



CLINICAL EXCELLENCE
COACHING, LLC

 A SUPPLEMENTAL GUIDEBOOK

Magnet[®] Recognition

A practical guide for organizations pursuing nursing excellence.

Prepared by Magnet[®] subject-matter expertise for
organizations beginning or continuing the journey to
designation.



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INTENDED USE

This document provides guidance for hospitals that choose to begin or continue their journey to excellence in service and quality outcomes. A deliberate assessment of the internal structures, organizational support, and available resources should be considered when deciding which designation journey to choose. This document is not meant to be an exhaustive tool. Please use the resources provided as guidance as your organization pursues excellence.

Authorship

This guidebook was developed by Magnet® subject-matter experts to provide practical guidance for organizations beginning or continuing their Magnet® journey.

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Table of contents

Ch. 01 Introduction to the Magnet® Journey of Excellence

Ch. 02 Magnet® Recognition Program: Key Terms

Ch. 03 Magnet® Recognition Program: Getting Started

Ch. 04 Magnet® Recognition Program Overview

Ch. 05 Phases of the Application & Appraisal Process

Ch. 06 Phase 0: Establishing Readiness to Apply

Ch. 07 Empirical Data Requirements

Ch. 08 The Magnet® Program Director Role

Ch. 09 Phase 1: Application (On the Journey)

Ch. 10 Phase Two

Refs References

App. A *Organizational Self-Assessment*

App. B *Sample Magnet® Statement of Work*

Introduction to the Magnet[®] Journey of Excellence



The decision for organizations to pursue Magnet[®] recognition is rightfully considered a journey. Successful journeys are deliberate and well planned out with all the necessary tools and resources to make it to the desired destination. As you approach this journey to organizational excellence, the focus should be on “the doing,” which will support successful outcomes.

“Success is a journey not a destination. The doing is usually more important than the outcome.”

– ARTHUR ASHE

The case for the “why” for Magnet[®] is well established. Evidence in the extant literature supports the value of Magnet[®] recognition programs. Magnet[®]-recognized facilities achieve higher standards of quality for patients and staff due to the program’s strong emphasis on empirical outcomes (Gokenbach & Drenkard, 2011). The Magnet[®] journey has been shown to produce improvement in workforce characteristics, increased registered nurse (RN) satisfaction, increased patient satisfaction, and improvement in nurse quality metrics (Gokenbach & Drenkard, 2011).

