

UAMS Magnet®
Site Visit Preparation
Workbook

This workbook provides a personalized guide on how to best prepare for our upcoming Magnet® Site Appraisal. Reflect on the statements and fill in your response in the blank spaces. For some questions, your Nursing Leadership Team will supply you with specific answers. Being prepared will ensure the Site Appraisal will be enjoyable. Thank you for engaging in this work as a Champion of Nursing Excellence!

© 2020 HealthLinx®. The HealthLinx Site Visit Prep Workbook and the information contained therein, and all tools and resources provided to the Organization are proprietary to HealthLinx® and are available as business tools for authorized use only by HealthLinx employees or consultants. The Organization agrees not to copy, sell, license, disclose or distribute without express, written authorization from HealthLinx®.

#### Contents

General Reflections	4
Transformational Leadership (TL)	5
Nursing Leadership Team for my Unit / my Service Line / my organization	5
Strategic Planning	5
Advocacy & Influence	6
Visibility, Accessibility, & Communication	6
Structural Empowerment (SE)	7
Professional Development & Commitment to Professional Development	7
Teaching & Role Development	7
Commitment to Community Involvement	7
Recognition of Nursing	8
Exemplary Professional Practice (EP)	8
Care Delivery System	9
Interprofessional Care	9
Staffing, Scheduling, & Budgeting Processes	10
Accountability, Competence & Autonomy	11
Ethics, Privacy, Security & Confidentiality	11
Culture of Safety	12
Nurse Sensitive Indicators (NSI) – Inpatient	13
Nurse Sensitive Indicators – Ambulatory	13
Quality Care Monitoring & Improvement	14
New Knowledge, Innovations & Improvements (NK)	14
Nursing Research	14
Evidence-Based Practice (EBP)	15
Innovation	15
Key Projects Included in our Magnet® Document:	15
Organization-Level Highlights	15
Unit-based Highlights	16
Site Visit Preparation Highlights and Hints	16
Process	16
Professionalism	17

HealthLinx\*

© 2020 HealthLinx®. The HealthLinx Site Visit Prep Workbook and the information contained therein, and all tools and resources provided to the Organization are proprietary to HealthLinx® and are available as business tools for authorized use only by HealthLinx employees or consultants. The Organization agrees not to copy, sell, license, disclose or distribute without express, written authorization from HealthLinx®.

### **General Reflections**

Reflect on these statements and fill in the blanks to indicate what they mean to you, your professional nursing practice and nursing at our organization.

Magnet® is	The most prestigious credential we can receive for our excellent nursing care and quality outcomes. While it is a nursing award, it takes a team of professionals to achieve Magnet.
To me, being a Magnet nurse means	
Achieving Magnet® designation means that my organization	<ul> <li>Cares about nurses</li> <li>Cares about quality outcomes and outperforms other organizations</li> <li>Demonstrates the value nursing brings to a community</li> <li>Is among the best of the best – the top 10% of all organizations.</li> </ul>
This is where I can find our Magnet Document	https://intranet.uams.edu/UAMS-H192- Internal/index.html
Our Magnet site visit takes place	Anticipated in October 2024
Shared decision-making means	<ul> <li>The nursing leadership team values the input of clinical nurses.</li> <li>Clinical nurses are respected and empowered to share their ideas and beliefs in a supportive environment.</li> <li>Together, nurse leaders and clinical nurses make shared decisions that improve patient care and the nurse practice environment.</li> </ul>
This is how I know shared-decision making is alive in my unit	Think advocating for resources, involvement in decisions that impact practice or patient care, unit-based councils, etc.

There are five components in the Magnet® Model and organizations on the Journey to Excellence must demonstrate these important elements.

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

To achieve Magnet® we need to demonstrate the development, dissemination, and enculturation of the Sources of Evidence (ANCC, 2017) across the organization – for all nurses – at all levels. Let's look at each Component and relate how we demonstrate these standards.

