



New Knowledge, Innovations & Improvements

**2017 Re-designation
Site Visit Preparation**

The Magnet Vision



Magnet-recognized organizations will serve as the fount of knowledge and expertise for the delivery of nursing care globally. They will be solidly grounded in core Magnet principles, flexible, and constantly striving for discovery and innovation. They will lead the reformation of health care, the discipline of nursing, and care of the patient, family, and community.

The Commission on Magnet Recognition, 2008

Anticipated Activities of the Site Visit (partial listing)

- Visit all inpatient units and ambulatory care areas (main campus and satellites)
- Document Review: personnel records—professional performance appraisals (looking for supervisor’s evaluation, self-evaluation, peer review professional goals) and patient records (looking for interdisciplinary plan of care and interdisciplinary teaching)
- Meetings:
 - Clinical (staff) nurses—randomly selected for numerous breakfast, lunch & dinner meetings
 - Department of Nursing committees—including Collaborative Governance
 - Physicians, advanced practice nurses, other disciplines, case managers, support services
 - Interdisciplinary hospital committees
 - Patients, families, volunteers, & community representatives
 - Organizational & Patient Care Services leadership
 - MGH senior management & Board of Trustees
 - Quality and Safety initiatives leadership
 - Patient Care Services Executive Committee
 - Nursing Directors/Managers & CNSs/NPSs
 - Human Resources
 - Education
 - Research

Role of Magnet Champions

- Collaborative Governance Champions and identified staff at off-site locations
- Role: actively engage peers in on-going development of practice
Discovery | Communication | Motivation
- With local nursing leadership, leads dialogue with peers about Magnet evidence and site visit preparation



Communication and Education Plan

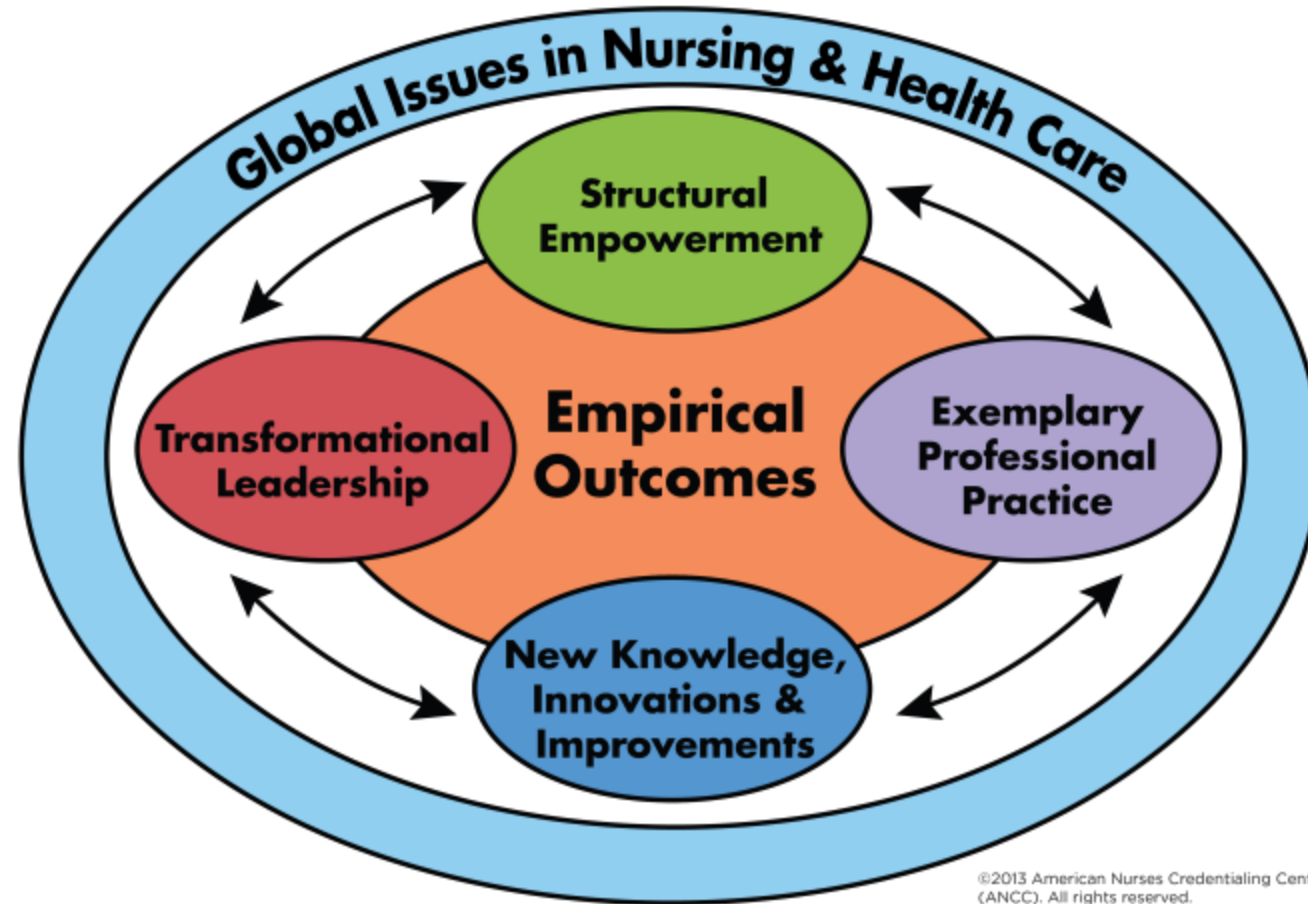
- **Weekly Focus Topics**
 - **Magnet Monday e-mails** – targeted info & resources
 - **Weekly forums for staff** – Thursdays, O’Keeffe Auditorium, 1:30 - 2:30pm (*videostreamed*)
 - **Updates at meetings** – Combined Leadership & Nurse Director
- **Collaborative Governance** committee meeting dialogues
- **SAFER Fair display** (Weds., Oct. 11, 12:00 – 2:00pm, Bulfinch Tent)
- **Magnet Recognition® Journey/Joint Commission Resource Guide** for all staff
- **“Magnet Roadmap”** poster for all units/areas
- **PPM and PCDM graphics** for display boards/staff areas
- **Excellence Every Day Magnet portal**
www.mghpcs.org/PCS/Magnet/index.asp



