July 2016

Frequently Asked Questions

Changes may be made to the *2014 Magnet® Application Manual* at any time. Applicants must use the most current edition of the *Magnet Application Manual* before preparing written documentation for submission to the ANCC Magnet Program Office. Organizations in all phases of Magnet designation are required to review and comply with the requirements in the *2014 Magnet® Application Manual* and all *Magnet Application Manual* updates.

General Questions

1. Why is there an additional fee for the "Additional Documentation" phase?
   - When the scores for the initial documentation review do not meet the threshold for site visit, additional documentation for the Magnet components is required. The Additional Documentation phase of the review is a second review that the appraisers complete; they are compensated for their time to review and evaluate the additional documentation.

2. Once we have been notified that a site visit will take place, how do we know the specifics of booking the appraisers' travel and hotel and coordinating meetings?
   - The Magnet Recognition Program® staff and appraiser team leader will continue to work very closely with you. You will be provided step-by-step written instructions for preparing for the site visit.

3. What is the current length of time from when an organization submits its documents to when it receives notification that a site visit will occur?
   - Projected Review Timeline:
     - Review of the Organization Overview (OO) items will be completed within the first month. If OO items are missing, the organization will be given up to five business days to provide the missing items.
     - Once the OO section is complete, the average time for initial review of documentation is four months.

- If additional documentation (for the component examples) is requested, the organization has up to sixty business days to produce the requested documentation. Following receipt of the organization's additional documentation, the appraisers have up to sixty business days for review.
- If a site visit is proposed, the amount of time between the organization receiving notice that the site visit will occur and the actual site visit will be a minimum of six weeks.

4. Does an organization retain its Magnet designation after submitting documentation for review at the end of the four-year designation period?
   - An organization's Magnet designation is deemed current until a final decision is made by the Commission on Magnet Recognition regarding redesignation.

5. If a Magnet-designated organization chooses not to submit an application or documentation at the four-year point, when will designation end?
   - In the absence of submission of an application and/or documentation, Magnet designation will cease four years after the most recent Magnet designation date.
   - Designation may be terminated earlier if Magnet requirements such as submitting an interim report or yearly updating of the Demographic Data Collection Tool$^®$ (DDCT$^®$) are not fulfilled. In addition, all eligibility requirements must be maintained throughout the designation period.

6. After designation, how will we know when the application and written documentation for our next designation will be due?
   - You will receive correspondence from the Magnet Recognition Program Office that will delineate your organization's specific timeline. The Magnet Recognition Program web page outlines when both your application and written documentation for redesignation are due.

7. If an intervention is implemented on the first day of the month/quarter, can information for that month/quarter be considered postintervention data?
   - Yes; however, only if the intervention is instituted and completed on the first day of the month/quarter.

8. What if my post-intervention data do not show three consecutive improvement points—the trend line is improved, but there is variability in the postintervention data points?

- If the empirical evidence SOE requests that improvement be demonstrated, the postintervention data may show variability; however, it must show a *trend* of improvement when compared to the preintervention data.

Note: Data provided during the intervention period are not included in the appraiser's evaluation of improvement or change.

9. Is there a way our organization can purchase an electronic version of the 2014 *Magnet*$^{®}$ *Application Manual*?

- No, an electronic version of the *2014 Magnet*$^{®}$ *Application Manual* is not available at this time.

10. Can you share the appraisers'/Magnet Program Office scoring rubric?

- No, this information is confidential and proprietary.

11. What is considered an "exemplar" in the Magnet Recognition Program?

- Each component example within the Magnet documentation will be evaluated by the appraisers. If, after review of the documentation AND verification during a site visit, the appraiser team determines that the example is a concept, practice, or program worthy of imitation, and it exceeds the expectations of an organization designated as Magnet, they will recommend it as an exemplar.

12. Do policies have to have a certain renewal date? We are in the midst of a merger, and some system policies (that impact our organization) have review dates beyond three years.

