AACN BEACON AWARD FOR EXCELLENCE®

Handbook

Why Is the Beacon Award for Excellence® Important to Patient Care?

Among our community of nurses, we often talk about excellence as part of a daily commitment to our practice, patients/families and profession. On a personal level, aspiring for excellence takes us down many paths, whether it's continuing education, professional development, certification or improved work-life balance.

In healthcare organizations, excellence is the sum of many complex parts. The American Association of Critical-Care Nurses (AACN) created the Beacon Award for Excellence® (Beacon Award) to recognize individual units that distinguish themselves by improving every facet of patient care. As individual units strive for excellence, the Beacon program's three levels of designation – gold, silver and bronze – recognize significant milestones along a unit's journey to excellence.

For patients and their families, the Beacon Award signifies exceptional care through improved outcomes and greater overall satisfaction. For nurses, a Beacon Award can mean a positive and supportive work environment with greater collaboration between colleagues and leaders, higher morale and lower turnover. Nurses who work in organizations and units that meet a national standard for excellence consistently report healthier work environments and express higher satisfaction with their job. (Ulrich B, Woods D, Hart K. Value of excellence in Beacon units and Magnet® organizations. *Crit Care Nurse.* 2007;27(3):68-77.)

The Beacon Award provides a road map and tools to assist units on their path to excellence. The journey begins by implementing processes, procedures and systems to support excellence and remove barriers. Because we are exceptional nurses, the foundational responsibility to provide superior care is always at the forefront of our efforts.

Units that are recognized with a Beacon Award achieve:

Influence and Recognition
Units that receive the Beacon Award set the standard for excellence in patient care environments by collecting and using evidence-based information to improve patient outcomes, as well as patient, family and staff satisfaction. Facilitators of patient safety and quality programs, such as The Leapfrog Group Hospital Quality and Safety Survey, regard the Beacon Award as a significant achievement in their evaluation process.

Credibility
Consumers, who now pay much closer attention to quality of care when making decisions about their healthcare, take Beacon Award recognition into consideration when choosing a hospital for treatment.

Recruitment and Retention
Prospective employees consider the Beacon Award an indicator of a healthy work environment and a place where quality of care is tied directly to quality of staff. Nurses who work in these units know their skill and expertise are appreciated and valued. This support, in turn, boosts their morale.

About the Beacon Award for Excellence®

As the leader in acute and critical care nursing, AACN developed the Beacon Award in 2003 to provide hospitals and healthcare systems with a way to respond to increasing concerns about quality and safety, and to evaluate the continuing evolution of clinical care. In 1999, the National Academy of Medicine's (NAM's) "To Err Is Human: Building a Safer Health System" called attention to the cost of preventable medical errors and patient safety. This seminal report intensified focus on outcomes among payors and led to the development of other national efforts, including The Leapfrog Group for Patient Safety, an advocacy organization.

The Beacon Award program was updated in 2010 to closely align with current excellence indicators. Beacon-designated units meet or exceed quality standards based on proven indicators of excellence that closely align with the Malcolm Baldrige National Quality Award, American Nurses Credentialing Center's (ANCC's) Magnet Recognition Program® (Magnet Program®), National Quality Forum Safe Practices for Better Healthcare and AACN Standards for Establishing and Sustaining Healthy Work Environments (see the table "Alignment of Beacon Award for Excellence® Criteria With Other National Recognition Programs" on page 22).

Who Can Apply

The Beacon Award recognizes excellence at the unit level.
- Any unit where patients receive their principal nursing care after hospital admission may apply.
- Units must apply individually. If a hospital has multiple units seeking designation, each unit must submit a separate application.
- AACN membership is not required to apply.
- Applications are accepted at any time during the year.

To receive the Beacon Award, a unit must meet defined criteria within the following categories:
- Leadership Structures and Systems
- Appropriate Staffing and Staff Engagement
- Effective Communication, Knowledge Management, Learning and Development
- Evidence-Based Practice and Processes
- Outcome Measurement

An environment for optimal care of patients and their families requires excellence in all categories. Awarded units receive a three-year designation.

Redesignation:
Units interested in redesignation may apply anytime after receiving the Beacon Award.
- A new, complete Beacon application and payment of the application fee must be submitted for redesignation.
- The unit will be evaluated solely on the information provided in the new application. Since we do not compare the old application to the new one, it is strongly recommended that in addition to answering the criteria questions, you call out the changes implemented since your last application.

Starting Your Beacon Journey

The following guidelines are provided to help you respond effectively to the criteria questions in each category. Please review the guidelines completely before beginning your application, and check the Beacon Award website (www.aacn.org/beacon) for any additional materials or process changes.

To successfully complete the Beacon Award application it will help you to do the following:

☐ 1. **Read the entire handbook**

This handbook will orient you to the Beacon Award criteria, including how the reviewers will evaluate your application.

☐ 2. **Read and become familiar with the meaning of key terms – See pages 18-21**

Because the terms/definitions used in the Beacon Award criteria may differ from those in your hospital or unit, we've provided a Glossary of Terms. Understanding how these terms are used in the questions can help you effectively communicate your processes and results to our expert review panel.

☐ 3. **Refer to the scoring guidelines – See pages 7-8**

The expert review panel evaluates your application and prepares written feedback based solely on the information you provide. In addition to written comments, the reviewers assign a score to your application, reflecting your unit's progress on its excellence journey.

☐ 4. **Determine your readiness to apply**

Is your unit ready to begin the Beacon journey?

If you are unsure if your unit meets the eligibility criteria to apply, you should complete a Unit Profile (see page 9) and email it to beacon@aacn.org. We will review your submission and give you feedback within three business days regarding whether or not your unit is eligible.

