2013 Magnet® Profiles

Recognizing Nursing Excellence

Special Section

Succession planning for Magnet® Program Director

A written succession plan gives direction when developing successors for the director role.

By Jennifer A. Martin, MSN, RN, NEA-BC, and Michele P. Holskey, DNP, RN, CDE

Succession planning for key nursing leadership positions is important to sustain forward movement in an organization. If your organization is on the journey to achieving Magnet® recognition from the American Nurses Credentialing Center (ANCC) or seeks to sustain its Magnet designation, the Magnet Program Director (MPD) role is critical. Our organization, Carilion Clinic in Roanoke, Virginia, developed an MPD succession plan to strengthen our transformational journey toward nursing practice excellence as we neared our third application to the Magnet Recognition Program®.

ANCC requires a single contact with each Magnet organization, which the MPD role fulfills. No structured guidelines or requirements exist for the MPD role. Each organization establishes specific MPD roles and responsibilities to meet its individual needs; these vary across organizations based on size and available resources. MPD responsibilities range from demographic data collection and coordination, to shared governance, to inpatient operations.

Other variations include reporting structure and competency requirements. For example, MPD skills and competencies often overlap those of many other nursing leadership roles, such as director and professional development specialist. But MPDs also must have knowledge, skills, and abilities specific to the Magnet Recognition Program. Variations in role, responsibilities, skills, competencies, and reporting structure validate the need for a detailed MPD succession plan. (See *What is succession planning?*)

How we developed our succession plan

Initially, Carilion Clinic lacked a succession plan for the MPD role. But during a critical transition period among MPDs, our nursing leaders recognized the need to develop a written plan. We explored published best practices for succession planning to ensure our strategies would be effective in preparing future MPDs. Although only limited research exists that clearly defines best practices for healthcare succession planning, we used the work of Mary-Anne Ponti as a guide. According to Ponti, succession management is imperative for nurse executive replacements (as well as other key nursing leadership positions). Ponti and her colleagues at Northern Michigan Regional Hospital in Petoskey, Michigan, support the American Organization of Nurse Executive's (AONE's) nurse-executive competencies for all nurse leaders, regardless of their specific leadership role. We found

What is succession planning?

Succession planning is an important strategy that gives an organization a competitive advantage. It's not the same thing as leadership development. Leadership development reflects a general plan to enhance the performance of all leaders in their current roles. Succession planning, in contrast, identifies and prepares potential successors for a specific role.

To achieve positive outcomes, succession planning must be partnered with succession management. Through the deliberate strategic management of a detailed succession plan, nursing leaders develop a line of successors and professionally develop nurses to assume future positions.

Few organizations actually have formal written succession plans. In 2012, the Advisory Board Company reported that more than 80% of hospital chief executive officers admitted to not having a well-prepared successor.

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Carilion's MPD succession plan

The excerpt below is from Carilion Clinic's Magnet® Program Director (MPD) succession plan. The written succession plan serves as a tool for establishing developmental goals for a new MPD.

CORE COMPETENCIES	MILESTONES AND CRITICAL SUCCESS FACTORS		STRATEGIES			
	Novice	Advanced beginner	Curriculum Classroom-based and electronic learning system modules	Project-related assignments	Mentoring, coaching, and job shadowing	External workshops, websites
ANCC Magnet Recognition Program® specific Articulates concepts related to Magnet® model, rationale, and associated literature Articulates SOEs and EOs (foundational concepts)	Understands Magnet model and can articulate interpretation of standards and requirements Articulates SOEs and EOs Leads Magnet champions to engage, excite, and educate others about Magnet program Participates in ANCC-sponsored Magnet webinars Maintains up-to-date information related to ANCC Magnet manual updates and FAQs Articulates evidence related to nursing excellence in practice environment, in professional practice, and among nurses	Develops structure and process for sustaining Magnet designation and excellence in nursing Gives feedback to nursing leaders on progress in journey to excellence Serves as coach to nursing data analyst and quality director for empirical outcome reports and graphs Creates spotlight report on progress of Magnet documentation plan, interim reports, and reapplication process Executes on deliverables within designated timeframes to maintain compliance with Magnet designation Conducts annual Magnet readiness assessment and reports results; assists in developing strategies to address opportunities for improvement and monitors progress	Project-management software	Review current ANCC Magnet Manual Lead Magnet champion meetings	Current MPD coaching and job shadowing 1:1 call with Magnet data analyst	Annual National Magnet Conference® Magnet workshops: redesignation, sources, Magnet, and MPD Magnet Learning Communities® Magnet books and resources (ANCC E-store)

Key:
ANCC: American Nurses Credentialing Center. EOs: Empirical outcomes. SOEs: Sources of evidence.

that Ponti's description of succession planning for top nursing leaders shared certain elements with the planning described in healthcare succession management literature.

