OOD 5: The administrative and nursing organizational chart(s). Describe the CNO’s structural and operational relationships to all areas where nursing is practiced.

Massachusetts General Hospital (MGH), one of two founding organizations in the Partners HealthCare System, is a 947-bed academic medical center. This non-profit corporation is led by the MGH Board of Trustees and Hospital President. The MGH organizational chart (attachment OOD 5.a) illustrates that the Chief Nurse structurally reports to the Hospital President. 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. These committees are described in detail in TL 4.

The Patient Care Services Organizational Chart (attachment OOD 5.b) 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 (See CNO position description in OOD 2):

<table>
<thead>
<tr>
<th>Clinical Disciplines</th>
<th>Programs</th>
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<tbody>
<tr>
<td>Nursing</td>
<td>Cancer Resource Room</td>
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<tr>
<td>Speech, Language &amp; Swallowing Disorders and Reading Disabilities</td>
<td>Caring Headlines</td>
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<tr>
<td>Physical Therapy</td>
<td>Diversity Program</td>
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<tr>
<td>Occupational Therapy</td>
<td>Financial Management Systems</td>
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<tr>
<td>Respiratory Therapy</td>
<td>HAVEN Domestic Violence Program</td>
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<tr>
<td>Orthotics/Prosthetics</td>
<td>Information Systems</td>
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<tr>
<td>Medical Interpreters</td>
<td>Information Ambassadors</td>
</tr>
<tr>
<td>Social Services</td>
<td>The Institute for Patient Care (comprised of four Centers that address education, research, innovation and patient education functions)</td>
</tr>
<tr>
<td>Chaplaincy</td>
<td>International Patient Program</td>
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<td></td>
<td>Ladies Visiting Committee Retail Shops</td>
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<td></td>
<td>Patient and Family Lodging</td>
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<td></td>
<td>MGH Quit Smoking Services</td>
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<td></td>
<td>Office of Patient Advocacy</td>
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<td></td>
<td>Office of Quality and Safety</td>
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<td>Clinical Support Services</td>
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<td>Disabilities Program</td>
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<td>Center for Global Health</td>
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<td>Volunteer Services</td>
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</tbody>
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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; conduct and discipline of all staff members; and the administration of all programs related to education, research, and clinical care.

Under this organizational structure (attachment OOD 5.b) the Associate Chief Nurses and Directors for all Patient Care Services’ 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 1) patient care; 2) education for nursing and health professions; and 3) other matters affecting the optimal operations of Patient Care Services.
- Act in an advisory capacity to the Chief Nurse on all matters affecting the optimal operations of Patient care Services.
- Serve as a liaison between the Nursing and Health Professions staff and the administration of the Hospital.

As described in TL 3 and TL 3 EO, 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 executive team described in TL 4, the Chief Nurse uses the strategic planning process to align the goals for 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.

The Hospital’s policy and procedure, “Credentialing and Authorization of Nurses in Expanded Roles Who are MGH and MGPO Employees” (OOD 18) 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 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. Responsibilities of the position, outlined in the Associate Chief Nurse position description (TL 2) 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 (TL 2 and EP 13). 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 PCS Organizational Chart (attachment OOD 5.b), the clinical areas of accountability that do not report operationally to Patient Care Services are noted as having a structural “linkage” with a particular Associate Chief Nurse (as the CNO’s designee). These areas include:

- Community Health Centers: Back Bay, Charlestown, Chelsea, Everett, Revere
- North Shore Ambulatory Care Center: Surgical Center and Cancer Center
- MGH West Ambulatory Surgical Center
- Radiology
- Cardiac Catheterization Lab
- Electrophysiology Lab

In addition, the Associate Chief Nurse for Maternal/Child, Mental Health, Cancer Center and Community Health serves as the structural link to the hospital-based ambulatory clinics. Case Management reports into another Senior Vice President, however, the Director of Case Management is invited to attend the Patient Care Services Executive Committee meetings as a structural link for that Department.

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 Triad

At the bedside, the unit-based triad leadership structure oversees clinical operations to ensure clinical decision-making occurs closest to those caring for the patient. The triad is comprised of the Nursing Director, Clinical Nurse Specialist and the Operations Manager. The Nursing Director reports to the Associate Chief Nurse. The Clinical Nurse Specialist reports to the Nursing Director and the Operations Manager, who oversees the non-clinical support staff (secretarial and housekeeping staff), reports to the Director of Clinical Support Services.
Nursing Director
The Nursing Director’s responsibilities outlined in the Nursing Director position description (TL 2) 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, and,
- Evaluating the outcomes of patient care; using patient satisfaction information to recommend and integrate appropriate changes.

Clinical Nurse Specialist
The Clinical Nurse Specialist (TL 2) is responsible for promoting competent, compassionate and professional nursing care for patients and families across the continuum. The Clinical Nurse Specialist supports decision-making at the unit level by:
- Responding to change in clinical practice by planning, designing, implementing and evaluating guidelines, protocols and standards in collaboration with the Nursing Director and 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.

Staff Nurse
With the unit-based leadership from the triad and with the structure of the Professional Practice Model (OOD 11), the Staff Nurse is able to focus on clinical decision-making at the bedside. As articulated in the Staff Nurse position description (TL 2), the nurse is 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 Staff 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 polices and procedures.

In summary, using the PCS Strategic and Annual Operating Plan (TL 3) and Professional Practice Model (OOD 11) as frameworks, the 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 (SE 1) clearly support unit-based decision-making and giving nursing a strong voice in key decisions throughout the organization.