

2014 MAGNET® HIGHLIGHTS

Recognizing Nursing Excellence



Special
Section

Advancing toward an 80% BSN workforce by 2020

Learn about the steps one Connecticut hospital is taking to increase its BSN nurses.

By Nancy Andrews, BSN, RN, CCRN

After 6 years of hard work, St. Vincent's Medical Center (SVMC) in Bridgeport, Connecticut, obtained Magnet Recognition® in November 2012. Two years earlier, the Institute of Medicine (IOM) had issued a call to action to increase the proportion of nurses with baccalaureate degrees to 80% by 2020. According to the IOM, nurses with bachelor of science in nursing (BSN) degrees possess the skills, knowledge, and abilities needed to manage the increasing complexity of both patients and the health-care system. (See *The evidence is in.*)

After obtaining Magnet® designation, SVMC leaders sought to examine the educational level of its nursing workforce and to answer a key question: How does an organization committed to nursing excellence actualize the goal of an 80% BSN workforce by 2020? For the answer, we did what any nurse would do—we went to the literature to analyze the evidence. This article describes the steps we took to increase the number of BSNs in our workforce to help meet the 2020 goal.

Four action steps

Our overall strategy for increasing the number of BSNs was to require newly hired nurses without BSNs to obtain BSNs within 5 years. Toward this end, we defined four action steps.

Step 1: Analyze the current nursing workforce

We used the hospital's nursing database to determine our RNs' degree status. The database also told us which RNs were working on earning advanced degrees and when they'd complete those degrees. From this data, we determined that as of October 2013, 41.5% of our direct-care RNs had BSNs.

Step 2: Use the VCUHS forecasting tool

A forecasting tool developed in 2010 at Virginia Commonwealth University Health System (VCUHS) by Jeannette Cain, BSN, RN, MSN, CPHQ, allows healthcare providers to determine how hiring strategy and turnover (among other factors) affect the ability to meet the goal of an 80% BSN workforce by 2020. When we extracted certain percentages

and sums from our nursing database and entered them into the forecasting tool, we found that 100% of our experienced-RN new hires and 80% of our new-graduate RN hires would need to be at the BSN level. (This took into account that new hires who don't have BSNs will need to obtain them within 5 years of being hired.) This will bring SVMC to a 79% BSN-prepared workforce by 2020.

Drawing on RNs from our health system

Hiring all BSN-prepared nurses would be the ideal scenario to achieve an 80% BSN workforce. St. Vincent's College (part of St. Vincent's Health Services—the same health system as SVMC) has an accredited RN-to-BSN online program. The first cohort of students enrolled in January 2011, and the first 13 graduates received their BSNs in May 2013. Another 30 nurses are expected to earn their BSNs during the 2013-2014 academic year. In January 2014, the college is initiating a fast-track, 15-month option of its RN-to-BSN program that will help recent graduates with associate degrees in nursing (ADNs) from St. Vincent's and other area community colleges earn a BSN. This track also will be open to other nurses who are able to commit to the time required to complete it.

St. Vincent's College currently is seeking accreditation from the Connecticut Department of Higher Education and approval from the state board of nursing to offer a 4-year prelicensure BSN program. Pending approval, the tentative time for enrolling the initial class is fall 2014. Once the prelicensure BSN is approved, the college plans to start phasing out its ADN program over 4 years, giving students currently enrolled in that program time to finish the necessary courses. When the college completes the transition from preparing RNs at the associate-degree level to preparing them at the BSN level only, SVMC will reconsider the strategy of hiring 80% new-graduate RNs at the BSN level.





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Step 3: Create a sustainable plan for increasing BSN-prepared nurses

SVMC continues to offer tuition reimbursement and flexible scheduling. It also encourages RNs planning to seek advanced degrees to apply for financial aid through their college of choice. To further aid nurses financially in advancing their degrees, a fundraising proposal was submitted to the SVMC Foundation to create the Nurse Education Scholarship Fund. The amount of resources requested was calculated based on tuition costs for the BSN program at four local colleges and one online program. This amount would support tuition for 30 full-time nurses and 30 part-time nurses for 1 year.

