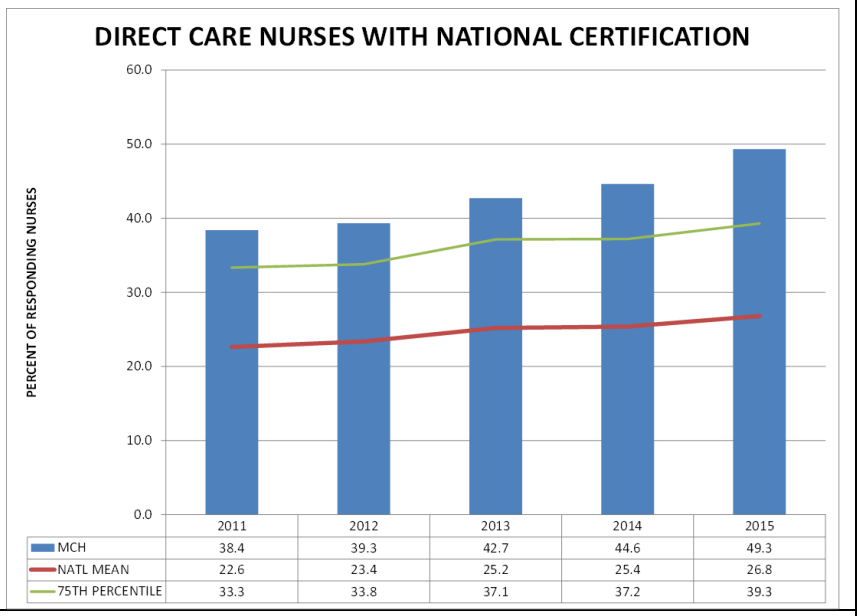
Observations/Gap(s):	Graphic of model not provided Council Charters/Bylaws (expectations of members): • Not provided
Gap Consequence(s):	Potential underperformance of EP16, possible inability to evidence shared decision-making and autonomy
Recommendation(s):	• Provide a description of the SG model and its components (to define communication and dissemination strategies to ensure all staff receive shared decision-making information) • Institute regular review/revision cycle for charters • Assess nurse participation in each council • Use RN Engagement data and other structures to evaluate effectiveness of SG model to nurses and to organization

Shared Decision-Making Council Minutes (last set from each council- centralized and unit)	
Risk:	Moderate
Risk Theme:	Professional Practice: May support all Sources of Evidence
Magnet® Requirement:	Meeting minutes are used as evidence to support Magnet® documentation, and they need to identify: council initiatives, goals, measures, dates (initiation, projected completion, and final completion), and meeting participants.
Observations/Gap(s):	• Not provided
Gap Consequence(s):	Incomplete documentation of nursing decisions and clinical nurse participation in decision-making Possible inability to link the work of a council and nurses participating in decisions
Recommendation(s):	• Implement standard minutes format that includes names of chair(s), recorders, etc • Implement pre-populated attendance rosters as one component of minutes with members' full names, credentials, titles, and unit/department • Institute standard format of using either full names or first initial with full last name within the body of minutes

	• Ensure minutes include the names of those who propose actions or make major suggestions/comments. • Consider mirroring the Professional Practice Model (PPM) components for the categories or the structure of the minutes for initiatives and discussions. This will contribute to the enculturation of the PPM

Certification Goals & Data (past 3 years)	
Risk:	High
Risk Theme:	Commitment to Professional Development: (SE3EOa, SE3EOb)
Magnet® Requirement:	Magnet® SE3EO requires evidence that the organization has met a targeted goal for improvement in overall certification AND that the organization has met a targeted goal for improvement in a unit or division. 3 years of graphed data are required (baseline plus 2 years of goals and actual performance). The specific improvement goal is up to the organization, but it must be achievable since the organization must meet or exceed the goal. <u>Magnet® Update MPD Session October 2014</u>: • Must meet improvement goals The following examples are an illustration of goals; goals do not need to be the exact items listed below Two examples: 1. Organization level ▪ All nurse leaders

