2019 Magnet® Application Manual Sources of Evidence – 2020 Pathway to Excellence® Manual Elements of Performance Crosswalk
(Magnet-Pathway Crosswalk)

In April 2018, the Commissions on Magnet Recognition Program® and Pathway to Excellence Program® completed an evaluation of each program's current standards to determine if any conceptual relationships existed between required elements. This evaluation resulted in ten (10) required Sources of Evidence (SOE) and 12 required Elements of Performance (EOP) that were determined, while uniquely different, to be highly correlated. The information and chart below describe each program's standard and the written documentation evidence requirements for applicant organizations pursuing either **dual designation** as Magnet-Recognized and Pathway to Excellence (PTE) or a **single designation** in one program and transitioning to the other.

Effective date of crosswalk: February 1, 2021 document submissions

Current Dual designation

Organizations that are currently dually designated under the *2020 Pathway to Excellence Application Manual* and *2019 Magnet Application Manual* must follow each program's application and appraisal process. Applicants must address all requirements of the primary designation (designation expiring first) program's application manual. Applicants must also follow the secondary designation program's application process and the table below for required elements that may already be met through the dual designation process. This written documentation deemed status to select elements is applicable through one 4-year dual designation cycle. Subsequent dual designations require organizations to fully address all standards of one program, alternating each designation cycle. See example in Table 1.

Table 1. Example of current dual designation requirements

DUAL designation #1	Designation expiring first: *PTE*	Re-designation Magnet Recognition
Hospital XYZ	Address all PTE EOPs -Submit ODF	Address Magnet SOEs with exceptions per Crosswalk table below -DDCT Required
DUAL designation #2	Designation expiring first: *Magnet Recognition Program*	Re-designation: PTE
Hospital ABC	Address Magnet SOEs -DDCT required	Address all PTE EOPs with exceptions per Crosswalk table below -ODF required

New Dual Designation (never held simultaneous designations)

Organizations that are currently designated as Pathway or Magnet-Recognized and desire dual designation must follow each program's application and appraisal process. **The organization must be currently designated in one program at time of Written Documentation submission for the second program**. Extensions are honored as per policy however if the first program's current designation expires, it is no longer a dual designation and the applicant must address all standards as a single applicant for that program. The organization's current program designation must address all standards per that program's application manual. The second program's designation follows its program's application process and the table below for required standards that may already be met through the dual designation process. This by-pass approach to the written documentation phase standard is applicable through one 4-year dual designation cycle. Subsequent dual designations require organizations to fully address all standards of one program, alternating each designation cycle. See example in Table 2.

Table 2. Example of new dual designation requirements

DUAL designation #1	Documentation Deadline	Current Designation: *Magnet Recognition*	Then apply for: PTE
Hospital XYZ	Must be currently designated in one program at time of documentation submission	Address all Magnet SOEs -Submit DDCT as required	Address PTE EOPs with exceptions per Crosswalk table below -ODF required
DUAL designation #2		Current Designation: *PTE*	Then apply for: Magnet Recognition Program
Hospital ABC		Address all PTE EOPs -ODF required	Address Magnet SOEs with exceptions per Crosswalk table below -DDCT required

Subsequent Dual Designations

Each dually designated organization must follow the policies and requirements of each respective program. Failure to remain designated (e.g., voluntary withdrawal, failure to reapply, evidence of non-compliance) in one program does not limit the organization from continuing designation (as a single applicant) in the second program. The written documentation standards by-pass process outlined in the crosswalk table below is the single benefit to organizational applicants seeking dual designation. The other steps in the appraisal process for each program remain.

Each Commission will determine designation based on the organization's proven ability to meet and sustain program requirements.