For eligible units, AACN provides a Beacon Award Audit Tool (see pages 23-28). It is composed of a set of simple questions that will help determine how far along you are on the journey to excellence and whether you're ready to apply. This assessment tool is available online and in this handbook.

If, after completing the Beacon Award Audit Tool, you determine that your unit is ready to apply for a Beacon Award, the next step is to begin developing the written application.

☐ 5. **Start by preparing the Unit Profile**

The Unit Profile – the most appropriate starting point for your application – provides an opportunity to describe your operating environment, key relationships, external influences and unit challenges. The Unit Profile should be developed collaboratively with staff nurses and unit leaders, as it helps you and the review panel understand what is most important in the unit. Although the Unit Profile is not scored, it must be completed and included in the document page count.

☐ 6. **Write your application**

Review the criteria questions for each category, and prepare your unit's response to each (pages 10-17). Plan in advance to have someone proofread your application before submitting it. Grammatical and spelling errors can make it difficult for the review panel to understand and evaluate your responses.

Strict confidentiality is observed in every aspect of the Beacon application review and feedback process, including the online application, feedback report and expert review. In accordance with the Health Insurance Portability and Accountability Act (HIPAA) regulations, avoid including patient- or employee-specific information. If confidential information is used in the narrative, it may be included by removing all identifying details.

To submit your written responses you will need to download the Beacon Award Application from www.aacn.org/beacon. In addition to using the application, please follow these instructions:

- Pay special attention to font size and length restrictions:
    o Minimum font for the application is size 10. The application is formatted for this font size.
    o The maximum length is 52 pages. *If the application exceeds 52 pages, only the first 52 pages will be reviewed.*
    o Document should not exceed 15 megabytes.

- Ensure all graphics, particularly in the Outcome Measurement section, are appropriately labeled.

- Avoid using acronyms and abbreviations. They can have more than one meaning, which detracts from an application's clarity. If it is essential to use an abbreviation or acronym, it must be spelled out the first time it is used.

Responding effectively to Beacon criteria questions

Each category includes a series of questions. Following the questions are notes that clarify key terms and requirements, provide additional instructions and/or address important links between one or more categories. *It is very important to review the notes and use the information provided to inform your responses.*

For each question in the first four categories, you must:

- Include a description of the unit's approach, application and learning (refer to Scoring Guidelines) to illustrate how your unit achieves a goal or task.
- Include expected outcomes, staff engagement, measurement and evaluation, and how learning from evaluation is used for continual process improvement on the unit.
- Take into account the views and perspectives of all key stakeholders, including staff, leadership and physicians.
- Provide supporting evidence for each question.

The Outcome Measurement category allows you to provide specific, quantifiable results and measures of the processes documented in the first four categories of the application.

- Reported outcomes should match the patient population of the unit.
- For each outcome, the supporting evidence should include levels, trends and comparisons. Levels are numeric and provided on a meaningful scale. Trends are also numeric and should show direction and rate of change with at least three data points. Comparisons should include the relevant benchmark used by your unit as the goal for each outcome.

☐ 7. Submit your application

Whether you are applying for designation or redesignation the application submission process is the same. Once your application is written and proofread, you are ready to begin the online submission process. Log in with your member or customer ID number. Click "Apply" on the Beacon home page (www.aacn.org/beacon). The person who logs in and submits the application will become the primary contact associated with the application.

Once you log in, you will be guided through a series of steps to submit your application and payment.

Caution: The online submission process must be completed in one session from start to finish. Do not start the online submission process until you have the demographic information listed on the next page and your Beacon Award application is complete. The submission process should take approximately 15 minutes.

During the online submission process, you will be asked for the following data about your hospital and unit. We collect this information to better understand the environment of applicant, and make comparisons between groups, and it remains confidential. *Be sure to obtain the information specified before you start the online submission.*

- Unit type
- Number of beds in the unit
- Number of operating beds in the institution
- Primary type of facility
- Does your hospital currently have Magnet® hospital designation?
- Has your hospital received the Malcolm Baldrige National Quality Award?
- Is your hospital a participant in the National Database of Nursing Quality Indicators® (NDNQI®)?
- Number of RN staff in the unit (individuals not FTEs)
- How many nurses in your unit are currently certified in specialty practice by AACN, ANCC or another national nursing organization? (Please do not include American Heart Association competencies, such as CPR, ACLS or PALS, or internal hospital certifications.)
- Has the primary patient population significantly changed since your last application (e.g., switched from peds/adult to adult only)?
- What is the primary patient population you serve?

After you have answered these demographic questions you will be guided through the process to upload your saved application and submit payment.

Submission Policies

The online submission process is final. Once the application is submitted, we do not accept changes, additions or deletions.

You may pay the $1,750 Beacon Award application fee online via credit card. Once the credit card is authorized, a receipt will be emailed to you. If you choose to pay with a check, you will be prompted to print your invoice. Mail the invoice and check to AACN. Applications are not processed until payment is received.

ONCE AN APPLICATION IS RECEIVED

When AACN receives an application, it is assigned to a panel of expert reviewers who evaluate criteria responses. All of the information submitted in the application is completely confidential.

Every application receives a comprehensive feedback report that includes strengths and opportunities for improvement identified during the review process. Applicants meeting minimum score requirements receive the Beacon Award designation. The final score determines which level of the award is given — bronze, silver or gold. The levels enable a unit to chart its excellence journey over time. Recipients receive a three-year designation.

Gold-level Designation - Units awarded the gold-level Beacon Award demonstrate effective and systematic approach to policies, procedures and processes that include engagement of staff and key stakeholders; fact-based evaluation strategies for continuous process improvement; and performance measures that meet or exceed relevant benchmarks.

