

# The Beacon Collaborative: A Journey to Excellence

Deborah Hurley, DNP, RN, CNL

Sarah M. Gantz, BSN, RN, CCRN

E. Kate Valcin, DNP, RN, CCRN-K, NEA-BC, CNL

Tara L. Sacco, PhD, RN, CCRN-K, ACCNS-AG

**TOPIC** The development of the Critical Care Beacon Collaborative to achieve meaningful recognition.

**CLINICAL RELEVANCE** Recognizing nurses for contributions to their work environment and care delivery is important for their professional and personal fulfillment, job satisfaction, and retention; such recognition can occur at the individual, unit, or organizational level. The American Nurses Credentialing Center's Magnet Recognition Program acknowledges nursing excellence at the organizational level. It would, however, be difficult for an organization to achieve Magnet designation without nursing excellence at the unit level. To recognize excellence at the unit level, the American Association of Critical-Care Nurses developed the Beacon Award in 2003.

**OBJECTIVE** To describe one academic medical center's journey toward winning Beacon Awards across 8 units within the adult critical care service.

**CONTENT COVERED** The Critical Care Beacon Collaborative resulted in a Beacon Award for each unit and important staff outcomes. This article describes the organization, the process before the Critical Care Beacon Collaborative convened and the desired state, and the methods used to achieve our goal. It also discusses unit- and service-level stakeholder involvement. The successes, lessons learned, sustainability, and growth of the Critical Care Beacon Collaborative are shared to assist readers who aspire to pursue a Beacon Award. (*Critical Care Nurse*. 2021;41[5]:e17-e25)

**R**ecognizing nurses' contributions to their work environments and the care they deliver is important for their professional and personal fulfillment, job satisfaction, and retention.<sup>1-4</sup> Designation as an organization or unit that achieves quality outcomes (for both patients and staff) is one way of providing such recognition. During the nursing shortage in the 1980s, hospitals struggled to retain nurses. According to Graystone,<sup>5</sup> organizations that were able to attract and retain nurses during this time were called Magnet hospitals; nurse researchers have described factors that recruited and retained nurses in such organizations.<sup>6</sup> The American Nurses Credentialing Center developed the Magnet Recognition Program, which recognizes nursing organizational excellence.<sup>5,7</sup> The pillars of excellence in Magnet organizations include high-quality care, evidence-based practice, transformational leadership, structural empowerment, and new knowledge and innovations.<sup>8</sup> Currently, 509 hospitals internationally have a Magnet accreditation.<sup>9</sup> Although organizational accreditation for excellence is notable, without excellence at the unit level it would be relatively impossible to achieve organizational excellence.

The American Association of Critical-Care Nurses (AACN) developed the Beacon Award for Excellence in 2003 to recognize individual units that “distinguish themselves by improving every facet of patient care.”<sup>10(p2)</sup> In 2010, the award was updated to align with the Magnet quality indicators.<sup>10</sup> The Beacon Award designation has 3 levels of achievement—gold, silver, and bronze—to recognize milestones along the journey to excellence.<sup>8</sup>

The AACN invites critical and acute care units to submit their Beacon Award applications on a rolling basis.<sup>10</sup> An application is scored on the basis of 5 categories: leadership structures and systems; appropriate staffing and staff engagement; effective communication, knowledge management, learning and development; evidence-based practice and processes; and outcome measurement. Each category is evaluated in relation to process and results;

trends and comparisons are used to demonstrate the measurable out-

**AACN developed the Beacon Award for Excellence to recognize individual units that “distinguish themselves by improving every facet of patient care.”**

comes a unit has achieved. Process evaluation includes an assessment of the approach (how a unit addresses an issue), application (how that approach is implemented), and learning (how that implementation is evaluated).<sup>10</sup> At this time, only 576 units throughout the United States have won a Beacon Award.<sup>11</sup> Considering that

any acute care unit can apply for this recognition, only a few have taken advantage of this program.

The purpose of this article is to describe one academic medical center’s journey toward Beacon Award recognition across an adult critical care service. We describe the organization, the initial process and the desired state, and the methods we used to achieve our goal. Further, we share our successes and lessons learned to assist administrators, managers, and staff who aspire to pursue a Beacon Award for their organization or unit.