- The Magnet Program Office does not prescribe the frequency of policy review within organizations. Organizations must follow their specific organizational policy and/or regulatory agency requirements for reviewing policies.

13. What is required for an interim report?

- The Interim Monitoring Report ([IMR](#)) is due by the last business day of the month your organization was designated. Submit the DDCT, Unit-Level Data Crosswalk, the most recent eight quarters of data for EP22EO and EP23EO, and the most recent data for EP3EO.

14. Is there a specific format for the IMR?

- Yes, directions for completing the IMR are on the Magnet website, under Interim Monitoring Guidelines.

Organizational Overview (OO)—General Question(s)

1. When addressing OO items, if an organization has a policy that contains information that addresses what is requested in several OO items, how should the evidence be presented?

- Include a link in each OO item to any policy/procedure that addresses the OO requirement. Whenever possible, highlight the relevant information within the policy that addresses the particular OO request to allow the appraisers to quickly view the requested information.

OO1:

1. What is the time frame allowed for the population demographics? Is two years prior to application submission acceptable?

- The population demographics should include the most recent annual data characterizing the patient population served by the organization.

2. How much historical information is required for a redesignating organization?

- The narrative needs to provide a concise historical overview from the opening of the organization to present day, with a strong emphasis on relevant historical information since the last designation.

OO3:

1. Is it a requirement that there be an "annual" nursing report?
   - Yes, the annual nursing report must be provided. At times, this document can be found within other documents that are prepared at the executive level for presentation to stakeholders (i.e., boards of directors, community members, etc.). "Annual report" and "annual nursing report" are common references made for information that is shared on an annual basis with stakeholders. It is acceptable for the annual nursing report to be contained within the organizational annual report; however, the presence of nursing information in the report must be evident and distinct.

OO6:

1. We utilize our strategic plan as a significant part of our nursing assessment. Is this acceptable for the purpose of this OO?
   - The organization can develop the learner assessment and education implementation plan for nurses in conjunction with the strategic plan as long as all elements of the request are addressed.

2. Would you clarify what is meant by the requirement for "nurses at all levels and settings"?
   - "Nurses at all levels" includes at a minimum clinical nurses, nurse managers, nurse leaders, advanced practice registered nurses (APRNs), and the chief nursing officer (CNO). The phrase "nurses in all settings" includes any department/unit/service line or inpatient and/or outpatient area where nursing is practiced in your organization.

3. Are we required to provide the most recent learner assessment and education implementation plan OR one for each year in the forty-eight-month window?
   - You are required to submit the most recent learner assessment for continuing education needs AND submit the most recent related education implementation plan for nurses at all levels and settings in your organization.

OO7:

1. How much information does our organization need to provide if more than 80 percent of our nurses already have at least a bachelor's degree in nursing?
   - Describe what your organization is doing to maintain your percentage of nurses with a bachelor's or higher nursing degree.

2. Does this requirement include leadership or only frontline registered nurses?
   - The action plan requested is relevant to all registered nurses in the organization, irrespective of title or role.

3. Does our organization need to show an improvement in registered nurses obtaining a baccalaureate or graduate degree in nursing?
   - The data need to show the organization's progress toward 80 percent of registered nurses obtaining a baccalaureate or graduate degree in nursing by 2020. An explanation should be included in the assessment narrative when data do not demonstrate progress toward this 2020 goal.

4. Does this requirement include all registered nurses at all levels and settings?
   - Yes.

OO20:

1. Can we include evidence-based practice (EBP) and "exempt" nursing research on our research table?
   - Include full institutional review board (IRB)-reviewed, exempt, and expedited nursing research that is ongoing and/or completed in the applicant organization(s).
   - Only nursing research studies are to be listed on the table. Evidence-based projects and quality improvement projects should not be included on the nursing research table.
   - This table includes nursing research studies that are completed or ongoing within the forty-eight months before documentation submission.

2. Can we include nursing research on our research table that is conducted at our organization by nonemployees (Ph.D./DNP students, university faculty)?