Silver-level Designation - Recipients who earn a silver-level award demonstrate an effective approach to policies, procedures and processes that included engagement of staff and key stakeholders; evaluation and improvement strategies; and good performance measures when compared to relevant benchmarks.

Bronze-level Designation - Recipients who earn a bronze-level award are beginning the journey to excellence, which includes developing systematic policies, processes and procedures; identifying opportunities for staff participation; and recognizing the need to develop cycles of evaluation and improvement.

Beacon-designated units are publicly recognized at the national level through AACN publications, social media and the website. AACN provides Beacon Award recipients with news release materials to publicize the designation in their local media. AACN also recognizes recipients at its annual National Teaching Institute & Critical Care Exposition® in May.

Scoring Guidelines

The Beacon Award review panel evaluates an application and prepares written feedback based on information provided by the applicant. The reviewers assign a score that reflects a unit's progress on its excellence journey. The scoring system addresses how far a unit has come on the journey compared to a measurable baseline.

Units will receive a score for each of the five categories: Leadership Structures and Systems; Appropriate Staffing and Staff Engagement; Effective Communication, Knowledge Management, Learning and Development; Evidence-Based Practices and Processes; and Outcome Measurement. The Unit Profile is not scored.

Scoring is based on two evaluation dimensions: process and results.

Process – Process *refers to the methods your unit uses and improves to address each criteria question. Reviewers take into account three factors when evaluating process responses from the first four categories:*

Approach – *Approach describes how your unit addresses the various factors and/or situations asked about in the criteria questions.*
Consider the following when describing your **approach**:

- Methods to address a factor or situation, including but not limited to related policies, procedures and processes that your unit has developed
- Effectiveness of your chosen methods
- Degree to which the approach is repeatable and systematic

Application – *Application describes how you implement the approach you described.*
Consider the following when describing your **application**:

- Consistency with which the approach is applied
- Use of the approach by all stakeholders (nurses, physicians, other members of the multidisciplinary team)

Learning – *Learning describes how you evaluate your approach and application along with how the information from the evaluation is used.*

Consider the following when describing your **learning**:

- Refinement of the approach and/or application based on cycles of evaluation and improvement
- Implementation of evidence-based best practices
- Dissemination of learning and resulting changes in other relevant units or stakeholders

Results – *Results refers to the measurable outcomes achieved by the unit. Reviewers take into account three factors when evaluating* **results** *responses from the last category:*

Levels – *Levels describes your current performance in outcome measures that reflect not only your patient population but also the processes described in the first four categories.*
Consider the following when describing your **levels**:

- Numerical information that reflects the current level of performance
- Positions the unit's performance on a meaningful measurement scale
- For instance, the number of patient falls per reporting period

Trends – *Trends describes the direction and rate of change for a unit's results in each outcome measure reported.*
Consider the following when describing your **trends**:

- The rate of performance improvements or the sustainability of good performance over time
- A statistically valid trend generally requiring a minimum of three historical data points
- For example, positive or negative trend of patient falls over three or more reporting periods

Comparisons – *Comparisons describes the data points used to evaluate a unit's performance against similar external outcomes in each outcome measure reported.*
Consider the following when describing your **comparisons**:

- Performance relative to appropriate national standards, other units in your hospital, benchmarks or

industry leaders
- How to use the comparison to assess outcomes and identify areas for improvement or change
- For example, comparison of the unit trend to an internal or external benchmark for patient falls

Unit Profile

The Unit Profile describes the framework within which your unit functions. The Unit Profile should identify the key characteristics of your unit, including the environment of care and relationships with other units in your facility, patients, families and stakeholders. Information from the Unit Profile helps reviewers better understand the composition and structure of your unit and facility. You do not need to include detailed information about your processes or outcomes in the Unit Profile. You will have an opportunity to provide that information when answering the criteria questions in Categories 1-5. The Unit Profile is not scored.

1. Describe the type of facility where the unit is located. How many beds are in the hospital and in the unit?

2. Describe the scope of service the unit provides, including major diagnoses, the types of patients admitted, a brief description of the admission and discharge criteria, and level of acuity.[1] Please note if patients are admitted to the unit through an open or closed admission structure.[2]

3. Describe the general demographics of the patients cared for in the unit.[3] Include a description of specific cultural or spiritual needs of the major groups you care for.

4. Each unit contributes to the facility's overall mission and vision. Describe the unit's role in contributing to and achieving that mission and vision.

5. Who are the unit leaders?[4] Describe the leadership relationships and accountabilities for unit function between medical, nursing and other key stakeholders.

6. Describe the unit's staff and skill mix, with titles and roles of each provider type, including health providers and other professionals;[5] and the number and types of nurses, including education levels. If staff includes union workers or bargaining units, identify the union and its impact on the nursing structure.[6]

7. Describe other key stakeholders, individuals, groups or departments present on the unit that collaborate with unit staff to provide patient care.

8. Describe the structure[7] for unit governance and decision making, including how decisions affecting unit operations are made.

9. Describe the key challenges the unit faces[8] and how the unit addresses these challenges to ensure optimal patient care.

10. Without providing trend or survey data (this information will be requested in a later category), summarize the key factors that affect staff satisfaction.

Notes:
1 Examples may include intensive care, progressive care, telemetry or trauma.
2 For example, are patients admitted to an intensivist or single service for management, or admitted and followed by individual physicians?
3 Examples may include age, cultural, ethnic or spiritual groups.

4   A unit leader is anyone who has daily responsibility for unit function and may include managers, supervisors, charge nurses or directors. Unit leaders may also include physicians or other non-nursing personnel.
5   For example, unlicensed assistive personnel or registered nurses.
6   If a union is present you may wish to include further information about its impact on your unit in later categories.
7   Examples may include top-down leadership or unit-based councils.
8   Key challenges might relate to technology, people or other resources or regulatory requirements.