Magnet-Pathway Crosswalk Table

Topic	Pathway 2020 EOP (Element of Performance)	EOP	Evidence Requirements	SOE	Magnet 2019 SOE (Sources of Evidence)
mentoring	**EOP 6.7** a.Provide a narrative written by a direct care nurse describing how he or she has been mentored in the organization. Include a description of a specific mentoring relationship and how it influenced his or her professional growth. Include dates of the mentoring relationship within the required 36 month timeframe. AND b.Provide a narrative written by a non-direct care nurse describing how he or she has been mentored in the organization. Include a description of a specific mentoring relationship and how it influenced his or her professional growth. Include dates of the mentoring relationship within the required 36 month timeframe.	**6.7**	Proof of designation meets this standard for either program	**TL6**	**TL6:** Choose 3 of the following; one example must be from ambulatory care setting, if applicable: a. Provide one example, with supporting evidence, of a mentoring plan or program for clinical nurse(s). b. Provide one example, with supporting evidence, of a mentoring plan or program for nurse managers. c. Provide one example, with supporting evidence, of a mentoring plan or program for AVPs/ nurse directors (exclusive of nurse managers). d. Provide one example, with supporting evidence, of a mentoring plan or program for advanced practice registered nurses (APRNs). e. Provide one example, with supporting evidence, of a mentoring plan or program for the CNO.
succession planning	**EOP 6.8** a.Describe how the organization fosters the growth of direct care nurses as emerging nurse leaders within or outside of the organization. AND b.Provide an example of how the organization fostered the growth of a direct care nurse who aspired to be an emerging nurse leader. Include the date(s) the organization fostered growth within the required 36 month timeframe. **EOP 6.9** a.Describe how the organization uses succession planning to develop nurses for a nursing leadership role. AND b.Provide a narrative written by a nurse in a leadership role describing how he or she benefitted from the organization's leadership succession planning as described in 6.9a.	**6.8** **6.9**	Proof of designation meets this standard for either program	**TL7**	**TL7:** Choose 3 of the following; one example must be from ambulatory care setting, if applicable: a. Provide one example, with supporting evidence, of succession-planning activities for the nurse manager role. b. Provide one example, with supporting evidence, of succession-planning activities for the APRN role. c. Provide one example, with supporting evidence, of succession-planning activities for the AVP/nurse director role. a. d. Provide one example, with supporting evidence, of succession-planning activities for the CNO role.

Topic	Pathway 2020 EOP (Element of Performance)	EOP	Evidence Requirements	SOE	Magnet 2019 SOE (Sources of Evidence)
	Include date the nurse was impacted by the organization's leadership succession planning within the required 36 month timeframe.				
specialty certification	**EOP 6.6** Describe how the organization supports direct care nurses to pursue specialty certification.	**6.6**	**Success Pays enrollment acceptable for PTE but not Magnet.** Magnet applicants must address SE3.	**SE3**	**SE3:** a. Provide a description and supporting evidence of the organization's action plan for registered nurses' progress toward obtaining professional certification.
transition to practice	**EOP 6.2** a.Describe the strategy(ies), other than orientation, that the organization has in place for newly graduated nurses to transition to practice. AND b.Provide a narrative written by a newly graduated nurse describing how the strategy(ies) described in 6.2a prepared them to transition to practice.	**6.2a**	National accreditation acceptable for PTE and Magnet. If not nationally accredited program, need to address EOP 6.2 and/or SE9	**SE9 (b)**	**SE9:** a. Provide evidence of nationally accredited transition to practice program OR Select three examples; for each example include the six elements of the transition program: b. Provide one example, with supporting evidence that demonstrates the effectiveness of the transition to practice program for new graduate nurse(s). c. Provide one example, with supporting evidence that demonstrates the effectiveness of the transition to practice program of a newly hired experienced nurse into the nursing practice environment. d. Provide one example, with supporting evidence that demonstrates the effectiveness of the transition to practice program of a nurse transferring within the organization to a new nurse practice environment. e. Provide one example, with supporting evidence, which demonstrates the effectiveness of the transition to practice program of an APRN into the practice environment. f. Provide one example, with supporting evidence that demonstrates the effectiveness of the transition to practice program of nurse managers into the new role.