First, we established that the MPD is a key leadership position in our Magnet-designated organization. We adopted the AONE nurse-executive competencies related to the domains of communication and relationship building, knowledge of the healthcare environment, leadership, professionalism, and business skills for the framework of MPD competencies. But we also added a new domain that is ANCC Magnet Program specific. This additional domain represents the unique knowledge,

skills, and abilities we defined as required of an MPD. The combination of the AONE nurse-executive competencies and our new Magnet-specific domain represents the comprehensive skill set needed for nurses to transition to an MPD role effectively.

Matching core competencies with milestones

Next, we matched core competencies with milestones or critical success factors, which we defined as representing actual behaviors needed to progress through adaptation of a sequential skill-acquisition framework. Using Patricia Benner's novice-to-expert principles, we defined milestones for the first two levels—novice and advanced beginner—because our organization already used these concepts. A successful MPD candidate builds skills and advances through the first two levels on the path to becoming an MPD. (See *Carilion's MPD succession plan*.)

Developmental strategies

We also defined strategies to guide individual developmental plans and mentoring of top candidates. These strategy areas include classroom and electronic-system learning modules currently available in our organization. Other developmental strategies are project-related assignments, mentoring, coaching, job shadowing, and external resources. External resources for advancing the knowledge of future MPDs include attendance at ANCC workshops related to the Magnet Recognition Program and the annual National Magnet Conference®.

Implementing our succession plan

Our succession plan isn't the typical lengthy narrative. Rather, it's an innovative grid that includes target dates and responsibilities, such as forming relationships among organizational leaders and interprofessionals. Besides providing the preparation structure for MPD candidates, the plan offers a framework for applicant selection when it comes time to determine our next MPD.

Succession planning for the MPD role is an essential process for Magnet-designated organizations and those on the Magnet journey. A written plan with the organization's specific MPD responsibilities, skills, and strategies for acquiring competencies provides direction for successor development. Plan management provides a successor candidate pool and promotes continuity of the organization's strategic goal of sustaining or achieving Magnet designation. ■

Visit www.AmericanNurseToday.com/Archives.aspx for a list of selected references.

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THE MAGNET® EFFECT: Success in minimizing bloodstream infections

One hospital's Magnet quest and several other factors came together to reduce the infection rate.

By Leigh Anne McMahon, MSN, MHA

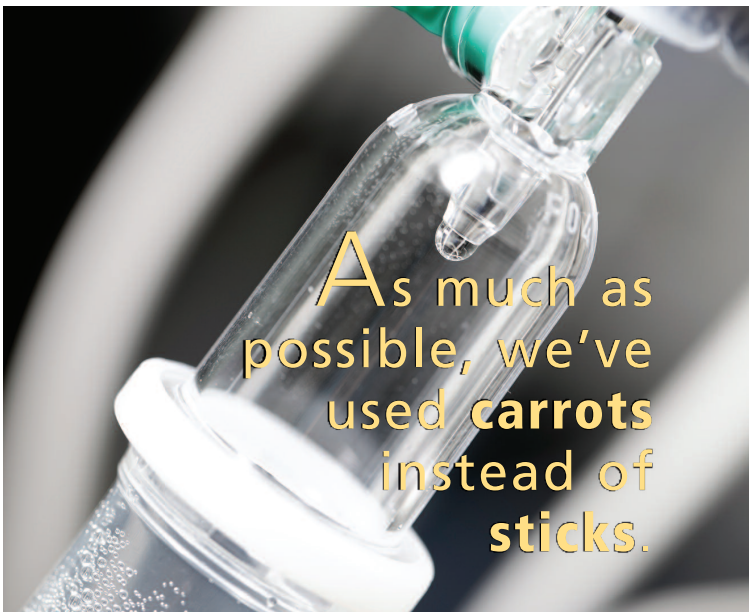
During the long-running effort to minimize catheter-related bloodstream infections (CRBSIs), experts, government agencies, and healthcare organizations have offered a wealth of ideas. Most are technical recommendations that advocate particular technologies or best practices that can make a critical difference in preventing infections. But technical recommendations must be instituted by human beings in an organizational environment. The culture of any healthcare organization that implements a change to decrease CRBSIs ultimately determines the success of that initiative.

