

**Magnet Recognition Program®  
Summary Report**

**Vanderbilt University Hospitals & Clinics  
MGN20090904**

**OVERVIEW**

Vanderbilt University Hospitals and Clinics is a not-for-profit, academic medical center and major referral center located in Tennessee. The medical center serves a 44 county region, with secondary service in 51 counties in Tennessee, 31 counties in Western Kentucky, and 10 counties in Northern Alabama. The System, which includes four acute care centers and one freestanding ambulatory organization, is licensed for 590 beds with an average daily census (ADC) of 461. The organization has a 135 year old history, and is the largest private employer in the region. The Vanderbilt University Medical Center Mission is "to bring the full measure of human knowledge, talent and compassion to bear on the healing of sickness and injury and the advancement of health and wellness through preeminent programs in patient care, education, and research".

Vanderbilt University Hospital's (VUH) specialties include three comprehensive research centers for cancer, diabetes, and human development. The Vanderbilt-Ingram Cancer Center is Tennessee's only National Cancer Institute designated comprehensive cancer center. Vanderbilt Children's Hospital (VCH), also known as The Monroe Carell Jr. Children's Hospital at Vanderbilt, is ranked among the nation's "Top 10 U.S. Children's Hospitals" and "Top 10 for Cancer Care". The VCH research program receives well over \$400 million in research funding from the National Institutes of Health. Vanderbilt Psychiatric Hospital (VPH) provides all levels of psychiatric services, including inpatient, outpatient, partial hospitalization for adults and children. The Vanderbilt Clinics and Vanderbilt Medical Group include 115 campus and community clinics for over 100 specialty practices.

A total of 3,948 RNs work at Vanderbilt University Hospitals and Clinics. Three entity CNOs are responsible for Vanderbilt University Hospital, Vanderbilt Children's Hospital, Vanderbilt Psychiatric Hospital, and Vanderbilt Medical Clinics. Each reports directly to the Executive CNO, and are responsible for the practice of nursing within their respective organization. The Executive CNO for Vanderbilt Hospitals and Clinics is MSN prepared, with a nurse executive fellowship in 1996 from Wharton. She has served in various leadership positions in the organization since 1982 and has been the Executive CNO for Vanderbilt University Hospitals and Clinics since 2007. She reports directly to the Deputy Vice Chancellor for Health Affairs/CEO of the Hospitals and Clinics.

## COMPONENTS OF THE MAGNET MODEL

### Transformational Leadership

**Met Magnet Expectations:** TL1, TL2, TL3, TL4, TL5, TL7, TL10

### Structural Empowerment

**Met Magnet Expectations:** SE1, SE2, SE3, SE4, SE5, SE11, SE13, SE15

### Exemplary Professional Practice

**Met Magnet Expectations:** EP1, EP3, EP7, EP8, EP9, EP11, EP12, EP13, EP16, EP20, EP23, EP26, EP28, EP29, EP30, EP31, EP32, EP33, EP35

### Exemplar

**EP4: Describe and demonstrate that the structure(s) and process(es) of the Care Delivery System involve the patient and/or his or her support system in the planning and delivery of care. Provide at least two (2) examples of a plan of care that included patient and/or family member involvement.**

The patient and family centered care model is strongly enculturated throughout the organization, providing the structure and driving the processes which involve the patients and their families in the planning and delivery of care in all practice settings.. During unit tours, well-developed and exemplary practices were noted and discussed with all levels of nurses and their clinical colleagues on the health care team. Nursing staff and other members of the care delivery team referred to the patient and family centered model of care as central to the delivery of patient care at Vanderbilt. At every venue, care delivery team members such as pharmacists, respiratory therapists, social workers, nutritionists and pastoral care providers, clearly articulated the tenets and practices of the patient and family centered care model as well as nursing's influence 'driving' the model within the organization.

Examples of innovative methods to include the patient and family in the planning and delivery of care include the following:

- 'MyHealthatVanderbilt' is an innovative program that allows patients to participate in the management of their health. Available through a secure patient portal on the Vanderbilt home page, this program provides patients with the ability to send

and receive secure messages from their physician; view lab and test results on line; review easy to understand descriptions of tests and track results over time; have access to health information about their condition; schedule appointments, and view/pay bills on line. In 2011, there were 165,171 patients enrolled (including 38,062 new users), an increase from 127,160 enrollees in 2010.

- Nurses in the VPH led the effort to change the visitation policy for patients from once a week for children, twice a week for adults and no visitation for adolescents to daily visitation on an almost constant basis. This was a major change, reported to have resulted in vastly improved satisfaction for this patient population at the organization. Additionally, the nurses at the organization influenced changes to medical rounding processes to ensure involvement of the patients and families in discussion about their treatment and plans of care. Physician rounding takes place at times when the family will be present, as well as the nurse.
- Nurses on the oncology inpatient unit at VUH developed a protocol surrounding the reporting of biopsy or other reports that reflect a worsening condition. As patient advocates, the nurses were concerned that patients were often receiving these results when a family member or other supports were not present. Through the nursing shared governance structure, followed by interdisciplinary discussions, changes were made for this population to ensure that adverse news would not be delivered until the patient was in the presence of family or other support persons. This change has been very well received, deeply appreciated by patients and has improved nurse satisfaction with the delivery of care to these vulnerable patients.
- In ICU, patients and families are included in planning their care during the daily interdisciplinary rounds which are led by the APN. The interdisciplinary team includes the direct care nurse, physician, and other health care disciplines.
- After a patient's fall, 'huddles' are held by the nursing staff in the patient's room with the family present to establish a plan of care moving forward that will best prevent future falls.

Involvement of the patients and their families in the planning and delivery of care extends to former patients who actively participate in multiple Patient Advisory Councils that exist throughout the organization. Feedback from this group has been used to influence changes in practice. During the interview with the Patient/Family Advisory committee members, numerous examples of patient and family involvement in changing or revising processes for the organization were shared. The extent to which processes are embedded within the organization to involve the patients and their families in the planning and delivery of care at Vanderbilt University Hospitals & Clinics is exemplary.

## **New Knowledge, Innovations, and Improvements**

**Met Magnet Expectations:** NK2, NK4, NK6, NK7, NK8, NK9

## **Empirical Outcomes**

**Met Magnet Expectations:** TL3EO, TL4EO, TL10EO, SE1EO, SE2EO, SE3EO, SE4EO, SE5EO, SE11EO, EP1EO, EP3EO, EP7EO, EP30EO, EP33EO, EP35EO, NK4EO, NK7EO, NK9EO

## **Deficiency**

**EP32EO: Describe and demonstrate that nursing-sensitive indicator data aggregated at the organization or unit level outperform the mean, median or other benchmark statistic of the national database used. Provide analysis and evaluation of data related to patient falls, nosocomial pressure ulcer prevalence and/or incidence, and two (2) of the following: • Blood stream infections • Urinary tract infections • Ventilator-associated pneumonia • Restraint use • Pediatric IV infiltrations • Other specialty-specific nationally benchmarked indicators (use only for units for which the above do not apply)**

The organization did not demonstrate outperformance of the national databases used for Falls and HAPU data.