Category 1: Leadership Structures and Systems   150 Points

Unit leaders are integral to ensuring a healthy work environment that focuses on the delivery of the best care for patients and families. On the unit, the best care may be reflected in a commitment to systematically develop and train nurse leaders; ensure accountability; advocate and participate in decision making; and provide meaningful recognition to staff. Creating a sustainable healthy work environment can improve the care delivery environment, thereby improving clinical outcomes, patient and family satisfaction, and staff satisfaction and retention.

The criteria questions in this category are aimed at soliciting information about how your unit leaders support and maintain a healthy work environment. For each question reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders; and evidence of continued evaluation, shared learning and process improvement.

1. For unit leaders[1] identified in the Unit Profile:
    a. Describe how they are trained to meet and maintain the responsibilities of their role. For example, how are unit leaders held accountable by managers, staff or interdisciplinary stakeholders?[2]
    b. Describe how unit leaders guarantee joint accountability between medical, nursing and other leaders.
    c. Describe how this group works together to ensure integration of patient care within and outside the unit.[3]

2. Describe how unit leaders interact with staff to:
    a. Build relationships, provide timely feedback and ensure patient-centered care.
    b. Encourage/ensure frank, two-way communication throughout the unit.
    c. Share key hospital decisions and information.[4]

3. Describe how licensed staff is held accountable by unit leaders for practicing within their individual scope of practice.[5] Describe how other unlicensed personnel employed on the unit are held to the expected level of professional practice.[6]

4. What facility- and/or unit-level reward and recognition programs are currently in place? How do unit leaders take an active role in providing and encouraging reward and recognition?

5. How do unit leaders evaluate the effectiveness of reward and recognition programs? Include mechanisms for soliciting staff feedback and how reward and recognition programs are improved based on evaluation results.

6. How does the unit select, collect, align and integrate data and information for tracking unit performance?[7] How is key comparative data and information selected?[8]

7. What are the key unit performance measures for patient and clinical outcomes (report results in Category 5)? Patient and family satisfaction (report results in Category 5)?[9]

8. How does the unit use the data and information to support unit decision making and process improvement?

9. How do unit leaders ensure the performance measurement system can be modified in a timely manner to respond to ongoing changes in organizational or external reporting requirements?

Notes:

1 Unit leaders are defined as anyone who has daily responsibility for unit function and may include managers, supervisors, charge nurses or directors. These leaders also may include physicians and other non-nursing personnel.
2 Some examples of accountability may include formal processes such as peer review, performance evaluation and/or performance against measurements and goals; it also may include informal feedback mechanisms or surveys.
3 Integration of patient care includes the processes and systems used to ensure sustained quality of care between your unit and supporting units (such as dialysis or radiology) and/or outpatient care settings (such as clinics, offices and rehabilitation facilities).
4 Your response may include the frequency of interactions and modes of communication, both formal and informal.
5 Scope of practice defines the boundaries/limits of practice for individual care providers (i.e., the ability to do a particular activity based on education, license or training and may include facility, state or federal regulations).
6 Professional practice is defined by the standards of practice and standards of care set by the profession and provide a framework for evaluating how a particular group meets the expected outcomes.

7   Performance measurement data is used in fact-based decision making for setting and aligning unit direction and resource use with organizational strategy and operations.

8   Comparative data and information are obtained by benchmarking and seeking competitive comparisons. Benchmarking refers to identifying processes and results that represent best practices and performance for similar activities, inside or outside your unit.

9   Staff-related measures should be identified in Category 2 – Appropriate Staffing and Staff Engagement.

Category 2: Appropriate Staffing and Staff Engagement   100 Points

Appropriate staffing is key to ensuring the provision of safe, quality, patient-centered care; it also ensures the safety, satisfaction and retention of competent staff. Although staffing can be complex, ensuring an effective staffing plan can positively affect the measurable outcomes on the unit.

The criteria questions in this category are aimed at soliciting information about how your unit engages, manages and develops staff. For each question, reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders; and evidence of continued evaluation, shared learning and process improvement.

1. Describe how staffing needs and the staffing plan are determined for a unit, including staffing levels and skill mix[1] based on required skills and competencies. Describe how adjustments to the staffing plan are made during seasonal variances, times of low or high census, or sudden increase in patient acuity.

2. What key measures are used to evaluate the effectiveness of staffing decisions (report performance results in Category 5)? How are these measures used to assess staffing and adjust changing staffing needs after a plan is established?

3. Describe the processes to ensure an effective alignment between patients' clinical, spiritual and cultural needs and nurse competencies.[2]

4. How does the unit recruit, hire, place and retain staff? Describe how staff nurses and interdisciplinary stakeholders participate in staffing decisions, including planning, recruiting, hiring, orientation, education and evaluation.[3]

5. Describe how the unit maintains a safe, secure and supportive work environment.

6. Describe the formal and/or informal methods and key measures to determine staff safety and satisfaction (report results in Category 5).[4]

Notes:

1 Skill mix describes how many of each type of care providers are generally available for each patient care shift.
2 Examples may include formal or informal acuity-based systems and competency tracking information.
3 Examples of staff participation in staffing decisions might include peer reviews, group interviews or nurse shadowing. Also include staff participation in orientation, education and evaluation, although a further description of these processes will be requested in a later category.
4 Formal or informal methods to determine staff satisfaction could include formal surveys, absenteeism rates, turnover, list of applicants waiting to transfer to the unit or informal feedback.

CATEGORY 3: EFFECTIVE COMMUNICATION, KNOWLEDGE MANAGEMENT, LEARNING AND DEVELOPMENT   100 POINTS

Skilled communication is an important component of a healthy work environment and supports true collaboration to provide quality patient-centered care. Continued growth and development through education and training in the ever-changing field of healthcare can improve outcomes and satisfaction.