Take the example of White Plains Hospital (WPH), a community hospital in White Plains, NY. Since July 2011, we've achieved more than a 70% decrease in CRBSIs after implementing use of a disinfection cap packaged with a flush syringe to increase compliance with cap use. The key to successful implementation was our hospital's culture, the structures and processes developed as part of our Magnet® journey, expertise of our infection-control director, and engagement of our staff nurses. (As chief nursing officer, I also played a role.) This article describes how these factors came together to improve patient safety.

Organizational culture sets the tone

WPH prioritizes patient safety and accountability over virtually all else, and the steps we took to reduce CRBSIs reflect this. Our nursing team is aligned with the hospital's priorities, which guide our nursing practice councils. Our nurses believe they "own" all I.V. lines, even when physicians place them. We want nurses to regard our CRBSI rate as a call to action and, more crucially, to recognize the vital role they can play in preventing infections.

As much as possible, we've used carrots instead of sticks. Our Magnet journey engaged frontline staff to develop professionally, with the reward of successful patient outcomes. Each nursing unit "owned" its outcome metrics; no sticks were needed. Given our hospital's culture, our nurses knew they needed to have a passion for their work and for patients' welfare. We were on our way to a frontline nursing staff that was in sync with the hospital's mission. True to that mission, our executives fully supported our Magnet journey and the empowerment of our nurses to fully own their practice outcomes. The executives also knew sudden widespread change could be disruptive. (See *How the Magnet process helped*.)



What our data review showed

In January 2010, we undertook a data collection project on peripherally inserted central catheters (PICCs), because their use was growing at WPH. The data showed an unacceptably high CRBSI rate in patients with PICCs.

To identify potential causes, our PICC team and infection-control staff interviewed nurses. When we examined our protocol for manually disinfecting I.V. connector hubs before line access, we found technique variations and occasional noncompliance were common. This was hardly surprising; the wide-

How the Magnet® process helped

In June 2007, White Plains Hospital (WPH) decided to pursue Magnet® status from the American Nurses Credentialing Center. Magnet designation indicates a hospital meets specific criteria for high-quality patient care, nursing excellence, and innovations in nursing practice. These criteria include excellent patient outcomes and participatory decision-making. We believed WPH nurses were outstanding, and Magnet designation would give them recognition and motivation. We wanted our nurses to feel good about the jobs they do.

When investigating ways to decrease central catheter-related bloodstream infections (CRBSIs), we sought input from frontline staff because they're closest to the situation. Their insights are valuable; they know why things aren't working well and what the problems are—and they can offer solutions.

One of the first changes we made on our Magnet journey was to formalize a process for nurses' input. Consequently, we developed a shared decision-making structure. At WPH, each process of nursing practice has a council that develops goals and strategies to improve patient care in its domain; our councils include professional practice, professional development, informatics, and infection control. Liaisons from the infection-control council are responsible for decreasing CRBSI incidence. Council representatives were able to develop structures and processes that brought us into compliance with use and monitoring of a new disinfection cap.

The search for an engineered solution

Our hospital's patient-safety-oriented culture and the nursing division's engagement gave us the freedom to add budgeted upfront costs to solve this problem. I empowered the director of infection control, Saungi McCalla, to seek an engineered solution—a device that could compensate for possible deficiencies in the scrub-the-hub method and, ideally, improve connector-hub disinfection. McCalla recommended a specific disinfection cap she'd seen in a demonstration at a conference of the Association for Professionals in Infection Control and Epidemiology (APIC). On her return from the conference, McCalla and the clinical team reviewed the disinfection cap and the evidence showing its effectiveness. The cap appeared to address problems with manual disinfection and offer more protection against bacterial ingress because it's designed to stay in place between line accesses. It bathes the connector hub in alcohol and protects it from contamination caused by touch and airborne bacteria.

ly used "scrub-the-hub" method (scrubbing the hub site for 15 seconds and letting it dry for 30 seconds) is notorious for practice lapses. It requires meticulous execution and is somewhat time consuming. Inevitably, some time-pressed nurses take shortcuts—scrubbing for only a few seconds or skipping the drying time. These shortcuts increase CRBSI risk.