	▪ All eligible nurses or eligible level II nurses (based on clinical ladder structure – two years of practice for certification eligibility) 2. Unit or service line/division ▪ All eligible preoperative services nurses ▪ All eligible 6 West, adult intensive care unit (ICU) nurses • Follow EO requirements on page 36-37 • Graph baseline data plus two full years of post-goal data • Goals should account for nurse attrition (be cautious of using percentage goals) <u>Magnet® Update MPD Session October 2015</u>: • SE3EOa o Organization must set a goal o Three years of graphed data must be included o Graph should show goal was met or exceeded • SE3EOb o Graph should display unit or division has met or exceeded goal ▪ Nursing certification only ▪ Include name of unit or division specifically ▪ Three years of graphed data must be included Goals and data must show equivalent metric (whole number to whole number, percent to percent)
Observations/Gap(s):	In the most recent Magnet® demographic data report (April 2016), an average of 33.13% of clinical nurses and 58.98% of "RN decision makers" in hospitals of like size (0-100 licensed beds) are certified. On site visit a unit level goal: Increase by 1 nurse per year, documentation not reviewed A graph showing current certification is located in the annual report for nursing:

	
Gap Consequence(s):	Lack of data to support SE3EO request Potential underperformance of SE3EO
Recommendation(s):	• Establish and document unit-level goals for each year • Establish and document organizational-level goal for each year • Continue to frequently and carefully monitor certification data; update action plans as indicated • Consider including professional certification as “preferred” or “required” in job descriptions for nurses at all levels to support a culture of nursing excellence and annual certification goals

IOM Education Action Plan	
Risk:	Moderate
Risk Theme:	Commitment to Professional Development: OO7
Magnet® Requirement:	Magnet® OO7 requires the submission of an action plan with target and demonstration of progress toward 80% of RNs with a BSN or higher by 2020. Magnet® Update MPD Session October 2015: Include an assessment of the current status; the methods and strategies to increase the educational level of Registered Nurses; and an evaluation of the established goals to meet the initiative to increase the number of nurses with a BSN or MSN degree • Narrative defines current status, goal(s) and Action Plan (methods/strategies) • Graph to show baseline AND goal(s)
Observations/Gap(s):	Recent Magnet® demographic data (April 2016) indicates hospitals of like size (0-100 licensed beds) have an average of 53.58% BSN and 3.31% MSN RN direct-care staff Plan for meeting IOM 80/20 not presented
Gap Consequence(s):	One of twenty required documents for the Organizational Overview. If any of the requested documents in the twenty (20) Organizational Overview items are not present: • The review is suspended • The organization is notified and will have five (5) business days to provide the missing documents If the missing documents are not provided after five (5) business days, the review is concluded.
Recommendation(s):	• Complete development of written plan that establishes incremental targets and gather data on progress toward 80% goal. • Formally evaluate and document progress toward goal and effectiveness of strategies based on time frame identified in action plan.

Turnover Rate (by unit/organization)	
Risk:	High
Risk Theme:	Staffing: (EP11EO)
Magnet® Requirement:	There is no specific requirement for turnover to be equal to or lower than the average of Magnet® organizations. EP11EO requires an example of clinical nurses' involvement in retention activities that lead to improved retention.
Observations/Gap(s):	Please reference Positive Financial Impact (PFI) for dollarized value of nursing turnover In the most recent Magnet® demographic data report (April 2016), the national average RN turnover rate for like-sized (0-100 licensed beds) Magnet® organizations is 13.04%. MCH's RN turnover rate for full- and part-time RNs for year was XX%, XX% higher/lower than like-sized Magnet® organizations
Gap Consequence(s):	Turnover rate is not a "gap" for Magnet® documentation; however, it is a significant drain on an organization's culture and resources. Possible underperformance of EP11EO Turnover is reported in the Demographic Data Collection Tool but is not scored. It is considered along with other factors when assessing nursing and unit performance.
Recommendation(s):	• Develop and implement recruitment plan that includes involvement of clinical nurses • Be alert for examples of clinical nurse involvement in retention activities resulting in improved retention; track baseline and post-implementation rates There is an expectation to involve clinical nurses in retention activities (EP11EO) • Review how nursing turnover rate is compiled and ensure that accurate voluntary and involuntary rates are reported by cost center • Evaluate upcoming nurse satisfaction survey for data related to nurse dissatisfaction, and have leaders formulate, and be held accountable for, action plan(s) based on data

