



CHU | UVC
BRUGMANN

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Amélioration des conditions de
travail et rétention : l'hôpital
Magnétique une solution ?

Aucuns conflits d'intérêts à déclarer



Contexte

The background of the slide is a blue gradient with various numbers (0-9) scattered across it. The numbers are in different colors, including light blue, white, and dark blue, and are of varying sizes and orientations, creating a dense, abstract pattern.

Réalité de terrain

Hôpitaux financièrement
exsangues

Première ligne peine à
suivre

Pénurie de personnel
soignant

- Perte de sens
- Burn Out
- Rétention

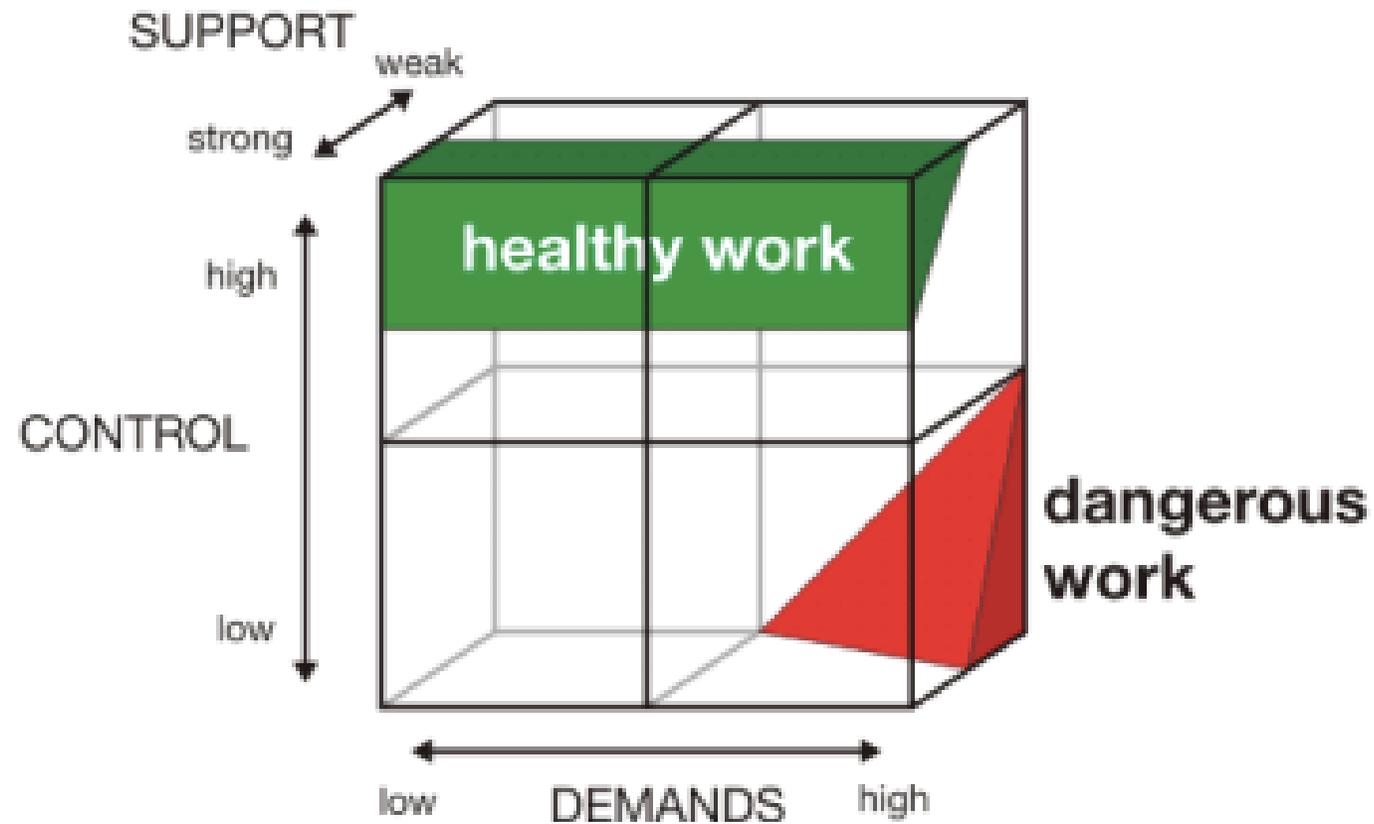
Patients multi-
pathologiques

Trajets de soins
complexes (chronique,
aigu, avancées
technologiques)

Modèle consumériste de
soins

Soins EVB, individualisé,
P4Q

Job demand control support model



Karasek R, Theorell T. Healthy work: stress, productivity and the reconstruction of working life. New York: Basic Books; 1992.

Questions en suspens

- Quel modèle de soins « soutenable » ?
- Comment mettre en adéquation les besoins et les moyens ?
- Comment soutenir l'innovation ?
- Comment tenir compte des caractéristiques à l'échelle de l'individu ?
- Comment tenir compte des spécificités hospitalières ?
- Comment rendre l'hôpital capable de s'adapter à son environnement socio-démographique ?



