How an Improved Perioperative Clinical Documentation Process Can Help Your Facility Obtain ANCC Magnet Recognition®
INTRODUCTION
Magnet Recognition from the American Nurses Credentialing Center (ANCC) is the highest and most prestigious distinction a health care organization can receive for nursing excellence and high-quality patient care. The benefits of ANCC Magnet Recognition® go beyond industry-wide prestige; it confirms a facility has the long-term commitment to exceptional patient care leading to improved patient outcomes as well as increased profitability. Improving a health care facility’s perioperative clinical documentation process can greatly increase the chances of achieving this designation. However, improving an entire perioperative clinical documentation process can be a daunting task. This white paper will focus on the benefits of utilizing the five model components of the ANCC Magnet Recognition Program to improve a facility’s perioperative clinical documentation process and how this can increase a facility’s chances of receiving ANCC Magnet Recognition®.
WHAT IS THE ANCC MAGNET RECOGNITION PROGRAM?

The ANCC Magnet Recognition Program identifies health care organizations that provide the best innovative nursing services. The goals of the program are to:

- promote quality in a setting that supports professional practice,
- identify excellence in the delivery of nursing services to patients/residents, and
- disseminate best practices in nursing services.¹

Achieving these goals fosters a positive work environment that attracts and retains top talent in nursing and other staff; improves the safety, quality, and satisfaction of patient care as demonstrated by lower mortality rates, lower fall rates, and fewer pressure injuries; promotes an environment of collaboration; advances the practice of nursing; and enhances financial success from reduction in agency staff usage because of decreased vacancy and turnover rates.¹,²,³,⁴,⁵

In order to achieve designation, organizations need to demonstrate each of the five model components. Within each of the five model components are forces of magnetism that provide a clear framework for excellence in nursing practice. By implementing a structured clinical documentation process, an organization can demonstrate a solid foundation of structure and processes incorporating the forces. The data captured from the perioperative documentation becomes the practice evidence relating nursing assessments and interventions to patient outcomes.
WHAT IS THE IDEAL PERIOPERATIVE CLINICAL DOCUMENTATION PROCESS?

Perioperative documentation is a clinical process that incorporates the AORN Perioperative Nursing Data Set (PNDS) and other consistent, standardized perioperative content to help standardize the way procedures are scheduled and perioperative data is managed. Today’s healthcare environments are more complicated and require the standardization of data collection and clinical processes to demonstrate improved care quality.

Standardization of content and workflows can:

- enhance patient safety by reducing errors through improved communication;
- promote consistent patient/family centered care using evidence-based practices; and
- improve the quality of documentation to support value-based incentive payments, reimbursement and regulatory standards.

An ideal perioperative clinical documentation process should focus on the evidence-based practice that nurses provide and highlight their contribution to patient outcomes. By allowing the perioperative team to document provided care, an improved process can also help standardize health record fields, which enhances the ability to share and compare data. A standardized workflow helps ensure that care is documented throughout all phases of perioperative care, including preadmission testing/preoperative, intraoperative, and postoperative. In these ways, an ideal perioperative clinical documentation process supports an organization’s efforts to achieve Magnet™ status.
The initial 14 Forces of Magnetism concept was founded on the original 1983 research conducted by the American Academy of Nursing (AAN) that identified the attributes exemplifying nursing excellence. In 2008, ANCC created a simplified model with five model components that organize the forces and places greater emphasis on outcomes.

Each of the following sections describe a model component, the associated forces, and as appropriate, the sources of evidence an ideal perioperative clinical documentation process could provide.
1. Transformational Leadership

The two forces of magnetism included in this model component are Quality of Nursing Leadership and Management Style. Today's healthcare environment is about reform and transformational change to meet the demands of the future. Nursing leadership is responsible for creating the vision of the future by encouraging new ideas and innovation and advancing evidence-based nursing practice to improve the safety and quality of patient care. Nurse leaders must collaborate with all key stakeholders; demonstrate strong clinical knowledge and expertise of professional nursing practice; advocate for patients and nursing; communicate effectively; and be visible and accessible to demonstrate mutual respect. Nursing's mission, values, and strategic plan should align with organizational priorities to improve patient outcomes. The necessary systems and structures must be in place to steer the organization toward this future vision. A shared decision-making structure is vital. Nurses’ voices must be heard, their input valued, and their practice supported by nursing leadership.