## Background

The medical center consists of 6 hospitals located throughout the Finger Lakes and Southern Tier regions of New York State. The flagship facility is an 830-bed teaching hospital that provides tertiary and quaternary services—trauma and burn care; disaster management; organ transplantation; neonatal care; and neuromedicine, cardiology, and oncology services—and has nearly 40 000 admissions annually. The hospital is a reputational Magnet hospital, earning initial designation as such in 2004 and 3 subsequent reaccreditations in 2009, 2013, and 2018. In 2017, the hospital achieved reverification as a level 1 trauma center and recognition as an American Burn Association–verified burn center.

The hospital contains 8 adult critical care units (intensive care units [ICUs] and progressive care units), with a total of 103 beds within the adult critical care service, and one 22-bed cardiac ICU within the cardiovascular service. Between 2006 and 2016, 3 units within the organization—2 within the cardiovascular service and 1 within the adult critical care service—were recognized with a Beacon Award.

In 2016, a group of staff nurses, assistant nurse managers, and nurse managers attended the National Teaching Institute (NTI) conference. After this energizing experience and learning more about the Beacon Award, this group brought their desire to begin the application process across the service to the director of critical care nursing (hereafter, “the director”). As a result, the group formed the Critical Care Beacon Collaborative (hereafter, “the Collaborative”) to support multiple units in their Beacon Award journey.

## Process Before the Collaborative

Before implementation of the Collaborative, the onus for writing and submitting a Beacon Award application

## Authors

*Deborah Hurley is a clinical nurse leader at UR Strong Memorial Hospital, Rochester, New York, and an assistant professor of nursing at St. John Fisher College, Rochester, New York.*

*Sarah M. Gantz is a nurse manager in the neuromedicine intensive care unit, University of Rochester Medical Center, Rochester, New York.*

*E. Kate Valcin is the Director of Adult Critical Care Nursing, UR Medicine, Strong Memorial Hospital. She is the President of the Finger Lakes Organization of Nurse Executives and Leaders, a regional affiliate of the New York Organization of Nurse Executives and Leaders.*

*Tara L. Sacco is an assistant professor, Wegmans School of Nursing, St. John Fisher College, and a clinical nurse specialist, University of Rochester Medical Center.*

*Corresponding author: Deborah Hurley, DNP, RN, CNL, St. John Fisher College, 3690 East Ave, Rochester, NY 14618 (email: [dhurley@sjfc.edu](mailto:dhurley@sjfc.edu)).*

*To purchase electronic or print reprints, contact the American Association of Critical-Care Nurses, 27071 Aliso Creek Rd, Aliso Viejo, CA 92656. Phone, (800) 899-1712 or (949) 362-2050 (ext 532); fax, (949) 362-2049; email, [reprints@aacn.org](mailto:reprints@aacn.org).*

was on leaders and staff at the unit level. The unit-led process lacked efficiency, collaboration, and coordination of key elements required for the application. Initially, unit leadership asked for staff volunteers to write the document; however, these volunteers often were unable to dedicate the necessary time because of competing priorities. The units also requested similar data reports at various times from the clinical nurse leader (CNL) responsible for quality (hereafter, the “quality CNL”) and the director. The Beacon Award application requires 3 data points with internal and external benchmarks,<sup>10</sup> and the lack of collaboration and coordination made the process of assembling this information labor intensive and inefficient. Further, individual unit teams spent a tremendous amount of time determining the best way to report the data. When an application was nearing completion, the writing team often requested updated data, which created additional work for the quality CNL and the writing team. The reporting process was inefficient and time-consuming, and many units ultimately did not successfully submit an application. Upon its creation, however, the Collaborative standardized the outcome metrics as well as the process to obtain these metrics to better support the staff writing the Beacon application.

### Desired State

Harnessing the excitement from attendance at the 2016 NTI meeting, representatives from the unit and service shared governance councils expressed interest in beginning their Beacon Award journey. The desired state was for leadership and staff to cocreate a process that would enhance collaboration, promote accountability, and provide structure throughout and beyond the submission process. To accomplish this, the Collaborative provided a venue in which the writing teams could report their progress, discuss challenges, and share solutions across the service.

### Methods

During the first phase of its development, the Collaborative established membership, determined structure, and created processes to accomplish the goal of Beacon Award recognition across the units. The director collaborated with nurse managers to establish writing teams and structure the Collaborative’s meetings. The director and nurse managers negotiated a standard monthly time

allotment for which participating staff would be paid to work on a unit’s application; this protected time was outside of their clinical and unit support duties.