   - No, the nursing research listed on the research table must be conducted by employees of the organization (i.e., PI, co-PI, and/or site PI).

   - As long as an employee of the organization serves in the PI, co-PI, and/or site PI role, a nonemployee may be involved in the nursing research.

Transformational Leadership

TL1EO:

1. What is a "nurse practice environment"?

   - The nurse practice environment includes any "organizational factors that influence nursing practice" and "organizational characteristics of a work setting that facilitate or constrain professional nursing practice." Examples of the nurse practice environment include but are not limited to management style, group cohesion, job stress, structures and processes in the workplace, barriers, and resources that have an effect on the nurses' practice environment or surroundings in the organization.

2. Does the measure for TL1EO (nurse practice environment) need to be an "outcome" measure?

   - Yes. Possible relevant outcome(s) of an initiative designed to lead to an improvement in the nurse practice environment include but are not limited to nurse satisfaction, nurse turnover rates, productivity, and nurse-assessed quality of care.

TL2:

1. Can a "nurse manager" be used for the nurse leader examples?

   - An example of a nurse leader's advocacy must be used. The nurse leader used in the example MUST meet the Magnet definition of a nurse leader AND be listed on the Nurse Leader Eligibility Table submitted with the documentation.

Note: If an organization does not have a nurse leader between the manager and the CNO, then the manager may be used for an example even if he or she does not have line authority over multiple units.

TL5:

1. If we had no unplanned changes within the forty-eight-month window, may we write two examples of planned change?
   - No, TL5a specifically requests an example of unplanned change that occurred anywhere in the organization from the unit/direct care nursing level up to and including the organization-wide level.

TL6:

1. What type of supporting evidence would be acceptable to address mentoring activities for clinical nurses, nurse managers, nurse leaders, and the CNO?
   - The supporting evidence must substantiate what is written in the narrative about:
     - A relationship that exists between the mentor and the nurse being mentored (mentee).
       - Supporting evidence examples could include but are not limited to worksheets that demonstrate the mentee working with the mentor or e-mails between the two persons that explicitly demonstrate the mentoring.
     - The mentoring activities, such as support, guidance, and ideas exchanged between the mentor and mentee. The activities are intended to support the individual in his or her current role.
       - Supporting evidence examples could include but are not limited to documentation of mentoring session(s) to support a mentee in leading council meetings or committee workshops.

2. What type of supporting evidence would be acceptable to address succession planning activities for clinical nurses, nurse managers, nurse leaders, and the CNO?

   - The supporting evidence must substantiate what is written in the narrative about:
     - The identification and development of potential successors for the nursing positions in the organization (e.g., clinical nurse, nurse manager, nurse leader, and CNO positions) through a systematic evaluation process and training.
       - Supporting evidence examples could include but are not limited to guidelines, policies, forms, or algorithms that address how succession planning is implemented in the organization for the level of nurse used in the example.
     - The succession planning activities are the activities that prepare the nurses for the level of nursing described in the example.
       - Supporting evidence examples could include but are not limited to documentation that demonstrates attendance at leadership training programs, educational programs, e-mails that explicitly discuss succession planning, other activities that demonstrate an individual is being prepared for the level of nursing that is addressed in the example, and documentation of nurse participation in a professional development ladder or program.

   Note: Succession planning activities may be addressed in two ways:
   - ✓ Planning to fill the position that the nurse currently holds
   - ✓ Planning to fill the next-higher-level position (e.g., the nurse moving to a higher-level position or the next role)

3. Do the succession planning or mentoring activities need to be within a formal process within the organization?

   - The Magnet Program Office does not prescribe how succession planning or mentoring activities occur within organizations.

TL7:

1. What are examples of trended data being used as evidence by organizations?
   - The phrase "trended data" is defined as "a pattern of gradual change in a condition, output, or process, or an average or general tendency of a series of data points to move in a certain direction over time, represented by a line or curve on a graph." (BusinessDictionary.com. "Trended data.")
   - Examples include but are not limited to ALOS, budgetary data, productivity reports, nursing clinical indicator data, vendor data, and/or quality metrics.