Because of the evidence regarding this cap and other features not available in other caps, the consensus was to conduct a trial of the device on the nursing units to get feedback from nurses (the end users). The cap is available both as a stand-alone device and as part of a kit that includes a flush syringe. The infection-control liaisons told me compliance was likely to be far better if we acquired the kit, because the swab cap would be at hand when nurses perform the final flush on the I.V. line.

The infection-control liaisons were the champions and educators on each unit. They conducted a 2-week trial of the kit; at the end of the trial, they were responsible for feedback and a recommendation from their unit council. The decision was unanimous: The swab-cap kit would be efficient for our nurses and would increase compliance with central-line maintenance. Our infection-control and product-evaluation committees approved the kit for adoption, on the condition that postimplementation data showed infections were reduced significantly enough to justify the added cost. In July 2011, use of the kit was implemented hospital-wide.

We now place the cap on all central lines, including PICCs, peripheral I.V. lines, and tubing components (such as Y-sites), to create closed systems. A financial evaluation 6 months after implementation showed we were saving a projected $583,230 annually by avoiding CRBSIs in an estimated 10 patients.

Interplay of factors

Several factors came together to enable WPH to reduce CRBSIs successfully.

- Our culture made a device solution possible. Not all hospitals would have allowed a device solution because of the initial costs, even if those costs were modest (as ours were). While some hospitals have reduced CRBSIs through best practices alone, that leaves them dependent on the scrub-the-hub method—a shaky proposition at best.
- Our openness to frontline nurses' input led us to acquire the cap in kit form, which most likely improved compliance. Acquiring a device doesn't help unless it's actually used.
- The formal shared decision-making structure we created for the Magnet process promoted the nurses' input.
- Building a nursing staff with a passion for the hospital's mission was a necessary condition.

If we'd isolated one of those factors and claimed it was more important than the others, I think we would have failed. And that's the point of the story. ■

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MAGNET® NURSES IN ACTION

Clinical stars lead a successful professional practice program

The UEXCEL program has improved patient outcomes while developing nurse leadership and autonomy.

By Mary Krugman, PhD, RN, NEA-BC, FAAN; Michelle Rudolph, BSN, RN III, CMSRN; Amanda Nenaber, MS, RN, CCNS, ACNS-BC; and Carolyn Dietrich, MS, RN IV, CPAN

Professional practice programs are essential for strengthening nursing professionalism and enhancing job satisfaction. Increasingly, structures to support nurse empowerment in controlling their practice and experiencing a positive work environment are linked to high-quality patient outcomes and achievement of ANCC Magnet Recognition®.

The University of Colorado Hospital (UCH), a three-time Magnet®-designated hospital, developed a practice program called UEXCEL in the late 1980s, which has been in continuous operation for more than 22 years. It has proven to be a significant force in developing professional nurse leadership, autonomy, and empowerment and in improving patient outcomes. UEXCEL stands for the University of Colorado Hospital's Excellence in Clinical Practice, Education, Evidence-based Practice, and Leadership. This nurse-led program promotes a highly educated nursing workforce (84.5% of our nurses have bachelor of science in nursing degrees); 44% are certified in their specialty. Half of our 1,500 clinical nurses are graduates of our national UHC/American Association of Critical-Care Nurses Post-Baccalaureate Nurse Residency Program. UEXCEL also drives succession planning; 53% of current nurse leaders at UCH are former UEXCEL participants who've advanced to higher practice levels.

The foundation for UEXCEL was adapted from Patricia Benner's novice-to-expert framework for the stages of clinical competence and is based on principles of the Magnet Recognition Program. (See *UEXCEL governance*.)

Practice program structure

Regardless of service, specialty, or practice location, every clinical nurse who practices at the point of care across our hospital is a UEXCEL member. This program isn't based on a point system; nor does it include advanced practice nurses or those holding specialty roles (such as case manager). Every clinical registered nurse (RN) has a job description, job code, and classification as a level I advanced beginner, level II competent nurse, level III proficient advanced professional nurse, or level IV expert professional nurse.