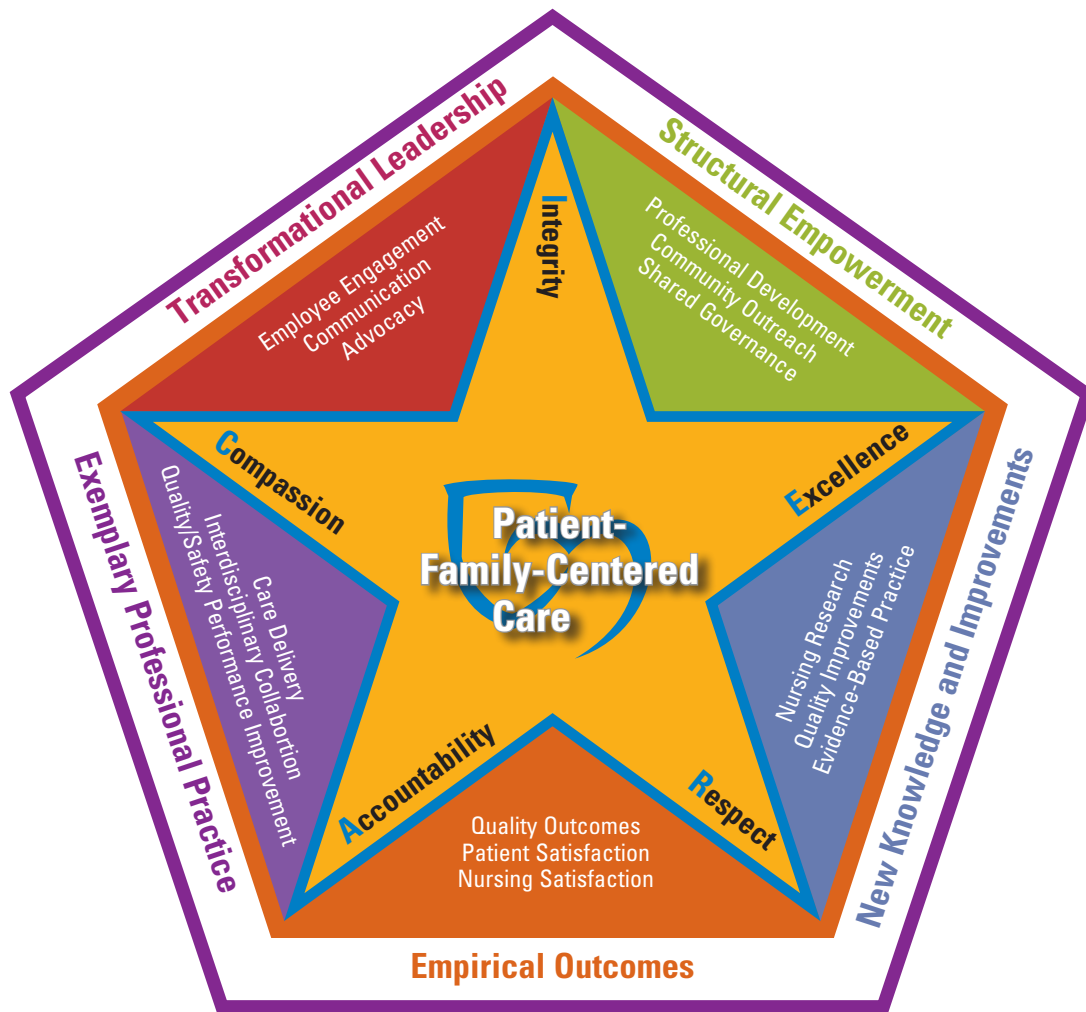
Simultaneously, the critical care leadership and unit leadership teams, the critical care service council, and the unit councils aligned the elements of the AACN’s healthy work environment standards with the organization’s nursing professional practice model (Figure 1). The star-shaped professional practice model incorporates the 5 institutional values necessary to achieve patient- and family-centered care. The inner star is surrounded by the 5 pillars of the Magnet model.<sup>8</sup> Alignment of the AACN healthy work environment standards with the professional practice model occurred as the service and unit councils created a service-wide strategic plan, in concordance with the organization’s strategic plan. The development of the Collaborative aligned well with this important work and created partnerships between the service- and unit-shared governance councils. Collaboration with the service council provided a direct link to staff nurses from each unit. As a result, staff nurses became directly involved with the development of the strategic plan, engaged in discussions regarding the healthy work environment standards, and helped form the Collaborative.