TL9EO:

1. What are some examples of "a change in the nurse practice environment"?
   - Changes in the nurse practice environment could include but are not limited to changes in nursing roles, nursing leadership, care delivery system, patient acuity or population, work processes, work teams, etc. (Refer to the definition for "nurse practice environment" in the *2014 Magnet® Application Manual*).

Structural Empowerment

SE1EO:

1. Can a "task force" be used as an interprofessional decision-making group at the organizational level for these examples? The group is formed to work on a specific issue; once the improvement is made, the task force no longer meets.
   - Yes, provided that the task force group is a decision-making group at the organization level or has been sanctioned by a decision-making group at the organization level.

SE2EO:

1. What is the level of participation expected in the professional organization?
   - Clinical nurse involvement in a professional organization can include membership, conferences and/or chapter meeting attendance, nurse members accessing and reviewing a professional organization's resources/standards/position statements, participation as an elected officer, etc.

2. Does conducting a general literature review using a professional organization's literature constitute clinical nurse involvement in a professional organization?
   - No, a literature review does not constitute involvement in a professional organization. Involvement is the act of participating in the professional organization, such as but not limited to clinical nurse membership in a professional organization; membership and attendance at national and/or chapter meetings; and membership with attendance at professional organization conferences.

3. What is "professional organization" in the context of SE2EO?
   - A professional organization (only for SE2EO) is one in which its members belong to a particular profession that sets requirements and standards for entry into and maintaining membership in that profession. A professional organization may not be a nursing-specific professional organization; for example, the Association for Professionals in Infection Control and Epidemiology (APIC) represents its membership and sets standards for patient care and for maintaining membership. Nurse members may attend APIC conferences and bring back information to the organization, thereby "participating" in the professional organization.

SE3EO:

1. Can we provide certification rates for "eligible" RNs?
   - Yes.

2. Do we need to provide a certification goal for each year presented, or can we develop a goal for our organization to meet by the end of year two?

- You may provide a yearly goal OR a goal for improvement by the end of year two. In either case, three years' worth of graphed data must be provided.

SE4EO:

1. What are examples of professional development activities that have an impact on knowledge, skills, and/or practices for professional registered nurses?

- Examples include but are not limited to:
    - Unit-based education conducted to address identified clinical skills deficits
    - Education provided to address competency related to the start-up of a new clinical area or the implementation of a new nursing practice
    - Education focused on improving nursing staff communication with other staff (e.g., patient handoff)
    - Safety education for nursing staff at the unit or organization level
- Associated outcome measures (reminder: present a minimum of three postintervention data points) may include but are not limited to the following:
    - Knowledge measures may include pre- and posteducation session surveys, pre- and posteducation audit results, and surveys measuring nurses' perception of confidence
    - Skills measures might include clinical or administrative skill improvement measures
    - Practice measures include time-motion studies and nursing-sensitive clinical indicators

2. What are examples of professional development activities that could be associated with an improvement in a patient care outcome?

- Examples include but are not limited to:
    - Unit-based education conducted to address identified clinical skill deficits
    - Education provided to address competency related to the start-up of a new clinical area or the implementation of a new nursing practice
    - Education focused on improving nursing staff communication with other staff (e.g., patient handoff)
    - Safety education for nursing staff at the unit or organization level

- Associated outcome measures (reminder: present a minimum of three postintervention data points) may include but are not limited to:
    - Patient clinical outcomes data, such as rates of hospital-acquired infections, hospital-associated pressure ulcers, falls with injury, readmission, failure to rescue, length of stay, and patient satisfaction
    - Ambulatory patient outcome measures, such as left-without-being-seen rate and delay-in-care rate

SE5:

1. Would participating in high school career days and having high school students shadow nursing staff be relevant examples, and what would be considered evidence?
    - This type of example describing the organization's nursing staff involved in high school career days and/or high school student RN shadowing opportunities with the intent to support interest in becoming a registered nurse is appropriate. The evidence to substantiate the written narrative would be associated flyers, meeting minutes, and e-mail messages.