Le paradigme « Magnet
Hospital »



Journey to Magnet : une culture

Timeline

dans un contexte de pénurie infirmière
l'American Academy of Nursing réalise
une étude avec pour objectif
l'identification des environnements
professionnels qui attirent et retiennent
les infirmier(e)s

1983

University of Washington Medical Center
devient le premier hôpital labelisé
« Magnet »

1994

le Magnet program devient un cadre
conceptuel EVB introduisant les notions
de 14 forces of Magnetism / 5
composants clefs

2008

1990

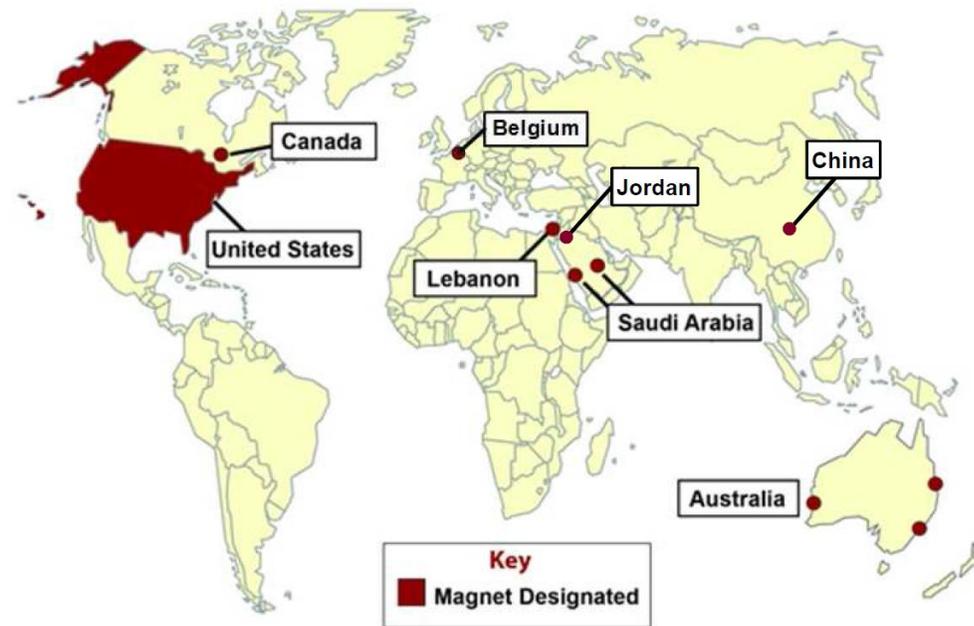
création de l'American Nurse Credential
Center / Magnet Recognition Program

2000

le programme « Magnet » s'exporte en
dehors des US

2020

Countries with Designated Magnet Facilities



NEW 2020 Magnet Mission and Vision Statement

MISSION: The Magnet Recognition Program will continually elevate patient care around the world in an environment where nurses, in collaboration with the interprofessional team flourish by setting the standard for excellence through leadership, scientific discovery and dissemination and implementation of new knowledge.

VISION: The Magnet Recognition Program will transform healthcare globally by bringing knowledge, skill, innovation, leadership and compassion to every person, family, and community.

A grey board with a grid of colored circles. The circles are arranged in a grid pattern and are colored in various colors: white, green, orange, purple, and yellow. There are four clusters of pins on the board, each on a circular base of the same color as the pins. The clusters are: a green cluster in the top left, a red cluster in the top right, a purple cluster in the bottom left, and a yellow cluster in the bottom right. The text "Le modèle « Magnet »" is centered on the board.

Le modèle « Magnet »



- **« Magnet is not something you can start and stop, you have to live and breathe it everyday and if you don't get that concept, you have to step back and reevaluate your journey »**
- **You don't do all of the great things you do, to be magnet ... You are magnet because of all the great things you do**



