

## Interim Monitoring Requirements

**Please note: This policy, in effect since November 2018, supersedes the graphic and table on page 95 and 96 in the 2019 manual.**

### Policy

The **Commission on Magnet** designates achievement of the Magnet credential for a period of four years. To maintain Magnet Recognition, an organization **must** remain in compliance with the components and policies of the ANCC Magnet Recognition Program® for the duration of its designation.

After designation, the organization moves into a monitoring and evaluation phase, the Interim Monitoring Report (IMR) due by the final day of the organization’s designation anniversary month, year two, and periodic phone conversations with the Analysts in the Magnet Recognition Program office.

Designation Timeline	Designation Requirements
<b>Year 1 (Designation Year)</b>	Your anniversary month is the month that you received your Magnet designation.
<p style="text-align: center;"><b>Year 2 (Interim Year)</b></p> <p>The IMR is due by the last day of the anniversary month.</p>	<p><b>Interim Monitoring Report</b> <i>(emailed to Analyst)</i></p> <ul style="list-style-type: none"> <li>• AVP/Director and Nurse Manager Education and Eligibility Table</li> <li>• CNO Attestation Letter <i>(*see below)</i></li> <li>• Three (3) graphs <b>must</b> be submitted. Each graph should meet the requirements in the 2019 manual for graph presentation.               <ul style="list-style-type: none"> <li>○ <b>Graph 1</b> – can represent any unit <b>ONE</b> graph for RN satisfaction</li> <li>○ <b>Graph 2</b> – can represent any unit <b>ONE</b> graph for <b>ONE</b> nurse sensitive indicator</li> <li>○ <b>Graph 3</b> – can represent any unit <b>ONE</b> graph for <b>ONE</b> patient satisfaction category</li> </ul> </li> <li>• Nurse Research Table</li> <li>• DDCT Report <i>(submitted online)</i></li> </ul> <p><i>Once the required reports have been approved, a call will be scheduled with your Analyst to discuss any pertinent issues and answer all questions, including those involving documentation preparation for re-designation.</i></p>

Designation Timeline	Designation Requirements
<p><b>Year 3 (Application Year)</b></p> <p>The application is due by the last day of the anniversary month.</p> <p>The DDCT is not required.</p>	<p><b>Application Requirements</b></p> <ul style="list-style-type: none"> <li>• <a href="#">Application fees</a> (required for application completion)</li> <li>• CNO CV or resume</li> <li>• Current facility org chart</li> <li>• Current nursing org chart</li> <li>• List of externally managed databases for RN sat, NSI's and patient satisfaction.</li> <li>• AVP/Director and Nurse Manager Education and Eligibility Table</li> <li>• IRB Attestation Letter</li> </ul>
<p><b>Year 4 (Document Submission Year)</b></p>	<p><b>Documentation Submission for Redesignation</b></p> <p><b>DDCT Report</b> (submitted online) Due on the 15th of the month before document submission.</p> <p><b>Supplemental Documents</b> (emailed to Analyst) Due on the 15th of the month before document submission.</p> <ul style="list-style-type: none"> <li>• AVP/Director and Nurse Manager Education and Eligibility Table</li> <li>• Nurse Research Table</li> <li>• Unit Level Data Crosswalk (ULDC)</li> </ul> <p><b>Written Documentation</b> (submitted via ADAM or ADAMplus) Due on the 1<sup>st</sup> business day of the month closest to the organization's designation month.</p> <p><a href="#">Document submission months:</a></p> <ul style="list-style-type: none"> <li>• February</li> <li>• April</li> <li>• June</li> <li>• August</li> <li>• October</li> </ul>
<p><b>Systems</b></p>	<p><b>Requirements for Systems</b></p> <p>The following must be submitted separately:</p> <ul style="list-style-type: none"> <li>• Demographic Data Collection Tool reports for each facility</li> <li>• Supporting documents for each entity in the system</li> </ul>

## Magnet Program - Interim Monitoring Requirements

The CNO attestation should be placed on the organization's letterhead and emailed to your analyst.

### **\*CNO attestation**

Date: \_\_\_\_\_

Name and address of organization: \_\_\_\_\_

I attest (*name of organization*) \_\_\_\_\_ will submit Nurse Satisfaction, Nurse Sensitive Indicators (acute and/or ambulatory), and Patient Satisfaction (acute and/or ambulatory) to a national vendor per the guidelines in the *2019 Magnet Application Manual*.

CNO Name \_\_\_\_\_

CNO Signature \_\_\_\_\_

### Magnet Application Manual

When developing the documentation for redesignation, organizations must comply with the most recent Magnet Application Manual in effect when the documentation is submitted. It is the responsibility of Magnet-designated organizations is to remain current with any Manual updates and changes promulgated by the Magnet Recognition Program. Please visit the [Magnet website](#) for all manual updates and changes as they occur.

Please contact your assigned [Senior Magnet Program Analyst](#) with any questions related to the Interim Monitoring Report.