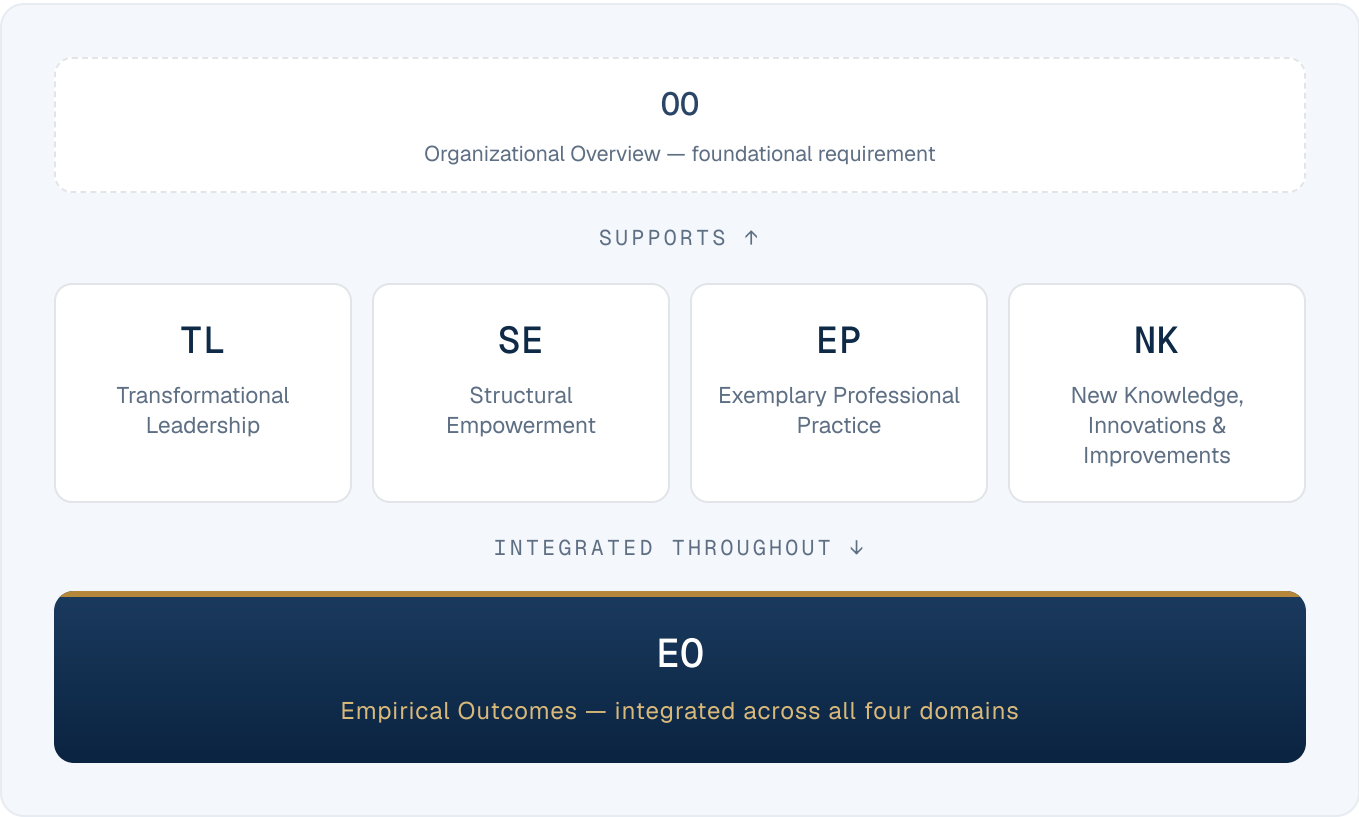


Figure 1 – Domain architecture of the Magnet® Recognition Program (CEC schematic). Refer to ANCC for the official Magnet® Conceptual Model. *Magnet® Conceptual Model*, American Nurses Credentialing Center, 2023.

Magnet® Recognition Program: Key Terms

This guidebook places hospitals that have made the decision to pursue Magnet® designation into two categories, defined in the table below. These technical terms are referenced throughout this manual and are used as the accepted verbiage to classify where hospitals currently stand in relation to designation status.

TABLE 1 – KEY TERMS

Key term	Definition
In Pursuit of Excellence	An organization that has begun their Organizational Self-Assessment (Phase O), with the intent to build structures and processes, with the goal of applying for designation to the Magnet® program office.
On the Journey	An organization that has successfully applied for Magnet® designation and has received a final document submission date from the Magnet® program office.

Magnet® Recognition Program: Getting Started

The key to a successful journey is prior planning.

The authors of this document recommend organizations who wish to apply for Magnet® recognition complete an organizational self-assessment as their first step. “The Magnet® Organizational Self-Assessment tool breaks down each of the components’ fundamental concepts and assists in guiding the structure of the culture that promotes and supports Magnet®” (American Nurses Credentialing Center, 2023, para. 1).

The bulk of this resource manual is aimed at providing internal and external resources available to complete a thorough assessment of your organization’s Magnet® readiness and start the process of building the structures and processes necessary to have a successful Magnet® journey.

TABLE 2 – INTRODUCTION TO THE MAGNET® JOURNEY OF EXCELLENCE RESOURCES

Topic	External resource
Getting Started	nursingworld.org/organizational-programs/magnet/about-magnet
Why Become a Magnet® Organization?	.../about-magnet/why-become-magnet
The Magnet® Model	.../magnet/magnet-model
Magnet® Case Studies	.../program-tools/case-studies
Helpful Contacts	.../contact-magnet-staff

Magnet® Recognition Program Overview



The Magnet® Hospital Recognition Program for Excellence in Nursing Services was approved in 1990 and was renamed the Magnet® Recognition Program (MRP) in 2000 (American Nurses Credentialing Center, 2023). It offers credentialing for hospitals with outstanding nursing care (Gokenbach & Drenkard, 2011). The program is evidence-based, using research that described characteristics of facilities who maintained strong staffing despite a national nursing shortage.

The most current iteration of the MRP is founded upon Donabedian's Structures, Process, and Outcomes Model. The assumed relationship by the MRP between those three domains is described in the 2023 Magnet® Application Manual: "the examples, provided by Magnet® organizations, incorporate narratives to describe the structure and processes used to achieve improved outcomes" (American Nurses Credentialing Center, 2023, p. 2). The establishment of structures and processes — "the doing" — as the drivers for improved Magnet® outcomes should not be missed.

The Magnet® model displays five of the six domains. The Transformational Leadership (TL), Structural Empowerment (SE), Exemplary Professional Practice (EP), and New Knowledge, Innovations, and Improvements (NK) domains surround the Empirical Outcomes (EO) domain. This is because the EO domain is integrated throughout the other four domains. Empirical outcomes of organizational excellence must be evident before Magnet® recognition can be achieved.

THE FOUNDATIONAL DOMAIN

The domain not included in the Magnet® model is the Organizational Overview (OO) domain, which should be viewed as the foundational requirement for Magnet®-designated organizations. It is the first domain reviewed once document submission occurs. If any required items in this domain are missing, the organization is notified and given up to five business days to address them; if they are not addressed within that window, the document review concludes unsuccessfully.