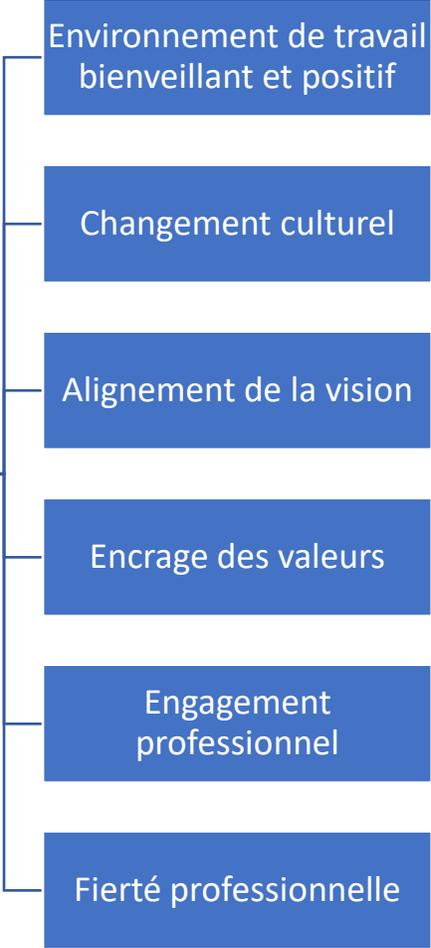
ANCC'S CREDENTIALING PROGRAMS



AMERICAN NURSES CREDENTIALING CENTER



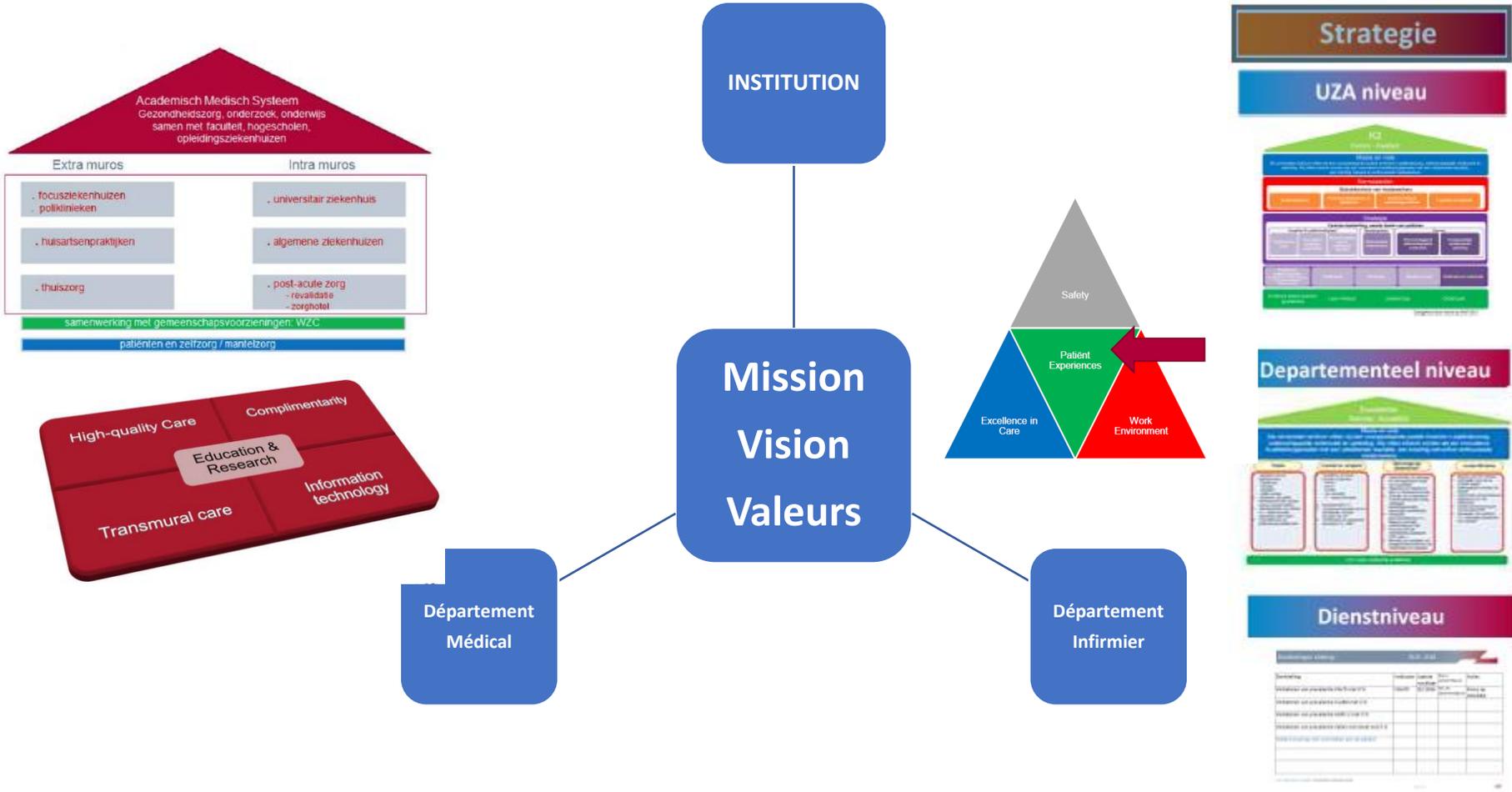
LABEL MAGNETIQUE



1. Décision ↑↓
2. Leadership servant
3. Qualité & Sécurité
4. Bien être
5. Développement professionnel

1	Quality of Nursing Leadership	8	Consultation & Resources
2	Organizational Structure	9	Autonomy
3	Management Style	10	Community & Health Care Organization
4	Personnel Policies & Programs	11	Nurses as Teachers
5	Professional Models of Care	12	Image of Nursing
6	Quality of Care	13	Interdisciplinary Relationships
7	Quality Improvement	14	Professional Development

PROCESSUS DE TRANSFORMATION



No nursing excellence without medical collaboration

JOURNEY TO MAGNET: Une culture ...

