



Frequently Asked Questions* from the 2014 ANCC National Magnet Conference®

*includes updates through November 6, 2014

Table of Contents

I. Organizational Overview (OO).....	2
II. Transformational Leadership (TL).....	3
III. Structural Empowerment (SE).....	4
IV. Exemplary Professional Practice (EP).....	5
V. New Knowledge, Innovations & Improvements (NK).....	6
VI. Formatting.....	6
VII. Timeframe.....	7
VIII. General Questions.....	8

***Content includes updates through November 6, 2014**

Confidentiality Disclaimer: This document is only for the use of the intended recipient. Any form of copying, dissemination, reproduction, disclosure, modification, distribution, and or publication of this material is strictly prohibited.

I. Organizational Overview (OO)

OO7 An action plan that includes a target and demonstrates evidence of progress toward 80% of registered nurses obtaining a baccalaureate or graduate degree in nursing by 2020. Include an assessment of the current status; an evaluation of methods and strategies to increase the educational level of the workforce; and an appraisal of established, realistic targets to meet the organization’s strategy to increase the number of registered nurses with a degree in nursing (baccalaureate or graduate degree).

QUESTION: How much information does our organization need to provide if more than 80% of our nurses already have at least a bachelor’s degree in nursing?

ANSWER: Describe what your organization is doing to maintain your high percentage of nurses with a bachelor’s or higher nursing degree.

OO11 A description of the process by which the CNO (or his or her designee) participates in credentialing, privileging, and evaluating advanced practice registered nurses (APRNs). Include the frequency of re-privileging.

QUESTION: Are organizations required to provide evidence of the process used for re-privileging advanced practice registered nurses (APRNs) or would providing a description meet OO11?

ANSWER: Organizations are required to provide evidence of the process by which the chief nursing officer (CNO) (or his or her designee) participates in credentialing, privileging, and evaluating APRNs.

OO19 The organization’s policies, procedures, charters, or bylaws designating that at least one nurse must be a voting member of the governing body responsible for the protection of human research participants, and that at least one nurse votes on nursing-related protocols.

QUESTION: Our organization uses an external Institutional Review Board (IRB) to review research proposals. Prior to sending proposals to the external IRB, we have an internal evidence-based practice (EBP) and research council (membership with multiple level of nurses) review the proposal. We consider this council to be the internal governing body responsible for the protection of human research participants. Does this practice meet the requirements of OO19?

ANSWER: No, the IRB is considered the governing body responsible for the protection of human research participants. The policies or bylaws from the IRB (whether internal or external) must state that at least one nurse is a voting member of the governing body responsible for the protection of human research participants and at least one nurse votes on nursing-related protocols. If the IRB’s policies and/or bylaws do not explicitly state this, the **Magnet Recognition Program® office (MPO)** will accept a letter from the IRB chairperson to verify that a nurse is a member and that a nurse votes on all nursing-related protocols. If your organization uses more than one IRB, the MPO requires this letter from all IRBs used for nursing-related protocols.

OO20

A table of ongoing or completed nursing research studies within the past 30

QUESTION: Didn't the timeframe increase from 30-months to 48-months for the OO20 research table?

ANSWER: Yes, OO20 requires a list of ongoing or completed nursing research studies for the past 48 months. The research study you use for NK1EO will be from this list.

II. Transformational Leadership (TL)

TL2 Nurse leaders and clinical nurses advocate for resources to support nursing unit and organizational goals.

- Provide one example, with supporting evidence, of a nurse leader's advocacy that resulted in the allocation of resources to support an organizational goal.
- AND**
- Provide one (1) example, with supporting evidence of a clinical nurse's (or clinical nurses') advocacy that resulted in the allocation of resources to support a nursing unit goal.

QUESTION: Does the organizational goal used for this Source of Evidence (SOE) need to be new or can it be a change in process and/or systems to meet an existing goal?

ANSWER: The goal may be new or existing.

TL3EO The CNO influences organization-wide change beyond the scope of

- Provide one example, with supporting evidence, of a CNO-influenced positive change that had organization-wide impact beyond the scope of nursing services. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

QUESTION: Does organization-wide mean beyond nursing?

ANSWER: Yes.

QUESTION: How is this different than TL2?

ANSWER: This change is specific to the CNO and includes outcome data as evidence rather than the traditional evidence required in TL2.