The six MRP domains

- 1 Organizational Overview (OO)
- 2 Empirical Outcomes (EO)
- 3 Transformational Leadership (TL)
- 4 Structural Empowerment (SE)
- 5 Exemplary Professional Practice (EP)
- 6 New Knowledge, Innovations, and Improvements (NK)

Empirical outcomes of organizational evidence

- Professional board certification
- Nursing education
- Registered Nurse (RN) satisfaction
- Nurse turnover
- Nurse-sensitive clinical indicators
- Patient experience
- Graphed data for specific sources of evidence

Phases of the Magnet® Application & Appraisal Process



It is important that organizations who wish to pursue their Magnet® designation understand the requirements of the MRP. The bulk of the preparation for a successful application is spent in the “In Pursuit of Excellence” phase, ensuring the foundational requirements of the MRP are established and operationalized within the organization. This manual focuses on Phase 0 (In Pursuit of Excellence) and Phase 1 (On the Journey). Once an organization applies for Magnet®, support for Phases 2, 3, and 4 is provided by the Magnet® Program Office (MPO) and, if the organization chooses, their Magnet® consultant.

PHASE

Organization establishes readiness to apply

0

The preparatory “In Pursuit of Excellence” phase that precedes formal application — building the structures and processes the program requires.

PHASE

Application — “On the Journey”

1

- Completes online Application Form / CNO Attestation
 - Certifies eligibility to apply & requests a Documentation Submission Date
 - Provides CNO & MPD contact information, CNO CV/résumé, current organizational and nursing org charts, list of externally managed databases, Nurse Leadership Education Reporting Table, and IRB Attestation Letter
-

PHASE

Written documentation submission & review

2

- By the 15th of the month prior to submission: DDCT
 - On submission day: Nurse Leadership Education Reporting Table, Unit-Level Data Crosswalk, Organizational Overview, Magnet® Model Source-of-Evidence (SOE) examples and supporting evidence, and additional documentation as applicable
-

PHASE

Site visit

3

Once documentation meets the threshold of excellence, the organization confirms site-visit dates, notifies staff and displays documentation, posts public notices, and collaborates with the Appraiser Team Leader on the agenda and arrangements.

The Appraiser Team conducts meetings and unit visits to verify, validate, and amplify the content of the documentation and determine enculturation of Organizational Overview items and Magnet® component examples throughout the organization.

PHASE

COM decision

4

The Commission on Magnet® (COM) reviews appraiser reports from the Documentation Review and Site Visit phases and votes on the final designation decision, followed by the COM Notification Call. The MPO then provides designation correspondence, an Executive Summary Report, and links to the Designation Toolkit and Interim Monitoring & Evaluation Phase information.

The Magnet® Application and Appraisal Process has four official phases (1–4). This guidebook also addresses a preparatory Phase 0 that precedes formal application (American Nurses Credentialing Center, 2023).

Phase 0: Establishing Readiness to Apply



The work done prior to applying is just as important as the work done after applying.

The first step in the Application and Appraisal Process states “Organization Establishes Readiness to Apply.” For organizations that wish to begin the Pursuit of Excellence phase, decisions regarding eligibility to apply, roles within the journey, resources available, and organizational support should be addressed during this phase. The Organizational Self-Assessment in Appendix A provides considerations for facilities regarding their eligibility for the Magnet® journey.

RECOMMENDATION

Consider purchasing a copy of the most recent Magnet® Application Manual for the person(s) leading the organizational self-assessment — including the CNO, the Magnet® Program Director / Coordinator, and any other members of the Magnet® team. The manual provides detailed information about each standard organizations are expected to meet, and can be purchased from the ANCC website.

Eligibility for Magnet® leaders

For Magnet® purposes, nurse leadership positions are defined by function rather than assigned title. Requirements for Magnet® CNOs are listed on the ANCC eligibility-criteria page, and additional information on nurse leadership roles can be found in the Magnet® Application Manual.

NOTE

Regardless of the title used in your organization, the individual serving in the CNO function must meet all Magnet® eligibility requirements. The role is defined by function, not by title.

Pre-Intent Program

The Pre-Intent Program offers resources for non-Magnet® organizations who are interested in beginning the Pursuit of Excellence phase of the journey.

TABLE 3 – ELIGIBILITY & APPLICATION/APPRAISAL PROCESS RESOURCES

Topic	External resource
Eligibility & the Application/Appraisal Process	.../magnet/apply/eligibility-criteria
Current Application Manual	.../magnet/program-tools
Magnet® Educational Programs	.../program-tools/education
Pre-Intent Program	.../program-tools/pre-intent-program

Empirical Data Requirements

For organizations on the Magnet® journey, empirical data reflects the impact of structures and processes. When you see the term “empirical outcomes” or “EO” attached to a standard in the Magnet® manual, it conveys that for that standard to be met, its requirements must be substantiated with empirical data in the form of a graph.

There are five standards in the 2023 Magnet® manual that require data from Magnet®-approved vendors. These are in the Exemplary Professional Practice (EP) section of the manual.