The criteria questions in this category are aimed at soliciting information about how your unit ensures effective communication among all staff who provide care; staff competency among those who provide care; and managing and encouraging knowledge sharing. For each question reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders; and evidence of continued evaluation, shared learning and process improvement.

Effective Communication

1. Describe how all staff and key stakeholders become skilled in effective communication and collaboration.[1]

2. Describe how all staff and key stakeholders effectively communicate and collaborate for optimal patient care.[2]

3. Describe how your unit ensures effective processes and systems for patient transfer to and from your unit. What formal and/or informal methods and measures are used to determine the satisfaction of these interactions?[3]

4. How does the unit identify and resolve care-related ethical issues or other issues that create moral distress for staff?[4] How is learning from these issues shared?

5. Describe how the unit addresses and eliminates abusive or disrespectful behavior.[5] Include the roles of unit leaders, staff and other key stakeholders in your response.

Notes:
1 Examples of ensuring effective communication may include formal training or coaching.
2 Examples of stakeholder communication processes may include interdisciplinary care teams, plans of care or daily goal sheets.
3 Examples of effective processes for inter-unit communications may include tools or expectations to address safe patient handoff and medication reconciliation.
4 Examples of identifying and managing issues that create moral distress may include monitoring the clinical climate, critical stress debriefings or grief counseling.
5 Examples to address abusive or disrespectful behavior may include zero tolerance policies or joint nurse/physician escalation and resolution processes.

Knowledge Management, Learning and Development

1. Describe how all staff members (including new staff, float pool nurses, contract staff and temporarily assigned staff) are oriented and competent to provide safe care to patients to whom they are assigned.[1] Include how feedback from orientees is incorporated into the orientation process and how orientation plans are tailored to meet individual needs.

2. Describe the unit's learning and development structure, including how learning needs are identified and validated by individual staff members and unit leaders;[2] how learning and development needs translate into action;[3] and how new knowledge and skills are reinforced on the job. Discuss how this structure supports skill competency and professional growth and development.[4]

3. Describe how the objective evaluation of the results of patient care decisions, including delayed decisions and indecision, is accomplished. How is this information shared for unit-wide learning and continuous improvement?

Notes:
 1   Examples of orientation processes may include formal orientation or mentorship programs.

2   Examples to identify learning and development needs may include quality indicators, patient satisfaction results or regulatory requirements.

3   Examples of tools to translate learning needs into action may include department education or individual development plans.

4   Examples of continued professional growth and development may include specialty certification, continuing professional education or continuing academic education.

CATEGORY 4: EVIDENCE-BASED PRACTICE AND PROCESSES   200 POINTS

The ever-changing healthcare environment demands that patient care practices are based upon the most current and relevant information. This requires continual assessment, innovation and improvements. Ensuring evidence-based practices relates directly to positive patient outcomes and satisfaction.

The criteria questions in this category are aimed at soliciting information about how your unit engages all staff to achieve better patient outcomes, improve processes and stay current with evidence-based practice and research. For each question, reviewers will evaluate the comprehensiveness of your approach; application and integration across staff and key stakeholders; and evidence of continued evaluation, shared learning and process improvement.

1.   Describe how the unit ensures that policies, procedures and protocols in the unit are current, relevant and based on nationally recognized evidence, standards and best practices. In your response include the sources of evidence employed.

2.   Describe how a culture of inquiry is fostered in the unit.[1] In your answer include:
   a. How unit staff stays current with the latest advances to support clinical practice.
   b. How new knowledge is translated from evidence-based research into bedside/unit practice.
   c. How new knowledge is shared with others.

3.   Describe how the unit ensures safe medication practices and the reporting mechanisms to evaluate compliance. (Report results of errors and medication reconciliation in Category 5.)

4.   Describe how the unit ensures consistent pain management of all patients.[2] Include in your response:
   a. What pain management or measurement tools are used?
   b. How does the unit ensure pain scale inter-rater reliability among care providers?

5.   Describe how evidence-based design features and effects of the physical environment promote healing and improve patient outcomes and satisfaction.[3]

6.   Describe how the unit incorporates perspectives of patients and their families into patient care decisions.[4]

7.   Describe how the unit provides palliative and end-of-life care to patients and their families. In your response include the mechanisms available to support staff in this process.

Notes:

1   Examples of processes to support a culture of inquiry may include unit research and nursing accountability for research as exemplified by data collection, primary investigator or performance improvement activities.

2   Examples of ensuring consistent pain management may include policies, procedures or protocols, measurement tools appropriate to your unit's patient population, or training to ensure inter-rater reliability for pain management

tools.

3 Examples of evidence-based design features and effects may include single-occupancy rooms, use of natural light, encouraging day/night rhythm and visitation or hospitality programs.
4 Examples of incorporating patient and family perspectives into care decisions may include formal or informal patient/family satisfaction programs, communication mechanisms, a defined decision-making process or patient/family education.

Category 5: Outcome Measurement   450 Points

This category focuses on the results achieved from your objective evaluation and patient/family evaluations of the unit's performance. Through measuring your progress, you can assess and improve processes related to clinical, staff, patient and family outcomes.

For each question, reviewers will evaluate the data presented. Specifically, they are evaluating your current performance levels[1], trends over time[2] and results against comparable benchmarks[3]. Although there are no requirements for the reporting time frame or amount of data you present, keep in mind that your results are the performance management of your unit. Therefore, the measures you select to include should support decision making in a rapidly changing environment, and the measurement intervals should be appropriate for effective, timely, data-based decision making.

1. Summarize your unit's key staffing effectiveness, staff safety and staff satisfaction results. What are your current levels and trends in key measures of:
    a. Staffing effectiveness?
    b. Staff safety?
    c. Staff satisfaction?
    How do these results compare with the performance of similar units?