### Transformational Leadership (TL)

The TL chapter focuses on the CNO and the nurse leaders. In Magnet® organizations, the CNO and nurse leaders are visible and accessible. The CNO creates a nursing vision, supports the structures, and processes that allow nurses to do what they do best every day, which is to provide excellent nursing care. Nurse leaders advocate for resources and involve clinical nurses in setting goals. The nurse leaders value the feedback from clinical nurses. Communication flows easily.

# Nursing Leadership Team for my Unit / my Service Line / my organization List members of your Nursing Leadership Team

Chief Nursing Officer	Tammy Jones, PhD, RN, NE-BC
Associate Chief Nursing Officers	Donna Elrod, PhD, RN
The same same same same same same same sam	Ed Horton, MBA, BSN, RN
Nursing Director	
Nurse Manager	
Clinical Specialist	
Other:	

#### Strategic Planning

	Quality Outcomes, Patient Experience,
Our nursing strategic plan focuses on	RN Engagement, Recruitment and
	Retention, Professional Development

This is how my unit aligned goals to the nursing strategic plan	Each unit has 3 unit-goals that are tied to the Nursing Strategic Plan and overall UAMS Vision 2029
I contribute to addressing the	
organization's strategic priorities by  Consider organizational mission statement	

### Advocacy & Influence

HealthLinx\*

This is a new resource my unit acquired	
We have a way to mentor nurses	UAMS does not have a mentorship program – it is unit/role specific
If I wanted to advance in nursing at this organization, there are activities that help with succession planning	Online training modules, shadowing opportunities, professional development goals and plan, etc.

### Visibility, Accessibility, & Communication

This is how my nurse manager is visible and accessible	
This is how my nursing director is visible and accessible	
This is how my CNO is visible and accessible	Tammy rounds most Saturdays; Talk with Tammy is offered every other month and offers frontline staff an opportunity to sit and talk with Tammy. Tammy has a monthly newsletter that goes out and is accessible by email and office hours. Tammy serves as the highest nursing position at UAMS and is intricately involved in decisions at the highest level, especially those that involve patient care and nursing practice.

## Structural Empowerment (SE)

The SE chapter focuses on empowering nurses to grow and develop professionally, engage in shared governance, and work collaboratively with teams. The CNO has a voice on the highest-level organizational decision-making groups to influence the nursing strategic plan and patient care.

### Professional Development & Commitment to Professional Development

This is how my professional development is encouraged and supported	UAMS offers a 50% tuition discount to achieve a BSN at any UofA school. National Certification is supported through exam fee reimbursement and 4 hours paid time to complete the exam. Unit-specific training opportunities (ECMO, super-user training, charge nurse, ACLS instructor, etc.) are planned with the help of the Clinical Specialist. Professional development goals are documented during annual performance appraisal.
the professional	
nursing organization for my nursing	
specialty	
Do you participate in professional organizational activities?	
I stay current on issues and trends in	
my nursing specialty by	

### Teaching & Role Development

I communicate my learning needs by	Learning opportunities/needs communicated with Clinical Specialist or CSM; annual skills fairs, sim center, vendor education, etc.
I participated in a professional development activity to improve my knowledge, practice, or skill	

### Commitment to Community Involvement

My organization is committed to	UAMS sponsors and volunteers at multiple
improving the health of our community	community events per year – LR Marathon,
by	Part of the Cure-A-Thon, Traveling COVID

	Van, Mammovan, Centering Pregnancy Van, etc.
I deliver culturally and socially sensitive nursing care by	Think cultural care, gender-specific, LGBTQ+, disparities, age-specific, etc.

#### Recognition of Nursing

I know I am making a difference in the	
care of patients when	
	Unit-specific Recognition program
Our unit recognizes nurses when	
	DAISY Nurse of the Month
Our organization recognize nurses	Outstanding Area of the Month
Our organization recognize nurses	Monday Metrics Awards during Nurses
through	Week
	Annual Professional Nursing Awards

# Exemplary Professional Practice (EP)

The EP chapter focuses on how nurses bring the Professional Practice Model (PPM) to life and embody values that drive practice to top notch quality outcomes.