THE FIVE VENDOR-DATA STANDARDS

Standard	Measure
EP3EO	RN Satisfaction
EP19EO	Nurse-Sensitive Clinical Indicators — Inpatient
EP20EO	Nurse-Sensitive Clinical Indicators — Ambulatory
EP21EO	Patient Experience — Inpatient
EP22EO	Patient Experience — Ambulatory

Each standard has its own specific formatting and data-presentation requirements, but they share these common requirements:

- The outcome data selected by the organization must be Magnet®-approved by the MPO (see list in the 2023 Magnet® Manual).
- Data must be presented at the unit/clinic level; if not available at that level, data must be presented at the next-highest aggregated level (group of units, service lines, etc.).
- Data must be benchmarked against an appropriate vendor-approved comparison group using a measure of central tendency (mean, median, etc.).
- Health-system and/or regional benchmarks are usually not applicable due to inappropriate comparison cohorts and a lack of MPO-approved questions for EP3EO, EP21EO, and EP22EO. To use a measure benchmarked at the system or regional level as evidence of outperformance for EP19EO and/or EP20EO, reach out to the MPO for guidance.

BEFORE YOU SUBMIT

The contracting process for national vendors can be time-consuming, particularly in organizations with complex procurement requirements. An application for Magnet® recognition should not be submitted until: **(1)** a contract is in place with vendor(s) that provide data for the five standards above, and **(2)** the organization has implemented a process that accounts for who is responsible for data collection, data input, and data dissemination — and whether a designated person oversees the entire process.

TABLE 4 – EXTERNAL DATA VENDOR RESOURCES

Topic	External resource
External Data Vendor Crosswalk	ANCC provides a crosswalk of external vendors and the services they provide for organizations on the journey. Accepted Database Vendors: .../accepted-database-vendors

The Magnet® Program Director Role



The decision on who will coordinate the journey to Magnet® excellence ideally should be made prior to the application being submitted. The role of a Magnet® Program Director (MPD) is dynamic and poorly defined in the literature. This is largely due to the program’s focus on “a framework that organizations can use to continually guide nursing practice, aligning structures and processes to achieve excellent patient outcomes and improve the work environment” (Lackey, Lott, & Whade, 2021, para. 6). The requirement to coordinate initiatives related to all aspects of nursing practice, work environment, and positive patient outcomes makes the MPD role one of flexibility.

Core skills an MPD should possess

Lackey, Lott, & Whade (2021)

Data analysis & interpretation

The MPD should be interpreting and communicating empirical data with every level of staff within the organization.

Writing & editing

The ability to write and to review the writing of others is key to a successful Magnet® journey.

Directing / leadership

The MPD should be empowered to lead at all levels and have the authority to drive organizational decisions based on evidence.

SELECTING YOUR APPROACH

The choice of hiring for the role or assigning the duties to an individual or group in another role is up to the organization. Be mindful of the amount of time and attention to detail the Magnet® journey requires when selecting how your organization proceeds.

TABLE 5 – MAGNET® PROGRAM DIRECTOR RESOURCES

Topic	External resource
The MPD Role (American Nurse)	myamericannurse.com/pivotal-role-of-the-mpd
Free HealthLinx Webinar on MPDs	healthlinx.com — search “Magnet Program Director Role, Responsibilities, Hiring and Keys to Success”

Phase 1: Application (On the Journey)

Submitting a Magnet® application signifies an overt commitment to nursing excellence.

After months — and sometimes years — of preparation, the application marks a milestone. Remember, this is a journey, and every organization may take a different path to reach the point of application readiness.

The Magnet® contract

Prior to applying and paying the required Magnet® program fees, your organization must secure a contract with ANCC for the recognition program. This requires close communication and collaboration between the organization's nursing service and the contracting department.

Determination of sole source

ANCC owns exclusive rights and is the only accreditation body for Magnet® recognition. They are the sole source for the Magnet® Recognition Program.

Statement of Work (SOW)

Appendix B provides a sample SOW to submit for an ANCC Magnet® Program contract. Collaborate with your organization's contracting officer to ensure the information in the SOW meets the needs of the organization and aligns with the requirements of the Magnet® program. The Magnet® application can be submitted online; review the instructions listing required documents prior to completing the application.

Required documentation for application

As part of the online application, the organization completes the Application Form and CNO Attestation, certifies its eligibility to apply, and requests a documentation submission date. The following are provided with the application:

- CNO and Magnet® Program Director (MPD) name and contact information
- Chief Nursing Officer's curriculum vitae or résumé
- Current facility organizational chart showing the CNO and nursing's relationship to the entire facility
- Current nursing organizational chart, including all areas where nursing is practiced
- List of the externally managed database(s) used for RN satisfaction/engagement, patient experience, and nurse-sensitive clinical quality indicators
- Institutional Review Board (IRB) attestation letter
- Nurse Leadership Education Reporting Table

Magnet® application fees

Once an application is completed, the organization will be sent an invoice by the MPO.

Current application fee

After payment of the application, your organization selects a future written-document submission date — the date the written document will be due for review by assigned appraisers. “If at a later time the organization decides to change the documentation submission date (e.g., by either requesting an earlier document submission date or requesting an extension), a fee will be assessed” (American Nurses Credentialing Center, 2023, para. 3).

Appraisal review fee (applies to all healthcare organizations)

Leading up to the selected submission date, you will be invoiced by ANCC for this fee. It is based on licensed bed size and is due at the time of written-document submission. Details about the ANCC fee structure are available on the Magnet® fees page.

