



# Nurse Link

Volume 2 Issue 2

March 2008

## Special Edition: Model of Care and Nursing Excellence Award

### Nursing Excellence Award

*Magnet Force # 12: Image of Nursing*

The Chief Nurse Executive, Paula Hindle, and the Magnet Ambassador Council announce a new nursing excellence award opportunity. The Nurse Executive Council wanted to create a way to recognize outstanding individual nurses so, the Nursing Excellence Award Committee was formed to create this program. This committee reports to the Magnet Ambassador Council and met from December through February to identify the qualities we would want to have in a nurse taking care of our family members.

The literature review revealed few publications about award programs for nursing excellence. Therefore, the committee identified qualities of nursing excellence with descriptions for each using a brainstorming technique. After sharing results with the Magnet Ambassadors, nursing managers and APNs, modifications helped create the final nomination form (see attached).

The committee is comprised of administrators, inpatient and outpatient staff nurses, advanced practice nurses and specialty nurses. Members include:

Debbie Jasovsky	Healthcare Administration
Janis Bartel	Infection Control
Christy Bollier	LOC – Neuro
Patricia Braun	APN, Pediatrics
Christy Brave	PICU
Vada Grant	Quality & Resource Management
Judy Malabanan	OR
Sue Martinkus	Manager, ENT
Catherine Stull	APS/PACU
Joanne Zoeller	PAR
Cheryl Zubor	2APP/Mother Baby

The ten award categories include clinical expert, role model, team player, innovator, coach/mentor, patient advocate, researcher, LPN, Advanced Practice Nurse and nurse manager. These award categories, their unique characteristics, the Fourteen Forces of Magnetism and a nomination form are listed separately in this edition.

The Nursing Excellence Award Committee determined the majority of awards will be for staff nurses. However, they also wanted to acknowledge managers, advanced practice nurses and LPNs.

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## CNE's Corner



A desire for a patient centric culture emerged during the strategic planning discussions. This shift is towards a collaborative, team-based operating model in which the patient and family is a partner in care decisions is currently being developed. Changing our culture takes tremendous effort but when we stop and think about why we chose nursing, why we work at Loyola or why we work in our current department, we realize that it's all about building relationships with the people. We want to care for patients both sick and healthy, we want to work in an academic medical center environment where the neediest and sickest patients seek care, and we want to work with our peers because we respect their knowledge and enjoy their company.

So it's the right time to make an announcement in a Special Edition of Nurse Link that the Model of Care team has developed the Magis Patient/Family Model of Care that incorporates our Magis values of *care, concern, respect and cooperation* along with our *Called to Care* elements of practice, purpose, and presence. Although this new model will start in the new building, some elements are already in place in many departments. We believe having multidisciplinary room rounds with the patient will help the nurse in delivering a timely plan of care with less follow up phone calls. We believe having the patient as a partner will show our care, concern, respect and cooperation resulting in higher patient satisfaction. We believe that RN-PCT care teams will practice differently by knowing all patients on the team with more frequent rounds, resulting in less call lights and better pain management. The presence of the nurse at the bedside is what we all want and what we expect to see in a hospital environment. Indeed, the purpose of the nurse is to care for the patient.

At the same time, it's my pleasure to introduce a new award program available for nurses throughout the Loyola University Health Care System. The Nursing Excellence Awards Committee worked diligently to create this program in time to celebrate the results during Nurses' Week. We hope that you will consider nominating yourself or a colleague for one or several awards and we look forward to celebrating all nurses in May.

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*Nursing Excellence Award continuation form page 1*

The "Nurse of the Year" will be selected based on current applications should an appropriate candidate be obvious. All award selections will be recommended to the Nurse Executive Committee for the final decision. The award recipients will represent the top 1% of nurses currently working in various settings within the health system.

### **Criteria for consideration:**

The award program is open to all Loyola RNs and LPNs (full time, part-time, registry and resource) and must be employed as of 1/1/07. The nomination must include a written narrative of how the candidate meets the specific award criteria. Applicants can be self- or peer-nominated.

