

# MAGNET HOSPITAL BASICS

## Summary

There are several baseline requirements for a hospital to have magnet status through the American Nurse Credentialing Center (ANCC):

\* The chief nursing officer (CNO) must have a master's degree (in anything) and at least a baccalaureate degree in nursing; all nursing settings for which the CNO is responsible must be included in the magnet application and evaluation process; and the CNO must participate in the organization's highest decision-making and strategic planning bodies. The organization must have the *American Nurses Association's Scope and Standards for Nurse Administrators* currently implemented throughout nursing.

\* The organization must have "policies and procedures that permit and encourage nurses to confidentially express their concerns about their professional practice environment without retribution."

\* *In the three years prior to submitting the application, the organization must not have committed an unfair labor practice involving a nurse.* The Commission on Magnet can approve exceptions to this.

\* The organization must be in compliance with all state, local, and federal regulations and accrediting body standards (e.g., JCAHO).

\* The organization must collect nurse-sensitive quality indicators at the unit level that can be benchmarked against national, state, regional, and system standards. The quality indicators tracked right now are maintenance of skin integrity (including pressure ulcers prevalence and occurrence); nursing care hours provided per patient day; nursing staff satisfaction (with trending and benchmarking); patient injury rates (falls occurrence); patient satisfaction in relation to nursing care, pain management, patient education, and overall care; and the skill mix of RNs, LPNs, and unlicensed staff.

Hospitals are then evaluated on whether the 14 "forces of magnetism" apply. On the following pages I've copied those directly from the ANCC website.

## **Forces of Magnetism**

The original Magnet™ research study from 1983 first identified 14 characteristics that differentiated organizations that were best able to recruit and retain nurses during the nursing shortages of the 1970s and 1980s. These characteristics became the ANCC Forces of Magnetism that provide the conceptual framework for the Magnet appraisal process.

Described as the heart of the Magnet Recognition Program®, the Forces of Magnetism may be thought of as attributes or outcomes that exemplify excellence in nursing. The full expression of the current 14 Forces of Magnetism is the requirement for designation as a Magnet facility and embodies a professional environment guided by a strong and visionary nursing leader who advocates and supports excellence in nursing practice.

### **Force 1: Quality of Nursing Leadership**

Knowledgeable, strong, risk-taking nurse leaders follow a well articulated, strategic, and visionary philosophy in the day to day operations of the nursing services. Nursing leaders, at all levels of the organization, convey a strong sense of advocacy and support for the staff and for the patient. *(The results of quality leadership are evident in nursing practice at the patient's side.)*

### **Force 2: Organizational Structure**

Organizational structures are generally flat, rather than tall, and decentralized decision-making prevails. The organizational structure is dynamic and responsive to change. Strong nursing representation is evident in the organizational committee structure. Executive-level nursing leaders serve at the executive level of the organization. The Chief Nursing Officer typically reports directly to the Chief Executive Officer. The organization has a functioning and productive system of shared decision-making.

### **Force 3: Management Style**

Healthcare organization and nursing leaders create an environment supporting participation. Feedback is encouraged and valued and is incorporated from the staff at all levels of the organization. Nurses serving in leadership positions are visible, accessible, and committed to communicating effectively with staff.

### **Force 4: Personnel Policies and Programs**

Salaries and benefits are competitive. Creative and flexible staffing models that support a safe and healthy work environment are used. Personnel policies are created with direct care nurse involvement. Significant opportunities for professional growth exist in administrative and clinical tracks. Personnel policies and programs support professional nursing practice, work/life balance, and the delivery of quality care.

### **Force 5: Professional Models of Care**

There are models of care that give nurses the responsibility and authority for the provision of direct patient care. Nurses are accountable for their own practice as well as the coordination of care. The models of care (i.e., primary nursing, case management, family-centered, district, and holistic) provide for the continuity of care across the continuum. The models take into consideration patients' unique needs and provide skilled nurses and adequate resources to accomplish desired outcomes.

### **Force 6: Quality of Care**

Quality is the systematic driving force for nursing and the organization. Nurses serving in leadership positions are responsible for providing an environment that positively influences patient outcomes. There is a pervasive perception among nurses that they provide high-quality care to patients.

### **Force 7: Quality Improvement**

The organization has structures and processes for the measurement of quality and programs for improving the quality of care and services within the organization.

### **Force 8: Consultation and Resources**

The healthcare organization provides adequate resources, support, and opportunities for the utilization of experts, particularly advanced practice nurses. In addition, the organization promotes involvement of nurses in professional organizations and among peers in the community.

### **Force 9: Autonomy**

Autonomous nursing care is the ability of a nurse to assess and provide nursing actions as appropriate for patient care based on competence, professional expertise, and knowledge. The nurse is expected to practice autonomously, consistent with professional standards. Independent judgment is expected to be exercised within the context of interdisciplinary and multidisciplinary approaches to patient/resident/client care.

### **Force 10: Community and the Healthcare Organization**

Relationships are established within and among all types of healthcare organizations and other community organizations, to develop strong partnerships that support improved client outcomes and the health of the communities they serve.

### **Force 11: Nurses as Teachers**

Professional nurses are involved in educational activities within the organization and community. Students from a variety of academic programs are welcomed and supported

in the organization; contractual arrangements are mutually beneficial. There is a development and mentoring program for staff preceptors for all levels of students (including students, new graduates, experienced nurses, etc.). Staff in all positions serve as faculty and preceptors for students from a variety of academic programs. There is a patient education program that meets the diverse needs of patients in all of the care settings of the organization.

### **Force 12: Image of Nursing**

The services provided by nurses are characterized as essential by other members of the healthcare team. Nurses are viewed as integral to the healthcare organization's ability to provide patient care. Nursing effectively influences system-wide processes.

### **Force 13: Interdisciplinary Relationships**

Collaborative working relationships within and among the disciplines are valued. Mutual respect is based on the premise that all members of the healthcare team make essential and meaningful contributions in the achievement of clinical outcomes. Conflict management strategies are in place and are used effectively, when indicated.

### **Force 14: Professional Development**

The healthcare organization values and supports the personal and professional growth and development of staff. In addition to quality orientation and in-service education addressed earlier in Force 11, Nurses as Teachers, emphasis is placed on career development services. Programs that promote formal education, professional certification, and career development are evident. Competency-based clinical and leadership/management development is promoted and adequate human and fiscal resources for all professional development programs are provided.