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Achieving 6th Magnet Designation via Virtual Visit during the COVID-19 Pandemic

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ABSTRACT

Despite the challenges encountered with the arrival of the COVID-19 pandemic, Baptist Hospital of Miami achieved the prestigious American Nurses Credentialing Center Magnet 6th designation. We describe the journey including writing the documents, preparing for the virtual visit, and efforts from key stakeholders to support the virtual site visit with the use of technology, to hold videoconferencing and tours “on wheels.” Nurses showcased their professional practice and excellence in patient care through exemplars and narratives presented during the virtual visit. Last, we provide recommendations for success to organizations contemplating a virtual site visit.

Keywords: Magnet designation, virtual, COVID-19, accreditation, nursing standards

INTRODUCTION

The journey to designation as an American Nurses Credentialing Center (ANCC) Magnet hospital embodies the highest recognition in Nursing. Nurses working for Magnet hospitals are committed to supporting the delivery of high-quality patient care, utilizing research and evidence-based practice (American Nurses Association [ANA], 2022). These nurses report lower nurse job dissatisfaction, nurse burnout, and turnover (Kelly et al., 2011). More nurses prepared at the Bachelor of Science in Nursing level or above work for these organizations. They further report active involvement in interdisciplinary and intra-disciplinary collaboration and decision-making that leads to a healthy work environment (Kramer et al., 2011).

Magnet hospitals are characterized by managerial practices and environmental characteristics that increase nurses' job satisfaction and their commitment to the organization, which in turn decrease nurse turnover (Stordeur et al., 2007). In addition to consistently providing the highest quality patient care and outperforming other organizations in recruiting and retaining quality nurses, Magnet hospitals have been associated with attracting high-quality physicians and deliv-

ering superior physician performance (Bekelis et al., 2018). In the context of patient outcomes, Magnet hospitals are associated with lower rates of mortality, case-fatality, and length of stay, as well as faster rates of discharge to a facility (Bekelis et al., 2017; Bilgin & Ozmen, 2022). The rigorous credentialing process for Magnet designation starts with the application and submission of supportive written documentation and concludes with a site visit to validate the organization's enculturation of the Magnet model components (transformational leadership, structural empowerment, exemplary professional practice, and new knowledge, innovations, and improvements) (ANCC, 2019).

As the COVID-19 pandemic unfolded, healthcare organizations, including Magnet hospitals, faced significant challenges to sustain response and recovery efforts to end the pandemic (Ness et al., 2021). These included strained hospital bed capacity, and shortages of equipment and health care personnel in U.S. hospitals in ways not previously experienced (Chopra et al., 2020). Medical units, progressive care units, and intensive care units (ICUs) were converted to biocontainment units to care for COVID-positive patients. Medical providers and nursing staff

experienced significant strain due to a lack of adequate staff to care for the high inpatient volumes. Then, elective surgical procedures were reduced with some being postponed or canceled during the outbreak (American College of Surgeons, 2020). Hospital personnel, including nurses, experienced redeployment from one role to another to support the management of patients with COVID (Rollison et al., 2021). Hospitals mobilized to free up capacity for patients with suspected or confirmed coronavirus and maximized the number of prepared, dedicated team members to ensure quality care (Chopra et al., 2020).

In the process of Magnet designation, our hospital experienced difficulties during surges of an increased number of COVID cases. These challenges included delays in scheduling meetings to prepare for the designation visit, preservation of protected time for clinical staff to work on Magnet preparation, and resources to prepare our units. With every COVID surge, more resources had to be mobilized to support quality patient care. We describe the process to achieve the Magnet Recognition Program re-designation during the first two years of the COVID-19 pandemic for Baptist Hospital of Miami, a U.S. not-for-profit hospital.