The applications will be available March 3rd and accessed via Nursing Department in Loyola Wired ([http://www.luhs.org/internal/depts/nursing\\_int/nursing\\_award.cfm](http://www.luhs.org/internal/depts/nursing_int/nursing_award.cfm)). *This special edition has also included a Nursing Excellence Award Nomination form located on page 4.* The deadline for submitting this year's applications for oneself or others is March 28<sup>th</sup>, 2008. The Nurse Excellence Award Committee and other Magnet representatives will convene for a full day of application evaluation using a blinded peer review process on March 31<sup>st</sup>, 2008.

Acknowledging our nurses for their outstanding patient care, coaching and promotion of evidence-based practice is part of our journey towards Magnet designation. We look forward to honoring all award recipients during the Nurses Week celebrations in May.

# Nursing Excellence Qualities

## Clinical Expert

- Uses resources effectively/efficiently
- Interprets diagnostic results
- Develops tools on teaching strategies
- Autonomous
- Outstanding direct care beyond expected
- Extensive knowledge to provide care
- Lifelong learner with current knowledge base
- Patient educator
- Facilitates patient goals
- Uses evidence-based practices and standards
- Critical thinker
- Problem solves and takes action
- Proactive, prevents harm and anticipates needs

## Role Model

- Contributes to positive morale
- Good working/ collegial relationships
- Avoids gossip
- Open, honest and direct communicator
- Confident
- Continuous assistance
- Ethical approach
- Networks with others in profession and other disciplines
- Promotes integrity
- Encourages certification and education
- Behaves professionally
- Optimistic and positive attitude
- Pleasant demeanor
- Self-directed

## Team Player

- Proactive
- Uses rationale
- Group centered
- Group priorities
- Accepts group decisions
- Compromise
- Outcome driven
- Systems oriented
- Loyola branding
- Champion
- Form team w/ right members
- Follows chain of command
- Uses strategic plan
- Altruistic
- Non-defensive
- Flexible
- Resilient
- Collaborative
- Humorous
- Goes the extra mile
- Congenial

## Advanced Practice Nurse (APN, CNS, CNM, NP, CRNA)

- Demonstrates application of advanced practice knowledge and skills in care of patients/family
- Advocates for patients and incorporates patient education into plan of care
- Consults & collaborates with others emphasizing evidence-based practice
- Participates in research and/or PI projects
- Demonstrates excellent critical thinking skills
- Demonstrates and models ethical practice
- Extraordinary interpersonal communication skills
- Serves as a preceptor/resource to future APNs
- Practices cultural competence recognizing coping skills and care preferences
- Pursues own growth & development via specialty certification, professional membership and education
- Contributes to LUHS presence at local, state, national and international venues
- Contributes to nursing image through community activities with screenings, presentations or publications

## Innovator

- Community-minded
- Creative
- Seeks education
- Visionary
- Active membership in profession
- Diffuse innovation
- Gets people involved
- Futuristic
- Publishes
- Community involvement
- Makes professional presentations
- Passionate
- Early adopter
- Thinks outside the box
- Open-minded

## Nurse Manager

- Has spirit of compassion and caring
- Promotes quality patient and family centered care
- Creates and sustains positive work environment
- Exemplary interpersonal skills
- Values and respects all levels of nursing
- Risk taker and goes the extra mile
- Models use of professional standards
- Acknowledged clinical expert
- Promotes leadership of staff
- Serves as mentor to others
- Facilitates collaboration among interdisciplinary team members
- Problem solves and advocates for patients and nurses
- Displays ethical approach to all patient/family and staff interactions
- Pursues own professional growth and development, including certification, education and professional membership
- Utilizes resources creatively

## Mentor/Coach

- Nurse educator preceptor
- Tolerant, calm, approachable, and trustworthy
- Leadership qualities
- Uses train-the-trainer approach
- Directs staff for new knowledge or experiences for new nurses and experienced nurses
- Seeks opportunities to teach staff
- Active preceptor with new orientees
- Positive resource to student nurses
- Keeps confidences
- Sounding board
- Helps identify patient cases for Nursing Grand Rounds or case

## Researcher

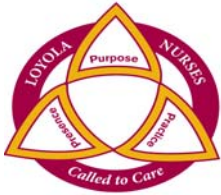
- New projects
- Product evaluations
- QI-PDSA
- Multidisciplinary
- Unit-based
- Cross units/ depts.
- Pilot
- Uses IOWA Model to answer questions
- Uses PICO questions (Problem/Purpose Intervention Compassion Outcomes)
- Qualitative research
- Quantitative research
- Replication research