ANCC'S CREDENTIALING PROGRAMS



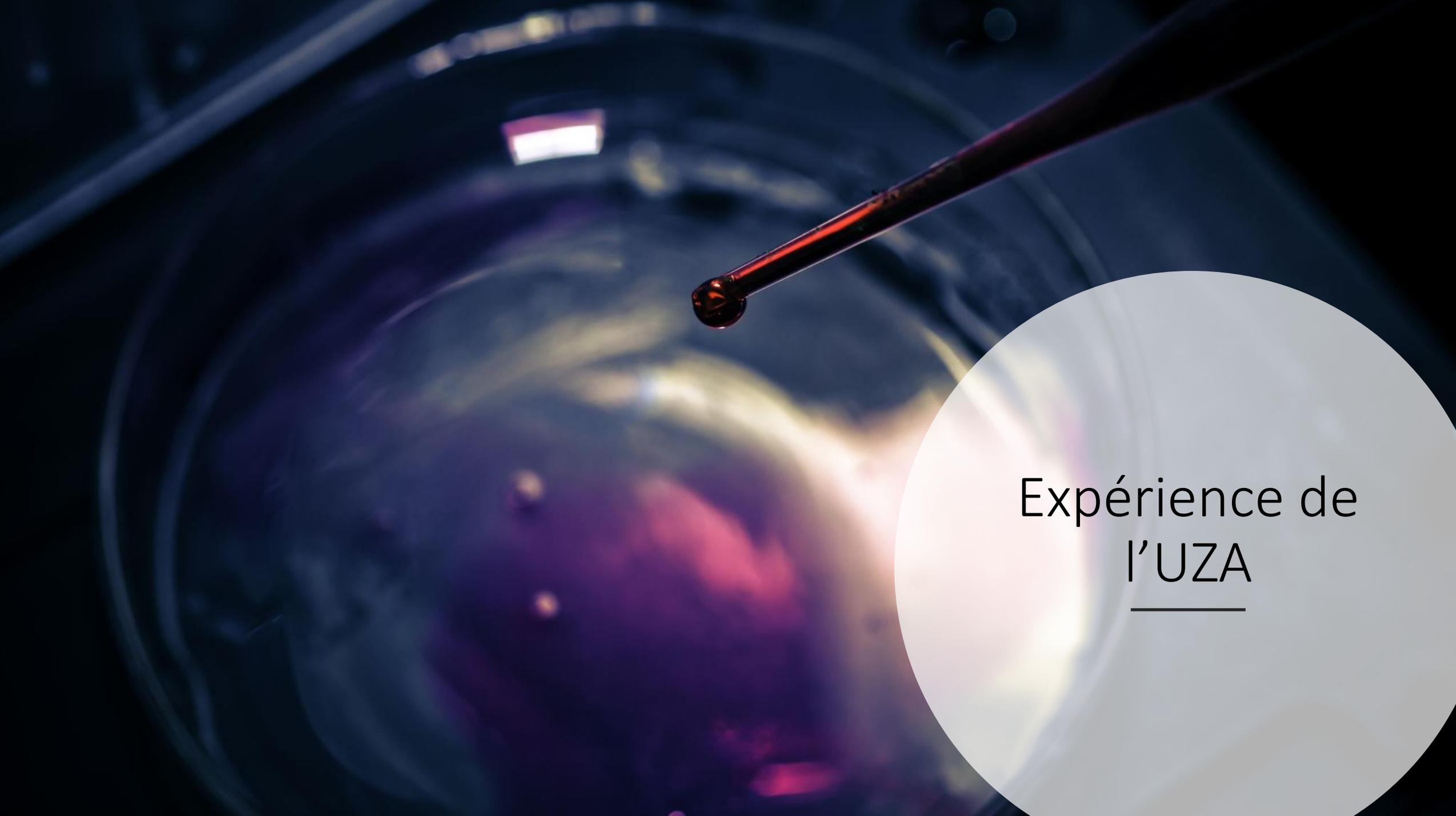
recognizes a health care organization's commitment to creating a positive practice environment that empowers and engages staff.

Magnet recognition is not a checklist of achievements, but rather an enculturation of values, standards, vision, commitment, and pride.

1. Shared Decision-Making
2. Leadership
3. Safety
4. Quality
5. Well-Being
6. Professional Development



Concrètement



Expérience de
l'UZA

Leadership in Nursing Excellence

Concepts, Evidence and Interventions for Improvements



Summer School | 27 June - 1 July 2022

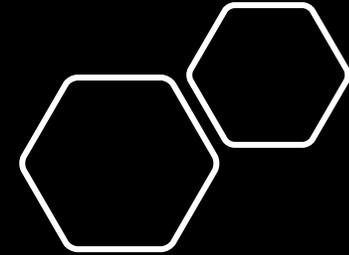


Nursing and health care are highly challenged to provide excellent patient care through continuous improvements of process and outcomes. Therefore, to achieve a resilient and adaptive organization that attracts and retains highly professional and skilled nurses and midwives becomes essential. This summer school treats concepts and evidence on organizational context of nursing practice and illustrates how US Magnet® principles were implemented in a European health care system.

This international summer school will take place from **June 27 until July 1, 2022** at the **University of Antwerp Campus Drie Eiken** and the **Antwerp University Hospital** situated nearby the Campus Drie Eiken.

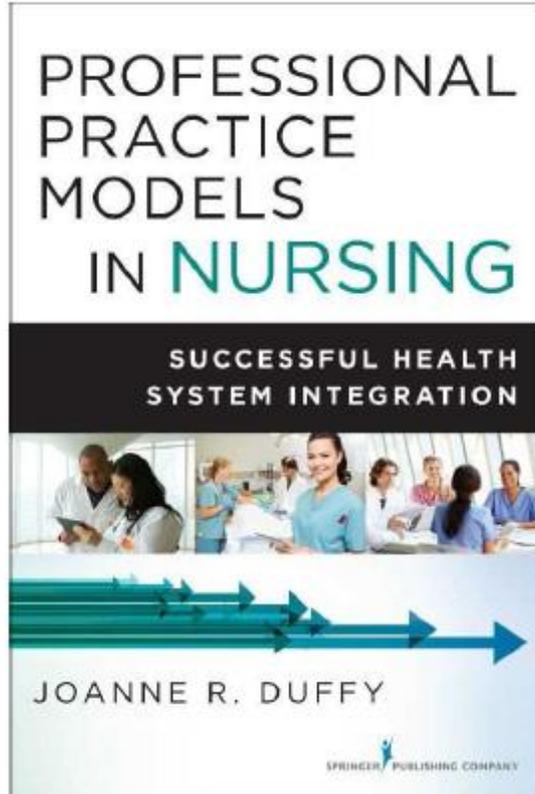
Organised by:

Mevr. Kaat Siebens | Chief Nursing Officer Nursing Department Antwerp University Hospital
Mr. Danny Van heusden | Magnet Program Director Antwerp Nursing Department UZA
Prof. dr. Peter Van Bogaert | Academic Advisor University of Antwerp



“If nursing is considered a “profession” and its major concepts and scope are made explicit, the resultant practice will likely manifest specific values, activities, and interactions that reveal the full extent of nursing knowledge and skills.”

