

Exemplary Professional Practice

EP1EOa/b

Q: Should we submit a schematic of the PPM for both EP1EOa and EP1EOb? (updated September 2019)

Yes, each example should have the schematic of the PPM included. Since the PPM must align with each example; it would be helpful if the applicable part of the PPM is highlighted for the appraiser's review.

EP2EO

Q: Our nurse satisfaction vendor, does not include "all nurses" (i.e. not only clinical nurses, inclusive of APRNs and nursing leaders) in the survey or in the presentation of data for nurse satisfaction. Since the SOE requires "all nurses", how should we handle this? (updated September 2019)

It is required to "include all nursing levels collected and benchmarked by the vendor". You must also provide an explanation in your Unit Level Data Crosswalk (ULDC) when your vendor does not survey a nursing level or area of care.

Q-Do organizations have to outperform on their nursing satisfaction survey to move to Site Visit? (updated February 2020)

To progress to Site Visit, applicant organizations must meet the thresholds of nursing excellence including demonstrating outperformance of the national vendor's benchmark for at least three out of four selected nurse satisfaction categories on the majority of reporting units/settings.

<https://www.nursingworld.org/~495227/globalassets/docs/ancc/web-notice-12518.pdf>

EP5

Q-What does spectrum of healthcare services mean? (updated February 2020)

Spectrum of healthcare services is inclusive of all services and settings where the organization provides care.

The spectrum of healthcare services describes the transition of care across an entire organization using an interdisciplinary approach to identify factors that may affect clinical outcomes.

EP6EO

Q- What is meant by a defined patient population?

A defined patient population is a group of healthcare consumers to include but not limited:

1. Age (e.g., teens, elderly, infants)
2. Gender (e.g., males, females, transgender)
3. Diagnosis specific (e.g., diabetes, COPD, CHF)
4. Care specific (e.g., ventilated patients, critical care)

EP8EO

Q-Is the interprofessional education activity referring to education for patients or staff? (Updated September 2019)

Interprofessional education is education for patients, inter-professionals, or nurses led or co-led by a nurse and inclusive of other professions (e.g., occupational therapy, medicine, surgery, physical therapy)

EP9a and b

Q-Is the unit-level staffing need specific to registered nurses? (Updated February 2020)

Addressing an identified unit-level staffing need is not limited to registered nurses. However, the example must demonstrate clinical nurses collaborated with an AVP/nurse director to address the unit-level staffing need related to groups such as physician, respiratory, or unlicensed assistive personnel.

Q-My organization does not have all the levels that are requested in the source of evidence for EP9a and EP9b. How do I respond to the required source of evidence request statement?

The applicant organization must provide two examples, one for EP9a and one for EP9b. In the case of a flat organizational nursing leadership structure (i.e. either Nurse Manager or AVP/Nurse Director) two examples are required using the nurse level that exists in the organization.

Q-What is considered an operational need?

An operational need is an identified gap that inhibits the ability of nurses to work in an efficient and effective manner (e.g., equipment, supplies, or time) to perform their jobs.

EP10EOa

Q-Are cohorts accepted for the organization's turnover rate? (updated September 2019)

No. The intention for this source is the organization's nurse turnover rate.

EP11

Q-What are the expectations for peer review? (Updated February 2020)

- Please see the definition of peer feedback on page 156 of the 2019 Magnet Manual.
- Outside of the CNO, a peer should be a registered nurse or an APRN, who possesses a similar role and education, clinical expertise, and level of licensure.
- The CNO may receive peer feedback from other disciplines outside of nursing as long as the peer can be substantiated.
- The MPO is not prescriptive about the formatting or timing of the peer feedback. The organization must follow their established peer feedback process, describe the peer review process and provide evidence to substantiate the process.
- For nurses and APRNs who may be the only nurse within a setting, consider other resources, including but not limited to committee members and shared governance councils to ensure these nurses are receiving and providing peer feedback.

Q: As a part of the periodic formal performance review, are we expected to present the performance review from the current year? (updated June 2020)

The 2019 Magnet Application Manual **does not** require a formal performance review for the current year; however, the Magnet Program Office (MPO) does expect an organization to follow its own policy related to the frequency of a formal performance review. At a minimum, the example must fall within 48-months prior to documentation submission.