## Patient Advocate

- Holistic care
- Family oriented
- Realistic goals for patient/ family
- Empower patient/family
- Culturally aware and competent
- Know where to find internal/external resources
- Goes beyond immediate care needs
- Persistent
- Patience
- Kindness/compassionate
- Protector
- Facilitates continuum of care

## LPN

- Team player
- Follows directions
- Alert to patient changes and informs RN
- Keeps cool during stressful situations
- Very observant
- Skilled decision-making abilities
- Dedicated and reliable
- Patient advocate
- Delegates appropriately
- Accountable for own nursing actions and competencies
- Demonstrates excellent customer service skills
- Protects confidentiality of PHI
- Actively participates in QI initiatives



LOYOLA UNIVERSITY HEALTH SYSTEM  
**Nursing Excellence Award Nomination**

(all applications must be typed)

**Deadline: March 28, 2008 at 4 PM**

The Magnet Ambassadors Award Committee is proud to introduce a new award opportunity open to all full time, part time, registry RNs, and LPNs employed as of 1/1/07. Self and/or peer nominations are encouraged. Up to 20 Award honorees will be recognized at a special ceremony during Nurses Week.

Nominees Name: \_\_\_\_\_

Location/Department: \_\_\_\_\_ Extension: \_\_\_\_\_

If peer nomination, name of peer: \_\_\_\_\_ RN  or LPN

Check **ONE** box for the award desired: (multiple checkboxes voids application)

<input type="checkbox"/>	Clinical Expert (RN)	<input type="checkbox"/>	Patient Advocate (RN)
<input type="checkbox"/>	Role Model (RN)	<input type="checkbox"/>	Researcher (staff, manager, educators or APN)
<input type="checkbox"/>	Team Player (RN)	<input type="checkbox"/>	Advanced Practice Nurse (open to those practicing in this role)
<input type="checkbox"/>	Innovator (RN)	<input type="checkbox"/>	Nurse Manager (NM)
<input type="checkbox"/>	Coach/Mentor (RN)	<input type="checkbox"/>	LPN Excellence (LPN)

**Describe example(s) of how you (this individual) demonstrate exemplary patient care or nursing practice that positively impacts patient and/or nursing outcomes. Please double space the narrative on a separate paper and use as many award qualities (attached) and as many Forces of Magnetism (attached) as apply in your response. Your cooperation in avoiding the use of nominee's name or department in the description is most appreciated. *Applications with more than 500 words will be voided.***

The Selection Committee will use a blinded peer review process and will also select one nominee as the *Loyola Nurse of the Year*.

**Paper Applications: Return to Dr. Debbie Jasovsky, Health Care Administration Rm. 1376 North, Building 104 or fax to 708-216-1188 or email to kgray6@lumc.edu**

Note: An individual may be nominated for more than one award by using separate applications with the appropriate descriptions and forces for each award category.

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## Magis Patient/Family Model of Care

### *Magnet Force # 5: Model of Care*

This new model stems from our new strategic plan that is in the process of being implemented this year. In an effort to open the new building, a team of managers, educators, administrators and staff met to discuss how we were going to have the patient and family at the center of care everyday at Loyola.

We started with a literature review that can be summarized as:

- Synergy Model – Based on Virginia Henderson’s identification of nurse-pt relationship created at Boston Children’s Hospital & adopted by the American Association of Critical Care Nurses focuses on needs of the patients and competencies of the nurse.
- Relationship-Based Care – Manthey uses Caring Theory from Jean Watson and Transcultural Nursing Theory from Madeline Leininger and focuses on relationships with patient/family at the center, caregiver knowledge and health care team
- Parse’s Theory of Humanbecoming, from Loyola University School of Nursing, which recognizes that persons live their health uniquely, and suggests that healthcare providers strive to understand the patient’s perspective.
- Transformational Leadership Model – Gail Wolfe from University of Pittsburgh that builds on interactive relationships and trust to create proactive and high-performance teams
- Institute for Family Centered Care that focuses on dignity and respect, information sharing, participation and collaboration.
- Johns Hopkins Model – still under review

And, together as we reviewed the materials we kept seeing the words of caring, concern, cooperation and respect. We also saw the opportunity to embed the “*Called to Care*” aspects for the model so that the continuum of care is represented through *Practice, Purpose and Presence*. Rather than adopt another model and apply it at Loyola, we choose to call our new model, the Magis Patient/Family Model of Care, that focuses on building relationships with patients/families, giving choices for patients/family and having them actively involved in care decisions.