2. What are your current levels and trends in key measures of patient and family satisfaction? How do these results compare with the performance of similar units?

3. Summarize your unit's key patient safety and clinical outcome results. What are your current levels and trends in key measures of the following: [4, 5, 6, 7]
    a. Medication safety?
    b. Hospital-acquired conditions?
    c. Serious reportable events?
    How do these results compare with the performance of similar units?

Notes:
1 Levels reflect numerical information that places or positions a unit's results and performance on a meaningful measurement scale.
2 Trends are numerical information that shows the direction and rate of change. A statistically valid trend generally requires a minimum of three historical data points.
3 Comparisons are data points to evaluate a unit's outcomes against similar external outcomes. Comparisons might include other units, overall facility, regulatory requirements, external benchmarks or relevant nationally recognized standards. Some examples of recognized standards may include National Database for Nursing Quality Indicators® (NDNQI®), National Quality Forum (NQF) or National Association of Children's Hospitals and Related Institutions (NACHRI).
4 Outcomes included in this section should reflect your specific unit's patient population and scope of service; at a minimum those measures required in regulatory reporting requirements should be included.

5   Centers for Medicare & Medicaid Services (CMS) indicators may include catheter-associated urinary tract infection (CAUTI); central line-associated bloodstream infection (CLABSI); surgical site infection (SSI); air embolism; blood incompatibility; hospital-acquired pressure ulcers (HAPUs); falls and trauma; deep vein thrombosis (DVT)/pulmonary embolism (PE); manifestations of poor glycemic control; or iatrogenic pneumothorax with venous catheterization. More information: www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalAcqCond/Hospital-Acquired_Conditions.html

6   NQF-endorsed measures and serious reportable events fall into the following categories: surgical or invasive procedure events; product or device events; patient protection events; care management events; environmental events; radiologic events; potential criminal events. More information: www.qualityforum.org

7   The National Healthcare Safety Network (NHSN) includes four components, two of which may be relevant for your unit, including the Patient Safety Component and Healthcare Personnel Safety (HPS) Component. The Patient Safety Component includes five modules: device-associated module; procedure-associated module; antimicrobial use and resistance module; multidrug-resistant organism and *Clostridium difficile* infection; and vaccination module. The HPS component includes blood/body fluid exposure modules and exposure management modules. More information: www.cdc.gov

Beacon Award Glossary of Terms

AACN Standards for Establishing and Sustaining Healthy Work Environments	Six standards essential to a healthy work environment, representing evidence-based and relationship-centered principles of professional performance. For more information: www.aacn.org/HWE
Application	The consistency with which the approach is applied; use of the approach by all stakeholders (nurses, physicians, other members of the multidisciplinary team). It is one of the dimensions considered in evaluating process criteria items.
Approach	The methods to address a factor or situation, including but not limited to related policies, procedures and processes that your unit has developed; the effectiveness of your chosen methods; and the degree to which the approach is repeatable and systematic. It is one of the dimensions considered in evaluating process criteria items.
Beacon Award Audit Tool	A tool to assess the unit's readiness to apply for the Beacon Award.
Benchmarks	Processes and results that represent best practices or outcomes for similar activities. Benchmarks provide a point of reference for comparison and can be used as a standard against which a unit can compare its approaches or assess its outcomes. Benchmarks can also provide the impetus for breakthrough improvement or change.
Care team	All staff members involved in caring for a patient.
Children's Hospital Association	An organization of children's hospitals. Children's Hospital Association promotes the health and well-being of all children and families by supporting children's hospitals and health systems committed to excellence in healthcare for children. For more information: www.childrenshospitals.org
Comparisons	Data points to evaluate a unit's outcomes against similar external outcomes. Comparisons allow the unit to know where it stands relative to other units or best practices and are one dimension considered in evaluating Beacon Award Results.
Competency	A statement describing a specific ability or set of abilities that requires specific knowledge, skill and/or attitude.

Environment of care	The environment of care is composed of three basic elements: the building or space, including how it is arranged and special features that protect patients, visitors and staff; equipment to support patient care or to safely operate the building or space; and people, including those who work within the hospital, patients and anyone else who enters the environment, all of whom have a role in minimizing risks. These elements all promote a safe, functional and supportive environment within the hospital, so that quality and safety are preserved. For more information: www.jointcommission.org
Evidence-based practice (EBP)	A problem-solving approach in practice that involves the conscientious use of current best evidence in making decisions about patient care: EBP incorporates a systematic search for and critical appraisal of relevant evidence to answer a clinical question along with clinical expertise, patient values and preferences.
Facility	Type of macrosystem, e.g., community hospital, academic medical center or for-profit company.
Governance structure	System of management or control over the unit.
Healthy work environment	A work environment that exemplifies the AACN Standards for Establishing and Sustaining Healthy Work Environments.
Hospital-acquired conditions	Serious preventable adverse events of concern to the public and healthcare providers.
Leapfrog Group, The	A voluntary program that mobilizes employer purchasing power to alert America's health industry that big leaps in healthcare safety, quality and customer value will be recognized and rewarded. For more information: www.leapfroggroup.org
Learning	The refinement to the approach and/or application based on cycles of evaluation and improvement; implementation of evidence-based or best practices; dissemination of learning and resulting changes with other relevant units or stakeholders. It is one of the dimensions considered in evaluating process criteria items.