Weekly Focus Topics

WEEK OF	TOPIC
Sept. 18	General Survey Preparation and Magnet 101
5 M A G N E T M O D E L C O M P O N E N T S	
Sept. 25	Transformational Leadership
Oct. 2	Structural Empowerment
Oct. 9	Exemplary Professional Practice
Oct. 16	New Knowledge, Innovations and Improvements
Oct. 30	Empirical Outcomes
Nov. 6	Site Visit Begins !!!!

Magnet Model Components



Provides a framework to achieve excellence in practice

Characteristics

- As exemplary professionals, nurses are accountable for using and expanding nursing knowledge.
- Magnet nurses are pioneers of our future.
- Innovations in nursing care, care delivery and the practice environment are the hallmark of Magnet organizations.
- Create new designs, models of care evidence and standards.

Definitions at MGH

- Differentiate between:
 - **Research** is a **systematic investigation** that is designed to generate **new knowledge** that can be generalized to broader applications.
 - **Evidence-based practice (EBP)** is a method of decision making (**practice recommendations**) that are based on:
 1. a rigorous/systematic appraisal of current research,
 2. patient preferences and
 3. provider expertise/environmental situations
 - **Process/Quality Improvement (QI)** is a process by which nurses and clinicians work to **improve systems** at the **local level**. The steps involve PCDA (Plan, Do, Check, Act).
 - The intent is to **monitor performance and improve outcomes** in an ongoing process
- Nursing Innovations in Care Delivery – "Innovation is the **application of creativity or problem solving** that results in a widely adopted strategy, product, or service that meets a need in a new and different way. Innovations are about improvement in quality, cost effectiveness, or efficiency."

