



# Mission Hospital Magnet Site Visit Self-Study Guide

**This guide contains information to help you prepare for our Magnet site visit. Being prepared will make this site visit successful and enjoyable!**

Mission Hospital submitted its Magnet Document October 1, 2019. The four person appraiser team reviews and scores the document and then it is reviewed by our analyst at the Magnet Program Office. We will be notified in January what next steps are including going directly to site visit (6-12 weeks after) or if additional documentation is required. This guide is to provide you with information around the site visit.

## Important Visit Etiquette Information

- The appraisers are very familiar with Mission Hospital as it looked from October 2015 to June 2019 and they have read the entire document that was submitted as evidence of our meeting Magnet criteria. If it meets a certain threshold we move on to a site visit. *This visit is your chance to **validate, verify, and amplify** what is covered in the document.*
- Unlike accreditation surveys when you tend to “answer only what is asked,” this is your chance to promote what you are proud of in your work at Mission Hospital.
  - Now is the time to brag about your nursing practice!
  - Reply to appraisers’ questions directly, concisely, and with pride and enthusiasm.
  - We are not expected to be perfect.

## Tips for a Successful Visit

If you don’t know the answer to a question:

- Ask the appraiser to repeat or clarify the question
- Share interesting information about your patient population, the staff, how you interact with each other and the team.
- Be prepared to talk to the Professional Practice Model and **use the poster** to identify 1-2 things you are doing to address CARE: Compassion, Advocacy, Respect, and Excellence. Know how many certified nurses you have and who has their BSN or is in school.
- Know your quality metrics especially falls with injury, HAPU Stage 2+, CAUTI, CLABSI. In procedural and ambulatory areas you will have other outcomes around practice you track. Know about RN Satisfaction and Patient Satisfaction in your area.

Practice, Practice, Practice . . .

- Ask each other questions like those included in the sample questions on our Caring Connection which will be available in February.
- Convey confidence and a collaborative focus.
- Staff should take turns responding to the questions. Include as many staff as possible and include disciplines other than nursing. Efforts are being made to make sure non-nurses are aware of this site visit and what kind of questions might be asked of them.

- Channel concerns to appropriate people to address issues. The appraisers will provide a time and place for anyone interested in having a private conversation with them.
- *Magnet appraisers don't expect us to be a perfect organization.* If you are asked a question about something that you think we don't do as well as we could, accentuate the positive about where we are – and add comments about what we continue to work on. A commitment to continuous improvement is important. Frame comments in the most positive way possible.
- Be confident. Appraisers are interested in what clinical nurses have to share. Leadership is generally not involved in the site visit except for the first general meeting and if they are a member of a particular team the appraisers are meeting with.
- Post any needed props around the conference room where the interview will take place. It is okay to refer to a chart on the bulletin board, particularly those items about quality and the great things your area is doing.

### Environment/Safety:

- While the Magnet appraisers are not here to evaluate our physical environment per se, impressions about our work environment are important.

### When appraisers visit your work area:

*“The site visit is like an open house. You welcome attendees into your home and show off points of interest with pride.”*

- Nurse Managers and Leaders may greet the appraiser but then they will be excused. You will know the schedule ahead of time for when the appraisers will be in your work area. We will be hosting 4 appraisers for a 3 day visit. Once they have come to your area, it is not likely they will return to ask more questions – but be aware that they will still be in the hospital...stay prepared! Magnet Champions will be the Escorts for the appraisers. This group will be receiving special training to prepare them for this role.
- To prepare for the visit:
  - Magnet Champions and unit leaders should have a unit based plan that includes goals and a unit council “win” ,
  - A designated location to be able to sit and talk with appraiser if that is needed (make sure the space is big enough and is neat). The PPM Poster and Quality graphs should be visible.
  - Identify staff to be available to talk with the appraiser– should include nurses, care partners, and any other staff (other disciplines) who are active in the care of patients on your unit...this would be a good place to introduce a non-nursing team member.
  - When the appraisers arrive (schedules will be closely maintained and you will be notified of any changes ahead of time) – you should be waiting and ready to greet them. This is a great time to share your enthusiasm and pride.