SVMC went beyond providing financial support. The professional development council sponsored an onsite program called “Get Smart: A Week of Lifetime Learning.” It included a college meet-and-greet with local and distance-learning colleges and universities, plus 2 days devoted to specialty certification and the “Get Smart Traveling Cart,” which distributed information on educational programs throughout the hospital. Staff members who took the 1-hour information session, “How to go back to school” earned 1 contact hour of continuing-education credit.

Step 4: Evaluate the effectiveness of the changes

Evaluating the results of our effort to increase our BSN percentage requires regular updates and analysis of the SVMC nursing database to help us stay on track. The National Database of Nursing Quality Indicators® (NDNQI®) can determine if the increase in BSN-prepared nurses has led to improved outcomes in nursing-sensitive indicators, such as pressure ulcers, falls, and catheter-associated infections. Nurse satisfaction data from the NDNQI RN Survey will be used to find out if our RNs’ job satisfaction has increased.

What’s next

Much work needs to be done by 2020. SVMC is committed to advancing the educational and professional standards of our nursing workforce to the baccalaureate level and beyond. To care for today’s sicker and more complex patients, nurses must have more skills, knowledge, competencies, and leadership capabilities. They must have more than just the basic knowledge the National Council Licensure Examination was designed to assess. Our RN workforce must be prepared largely at the BSN level to successfully navigate the challenges facing our profession. Advancing toward an 80% BSN

The evidence is in

The evidence is clear: In hospitals with a higher proportion of BSN-prepared nurses, patient mortality and failure-to-rescue rates are lower. Studies also show nurses with BSNs have better communication and problem-solving skills, increased leadership capabilities, and higher nursing competencies. In fact, some experts suggest educational level is a better predictor of patient mortality than years of experience.

And having a BSN is better for nurses themselves. The American Association of the Colleges of Nursing surveyed employers of registered nurses (RNs) and found BSN-prepared RNs have increased job satisfaction, report lower stress, and stay at their place of employment longer.

workforce is what’s best for our patients and for the future of nursing. ■

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The Magnetizers: A team approach to Magnet®-focused teaching

Six direct-care nurses came together to teach hospital staff about the Magnet Recognition Program.®

By Lillian A. Donnelly, BSN, RN, OCN, and Patricia Steiger, RN

What do nurses from the emergency department and the psychiatric, telemetry, intensive care, and oncology units have in common? They are the Magnetizers!

Our hospital, John T. Mather Memorial Hospital in Port Jefferson, New York, began its journey toward Magnet Recognition® in 2010, culminating in submission of a 3,500-page document to the American Nurses Credentialing Center (ANCC). When Magnet® champions from Mather attended an ANCC National Magnet Conference,® they were inspired by a presentation from a team calling itself the Magnetizers, and brought the idea of a teaching team back to our hospital. Our chief nursing officer (CNO) felt so strongly about the idea of staff teaching staff that she fought for six direct-care nurses who would dedicate their time exclusively to pursuit of Magnet designation.

“Sell this pencil”

Applications for the teaching team were distributed throughout the hospital, and a panel of Magnet-champion nurses conducted individual interviews. Interview questions were multifaceted and covered Magnet knowledge, job and task prioritization and delegation, and a unique challenge to “sell this pencil.”
This

caught us off guard. What does selling a pencil have to do with Magnet designation?

As we found out, the question was meant to give us a chance to show our unique personalities and demonstrate how creative we could be in our teaching. Our answers were varied and creative: “The pencil has refillable lead and an eraser.” “It’s ergonomically shaped for comfort.” “Guaranteed for life.” “Free shipping.” “Buy one, get one free.”

The panel ended up choosing six direct-care nurses (including the authors). We were taken off the floor for 16 weeks so we could focus on our responsibilities as Magnetizers (the name we took for ourselves). Our responsibilities were to learn everything in Mather’s Magnet document and come up with creative ideas to educate the hospital’s 2,500 employees about the Magnet Recognition Program,® including the Magnet Model components, the purpose and benefits of obtaining Magnet designation, and the history of the Magnet program.