Kaya et al., 2015

New Knowledge, Innovations and Improvements

Innovate and Improve



MASSACHUSETTS
GENERAL HOSPITAL

NURSING AND
PATIENT CARE SERVICES

Infrastructure to Support Nursing and Collaborative Research

- The Yvonne L. Munn Center for Nursing Research
 - YLM Nursing Research Awards
 - YLM Post-Doctoral Fellowship
 - Doctoral Forum
- Collaborative Governance Research and Evidence-Based Practice Committee (REBP)
- The Clinical Nurse Specialist Research Task Force
- The Norman Knight Nursing Visiting Scholar Program

Infrastructure to Support Innovation

- The Center for Innovation in Care Delivery
- IDEA (Innovation, Design, Excellence Award) grants
- Collaboration with Northeastern University

Example from our Magnet Evidence

Development of a Transitional Care Model for Pediatric Patients with Critical Airway Conditions Across Institutions

Purpose:

- To gain an understanding of the challenges occurring during transitions of care between two institutions for children with critical airway conditions
- To describe the family experience of caring for their child with a tracheostomy during the transition from hospital to home, and to identify types of support that families require to be successful caregivers.

Methods:

- Qualitative Descriptive
- Focus groups: MGH and MEEI nurses, Family members
- Planned and facilitated by a nurse investigator

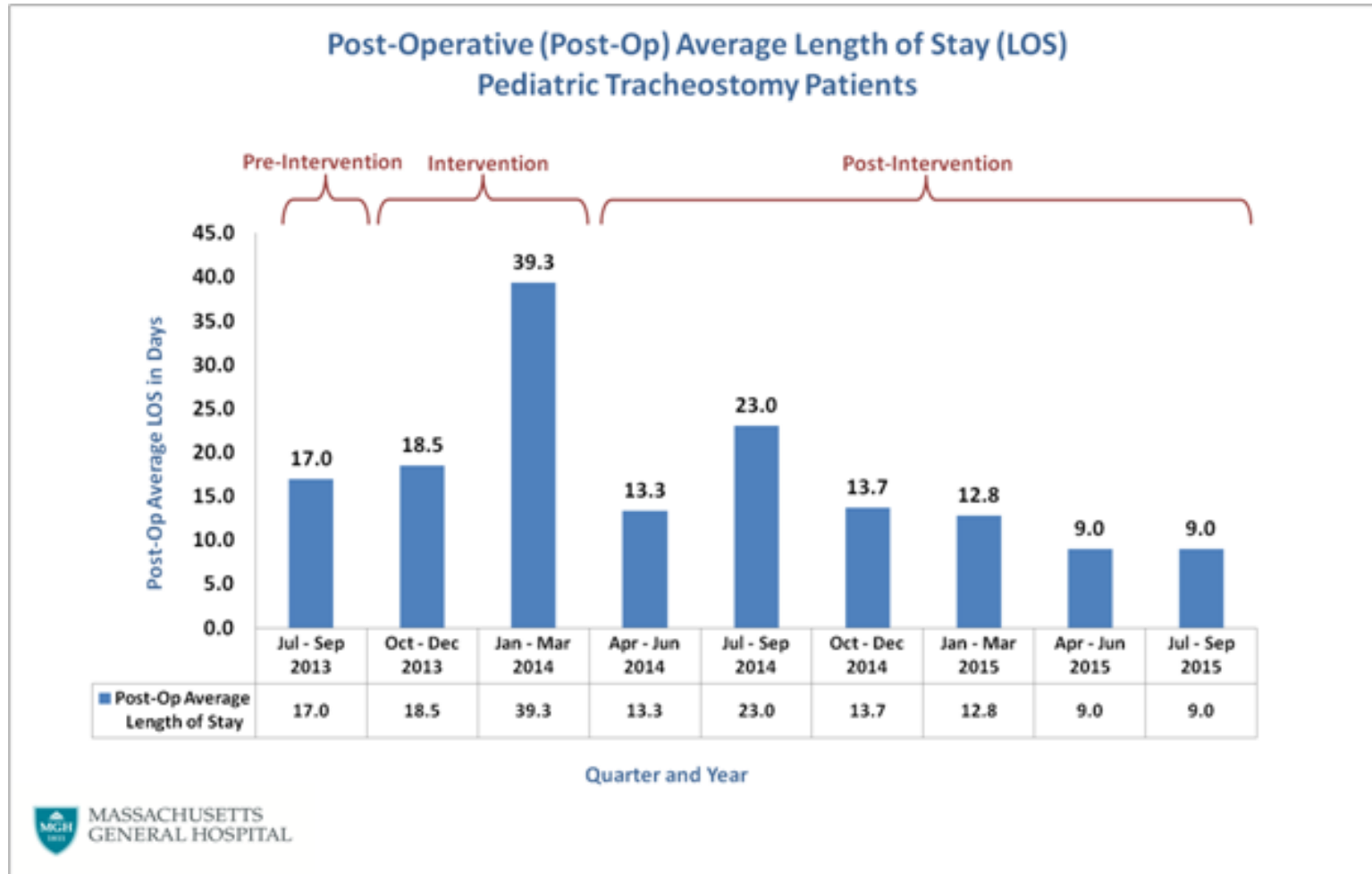
Analysis:

