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:

<table>
<thead>
<tr>
<th>Name</th>
<th>Department</th>
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<tbody>
<tr>
<td>Debbie Jasovsky</td>
<td>Healthcare Administration</td>
</tr>
<tr>
<td>Janis Bartel</td>
<td>Infection Control</td>
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<tr>
<td>Christy Bollier</td>
<td>LOC – Neuro</td>
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<tr>
<td>Patricia Braun</td>
<td>APN, Pediatrics</td>
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<tr>
<td>Christy Brave</td>
<td>PICU</td>
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<tr>
<td>Vada Grant</td>
<td>Quality &amp; Resource Management</td>
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<td>Judy Malabanan</td>
<td>OR</td>
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<tr>
<td>Sue Martinkus</td>
<td>Manager, ENT</td>
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<tr>
<td>Catherine Stull</td>
<td>APS/PACU</td>
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<tr>
<td>Joanne Zoeller</td>
<td>PAR</td>
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<td>Cheryl Zubor</td>
<td>2APP/Mother Baby</td>
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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.
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). 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 28th, 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 31st, 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
- 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/collaborative 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 confidence
- 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)

<table>
<thead>
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<th>Patient Advocate (RN)</th>
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<td>Role Model (RN)</td>
<td>Researcher (staff, manager, educators or APN)</td>
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<tr>
<td>Team Player (RN)</td>
<td>Advanced Practice Nurse (open to those practicing in this role)</td>
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<tr>
<td>Innovator (RN)</td>
<td>Nurse Manager (NM)</td>
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<tr>
<td>Coach/Mentor (RN)</td>
<td>LPN Excellence (LPN)</td>
</tr>
</tbody>
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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.
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.
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.