UEXCEL grants credentials to nurses to practice, provides a framework for performance evaluation based on the American Nurses Association's (ANA) Standards of Clinical Nurse Practice, and supports clinical nurse career goal development through promotional advancement. Four categories of practice exist, with titles aligned to match the Magnet® Model components (reprinted here with permission):

- exemplary professional practice
- transformational leadership
- structural empowerment
- new knowledge, innovations, and improvements.

Key program elements

UEXCEL reinforces exemplary practice by using ANA standards, evidence in practice, and key pro-

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gram components. For example, UCH values reflect practice as a method for developing and enhancing critical thinking. Clinical narratives are required at all levels of practice.

- Level I nurse residents complete narratives throughout the program, reflecting on the complex issues facing newly licensed nurses.
- Clinical nurses who've chosen to advance from level II to III or from level III to IV must include a written narrative in their portfolio application that articulates a philosophy of practice and describes a clinical example of patient care reflecting skill acquisition at a higher level of practice.
- At the time of performance appraisal, clinical nurses at levels II, III, and IV come prepared to verbally reflect on practice using examples of care that highlight excellence at their practice level.

Research shows the most important issue for clinical nurses is working with competent peers. Reflective practice and peer review are two program components that leverage the expectation for clinical competency and patient safety.

Mentorship is another essential element of UEXCEL. At all practice levels, clinical nurses must set goals for the upcoming fiscal year and identify mentors to support them toward successful goal completion. UEXCEL requires nurses planning to advance to choose an advisor and sign the Intent to Credential Form, as well as obtain the nurse manager's affirmation of support. Advisors complete a certification course to reinforce knowledge of the advancement process. They meet regularly with their mentees, as advancement criteria are rigorous using the four practice standards categories.

UEXCEL governance

The UEXCEL program is governed by a board of 35 clinical nurses who represent all areas of the hospital. The chief nursing officer and a human resources (HR) representative are nonvoting members. Other representatives include an educator, a manager, and the Magnet® Program Director. A clinical director liaison and clinical nurse are board co-chairs. The board actively manages the program by:

- holding preparation workshops for nurses who wish to advance their careers
- reviewing standards of practice
- functioning as peer reviewers when evaluating portfolios submitted for approval to advance
- planning annual recognition celebrations
- maintaining bylaws for board roles and functions.

The primary role of nurse board members is to represent nurse peers. Nurses apply for the position and commit to a 3-year term. They are proud to participate in practice decisions and peer-reviewed proceedings. The HR representative provides specialized support to the program by budgeting dollars for promotional advancement, allocating pay ranges for UEXCEL practice levels, providing guidance when an advancement denial occurs that requires activation of the HR appeal policy, and reclassifying nurses approved for advancement. The HR representative is an expert resource for issues related to performance standards, the hospital's pay-for-performance system, and promotion. From an HR perspective, UEXCEL acts as a magnet for nurse recruitment and retention.

Structure for advancement

The UEXCEL advancement structure consists of two components:

- a published document listing the criteria required for applicants to advance
- a portfolio of achievements submitted by the nurse applicant to show how the criteria were met for peer review.

Criteria are organized into four sections, which match the four standards-of-practice categories.

Section 1: Exemplary clinical practice

This section requires a professional résumé, as advancement represents application for a new position as a clinical nurse III or IV. Requirements include recommendation letters from the nurse manager and a nurse peer; a copy of the BSN diploma or transcript showing active enrollment in a BSN, RN-to-MS, or RN-to-DNP program; and a copy of the fiscal-year performance appraisal documenting that the applicant exceeds at the current practice level. The applicant also must include a clinical narrative describing practice expertise with a clinical exemplar.

Section 2: Transformational leadership

For this section, the applicant showcases outcomes of a leadership project that improved the unit care-delivery system or, for level IV applicants, a hospital-wide project. Examples of projects include implementing bedside shift report, initiating a unit newsletter, developing a unit staff-recognition program, and using the National Database of Nursing Quality Indicators® RN satisfaction survey data to improve staff satisfaction with meal breaks. Level IV project examples include implementing a new code lab labeling system in partnership with laboratory staff and working on a nurse-retention survey in partnership with the manager.

A second component of this section is revising or developing a policy, a standard of care, or patient-education materials. This and all other portfolio sections require a literature review to document evidence using the UCH system for analyzing levels of evidence.