Hitting the ground running

The Magnetizers hit the ground running the first week. We began to form a collaborative team and created the logo “Discover the attraction” to use on posters, stationery, and polo shirts (which became our uniform). We designed and distributed a questionnaire to evaluate the staff’s knowledge of Magnet characteristics and the Magnet program. We brainstormed teaching strategies: Should we use PowerPoint presentations? What about trifold brochures, flipcharts, posters, games, contests, quizzes, photo center pieces, and bookmarks? In the end, we used all of these as promotional tools.

For our trifold brochures, we developed easy-to-understand bullet points and graphics to reinforce our teaching. One of our best, but most time-consuming, ideas was the “Magnet Manual.” This series of 24 pocket-sized cards contained essential information for nurses about our Magnet journey—including “Why we deserve Magnet Recognition,” “Why I work



here,” our hospital’s nursing philosophy and professional practice model, and the Magnet Model domains. We had more than 500 manuals made—one for every nurse. Eventually, we had to recruit a multitude of helping hands (secretaries, hospital volunteers, other nursing staff, and even family members) to cut, punch holes, and collate the manuals.

We visited the nursing units to introduce ourselves, taking candy and balloons emblazoned the message “It’s all about you.” Early on, we discovered that candy (particularly chocolate) helped people put on their “listening ears”—so we bought lots of it. We made sure everything we did included the entire staff. We knew that although Magnet is a nursing designation, achieving Magnet designation would require a team effort on the part of the entire hospital staff.

Our Magnet coordinator and CNO supported our efforts, maintaining an open-door policy and setting aside weekly meeting time for our team. We also were able to tap into the knowledge of a similar teaching team from another Magnet hospital.

Facing challenges

One of the challenges we faced was financial—so the local dollar store became our place to shop. We also conserved resources by channeling our teaching through established venues, such as the nursing council newsletter and a cafeteria slide show. Other challenges included a significant change in the or-

Five rules of leaders

As Magnetizers, we followed the five rules of leaders:

- We *maintained balance* by managing our time with weekly group schedules.
- We *generated self-motivation* by forming our own cheer-leading group.
- We *built self-confidence* by working outside our comfort zone.
- We *listened to the staff* and were responsive to their concerns.
- We *maintained a positive attitude*.

ganizational pension plan and an unprecedented snowstorm. Maintaining staff engagement under these conditions proved difficult at times, but we remained sensitive to our peers’ mood and needs.

When developing our teaching curriculum, we experienced a steep learning curve. We set an ambitious teaching schedule, which we had to modify frequently to meet the individual calendars for each unit. We tailored our teaching time and techniques to each unit, and soon discovered scheduling was a delicate balancing act. A rapid-response situation could throw off our master schedule.

What’s more, we realized our first PowerPoint presentation to the nursing units, which focused on transformational leadership, was too long. We had to make it more concise, winnowing it down to the

(continued on page 46)

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“Meeting Mondays” boosts staff nurses’ committee participation

Designating one day a month for meetings increased frontline nurses’ involvement in committees and councils.

By Jeanne Drouillard, BSN, MA, RN, NE-BC, and Sandra Sutter, BSN, RN

After our hospital set out on the Pathway to Excellence® Program of the American Nurses Credentialing Center (ANCC), leaders realized staff nurses were only minimally participating in committees and councils—the forums for making decisions about nursing practice and the work environment. Usually, just four or five staff nurses attended each meeting, even though our hospital culture encouraged participation.

While many of our nurses agreed it was important to be active in shared governance committees and councils, they had difficulty leaving their units and patients to attend meetings, even for an hour. Bay Park Community Hospital/ProMedica Health System in Oregon, Ohio, is small, with just 70 beds. So finding additional staff to cover a nurse who wanted to attend a meeting posed a challenge. Nonetheless, our frontline nurses sought to participate in changes occurring in the hospital. They wanted to have a voice.

