# American Nurses Credentialing Center

## Organization Self-Assessment for Magnet Readiness

Is your organization interested in applying for the Magnet Recognition Program? The best source would be to consult the American Nurses Credentialing Center Magnet Recognition Application Manual 2005 (ANCC, 2004). The following checklist highlights for you some of the most important questions that are the key to beginning the application process.

**Entity**. The applicant organization must exist within a healthcare organization.

**Nursing leadership**.

The applicant organization must include one or more nursing settings with a single governing authority and one individual serving as the Chief Nursing Officer (CNO) who is ultimately responsible for sustaining the standards of nursing practice in all areas in which nurses practice.

The CNO must participate on the applicant organization's highest governing decision-making and strategic planning body for at least the 12-month period prior to the submission of written documentation required in the second phase of the appraisal process.

**CNO education**. The CNO must possess a Master's degree. Effective January 1, 2008, the CNO must possess either the Baccalaureate or Master's degree in nursing.

**CNO tenure**. Except in the receipt of military orders, the CNO must have been in that position for at least one year at the time of the submission of the organization's written documentation and must remain in that position throughout the appraisal process.

**Nurse Executive**. Each applicant will have at each facility and setting a designated on-site Nurse Executive responsible for nursing practice at that facility who meets the same requirements as the CNO.

**Standards for Nurse Administrators**. Applicant organizations must have the American Nurses Association's *Scope and Standards for Nurse Administrators* (ANA 2004) currently implemented throughout nursing.

**Protected feedback procedures**. Applicant organizations must have policies and procedures that permit and encourage nurses to confidentially express their concerns about their professional practice environment without retribution. Policies and procedures that discourage nurses to express their concerns about their professional practice environment are prohibited.

**Regulatory compliance**. Applicant organizations must be in compliance with all applicable local, state, and federal laws, regulations, statutes, and accrediting body standards, including the practices recommended in the National Patient Safety Goals. The latter includes:

improve the accuracy of patient identification
improve the effectiveness of communication among caregivers
improve the safety of using medications
improve the safety of using infusion pumps

reduce the risk of health acquired infections
accurately and completely reconcile medications and other treatments across the continuum of care
reduce the risk of patient harm resulting from falls
reduce the risk of surgical fires

**Data collection**. Applicants for Magnet designation must collect nurse-sensitive quality indicators at the unit level and benchmark that data against a database at the highest/broadest level possible (i.e., national, state, specialty organization, regional, or system) to support research and quality improvement initiatives.

For applicants to the Magnet Recognition Program, all of the indicators listed below, as applicable, must be collected at the unit level, trended over time, and analyzed for impact on patient outcomes. Definitions are given at the end of this appendix.

maintenance of skin integrity: pressure ulcers prevalence
pressure ulcers occurrence
nursing care hours provided per patient day
nursing staff satisfaction (Note: Trending and benchmarking must be practiced.)
patient injury rates (falls occurrence)
patient satisfaction in relation to: nursing care
pain management
patient education
overall care
skill mix of registered nurses, licensed practical nurses/licensed vocational nurses, and unlicensed staff

**Additional Required Indicators for Long-Term-Care Applicants**

Long-term-care applicants must collect nationally benchmarkable data described above as well as those sponsored by the Centers for Medicare and Medicaid Services. This includes but is not limited to:

delirium
improvement in walking
infection
loss of the ability to perform basic daily tasks
pain
physical restraints
pressure sores

Are the following characteristics found throughout your organization wherever nurses practice?

1. Competency, skill, and educational advancement are valued attributes of nurses at all levels. Individuals are encouraged and supported in making progressive gains in these areas.