Phase Two



At the conclusion of your application, you are now in Phase 2 of the Magnet® journey.

Support for Phases 2, 3, and 4 is provided by the MPO and, if the organization chooses, their Magnet® consultant. The goal of this phase is to provide guidance and mentorship as your organization matriculates through the process of achieving Magnet® recognition.

FROM THE AUTHOR

Good luck.

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Organizational Self-Assessment

The Magnet® Organizational Self-Assessment helps organizations evaluate readiness across eligibility, regulatory adherence, the Organizational Overview, workplace advocacy, empirical outcomes, and leadership domains. Each requirement is paired with practical guidance.

Magnet® Recognition Program: Eligibility & Program Requirements

Magnet® requirement	Guidance for organizations
The organization understands all requirements in the 2023 Manual, Chapter 2 (Overview of Organizational Eligibility). Requirements that need to be addressed have been identified and resolved.	Consider purchasing a copy of the most recent Magnet® Application Manual for the person(s) leading the self-assessment. ANCC resources: Current Application Manual, Magnet® Model explanation, Educational Programs, Pre-Intent Program, Case Studies, and the ANCC Magnet® Staff Directory (all at nursingworld.org).
The organization understands it must designate one individual as the CNO who is ultimately responsible for sustaining the standards of nursing practice throughout the organization in all setting(s) where nursing is practiced.	For Magnet® purposes, the CNO role is defined by function, not title. The individual must be a registered nurse, hold a master's degree or higher at the time of application (with at least a baccalaureate in nursing), and be positioned as the highest-level nurse with accountability for all nursing practice.
The CNO is an RN and must hold, at minimum, a master's degree at the time of application. If the master's is not in nursing, then either a baccalaureate or a higher degree must be in nursing. Interim CNOs must also comply. The CNO is the advocate for nursing to the Board of Directors.	See the Organizational Overview section for details. The executive-level org chart should show the CNO at the same tier as other executive leaders (e.g., CMO, COO, CFO).
At the time of application, all Nurse AVPs / Nurse Directors and Nurse Managers must be registered nurses and have a degree in nursing (baccalaureate or graduate).	Nurse leadership positions are defined by function, not assigned title. Note the key leadership positions and their function, and verify educational eligibility before application submission.

MAGNET® LEADERSHIP ROLES & BROAD FUNCTIONS

Role	Broad function
CNO	Highest-level nurse within the applicant organization, responsible for all nursing practice regardless of reporting relationship (direct vs. indirect).
Nurse AVPs & Nurse Directors	Hold line authority over multiple units with RNs delivering care in inpatient or ambulatory settings, positioned between nurse managers and the CNO. Line authority may include nurses who influence practice (quality, education, etc.).
Nurse Manager	Supervises all RNs and other providers delivering nursing care in a designated area; responsible for recruitment, retention, review, and development of the nurses they supervise.

Magnet® requirement	Guidance for organizations
Interim Nurse AVP / Nurse Director and Nurse Manager appointees must also comply with these requirements.	Any individual assigned to these roles, even on an interim basis, must meet the minimum requirements on the ANCC eligibility-criteria page.
All requirements must be maintained throughout the Application and Appraisal (Documentation Review through Site Visit) phases and while designated as a Magnet® organization.	Ongoing monitoring of nurse-leader educational qualifications must be maintained throughout the entire Magnet® designation cycle.
All setting(s) where nursing is practiced must be included in the application.	“This includes all entities (hospitals, long-term care, rehab center, hospice, surgical centers, ambulatory clinics, etc.) and all settings (e.g., Med-Surg, OB, NICU, ICU, CCU, Step-Down, Rehab, Pediatrics, Psych, ED, Dialysis, Home Care, Long-Term Care, etc.) where the CNO is ultimately responsible for sustaining the standards of nursing” (ANCC, 2023, p. 3).
The Nursing Organizational Chart must reflect that the CNO is responsible for all nursing practice and all nurses report directly or indirectly to the CNO.	See the Organizational Overview section for more details.
All application materials and documentation submitted at all phases must be provided in English.	See Appendix A in the 2023 Magnet® Manual, pp. 91–93, for the application and appraisal process, and the ANCC Magnet® Eligibility Requirements page.
The organization must notify the Magnet® Program Office of any major changes or events that might affect its ability to meet Magnet® requirements.	“Written notification of such events must be forwarded to and received by the Magnet® Program Office within seven business days of their discovery” (ANCC, 2023, p. 9). See p. 9 of the manual and the ANCC Magnet® Staff Directory.
The organization understands all requirements in Appendix H: Interim Monitoring and Evaluation Phase.	(American Nurses Credentialing Center, 2023).
The organization understands all requirements in Appendix I: Responsibilities of Initial Applicant and Magnet® Organizations.	See pp. 135–140 in the 2023 Magnet® Manual.