	Review identified action plans and resources related to recruitment, retention, and recognition

Vacancy Rate	
Risk:	High
Risk Theme:	Staffing & Scheduling
Magnet® Requirement:	There is no specific requirement for an organization's vacancy rate to be equal to or lower than the average of Magnet® organizations. EP11EO requires evidence of clinical nurse involvement in recruitment activities leading to improved vacancy rates.
Observations/Gap(s):	The most recent Magnet® demographic data (April 2016) indicates hospitals of like size (0-100 licensed beds) have an RN vacancy rate of 1.37%. MCH reports a vacancy rate of xx% which is higher/lower than the national Magnet® rate. Appraisers tend to investigate these details during site visit to determine the areas that demonstrate the highest vacancy rate and/or turnover.
Gap Consequence(s):	• Potentially limited clinical nurse involvement in recruitment and retention activities. • Vacancy rate is reported in the Demographic Data Collection Tool, but is not scored. It is considered along with other factors when assessing nursing and unit performance. • Possible lack of evidence for EP11EO
Recommendation(s):	• Be alert for examples of clinical nurse involvement in recruitment activities • Consider use councils in development and promotion of recruitment/retention strategies

Nurse Satisfaction or Engagement Survey (most recent)	
Risk:	*High*
Risk Theme:	*Professional Practice: (EP3EO)*
Magnet® Requirement:	*Magnet® EP3EO requires that nurse satisfaction/engagement data aggregated at the unit level outperform the mean, median, or other benchmark statistic of the national database used (effective April 2016). Survey data must include only and all nurses.* *<u>ANCC® Magnet Manual Update 2014:</u>* *This SOE becomes effective April 1, 2016. Until that time, the 2008 EP3EO is in effect. 2008 Application Manual EP3EO: Nurse satisfaction or engagement data aggregated at the organizational, clinical groups of like-units or unit level outperform the mean, median, or other benchmark statistic of the national database used* *Submit data for the most recent nurse satisfaction survey within the previous 30-months before documentation submission. Include participation rates, analysis, and evaluation of the data* *<u>ANCC® Updated Reporting Guidance December 2014</u>:* *Presentation* • *Each unit/clinic using guidance provided on page 44 of 2014 Magnet® Application Manual* • *Most recent Survey within the 30 months prior to documentation submission* *<u>Magnet® Update MPD Session October 2015</u>:* • *Beginning April 1, 2016 – required format* • *Data must be presented at unit/clinic/practice setting (all areas to be included)* • *Verify with your vendor – Magnet® category alignment* • *Present four of seven Magnet® categories as shown on page 43* • *Categories must be the same for all settings* • *Benchmark – National (mean or median) <u>and</u> comparison cohort (all hospitals, all Magnet®-recognized hospitals), may change graph to graph* • *Expectation is to outperform in the majority of units at least three of four categories (majority* *Categories/Subscales* • *Select four (4) of seven (7) categories noted on page 43 of Manual*

- *Refer to Manual Updates available at http://www.nursecredentialing.org/Magnet/MagnetManualUpdates*
- *Refer to vendor to align survey with categories*
- *Four (4) categories must be consistent across the organization (inpatient and outpatient)*

Level of data

- *Unit/clinic-level data. If data are not available at the unit/clinic level, present at the next aggregated level available from the vendor (e.g., clinic groups).*
    - *Explain units/clinics within aggregated data*
    - *Explain any units not included*

Benchmark statistic

- *Use of mean, median, or other measure of central tendency provided by the vendor's national database benchmark*

Comparison Group/Cohort

- *Use of an appropriate comparison group may change between units/clinics*
- *Comparison group label must be depicted on table and graph*

Graph presentation

- *Up to four (4) units/clinics may be presented on one graph*
    - *If there are multiple units on one graph, all elements (i.e., benchmark, cohort) must be consistent*

Single Unit/Clinic presentation

- *A different mean or median may be used for each graph*

2015 Magnet® Requirements and NDNQI® RN Survey Crosswalk
The following questions are the only questions that can be used in your application

<u>Note</u>: Beginning with 2016 in addition to the Base Job Satisfaction Survey NDNQI is offering an optional version of the Job Satisfaction Survey with additional Magnet Modules (for an additional $1,250 fee) that will meet all seven Magnet Domains.