2. Does evidence of scholarship programs and/or tuition reimbursement for non-nurse employees meet the requirements for "career development opportunities"?
    - It is possible; however, the organization will need to describe how these programs were utilized by non-nurse employees or members of the community interested in becoming a registered nurse.

SE6:

1. Is it acceptable to provide a unit-level example of improvement in nurses' expertise in teaching a patient or family?
    - Yes. The educational activity provided by the organization—focused on improving nurses' expertise in teaching a patient or family—may be a unit-specific example.

SE7:

1. Please clarify what is meant when one is asked to "describe how the transition process is evaluated for effectiveness".

   - Describe the method(s) by which the organization conducts an overall evaluation of the transition process for the particular employee type(s) selected as examples. The effectiveness of the transition process may be determined by feedback from the transitioning nurse(s) and/or by the nurse(s) overseeing the transition process. The purpose of evaluating the transition process is to determine whether the process, overall, is effective in achieving the required/desired results and, if not, to revise or refine the transition process to be more effective for the nurses involved in future instances.

SE8:

1. Please clarify what is meant when one is asked to "describe how each program is evaluated on an ongoing basis".

   - The narrative will need to describe the method(s) by which the organization conducts an overall evaluation of the preceptor education program(s) on an ongoing basis (e.g., monthly/quarterly/annual basis) as established by the organization.

SE9:

1. Please clarify what is meant by "community health care outreach".

   - Community health care outreach is "organized action intended to provide outreach and cultural linkages between communities and delivery systems; reduce costs by providing health education, screening, detection, and basic emergency care; and improve quality by contributing to patient/provider communication, continuity of care, and consumer protection. (Adapted from Witmer, Seifer, Finocchio, Leslie, O'Neil, et al., 1995). Community health care outreach is meant to address an identified health care need within the organization's community (Refer to definition on page 39 of the *2014 Magnet*® *Application Manual*). The community agency described must be one in which the organization has established a relationship. Some examples of community health care outreach include but are not limited

to preventive screenings (BMI, BP, diabetes, etc.), CPR and education classes, in-school health care education courses, and health care career shadowing.

SE10EO:

1. How are organizations measuring "an improvement in an identified health care need that was associated with nurses' partnership with the community"?

   - Opportunities where partnerships may occur include but are not limited to:
     - Screening and referral clinics for hypertension, diabetes, asthma care, mammogram screening outreach, and concussion care
     - Nutrition and healthy lifestyle initiatives to address health literacy and obesity
     - Clothing and food drives and other activities with a clear health care outcome identified
   - Outcome measures include but are not limited to rates of:
     - Referral
     - Screening
     - Breast-feeding
     - Neonatal abstinence syndrome
     - Obesity
     - Pneumococcal vaccination

Exemplary Professional Practice

EP1:

1. What supporting evidence are redesignating organizations providing to verify the "ongoing evaluation of the nursing professional practice model and how clinical nurses were involved"?

   - The supporting evidence substantiates what is written in the narrative about the evaluation process that occurs in the organization. Often organizations provide meeting minutes demonstrating clinical nurses' attendance and involvement in the evaluation of the nursing professional practice model (PPM).

2. Can the nursing PPM be interprofessional?

   - Yes, the nursing PPM may have interprofessional components.

EP2EO:

1. What types of outcome measures are acceptable to verify an improvement resulting from a change in clinical practice?
   - Outcomes include measures that are the result of clinical practice changes. One example is the reduction in patient fall rate that is the result in a change in clinical practice associated with the care of dementia patients (i.e., rounding practice change).

EP3EO:

1. Can we use different comparison groups for different units?
   - Yes, but you must use an appropriate national comparison group for that unit/setting (e.g., "Bed size 100-199," and your organization's bed size is in that range).