Adherence to Regulatory Requirements

Magnet® requirement	Guidance for organizations
The organization must comply with all applicable local, state, federal, and/or international laws and regulations as they relate to registered nurses in the workplace.	“For example, laws and regulations administered by the Occupational Safety and Health Review Commission; the Equal Employment Opportunity Commission; the US Department of Health and Human Services; and the US Department of Labor, the National Labor Relations Board, or other agencies as they relate to registered nurses in the workplace” (ANCC, 2023, p. 5).
The organization must disclose, at the time of application, all agency or court-of-law decisions within one year before application — and, within seven business days of receipt, any such decisions after submission or during designation.	“Failure to report any of the aforementioned adverse decisions may result in denial of a pending application for designation or redesignation, revocation of designation, or other adverse action” (ANCC, 2023, p. 7). See the ANCC Eligibility Criteria page.

Organizational Overview

Magnet® requirement	Guidance for organizations
There is a link to the organization’s external webpage where the public learns about the contributions of professional nursing.	Collaborate with communications/public affairs. What an organization displays under “contributions of professional nursing” is up to them — e.g., shared-governance practices, research & EBP, RN transition-to-practice programs, scholarship and award programs, recruitment and retention activities.
The organization has annual reports for stakeholders (nursing and organizational), quality and patient-safety plans, and strategic plans for the organization and nursing services.	Collaborate with Quality and Patient Safety staff. The nursing strategic plan is a separate document from the organization’s, but the two should align. When developing goals: involve nurses at all levels, avoid overly specific broad goals, use the SMART approach, and use strategic plans to drive quality change for patients and staff.
Prepared for submission: the current CNO’s job description and the CNO’s curriculum vitae or résumé.	Provide the most up-to-date CV/résumé and ensure the CNO’s current degrees and date of service in the CNO role match what is presented on other documents.

Magnet® requirement	Guidance for organizations
Prepared for submission: organizational chart(s) for the organization and the nursing organizational chart(s).	The executive-level chart should show the CNO at the same level as other organizational leaders. The nursing chart should show the CNO's relationships to nurses across the organization for both direct and indirect reports.
Prepared for submission: a description of the CNO's structural and operational relationships to all areas where nursing is practiced.	Include both direct and indirect reports. Structural relationships describe the CNO's position on the org chart; operational relationships relate to how the CNO supports, communicates, and collaborates with nurses to support high-quality patient care.
Prepared for submission: Names and Credentials of CNOs for the past 48 months.	A simple table attesting to the CNO's tenure suffices. Include the CNO's full name with nursing credentials and applicable certifications, and their start date as CNO through the present.
Prepared for submission: policies and procedures that govern and guide continuing professional development programs.	Policies must be inclusive of RNs — e.g., tuition reimbursement and employee education policies, access to continuing-education resources (web-based learning, library access), professional board-certification support policies, and participation in local, regional, national, and international conferences.
Prepared for submission: a description of the shared decision-making structure, nursing's structural and operational relationship within it, and supporting policies, charters, or bylaws.	Shared decision-making is “a dynamic partnership between leadership, nurses, and other healthcare professionals” (ANCC, 2023, p. 203) — a foundational requirement. Provide documents (policies, charters, bylaws) showing evidence of shared decision-making at submission. Ensure clinical nurses (those who spend ≥51% of time providing patient care, including APNs) are involved.
A description and/or policies for the process by which the CNO (or designee) participates in credentialing, privileging, evaluating, and re-privileging all Advanced Practice Nurses (APNs), including frequency of re-privileging.	The description must support that the CNO (or designee) participates in credentialing, re-privileging, and evaluation of APNs. If delegated, the operational relationship between the CNO and designee must be described in detail. Your organization may have an APRN-practice policy or guideline that describes this process.

Workplace Advocacy

Magnet® requirement	Guidance for organizations
Policies depicting the organization's workplace-advocacy initiatives for all staff: caregiver well-being; diversity, equity & inclusion; rights; confidentiality; care for the impaired practitioner; and zero tolerance for bullying, incivility, and workplace violence.	This list is not exhaustive and may require multiple policies. Caregiver well-being: EAP, absence/leave, employee-wellness. DEI: cultural-competency, interpreter/translator. Rights: grievance, security/law-enforcement, work-related injury. Confidentiality: Just Culture, EAP, information-security. Impaired practitioner: EAP. Zero tolerance: disciplinary/adverse-action, grievance, code of ethical behavior, mediation, employee code of conduct.
Policies depicting the organization's initiatives for patients and families regarding diversity, equity & inclusion and cultural competence.	DEI policies, cultural-awareness and competency policies, and interpreter/translator services policies.
Policy that permits and encourages nurses to confidentially express concerns about their practice environment without retribution; address incompetent, unsafe, or unprofessional practice; and address interprofessional conflict.	Express concerns: privacy/confidentiality, Just Culture/culture-of-safety, disciplinary, grievance, employee code-of-conduct. Address unsafe conduct: grievance, code of ethical behavior, employee code-of-conduct. Interprofessional conflict: mediation, employee code-of-conduct.
The organization has chosen one of the three options to protect the rights of participants in human-subject research.	See the 2023 Magnet® Manual, pp. 21–22, for IRB classification. Templates for IRB attestation are available on the Magnet® program website.
The organization completes the required nursing-research table depicting a minimum of two completed studies and one ongoing study (ongoing within the 48-month reporting window).	The Research Table template is on the Magnet® program-tools page.