EP14

Q-What constitutes an interprofessional group? (Updated February 2020)

- Please refer to the definition of interprofessional collaborative practice on page 151 of the 2019 Magnet Manual
- Within the context of the example, the interprofessional group may include professionals in non-clinical roles (e.g., Security Director), however the group must encompass nursing.

EP15EO

Q-What is meant by the organization's safety strategy? (Updated February 2020)

- The organization's safety strategy should be a plan or a framework for achieving the organization's safety objectives.
- The organization's safety strategy can be overarching with broad categories, (e.g., patient safety, employee/workplace safety)

Q1 and Q2 2020 Data Presentation for EP18EO, EP19EO, EP20EO and EP21EO (Updated May 2020)

Organizations *without* a disruption to Q1 and Q2 2020 in data collection and reporting for EP18EO, EP19EO, EP20EO and EP21EO must submit as required in the 2019 Magnet Application Manual®.

Organizations *with* a disruption in data collection and reporting for Q1 and Q2 2020 data for EP18EO, EP19EO, EP20EO and/or EP21EO due to COVID-19, must submit the most recent **available** eight quarters. To do this, the organization may need to present additional quarters (up to a total of 10 quarters) to account for the missing quarters indicated as unavailable.

- For each missing quarter of data, the organization will record “COVID-19”, on the graph, data table and Unit Level Data Crosswalk (ULDC).
- If unable to indicate COVID-19 in data table, please indicate explanation for missing data *under* the data table.

As always, please reach out to your assigned Senior Magnet Program Analyst for any questions.

Sample data table:

	2Q2018	3Q2018	4Q2018	1Q2019	2Q2019	3Q2019	4Q2019	1Q2020	2Q2020	3Q2020
■ Unit A	2.22	2.47	3.77	4.01	1.98	1.43	1.55	COVID-19	COVID-19	1.17
■ Unit B	1.87	1.23	1.43	2.17	1.06	2.13	2.76	COVID-19	COVID-19	3.44
■ [Specify: National Database National comparison cohort; National benchmark statistic]	1.78	1.93	2.37	3.10	2.59	1.99	2.44	COVID-19	COVID-19	3.00

Sample of data table with explanation of missing data below:

	2Q2018	3Q2018	4Q2018	1Q2019	2Q2019	3Q2019	4Q2019	1Q2020	2Q2020	3Q2020
Unit A	2.22	2.47	3.77	2.47	3.77	4.01	1.98	*	*	1.17
Unit B	1.87	1.23	1.43	1.23	1.43	2.17	1.06	*	*	3.44
[Specify: National database; National comparison cohort; National benchmark statistic]	1.78	1.93	2.37	1.93	2.37	3.10	2.59	*	*	3.00

** [explanation for missing data related to COVID-19 here]

Sample ULDC:

National Vendor:		ABC Vendor							
Column A DDCT Unit Type	Column B DDCT Hospital Unit Name Inpatient Units Only	Column C Name used by vendor for units/settings (if different from DDCT Hospital Unit name) Must match unit name on graphs.	Column D If unit data are reported as "grouped units" by vendor- indicate group name here	Columns E, F, G, H INPATIENT PATIENT SATISFACTION Place an "X" in each cell to indicate that unit level data are available. Provide a valid explanation for ANY missing inpatient data.					
				Indicate Category #1 here:	Indicate Category #2 here:	Indicate Category #3 here:	Indicate Category #4 here:		
Right click, paste ("Match destination formatting")				Place an "X" in each cell to indicate that unit/clinic level data are available. Provide a valid explanation for any missing data (in red).	Place an "X" in each cell to indicate that unit/clinic level data are available. Provide a valid explanation for any missing data (in red).	Place an "X" in each cell to indicate that unit/clinic level data are available. Provide a valid explanation for any missing data (in red).	Place an "X" in each cell to indicate that unit/clinic level data are available. Provide a valid explanation for any missing data (in red).	Pick four categories and use only these four categories for inpatient Patient Satisfaction.	
Medical-Surgical	Unit A			Patient Engagement Q1 and Q2 2020 unavailable due to COVID-19	Safety Q1 and Q2 2020 unavailable due to COVID-19	Careful Listening Q1 and Q2 unavailable due to COVID-19	Courtesy and Respect Q1 and Q2 unavailable due to COVID-19		
Medical-Surgical	Unit B			Patient Engagement Q1 and Q2 2020 unavailable due to COVID-19	Safety Q1 and Q2 2020 unavailable due to COVID-19	Careful Listening Q1 and Q2 unavailable due to COVID-19	Courtesy and Respect Q1 and Q2 unavailable due to COVID-19		

