Organizational Overview: Transformational Leadership

OOD 4: The administrative and nursing organizational chart(s). Describe the CNO’s structural and operational relationships to all areas in which nursing is practiced.

- Description of CNO’s structural and operational relationships
- Massachusetts General Hospital Organizational Chart
- Mass General Physicians Organization Organizational Chart
- Nursing & Patient Care Services Organizational Chart

Massachusetts General Hospital (MGH), one of two founding organizations in the Partners HealthCare System, is a 1010-bed academic medical center. The MGH is a non-profit corporation and is led by the MGH Board of Trustees, Hospital (MGPO). The MGH Organizational Chart illustrates that the Chief Nurse structurally reports to the Hospital President with a dotted line to the Chairman and CEO of the MGPO (MGPO Organizational Chart). The Chief Nurse also holds the title of Senior Vice President, placing her at the same administrative level as other Senior Administrators and Clinical Chiefs. Operationally, the CNO participates in organizational decision-making forums such as the Board of Trustees, General Executive Committee, Chiefs Council and Senior Operations Team.

The Nursing & Patient Care Services Organizational Chart depicts that the Senior Vice President for Patient Care and Chief Nurse (CNO) directs the activities of all areas of the institution responsible for direct patient care. This work is done through the oversight of Associate Chief Nurses and Directors. Areas of responsibility include providing leadership for clinical disciplines and programs as follows (Refer to CNO position description in OOD 2):

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<tr>
<th>Clinical Disciplines</th>
<th>Programs &amp; Departments</th>
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<td>Nursing</td>
<td>Caring Headlines</td>
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<td>Case Management</td>
<td>Clinical Support Services</td>
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<td>Chaplaincy</td>
<td>Disabilities Program</td>
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<td>Medical Interpreters</td>
<td>Diversity Program</td>
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<td>Occupational Therapy</td>
<td>Financial Management Systems</td>
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<td>Orthotics/Prosthetics</td>
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<td>Physical Therapy</td>
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<td>Speech, Language &amp; Swallowing Disorders and Reading Disabilities</td>
<td>Ladies Visiting Committee Retail Shops</td>
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<td>Social Services</td>
<td>MGH Institute for Patient Care (comprised of four Centers that address education, research, innovation and patient education functions)</td>
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<td></td>
<td>MGH Quit Smoking Services</td>
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Chief Nurse

The CNO is responsible for: assuring that competent, compassionate patient care is provided to patients in ambulatory, inpatient and community settings; directing and developing the organization of departments for which responsible; leading the management team toward attainment of identified short- and long-term goals and objectives; executing strategies and plans designed to achieve said objectives and collaborating with other Hospital executives to meet Institutional goals and objectives.

As the senior administrator overseeing clinical practice throughout Patient Care Services, three key areas of focus for the CNO include: quality of care and treatment of all patients; provision of a strong, professional practice environment for care delivery; and the administration of all programs related to education, research, and clinical care.

Under this organizational structure, the Associate Chief Nurses and Directors for all clinical and operational areas report directly to the Chief Nurse. This streamlined reporting relationship helps to facilitate operations within the organization and create strong working relationships between nursing and members of the interdisciplinary team. Within this structure, the Directors of these of these departments and the Associate Chief Nurses comprise the Patient Care Services Executive Committee (PCSEC). Under the direction of the Chief Nurse, the charges of PCSEC are to:

- Consider and adopt policies and procedures relating to:
  - patient care;
  - education for nursing and health professions; and
  - other matters affecting the optimal operations of Nursing & Patient Care Services.
- Act in an advisory capacity to the Chief Nurse on all matters affecting the optimal operations of Nursing & Patient Care Services.
- Serve as a liaison between the Nursing and Health Professions staff and the administration of the Hospital.

The Chief Nurse and her PCSEC management team use the strategic planning process to develop the PCS Strategic and Annual Operating Plan which provides a framework to identify and prioritize initiatives to enhance the delivery of nursing care. As a member of the Hospital's General Executive Team, the Chief Nurse uses the strategic planning process to align the goals for Nursing & PCS with those of the Hospital's strategic plan. The CNO’s leadership position within the Hospital's organizational structure ensures her involvement in the strategic planning and policy-making decisions for the Hospital and gives nursing a strong voice within the organization. She is currently the Co-Chair of the MGH Diversity Committee and MGH Access Committee, attends the MGH Board of
Trustees meetings and is the CNO-representative on the American Nurses Credentialing Center’s Commission on Magnet.

