Designing Structure to Meet Demands, and Recruiting Talent to Achieve Results

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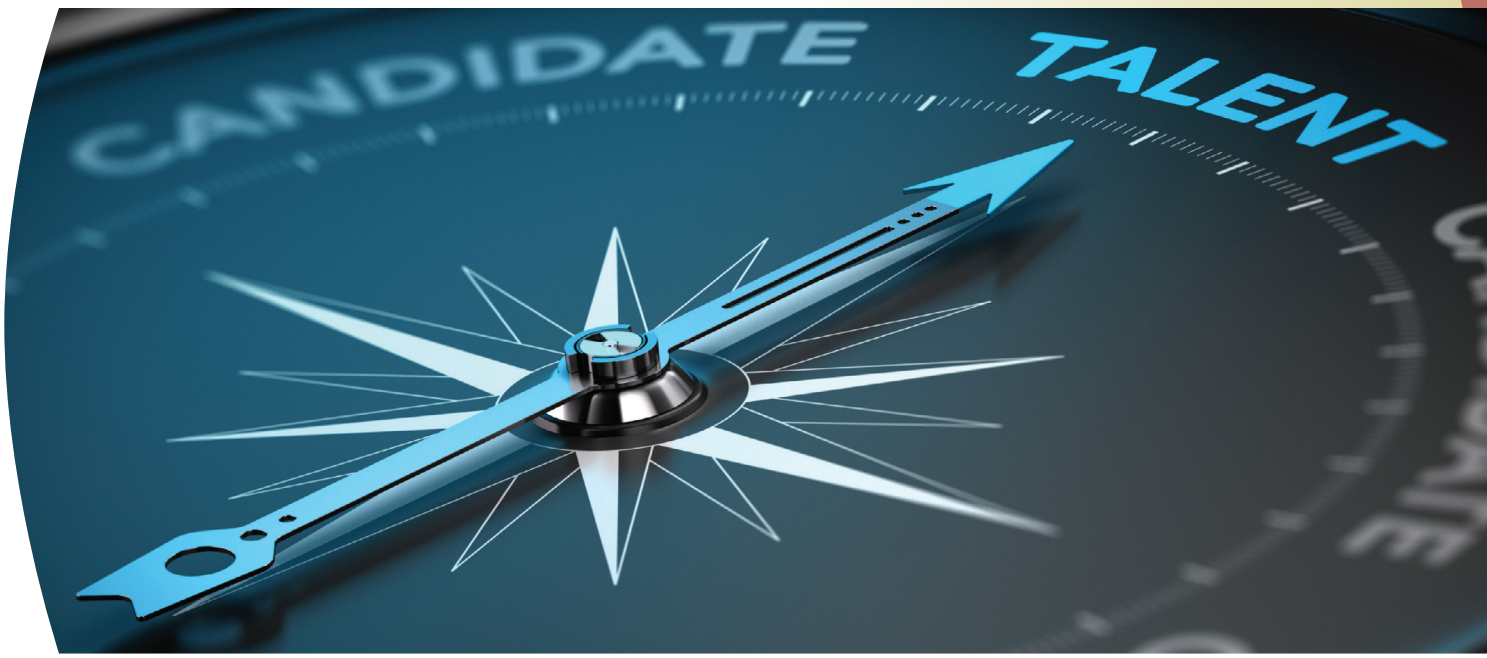