Information generated from documentation is the basis for communication between health professionals and serves as the legal record of patient care. Improved perioperative clinical documentation can also improve organizational performance and provide several opportunities to demonstrate the quality of nursing leadership and management style through strategic planning, advocacy, influence, visibility, accessibility, and communication. Improving the perioperative documentation process presents an opportunity for a clinical practice initiative to enhance an organization’s information infrastructure.
How to improve the perioperative clinical documentation process by incorporating transformational leadership:

Secure executive leadership support. Identify a perioperative nurse executive leader and the Chief Nursing Officer (CNO) to sponsor and support the optimization of perioperative documentation processes and ensure adequate resources are allocated for the improvements. The perioperative nurse executive leader and CNO must be engaged throughout the project and advocate for the resources needed. These nurse leaders can demonstrate their commitment by successfully guiding nurses to make effective changes.

Secure clinical nurse support. Identify a perioperative clinical nurse as a nurse champion for the perioperative clinical documentation improvement project. The clinical nurse champion provides subject matter expertise to develop recommendations and address issues related to nursing practice and patient care, promotes communication to staff, and advocates for the necessary resources. Having a nurse champion demonstrates that clinical nurses’ support and advocacy are instrumental to reaching the goals of improved perioperative services. In addition, the nurse champion will have the opportunity to partner with the perioperative nurse executive leader and CNO on various project-related committees. This gives the nurse the ability to communicate issues with nursing leadership and influence change in nursing practice to meet the vision of the project and enhance patient outcomes.

Encourage clinical nurse and CNO communication to influence change. Uncover the deficiencies in current perioperative documentation content. Connect with perioperative informatics nurses, nurse educators, clinical nurse specialists, and staff nurses to identify potential concerns related to deficiencies in patient care records. Determine if perioperative documentation supports evidence-based practice and uses a standardized nursing language, such as the latest version of the Perioperative Nursing Data Set (PNDS). Documentation demonstrates the nursing process and critical-thinking skills practiced by perioperative nurses. Once the discovery is made, the perioperative nurse executive leader and CNO should empower the perioperative nurses to review these issues and provide recommendations for improvement. When perioperative nurses communicate their concerns, it can be the catalyst for bringing change to their clinical practice.
2. Structural Empowerment

The five forces of magnetism that are included in this model component are Organizational Structure, Personnel Policies and Programs, Community and the Healthcare Organizations, Image of Nursing, and Development. Shared-governance and decision-making structures and processes are key for a strong professional practice where nurses promote innovation, establish standards of practice, and practice to their fullest to achieve organizational outcomes. Nurses who serve on decision-making bodies support patient safety and quality as well as organizational goals. In addition, if nurses in the organization partner with community and professional organizations they will advance the nursing profession, enhance professional development, and support the value and image of nursing. Staff are empowered and strategies identified to create a culture of lifelong learning, professional collaboration, career advancement, and academic achievement.

How to improve the perioperative clinical documentation process by incorporating structural empowerment:

Involves clinical nurses in interprofessional decision-making groups.

Involves expert perioperative nurses as subject matter experts (SMEs) in policy and decision making within the perioperative clinical documentation improvement project to support effective documentation practices. The SMEs should be involved from the beginning to help develop project scope, assist with product selection if purchasing a third-party vendor’s content, validate the clinical content during various reviews, test product usability, develop initial and ongoing education and training, and provide go-live and ongoing support. Feedback should also be solicited from perioperative staff to ensure successful design of patient care documentation.
Support nurse participation in professional organizations.
The implementation of standardized perioperative documentation developed by a professional nursing organization provides the opportunity for nurses to participate in the review and update and validate the content via appropriate task forces or user groups.