The Hospital’s credentialing and privileging process for nurses in expanded roles who are MGH and MGPO employees is one example that demonstrates how the structural and operational relationships within the Department of Nursing and Hospital support nursing practice. The Hospital’s General Executive Committee has delegated the accountability for credentialing nurses in expanded roles to the Chief Nurse. The Chief Nurse (or her designee) is responsible for the guidelines to approve the credentialing and authorization processes. This accountability extends to clinicians practicing in all areas of the Hospital and in outpatient practices that are part of the Mass General Physicians Organization and are not under the supervision of the Department of Nursing within Nursing & Patient Care Services.

In addition to the Chief Nurse, all nursing roles and responsibilities are defined in position descriptions and describe the respective role’s operational relationships within the organization and how they support nursing practice.

**Associate Chief Nurse**

The Associate Chief Nurse is a key member of the CNO’s clinical and senior management team responsible for providing oversight and leadership to support direct care, nursing practice and decision-making on designated groups of units/practice settings. As a member of the Nursing Executive Operations Team, the Associate Chief Nurse participates in the efficient and effective management of the Department of Nursing and the development of its strategic plan. Key responsibilities of the position include:

- Directing the development and implementation of standards, policies, and programs to ensure excellence in nursing practice, and,
- Designing and directing the implementation of programs and processes to support organizational mission and goals.

As nurses are best positioned to understand the needs of their patients and families, the Associate Chief Nurse is in the position to form high-level relationships within the organization and advocate for resources to support nursing practice and promote quality patient care. Additionally, the Associate Chief Nurse is responsible for assuring that competent, compassionate patient care is uniformly provided to patients in inpatient, ambulatory and community settings in all areas where nursing is practiced. This is an important distinction, as most nurses in the ambulatory and community health settings at MGH do no report through the Department of Nursing infrastructure.

On the Nursing & Patient Care Services Organizational Chart, the clinical areas of accountability that do not report through the Department of Nursing are noted as having a “linkage” with a particular Associate Chief Nurse (as the CNO’s designee). These areas include:
• Community Health Centers: Back Bay, Charlestown, Chelsea, Everett, and Revere
• MGH Ambulatory Care
• North Shore Ambulatory Care Center: Surgical Center and Cancer Center
• MGH West Ambulatory Surgical Center
• Radiology
• Cardiac Catheterization Lab
• Electrophysiology Lab

Given this responsibility, the Associate Chief Nurses have been instrumental in establishing service-based nursing practice committees throughout the Hospital. Modeled after the Collaborative Governance committees, specialty-based practice committees have been formed in oncology, medicine, cardiac obstetrics, pediatrics and ambulatory to bring together specialty care nurses to develop and share consistent practice standards.

**Unit-Based Nursing Leadership: Nursing Director, Clinical Nurse Specialist and Nurse Practice Specialist**

At the unit level, Nursing Directors, Clinical Nurse Specialists and Nurse Practice Specialists oversee clinical operations and practice to ensure clinical decision-making occurs closest to those caring for the patient. The Nursing Director reports to the Associate Chief Nurse. The Clinical Nurse Specialist and Nurse Practice Specialist report to the Nursing Director.

The **Nursing Director’s** responsibilities outlined in the Nursing Director position description include:

- Implementing and evaluating approved policies, procedures and standards of care
- Collaborating with the registered nurse, physician or other healthcare professional to plan the delivery of care on the unit and to create joint protocols for patient care
- Evaluating the outcomes of patient care; using patient satisfaction information to recommend and integrate appropriate changes.