Duffy, 2016



1. leadership
2. nurses' independent and collaborative practice
3. environment
4. research/innovation
5. nurse development and rewards
6. patient outcomes.

PROCESSUS DE TRANSFORMATION

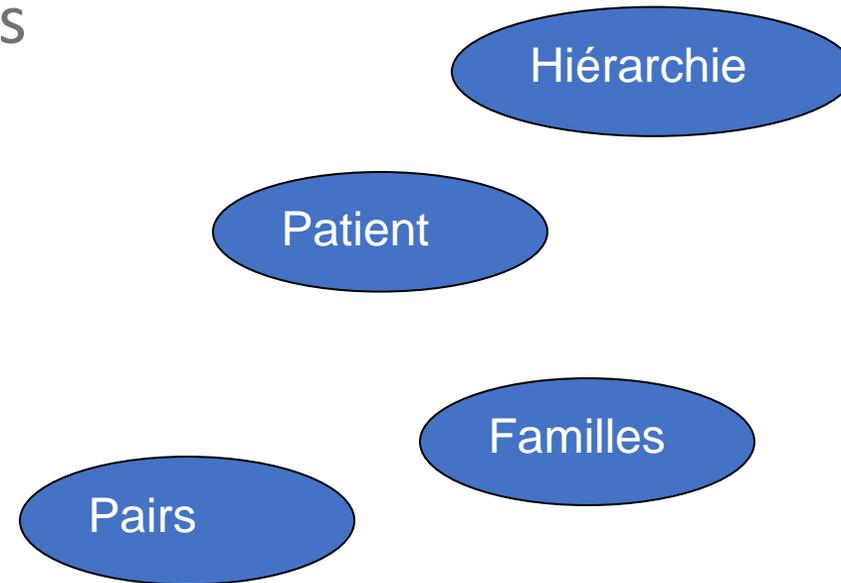
PPM: Model de pratique professionnelle

RECONNAISSANCE: stratégie de rétention

- Quantité → régulièrement-visible
- Qualité → personnalisée
- Durable → lien avec les valeurs

Outils de reconnaissances:

- Daisy Award
- Kudos
- Tableau des compliments
- Tableau d'accueil





-  Brazil
-  Canada
-  Chile
-  China
-  Ireland
-  Italy
-  Jordan
-  Lebanon
-  Mexico
-  Oman
-  Philippines
-  Qatar
-  Saudi Arabia
-  Sweden
-  Taiwan
-  Thailand
-  United Arab Emirates
-  United Kingdom
-  United States

RECONNAISSANCE = R tention

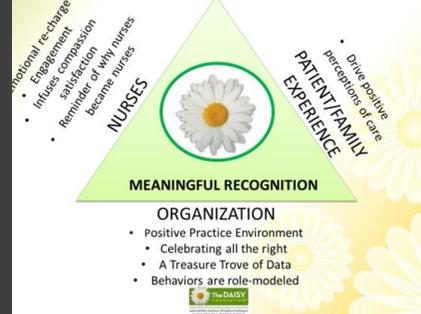
- Daisy Award : Disease Attacking the Immune System
 - Initiative Bonnie and Mark pour les infirmi res et SF
 - Reconnaissance internationale

Nurses Are Nominated

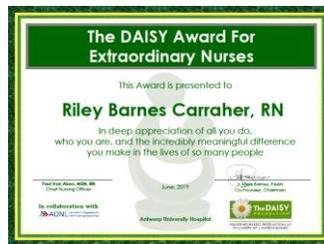
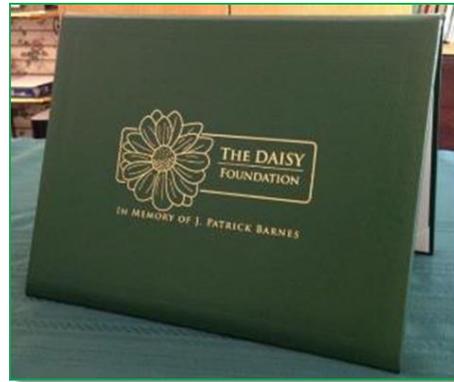
by patients, families, colleagues, physicians, other staff
 Every nomination tells a *story* of extraordinary care and compassion



The Evidence: DAISY's Impact



RECONNAISSANCE



Award Presentations in the Unit or Ward



Nurse Manager Reads Nomination



Nominator Invited



Chief Nursing Officer participates



Celebration in the Unit with Honoree's peers



Your Journeys to Excellence

- DAISY: A Perfect Fit for Your Journeys to Magnet and Pathway to Excellence designs

Bi Leila, RN
 MSN Student and Educator
 In the Bay State Hospital, School of Medicine, Daping University
 Hefei City, China

I was a patient admitted to the ORSDY unit during my pregnancy. I do not intend to feel worried from my wife's week of pregnancy. I wanted to do whatever I could to save my baby and my family. I started not being satisfied when the doctor told to continue care to give up.