Levels	Numerical information that places or positions a unit's results and performance on a meaningful measurement scale. Levels are one of the dimensions considered in evaluating Beacon Award Results criteria items.
Magnet Recognition Program®	Developed by the American Nurses Credentialing Center (ANCC) to recognize healthcare organizations that provide nursing excellence. The program also disseminates successful nursing practices and strategies. For more information: www.nursecredentialing.org/Magnet/ProgramOverview
Malcolm Baldrige National Quality Award	The Malcolm Baldrige National Quality Award recognizes organizational performance excellence. The award promotes awareness of performance excellence and sharing of information on successful performance strategies. For more information: www.baldrige.nist.gov
Moral distress	Moral distress occurs when staff members or leaders know the ethically appropriate action to take but can't, or they act in a manner contrary to personal and professional values that undermines their integrity and authenticity.
National Academy of Medicine (NAM)	An independent, nonprofit organization that works outside government to provide unbiased, authoritative advice to decision makers and the public to inform health decisions by those in the government and private sector. For more information: www.nam.edu
National Database for Nursing Quality Indicators® **(NDNQI**®**)**	A proprietary database of the American Nurses Association that collects and evaluates specific nurse-sensitive data from hospitals in the United States. For more information: www.nursingquality.org
National Quality Forum (NQF)	A nonprofit organization that improves the quality of healthcare for all Americans through fulfillment of its three-part mission: setting national priorities and goals for performance improvement; endorsing national consensus standards for measuring and publicly reporting on performance; and promoting national goals through education and outreach programs. For more information: www.qualityforum.org

Outcome measurement	Determination and evaluation of activity, plan or program results and comparison with intended or projected results.
Results	Outcomes achieved by the unit. Results are evaluated based on current performance, performance relative to appropriate comparisons and the rate of improvement.
Stakeholder	Person, group or organization with a direct or indirect stake in the unit that affects or may be affected by unit actions, objectives or policies. These include patients, physicians, other departments such as interventional radiology, tele-ICU, rapid response teams, transport teams, post-anesthesia care units or hospital administration.
Systematic	Approaches that are well-ordered, repeatable and use data and information to facilitate learning. To be systematic, approaches build in the opportunity for evaluation, improvement and sharing.
Trends	Numerical information that shows the direction and rate of change for a unit's results. A statistically valid trend generally requires at minimum three historical data points.
Unit	Area in which the patient receives primary nursing care after hospital admission.
Zero tolerance	The policy or practice of not tolerating undesirable behavior, such as violence or illegal drug use, especially in regard to the automatic imposition of severe penalties for first offenses.

Alignment of Beacon Award for Excellence® Criteria With Other National Recognition Programs

Beacon Award for Excellence®	Leadership Structures & Systems	Appropriate Staffing & Staff Engagement	Effective Communication, Knowledge Management, Learning and Development	Evidence-based Practice & Processes	Outcome Measurement
Malcolm Baldrige National Quality Program	Leadership	Strategic Planning, Workforce Focus	Measurement, Analysis & Knowledge Management	Customer Focus, Operations Focus	Results
Healthy Work Environment	Authentic Leadership, Meaningful Recognition	Appropriate Staffing	Skilled Communication, True Collaboration	Effective Decision Making	
Magnet Recognition Program®	Structural Empowerment, Transformational Leadership		Exemplary Professional Practice	New Knowledge, Innovations and Improvements	Empirical Outcomes
National Quality Forum			#3 Promoting Effective Communication and Coordination of Care	#2 Ensuring That Each Person and Family Is Engaged in Their Care #4 Promoting the Most Effective Prevention and Treatment Practices for the Leading Causes of Mortality	#1 Making Care Safer by Reducing the Harm Caused in the Delivery of Care

Beacon Award for Excellence® Audit Tool

The Beacon Award for Excellence® Audit Tool and application are best completed collaboratively between unit leadership and staff. The audit tool provides you with a snapshot of the unit, key influences on your operations and the challenges you face. This tool does not reflect each question on the application. However, it will help you assess what additional knowledge and information you need to complete the application and continue your excellence journey. This audit tool may serve as a complete assessment and, if you identify topics for which conflicting, little or no information is available, that information can be used for action planning. Place a mark in the answer box for each question that best fits the unit at this time. We have included a total line at the bottom for you to total the responses in each column.

"**Easy to answer**" indicates questions that would be easy for the unit to provide an answer on which there is widespread understanding and application.

"**Could answer**" indicates questions for which data are not readily available, but the unit could produce data to provide a consensus response to address this question.

"**Difficult to answer**" indicates questions that would be difficult or impossible to answer and/or to reach agreement and consensus on at this time.

Unit Profile – Not Scored	Easy to Answer (E)	Could Answer (C)	Difficult to Answer (D)
Describe the facility within which the unit works.			
Describe the unit's layout and number of beds, admission and discharge criteria and who admits patients to the unit.			
Describe how the unit contributes to the mission, vision and strategic plan of the organization.			
Describe the unit's scope of service, primary patient populations, top diagnoses, cultural and spiritual needs of the populations served and demographics.			
Identify the key stakeholders on the unit and the staffing, including types of nurses and other staff, education levels, skill mix and bargaining units (if applicable).			
What is the governance structure on the unit, and how does the unit/leadership ensure access to needed organizational resources?			
Total Responses			