The **Clinical Nurse Specialist (CNS) and Nursing Practice Specialist (NPS)** are responsible for providing expert level care and consultation to patients/families and members of the interdisciplinary team, as well as ensuring that clinical nurses develop their practice to the highest level. A CNS is masters prepared, certified by a nationally recognized agency as a CNS in an area of clinical specialization, and licensed as an Advanced Practice Registered Nurse as a CNS by the Commonwealth of Massachusetts (MA). A NPS is also masters prepared, has extensive knowledge and experience in the clinical area, but is not certified as a CNS and therefore not considered an APRN by the Commonwealth of MA.
The Clinical Nurse Specialist and Nurse Practice Specialist supports decision-making at the unit level by:

- Responding to changes in clinical practice by planning, designing, implementing and evaluating guidelines, protocols and standards in collaboration with the Nursing Director and interprofessional care team,
- Identifying current trends in health care and their implication for nursing practice, and,
- Applying new technology, nursing theories, research findings and experiential knowledge to improve nursing practice.

**Clinical Nurse**

Reporting to the Nursing Director and using the MGH Professional Practice Model as a guidepost for clinical practice, the Clinical Nurse is engaged in clinical decision-making at the bedside. Clinical Nurses are responsible for assuring competent, compassionate, individualized nursing care for specific patients and families. This includes supervising, and delegating to, clinical and non-clinical support staff. Using the nursing process to support decision-making, the Clinical Nurse:

- Identifies, facilitates, and evaluates outcomes of nursing care for an individual patient or group of patients,
- Coordinates involvement of the patient, family and health team members in patient care, including patient/family teaching and discharge planning, and,
- Participates in unit and departmental committees for formulation of nursing and Hospital policies and procedures.

**Advanced Practice Registered Nurse**

Throughout the MGH, there are four Advanced Practice Registered Nurse (APRN) roles, as designated by the Commonwealth of Massachusetts Board of Registration in Nursing (BORN). These APRNs are authorized by the BORN to engage in APRN activities within their authorized clinical role, scope of practice competencies, and accepted standards of advanced nursing practice. These APRNs provide care for individuals, groups or communities across the life span for health promotion and maintenance and for those who are experiencing acute or chronic disease, illness, trauma or other life-altering event in which rehabilitative, and/or palliative interventions are necessary.

The four APRN roles are the:

- **Certified Nurse Practitioner (CNP)**: a masters-prepared nurse who is certified as a CNP by a board-recognized certifying agency who utilizes advanced nursing knowledge and assessment skills to plan, implement, and evaluate the care and
management of a select patient population in collaboration with a physician, both in the in-patient and ambulatory arena.

- **Certified Registered Nurse Anesthetist (CRNA):** a masters-prepared or postgraduate certificate-prepared nurse who is certified as a CRNA by a national qualifying exam in the specialty of anesthesia who utilizes advanced nursing knowledge and assessment skills to plan peri-operative care, administer anesthesia, and evaluate the response to anesthesia both during and after procedures in collaboration with an anesthesiologist.

- **Certified Nurse Midwife (CNM):** a masters-prepared nurse who is certified as a CNM by the American Midwifery Certification Board who utilizes advanced nursing knowledge and assessment skills to provide care to ante partum, intra partum, and post partum Obstetrical patients and routine gynecology patients in consultation with a physician.

- **Clinical Nurse Specialist (CNS):** a masters-prepared nurse who is certified as a CNS in an area of specialization by a nationally recognized agency who provides expert level clinical care and consultation to patients/families and members of the interdisciplinary team; participates in educational, research, and evidence-based practice initiatives; leads the management of quality outcomes; and is the clinical arm of the unit-based leadership dyad. The CNS does not have prescriptive authority.

  - **Psychiatric Clinical Nurse Specialist (PCNS):** a masters-prepared nurse who is certified as a Psychiatric CNS by a nationally recognized agency who provides psychiatric health care services to individuals throughout the lifespan, including health promotion, disease prevention, health education, counseling and making referrals to other members of the health care team, as well as the diagnosis and management of acute and chronic psychiatric illness and psychiatric disease in the ambulatory and inpatient setting. The PCNS prescribes medications according to written guidelines and in collaboration with a physician.

**Summary**

Using the Nursing & Patient Care Services Strategic and Annual Operating Plan (OOD 3) and Professional Practice Model (OOD 8) as frameworks, the Senior Vice President for Patient Care and Chief Nurse has organized her management team structure in a way to create streamlined operational relationships throughout the organization. This operational structure, along with the defined roles of nurses at all levels of the organization and a robust collaborative governance communication and decision-making structure clearly support unit-based decision-making and giving nursing a strong voice in key decisions throughout the organization.