The Collaborative included representatives from each of the adult critical care units and the cardiac ICU, who met monthly for lunch meetings. To create a shared vision and promote accountability, the director shared a timeline with the writing teams at each meeting (Figure 2). At each meeting, the writing teams provided a status update and staff

could compare their progress (though this process was not a com-

**Staff nurses became directly involved with the development of the strategic plan, engaged in discussions regarding the healthy work environment standards, and helped form the Collaborative.**

petition). Collectively, staff discussed challenges and brainstormed ideas to overcome them. Specific questions regarding the application were addressed during this brainstorming process. Both the service clinical nurse specialist and the service CNL were available to mentor the unit-based teams outside of the standard meetings. These mentors and the director offered valuable insight into the more challenging sections of the application and provided staff with a direction in which



**Figure 1** Nursing Professional Practice Model.

to move forward during their writing process. As the Collaborative launched, parallel unit- and service-level efforts continued to achieve the goal of Beacon Award recognition across the units.

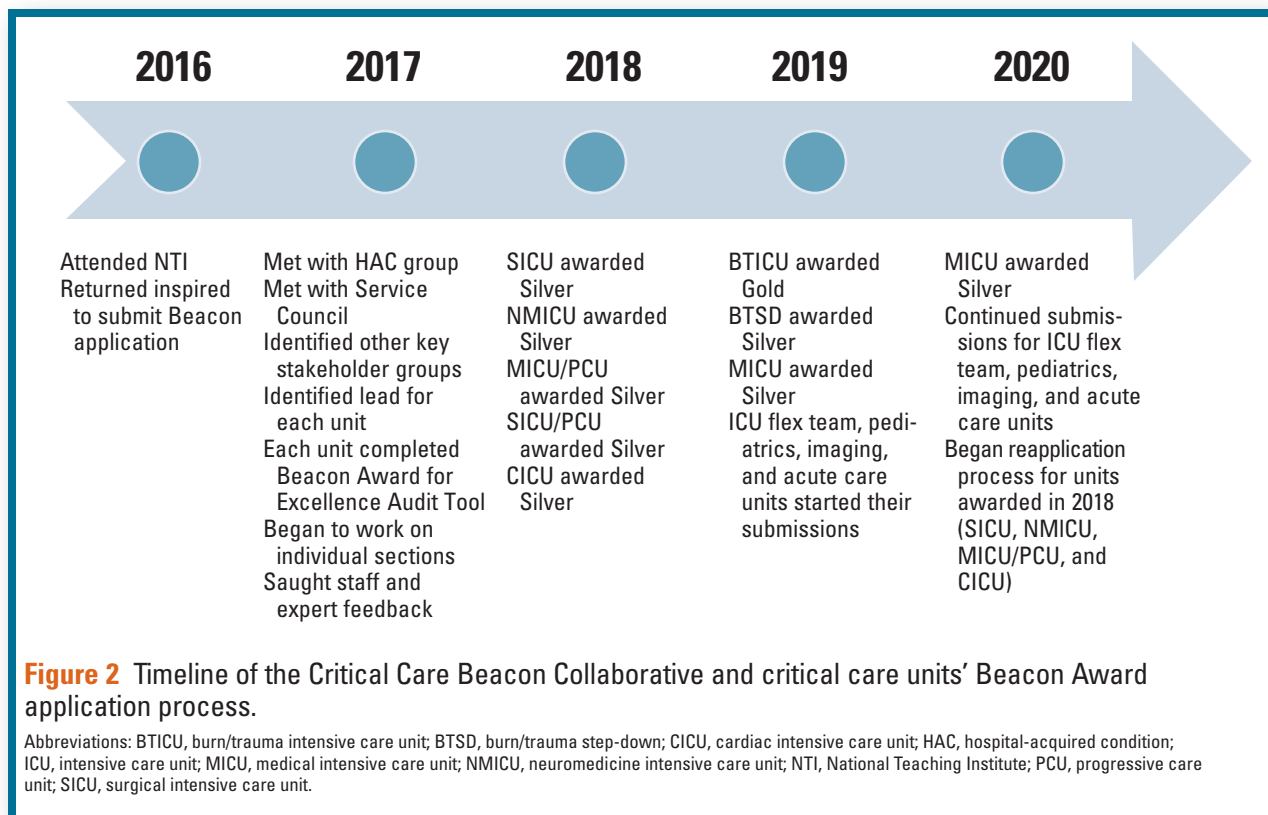
### Unit-Level Efforts

Each unit involved in the Collaborative developed a unit-based writing team. Team composition varied by unit but generally consisted of bedside nursing staff, unit leaders, or both. Regardless of membership, each of the unit-based writing teams were provided with a Beacon Award resource binder, which included the *ACCN Beacon Award for Excellence Handbook*,<sup>10</sup> the audit tool, and blank paper for note-taking.

The first task for each unit-based team was to complete and submit the audit tool to the service CNL for

