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? (Effective February 1, 2019)

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.

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

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.

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 similar functions, roles, education, and level of clinical or administrative expertise.

- 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 review process, describe the peer review process and provide evidence to substantiate the process.

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).

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.

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.

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: Is an explanation about how the selected indicator is nurse sensitive required for each source? (updated September 2019)

Yes, an explanation must be included for "how the selected indicator is nurse sensitive" in the organization. Nurse Sensitive Clinical Indicators for Ambulatory must be provided for each SOE for both clinics (2 examples) and/or standalone ambulatory facilities (4 examples).

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.