Encourage nurses to participate in professional development activities.
Documentation of care is a core component of the professional responsibility for nurses. Appropriate information and education related to documentation supports professional development and continuing competencies. Formal training and competencies to prepare nurses for the improved perioperative clinical documentation processes allows nurses to participate in professional development activities. Documentation of perioperative care plans using a standardized nursing language, such as the Perioperative Nursing Data Set (PNDS), provides an additional opportunity for professional development related to learning standardized nursing languages and implementing a clinical information infrastructure for “valid and reliable sources of data that provide the knowledge required for clinical practice, education, management and research”.8

Increase educational activities to improve nurses’ expertise as preceptors. The role of a nurse preceptor is to provide support to entry-level nurses or to nurses learning new responsibilities. Nurses can learn through job shadowing, hands-on experience, simulation, and formal and informal education. Nurse preceptors or “super users” will be called on to provide their expertise to support other perioperative nurses learning the new perioperative clinical documentation processes. Formal education, training, and simulation opportunities provided to these preceptors or “super users” to learn the new processes offers educational activities to improve their teaching skills. These educational opportunities should be part of the overall project plan for the perioperative clinical documentation improvement project.

Recognize nurses for their contributions to strategic organizational priorities. The role of the perioperative nurses and their contributions to ensure successful adoption of new perioperative processes should be recognized through organizational newsletters, celebrations, and other forms of communication. The recognition for nursing contributions should be part of the communication plan within the perioperative clinical documentation improvement project.
3. Exemplary Professional Practice

The seven forces of magnetism that are included in this model component are Professional Models of Care, Quality of Care: Ethics Patient Safety and Quality Infrastructure, Quality Improvement, Consultation and Resources, Autonomy, Nurses as Teachers, and Interdisciplinary Relationships. Organizations have unique models of care to support their patient needs. Nurses ensure that the model of care is patient/family centered and focuses on the coordination of care using appropriate resources to reach desired outcomes. Nurses who understand the importance of their role and hold themselves accountable will guide their practice to go beyond excellence. The resulting transformation of care delivery allows organizations to adapt and overcome the challenges of healthcare reform: measuring value-based outcomes, meeting regulatory requirements, maintaining patient safety and quality care, implementing evidence-based practice, creating meaningful use, incorporating new health care technology, etc. The outcome is improved benchmark statistics in patient- and nurse-sensitive indicators.
How to improve the perioperative clinical documentation process by incorporating exemplary professional practice:

Get clinical nurses involved in development, implementation, and evaluation of the professional practice model. The PNDS is a standardized nursing language specific to perioperative nursing. The PNDS describes the delivery of care across the surgical continuum and perioperative nurses’ contributions to safe patient care. The conceptual framework for the PNDS is the Perioperative Patient Focused Model, which places patients and their families at the core. The model illustrates patient- and family-centered care coordination in which perioperative nurses are responding to the physiological and safety needs of patients and the behavioral needs of patients and their families while respecting their values and preferences. This coordinated care is a core professional standard for perioperative nurses.

Incorporate regulatory and specialty standards and guidelines into the development and implementation of the care delivery system. Improved perioperative clinical documentation processes should incorporate perioperative specialty and regulatory standards. The content of the standardized documentation should reflect recommended evidence-based perioperative care required by regulations. A crosswalk of the documentation content to guidelines and regulations can help support the necessary evidence for Magnet reporting.

Encourage nurses to take on leadership roles in collaborative interprofessional activities to improve the quality of care. The scheduling of surgical procedures is an interprofessional process involving surgeons, schedulers, nurses, pre-authorization staff, and others. It is a team effort to ensure the correct resources and supplies are available, the right preparations are carried out, and the correct procedure is authorized and performed. Inefficient processes for surgical scheduling can cause delays, contribute to wrong-site, wrong-side surgeries, and lead to poor patient outcomes. Perioperative nurses familiar with the surgical scheduling processes should assume a leadership role to work collaboratively with key stakeholders to enhance the scheduling processes. Using a standardized surgical procedure list with code set mappings can help improve search capabilities, ensure correct procedures are scheduled, improve availability of necessary resources and supplies, and decrease claim denial rates.
4. New Knowledge, Innovation, and Improvements

The two forces of magnetism that are included in this model component are Quality of Care: Research and Evidence-Based Practice and Quality Improvement. Consistent and reliable data are essential to ensure facilities use data in a meaningful way that promotes research and contributes to the evolution of perioperative nursing practice.