EP18EO

Q-Since we must use a national benchmark for EP18EO a through d, if the vendor does not provide unit level data, but rather organization level data, would this be acceptable? (Updated September 2019)

No, you must provide 8 quarters of nationally benchmarked data at the unit level, where the vendor collects the clinical indicator. If unit level data is not available, another clinical indicator should be selected. Remember, Falls with Injury and HAPI stage 2 and above are required.

Q-What data needs to be submitted for EP18EO for an International Organization?

Please refer to: <https://www.nursingworld.org/organizational-programs/magnet/international/>

NHSN SIR (FAQ May 2017, updated February 2020)

Q-May we use the NHSN Standardized Infection Ratio (SIR) metric when submitting CLABSI and CAUTI (or other nurse-sensitive clinical indicator) data?

Information from the CDC National Healthcare Safety Network (NHSN), A Guide to the SIR (Jan. 2017) indicates that “SIRs are currently not calculated when the number of predicted infections is less than 1.0”. Consequently, there is a high likelihood that quarterly, nationally benchmarked, unit-level SIR data may not be consistently available to organizations in order to demonstrate outperformance of a national benchmark over the majority of the most recent eight quarters. Since majority outperformance of a national benchmark over the majority of the most recent eight quarters is required to meet Magnet expectations for each EP18EO nurse-sensitive clinical indicator (NSI), the SIR is unacceptable for use as a national benchmark for nurse-sensitive clinical indicator data, unless a calculated SIR is available for at least the majority of the eight quarters of unit-level data for the majority of applicable units.

EP18EOc and/or d

Q: Can we use the core measure VTE-1 (VTE prophylaxis on admission or by Hospital day 1)? (updated September 2019)

No, the Core Measure of VTE describes process, not an outcome measure. For instance, prophylaxis or other methods to prevent VTE represent process. The outcome of that process is a decrease in the VTE.

EP18EO/EP20EO

Q-I am in an organization with no inpatient units, what is my requirement for EP18EO and EP 20EO?

Organizations without inpatient units do not need to submit substitute data for EP18EO or EP20EO.

EP19EO

Q-Is an explanation about how the selected indicator is nurse sensitive required for each source? (current FAQ as of September 2019, updated February 2020)

- Yes, an explanation must be included for “how the selected indicator is nurse sensitive” in the organization.
- If the outcome measure is on the pick list on pages 53 and 54 of the 2019 Magnet Application Manual, no explanation is required for how the selected indicator is nurse sensitive.
- Nurse Sensitive Clinical Indicators for Ambulatory must be provided for each SOE for both clinics (2 examples) and/or standalone ambulatory facilities (4 examples).

Q: Should data be presented for just the ambulatory surgical center patient burns or for all ambulatory patient burns? (updated June 2020)

The data presentation is dependent upon where the vendor collects the data. If data is collected at multiple locations, the expectation is to present the data at the clinic level where it is collected.

EP19EO/EP21EO

Q-My organization has no ambulatory areas, what is my requirement for EP19EO and EP21EO?

Organizations without ambulatory areas do not need to submit substitute data for EP19EO or EP21EO. Note, the Magnet Recognition Program considers the Emergency Department an ambulatory area.

EP20EO/EP21EO

Q-How is patient satisfaction evaluated? (Updated February 2020)

- You must present four patient satisfaction categories for the inpatient setting (EP20EO) and four patient satisfaction categories for the ambulatory setting (EP21EO). Therefore, a total of eight SOE examples are required and evaluated individually for patient satisfaction.
- Applicant organizations must meet the threshold of nursing excellence including demonstrating outperformance of the national vendor's benchmark for at least five out of eight quarters on the majority of the reporting inpatient units/ambulatory units or clinics.

EP21EO

Q-How should data be presented if there is a change in vendors during the 8 quarter prior to document submission? (Updated February 2020)

Present separate graphs for data from the two vendors. For example, four quarters from the old vendor then a new graph with four quarter from the new vendor. Each graph should be set up according to the instructions in the 2019 Manual, on page 55-56 or use vendor graphs where applicable.