Section 3: Structural empowerment

For this section, the applicant provides documenta-

tion of peer instruction, such as developing a continuing nursing education session, acting as preceptor to enhance onboarding of staff, or instructing student nurses. Unit community service activities also can be included. For example, a burn intensive care unit (ICU) nurse started a drive to collect socks for the homeless. Another nurse used national standards for Occupational Safety and Health Administration noise levels to develop a noise-reduction project in the postanesthesia care unit, and presented the successful outcomes nationally.

Understanding the FOCUS-PDCA model

The FOCUS-PDCA model is a framework for improving processes. The name is an acronym for the basic components of the process. FOCUS stands for:

- **F**ind a process to improve.
- **O**rganize an effort to work on improvement.
- **C**larify current knowledge of the process.
- **U**nderstand process variation and capability.
- **S**elect a strategy for continued improvement.

PDCA is an acronym for **P**lan, **D**o, **C**heck, **A**ct—a cycle that ensure continuous checking for progress in each FOCUS step.

Section 4: New knowledge, innovation, and improvement

The final section highlights clinical nurse quality or research projects designed to improve patient care. Nurse unit-based projects may relate to the hospital's critical success factors, such as initiating ICU bedside rounds to reduce pressure ulcer rates. Pre- and post-implementation FOCUS-PDCA model data must be displayed, with raw data collection forms included. (See *Understanding the FOCUS-PDCA model.*)

Examples of projects for level III to IV nurses include implementing a preoperative call system for outpatient surgery and developing changes in preanesthesia do-not-resuscitate orders by partnering with surgeons to ensure patients and families are knowledgeable about decisions preoperatively. Journal clubs, part of this standard, document how review of evidence led to practice changes.

Program impact and innovations

While UEXCEL's development spanned decades before the nursing practice culture changed, its results have extended far beyond expectations. UEXCEL member contributions to improving patient care and the profession are reflected in 47 posters and presentations to local and national meetings and 15 articles either published or accepted for publication in the past year.

UCH leaders have committed to nurse professional development by allotting time, fiscal resources, and supportive structures. The result is a dedicated workforce engaged in improving the quality and safety of patient care. Program innovations, driven by clinical nurse feedback using a valid and reliable UEXCEL evaluation survey conducted every 2 years, provide ideas, concerns, and issues that the board addresses. Changes are initiated after input from many stakeholders.

As the most recent innovation, we moved our portfolios from paper to a digital format—an initiative cited in the literature as media encouraging creativity and ease of use (led by co-author Amanda Nenaber). Level I nurse residents now use these media, as do most level II and III clinical nurse applicants. Our goal is for all UEXCEL members to initiate a professional portfolio to enhance their professional profile and document members' accomplishments. Such innovations keep the program alive, strengthen professional nurse practice, and sustain our shared leadership model to enhance the Magnet work environment. ■

Selected references

American Nurses Association. *Nursing: Scope and Standards of Practice.* 2nd ed. Silver Spring, MD: American Nurses Association; 2010.

American Nurses Credentialing Center (ANCC). *Application Manual: Magnet Recognition Program®*, 2008. Silver Spring, MD: American Nurses Association; 2008.

Armstrong K, Laschinger H, Wong C. Workplace empowerment and Magnet® hospital characteristics as predictors of patient safety climate. *J Nurs Care Qual.* 2009;24(1):55-62.

Benner P. From novice to expert. *Am J Nurs.* 1982;82(3):402-7.

Buffington A, Zwink J, Fink R, Devine D, Sanders C. Factors affecting nurse retention at an academic Magnet® hospital. *J Nurs Adm.* 2012;42(5):273-81.

Hurliman SK, Paston K. Code labs: expediting laboratory test results during a code. *Crit Care Nurse.* 2011;31(5):30-6.

Kelleher AD, Moorer A, Makic MF. Peer-to-peer nursing rounds and hospital-acquired pressure ulcer prevalence in a surgical intensive care unit: a quality improvement project. *J Wound Ostomy Continence Nurs.* 2012;39(2):152-7.

Kramer M, Schmalenberg C, Maguire P. Nine structures and leadership practices essential for a magnetic (healthy) work environment. *Nurs Admin Q.* 2010;34(1):4-17.

Lammintakanen J, Saranto K, Kivinen T, Kinnunen, J. The digital portfolio: a tool for human resource management in health care? *J Nurs Manag.* 2002;10(6):321-8.