2014 Magnet® Manual- RN Satisfaction Categories	***Practice Environment Scale (PES)***	***RN Survey with Job Satisfaction Scales- R***
Autonomy	*N/A*	*Autonomy*
Professional Development		*Professional Development Opportunity*

	(education, resources, etc.)	*N/A*	*OR Professional Development Access*
	Leadership access and responsiveness (includes nursing administration/CNO)	*Nurse Manager Ability, Leadership, and Support of Nurses OR Nurse Participation in Hospital Affairs*	*Nursing Administration*
	Inter-professional relationships (includes all disciplines)		*Inter-professional Scale*
	Fundamentals of quality nursing care	*Nursing Foundations for Quality of Care*	*Nursing Foundations for Quality of Care*
	Adequacy of resources and staffing	*Staffing and Resource Adequacy*	*Staffing and Resource Adequacy*
	RN to RN team work and collaboration	*Nurse-Nurse Interaction*	*Nurse-Nurse Interaction*
Observations/Gap(s):	Review the Unit-level Summary of Outcomes for complete results Vendor: NDNQI Benchmark: All Hospitals Timeframe: 2015 Summary of data: Adequate staffing- 3/8 units (38%) outperform Foundations for Quality of Care- 2/8 units (25%) outperform RN-RN Interaction- 3/8 units (38%) outperform Manager leadership- 1/8 units (13%) outperform Mid Coast Hospital has elected to postpone NDNQI RN Survey until April 2017		
Gap Consequence(s):	Potential underperformance of EP3EO		
Recommendation(s):	• Evaluate current NDNQI data and additional RN feedback and initiate or continue implementing action plans to address nurses concerns		

	• Implement measure to mitigate survey fatigue
Nursing-Sensitive Indicator Data for all nursing units (eight quarters)	
Risk:	Moderate
Risk Theme:	Culture of Safety: (EP22EO)
Magnet® Requirement:	Magnet® EP22EO requires that unit/clinic-level nurse-sensitive clinical indicator data outperform the mean or median of the national database used over an 8-quarter 2-year period. The indicators are: • Hospital-acquired pressure ulcers (HAPU) Stage 2 and above • Falls with injury • CLABSI • CAUTI • 1 nurse-sensitive core measure • 1 nurse-sensitive indicator from primary/specialty ambulatory/outpatient services. <u>ANCC® Magnet Manual Update 2014:</u> Core measure: nurse sensitive clinical indicators from the Core Measure Sets must be benchmarked and presented at the organizational level. Acute care organizations with ambulatory/outpatient settings, present one indicator Acute care organizations without ambulatory/ outpatient, present two indicators <u>ANCC® Updated Reporting Guidance December 2014</u>: Presentation • Each unit/clinic must use the guidance provided on pages 48-52 of the 2014 Magnet® Application Manual. • Use the most recent eight quarters prior to documentation submission. Nurse-Sensitive Clinical Indicators • Refer to table 5 on page 51 and 52 of the 2014 Magnet® Application Manual for requirements specific to the organization type. • Refer to Manual Updates Level of Data • Use unit/clinic-level data. If data are not available at the unit/clinic level, present at the next aggregated level available from the vendor (e.g., clinic groups). ○ Explain units/clinics within aggregated data.

