

**What Every Clinician Should Know About
Forces of Magnetism
- TEMPLATE -**

Force 1: Quality of Nursing Leadership - Visionary nurse leaders exemplify advocacy & support for patients, family & staff.

Give an example of how nursing leadership including Jeanette is visible & accessible.
Response: Jeanette is positioned strategically in the organization and visible in the highest governing bodies of the MGH including attendance at the Board of Trustees and Chiefs Council meetings and a voting member of the General Executive Committee. She is visible to staff through formal Nursing presentations, the Collaborative Governance Staff Nurse Advisory Committee and individual unit rounds. She is accessible to staff anytime via telephone or E-mail. All nurse leaders carry their pagers and cell phones 24 hours a day, seven days a week. Staff has the ability to page or call these leaders at any time to address a need on the unit or personal issue. It is common for Nursing Directors to work on evenings, nights or weekends to support staff during routine operations, special projects and for emergency situations. Clinical Nursing Supervisors supplement the unit Nursing Director's leadership particularly on the off shift.
Describe a time or situation in which you were supported by nursing leadership.
Response:
Describe the Professional Practice Model & its nine components?
Response: The Professional Practice Model is a comprehensive framework to guide care delivery across the disciplines in Patient Care Services. Components include: Patient centeredness, vision and values, standards of practice, narrative culture, professional development, clinical recognition and advancement, collaborative decision-making, research and innovation and entrepreneurial teamwork
Describe the results for your unit in the most recent Staff Perceptions of the Professional Practice Environment (SPPPE) survey. What was one area of concern that was addressed as a result of the survey?
Response:

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Force 2: Organizational Structure - Successful organizational structures are proactive & responsive to change.

Describe how Collaborative Governance (CG) is the key vehicle for collaborative decision-making.

- **Why is it beneficial to the staff nurse?**
- **What are the seven CG committees?**
- **Who on your unit are members of these committees & how is information shared with the staff?**

Response:

Collaborative Governance places the authority, responsibility and accountability for patient care with practicing clinicians. It provides staff nurses a voice in the organization through its communication and decision-making committee structure.

The 7 committees are: Diversity, Ethics in Clinical Practice, Nursing Practice, Nursing Research, Patient Education, Quality and Staff Nurse Advisory.

Describe the role of the Institute for Patient Care. Why was it created & what Centers & programs comprise the Institute?

Response:

The Institute for Patient Care is a new interdisciplinary structure in Patient Care Services established to strengthen links between members of the clinical disciplines to advance clinical care, education and research. It was built on the premise that new connections between individuals and groups and new synergies of concepts, ideas and innovations are essential to enhance practice and achieve improved outcomes. It serves as a “think and do tank” for PCS providing structural and operational support for clinicians in all areas of the hospital.

Four Centers comprise the Institute for Patient Care: The Norman Knight Nursing Center for Clinical and Professional Development, The Yvonne L. Munn Center for Nursing Research, The Blum Patient and Family Learning Center, and the Center for Innovations in Care Delivery.

Other programs and interdisciplinary initiatives that enhance nursing practice and the workplace environment are also included in the Institute for Patient Care. Key examples include: Collaborative Governance, Awards and Recognition, Clinical Recognition Program, Simulation and Credentialing

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Force 3: Management Style - Nursing leaders create an environment for staff participation & recognition for the uniqueness of the individual.

Describe how you feel supported by nursing leadership.
Response:
Describe how Jeanette & her executive team (e.g., Associate Chief Nurses) support & represent nursing.
Response: Jeanette and her executive team support nursing by being visible and accessible. She has articulated a clear vision for PCS and has established multiple communication strategies (e.g. retreats, forums, e-mail access for staff) to share it throughout the organization and the community. In addition, both the Staff Perceptions of the Professional Practice Environment Survey and the Collaborative Governance structure ensure the staff nurse experience is heard and understood. Staff feedback influences educational offerings, policy change, additional staffing as well as new equipment purchases. The executive leadership team also provides mentoring and succession planning for staff and leadership. This fosters further professional growth and retention of current employees.
What is the nursing leadership triad?
Response: The nursing leadership triad structure oversees unit-based clinical care and operations. The triad is comprised of the Nursing Director, who is responsible for the clinical and administrative operations of the unit; the Clinical Nurse Specialist, who provides clinical support to staff and patients; and the Operations Coordinator, who provides administrative support for the unit as well as direct supervision for Operations Associates and Unit Service Associates.

