Changes to the 2008 ANCC Magnet Recognition Program® Manual: See the program’s new expectations

Introduction

The 2008 ANCC Magnet Recognition Program®: Recognizing Nursing Excellence, Application Manual is the first substantial change to the program since the 2005 application manual placed the 14 Forces of Magnetism front and center as the standards for designation. The new manual integrates the 14 Forces under 5 new Model Components.

1. The 5 Model Components

Years of trending and program development have led to the new 5 Model Components, which have reduced redundancy while capturing the depth and breadth of the Forces of Magnetism.

The 5 Model Components are:
I. Transformational leadership
II. Structural empowerment
III. Exemplary professional practice
IV. New knowledge, innovations, and improvements
V. Empirical outcomes

2. Sources of evidence

The sources of evidence (SOE) that fell under each of the Forces in the 2005 manual are now subcomponents under each of the 5 Model Components. These SOEs must be addressed satisfactorily to demonstrate the ANCC Magnet Recognition Program® (MRP) culture in the organization. And with a focus on streamlining the process and minimizing duplication and redundancy, the SOEs have been reduced. The 2005 manual contained 164 SOEs for first-time designation and redesignation applicants. The 2008 manual contains 88 SOEs for first-time designation applicants and 60 SOEs for redesignation applicants.
It is important to note that although there are fewer SOEs to answer for the written documentation, the standards required to achieve MRP designation have not been compromised.

3. Emphasis on outcomes

The new manual places greater emphasis on outcomes (e.g., patient, nursing, and organizational) to demonstrate nursing excellence. Structure and process remain the foundation that fosters excellence in nursing and supports advanced nursing practices. Outcomes are the measurable effect of the structure and processes, and they demonstrate the significance, importance, or the “so what” of those structures and processes.

Although organizations applying for redesignation under the 2008 manual will have fewer SOEs to address, a greater emphasis is placed on outcomes and practice innovation for redesignation. This shift in emphasis for organizations applying for redesignation is consistent with the expectation that MRP organizations continuously strive to achieve superior performance through innovation, research, and evidence-based practice (EBP).

The weighing for redesignation is higher in the following two Model Components:

- Component IV: New knowledge, innovations, and improvements
- Component V: Empirical outcomes

4. Education changes

Expectations for the educational preparation of nursing leadership have been clearly defined in the new manual. As with previous years, the CNO is expected to have a master’s degree with a minimum of a baccalaureate degree in nursing at the time of submitting the MRP application.

And effective January 1, 2011, 75% of nurse managers of individual units must have a baccalaureate degree or higher in nursing at the time of submitting the MRP application. By January 1, 2013, 100% of nurse managers of individual units must have a baccalaureate degree in nursing at the time of submitting the MRP application.

5. Nurse-sensitive quality indicators

The purpose of nurse-sensitive indicators is to identify and capture nursing care performance, which has a direct effect on patient outcomes. Data obtained from measuring these indicators can help organizations quantify the quality of care the organization is delivering to its patients.
To meet expectations for Component III: Exemplary professional practice, organizations pursuing designation must collect and benchmark nurse-sensitive quality indicators.

For designation, the following data must be collected at the unit level and then submitted electronically to the National Database of Nursing Quality Indicators:

- Patient falls
- Nosocomial pressure ulcer incidence and/or prevalence
- Patient satisfaction (with overall care, nursing care, patient education, and pain management)
- RN satisfaction
- Nursing care hours per patient day
- Skill mix of RNs, LPNs, and unlicensed staff members

In addition, two of the following nurse-sensitive indicators must be collected at the unit level and be a part of the written narrative submitted to the MRP Office (in the event that these indicators are not applicable to some units, choose appropriate indicators that have been shown to be nurse-sensitive):

- Bloodstream infections
- Urinary tract infections
- Ventilator-associated pneumonia
- Restraint use
- Pediatric IV infiltrations

By 2010, unit-level data on all of the indicators listed above will be required.

Designation is awarded for four years, and the organization must continually exemplify the program standards, expectations, and eligibility requirements to maintain this status. The following are changes and events of which the organization must inform the MRP Office, in writing, within seven business days of discovery:

- Reportable changes:
  - Changes that alter the information provided on the most current application
  - The choice not to submit documents after an application has been submitted
  - Change of CNO
  - Change of medical director
  - Change of CEO
  - Change of MRP director/coordinator
  - Change in ownership
  - Change in profit or nonprofit status

6. Update changes to MRP Office
7. Component I: Transformational leadership

A closer look at the 5 Model Components
Transformational leadership encompasses two Forces:

- Force 1: Quality of nursing leadership
- Force 3: Management style

Transformational leaders transform work environments. The CNO, as a transformational leader, has a strong vision and philosophy of nursing practice and is able to communicate and lead others to create and evolve that vision. The CNO must serve at the executive level and must be seen as a strong leader and advocate for nursing and patient care.