- Applied basic content analysis methods with three-person consensus
- Coded text to capture meaning , compared cores to identify core categories and enable comparisons between MGH and MEEI nurses and among participants
- Validation through multiple techniques: debriefing, engagement with data, and consideration of field and reflective notes
- Linked results from core categories to inform conclusions

Example from our Magnet Evidence



Example from our Magnet Evidence



Example from our Magnet Evidence

EBP Project: “Effectiveness of Silicone-Coated Foam Dressings On Prevention of Pressure Injuries: An Evidence-Based Practice (EBP) Project”

- Focus on prevention of sacral pressure ulcers in critical care patients
What more can we do, what does the evidence suggest?
- EBP Members (7): Blake 12 Multi-disciplinary ICU and Ellison 4 SICU (NDs, CNS, ARNs), and PCS Institute of Patient Care CNS/EBP Co-Lead
- PICO Question:
“As compared to Mepilex foam dressings (C), are Allevyn Life foam dressings (I) as effective at preventing sacral PI (O) in critical care patients (P)”
- Each member assigned to review and appraise the evidence utilizing the Johns Hopkins Evidence Appraisal Tools



Example from our Magnet Evidence

- After a review of the evidence, (4) articles were selected for inclusion:
 - (2) Level I (high quality)
 - (2) Level II
- Implications for Practice
 - Evidence supports the use of prophylactic silicone foam dressings
 - Need for further research for clinical application
- Translation into Practice at MGH
- Transition to Allevyn Life dressing in December 2016
- Updated MGH Skin Care Guidelines
- MGH Nursing Research Day - May 2017
- Cost savings

Example from Magnet Evidence



Assessing the impact of the MICU CLABSI flip board on staff's engagement with the CLABSI prevention process via qualitative analysis