### Personal Preparation:

- Ask yourself why you think Mission Hospital is a Magnet organization. Practice your answer with colleagues, family, and friends.
- Think about the main points you want the appraisers to know about the medical center.
- Develop a list of questions you DON'T want them to ask. Think of your answers and you'll be surprised how much this will relieve any anxiety.

- Develop a list of questions you DO want them to ask. Think about your answers and don't hold back your enthusiasm and sincerity. These are often called softball questions which allow you to "hit the answer out of the park."
- Role play several times. Find a colleague to discuss these issues with and actually role play. You'll be surprised how much this will help.

#### During the visit:

- Be prepared. Take time in advance of your shift to go over all the above.
- Don't be scared. This is a wonderful opportunity to tell the appraisers about MH nursing.
- Be punctual (if not 15 minutes early to each scheduled activity).
- Be succinct in your conversation. Take a few minutes to make your point and likely the appraiser will use that as a springboard to continue the conversation.

#### Appearance:

- Make eye contact/be friendly and confident
- Smile
- Don't chew gum
- Watch your posture
- Watch your body language to make sure you are welcoming and approachable.
- If you wear a lab coat, jacket, etc. make sure it looks professional and polished. Your appearance says a lot about you...disorganized or careless vs. professional, organized, detail oriented.
- Turn your cell phones, pagers, and other electronic devices to vibrate.

## Selected Information from the Magnet Document

There are 5 Components which define a Magnet Organization:

- **Transformational Leadership**
- **Structural Empowerment**
- **Exemplary Professional Practice**
- **New Knowledge, Innovations & Improvements**
- **Empirical Outcomes**

#### Transformational Leadership

**Quality of Nursing Leadership:** Nurse Leaders provide a vision for elevating their areas, involve staff in setting goals, and advocate for resources to support staff in giving patient care.



Reporting Structure for nursing (i.e. names, roles) – staff should know the names of leaders

Chief Nursing Officer	Karen Olsen, MBA, BSN, RN, NE-BC
Associate Chief Nursing Officer or Associate Vice President	
Nurse Director	
Nurse Manager	

- Examples of advocacy by the CNO on behalf of the staff, such as requests for additional FTEs, systems, equipment, personnel support, etc. Many nursing units communicate through the STOPLIGHT process. What is on your stoplight?



- Specific examples of ways nurses at all levels have identified and advocated for resources to support unit goals. What are your goals? Patient Satisfaction? Throughput? Decrease med errors? Decrease falls? Patient education? Improve work-life balance?
- Nursing Professional Governance Bylaws are the mechanism for all nurses in the Medical Center to be involved in activities and decision-making. Know how to access the bylaws, what they are, and why we have them. You will find them on MissionPoint.
- Know how to access the Philosophy of Nursing and be able to articulate how it supports the Mission Hospital Mission, Vision and Values. Visit Caring Connection. The Professional Practice Model and Nursing Mission and Vision are part of our Nursing Professional Governance Bylaws.
- Our CNO sits on the highest decision-making committees at Mission Hospital and represents nursing. ACNOs, Associate VPs, Nurse Directors and Managers also represent nursing on various hospital(s) committees. Know examples of where your leadership team has a voice.
- How do staff have access to the budget process? How do you have input about needed/desired items? For example, staff meetings and unit/clinic boards.
- What discussion has occurred at the unit level about staff satisfaction surveys and have you been involved in developing action plans?
- What feedback do you get on patient satisfaction surveys and have you been involved in developing action plans?
- Direct care nurses are involved in shared decision making at the unit, hospital and system level and participate in
  - Nursing Professional Governance Congress
  - Nursing Professional Governance Councils: Quality & Safety, Practice, Nursing Professional Development and Nursing Evidence Based Practice and Research
  - Nursing Professional Governance Hospital Council: Mission Hospital's CNO Advisory Council
  - Nursing Professional Governance Committees: Falls, CAUTI, CLABSI, Nursing Safety Nursing Professional Governance Unit Councils