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Force 4: Personnel Policies & Programs - Personnel policies & guidelines are created with staff involvement, & significant administrative & clinical promotional opportunities exist.

Describe how staff respond to issues that effect scheduling such as changes in patient volume, access to additional staff, overtime, etc., (staffing guidelines).

Response:

The MGH DON Direct Care Staffing Guidelines articulate that identification of direct care staffing requirements occurs at three levels: long term projections for the Fiscal Year, near-term scheduling for successive 4 week cycles and daily shift to shift requirements.

Daily and shift to shift decisions regarding staffing are made at the unit level by Nursing Directors and/or their designees, such as staff Resource Nurses. In the event that additional staff are needed for a particular shift there are several options available including: calling in staff scheduled for “on call” or standby, negotiating changes in scheduled time among the unit staff, utilizing cross-trained staff from other units, using staff from the Rapid Response Team, accessing per diem staff, using part-time staff to work beyond their standard hours and /or using voluntary overtime hours by unit staff.

In addition, the DON is committed to providing clinical support to all nurses providing direct care. Resources such as the Clinical Nursing Supervisors, The Rapid Response Team Staff Nurses, Unit Resource Nurses, Clinical Nurse Specialists and expert Advanced Practice Nurses are available to assist all nurses regardless of years of experience or competence in a clinical specialty.

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Force 5: Professional Models of Care - Models of care support professionalism in nursing by providing educational resources & opportunities to accomplish desired outcomes.

Describe how the interdisciplinary patient care delivery model is operationalized on your unit.
Response: The Patient Care Delivery Model is an interdisciplinary, patient and family centered care delivery system that is supported by a philosophy of caring and an environment that enhances patient outcomes. Decisions about care and the environment of care are made at the practice level by clinical staff and unit leadership through the Patient Care Delivery Model.
Describe how the care you provide is patient & family centered.
Response:
Describe how the interdisciplinary care team collaborates to care for patients & families on your unit.
Response:
What are the standards of care that guide your practice?
Response: At MGH, standards of practice are a key component of the Professional Practice Model. Along with multiple professional practice standards, the two major documents that influence practice are the Massachusetts Nurse Practice Act and the Massachusetts Board of Registration in Nursing (MA BORN) rules and regulations. The Massachusetts Nurse Practice Act delineates the appropriate roles responsibilities and the delegation and supervision activities for nurses and nursing support staff. The MA BORN rules and regulations defines the role of the Registered Nurse and outlines the responsibilities and functions regarding delegation and supervision of selected nursing activities by licensed nurses to unlicensed personnel.
How is continuity of care promoted (handoffs)?
Response: As the patient moves throughout the MGH system, the following strategies are used to ensure continuity of care: continuity of patient care assignments, documentation of relevant patient care information, meaningful verbal patient reports between changes in care providers and Case Management services across the continuum of care. The Safe Patient Transport Policy and Procedure describes how patient safety is ensured during times of transfer from a unit or between units. All members of the team are responsible to determine code status, safety status and other pertinent information related to the patient prior to the transfer from a unit for a test, procedure or to another unit.

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Force 6: Quality of Care - Positive patient outcomes are achieved by the partnership of nursing leadership & staff supporting quality of care as a priority.

***This Force encompasses quality of care, ethical decision-making, research/evidence-based practice and diversity.**

Give an example of an initiative or practice within the hospital or your unit that demonstrates the hospital's commitment to high quality care.
<p>Response: Several recent hospital initiatives reflect the organization's commitment to quality care: LEAN Equipment Program, Simulation Training and RL Solutions – Web-based Safety Reporting System.</p>
What are nursing sensitive indicators?
<p>Response: As defined by the ANA, "Nursing Sensitive Indicators are those indicators that capture care or its outcomes most affected by nursing care." These indicators have been defined to show clear linkages between nursing interventions, staffing levels and positive patient outcomes. At MGH we monitor all of the Nursing-Sensitive indicators defined by the ANA: Mix of RNs and Unlicensed Staff Caring for Patients in the Acute Care Settings, Total Nursing Care Hours Provided Per Patient Day, Pressure Ulcers, Patient Falls, Patient Satisfaction with Overall Care, Patient Satisfaction with Nursing Care, Patient Satisfaction with Pain Management, Patient Satisfaction with Educational Information, Nosocomial Infection Rate and Staff Nurse Satisfaction.</p>
Describe a clinical situation in which diversity issues needed to be addressed. What was the patient outcome based on your intervention?
<p>Response:</p>
What resources do you have available when an ethical dilemma occurs? Think about a recent ethical dilemma on your unit, the patient outcome, and how the staff nurses involved felt about the resolution.
<p>Response: Resources for ethical concerns at MGH include: Collaborative Governance Ethics in Clinical Practice Committee, Optimum Care Committee, Advance Care Planning Task Force, MGH Ethics Task Force, Pediatrics Bioethics Committee, Harvard Ethics Leaders Council, Interdisciplinary Ethics Resource Program, Unit-Based Ethics Rounds, MGH Employee Assistance Program and individual consultation with the Ethics Clinical Nurse Specialist.</p>
What resources are available to you to support the pursuit of research and/or evidence-based practice activities?
<p>Response: The Yvonne L. Munn Center for Nursing Center is the organizational structure that supports and promotes nursing research. Research components include: Collaborative Governance Research Committee, the Clinical Nurse Specialist Research Task Force, the Nursing Research Operations Group, the Norman Knight Visiting Scholar Program, the Yvonne L. Munn Nursing Research Awards, the Yvonne L. Munn Post-Doctoral Fellowship, and the Doctoral Forum. Internal consultation is also widely available through the Munn Center's Senior Nurse Scientists, MGH doctorally prepared staff and The Institute for Health Policy.</p>