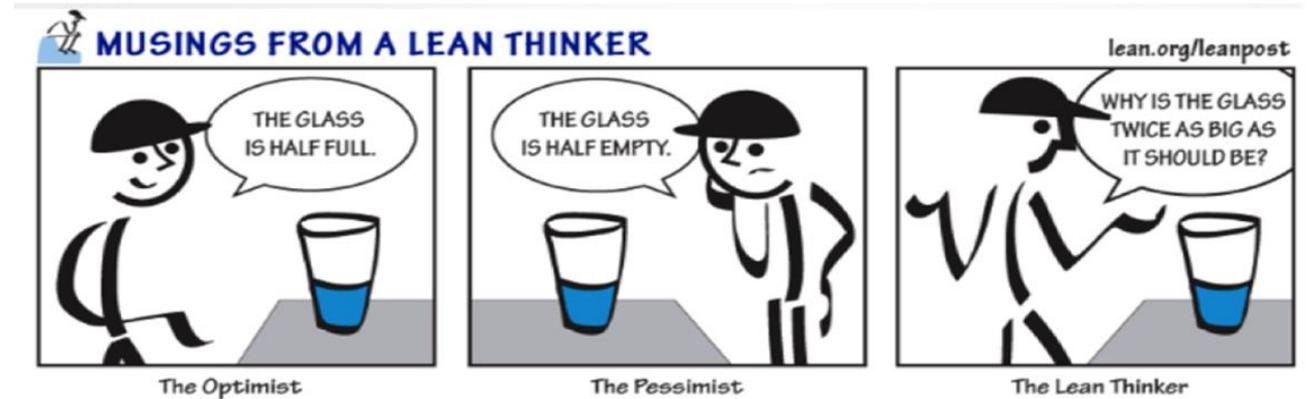
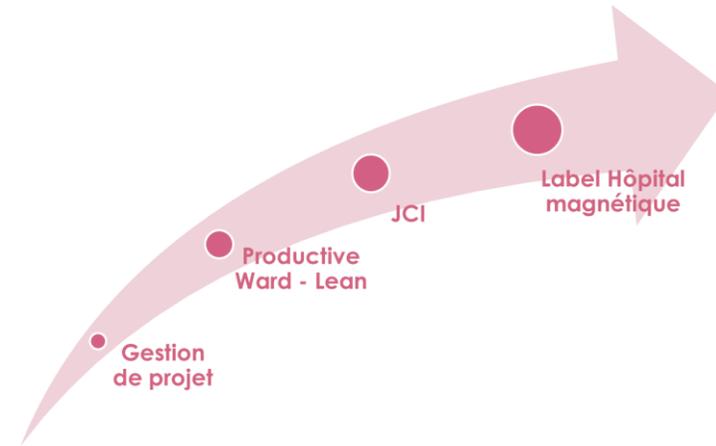
I was impressed by the nurse Bi Leila in the ORSDY unit. She indicated me as my dear friend and showed me courage to continue care in the ORSDY unit and continuing my operation. She encouraged me to continue because of my progress. She helped me to overcome the fear of the doctor and made me feel comfortable and safe.

One day, I was blood coming from my head and my nose. I have remembered that I could not see my baby. I sat by the bed, crying and trembling. She did not want me to give up my husband. She sat with me, holding my hands, breathing without a word. I started to feel the power flowing from her and started to ask questions about my condition. I could never forget her words the rest of the morning. She was with me until the procedure. She was so devoted to me. I cried and said, "Oh, I know how you feel. I suddenly realized that she is not just holding my hands and crying with me. I started to see her face. She showed concern with me and comforted me that I was OK to feel safe, but my face was not the end of the world. She helped me to breathe and advised me to have a good rest."

I could never forget her face. It was the most beautiful sight. She was there for me in the darkest moment of my life. The natural light was like a gift from her. It was so beautiful. I am so much stronger than I used to be. I would like to say "Thank you" to you. Be from the bottom of my heart!

DE LA PERFORMANCE A L'EXCELLENCE

- Formation Gestion de projet basée sur le Lean Management:
 - Lean Mindset
 - Lean Leadership
 - Lean programme pour les US: opérationnalisation du Productive ward
 - Lean programme département support/RH ...
- PDSA: Plan-Do-Study-Act





Quelques exemples

Opérationnalisation PW (Productive Ward)

- Tableau de bord US: Indicateurs visibles discutés en équipe → ex: bracelet d'identification, nb de chutes, Infection KT...
- Rangement US (5S)
- Etat de salle (Patient status at a glance)
- Enregistrement des activités (temps au chevet du patient)
- Remise au chevet du patient
- Patient board
- Enquête de satisfaction du personnel

SHARED GOVERNANCE

Cadre légal, référentiel de compétences

Responsabilité par rapport aux résultats

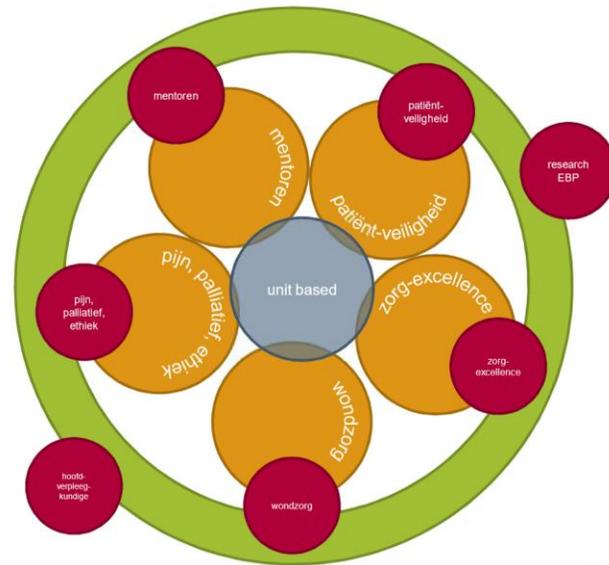


Autonomie dans la prise de décision ≠ carte blanche
!! Fix Bounderies

SHARED GOVERNANCE

Care Council

- Afdeling
- Referentiegroep
- Council
- Overkoepel / leadership



Nurses champions

- Champions Preceptors
- Champions nursing care excellence
- Champions pain, palliative care and ethics
- Champions patient safety and hygiene
- Champions woundcare
- Nurse managers
- Research & EBP



