

Quick-Hitting Survey Nursing Organizational Structures

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Executive Summary

Methodology

In November 2018, The Health Management Academy conducted a quick-hitting survey of Leading Health Systems regarding nursing organizational structures. The 8 responding Chief Nursing Officers (CNOs) represent health systems with an average Total Revenue of \$4.6 billion that own or operate 102 hospitals with approximately 86,000 admissions per annum.

Key Findings

- Over one-third (37%) of health systems have a regional nursing structure, defined by geography or by facilities/service lines.
- A majority of health systems (62%) include cross-continuum executive nursing roles in their organizational structures that span beyond the acute-care setting.
- Health systems' nursing structures are moving toward greater centralization, with 75% of organizations reporting the nursing function is either somewhat or highly centralized.

Results

Among half of responding health systems, the system CNO role reports to a senior clinical executive such as the Chief Medical Officer, Chief Clinical Officer, Chief Hospital Officer, or Senior VP of Quality & Patient Experience. Over one-third (38%) of CNOs report to the Chief Operating Officer, while 13% report directly to the CEO. One CNO has a dual reporting structure, to both the COO and SVP of Care Financing and Population Health.

Primary responsibilities of the system CNO include overseeing the nursing function, including governance, strategy and priorities, leadership development, budget performance, staffing, practice standards, and patient quality and safety. CNOs commonly have additional responsibilities including care transformation, population health strategy, advance care planning, integrated care management, palliative care and ethics, mental health, and/or the women's and children's service line. A full list of CNO responsibilities and role descriptions can be found in the Appendix (A1).

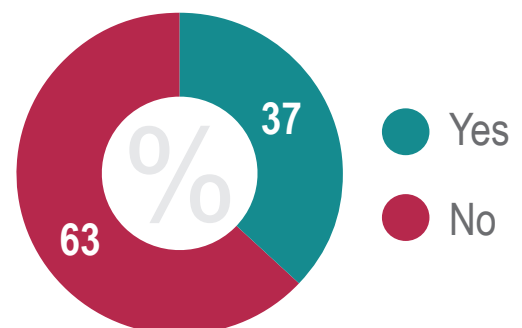
Health system CNOs have an average of 7 direct reports (range: 2 – 13), including facility or regional CNO(s), Home Care CNOs, Chief Nursing Informatics Officers, VPs of Nursing Outcomes, VPs of Clinical Learning, Clinical Process Improvement Specialists, Patient Experience leaders, and/or Clinical Education leaders. Director level roles that report to the CNO include Director of Professional Practice, Director of Workforce Effectiveness, Director of Accreditation & Licensure, Director of Nursing Workforce Development & Learning, Director of Nursing Finance, and/or Director of Care Managers.

Other functional areas that report up to the system CNO include advanced practice providers (APPs), Care Management, Labor Optimization, Patient Experience, Clinical Learning and Research, Emergency Medical Services, Pharmacy Services, and/or Perioperative Services. However, 25% of health systems have only nursing reporting to the CNO.

Health systems employ an average of 6,849 registered nurses (range: 2,200 – 14,444) and 272 advanced practice nurses (range: 60 – 400).

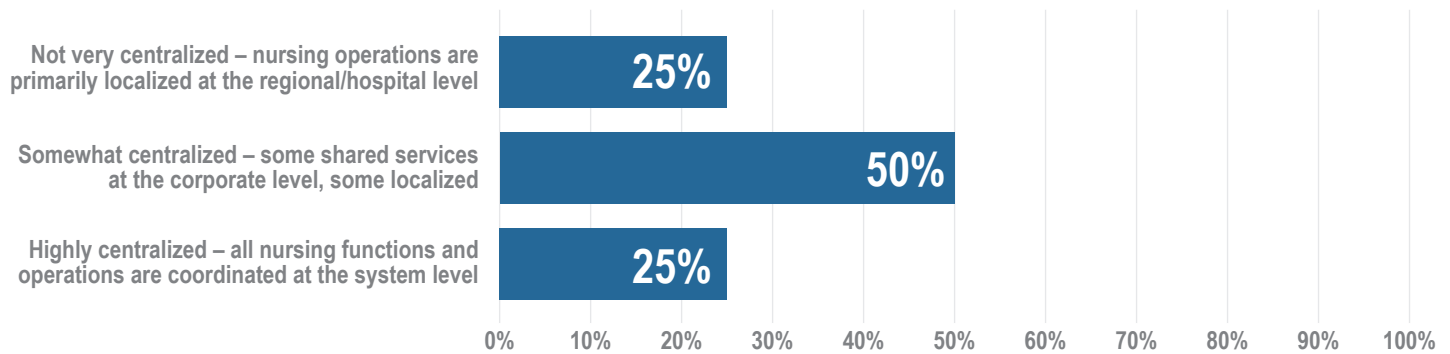
Over one-third (37%) of health systems have a regional nursing structure (Figure 1). These organizations have an average of 5 regions (range: 2 – 9) defined geographically or by facilities/services. One organization noted a combination approach, in which nursing regions are defined geographically while ensuring the cross continuum of care is present in the region.