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Force 7: Quality Improvement - Nurses actively participate in many initiatives that improve the quality of patient care delivered within the organization.

- How do staff nurses on your unit initiate & participate in unit-based performance improvement (PI)?
- What PI projects are your unit working on?
- How do staff nurses on your unit initiate & participate in PI?
- How are staff nurses informed of the results of PI Projects

Response:

How is quality maintained and/or improved upon at MGH?

Response:

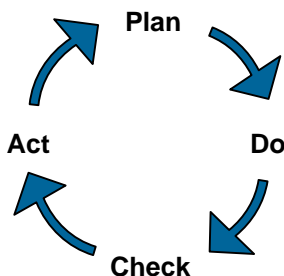
The infrastructure for quality and safety at MGH underwent a massive reorganization to address the Institute of Medicine's six aims for quality improvement: patient-centered, timely, efficient, effective, equitable and safe patient care. In 2007, the MGH Center for Quality and Safety and the Patient Care Services Office for Quality and Safety were launched. Both of these structures are responsible for maintaining and/or improving quality care at MGH.

Several tactics were employed to address key organizational goals: creation of a Quality and Safety White Paper- Hospital Performance Measurement, administration of a Safety Culture Survey, creation of a Quality Dashboard, implementation of an Electronic Safety Event Reporting System (RL Solutions), and assessment of Patient Centeredness through the Stoeckle Center.

What are the steps of the performance improvement process?

Remember the steps:

1. **Plan**
 - Identify an opportunity
 - Gather information and measure the current situation
2. **Do**
 - Design an improvement and implement the change
3. **Check**
 - Measure again to see if the plan worked
4. **Act**
 - Sustain the change



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Force 8: Consultation & Resources: - A Magnet organization provides consultants, experts & advanced practice nurses to the nursing & support staff to support their practice.

Are there Advanced Practice Nurses (Clinical Nurse Specialists, Nurse Practitioners, Certified Nurse Midwives, Certified Registered Nurse Anesthetists) associated with your unit? If so, how do they support staff nurses in their clinical practice?

Response:

What resources are available to you 24/7 to assist you in clinical decision-making?
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Response:

All nurse leaders carry their pagers and cell phones 24 hours a day, seven days a week. Staff has the ability to page or call these leaders at any time to address a need on the unit or personal issue. Clinical Nursing Supervisors supplement the unit Nursing Director's leadership particularly on the off shift.
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Force 9: Autonomy - Autonomous nursing care is built on knowledge, competence, and professional expertise.

Give an example of how you demonstrate autonomy in your practice.

Response:

Give an example of how you have a voice in decision-making & describe the process.

Response:

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Force 10: Community & the Healthcare Organization - The community that we serve is embedded in the mission & values of our hospital.

Describe how MGH supports & encourages nurse involvement in the community.

Response:

PCS has established guidelines to address the pay and benefits for employees embarking on domestic and/or international service work. Additionally, the Hospital's Disaster Relief policy states that an employee who responds to national or international disasters will receive their regular pay for up to two weeks per year with benefits. For deployments extending beyond two weeks, earned time or time off without pay may be used.

Beyond formal compensation policies, MGH encourages participation in community activities by communicating opportunities through E-mail and hospital publications. In addition, staff are given the option to work part time and have flexible hours to facilitate participation.