analysis. Then the unit-based teams determined how to manage the application process. They started by writing the unit profile and progressed at their own pace through their individual Beacon Award journey. Some units divided the application by question and some by category, whereas others worked together to write the entire document synchronously.

Initially, some of the teams were determined to complete sections sequentially. Teams often found, however, that they would provide a more appropriate answer to an earlier question elsewhere in the application, leading to a significant amount of time being spent on revisions. After discussion at Collaborative meetings, the teams realized they could work through the application as a whole, rather than trying to finalize each question or section, and thereby reduce the likelihood of redundancy



and rework. This example is one way that sharing lessons learned during the meetings helped streamline the process; we describe other lessons learned below.

### Service-Level Efforts

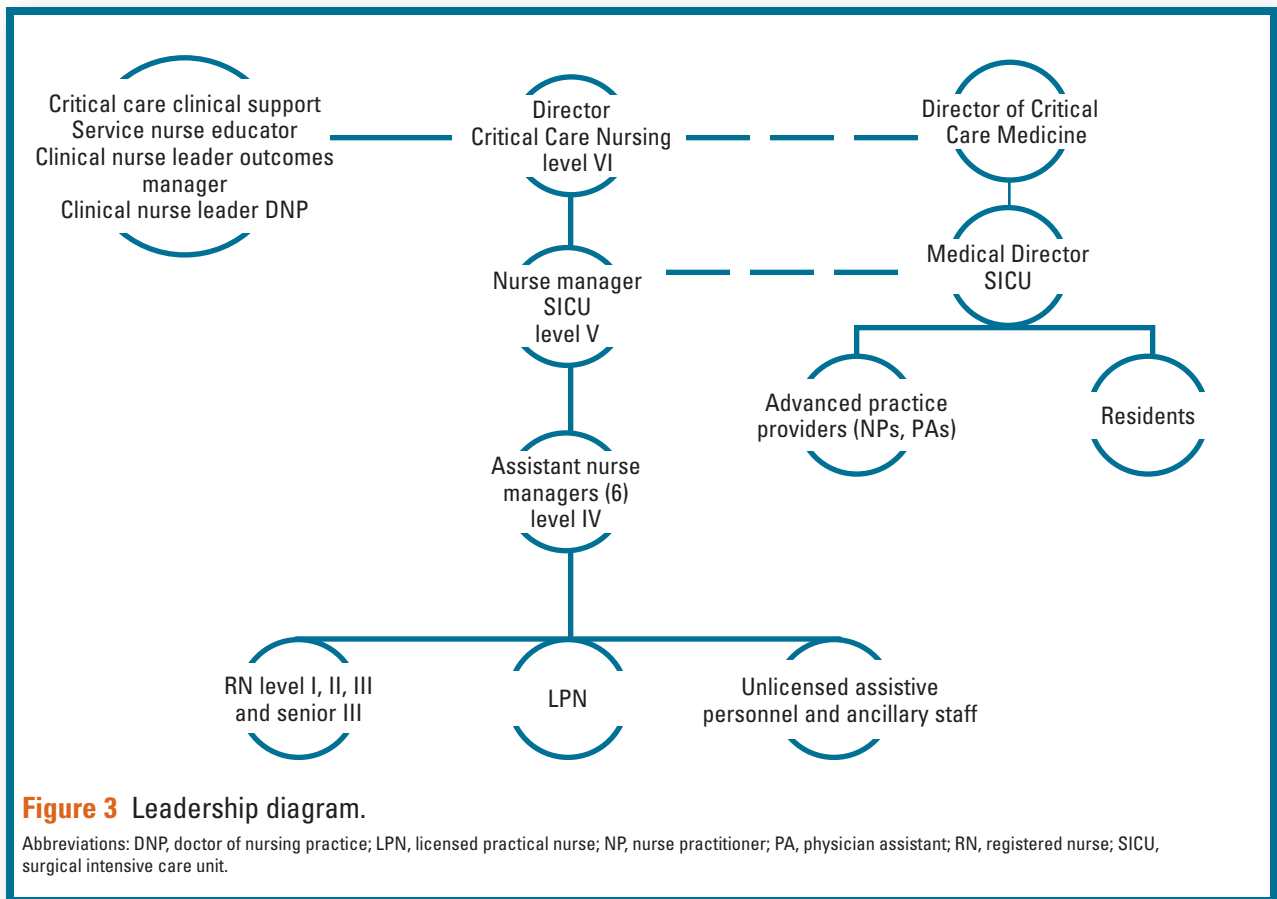
Concurrent with the unit processes, mechanisms for collaboration and information sharing were developed at the service level. After the unit-based teams submitted the audit tool, the service CNL summarized and shared the results, which helped highlight areas that might be challenging to address as the unit-based teams throughout the service began to write their applications. For example, because staff are very involved in quality improvement initiatives, the unit-based teams could identify their unit outcomes. They did not, however, know how to obtain internal and external comparison data for category 5 (outcome measurement). The unit-based teams required support, and they collaborated with the quality CNL to determine a consistent approach to writing any section of the application that required data. The Collaborative identified the data that would be consistently reported for each of the units (eg, data related to hospital-acquired pressure injuries, central line-associated bloodstream infections, and ventilator-acquired events) and streamlined