ACCOMPAGNEMENT DES ETUDIANTS

- Challenge: Pénurie et Turn Over du personnel soignant
 - 21 écoles
 - 600 périodes de stage
 - Processus d'accueil structuré
 - Formation des référents:
 - Communication
 - FB, leadership
 - Coaching, evaluation
 - Skillslab, immersive room
 - Working Places
 - Clinical path
 - Student 4 student
 - Onboarding Programm
 - Suivi des étudiants Master

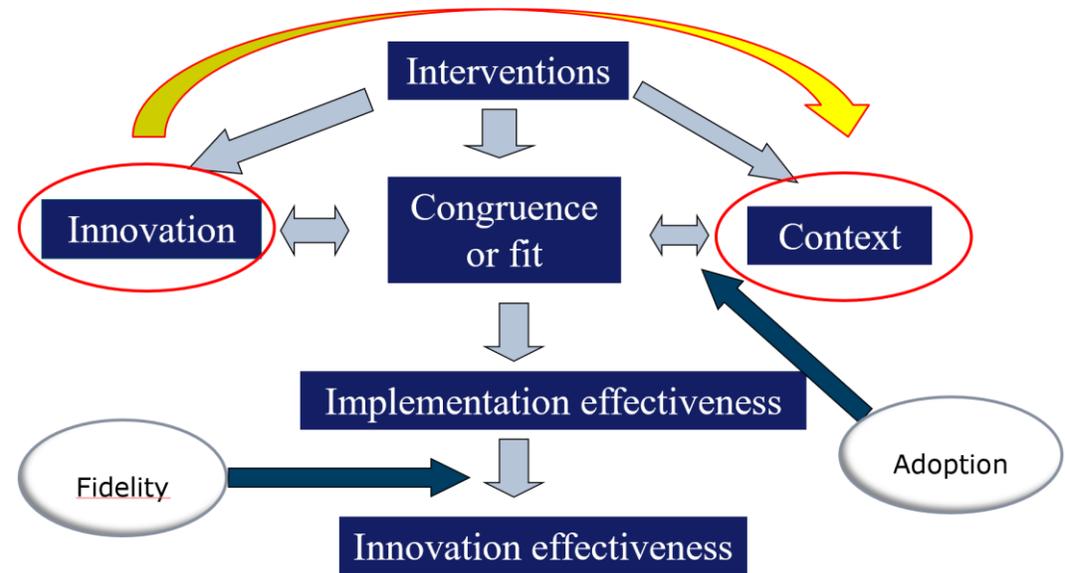
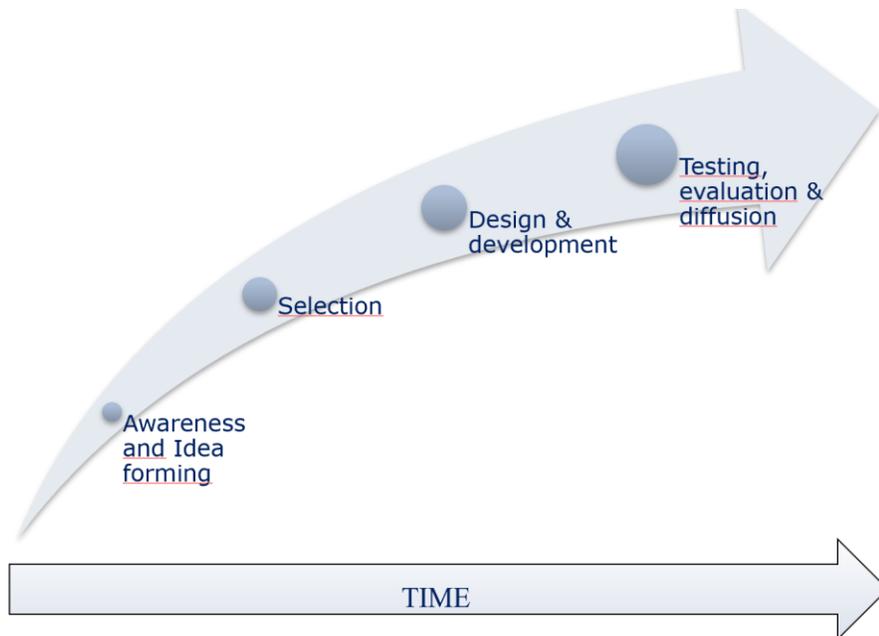
The way UZA tries to be an attractive internship

- By internships
- Structured flow of the internship
- Guidance by trained preceptors (mentors)
- Try out new internship forms

INNOVATION IN NURSING PRACTICE

Fit entre : Innovation/projet et le contexte

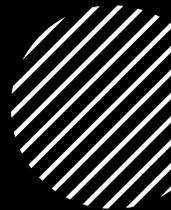
- Quels sont les avantages? Qu'est ce qu'on gagne en adoptant l'innovation ?
- Compatible avec l'environnement ?
- Complexité?
- Innovation concrète ou abstraite?
- Est-ce qu'on peut la tester?