Describe community partnerships or programs established by nursing that support the healthcare needs of certain populations.

Response:

Locally, the MGH Community Benefits Program has established partnerships with the surrounding communities to address the needs of underserved patients. Targeted initiatives include: Avon Breast Cancer Program, Chelsea High School Student Health Service, Cervical Outreach Program, Reach out and Read Program, Tuberculosis Follow-up Program, Celebrating Women Living a Healthy and Vibrant Life, Senior Health Wise Program, State House Flu Shot Clinic, Children in Health Care Week, and the Comfort and Support after Loss Memorial Service.

Partnerships in the National and International Communities include: Durant Fellowship, Basrah Children's Hospital Nurse Training Program, The International Medical-Surgical Response Team (IMSuRT), Boston's Disaster Medical Assistance Team (DMAT), The Center for Global Health and Disaster Response, Global Nurse Training Program and ACCESO Program in Cuba.

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Force 11: Nurses as Teachers - Nurses incorporate teaching in all aspects of their practice.

Describe how you incorporate patient & family teaching in your daily practice.
Response:
What teaching references & resources are available on your unit?
Response:
Describe the role of preceptors & mentors on your unit.
Response:

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Force 12: Image of Nursing - Nurses are viewed as integral to providing quality patient & family-centered care. Nursing remains one of the most highly-respected professions.

Describe how members of other disciplines or departments perceive nursing.

Response:

Jeanette is a vital and respected member of the highest decision-making bodies at MGH: The General Executive Committee, The Chief's Council and the Medical Policy Committee. She leads or co-leads many of the hospital's critical initiatives.

Interdisciplinary Teams view nursing as a strong and integral partner in the care of patients. The contributions of nurses in all forums are valued and solicited. The outcomes of these effective interdisciplinary relationships are demonstrated in the successful completion of programs and projects that involve multiple departments such as the LEAN Equipment Program, CBED implementation, and the Blake Elevator Pilot.

Describe how patients, families & the community perceive nursing at MGH.

Response:

Both patients and families speak highly of their patient care experiences at MGH. Many who receive care feel compelled to write letters describing the compassionate, clinically expert nursing care they received. Patient satisfaction scores support this assertion.

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Force 13: Interdisciplinary Relationships - Mutual respect & collaboration are modeled among disciplines which creates strong & positive interdisciplinary relationships.

Describe how nurses collaborate with physicians & other members of the interdisciplinary team. Provide a recent example from your unit.

Response:

Developed more than a decade ago, the PCS Professional Practice Model at MGH creates the framework and expectation for interdisciplinary patient care. Specifically, the Collaborative Governance structure was designed to bring clinicians together from all disciplines to translate the organization's vision and values into a reality.

MGH also has longstanding policies and procedures related to documentation for patient care planning ensuring interdisciplinary communication. The recent DocCom initiative furthers this commitment.

Describe how you deal with conflict within the team. Provide a recent example.

Response:

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Force 14: Professional Development - Our organization is committed to the professional development of nurses & other members of the health care team.

How does your unit or service/department of nursing recognize your professional accomplishments?

Response:

PCS and the DON has a number of established awards recognizing clinical excellence for direct care nurses who demonstrate autonomy in practice, independent judgment and critical thinking, as well as compassionate care to patients and families. Key awards include: Stephanie M. Macaluso, RN, Excellence in Clinical Practice Award, Jean M. Nardini, RN, Nurse of Distinction Award, Susan and Arthur Durante Award for Exemplary Care and Service to Cancer Patients, Paul W. Cronin and Ellen S. Raphael Award for Patient Advocacy, and Ben Correo Clannon Award.

The Clinical Recognition Program also acknowledges professional expertise.

Describe the opportunities for your professional growth that are supported/provided by MGH (e.g., tuition reimbursement).

Response:

MGH provides hospital-based continuing education programs that provide CEUs to staff in attendance. The Norman Knight Center for Clinical and Professional Development held 123 programs in a recent 12-month period. The organization provides and takes advantage of web-based educational opportunities as well.

Financial support for professional development is incorporated into the organization and department's budgets. Tuition reimbursement is available for employees with grater than 20 standard hours. The DON also financially supports staff attendance at conferences and seminars outside the MGH. Paid educational time and flexible scheduling practices ensure staff nurses are able to attend professional development opportunities.

The MGH DON also supports professional certification. The DON provides fiscal support for this achievement by reimbursing nurses for the cost of professional certification and recertification exams offered by nationally recognized nursing organizations. The DON also provides on-site educational preparation programs for some types of certification.