the reporting structure for other unit-specific information such as skill mix, patient satisfaction, certification rates, and staffing plans.

Summarizing the audit results also helped identify application sections that would have similar responses across the units. To address this, the service CNL and clinical nurse specialist created templates of responses and figures for use by all unit-based teams. For example, they developed a standard leadership diagram, which unit-based teams could customize when writing responses for the unit profile section (Figure 3).

The challenge of document sharing also was addressed during the Collaborative's meetings. Some of the unit-based teams shared files on a free cloud-based service so they could synchronously or asynchronously work on the most current version of their application. Some staff, however, raised concerns regarding data security. Service leaders worked with the organization's information technology department to ensure everyone had access to the cloud-based service, which met all the organization's security and encryption requirements.

In addition to promoting team collaboration and troubleshooting at the service level, the Collaborative provided a venue for the unit-based teams to celebrate



milestones, build support, and maintain momentum as they progressed at very different paces. Also, the writers could seek peer feedback on questions they found difficult to answer. This cooperation allowed an iterative exchange of information, and units that were further along in the process often shared and received input. When no teams requested peer feedback during the monthly meeting, each team would provide an update and participate in an open forum for questions and answers.

As teams moved closer to submission, Collaborative members began to consider ideas that would meaningfully recognize the teams' achievement. They created a plan and standardized approach in this forum to ensure consistency and fairness throughout the service. Preparation time was important; the AACN estimates the review process to take up to 6 months, and teams wanted to celebrate receiving a Beacon Award as soon as possible after being notified of the award. The Collaborative created a poster that each unit could display, and the service purchased 2 floor banners that showed the Beacon Award graphic. Upon receiving an award, a unit displayed a

banner and balloons of a color that corresponded with their level of designation. Teams were encouraged to take a unit photo upon submission of the application so it would be readily available for inclusion in an announcement on the nursing intranet page and on posters, and so it could be shared with the AACN (both nationally and locally) via email and through social media tags. Meals, open houses, and colored identification badge stickers are just some unique ways each unit celebrated their designation. The unit-based teams, members of the Collaborative, the unit's medical leadership, the chief nurse executive, the chief medical officer, donors, and other stakeholders all attended these celebrations.