How to improve the perioperative clinical documentation process by incorporating new knowledge, innovation, and improvements:

**Provide industry educational opportunities for clinical nurses.** Presenting nurses with educational opportunities to learn about updated perioperative guidelines, new research, and evidence-based practice will empower them to develop and follow a patient-centered documentation process.

**Implement standardized language to the nursing care plan.** By using a standardized language, such as the PNDS, the language of the nursing care plan will be standardized, allowing more consistent patient care and improved research.

**Encourage nurses to participate in research.** Consistent documentation in patients’ records is an essential part of nursing care. By participating in research, nurses will be empowered to help improve the consistency of documentation and can help educate their peers on the importance of a documentation improvement project.
5. Empirical Quality Results

The force of magnetism that is included in this model component is Quality of Care. Consistent language and a documentation process focused on preoperative, intraoperative, and postoperative care are essential to comparing benchmarks and improving patient outcomes.

How to improve the perioperative clinical documentation process by incorporating Empirical Quality Results:

**Involve nurses in departmental decision-making processes.**

Initiatives such as perioperative documentation improvement affect workflow and the daily responsibilities of the nursing staff. Involvement in decisions such as the implementation of the PNDS will increase the sense of ownership among nurses, which increases responsibility and accountability.

**Involve nurses in local chapters of membership organizations.**

Involvement in local chapters of membership organizations will allow nurses to connect with peers, discuss the importance of quality results on patient care, and exchange ideas across care organizations.
CONCLUSION:

Obtaining ANCC Magnet Recognition® by focusing on the five model components affirms an organization’s commitment and acknowledgement of global issues in nursing and health care. The benefits of Magnet™ recognition go beyond industry-wide prestige; Magnet recognition confirms a facility has the long-term commitment to exceptional patient care leading to improved patient outcomes as well as increased profitability. Strategically improving a health care facility’s perioperative clinical documentation significantly increases the chances of achieving this prestigious designation. If an organization focuses on Transformational Leadership, Structural Empowerment, Exemplary Professional Practice, New Knowledge, Innovation and Improvements, and Empirical Outcomes when beginning their documentation process improvement project, their chances of achieving Magnet status and improving the perioperative clinical documentation process greatly increases. In addition, by incorporating the five model components into the documentation process improvement project early on, organizations will create standardized perioperative content that will standardize procedure scheduling and perioperative data management.

Contact an AORN Syntegrity Sales Consultant for a complimentary consultation with you and your staff to learn how to:

• implement standardized to enhance patient safety;
• improve communication;
• promote consistent patient- and family-centered care using evidence-based practices; and
• enhance the quality of documentation to support value-based incentive payments, reimbursement, and regulatory standards.

Contact us at syntegrity@aorn.org

Editor’s note: ANCC Magnet Recognition and ANCC are registered trademarks of the American Nurses Credentialing Center, a subsidiary of the American Nurses Association, Silver Spring, MD.
References:


About AORN Syntegrity® Perioperative Documentation Solution for the EHR:

The AORN Syntegrity® solution is the only evidence-based perioperative clinical content solution built by perioperative clinicians and backed by AORN’s recommended practices and the latest version of the Perioperative Nursing Data Set (PNDS).

It delivers standardized documentation content to help assess, diagnose, plan, implement and evaluate patient care that is based on AORN’s recommended practices and national standards supporting evidence-based practice and patient safety. AORN Syntegrity provides an information infrastructure that follows perioperative nursing workflow to enable reliable and valid data to be captured and mined to support quality reporting.

The Syntegrity solution contains a robust procedure list coded and built with usability in mind. The primary purpose for the AORN standardized surgical procedure list is for clear effective communication to ensure the correct procedure and resources are scheduled, correct pre-authorization is obtained, correct preparations are carried out, and the correct surgery is performed.

To learn more about AORN Syntegrity® visit our website at: www.aorn.org/syntegrity
Or email us at: syntegrity@aorn.org

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