	○ Explain any units not included. Benchmark Statistic • Use the mean, median, or other measure of central tendency provided by the vendor's national database benchmark. Comparison Group/Cohort • Organizations may use a different appropriate comparison group for each unit/clinic • Depict the comparison group label on the table and graph Graph Presentation • Single unit/clinic presentation ○ Organizations may use a different mean or median for each graph • Organizations may present up to four units/clinics on one graph ○ If there are multiple units on one graph, all elements (i.e., benchmark, cohort) must be consistent. <u>Magnet® Update MPD Session October 2015:</u> • Data must be nurse-sensitive clinical indicators • Must include all areas that provide care for patients with devices or conditions • Data must be submitted to a national database • Comparison cohort of national benchmark can change from graph to graph but cannot change within a graph • Use the most recent eight quarters of data ○ Timeframe could vary by indicator or by vendor • Comparison must be from vendor's data report and national benchmarks • HAPU Stage 2 and above – inpatient only • Core measure expectation/presentation is one nurse-sensitive measure from a Core Measure Set and presented at the organization-level • Ambulatory/Outpatient Measure to include all units that collect the data ○ Should have a national benchmark ○ If not, does the professional organization associated with the measure have a benchmark or target goal? ○ May use goal in literature • 2016 NDNQI-PG Available Measures ○ Nurse Sensitive Clinical Measures: EP22EO Nurse Sensitive Clinical Indicator NDNQI Measure

Patient Falls with Injury	Injury Falls per 1000 Patient Days
Hospital-acquired Pressure Ulcers stages 2+	Percent of Surveyed Patients with Hospital Acquired Pressure Ulcers Stage II and Above
Central Line Associated Blood Stream Infections	Central Line Associated Blood Stream Infections per 1000 Central Line Days
Ambulatory Measure	Catheter Associated Urinary Tract Infections per 1000 Catheter Days
Ambulatory Measure	Injury Falls per 1000 Patient Visits/Cases
Ambulatory Measure	Percent of Patients who Received Pending Results/Lab Information
Ambulatory Measure	Percent of Patients who Received Education on Pending Results/Labs Information
Ambulatory Measure	Percent of Patients who Received a Reconciled Medical List
Ambulatory Measure	Percent of Patients who Received Education on Reconciled Medication List
Ambulatory Measure	Median Minutes from ED Arrival to Departure for Pts Admitted to Facility-Excludes Obs and Psych
Ambulatory Measure	Median Minutes Admit Decision to ED Departure for Admitted Pts-Excludes Obs and Psych
Ambulatory Measure	Median Minutes Time from ED Arrival to ED Departure for Discharged ED Patients

Observations/Gap(s):

Review the Unit-level Summary of Outcomes for complete results

Inpatient units:
Vendor: NDNQI
Benchmark: All Hospitals
Time frame: 2014Q2- 2016Q1

Summary of data:
CAUTI, CLABSI, HAPU2+ show 100% units outperform
Falls w/ Injury- 1/5 units (20%) outperform (inpatient only included in count)
Performance by Indicator:
CAUTI: 5/8 qts outperform
CLABSI: 6/8 qtrs outperform
Falls: 5/8 qtrs outperform

	HAPU2+: 6/8 qtrs outperform **Ambulatory Units**: Falls w/injury Vendor: NDNQI Benchmark: All Hospitals Time frame: 2014Q2- 2016Q1 Summary of data: Falls w/injury- 0/2 units (0%) outperform • One nurse-sensitive clinical indicator from Primary or Specialty Outpatient Services must be selected from the list provided on page 51 of the 2014 Magnet® Application Manual • Ambulatory data may be compared to internal goals and presented for each indicator until February 2018, if national benchmarks are not available • Starting April 2018: ambulatory data, compared to national benchmarks, must be presented **Core Measure:** data not provided Vendor: Benchmark: Time frame: • One nurse-sensitive clinical indicator from the Core Measure Sets must be selected from the list provided on page 52 of the 2014 Magnet® Application Manual • The core measure selected must be benchmarked and presented at the organizational level • MCH must select and present one core measure with an appropriate benchmark for a full eight quarters
Gap Consequence(s):	Underperformance of EP22EO
Recommendation(s):	Review each indicator to ensure: • Appropriate contribution to a national database • Database comparative cohort selection is advantageous to support clinical improvement and outperformance based on Magnet® criteria • Benchmark statistic is an appropriate comparison Monitor changes in NDNQI Unit Eligibility table and ensure all units are report NSI data where eligible.