EP4:

1. Please clarify the phrase "nurses partnering with patients and families".
   - These are nurses working directly with patients and families to identify care needs for a specific patient or the system of care at the unit, service line, or organizational level.

EP7EO:

1. Can the professional organization be interprofessional?
   - Yes, as long as the organization meets the criteria noted on page 73 in the 2014 *Magnet® Application Manual*, which presents a definition of a professional organization.

   Key point: The professional organization used for the example MUST be one that can set/influence the standards of nursing practice.

EP8EO:

1. What is the difference between an internal and an external expert?
   - Internal experts are individuals employed within your organization.

- External experts are those individuals (employed or not) found outside your individual organization's walls.

EP9:

1. Can this example be presented at the unit level for a specific shift?
   - Yes, as long as the narrative and supporting evidence address what is requested in the SOE example.

EP10:

1. Please explain what is meant by "nursing resources".
   - Examples of nursing resources include but are not limited to supplies needed for nursing care delivery, human resources to support the delivery of nursing care, and IT equipment.

EP11EO:

1. Do we need to show an "improvement" in turnover/vacancy rates?
   - If the goal in the example indicates that the expected impact of the nursing recruitment or retention activities would be improvement in vacancy rates (first example) or improvement in turnover rates (second example), the data are expected to demonstrate improvement in those rates.

EP13EO:

1. What are some examples of patient-outcome measures used when addressing the requested example for this EO SOE example?
   - Examples of patient outcome measures may include but are not limited to rates of hospital-acquired infections, hospital-associated events, patient readmission, delay in care, failure to rescue, transfers to higher levels of care, serious patient safety events, and length of stay and patient satisfaction survey results.

EP16:

1. What are some examples of "clinical autonomy"?

   - Examples of clinical autonomy may include but are not limited to use of protocols by registered nurses to titrate medications and remove Foley catheters.

2. What are some examples of "organizational autonomy"?

   - Examples of organizational autonomy may include but are not limited to nurses involved in organizational committees to develop policies, procedures, protocols, and guidelines.

EP19EO:

1. Can we use maintaining zero adverse events as a goal if the preintervention data are already zero?

   - No, this empirical outcome SOE example asks specifically for an "**improvement** in patient safety."

EP22EO:

1. If a unit does not have eight quarters of responses because of a low response rate (no data provided by vendor), how should it be handled?

   - Provide all data for the most recent eight quarters.
   - Provide a rationale for any missing data in narrative format and on the Unit-Level Data Crosswalk. If data are missing from specific units through no fault of the organization, those units will be counted only in the total number of units' denominator for outperformance if it benefits the organization. If a valid reason for not providing eight quarters of data is NOT provided (e.g., the person who collects the data was on vacation for two months), then the unit will be counted in the total number of units denominator irrespective of outperformance.

2. Is the "Standard Infection Ratio (SIR)" an acceptable benchmark to use for catheter-associated urinary tract infections (CAUTI) and central line-associated bloodstream infections (CLABSI)?

   - Yes.

3. If we are collecting data on falls with injury in our ambulatory areas, do we include that data in the EP22EO-a (falls with injury) presentation as noted in Table 5 on page 52 of the manual?

    - No; however, if you are collecting falls with injury data in your ambulatory/outpatient areas, you may choose to present them in EP22EO-f (one nurse-sensitive clinical indicator from Primary or Specialty Outpatient services).

    - If you choose to present falls with injury as your Primary or Specialty Outpatient Services indicator, then you must provide the most recent eight quarters of data for every unit where that data is collected.

4. In our organization, we don't contribute ambulatory data on any of the first four nurse-sensitive clinical indicators listed in the manual. What should we do?

    - The following clinical indicators (as noted in Table 5, page 52) are to be reported for the inpatient areas only:
        - EP22EO-a: Falls with injury
        - EP22EO-b: Hospital acquired pressure ulcers (HAPU) Stage 2 and above
        - EP22EO-c: CLABSI
        - EP22EO-d: CAUTI

5. Please confirm that pediatric hospitals are considered "specialty" and may select another specialty quality/safety nurse-sensitive clinical indicator, as listed in the manual update for EP22EO found on the website.