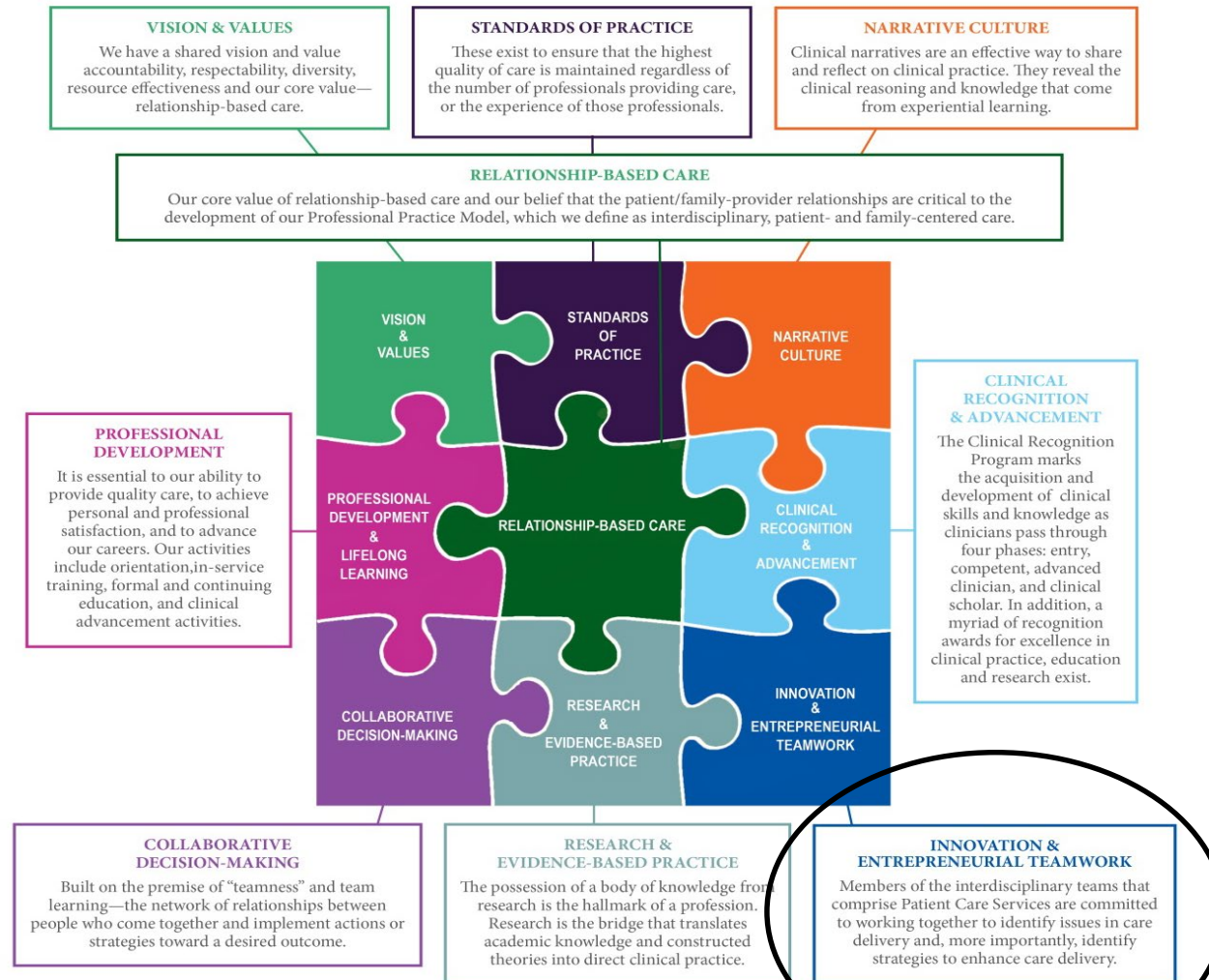
Bathroom Safety
Harness to prevent
patient falls