#### Professional Practice Model

**Health** 

HealthLinx\*



is to deliver safe, high quality, patient-family centered care through

interprofessional relationships, supported by a structure of Nursing Excellence.

© 2020 HealthLinx®. The HealthLinx Site Visit Prep Workbook and the information contained therein, and all tools and resources provided to the Organization are proprietary to HealthLinx® and are available as business tools for authorized use only by HealthLinx employees or consultants. The Organization agrees not to copy, sell, license, disclose or distribute without express, written authorization from HealthLinx®.

A professional practice model (PPM) is	Is an image representing how nurses practice, communicate and collaborate. It demonstrates our values and how we care for patients, families, each other, and me.
The key elements of our PPM are	Care Delivery System (heart; Patients and Familys are centered and at the heart of our care) Mission Pillars of Nursing Excellence
I apply our PPM to my professional nursing practice when I	
Our recent unit-level nursing satisfaction survey was taken in	May 2022
This is how the data from the nursing satisfaction survey was shared with our unit	
Based on our nursing satisfaction data, our unit decided to work on	
This is an outcome from that work	

### Care Delivery System

A care delivery model is	How I actualize the professional practice model when I am caring for my patients.
The care delivery model on my unit can be described as	Patient-Family Centered Care
This is how nursing care assignments are made	
On an individual level, this is how I partner with patients and families about their care	

### Interprofessional Care

HealthLinx\*

Tailor these to your organization's inter-professional team structure

On a typical day, I interact	Role	How We Collaborate
with these inter-	Medical Residents	
professional team	Nurse Navigator	

members, and this is how	Medicine	
we collaborate	Case Manager	
	Clinical Pharmacist	
	Dietitian	
	Social Work	
	Respiratory Therapist	
	Physical Therapist	
	Occupational Therapist	
	Speech Therapist	
	Advanced Practice RNs	
	Other	

I contribute to the patient's plan of care	
by	
This is an example of how nurses on	
our unit collaborated with members of	
the interprofessional team and	
improved patient care	
Our interprofessional team members	
are experts and this is one example	
where their expertise was considered	
when changing nursing practice	
This is how peer-to-peer / inter-	
professional conflict is managed across	
the organization	

### Staffing, Scheduling, & Budgeting Processes

This is a resource available to me when I am caring for a complex patient	
This is a resource available when there is a nurse "call in"	
My nurse manager involves unit nurses in the budgeting process by  Consider: unit staffing, incidental overtime, hours per patient day, supply costs, revenue generating expenses	Managers meet with nurses during staff meetings and UBCs to ask for feedback about what is needed; Utilize Staffing Budget and Capital Budget Request Forms to complete request
I am involved in daily staffing decisions by	

I am involved in decisions about my	
work schedule by	
This is what we are doing to retain	
nurses	
This is how I am involved in our unit-	
based recruitment activities	

### Accountability, Competence & Autonomy

Accountability, Competence & Autonomy	
My performance evaluation includes a self-assessment, peer feedback, and a professional development plan. This is my goal for this year's evaluation.  I chose that development goal because	<ul> <li>Annual evaluation includes:         <ul> <li>Self-evaluation through Workday</li> <li>Peer evaluation – paper form completed by peers</li> </ul> </li> <li>Completion of Annual Evaluation Appraisal guide and portfolio with evidence         <ul> <li>Manager evaluation in Workday</li> <li>Manager/RN meeting to review evaluation, set goals and discuss professional development</li> </ul> </li> </ul>
I am involved in peer feedback by	The Nurse Manager asks staff to complete evaluations of peers each evaluation cycle. These are uploaded into Workday as part of the overall evaluation process
I demonstrate autonomy in my	Nurse-led Urinary Catheter Removal
professional nursing practice by	Protocol
Consider: the nursing process, how does your nursing assessment drive an autonomous intervention (inter-	Referrals to ancillary services
professional referrals; nurse-driven foley removal)	Treatment of extravasated
I know where to find the State Nurse	
Practice Act	https://www.healthy.arkansas.gov/programs
	-services/topics/arsbn-laws-rules
This is how the Nurse Practice Act	
shapes my professional nursing	
practice	