**Management Style:** We have a participative management style. Direct care nurse feedback is supported and valued. Nursing leaders are visible and interactive with staff. Communication flows horizontally and vertically. **Think about:**

- Example of how direct care nurses' feedback is used in organizational decision making.
- Examples of how direct care nurses initiate change to improve patient care, nursing practice, and/or the work environment.
- Examples of how direct care nurses' feedback is used by nurse leaders to make changes to improve patient care, nursing practice, and/or the work environment.
- Examples of mentoring and succession planning by and for nurse leaders and direct care nurses. (Charge nurses, Nursing Unit Supervisors) RN Mentor Program targets new graduate nurses but is available to all RNs. The CNO Clinical Nurse Liaison role is a unique role here.

- “Elevate” – This is a hospital initiative to “elevate” the level of practice and service within the medical center. Emphasis is on customer service, quality care, and staff satisfaction. Leaders use rounding to elicit feedback and to reward & recognize staff.
- Examples of how nursing leaders are visible in the organization such as:
  - Rounding
  - Emails
  - CNO breakfasts
  - Administrative Coordinators off-shift
  - Staff and Unit Council meetings
  - Town Halls

### Structural Empowerment

**Organizational Structure:** Organizational structure is flat and unit based decision making prevails. Strong nursing representation is evident in the hospital committee structure. Executive level nurse leaders serve at the organization’s executive level. The CNO reports directly to the CEO.

- Describe how decision-making is operationalized to involve all levels of nursing. What are the avenues nurses have for input into decisions (shared decision making) such as unit/clinic boards, Night Nurse Council and other hospital committees?
- The CNO is an influential member of the Medical Executive Committee (MEC) which is the highest decision-making body, for strategic planning and operations of Mission Hospital. Nursing has a strong voice in decision-and nursing practice is not dictated.

**Personnel Policies and Programs:** Personnel policies/staffing models, etc are created with staff involvement. Staff have opportunities to be promoted.

- Retention and recruitment at unit/clinic/department level – what is happening unique to your area?
- What is done with direct care nurses input to address variation in unit and/or service based turnover, and vacancy rates?
- Examples of development of unit staffing plans and corresponding schedules (keeping in mind our adherence with national standards. – i.e. ANA principles of staffing).
- How staffing adjustments are made in response to fluctuating patient workload and acuity (e.g. the use of Staffing Pool, reassignment and cross training, surge pay, overtime, travel nurses).
- How are direct care nurses educated about matching staff assignments to patient needs and staff member skill sets and area experience (unit orientation).
- Examples of patient assignments, including the rationale for the assignments of personnel of various roles, who was responsible for making assignments and who had input in the process.
- Examples of how the STANDOUT improves the communication between clinical nurses and leaders
- How are new nurses (new graduates, experienced nurses or nurses transferring) oriented?
- What professional development opportunities do we have? (Tuition Reimbursement, HealthStream Certification Review Courses, voucher system for certification, free CE, Clinical Ladder, Nurses on committees, Discounts with schools of nursing and deferred tuition)

- Tuition Reimbursement Policy – This was recently increased to \$5250 as advocated by our Chief Nurse of the North Carolina Division, Kathy Guyette although it was not going to start until 2021.



#### Recognition Programs and Benefits

- a. Dogwood Deals
- b. Woo Hoo Points
- c. Daisy Program
- d. Free parking
- e. Discounts at Mission Health Retail Pharmacies (free delivery)
- f. Leadership Awards

**Community and the Healthcare Organization:** The organization is perceived as a strong, positive, and productive corporate citizen.

- How is Mission Hospital involved in the Community? (Examples from your area).
- Nurses involvement in community projects: Stroke education, Stop the Bleed, Camp Bluebird for Cancer Survivors.

**Image of Nursing:** Nurses are viewed as essential, positive members of the healthcare team. Nurses effectively influence system wide processes.