Empirical Outcomes

Magnet® requirement	Guidance for organizations
There is a process by which the organization empirically measures quality outcomes related to nursing leadership and nurse clinical practice.	Empirical data reflecting the impact of structures and processes should drive improvement. Five 2023-manual standards in the EP section require Magnet®-approved vendor data: EP3EO (RN Satisfaction), EP19EO (NSC Indicators — Inpatient), EP20EO (NSC Indicators — Ambulatory), EP21EO (Patient Experience — Inpatient), EP22EO (Patient Experience — Ambulatory). Common requirements: data must be MPO-approved; presented at unit/clinic level (or next-highest aggregate); and benchmarked against an approved comparison group using a measure of central tendency. Do not submit until a vendor contract is in place and a data-collection/input/dissemination process is defined.
The organization is aware of the Empirical Outcomes Presentation Requirements on pp. 24–27 of the 2023 Manual.	Refer to the ANCC Magnet® program tools for Empirical Outcomes guidance resources.
EO SOE examples must align: Problem, Pre-intervention(s), Goal, Intervention(s), Outcome.	Refer to the ANCC Magnet® program tools for Empirical Outcomes guidance resources.
EO SOE examples must include a Participants section listing the name, discipline, job title, and department of each individual involved in pre-intervention and intervention activities (2023 Manual, p. 25).	Refer to the ANCC Magnet® program tools for Empirical Outcomes guidance resources.
EO SOE examples' stated Goals must align with the graphed outcome data.	Refer to the ANCC Magnet® program tools for Empirical Outcomes guidance resources.
Descriptions of EO SOE Interventions must include key references (minimum of two) supporting that interventions were evidence-based (APA format).	Refer to the ANCC Magnet® program tools for Empirical Outcomes guidance resources.
The organization is aware of the EO SOE Data Display Requirements on pp. 26–27 of the 2023 Manual.	Refer to the ANCC Magnet® program tools for Empirical Outcomes guidance resources.

Transformational Leadership

Magnet® requirement	Guidance for organizations
Nursing’s mission, vision, values, and strategic plan align with the organization’s priorities to improve performance.	Strategic planning results from “reviewing the mission, environmental surveillance, and previous planning decisions used to establish major goals and nonrecurring resource-allocation decisions” (ANCC, 2023, p. 160). Use SMART goals. Specific: take the “step back” approach — capture the spirit of the assessed need (e.g., “Improve Quality of Care,” then specify “decrease HAIs”). Measurable: goals you can track and monitor. Attainable: within the organization’s capabilities — Magnet® requires evidence of improvement, not a specific magnitude. Relevant: relevant to patients’ and staff’s assessed needs. Timely: the time horizon is the organization’s decision. Align quality initiatives with strategic-plan goals to meet Magnet® standards.
If the nursing strategic plan is part of the organization’s strategic plan, nursing information must be evident within it.	Ensure nursing’s contribution to and presence within the broader organizational strategic plan is clearly visible and documented.
Organizational change must be inclusive of nursing and other departments.	Organizational-level decision-making groups can make decisions that impact the organization — e.g., Patient Experience, Executive Leadership Council, Critical Care, Ethics, Infection Control, Skin Risk, Purchasing & Procurement committees, or ad-hoc groups. Ensure nurses at all levels are involved as members.
Mentoring is in place for nurses at all levels, including the CNO. Provide two examples (one in an ambulatory setting, if applicable).	Mentoring can be an established program or a single nurse’s plan, and must be about professional development (not orientation). The mentor must be an employee, and a nurse for all mentee roles except the CNO. Examples by level: CNO, Nurse Executive/Director, Nurse Manager, APN, Clinical Nurse.
Succession planning is in place for nurses at all levels, including the CNO. Provide two examples (one ambulatory, if applicable).	Succession planning prepares and develops a nurse for a role they’ve expressed interest in or been identified for; it can be formal or informal. Promotion isn’t required, but evidence of the process must be presented. Examples by level: CNO, Nurse Executive/Director, Nurse Manager, APN.

Additional Considerations

Magnet® requirement	Guidance for organizations
Clinical nurses are involved in the development, implementation, and evaluation of the professional practice model.	The Nursing Professional Practice Model “illustrated the alignment and integration of nursing practice with the mission, vision, philosophy, and values of the organization” (ANCC, 2023, p. 150). Use shared decision-making to recruit clinical-nurse input.
Annual reports highlight the achievements of nursing throughout the organization.	For Magnet® purposes, this includes both organizational and nursing annual reports describing operations, performance, and quality. The MPO is not prescriptive about format or contents.
The CNO, Nurse AVPs/Directors, and Nurse Managers are strategic partners in decision-making. Clinical nurses are involved in interprofessional decision-making groups at the organizational level.	Examples include Patient Experience, Executive Leadership Council, Critical Care, Ethics, Infection Control, and Purchasing & Procurement committees. Ensure nurses at all levels participate as members.
Nursing leadership throughout the organization is visible and accessible to all nurses.	Visibility can be achieved many ways; ensure it includes discussions that produce tangible outcomes. TL standards assume leaders are assessing, communicating, collaborating, advocating, and implementing change based on staff feedback. Shared governance is an effective medium because it enables two-way communication.
Professional development opportunities are available for all nurses.	Examples: conference attendance, education to increase knowledge on an identified subject, education based on staff feedback, mentoring relationships, support for higher education and certification, and transition-to-practice activities.
Nurses are involved with professional nursing organizations.	Involvement can include membership, meeting and conference attendance, and journal/newsletter/standards review. List of organizations: nurse.org/orgs.shtml