In addition to unit celebrations, the teams were asked to help determine who would receive financial support to attend the NTI annual meeting as meaningful recognition for their contributions to the Beacon Award application. The hospital supported 21 staff members to attend the NTI 2019 meeting in Orlando. A generous stipend, along with paid conference time, was provided to each of the attendees as meaningful recognition. Attendees who participated in the Beacon Award parade during the NTI

**Table** Planning table for Beacon Award application submission by critical care units

Unit	Original submission date	Designation, expiration	Start of rewrite <sup>a</sup>	Target date for resubmission <sup>b</sup>
SICU	January 2018	Silver, 6/20/2021	September 2019	September 2020 <sup>c</sup>
NMICU	February 2018	Silver, 6/14/2021	September 2019	September 2020 <sup>c</sup>
MICU/PCU	April 2018	Silver, 9/24/2021	January 2020	January 2021 <sup>c</sup>
SICU/PCU	July 2018	Silver, 1/11/2022	March 2020	March 2021 <sup>c</sup>
CICU	November 2018	Silver, 3/19/2022	June 2020	June 2021 <sup>c</sup>
BTICU	February 2019	Gold, 7/8/2022	October 2020	October 2021 <sup>c</sup>
BTSD	February 2019	Silver, 8/27/2022	November 2020	November 2021 <sup>c</sup>
MICU	October 2019	Silver, 2/24/2023	May 2021	May 2022

Abbreviations: BTICU, burn/trauma intensive care unit; BTSD, burn/trauma step-down; CICU, cardiac intensive care unit; MICU, medical intensive care unit; NMICU, neuromedicine intensive care unit; PCU, progressive care unit; SICU, surgical intensive care unit.

<sup>a</sup> Twelve months before resubmission target.

<sup>b</sup> Nine months before expiration.

<sup>c</sup> The submission is delayed due to the COVID-19 pandemic.

SuperSession were given a shirt and accessories (hats, glow sticks, etc). Upon their return, staff were required to share with their peers the new knowledge they learned at the meeting.

## Results

All 8 units that started the Collaborative have since been recognized with a Beacon Award: the burn/trauma step-down unit, surgical ICU/progressive care unit, cardiac ICU, medical ICU/progressive care unit, surgical ICU, neuromedicine ICU, and medical ICU were awarded a silver designation, and the burn/trauma ICU was recognized at the gold level (see Table).

## Lessons Learned

The leadership team originally thought that the unit-based teams would progress at a similar pace and therefore that the questions, requests, and challenges discussed at each Collaborative meeting would be similar. In reality, each team progressed differently, for various reasons. One unit lost some of its initial work after one of the primary writers disengaged from the project. To mitigate the risk of such a loss occurring again, teams were encouraged to use the secure shared drive, which also proved to be a useful tool in the writing process.

Some of the teams were reluctant to use the response templates that had been developed; this reluctance was a barrier to progress. Larger teams had more difficulty identifying common times to write together, and their units found providing them time away more challenging. It

was difficult, if not impossible, to determine the appropriate size for a unit-based team. Therefore, the mentors were critical in helping teams maintain momentum. Mentors provided support and guidance and were essential to each

team as **The Collaborative provided a venue for the unit-based teams to celebrate milestones, build support, and maintain momentum as they progressed at very different paces.**

As each writing team finalized their unit's application, the mentors worked closely with them to ensure they obtained the appropriate approvals before submission.

Last, it was important for the teams who had already submitted their application to continue to attend Collaborative meetings, as they provided necessary support to the other teams. By the time the fourth unit application was ready to be submitted, the first unit to apply had received its results. As unit-based teams received and reviewed their feedback, they shared opportunities for improvement with those teams still writing.

## Staff Outcomes

Apart from the actual Beacon Award, this journey positively affected staff in several other ways. Four staff members displayed their work with the Collaborative to advance through the organization's Career Advancement System. Collaborative members also presented the process at national, regional, and local conferences in 2019. Those presentations included an overview of the Collaborative,

a description of how the teams worked together, and a discussion of barriers and successes the unit-based writing teams encountered. Three Collaborative members—a nurse manager, an assistant nurse manager, and a bedside

### Creating the Collaborative provided structure and support for units as they progressed from application development to submission, award notification, and celebration of success.

was accepted for NTI 2019. One team member presented a poster at the 2019 annual meeting of the New York Organization of Nurse Executives and Leaders. The team also presented this poster at UR Strong Memorial Hospital's Nurses' Week Best Practice Showcase.

Four members of the Collaborative updated their AACN volunteer profiles and were subsequently chosen to become Beacon Award reviewers. These staff members' engagement with the Beacon Award program at a national level supports their ongoing involvement with their professional organization and has increased their participation in the local chapter. Further, these team members can provide guidance to the unit-based writing teams as those teams begin or continue their Beacon Award journey.