Van Linge 2006



Exemples
d'Innovation/projets



Self-measurement
of vital signs
(Health Kiosk)

Appi@Home :
pain monitoring

EWS

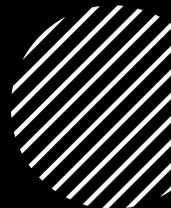
Equipe réponse
rapide

Les tours
systématiques
chez les patients

La remise au
chevet du patient



LEADERSHIP & INTERPROFESSIONAL COLLABORATION



Culture Juste et non pas une culture No Blame culture

1. Etudier/Analyser les comportements humains dans le monde hospitalier

•→ A travers des questionnaires/Enregistrements

2. Gérer le concept de DRAMA

- Les personnes qui n'assument pas leurs responsabilités
- Les personnes qui resistant aux changements
- Problèmes d'EGO
- Pas de remise en question c'est tjs la faute des autres

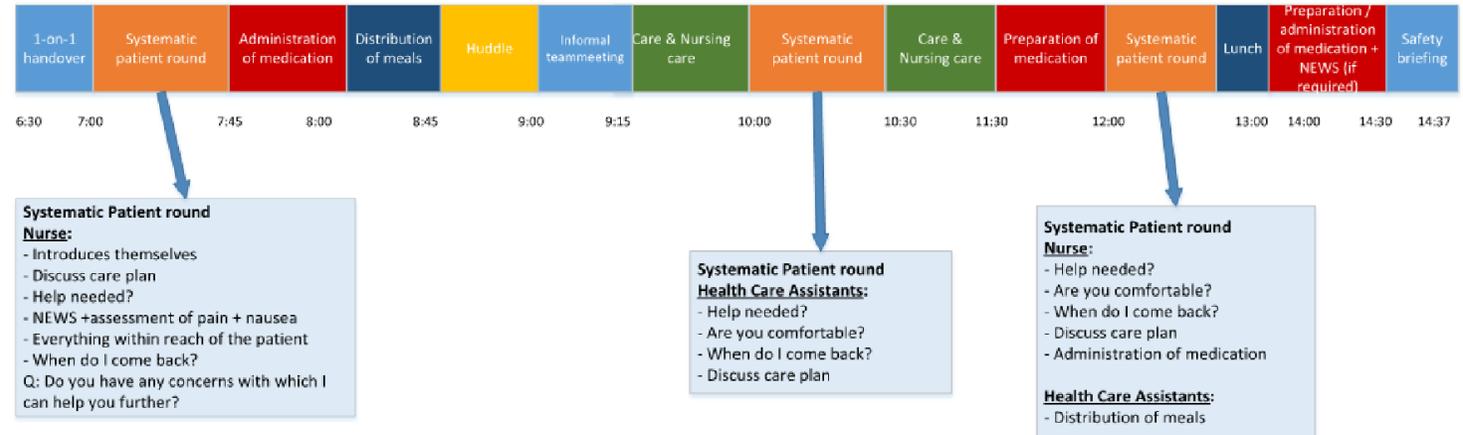
3. Apprendre aux gens à contrôler leurs comportements et émotions :

- ↓ du burn out et de l'absentéisme
- ↓ des comportements contre productifs
- Personnel plus épanoui

4. Investir dans la collaboration interprofessionnelle

COLLABORATION INTERPROFESSIONNELLE

- High volume of literature reports that ineffective interprofessional collaboration is negatively associated with (nurse) work environment and patient outcomes
- Patient outcomes
 - Length of Stay ↑
 - Infection rates ↑
 - Serious Adverse Events ↑
 - Medication errors ↑
 - Failure to rescue ↑
- Nurse work environment
 - Workload ↑
 - Social capital ↓
 - Decision Lattitude ↓
 - Emotional exhaustion ↑
 - Job turn over ↑
- Concepts implemented
 - 1 on 1 handover
 - Systematic patient rounds
 - Huddle
 - Separate NEWS and medication admission rounds
 - STEP (included in daily huddle)
 - Status of Patient
 - Team Members
 - Environment
 - Progress toward Goal
 - Patient empowerment through a Q&A-diary



PATIENT SAFETY

- The CUSP Toolkit : comprehensive Unit-Based Safety Program
- Analyse des EI à travers des outils : Six Sigma-PDSA-Spaguetti diagram...
- Peer Review





Conclusion

Name _____

Signature _____

Date _____



Constats liés au Paradigme Magnet

- Tout semble logique pourtant engagement du monde hospitalier belge n'est pas une réalité
- Aligner les objectifs et les valeurs avec la stratégie hospitalière
- Nurse Work Environnement / Practice Environnement
- Plus qu'une accréditation, une philosophie
- LEARN – ADAPT – IMPROVE
- Magnet n'est pas une checklist, c'est un développement de valeurs, un engagement sur une vision, des standards, une adaptation à la réalité de terrain, une fierté.

Par où commencer ?

Diffuser la philosophie tout azimut

Soutenir les hôpitaux qui souhaitent s'engager dans cette voie

Développer les plateformes de connaissances liées à la philosophie Magnet

Sortir des réponses simples et faciles,

Promouvoir les modèles de soins collaboratifs

Sortir du « driver » money