In *Feel the Pull: Creating a Culture of Nursing Excellence*, author Gen Guanci provides a road map for organizations seeking guidance on the Magnet® journey and desiring cultural transformation. Bay Park nursing leaders sought to create such a culture. *Feel the Pull* provided a great deal of insight and information. In it, Guanci

cites the work of shared-governance pioneer Tim Porter-O’Grady, who describes the value of creating an environment where shared governance thrives. Developing a strong foundation of shared governance, Guanci explains, promotes autonomy, enhances critical-thinking skills, and advances a learning environment.

But before we could transform our culture, we had to review staff feedback regarding their difficulty finding time to attend meetings. When brainstorming ways to support increased staff participation, we hit on the idea of establishing a specific day each month to consolidate all meetings. Our solution—“Meeting Mondays”—resulted from leaders’ willingness to listen to staff concerns. Our chief nursing officer gave moral and financial support to the concept. This was important, as implementing the initiative would strain the budget.

How Meeting Mondays works

All nursing meetings are held on the third Monday of each month, with one meeting held every hour starting at 9 A.M. and continuing until 4 P.M. Lunch is provided at the professional nurse council (PNC) meeting held at noon.

Each unit has a unit practice council (UPC), where staff members can take up issues for dis-



discussion and resolution. If these issues can't be resolved through discussion with the director of the acute care or the medical/surgical intensive care unit (ICU) or with the patient care supervisor, the UPC chair brings them to the PNC. A process map showing the pathway to the proper committee or council for issue resolution is available to all nursing staff.

A boost in meeting attendance

Since Meeting Mondays began, staff nurse attendance at meetings has risen significantly. Regular attendance has grown from an average of four to five staff nurses to an average of 20 to 25. All nursing units have been represented on all key committees (PNC, medication task force committee, inpatient satisfaction council, and emergency center throughput committee, to name a few).

Nurses are happy with the consistency of their meeting times. (See *Rave reviews from nurses*.) If a staff member is working on the day a meeting will be held, additional support is scheduled so she or he can attend that meeting. Nurses not scheduled to work that day are compensated financially if they attend voluntarily on their day off. With the support of the chief nursing officer, chief financial officer, and chief executive officer, unit directors have built this meeting time into the budget.

Rave reviews from nurses

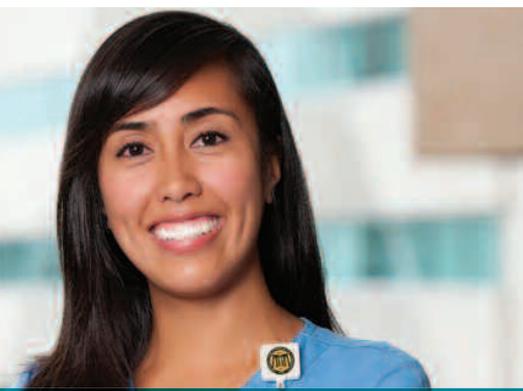
Staff nurses who've become involved in Meeting Mondays at Bay Park Community Hospital are enthusiastic about this shared-governance initiative. One nurse states, "I've been trying to get changes initiated here for the last few years, but felt as though my suggestions were falling on deaf ears." He now believes his voice is being heard and positive changes are being made. He even volunteered to serve as chairperson of the unit practice council for the intensive care unit. Because of Meeting Mondays, he regularly attends and participates in the monthly professional nurse council, where he shares his unit's concerns and accomplishments with peers.

Nurses as change agents

Today, our frontline staff nurses are more responsive to the idea of being change agents. They've been increasingly involved in educating peers about committee activities and projects, new equipment, and implementation of new evidence-based practices. What's more, we've had positive feedback on our Meeting Mondays initiative from ancillary departments and other hospitals in the ProMedica Health System.