BACKGROUND

Baptist Hospital of Miami (BHM) is the 866-bed flagship facility of Baptist Health South Florida, an eleven-hospital system. Baptist Hospital of Miami is an urban, non-teaching, faith-based, non-profit, adult acute care facility with an average daily census of 578 patients. Our Emergency Department sees a volume of over 90,000 patients a year. Baptist Hospital of Miami was the first hospital in the state of Florida, and the eleventh hospital in the United States, to be designated as a Magnet-Recognized Organization. Our hospital has received six consecutive Magnet designations. This designation is an honor for the nurses and nursing leadership at BHM, as well as prestigious considering we are one of only eight hospitals in the nation to achieve a sixth Magnet designation. This places BHM among the very best hospital organizations in the nation and in the world. The Magnet Recognition Program designates organizations worldwide where nursing leaders successfully align their nursing strategic goals to improve the organization's patient outcomes (ANCC, 2019). Magnet status is awarded to hospitals that meet high standards and

contribute to the delivery of extraordinary patient care. The designation is also attributed to a hospital environment that encourages and supports nurses to pursue continued professional development. These nurses engage in collaborative work with other disciplines as their emphasis is teamwork (ANCC, 2019).

Writing the Document

As a fifth-designated Magnet hospital, the bar was high. We began writing our sixth designation documents, recognizing that BHM was considered a high-performance nursing practice Magnet institution. Then, COVID-19 arrived. Leaders were consumed with operational issues during the pandemic. Therefore, we pivoted to a Magnet Project Manager (MPM) led writing team including nurse educators and clinical nurses. A tight timeline was created, exemplars were identified and assigned, and weekly meetings were held to monitor progress and obtain assistance as needed. Some of our challenges included retrieving evidence for the non-Empirical Outcome (EO) exemplars. We searched multiple meeting minutes and had to abandon several exemplar ideas due to the inability to locate evidence. We also experienced barriers with data collection for nursing-sensitive indicators and patient satisfaction due to the opening, closing, and moving of units, reassignment of our workforce, increased census, and loss of staff due to the pandemic.

We met with unit leaders, patient experience advisors, and our data analysts to create a spreadsheet to align unit openings/closings/relocations with our nurse sensitive indicators and patient satisfaction data. We successfully overcame all of our challenges and upon evaluation of our written documentation submitted for the sixth re-designation, the Magnet appraisers recommended that our organization progress directly to the site visit.

Preparation for the Virtual Visit

Members of our Nursing Professional Excellence Council (NPEC), who serve in both nursing retention and recognition efforts, became our Excellence Ambassadors. The NPEC is chaired by a clinical nurse, and its members are comprised of clinical nurses, nurse educators, several supervisors and nurse managers, an Assistant Vice President (AVP), and our Magnet Program Director (MPD). Their role was to be physically present on campus during the virtual site visit and serve as contact persons to their assigned Magnet

appraiser. Rather than scripting the staff, Clinical Nurse Educators (CNEs) worked with unit managers to prepare “Talking Points,” a list of topics customized by each unit’s shared governance team, and then disseminated it to the staff. Magnet boards on every patient care unit displayed nurse-sensitive indicators and patient satisfaction graphs, current performance improvement projects, and any Magnet exemplars from that unit. Additionally, many hospital areas housed copies of all the graphs in conference rooms for viewing during the virtual unit rounding sessions. As part of our units’ preparation, a mock virtual survey was held, simulating two appraisers, testing equipment, checking for areas of lost connectivity, checking camera views from our tablets on wheels, and video conferencing capable conference rooms. We also held a “Magnet Pep Rally” delivered to departments and units throughout the hospital via roving carts with games and prizes to reinforce our enculturation of Magnet principles. Furthermore, a welcome video was created for the Magnet appraiser team, featuring clinical nurses showcasing exemplary patient care outcomes in their units.