FIGURE 1. DOES YOUR ORGANIZATION HAVE A REGIONAL NURSING STRUCTURE?



Health systems' nursing structures are moving toward greater centralization, with 75% of organizations reporting the nursing function is either somewhat or highly centralized (Figure 2). Health systems that are somewhat centralized (i.e. have some shared services at the corporate level and some localized) report functions including clinical and nursing education, scheduling, research, professional practice forums, nursing councils, and the magnet program are shared services at the corporate level.

FIGURE 2. HOW CENTRALIZED IS YOUR HEALTH SYSTEM'S NURSING STRUCTURE?

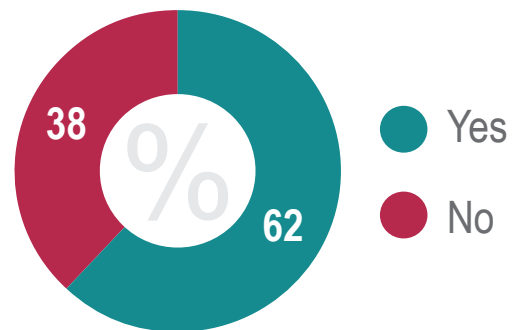


A majority of health systems (62%) include cross-continuum executive nursing roles in their organizational structures that span beyond the acute-care setting (Figure 3). These roles include ambulatory, long term care, home health, hospice, community care, and telenursing leaders. Additionally, one health system has a nursing leader for the organization's insurance product.

Half (50%) of health systems have restructured the system nursing organization due to merger and acquisition activity through creating a regional structure, expanding the flagship hospital CNO role to a system level role, or developing systemwide nursing practice forums, councils, and nurse sensitive measure committees.

Additionally, half (50%) of responding health systems are planning on reevaluating or changing the current nursing organizational structure. One health system is considering consolidating nursing to a single nurse leader, while another is evaluating expanding the system CNO role into non-traditional system functions. Another organization is planning to evolve the regional CNO role to expand across the care continuum, while bringing inpatient and outpatient care management into a system service line/cost center with regional deployment of resources.

FIGURE 3. DOES YOUR ORGANIZATIONAL STRUCTURE INCLUDE CROSS-CONTINUUM EXECUTIVE NURSING ROLES THAT SPAN BEYOND THE ACUTE-CARE SETTING (E.G., AMBULATORY NURSING LEADERS, ROLES THAT OVERLAP WITH THE MEDICAL GROUP)?



Appendix

A1. Please include the description and/or primary responsibilities of the system CNO role at your health system.

- Responsible for nursing care across the continuum of our fully integrated network, also have responsibility for System patient experience, integrated care management, advance care planning, palliative care and ethics.
- Serves as Chief Nursing Officer for the System that includes hospitals, the medical group and related services. Provides vision and leadership for nursing professional practice including standards and shared governance, education and professional development. Contributes to the success of the System by serving as leader and coach to the organization by creating and implementing a delivery system wide Nursing Strategic Plan. Determines priorities and plan to achieve key nursing, clinical and organizational results, including staffing and regulatory readiness. Sets the tone, motivates and inspires the nursing community. Achieves key results including nurse engagement, turnover and nursing sensitive clinical indicators. Provides leadership for building and sustaining a positive patient care process as measured by improvement of the quality of clinical care, increased patient satisfaction, exceptional experience and instilling within the community served, an image of the System as the healthcare provider of choice. Skilled in using quality tools and process improvement. Demonstrated capacity to standardize care, incorporate evidence and deploy into operations using tools such as the EHR documentation system.
- Traditional Nursing Operational responsibilities such as the nursing practice environment, leadership development, budget performance and patient quality and safety. In addition, have key role in leading care transformation and population health strategy.
- Nursing practice (enterprise wide) including advanced practice (APRNS). Labor Optimization Influence on Supply Chain operations
- Standardizing across the system: Nursing Practice standards, nurse staffing, nurse pay, nursing policy and procedure, nurse recruitment and retention, performance improvement. In addition, I am responsible for the mental health, women's and children's service lines for the system.
- Ultimate responsibility for nursing practice across the system. Directly supervises two CNOs (acute care and community care) as well as MPD, Nursing Quality and Safety, and Nursing Finance.
- The Chief Nursing Officer is responsible and accountable for all aspects of professional nursing practice and patient care services across the system. The CNO ensures the advancement of the profession of Nursing and ensures the consistency in the standards of nursing practice system wide. The CNO supports and facilitates an interdisciplinary team approach and partners with other senior leaders to provide clinical services throughout the Health System. Provides direct leadership and management for the corporate Nursing office and oversight for the functions and operational activities within Nursing and patient care services across all areas where nursing is practiced.
- Responsible for all nursing and related patient care services for the acute care hospitals. She leads the system's nursing initiatives in planning, fiscal decisions, patient satisfaction, care coordination, and quality.