III. Structural Empowerment (SE)

SE7 The organization facilitates the effective transition of registered nurses and advanced practice registered nurses into the work environment. Choose two of

- Provide one example, with supporting evidence, of how the organization facilitates effective transition of new graduate nurses into the nurse practice environment. Describe how the transition process is evaluated for effectiveness.
OR
- Provide one example, with supporting evidence, of how the organization facilitates effective transition of newly hired experienced nurses into the nurse practice environment. Describe how the transition process is evaluated for effectiveness.
OR
- Provide one example, with supporting evidence, of how the organization facilitates effective transition of nurses transferring within the organization from one specialty care area to a different specialty care area. Describe how the transition process is evaluated for effectiveness.
OR
- Provide one example, with supporting evidence, of how the organization facilitates effective transition of advanced practice registered nurses into practice within the organization. Describe how the transition process is evaluated for effectiveness.

QUESTION: Should we complete the evaluation of the transition process at the organizational level?

ANSWER: The evaluation is based on how your organization sets up your evaluation process. Please include supporting evidence for the evaluation(s) of effectiveness.

SE9 The organization supports nurses' participation in community healthcare outreach.

- Provide one example, with supporting evidence, of organizational support for clinical nurse involvement in community healthcare outreach.
AND
- Provide one example, with supporting evidence, of organizational support for nurse leader involvement in community healthcare outreach.

QUESTION: Would it be acceptable to highlight multiple nurses on different projects or should we focus on one nurse's story for a project?

ANSWER: Provide one example for the clinical nurse and one example for the nurse leader. The appraisers will evaluate only the first story and evidence for each example.

IV. Exemplary Professional Practice (EP)

EP9 Nurses are involved in staffing and scheduling based on established guidelines, such as ANA's Principles for Nurse Staffing, to ensure that RN assignments meet the needs of the patient population.

- Provide two examples, with supporting evidence, from different practice settings when input from clinical nurses was used to modify RN staffing assignments and/or adjust the schedule to compensate for a change in patient acuity, patient population, resources, or redesign of care.

QUESTION: Two examples from different practice settings are required. Can we use two outpatient settings?

ANSWER: The examples must be from different practice settings. The examples can include two practice settings in the outpatient setting, two practice settings in the inpatient setting, or one example from the inpatient setting and one from the outpatient setting.

EP16 Nurse autonomy is supported and promoted through the organization's governance structure for shared decision-making.

- Provide one example, with supporting evidence, of clinical autonomy that demonstrates the authority and freedom of nurses to make nursing care decisions (within the full scope of their practice) in the clinical care of patients.
AND
- Provide one example, with supporting evidence, of organizational autonomy that demonstrates the authority and freedom of nurses to be involved in broader unit, service line, organization, or system decision making processes pertaining to patient care, policies and procedures, or work environment.

QUESTION: Can policies be appropriate evidence for clinical and organizational decision-making autonomy?

ANSWER: Yes, they can be if the policy includes what is required by the SOE.

V. New Knowledge, Innovations & Improvements (NK)

NK1EO The organization supports the advancement of nursing research.

- Provide one completed IRB-approved nursing research study.

QUESTION: Does the 30-month period apply to the initiation or completion of the study or to the data analysis?

ANSWER: Results of data analysis or findings must have occurred within the 48 months before an organization submits Written Documentation.

NK6EO Nurses are involved in the design and implementation of work flow improvements and space design to enhance nursing practice.

- Provide one example, with supporting evidence, of nurse involvement in the design and implementation of work flow that resulted in operational improvement, waste reduction, or clinical efficiency. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.
OR
- Provide one example, with supporting evidence, of nurse involvement in the design and implementation of work space that resulted in operational improvement, waste reduction, or clinical efficiency. Supporting evidence must be submitted in the form of a graph with a data table that clearly displays the data.

QUESTION: Can you provide some examples of outcomes that would fit for operational improvement, waste reduction, and clinical efficiency?

ANSWER: Some examples include (though this list is not all-inclusive): length of stay, financial savings, savings in manpower, supply/resource savings, time/motion study results, patient wait times for procedures or results.

VI. Formatting

Electronic Submission

QUESTION: Has the MPO clarified the size of electronic files for the submission of evidence?

ANSWER: The MPO does not limit the size of electronic files, but the files must not exceed the 350-page limit for the narrative content.

Font Size

QUESTION: Can we use a different size font for headings?

ANSWER: No, the entire document should be submitted in Arial, 12-point font.

QUESTION: Do meeting minutes or other items scanned in as evidence (attachments or within document) need to be Arial, 12-point font?

ANSWER: No

QUESTION: Do we need to write the narratives in complete sentences or can we use bulleted statements?

ANSWER: Narrative statements should be straightforward and concise; they should include minimal extraneous information. Organizations may write narratives in any style, but they must be easy for the appraisers to read, understand, and navigate.

QUESTION: What is included in the 350-page limit?