- What do you think the image of nursing is in the hospital and the community at large?
- How are nurses utilized and show cased in advertising, marketing, and promotions for Mission Hospital?
- What would the non-nurse staff say about the image of nursing in your area? Do you have relationships such as Adopt A Team with your Magnet Champion?

**Professional Development:** Significant emphasis is placed on orientation, in-service education, continuing education, formal education, and career development.

- What are examples of educational opportunities available to Mission Hospital staff?
- Opportunities, tuition reimbursement for return to school, support for professional conferences).
- Orientation: the StaRN program is the new program for Nurse Residents. We have had a residency program since July 2013 and have completed our first cohort under the StaRN.
- Staff orientation for licensed and non-licensed staff is offered every two weeks. It begins with centralized core content and then continues with a unit based clinical preceptor. Orientation roadmaps are customized based on clinical area and learner needs. Employee pre-hire assessments are available to assess learning styles and past experiences.
- Staff initially participates in an interdisciplinary, Mission Health wide orientation which focuses on the team approach to care of patients.
- Courses such as Basic Arrhythmia, BCLS, ACLS, PALS, TNCC, CPI, ENPC courses are offered on an ongoing basis to meet staff learning needs.
- What other educational/learning opportunities have you had and do you have? Have you participated in the preceptor program? RN Mentor Program? Leadership classes? Certification Review Courses?

## Exemplary Professional Practice

**Professional Models of Care (Regulatory considerations, Care Delivery Models and Staffing Systems):** Nurses are accountable for their own practice and are the coordinators of the care patients receive.



**Interdisciplinary Collaborative Model of Care** – Mission Hospital’s model of care is the include the interdisciplinary team with Patients and Families at the center. Think about your role as a nurse in your work setting and how you function in an interdisciplinary way. How do you work as part of the team and what is your unique contribution as a nurse to the team and to patient outcomes? How do non-nurses interface with nurses to use team approach to patient care?



**Professional Practice Model – CARE:** Compassion, Advocacy, Respect, Excellence Family centered care is aligned with our Interdisciplinary model. This approach is grounded in mutually beneficial partnerships among patients, families, and health care providers.

- How would you define the model of care in your area based on the needs of your patient populations? *Hint: Interdisciplinary and Collaborative is a good answer!*
- How has the Model of Care been implemented in your particular area?
- How do you provide for continuity of care across the continuum of care for our patients? An example is the LINKED program for autistic children at ASC.
- How are the State Nurse Practice Act and Professional Standards utilized? How do they shape your practice? *Think your scope of practice, autonomy and the scope of practice of others your work with.*
- How do the Models of care address patient care needs, patient population demographics, number of nursing staff and ratio of nurses?
- Describe innovations by direct care nurses to implement the model of care to meet specific patient needs at the area level.
- Give examples of how direct care nurses influence scheduling.
- How do you ensure that the utilization of staff is consistent with your established staffing plans, scheduling plan, patient needs, and model of care?

**Consultation and Resources:** Knowledgeable experts, particularly advanced practice nurses, are available for peer support and consultation, both within and outside the nursing division.

- What are resources available to staff? (sample list)
  - Center for Clinical Advancement (clinical education)
  - Rapid Response Team
  - Diabetes Educators
  - VATT

Professional Practice Model



- PICC Team
- Lactation Consultants
- SANE Nurses
- Advanced Practice Nurses
- Educators (what is the name of the educator for your area if applicable?)
- Managers and Nursing Unit Supervisors
- Directors
- Physicians
- How do the Advanced Practice Nurses practice within the model of care in your area? (who are they in your area?)
- How do you support/promote resources in your areas?
- Can staff discuss Evidence-Based Practice?
  - In relation to policies
  - In relation to their own practice
  - In relation to pathways and standards of care
- How are staff supported to participate in professional and community activities outside the organization?
  - What are some examples from your area?
  - How has it enhanced patient care in your areas?
  - How has it helped the nurses in your areas?

**Autonomy:** Nurses use independent judgment within the context of a multidisciplinary approach to patient care and within the context of the North Carolina State Nurse Practice Act.