# Ethics, Privacy, Security & Confidentiality

	Anyone with a legitimate interest in a
I would address an ethical issue by	patient is encouraged to request an ethics
	consultation by phone or email. A member

*** = **
of the Ethics Consultation Service (ECS) is
always available to respond to requests in
a timely manner.
Contact UAMS Ethics Consultation
Service, 501-405-8134. Ethics can also be
consulted via EPIC.
UAMS Pastoral Care is available 24 hours
a day to provide pastoral and emotional
support to patient, families, and staff. An
on-call Chaplain can be reached by calling
the pager number (501) 688-2060.
Culture of Safety survey questions
are included with each employee
engagement survey
Workplace Violence Prevention
team assesses area safety,
implemented policy
We are a zero tolerance
organization for violence against
healthcare workers

# Culture of Safety

This is where the organization's safety policy is located <a href="https://intranet.uams.edu/clinicaldesktop.htm">https://intranet.uams.edu/clinicaldesktop.htm</a>	UAMS Safety Manual MSDS Safety Sheets Occupational Health & Safety Patient Safety
The organization addressed violence experienced by nurses through	Monitoring security footage; RL Datix reports; UAMS PD reports; Implementing zero-tolerance policy; Implementing a flagging-system in EMR for known-offenders/disruptive patients
When a patient makes a complaint, I engage in service recovery by	We use the AIDET model at UAMS  A – Acknowledge – Greet the patient by name. Make eye contact, smile and acknowledge family or friends in the room.

I – Introduce – Introduce yourself and
explain your role in providing their
care.
D – Duration – Give the patient an
accurate time from for the duration to
address their issue (e.g., I'll be back in
10 minutes with your nutrition tray).
E – Explanation – Explain each step
related to addressing their concern,
answer questions and let the patient
know how to contact you (call button,
etc.).
<b>T</b> – Thank you – Thank the patient,
express gratitude for choosing your
facility and for their communication and
cooperation. Thank the family member
and friends for being their to support
the patient.
•

# Nurse Sensitive Indicators (NSI) – Inpatient

Tailor these to your unit's level data

NSI	Monitoring & How We Performed	Steps to Improve
Falls with Injury		
HAPI 2+		
CLABSI		
CAUTI		
CDIFF		
MRSA		
HAPI Device Related		

### Nurse Sensitive Indicators – Ambulatory

Tailor these to your unit's level data

NSI	Monitoring & How We Performed	Steps to Improve
Falls with Injury		
Surgical Patient Burns		

Surgical Errors (wrong patient, wrong site, etc.)	
Door-to-Needle Time	

#### Quality Care Monitoring & Improvement

Our patient satisfaction data is located	National Research Corporation (NRC).
	Patient Experience department is
	available to meet any time to discuss
	· ·
	unit/area patient experience data
This is how the data from patient	
satisfaction surveys is shared with our	
unit	
Based on our unit's patient satisfaction	
data, our unit decided to work on	
This is an outcome from that work	

### New Knowledge, Innovations & Improvements (NK)

The NK chapter focuses on generating new knowledge, sharing nursing research findings, engaging nurses in evidence-based practice, and encouraging nurses to use innovation to solve problems.