Built into the model is a new way of staffing in which the PCT supports the nurse. We envision a team with 2 RNs and PCT for a geographic group of patients on days and similarly on nights. Nurses will be with the patients more frequently as the main caregiver though tasks can be delegated to the PCT. We envision opportunities for the RN to sit down with the patient daily to discuss their plan of care and the needs of the patients and families. We envision a daily opportunity for all RNs to gather and discuss special cases and use each other as resources (Magnet Force 8).

However, we are already implementing the new strategic plan that focuses on the patients and families uniting around the patient satisfaction initiatives. A consultant is working with staff of 3 NESW and 7SE by providing additional training and setting expectations for customer service with measurable objectives. We are also working on a national research initiative with the Institute for Healthcare Improvement called *Transforming Care at the Bedside*. Here we are looking at the delivery of nursing practice for improvements in areas of safe and reliable care, vitality and teamwork, patient-centered care and value-added processes.

So we encourage nurses who like change and love bedside nursing to consider transferring to the two new units scheduled to open in April, 2008. You will be the new pioneers of Loyola nursing.

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# 14 Forces of Magnetism

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1. **Quality of Nursing Leadership:**  
Knowledgeable, strong risk-taking nurse leaders who follow an articulated philosophy in the day-to-day operations of the nursing department. Nursing leaders that convey a strong sense of advocacy and support on behalf of the staff.
2. **Organizational Structure:**  
Organizational structures are generally flat, rather than tall, and unit-based decision making prevails. Strong nursing representation is evident in the organizational committee structure. Executive level nursing leaders, serve at the executive level of the organization. The Chief Nursing Officer often reports directly to the Chief Executive Officer.
3. **Management Style:**  
Hospital and nursing administrators use a participative management style, incorporating feedback from the staff at all levels of the organization. Feedback is encouraged and valued. Nurses serving in leadership positions are visible, accessible and committed to communicating effectively with staff.
4. **Personnel Policies and Programs:**  
Salaries and benefits are competitive. Creative flexible staffing models are used. Personnel policies are created with staff involvement. There are significant opportunities for growth in administrative and clinical areas.
5. **Professional Models of Care:**  
Models of care that give nurses the responsibility and authority for the provision of direct patient care. Nurses are accountable for their own practice as well as the coordination of care.
6. **Quality of Care:**  
Providing quality care is an organizational priority. Nurses serving in leadership positions are seen as responsible for developing the environment in which high-quality care can be provided. There is a perception among nurses that they provide high quality care to the patient.
7. **Quality Improvement:**  
A process that improves the quality of care delivered within the organization.
8. **Consultation and Resources:**  
There is an availability of knowledgeable experts, particularly advanced practice nurses, for peer support and consultation within and outside the nursing division.
9. **Autonomy:**  
The nurse is permitted and expected to practice autonomously, consistent with professional standards and independent judgment is expected to be exercised within the context of multidisciplinary approach to patient care.
10. **Community and the Hospital:**  
Community presence is often established through ongoing, long-term outreach programs resulting in the hospital being perceived as a strong, positive, and productive corporate citizen. Hospitals with a strong community presence are able to recruit and retain nurses.
11. **Nurses as Teachers:**  
Nurses are permitted and expected to incorporate teaching in all aspects of their practice.
12. **Image of Nursing:**  
Services provided nurses are characterized as essential by other members of the health care team. Nurses are viewed as an integral part of the hospital's ability to provide patient care.
13. **Interdisciplinary Relationships:**  
A sense of mutual respect among all disciplines resulting in positive interdisciplinary relationships
14. **Professional Development:**  
Value is placed on personal and professional growth and development. Emphasis is placed on orientation, in-service education, continuing education, formal education, and career development. There are opportunities for competency based clinical advancement along with resources to maintain.

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