- Provide examples of how direct care nurses use available professional standards, literature, and research to support control over nursing practice, independent decision-making, and assertiveness/leadership in patient care management and practice.
- What are examples of issues that were identified by direct care nurses and that affect patient outcomes and how were these issues addressed?
- How have you used peer review for your own professional growth and for direct care nurses? (for example, peer review happens annually with Dec/Jan Talent Conversations).
- Examples in which clinical nurses exercise independent judgment to resolve patient care issues (*ethics, pain control, escalating care, rapid response, care management, discharge planning, lactation consults*)
- Can nurses discuss their own practice in relation to independent, interdependent and intra-dependent practice with others on the interdisciplinary team (*pathways, order sets, etc.*)?

**Nurses as Teachers:** Nurses are supported and expected to incorporate teaching into all aspects of their practice.

- Orientation (including staff's role as preceptors)
- How are staff who take on these roles supported? (i.e. training programs, support from unit leadership team including educators)

- Patient and family education (nurses role in doing teaching on a daily basis and also role in development of teaching resources).
- Staff act as mentors formally and informally - for students and new staff as they go through residency programs.
- Clinical and leadership staff development (Unit leaders have ongoing development opportunities through our previous Center for Leadership Development and now through HCA's leadership programs. Mentoring and succession planning occurs continuously with one another as well as partnering with their managers through unit/clinic board roles.
- Scholarly initiatives (for example, staff who serve as adjunct faculty with schools of nursing, participation in nursing research internship, journal clubs, staff who do poster or other presentations to staff inside and outside of Mission Hospital).

**Interdisciplinary Relationships:** Interdisciplinary relationships are positive and a sense of mutual respect is exhibited. Conflicts are managed constructively.

- What have you done in your area to develop collaborative working relationships (formal and/or informal) within the interdisciplinary team?
- How do you involve other disciplines in evaluation of patient care standards in your areas?
- How do you address the management of interdisciplinary conflict?
- Examples of interdisciplinary involvement in addressing patient centered clinical outcomes

### New Knowledge, Innovations & Improvements

**Quality Improvement:** Staff participates in data analysis and planning for improvement.

*Note: know who the staff nurses are that represent your area on committees. Committee examples include the following, but may include many others:*

- Value Analysis Committee
- Patient Satisfaction Surveys and results
- CNO Advisory Council (Mission Hospital Professional Governance)
- Participation in tracer audits

### Empirical Outcomes

**Quality of Care (Quality Infrastructure and Processes, Patient Safety, Ethical Practice, Research and Evidence Based Practice)**

Quality care is a priority and staff nurses are involved in developing the environment in which quality care is provided.

- What is the mechanism for discussion, assessment, and evaluation of standards at the area level?
- How do you address/discuss patient safety and ethical practice at area level?
- Examples at the unit level of Research and Evidence-Based Practice (does not have to be extensive research projects).
- How would you access the Ethics Committee (and what circumstances would prompt you to do so)?

- How do we address a patient's varied cultural and spiritual needs and what tools do we have to assist us?
- How do we assist with a patient's language and hearing needs?
- How do nurses use the nursing process and contribute to the plan of care with pathways?
- Staff should know about Research and the IRB? Research happens all over the hospital. The Institutional Review Board (IRB) exists as a review body to protect the welfare of human subjects who participate in research.



**Outcomes (Nurse Sensitive Quality Indicators, Patient Satisfaction and RN Satisfaction)** their  
Be prepared to speak to outcomes in your practice area.

- Falls with injury
- Medication errors
- Skin integrity or HAPU Stage 2 and above, device related pressure injuries
- CLABSI
- CAUTI
- C-Diff, MRSA, VRA
- Unit specific indicators: SSI, burns, length of stay, return to higher level of care, throughput, Left without being seen, door to TpA, door to balloon, SEPSIS
- Patient Satisfaction: Responsiveness, Courtesy & Respect, Pain, Patient Education, Care Coordination, Careful Listening, Patient Engagement
- Patient access to clinic visits including the number of visits available
- RN Satisfaction for your practice area (August 2018)

#### **Our Appraisal Team**

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