### Nursing Research

	The UAMS Institutional Review Board
	(IRB) provides training and study
	templates for research
	The UAMS library employs library
	scientists skilled in knowledge
	organization and information science,
These are the resources available to me	assisting researchers with extensive
to get involved in nursing research	literature searches, locating health-
	related information and literature analysis.
	Rebekah Thacker, MSN, RNC-NIC,
	Director of Nursing Research, Excellence,
	and Magnet Programs, mentors nurses
	on submitting abstracts, posters and
	presentations to research conferences
This is one of the nursing research studies conducted at our organization	Clinical Decision Support Systems:
	Acute Care Nurses' Perceptions of Ease
	of Use and Usefulness – Devin Terry,

Nursing Director of Education, Policy &
Practice
Measure the Effectiveness of a Modified
Finnegan Scoring Educational Module for
Nurses in the Neonatal Intensive Care
Unit – Jordan Curtis, NICU RN

### Evidence-Based Practice (EBP)

This is the most recent EBP project conducted on my unit	
I can access resources for EBP by	Rebekah Thacker, Nursing Director of Research and Excellence consults with nurses as needed to guide nurses through using the UAMS EBP model. All resources are available on the Center for Nursing Website (nurses.uams.edu)
The unit's specialty standards are located	

#### Innovation

I am encouraged to use innovation to solve patient care problems by	
A recent example of technology adopted on our unit is	Doesn't have to be new – could be equipment or processes that are new to your patients/population, e.g., PD cyclers, external female catheters, US guided PIV insertion, etc.
I am involved with looking at workflow	
issues in my unit	

# Key Projects Included in our Magnet® Document:

### Organization-Level Highlights

HealthLinx\*

- Received Accreditation for Transition to Practice Program
- Hospital to Home to Improve Patient Flow and Maintain Open Beds
- Nurse Wellness Retreats transitioned to Employee Wellness Conventions

© 2020 HealthLinx®. The HealthLinx Site Visit Prep Workbook and the information contained therein, and all tools and resources provided to the Organization are proprietary to HealthLinx® and are available as business tools for authorized use only by HealthLinx employees or consultants. The Organization agrees not to copy, sell, license, disclose or distribute without express, written authorization from HealthLinx®.

- Received \$25,000 Chancellor's Circle Grant to support nursing conference attendance
- COVID testing and treatment to Community through COVID drive-thru triage and travelling van to underserved communities across Arkansas
- Gift of Sight community service to Marshallese patient population
- Achieve Grade "A" on Leapfrog Report Spring 2024

#### **Unit-based Highlights**

- Review Magnet document and fill in bullets from Magnet Stories
- Highlight Resource Nurse project work
- Highlight Unit achievements (Outstanding Area of the Month, DAISY/BEE winners, etc.)
- Any other pride moments for the unit

### Site Visit Preparation Highlights and Hints

#### What does a Site Visit Entail?

#### Process:

- There will be 3 or 4 Magnet Appraisers who will come on site to conduct a Site Appraisal.
- The Appraisers are nurses and have read our document. They want us to be successful.
- The Appraisers will come for 3 or 4 full days. There will be many unit tours and meetings held during this time. Some nurses will attend based on their participation in shared-governance councils while some nurses will be randomly selected, by the Appraisers, to attend a special meeting usually at mealtimes. Your manager will let know if you are invited to attend. We will have additional resources in place to assure you will be able to accept your invite and attend.
- You will hear the words: Verify, Clarify, Amplify. The Appraisers will:
  - Verify what we shared in our Document is true and enculturated
  - Clarify any information that seems unclear
  - Amplify the excellent work we are doing perhaps we will receive an Exemplar!

- The Appraisers may ask for "evidence" when they are on a unit-tour or conducting a meeting – please retrieve the requested information and only give it to MPD NAME who will submit it to the Appraisers.
- The Appraisers will submit a report and submit it to the Commission on Magnet, who will decide if we were successful with our Site Appraisal.

#### **Professionalism**:

- Be fully present with the Appraisers. Smile. Shake their hands.
- Follow your organization's dress code.
- Leave technology in capable hands come to the meetings fully engaged.
- Show pride in the excellent work you do.
- Help to keep the unit looking clean.
- Put your best foot forward. Answer truthfully. If you do not know an answer, tell them how you would go about finding the information.
- Elevate the practice of your peers find a way to compliment a fellow nurse.