2. There is congruence between the mission, vision, values, philosophy, and strategic plan of the nursing department and those aspects of the organization.
3. The CNO is accurately perceived by all employees as representing all nurses in the organization at the highest governing body and in matters arising from or impacting the practice of nursing or the environment in which it is practiced.
4. The CNO and other nurse administrators are able to secure adequate fiscal and human resources to support nursing practice.
5. Nurse satisfaction is measured using valid data collection tools/methods. Direct care nurses participate in decision-making relative to planning changes based on the data.
6. Nurses from a variety of roles (direct care, advanced practice, management, executive, etc.) are involved in decision-making bodies in the organization.
7. Direct care nurses are routinely involved in formal and informal work groups within the organization.
8. The CNO serves as an influential member of the organization's highest decision-making body for strategic planning and operations.
9. Decentralized, shared decision-making processes prevail throughout the nursing operations of the organization.
10. The organizational structure is responsive to changes in the healthcare environment.
11. The CNO is visionary and influences others toward the achievement of goals through open communication and intellectual stimulation.
12. There is effective horizontal and vertical communication between nurses throughout the organization.
13. There is visibility and accessibility of nurse leaders.
14. The performance appraisal process for all nurses is goal oriented and is linked to professional standards of practice and career development
15. There are workplace advocacy policies and procedures that reflect safeguards for employee rights and a safe and healthy work environment.
16. The staffing system adapts and flexes to internal and external factors such as staff illness, unanticipated shifts in workload, and so forth.
17. Strategic nursing recruitment and retention programs exist that involve direct care nurses and show evidence of professional practice opportunities.
18. There is collaboration between nursing, finance, and human resources.
19. Personnel policies support career development and advancement.
20. Formal, informal, regular, and ongoing performance appraisal processes are evident and include self appraisal and peer review. $360^{o}$ appraisal is used as appropriate.
21. Care delivery models define and promote the professional role of the registered nurse, including accountability for one's own practice and the continuity of care.
22. Care delivery model(s) incorporates evidence based practice and contemporary management concepts and theory.
23. There is adaptation to regulatory considerations relating to care delivery models.
24. The staffing system incorporates patient needs, staff member skill sets, and staff mix.
25. There is a quality infrastructure and there are processes that include human and material resources to support care delivery.
26. There are systems that promote, support, monitor, and improve patient and staff safety.
27. There is integration of the ANA Code of Ethics for Nurses and Patient's Bill of Rights into practice at all levels of the nursing organization.

28. There is integration of research and evidence-based practice into clinical and operational processes.
29. Nurses perceive that they provide high-quality care.
30. There is a comprehensive plan to assess, analyze, and evaluate clinical and operational processes and outcomes.
31. There is ongoing monitoring, evaluation, and improvement of nurse-sensitive outcomes appropriate to the clinical setting(s).
32. Clinical and operational indicators are benchmarked with external entities to modify care processes.
33. There is involvement of nurses at all levels of the organization in quality improvement planning and improvement processes.
34. There are resources from within the organization for support of professional nursing practice.
35. There are resources arising from external resources—either directly or through partnership practice, for example—for support of professional nursing practice.
36. There is participation in professional nursing organizations.
37. There is participation in healthcare and community organizations other than professional nursing organizations.
38. Utilization of consultation and resources yields positive outcomes.
39. There is compliance with national professional nursing standards.
40. There is an established credentialing and privileging process for advanced practice nurses.
41. There are standards/structures and process (i.e., policies and procedures) that frame and shape the practice of nursing.
42. There is access to appropriate literature and databases for use by the nurse in planning, providing, and evaluating patient care.
43. Peer review processes are in place for all nurses.
44. Collaboration with institutions, healthcare organizations, and other community-based organizations is apparent.
45. Examples are provided of outcomes resulting from nursing collaborations/partnerships with other community nursing entities.
46. Resources used, fiscal if indicated, in the process of collaborating/partnering with other community nursing entities are appropriate.
47. Orientation has been developed for clinicians, administrators, and other nursing-role specialties at all levels of the organization.
48. Mentoring activities occur at all levels of the organization for both clinical and leadership roles.
49. There is a process for assessing, planning, organizing, implementing, and evaluating the educational needs, reflecting concern for cultural differences and language, of patient populations at all levels of the organization.
50. Clinical and leadership staff development is continuous.
51. Scholarly initiatives are encouraged and supported.
52. The CNO exerts influence on strategic planning and decision-making bodies at the highest level of the organization.
53. There is recognition throughout the organization of nursing as integral to the operations and success of the organization.

54. Structural elements within the organization, such as committees and task forces, model multidisciplinary membership and interdisciplinary decision-making.
55. Patient care documentation systems reflect and support formal communication within and among the disciplines.
56. Collaborative mechanisms are evident in the *formulation* of clinical care policies, standards, and/or guidelines.
57. Collaborative mechanisms are evident in the *approval* of clinical care policies, standards, and/or guidelines.
58. Established mechanisms are used effectively, efficiently, and constructively to manage interdisciplinary conflict..
59. A continuous learning environment is evident.
60. Adequate fiscal and human resources are allocated for professional development**Error! Reference source not found.** activities.
61. Management fosters and supports excellence through the development of clinical competence and leadership capability.
62. Professional certification is promoted by the healthcare organization.

If your answers to the questions were "YES", you may be interested in acquiring additional application materials from our website at http://www.tbcstore.com/ancc/category.asp?cat=7 or http://www.nursecredentialing.org/ancc/magnet/process.html.