



RE-DESIGNATION SELF-ASSESSMENT FOR MAGNET™ EXCELLENCE

This checklist is intended to heighten your awareness and sensitivity to commonly identified areas of deficiency. On a scale of 1-5 (1 being absent; 5 being a best practice), please denote the level of enculturation in your organization.	1	2	3	4	5
1. Succession planning is in place for all leadership positions, including the CNO.					
2. Stability exists among member(s) of the organization's highest governing decision-making and strategic planning body, such as the CNO, CEO, COO, and/or CFO.					
3. Strong collegial relationships are observed among members of the executive team.					
4. The CNO or designee is actively involved in APRN credentialing processes.					
5. The organizational structure supports the influence of the CNO over nursing practice in all areas where nurses practice.					
6. Key program(s) and/or infrastructure reflect maturity, having been in place at least 2-3 years, e.g. shared governance; peer review.					
7. Nursing staff are able to articulate an understanding of Magnet concepts to include: <ul style="list-style-type: none"> • Shared governance/decision-making; • Leadership support; • Standards of practice; • Professional practice model; • Care delivery system; • Evidence based practice. 					
8. Nurses are encouraged to volunteer to participate in committees/councils.					
9. Nurse members of committees/councils are supported (staffing backfilled to cover their duties, etc.) to participate in related activities.					
10. Nurses in areas of high risk for being excluded from committee involvement (such as operating rooms, emergency departments, radiology, and ambulatory areas, etc) are supported in participating in committees/councils.					
11. The Nursing governance structure includes input from nurses with both direct and indirect reporting relationships to the CNO.					
12. All levels of nursing staff members are actively engaged in participating in the Magnet journey.					
13. There is active RN participation on the organizational Institutional Review Board.					
14. Peer review evaluation is in place for all RNs and is designed to improve practice and performance.					
15. The professional practice model is fully developed, disseminated and enculturated into nursing communication, collaboration, and practice.					
16. Patients and their families are integral participants in the care team.					
17. Staff nurses are involved in decision-making and all phases of projects that affect nursing practice, including quality processes.					
18. The Sources of Evidence are consistently implemented across the breadth and depth of the organization.					

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19. The facility is able to provide multiple examples from a variety of clinical areas and services when asked to provide sufficient examples to demonstrate a source of evidence					
20. Staff nurses on all shifts can articulate their own understanding of the sources of evidence as they relate to their practice and/or patient care.					
21. The distinctions between quality improvement, evidence based practice, and nursing research are understood and can be articulated by all levels of nurses.					
22. Nursing practice reflects the outcomes of quality improvement, evidence based practice, and nursing research.					
23. The organization contributes to one or more nationally benchmarked (at the unit level) databases.					
24. There are action plans for nurse sensitive clinical indicators that are below the benchmarked midpoint.					
25. There are action plans for patient satisfaction scores that are below the benchmarked midpoint.					
26. There are action plans for nurse satisfaction scores that are below the benchmarked midpoint.					
For items 27-32: Current averages for all Magnet organizations.					
27. The mix of BSN prepared direct care nurses is greater than 40%.					
28. The percentage of nationally certified direct care nurses is 20% or greater.					
29. The mix of nurse leaders educated at the graduate level is 40% or greater.					
30. The percentage of nationally certified nurse leaders (nurse executive, nurse managers, APNs) is above 40%.					
31. RN agency/traveler usage is less than 10% of budgeted RN positions.					
32. RN vacancy rates, (in the absence of seasonal variation in census or changes in licensed beds) are less than 4%.					
Compliance with all Federal Laws and Regulations – Report of Adverse Decision					
33. Occupational Safety and health Review Commission (OSHRC)					
34. Equal Employment Opportunity Commission (EEOC)					
35. U.S. Department of Health and Human Services (HHS)					
36. U.S. Department of Labor (DOL)					
37. National Labor Relations Board (NLRB)					
38. Occupational Safety and Health Administration (OSHA)					
Notification of Changes					
39. Change in CNO, CEO, or MPD					
40. Change in Ownership, profit or nonprofit status					
41. Indication of potential instability (labor strike, reduction in force)					
42. Any adverse event that requires an inspection by state or federal agencies					
43. Suspension or exclusion from federal or state healthcare programs					
44. Any event that might result in adverse media coverage related to nursing or patient care					