ANSWER: The SOE narratives are included in the 350-page limit. The content in the Organizational Overview (OO) section, evidence attachments, and graphed data for EP3EO, EP22EO, and EP23EO are not included in the page limit.

QUESTION: In putting together our document, we are finding that we can address some of the examples within one to two pages. Does that seem reasonable?

ANSWER: Yes, as long as you have addressed all requirements of the source.

VII. Timeframe

48-Month Window

QUESTION: Do we need to write the examples for SOEs within 30-months or 48 months of the application date or the document submission date?

ANSWER: Effective October 28, 2014, the 48-month period is the new timeframe for *2014 Magnet® Application Manual* document submission and reflects the 48 consecutive months prior to submission of Written Documentation. Exceptions include:

- EP3EO (Nurse Satisfaction) must demonstrate the most recent nurse satisfaction survey within the previous 30 months prior to documentation submission.
- EP22EO (Nurse Sensitive Clinical Indicators) must demonstrate the most recent eight consecutive quarters of data
- EP23EO (Patient Satisfaction) must demonstrate the most recent eight consecutive quarters of data

QUESTION: Can baseline data or interventions for projects presented in an Empirical Outcome (EO) have occurred before the timeframe?

ANSWER: Baseline (pre) data, interventions, and outcomes must occur within the 48-month timeframe prior to submission of Written Documentation.

QUESTION: What is the current length of time from when an organization submits its documents to when it receives the appraisers for a site visit? What is anticipated for this timeline in 2016 (i.e. if we submit our document on February 1, 2016, when would we anticipate a site visit?)

ANSWER: It depends if the MPO requests additional documentation from your organization. A typical site visit occurs six (6) to ten (10) months after an organization submits Written Documentation.

VIII. General Questions

QUESTION: Has MPO removed the OO10 requirement in the 2008 manual? I do not see it in the manual.

ANSWER: Yes, we deleted it in the 2014 manual.

QUESTION: Can you clarify the difference between in-service and continuing education?

ANSWER: Both are defined in the **2014 Magnet® Application Manual**:

Continuing nursing education:

“Those activities intended to build upon the educational and experiential bases of an individual for the enhancement of practice, education, administration, research, or theory development, to the end of improving the health of the public.” (Page 66)

In-service education:

“Those learning experiences designed in the work setting to assist individuals to acquire, maintain, and/or increase their ability to perform job functions within a given agency or institution.” (Page 69)

QUESTION: When can you use the nurse manager or unit educator in addressing the SOEs?

ANSWER: It depends on the specific SOE. When the source specifically states a role such as clinical nurse, then the SOE response must be specifically about the clinical nurse. If the SOE indicates nurse in general, an example using any nurse from the organization, regardless of role, is fine.

QUESTION: What are examples of acceptable evidence for non-EO sources?

ANSWER: As indicated on page 24 of the 2014 Magnet® Application Manual, “examples of acceptable evidence include copies of policies and procedures, meeting minutes, various types of correspondence, data, rosters, and screenshots. Evidence does not include examples and testimonials.”

QUESTION: Can we use an example for more than one source?

ANSWER: You may use examples or projects in more than one source, but each source has specific requirements. As long as the example or project is able to meet the different requirements of each source (different type of outcome data for example), then you can use that example or project for those sources.

QUESTION: Please clarify about nurses in the institution over which the CNO does not have direct authority.

ANSWER: If the CNO is ultimately accountable for the practice of the nurse, at least a dotted-line reporting structure needs to be in place.

QUESTION: We have nursing units that are covered by service line administrators who are not nurses. They have a dotted line to CNO. When completing nurse leader examples, can we use CNO nurse leader examples?

ANSWER: If the CNO is the only leader accountable for nursing practice for those nursing unit RNs, you may use the CNO for nurse manager and nurse leader examples for those specific units.

QUESTION: Can we use nurse-satisfaction survey data as outcome data for EO Sources if we collect the survey only once a year and we will not have three post-intervention(s)/initiative(s) data points from our 30-month timeframe?

ANSWER: With the new 48 month timeline, annual nurse satisfaction survey data may meet the requirement of three post-intervention(s)/ initiative(s) data points.

QUESTION: If an organization was recognized initially in June 2013 and their next document needs to be submitted by June 2017, what would the status of their recognition be after June 2017? Do they retain their recognition status even though technically the recognition would hit the 4-year mark in June 2017 while the MPO is reviewing their document?

ANSWER: An organization's Magnet recognition is deemed current until a final decision is made regarding the re-recognition document. If an organization chooses not to submit an application or document at the 4-year point, then the MPO ends the recognition four years after the original recognition date.