Patient Satisfaction Data for all nursing units (eight quarters)	
Risk:	Low
Risk Theme:	Quality Care Monitoring and Improvement: (EP23EO)
Magnet® Requirement:	<u>ANCC® Magnet Manual Update 2014</u> Ambulatory areas: • Ambulatory data may be compared to internal goals and presented for each indicator until February 2018, if national benchmarks are not available. • Starting April 2018: ambulatory data, compared to national benchmarks, must be presented. • Unit – or clinic-level patient satisfaction data (related to nursing care) outperform the mean or median of the national database used. <u>Magnet® Update MPD Session October 2015</u> • Organizations with pediatric and ambulatory services are required to report patient satisfaction • Most recent eight quarters of data • Organizations must use their vendor's data reports and national comparison benchmarks • Validate with your vendor the appropriate questions to align with the Magnet® categories (some questions are no longer accepted) <u>ANCC® Updated Reporting Guidance December 2014</u>: Presentation • Each unit/clinic must use guidance provided on page 54 of the 2014 Magnet® Application Manual. • Use the most recent eight quarters prior to documentation submission. Categories/Subscales • Select four of nine categories noted on page 53 of the manual. • Refer to Manual Updates • Refer to the vendor to align patient satisfaction questions with the categories. ○ Select only patient satisfaction questions which the vendor has assigned to categories. Establish, with the vendor, that the vendor has collaborated with

	the Magnet Recognition Program® on the alignment of questions to categories.
	• Four categories must be consistent across the organization (inpatient and outpatient).
	• Within each category, the specific question may vary from unit/clinic to unit/clinic.
	Level of Data
	• Unit/clinic-level data. If data are not available at the unit/clinic level, present at the next aggregated level available from the vendor (e.g., clinic groups).
	  ○ Explain units/clinics within aggregated data.
	  ○ Explain any units not included.
	Benchmark Statistic
	• Use the mean, median, or other measure of central tendency provided by the vendor's national database benchmark.
	Comparison Group/Cohort
	• Organizations may use a different appropriate comparison group for each unit/clinic.
	• Depict the comparison group label on the table and graph.
	Graph Presentation
	• Each graph must include the category and the specific vendor-aligned question.
	• Single unit/clinic presentation
	  ○ Organizations may use a different mean or median for each graph.
	• Organizations may present up to four units/clinics on one graph.
	  ○ If there are multiple units on one graph, all elements (i.e., benchmark, cohort) must be consistent.

Observations/Gap(s):	Review the Unit-level Summary of Outcomes for complete results Inpatient units: Vendor: NRC Picker Benchmark: NR Average Time frame: 2014Q3-2016Q2 Summary of data: (1 unit without data: Behavioral Health) Patient Education- 2/3 (67%) outperform Responsiveness- 3/3 (100%) outperform Safety-3/3 (100%) outperform

	Service Recovery- 3/3 (100%) outperform <u>Ambulatory Units:</u> Vendor: NRC Picker Benchmark: NRC Average Time frame: 2014Q3-2016Q2 Summary of data: (Includes ED and Ambulatory Care Unit) Careful listening- 2/2 (100%) outperform Patient Education- 2/2 (100%) outperform Patient Engagement-2/2 (100%) outperform Safety- 1 unit outperforms- Ambulatory Care Unit only Responsiveness- 1 unit outperforms- ED only <u>Performance by Indicator</u> (Inpatient & Outpatient) Careful Listening: 7/8 qtrs outperform Patient Education: 8/8 qtrs outperform Patient Engagement: 7/8 qtrs outperform Safety: 6/8 qtrs outperform Service Recovery: 7/8 qtrs outperfrom
Gap Consequence(s):	Potential underperformance of EP23EO
Recommendation(s):	• Develop/update and implement action plans for categories and units/clinics with deficits • Utilize shared decision groups at unit and organizational level to support change and drive improvement