### Sustainability and Growth

The Collaborative is being sustained in and has grown beyond the adult critical care service. The 8 units that have received a Beacon Award are committed to writing the application; however, some are delayed due to the COVID-19 pandemic. As they move through this process, team members are attending Collaborative meetings and are working together to address the opportunities for improvement noted in their initial feedback. For example, all units received feedback regarding the need to better evaluate unit processes. As a result, the Collaborative is creating standard templates to help units better track initiatives moving forward. To ensure units' Beacon Award status does not lapse, the Collaborative has developed a table with the initial submission date, award expiration date, and goal resubmission dates (see Table).

The Collaborative has expanded to other acute care areas within the hospital. To date, 5 additional units—interventional radiology, the pediatric ICU, the burn/trauma medical-surgical unit, the cardiology

medicine unit, and the adult ICU flex team—have begun their Beacon Award journey. Units continue to dedicate time for meetings, but as group membership has continued to grow and evolve, so has the format of Collaborative meetings. Instead of focusing on one particular section, each unit shares where they are in the process and any barriers they have encountered, maintaining the group brainstorming process that began at the inception of the Collaborative and fits the current group's needs. As new members join, the group reviews available resources; we are working to identify new resources to address all aspects of the application for a wider variety of units.

### Conclusion

Bedside nurses are excited to participate in the Beacon Award process; however, they need time, encouragement, and support throughout their journeys. Creating the Collaborative provided structure and support for units as they progressed from application development to submission, award notification, and celebration of success. Working together, we have improved efficiency, removed barriers, and facilitated the sharing of ideas. **CCN**

#### Acknowledgments

The authors acknowledge the Beacon Award unit-based writing teams and the service leaders who made this project possible.

#### Financial Disclosures

None reported.

### See also

To learn more about the Beacon Award, read "Beacon Award for Excellence: The Impact of Recognition on the Nursing Practice Environment" by Benedict and Griffin in *Critical Care Nurse*, 2017;37(4):81-83. Available at **www.ccnonline.org**.

#### References

1. Meaningful recognition. American Association of Critical-Care Nurses. Accessed February 17, 2020. <https://www.aacn.org/nursing-excellence/healthy-work-environments/meaningful-recognition>
2. Hunsacker S, Chen H-C, Maughan D, Heaston S. Factors that influence the development of compassion fatigue, burnout, and compassion satisfaction in emergency department nurses. *J Nurs Scholarsh*. 2015;47(2):186-194.
3. Kelly LA, McHugh MD, Aiken LH. Nurse outcomes in Magnet® and non-Magnet hospitals. *J Nurs Adm*. 2011;41(10):428-433.
4. Kelly L, Runge J, Spencer C. Predictors of compassion fatigue and compassion satisfaction in acute care nurses. *J Nurs Scholarsh*. 2015;47(6):522-528.
5. Graystone R. Creating the framework for a healthy practice environment. *J Nurs Adm*. 2018;48(10):469-470.
6. American Academy of Nursing. *Magnet Hospitals: Attraction and Retention of Professional Nurses*. American Nurses' Association; 1983.
7. Ulrich BT, Woods D, Hart KA, Lavandero R, Leggett J, Taylor D. Critical care nurses' work environments value of excellence in Beacon units and Magnet organizations. *Crit Care Nurse*. 2007;27(3):68-77.
8. Blake N. Collaboration: a key component of excellence. *AACN Adv Crit Care*. 2013;24(1):30-32.



9. ANA Enterprise. Find a Magnet organization. American Nurses Credentialing Center. Accessed February 17, 2020. <https://www.nursingworld.org/organizational-programs/magnet/find-a-magnet-facility/>
10. AACN Beacon Award for Excellence Handbook. American Association of Critical-Care Nurses. January 2019. Accessed February 17, 2020. <https://www.aacn.org/~media/aacn-website/nursing-excellence/beacon-awards/beaconhandbook.pdf>
11. Find a Beacon unit. American Association of Critical-Care Nurses. Accessed February 17, 2020. <https://www.aacn.org/nursing-excellence/beacon-awards/find-a-beacon-unit#page/1?State=null&UnitType=null&FinalAwardLevel=null&sortBy=%7BB355E6B5-C82D-451D-9554-F0D72B33D949%7D>