Topic	Pathway 2020 EOP (Element of Performance)	EOP	Evidence Requirements	SOE	Magnet 2019 SOE (Sources of Evidence)
community, population health	**EOP 4.9** a. Describe how the organization contributes to improving population health. AND b. Provide one example of how nurse's (nurses') contribution has impacted a specific population. Include the date of the contribution within the required 36 month timeframe. **EOP 5.6** a. Describe how the organization supports and recognizes nurses' involvement in community volunteer activities. AND b. Provide a narrative written by a nurse that is in line with the description provided for 5.6a about his or her experience with community volunteer activity(ies), including (1) the activity, (2) his or her perceived impact on the community, and (3) the support from the organization. Include date of activity(ies) within the required 36 month timeframe	**4.9** **5.6**	Proof of designation meets this standard for either program	**SE10**	**SE10:** a. Provide one example, with supporting evidence, of the organization's support of a nurse or nurses who volunteer(s) in a local or regional community healthcare initiative which aligns with Healthy People 2020, Healthy People 2030, or the United Nations' Sustainable Development Goals. AND b. Provide one example, with supporting evidence, of the organization's support of a clinical nurse or clinical nurses who a. volunteer(s) in a population health outreach initiative, either local or global.
Inter-professional care coordination	**EOP 3.7** Describe how interprofessional decision-making is used in the process to transition patients from one level of care to another.	**3.7**	Proof of designation meets this standard for either program	**EP5**	**EP5:** a. Provide one example with supporting evidence, of nurses' participation in interprofessional collaborative practice to ensure coordination of care across the spectrum of healthcare services

Topic	Pathway 2020 EOP (Element of Performance)	EOP	Evidence Requirements	SOE	Magnet 2019 SOE (Sources of Evidence)
performance review	**EOP 2.8** a. Describe how feedback from peers or direct report staff is incorporated into the performance evaluation of nurses in leadership roles. AND b. Provide documented evidence of a completed performance evaluation for a nurse in a leadership role that clearly identifies where feedback from peer(s) or direct report staff is included.	**2.8**	Magnet designation meets PTE EOP 2.8. **Magnet applicants must address EP11.**	**EP11 (a-d)**	**EP11:** Choose three of the following: a. Provide one example, with supporting evidence, of the use of periodic formal performance review for the CNO that includes a self-appraisal and peer feedback process demonstrating a plan for professional development. b. Provide one example, with supporting evidence, of the use of periodic formal performance review for an AVP/nurse director that includes a self-appraisal and peer feedback process demonstrating a plan for professional development. c. Provide one example, with supporting evidence, of the use of periodic formal performance review for a nurse manager that includes a self-appraisal and peer feedback process demonstrating a plan for professional development. d. Provide one example, with supporting evidence, of the use of periodic formal performance review for an advanced practice registered nurse (APRN) that includes a self-appraisal and peer feedback process demonstrating a plan for professional development. e. Provide one example, with supporting evidence, of the use of periodic formal performance review for a clinical nurse that includes a self-appraisal and peer feedback process demonstrating a plan for professional development.
decision authority	**EOP 1.3** Provide one example of a change in nursing practice that was the result of a shared governance initiative. Include: 1. why the nursing practice change was recommended; 2. how that nursing practice change was based on published evidence; 3. a description of the new practice; 4. author, year, source, and title of bibliographical reference(s) for the published research finding or evidence used to make this change; and	**1.3**	Proof of designation meets this standard for either program	**EP12**	**EP12:** a. Provide one example, with supporting evidence, of clinical nurses having the authority and freedom to make nursing care decisions, within the full scope of their nursing practice.

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	5. date example occurred within the required 36 month timeframe. (i.e., when the practice change occurred).				
ethical concerns	**EOP 1.5** a. Describe the interprofessional process that addresses how ethical concerns are managed within the organization. AND b. Provide a narrative written by a nurse who used the interprofessional processes described in 1.5a for a situation that he or she perceived as an ethical concern. Include date support processes utilized within the required 36 month timeframe.	1.5	Proof of designation meets this standard for either program	EP13	**EP13:** a. Provide one example, with supporting evidence of nurses applying available resources to address ethical issues related to clinical practice.
EBP implement-ation	**EOP 4.4** Describe educational opportunity(ies) provided by the organization for direct care nurses regarding application of evidence-based practice. **EOP 4.5** Provide one example demonstrating how a nurse(s) implemented evidence-based practice in a patient care area(s). Include date example implemented within the required 36 month timeframe, author, year, source, and title of bibliographical reference(s) for the evidence-based practice used in this EOP.	4.4 4.5	Proof of designation meets this standard for either program	NK3	**NK3:** a. Provide one example, with supporting evidence, of clinical nurses' implementation of an evidence-based practice that is new to the organization. AND b. Provide one example, with supporting evidence, of clinical nurses' use of evidence based practice to revise an existing practice within the organization.