Luzinski C. Exemplary professional practice: the core of a Magnet® organization. *J Nurs Adm.* 2012;42(2):72-3.

Oman KS, Duran C, Fink R. Evidence-based policy and procedures: an algorithm for success. *J Nurs Adm* 2008;38(1):47-51.

Weimer S, Staubli L, Makic MBF. Fending off disaster for a frostbite victim. *Am Nurs Today.* 2013;8(1):20.

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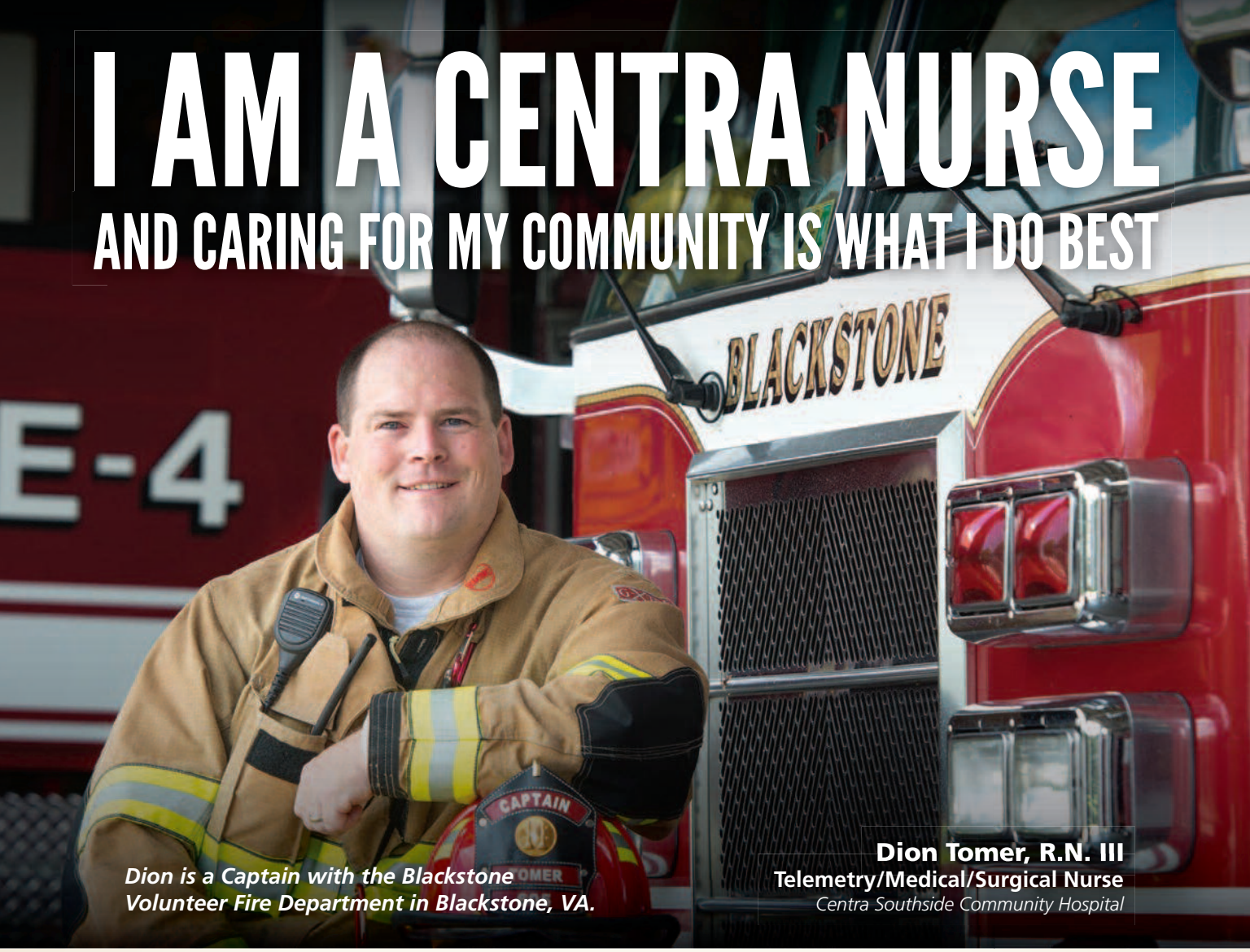

Dion is a Captain with the Blackstone Volunteer Fire Department in Blackstone, VA.

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