Leadership Structures and Systems 150 Points	Approach Approach describes how your unit addresses the various factors and/or situations.			Application Application describes how you implement the approach you described.			Learning Learning describes how you evaluate your approach and application along with how the information from the evaluation is used.		
	E	C	D	E	C	D	E	C	D
Describe **how unit leaders** are trained to meet the responsibilities of their role. Identify how they are **held accountable** by their managers, staff and/or other key stakeholders.									
Explain the **leadership structure** and how leaders guarantee **joint accountability** among medical, nursing and other leaders. Describe how unit leaders ensure **integration of care** within and outside the unit.									
Describe how unit leaders interact with staff to **build relationships, provide timely feedback and ensure patient-centered care** as well as encourage and ensure **two-way communication** throughout the unit. Relate how hospital decisions and information are communicated to staff.									
Explain how unit leaders hold staff members accountable for practicing within their individual **scope of practice**. How is the **professional practice** of unlicensed personnel evaluated?									
Identify what **reward and recognition** programs are currently in place and how these programs are improved at the unit level. How do unit leaders take an active role in reward and recognition programs on the unit? How do **unit leaders evaluate the effectiveness** of reward and recognition programs?									
Describe how the unit selects, collects, aligns and integrates data and information for **tracking unit performance**.									
Describe the **key unit performance measures for patient and clinical outcomes and patient and family satisfaction**.									
Describe how the unit uses outcome data to support **decision making and process improvement**.									
Describe how unit leaders ensure the responsiveness of the **performance measurement system** to ongoing changes.									
Total Responses									

| Appropriate Staffing and Staff Engagement

100 Points	Approach — Approach describes how your unit addresses the various factors and/or situations.			Application — Application describes how you implement the approach you described.			Learning — Learning describes how you evaluate your approach and application along with how the information from the evaluation is used.		
	E	C	D	E	C	D	E	C	D
Describe how the unit **engages, manages and develops** staff. Consider how the unit recruits, hires, places and retains new staff as well as how staff nurses and key stakeholders participate in staffing decisions.									
Explain the **staffing profile**, considering the following: - Determination of unit staffing needs including required skills, competencies, staffing levels and staff mix - How the unit accounts for seasonal variances - Key measures the unit uses to evaluate the effectiveness of staffing decisions - How these measures assess staffing and adjust to changing staffing needs once the plan is established									
Describe how the **staff mix** is managed on the unit to ensure an effective match between patients' clinical, spiritual and cultural needs and nurse competencies.									
Describe how the unit maintains a **safe, secure and supportive work environment**, including any formal and/or informal methods to determine staff satisfaction.									
What are the unit's **key measures of staff safety and satisfaction**?									
How do unit results compare with unit goals and other appropriate comparisons?									
Total Responses									

Effective Communication, Knowledge Management, Learning and Development 100 Points	Approach Approach describes how your unit addresses the various factors and/or situations.			Application Application describes how you implement the approach you described.			Learning Learning describes how you evaluate your approach and application along with how the information from the evaluation is used.		
	E	C	D	E	C	D	E	C	D
Describe how the unit ensures: - **Effective communication** among all staff who provide care - **Staff competency** among those who provide care to ensure safe patient care - Management of **knowledge sharing** and identification and dissemination of **best practices**.									
Effective Communication	E	C	D	E	C	D	E	C	D
Explain how all staff members are **skilled in effective communication and collaboration**.									
How do **all** key stakeholders communicate effectively for optimal patient care? Relate how hospital decisions and information are communicated to staff.									
What formal and/or informal methods and measures are used to determine **satisfaction of interactions, processes and systems between the unit and those units to and from which you transfer patients**?									
How does the unit identify and resolve **care-related ethical issues or other issues that create moral distress**?									
How does the unit address and eliminate **abusive and disrespectful behaviors**, and how is staff encouraged to address abusive and disrespectful behaviors?									
Knowledge Management, Learning and Development	E	C	D	E	C	D	E	C	D
Describe the unit's **learning and development structure**, including how learning and development needs are identified and validated by individual staff members, supervisors and managers. How are learning and development needs **translated into action**, and how are new knowledge and skills **reinforced** on the job?									
Describe the unit's **orientation and training plans** to ensure staff competency in providing safe patient care, including tailoring to individual needs. How do unit leaders set goals for and support validation and maintenance of **clinical competency** for all staff?									
Describe how the objective evaluation of the **results of decisions**, including delayed decisions and indecision, is accomplished.									
Total Responses									

Evidence-Based Practice & Processes 200 Points	Approach Approach describes how your unit addresses the various factors and/or situations.			Application Application describes how you implement the approach you described.			Learning Learning describes how you evaluate your approach and application along with how the information from the evaluation is used.		
	E	**C**	**D**	**E**	**C**	**D**	**E**	**C**	**D**
How does the unit ensure that policies, procedures and protocols used on the unit are based on nationally recognized **evidence, standards and best practices**?									
How is a **culture of inquiry** fostered in the unit? How do individuals in the unit **stay current** with the latest advances to support clinical practice, and how is that information shared with other colleagues? How is **new knowledge translated** from evidence-based research into unit practice?									
Describe how the unit ensures **safe medication practices**. How does the unit's **physical environment** promote healing and support improved patient outcomes and satisfaction?									
What does the unit do in the provision of **palliative and end-of-life care** for patients and their families? Clarify the mechanisms in place to support staff in this process.									
How does the unit ensure consistent **pain management** for all patients, as needed?									
Describe how the unit incorporates **patient and family perspectives** in decisions affecting patient care.									
Total Responses									

| Outcome Measurement

450 Points | Levels
Levels describe your current performance in outcome measures that reflect not only your patient population but also the processes described in the first four categories. | | | Trends
Trends describe the direction and rate of change for a unit's results in each outcome measure reported. | | | Comparisons
Comparisons describe the data points used to evaluate a unit's performance against similar external outcomes in each outcome measure reported. | | |
|---|---|---|---|---|---|---|---|---|---|
| | E | C | D | E | C | D | E | C | D |
| Describe the **nurse-sensitive patient outcomes** measured in the unit.
Are these measurements representative of and do they describe the unit's patient populations? | | | | | | | | | |
| What are the unit's key outcome measures and **results**?
How do these measures and results compare with recognized **standards/national benchmarks** (where applicable)? If the unit is not using national benchmarks explain why. | | | | | | | | | |
| Total Responses | | | | | | | | | |

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