Transformational leadership has 13 SOEs that applicants must describe and demonstrate. These SOEs are categorized under three subcomponents:

1. Strategic planning (e.g., nursing’s mission, vision, and values; results of outcomes from the nursing strategic plan)
2. Advocacy and influence (e.g., how the organization supports leadership development and how nurse leaders encourage and reward innovation)
3. Visibility, accessibility, and communication (e.g., how direct care nurses can access nurse leaders)

8. Component II: Structural empowerment

Structural empowerment encompasses five Forces:

- Force 2: Organizational structure
- Force 4: Personnel policies and programs
- Force 10: Community and the healthcare organization
- Force 12: Image of nursing
- Force 14: Professional development
Structural empowerment can be described as the structures (e.g., policies, councils, and processes) within an organization that empower nurses to practice in a professional and autonomous manner to achieve the highest degree of clinical excellence and professional fulfillment. Flat, decentralized structures that provide shared decision-making processes are common in MRP environments. With structural empowerment, the organization has a commitment to continual learning and educational and career advancement.

Structural empowerment has 21 SOEs that applicants must describe and demonstrate. These SOEs are categorized under five subcomponents:

1. Professional engagement (e.g., a change in the nursing practice because of nurse involvement)
2. Commitment to professional development (e.g., improvement in professional certification and career development opportunities)
3. Teaching and role development (e.g., how nurses support community activities)
4. Commitment to community involvement (e.g., involvement with nursing schools and how nurses serve the community)
5. Recognition of nursing (e.g., how the organization recognizes nurses)

Exemplary professional practice encompasses six Forces:

- Force 5: Professional models of care
- Force 6: Quality of care (e.g., ethics, patient safety, and quality infrastructure)
- Force 7: Quality improvement
- Force 8: Consultation and resources
- Force 9: Autonomy
- Force 11: Nurses as teachers

The foundation for exemplary professional practice is the professional practice model. It is the framework for the design and delivery of nursing care throughout the organization. The professional practice model is grounded in the mission and vision of the organization and of nursing. The professional practice model in MRP organizations clearly defines and promotes nurses’ autonomy and accountability for nursing practice. There is an emphasis on interdisciplinary communication and collaboration to achieve the best clinical outcomes.
Exemplary professional practice has 42 SOEs that applicants must describe and demonstrate. These SOEs fall under nine subcomponents:

1. Professional practice model (e.g., how nurses apply the hospital’s professional practice model)
2. Care delivery systems (e.g., how nurses use their unit’s care delivery model to improve patient care)
3. Staffing, scheduling, and budgeting processes (e.g., direct care nurses’ role in the scheduling process)
4. Interdisciplinary care (e.g., how interdisciplinary collaboration improves care)
5. Accountability, competence, and autonomy (e.g., how nursing autonomy and decision-making is supported)
6. Ethics, privacy, security, and confidentiality (e.g., how nurses resolve circumstances related to topics such as patient privacy)
7. Diversity and workplace advocacy (e.g., resources that nurses use to meet the needs of patients and their families)
8. Culture of safety (e.g., collecting and benchmarking nurse-sensitive quality indicators)
9. Quality care monitoring and improvement (e.g., how quality data are provided to direct care nurses)

10. Component IV: New knowledge, innovations, and improvements

New knowledge, innovations, and improvements encompasses two Forces:

➤ Force 6: Quality of care (e.g., research and EBP)
➤ Force 7: Quality improvement

MRP organizations drive nursing excellence and high-quality care through the use of research, best practice, and innovations. Nurses at all levels are educated on EBP and research. MRP applicants on initial submission demonstrate how they identified patient care issues that needed improvement, how they addressed the issue, and what results they achieved. Once these underlying strategies are in place, organizations applying for redesignation will report data from longer-term analysis, including trending and tracking of outcomes, how models were adjusted based on findings, and how the data compare to benchmarks from exemplar organizations.

New knowledge, innovations, and improvements has 12 SOEs that applicants must describe and demonstrate. These SOEs fall under three subcomponents:

1. Research (e.g., how direct care nurses incorporate published literature in their daily practice)
2. EBP (e.g., how EBP has affected patient outcomes)
3. Innovation (e.g., improvement in nursing practice due to nurses using technology)

Because research is a large focus in the new manual, in Component IV, you are expected to show nursing research studies from the previous two years (ongoing or completed) and provide a table that reveals the following:
- Title of the research project
- Status of the project
- Investigator’s name and credentials
- Role of direct care nurses in the project
- Scope of the study (e.g., single or multiple organizations)
- Type of study (e.g., quantitative, qualitative, or both)

Under this same component, you also must show one completed research study and describe:
- The study’s purpose and background
- How the information was collected
- Who was involved (e.g., RNs, CNO, or physicians) and what units were involved
- The measurement tool used to assess the outcomes and need for the study

11. Component V: Empirical outcomes

Empirical outcomes encompasses one Force:
- Force 6: Quality of care

Empirical outcomes are measurable results of structures and processes designed to support and improve patient care and the work environment. The ANCC description of this component asks the question, “What difference have you made?” Because MRP organizations have the structure and process in place, the next logical step is to develop benchmarks for categories of outcomes.

These structures and processes may be qualitative and quantitative and include patient, nursing, leadership, and organizational outcomes. In MRP organizations, outcomes are continually measured, reported, and used to improve processes. And in the 2008 MRP manual, empirical outcomes are included as SOEs required under the other four Model Components.

Conclusion

The 2008 ANCC Magnet Recognition Program®: Recognizing Nursing Excellence, Application Manual defines the highest standards of nursing excellence through the structures and processes necessary to achieve superior performance and then measures the
effect of those structures and processes through outcomes. The stronger focus on outcomes will ensure that designated organizations are truly driving nursing excellence and advancing the profession of nursing.

References