THE VIRTUAL VISIT

Our MPD and lead appraiser worked collaboratively to establish the three-day site visit agenda. We hosted four Magnet appraisers, holding multiple video sessions simultaneously via individual web conferencing meeting links for each appraiser. A centralized administrative assistant managed the invitations. The Nursing Administration conference room became our site visit command center. We innovatively provided each appraiser with a touchscreen tablet on wheels with web conferencing software, which was decorated by the assigned Excellence Ambassador. Hospital routes were planned to include highlights and required items for each appraiser’s hospital tour, though some requested to see additional areas. Our mantra became: “Stay flexible, keep smiling, WE GOT THIS!”

In addition to the virtual meetings, our virtual site visit included meal sessions, group presentations, and unit rounds. We used tablets on wheels and appraisers toured units and interacted with staff, often in unit conference rooms. The three-day site visit was action-packed and exhilarating. The appraisal team was extremely engaged and genuinely celebrated our accomplishments with our staff. To facilitate communication and clarify

expectations, each day opened and closed with a session with the appraisers, the Chief Nursing Officer (CNO), and the MPD. The closing session was held in the executive boardroom and the CNO, MPD, and Executive Team were in attendance to hear the final comments from the appraisal team. The appraisers expressed that the site visit “was a powerful demonstration of the principles of the Magnet Recognition Program” (ANCC Magnet Recognition Program, 2022, p.2). For the post-site visit video conference follow-up call, our writing team, Excellence Ambassadors, and leaders gathered in the auditorium to receive the official report from the Commission on Magnet. In addition to receiving the news of our sixth designation, we were recognized for two exemplars for our ambulatory setting nurse sensitive indicator, Falls with Injury and Door-to-Device-Time, in which our data showed we outperformed the benchmark for the majority of eight quarters on 100% of the units. We cheered, popped confetti cannons, and began planning for our hospital-wide celebration.

RECOMMENDATIONS

For those preparing for a virtual Magnet site visit, it is important for the entire organization to be engaged in the process. First, the writing team members should be selected early in the process, keeping in mind their longevity and diversity. It is essential to have representation from all service lines and all levels of nursing. Moreover, the inclusion of clinical nurses from the inception is key to capturing their perspective. In addition to the continuous driving and oversight of outcomes for each exemplar, we also noted a need to save evidence in a centralized repository for all future Magnet exemplars to facilitate retrieval. There is also a need to devise a plan for new employees and new leaders so that they are enculturated to the Magnet organization.

The assignment of a dedicated clinical nurse Excellence Ambassador for each appraiser throughout the site visit is essential to establish rapport and facilitate communication. For guiding the tour, Excellence Ambassadors need a list of all nursing areas, with the respective contact information. Also, it is helpful to designate conference rooms for the scheduled interviews so that rooms can be alternated. Most importantly, while your team waits for the final decision after the virtual site visit, keep them engaged and ener-

gized and take the opportunity to thank staff, ambassadors, and writers for their efforts.

CONCLUSION

We faced challenges during our preparation efforts since we became the epicenter of the pandemic. Therefore, preparing for the virtual Magnet visit presented opportunities for our team to become innovative. Our team pursued the process as other healthcare organizations with the opportunity to complete this phase of their appraisal process while addressing the safety and well-being of the organization's staff as well as that of the Magnet appraisers (Curto & Martin, 2020). Planning, preparation, organization, and flexibility combined with the use of technology were important factors to succeed as a team (Phan & Radovich, 2020). It takes coordinated effort and serves as a true testament to the organization's enculturation of Magnet principles to have a successful site visit.

DECLARATION OF INTEREST

The authors report no conflicts of interest. The authors alone are responsible for the content and writing of the paper.

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and Senior Executive Team established the tone and communicated their commitment to a vibrant, collaborative culture of excellence. Clinical nurses in meal sessions, council meetings, and unit tours repeatedly spoke of the CNO and nurse leaders engaged and visible leadership. Nurses frequently cited examples of their direct patient care involvement during the COVID surges. Chief Nursing Officer Girado has established nursing at BHM as a high-performing culture led by values of welcoming, attentiveness, caring, collaboration and innovation" (Magnet Recognition Program, 2022, p.2).

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