Increased participation in Meeting Mondays has led to greater buy-in from staff, reducing resistance to change. The success of Meeting Mon-

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“ Children's Mercy Hospital has excellent nurse to patient ratios and encourages nurses to pursue education and professional specialty certification which translates into optimal patient outcomes. ”

Denise Padilla BSN, RN, CPHON
Hem/Onc Clinic







days has helped shift our culture from one where staff were *encouraged* to attend meetings to one where staff are *expected* to attend. We now review staff nurses' committee involvement in their annual evaluations. The hospital has provided additional education to frontline staff, which helps them develop their negotiating and consensus-building skills.

The Meeting Mondays program has done

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most important facts, and we added graphics to illustrate our ideas.

Splitting into teaching teams

For educational sessions with staff, we split into teams of two, with each partner complementing the other's strengths and weaknesses. We taught day and night, arranging our personal schedules so we'd reach staff from all shifts—not just nurses but secretaries, housekeepers, nursing assistants, maintenance people, and information technology staff. We taught everyone because we wanted all employees to know why our hospital deserved Magnet Recognition and what that meant.

Eventually, we developed confidence and skill in our public presentations, which most of us lacked before this experience. We also learned how to deal with staff members who simply weren't interested in our message or were resistant to change.

Professional and personal growth

Our 16 weeks as Magnetizers were a time of great professional and personal growth for each of us. Nurses are called on to be leaders and educators, and we functioned as both as we led the hospital on the final leg of its Magnet journey. We learned that

more than just increase staff nurse participation in committee and council meetings. It has boosted staff satisfaction, encouraged nurses to find their voice and speak up, and empowered our frontline workforce to become positive change agents. It continues to provide the venue for frontline staff to provide feedback and maintain engagement in our shared governance councils.

Achieving excellence

In 2009, our hospital received the Ohio Partnership for Excellence Gold Level Award, which is based on criteria from the Malcolm Baldrige National Quality Award. Our staff's involvement in decision-making helped us achieve this award. Currently, Bay Park is working toward obtaining the Ohio Partnership for Excellence Platinum Level Award—the highest state-level quality award. ■

Selected reference

Guanci G. *Feel the Pull: Creating a Culture of Nursing Excellence*. Minneapolis, MN: Creative Health Care Management; 2007.

When this article was written, Jeanne Drouillard was chief nursing officer and vice president of Patient Care Services as Bay Park Community Hospital/ProMedica Health System in Oregon, Ohio; Sandra Sutter was the hospital's Magnet® Program Coordinator. Currently, Ms. Drouillard is a specialist master for Deloitte Consulting LLC; Ms. Sutter is an educator and direct-care provider in the postanesthesia care unit at Bay Park.

goals and schedules are tools to be adjusted to meet the staff needs, that taking the time to teach one person in depth is as important as teaching a room full of people. And we realized we had to meet people in their own space on their own terms for them to really hear our message. (See *Five rules of leaders*.)

Throughout our assignment, we kept our sense of humor and joy. On Valentine's Day, we distributed heart-decorated candy bags labeled "You are the heart of the hospital." On Easter, we handed out more than 500 plastic eggs with candy, imprinted with "You are egg-stremely important to us."

The Magnetizers began as a group of six individuals working together for a common goal. We became a cohesive and effective team by being flexible, collaborating, committing to our goals, communicating openly to give and receive constructive advice, and improving our work continually. In the spring of 2013, our hospital had its Magnet site visit. A few months later, we obtained Magnet Recognition. I guess you could say we really did "sell the pencil." ■

Selected reference

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The authors work at John T. Mather Memorial Hospital in Port Jefferson, New York. Lillian A. Donnelly is a staff nurse. Patricia Steiger is a critical care nurse.

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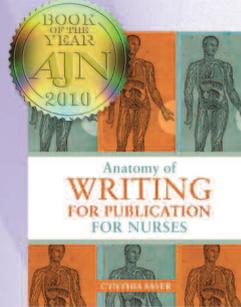
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Our next Magnet-focused section will be in the March issue. To include your facility in this popular resource, contact:

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