

# SATISFACTION

## *Success Story*

ON THE MAGNET JOURNEY  
IN PURSUIT OF EXCELLENCE IN COMPASSIONATE CARE



St Vincent's Private Hospital, Sydney

*Because good ideas should be recognised*

Press Ganey's Success Stories and testimonials acknowledge and reward the innovative efforts of our clients who integrate their satisfaction data and Press Ganey's solutions support to produce outstanding clinical outcomes, improvements in patient perceptions, staff morale, operational efficiencies and financial performance.

We hope these experiences will enlighten and motivate individuals in all types of health care organisations.

ACHIEVEMENTS WE ALL CAN LEARN FROM

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**PRESS GANEY**



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## ON THE MAGNET JOURNEY – IN PURSUIT OF EXCELLENCE IN COMPASSIONATE CARE

### Problem Statement

Since 2007 SVPH has reported Press Ganey patient satisfaction data at the 96th percentile when compared with peer hospitals. SVPH's problem is *how best to sustain such exemplary data* in an increasingly competitive market and in light of escalating patient expectations. In what follows SVPH demonstrates how they have embraced the challenge of becoming the *first Magnet designated private hospital in Australasia* to resolve their problem.

### Review of Planning Methods

In late 2007 a study tour of five Magnet facilities in the USA provided robust evidence that the Magnet Recognition Program® was the most appropriate vehicle for the hospital to maintain its reputation for excellence in nursing care quality and safety (Stage I). Bolstered by their employee survey result in late 2007, the hospital sent representatives from the Nursing Executive Council to the 2008 Magnet conference to learn about the newly revised Magnet model. Next SVPH undertook a gap analysis to determine areas of strength and weaknesses in preparation for Magnet document submission (Stage II).

In May 2009 application to join the Magnet Recognition Program® was made to the American Nurse Credentialing Centre (ANCC); the Practice Environment Scale, was administered on-line (N = 394, response rate 84.5%) to provide further evidence of the hospital's readiness to undertake the journey. Magnet Champions and Super-Champions were enlisted from all clinical units to gather data for their submission and to engage all staff with the journey (Stage III).

Documentation was prepared between June 2009-2010 and submitted to the ANCC (Stage IV). SVPH anticipated a site visit from the appraisers to validate the documentation in late 2010 early 2011 (Stage V).

### Discussion of Programs and Initiatives

The Magnet Recognition Program® comprises four 'model components':

1. Transformational Leadership;
2. Structural Empowerment;
3. Exemplary Professional Practice; and
4. New Knowledge, Innovations and Improvements.

Each component requires a wide range of sources of empirical evidence as discussed below.

#### *Transformational Leadership*

The hospital leadership have launched a raft of programs and initiatives to prepare the organisation for designation including:

- Implementation of a 'shared governance' model to facilitate staff engagement with the strategic plan that comprises four 'clinical councils' with responsibility for the following key performance areas: Quality and safety; education, training and development; policy and procedure; and research and practice development. Each council reports to and is overseen by the Nursing Executive Council;
- Implementation of evidence-based practice underpinned by our professional practice model and a practice development and research framework whereby all units now participate in a wide range of projects designed to improve patient care quality and safety and health service delivery;
- Implementation of the 'best practice rostering system' which mandates all nurses to rotate through all three shifts in an equitable and fair manner. This has resulted in a happier staff, more just distribution of workload and more satisfied patients.

## *Structural Empowerment*

Nurses at all levels are supported and encouraged to further their professional development through a range of programs and initiatives including:

- The competency-based new graduate and accelerated progression pathways which recognise that everyone has a unique set of skills and expertise and that education programs must take this into account;
- Strong succession planning framework that enables nurses to act up into more challenging positions when the incumbents are on leave or when they exit the organisation;
- High levels of involvement in policy and other key decision-making forums where nursing will be affected and patient care is at stake;
- The clinical nurse specialist framework which recognises and rewards experienced nurse clinicians with higher status and financial compensation in return for more complex and sophisticated role definition.

## *Exemplary Professional Practice*

This Magnet model component is undoubtedly the most important of all four in respect of the hospital's reputation for high standards of care and is manifest in the following:

- A well defined and promulgated professional practice model that articulates clearly the ways in which nurses and other health professionals plan, deliver and evaluate their care;
- Web-enabled deLacy IT system for clinical care monitoring, documentation and communication is used by all nurses to facilitate effective care planning, delivery and evaluation;
- A staff injury management program accredited with the International Disability Management and Standards Council that achieved the highest score in Australia in 2009;
- A well embedded risk management framework that defines and identifies key risks, outlines processes and ranks risks as well as a reporting tool that enables the effective communication and resolution of problems in a timely fashion.

## *New Knowledge, Innovations and Improvements*

This component underpins the organisation's quest to constantly seek fresh approaches to patient care and enhance service delivery. It is manifest in the following programs and initiatives:

- In 2008 a hospital-wide Warfarin medication safety project that significantly improved patient care in this high-risk area;
- In 2009 another hospital-wide VTE prevention project that significantly improved clinician compliance with VTE risk assessment, prophylaxis and awareness amongst nurses and doctors;
- In 2010 a randomised controlled trial investigating the effect of pre-warming shoulder arthroscopy patients on patient temperature and comfort is underway;
- Since 2008 a raft of practice developments projects have been implemented ranging from vascular risk management to better managing para-stomal hernias;
- In 2008 the appointment of the inaugural chair in nursing (applied research) at SVPH and in 2009 the launch of the SV&MHS ACU Nursing Research Institute.



## Results of Programs and Initiatives

### *Transformational leadership*

- Our employee survey demonstrated that in 2009 SVPH is in a 'culture of success' with 75% of staff saying 'SVPH is truly a great place to work';
- The SVPH practice environment scale demonstrates that on all sub-scales and the composite scale nurses rate the hospital as 'magnet-like';
- Press-Ganey VMO satisfaction score at 92% in 2009 – an increase from 86% in 2007. In the top 8% of the all database external benchmark.

### *Structural Empowerment*

- Increased access to scholarships by staff;
- Successful negotiation of the 2009 SVPH enterprise bargaining agreement;
- Decreased agency nurse use;
- 0% vacancy rate and 6.3% turnover rate;

### *Exemplary Professional Practice*

- Press-Ganey patient satisfaction remains at 96% and in top 4% of peer group of hospitals of 151-300 beds;
- ACHS periodic review November 2009 achieved 8 excellent achievements (EA) and 1 outstanding achievement (OA) and awarded outstanding improvement by ACHS on risk assessment with >90% of patients risk assessed;
- 80% compliance with OH&S injury management profile in July 2009;
- Nurse sensitive indicators well under the ACHS benchmarks.

## *New Knowledge, Innovations and Improvements*

- Compliance with warfarin loading protocol increased by 12% (42% to 54%); patient education prior to discharge increased by 54% (31% to 85%); INRs > 5 decreased by 2.6% (3.7% to 1.1%); and abnormal bleeds fell by 1.2% (1.2% to 0%).
- The proportion of patients receiving appropriate VTE prophylaxis increased by 19% from 49% to 68% (p=0.02). Surgical patient prophylaxis increased by 21% from 61% to 83% (p=0.02) while medical patient prophylaxis increased by 26% from 19% to 45% (p=0.05). The proportion of patients with a documented VTE risk assessment increased from 0% to 35% (p<0.001).

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