eCare Residency Program

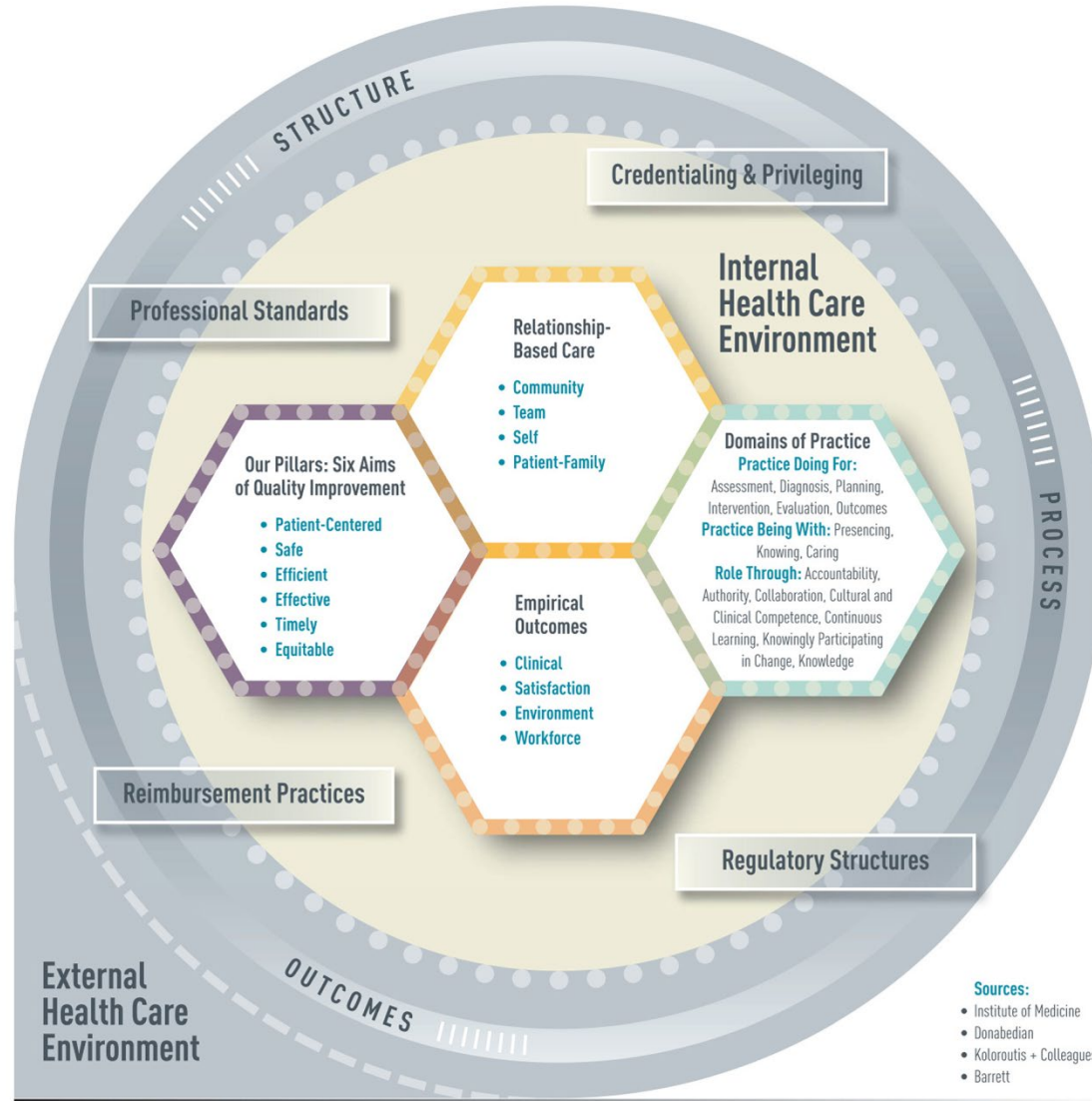
In 2016, Mass General “went live” with an entirely new operating system—electronic medical record: Epic. This high-reliability, high-stakes venture required the uninterrupted and safest possible delivery of care before, during and after. Preparing the 7,000-plus members of the Nursing and Patient Care Services staff for this major shift in operations and practice was a massive undertaking. From the first second of “Epic Live,” the staff had to be fully functioning within the new system.

Mass General PCS took a different approach than most organizations that had made this transition. In July 2015, the hospital began hiring new graduate nurses for a six month residency program. Hiring more than 300 graduate nurses enabled all staff to have dedicated time to participate in extensive Epic training programs. Hiring resident nurses meant there was no need to hire external nurses from other agencies for the go-live, thereby ensuring the quality and consistency of care, patient safety and staff resilience during a period of great change. All of the hospital's nurses were successfully MGH and Epic trained.

MGH Professional Practice Model (PPM)



Patient Care Delivery Model (PCDM)



Key Components

- Relationship-based care
- Domains of practice
- IOM's six aims of quality improvement
- Empirical outcomes

**Mock
questions...**



It's all about showcasing *your* practice...

You've got this!

For info & resources visit the EED Magnet Portal
<http://www.mghpcs.org/PCS/Magnet/index.asp>