    - Yes, this is correct.

6. Primary OR Specialty Outpatient services indicator: Is presenting one nursing-sensitive clinical indicator from one outpatient department adequate, or do we have to present data for ALL outpatient departments?

    - Choose one outpatient nursing-sensitive clinical indicator to present. Present these data, at the unit/clinic level, for any outpatient unit/clinic for which that indicator is applicable.

EP23EO:

1. Is it correct that internal benchmarks for patient satisfaction with nursing can be reported through 2018?

   - Internal benchmarks may be reported only when presenting benchmarked outpatient patient satisfaction data. Organizations that utilize an internal benchmark in this fashion must include narrative about how the internal benchmark was determined. If questions used in the ambulatory setting have not been vetted with the Magnet Program Office, the vendor must be referred to the Magnet Program Office to ensure questions align with the categories listed on page 54 of the 2014 *Magnet® Application Manual.*

     - U.S. organizations: Ambulatory data may be compared to internal goals and presented for each indicator until February 2018, if national benchmarks are not available. Starting in April 2018, ambulatory data, compared to a national benchmark, must be presented.

     - For international organizations: starting in February 2020, ambulatory data, compared to a national benchmark, must be presented.

2. If nursing units change patient population types during the most recent eight quarters prior to documentation submission, how do we display our EP22EO and EP23EO data?

   - Present separate graphs for each unit. For example, if the med/surg unit is now a step-down unit in quarter five, present quarters one through four in one set of graphs (compared to the applicable national benchmark), and present quarters five through eight in another set of graphs (compared to the applicable benchmark).

New Knowledge, Innovations & Improvements

NK1EO:

1. Is it acceptable to use a research study that was started outside the forty-eight-month data collection window?

   - Yes; however, the nursing research study that is provided must be **completed within** the forty-eight months prior to documentation submission and must be included in the OO20 Nursing Research Table.

NK2:

1. Is it acceptable to use the same nursing research study for NK1EO and NK2?

    - Yes.

2. If our organization's nursing research study was completed outside the forty-eight-month time frame and does not appear on our research table, but findings from the research were disseminated within the forty-eight-month time frame, is this acceptable?

    - Yes. Note the following:
        - The example may refer to the nursing research described in NK1EO.
        - The example may refer to the organization's nursing research that occurred **before the forty-eight months prior to document submission**; however, the example describing **the dissemination of the knowledge must have occurred within the forty-eight months prior to document submission**.

NK4EO:

1. What does the Magnet Recognition Program recognize as "innovation in nursing"?

    - Innovation in [nursing] service delivery and organization [is] a "novel set of [nursing] behaviors, [nursing] routines, and ways of working that are directed at improving health outcomes, administrative efficiency, cost effectiveness, or users' experience and that are implemented by planned and coordinated actions" (*2014 Magnet® Application Manual*, page 68). The initiative that is described must be innovation in NURSING. Possible outcomes include but are not limited to improvement in nursing clinical indicators (e.g., outcomes such as reduction in CAUTI rates or CLABSI rates), administrative efficiency (e.g., cost reduction measures), or users' experience (e.g., nursing satisfaction measures and patient satisfaction measures).

NK5EO:

1. What is meant by "clinical nurses' involvement with design and implementation of technology"?

    - The reference to "design" (i.e., nurses involved in designing certain technology) is not intended to be interpreted literally. For instance, the example can address this by

describing how nurses were involved in designing the "rollout" or implementation of a technology to improve nursing practice in the organization.

NK6EO:

1. How are organizations measuring "operational improvement, waste reduction, or clinical efficiency"?

   - Some examples of outcomes resulting from operational improvement, waste reduction, or clinical efficiency initiatives described in the documentation include but are not limited to:
     - Length of stay
     - Financial savings
     - Savings in personnel
     - Supply and/or resource savings
     - Time-motion study results
     - Patient wait times for procedures or results