Magnet® requirement	Guidance for organizations
The organization has an action plan for RN progress toward professional board certification and can demonstrate it met or exceeded a targeted improvement goal at the organizational level (SE3/SE4EO) and the unit/division level (SE5/SE6EO).	Set a reasonable improvement goal — any improvement meets the standard. Goals are annual: Year 1 baseline, Years 2–3 outperform the set goal. Example: baseline 25%, 1% annual increase = $0.01 \times 25\% = 0.25\% \rightarrow 25.25\%$ (not 26%). Year 3 must outperform 1% of Year 2: $0.01 \times 25.25\% = 0.2525\% \rightarrow 25.50\%$. A maintenance goal may be used if the certification rate is $\geq 51\%$.
The organization has an action plan to progress toward, or maintain, $\geq 80\%$ of professional RNs holding a baccalaureate or higher degree in nursing (SE7/SE8EO).	Set a reasonable annual improvement goal. Example: baseline 75%, 5% annual increase = $0.05 \times 75\% = 3.75\% \rightarrow 78.75\%$ (not 80%). Year 3: $0.05 \times 78.75\% = 3.9375\% \rightarrow 82.69\%$. A maintenance goal may be used if the organization is $\geq 80\%$.

Sample Magnet® Statement of Work

Magnet® Recognition Program · Statement of Work

Background & objectives

The **(Insert Organization Name)** is currently seeking Magnet® Recognition through the American Nurses Credentialing Center (ANCC). ANCC is the governing body for submission of documentation that recognizes healthcare organizations for their work in quality patient care, nursing excellence, and innovation in professional nursing practice.

SOLE SOURCE

ANCC owns exclusive rights to, and is the only accreditation body for, Magnet® Recognition.

The Magnet® credential is recognition of a healthcare organization's attainment of excellence in nursing. It is a rewarding and valuable experience for an organization seeking focus and direction to achieve nursing excellence. The process is thorough and comprehensive, involving widespread participation by the applicant organization's nurses and other members of the healthcare team. It is a revealing self-evaluation, creating opportunities for the entire organization to work collaboratively, enhance individual professional development and growth, and strategically support a work environment that is proactive and deliberate in the delivery of safe patient care.

Phases of the Magnet® Appraisal Process

- 1 Application
- 2 Submission of written documentation
- 3 Site visit
- 4 Decision by the Commission on Magnet® Recognition (COM)

Scope

The contractor shall:

- Virtually review the **(Insert Organization Name)** document submitted for Magnet® designation.
- Once the written documentation meets the required threshold, arrange a site visit to validate, verify, and amplify compliance and enculturation of the Magnet® components.
- Negotiate between the **(Insert Organization Name)** and the Magnet® appraiser team to determine site-visit dates. The site visit is scheduled six to twelve weeks after notification.
- Provide information regarding the time and date of a 3-day on-site visit by ANCC reviewers if the reviewed document is accepted. ANCC collaborates with the organization to determine hotel stay, travel, and per diem for the appraisal team.
- Verify, amplify, and clarify the content of the applicant's written documentation during a 3-day on-site visit, including: meetings with large and small groups and visits to units and other areas where nurses work; visits with community members and area schools of nursing; and review of current budget, nurse-sensitive indicators, nurse and patient satisfaction data, and advocacy-department files reflecting reports related to nurses and nursing.
- Prepare a final report for the COM, including a summary of the written-documentation review and site-visit findings.

Requirement

- **Appraisal & Documentation Review in (Insert anticipated submission year).** Review written documentation submitted by the organization. The average review time, or request for and review of additional documents, is approximately four months. If additional documentation is requested, the organization has up to sixty business days to produce the documents.
- **On-Site Visit for the Magnet® Team in (Insert anticipated site-visit year, roughly 6 months after document submission).** Verify, amplify, and clarify the content of the written documentation during a 3-day on-site visit, including meetings with large and small groups and unit visits; visits with community members and area schools of nursing; and review of current budget, nurse-sensitive indicators, nurse and patient satisfaction data, and advocacy-department files. The site visit is scheduled six to twelve weeks after notification.

Deliverables

The contractor shall:

- Review **(Insert Organization Name)** submitted documents and request for redesignation.
- Review the appraiser reports.
- Vote on the achievement of Magnet® expectations.
- Notify the **(Insert Organization Name)** by contacting the Chief Nursing Officer via email of the outcome of the Magnet® process.