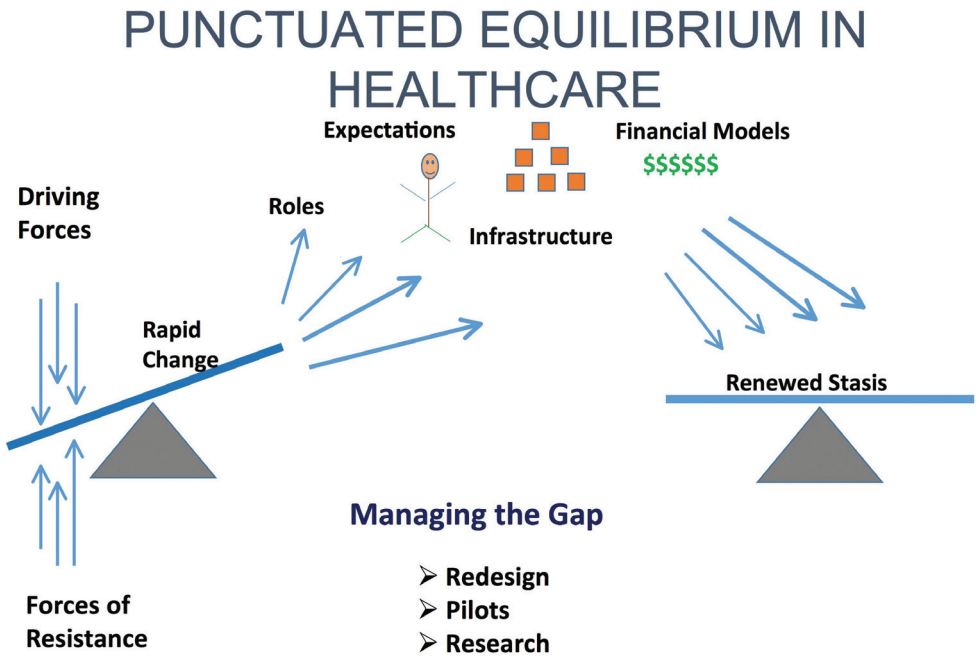
Nurse executives are leading in a time of unprecedented change. Not only are organizations currently inundated with change, but all indications are that the pace of change will continue to accelerate. Multifaceted developments in the technological, political, financial, professional, scientific, and social realms are rapidly redefining the nature of healthcare and healthcare delivery. Nurse executives need to examine the scope and nature of the change we are facing during this period of turmoil and ambiguity, in order to develop effective strategies for leading organizations and the profession into the future.

Many would argue that healthcare has been undergoing major changes over an extended period of time. However, the current alignment of driving forces is creating change at every level of the healthcare industry. Changes in one sector trickle down to cause unanticipated effects in other sectors. Change is prevalent from the international and national level to the patient bedside. In addition, in the current environment, random and unpredictable events are more common than in the past.

A dramatic, but useful, case in point is the emergence of the Ebola epidemic in countries in Africa and the identification of individuals with the disease in the United States. This situation has resulted in the need for the immediate review of policy and practice in every healthcare organization, public health department, ambulance system, and clinic in the United States. Furthermore, the events to date are revealing the limitations of our current systems in regard to infectious diseases on an international level. Another challenge healthcare leaders face is the change in federal healthcare policy, the Affordable Care Act of 2010. Although the new policy expands healthcare access and coverage, it presents far-reaching economic and cultural implications that leaders must respond to.

The result is an environment of near chaos. Gonnering, in his article "The Future Demands Complex Leadership," ominously predicts that "organizations that function at the edge of chaos will deliver the most productivity to the

Figure 1. Punctuated Equilibrium



marketplace."[1] Nursing executives find themselves managing in the gap between the former traditional model of healthcare and a future emerging model that remains shrouded in the mist.

Although the current chaos may lead to a more comprehensive healthcare system, some suggest that healthcare is in a period of *punctuated equilibrium*. This term, borrowed from evolutionary biology, hypothesizes that species experience long periods of stability interspersed with shorts periods of very rapid, dramatic change. Such change can be so far-reaching as to result in extinction of a species or the emergence of an entirely new species.

The driving forces for change in the healthcare system have aligned to overcome even the most traditional and fundamental elements of our field (*Figure 1*). Challenges in addressing population health, global payment, integrated and accountable healthcare systems, and international health issues have already resulted in the emergence of new national, regional, and local healthcare systems, repurposing of former healthcare organizations, and the blurring of boundaries between traditional organizations. New roles are emerging, and existing roles are being redefined. It seems we are in a state of free fall, "managing in the gap," researching, restructuring, redesigning, and reforming. Yet, these changes only hint at the nature of the potentially new species of healthcare system yet to come.

The Institute of Medicine report[2] has propelled nursing toward a full partnership in leading healthcare redesign. "Efforts to cultivate and promote leaders within the nursing profession—from the front lines of care to the boardroom—will prepare nurses with the skills needed to help improve health care and advance their profession"[2]. Although the structures and boundaries between organizations, professions, and payers are in flux, the redesign team cannot retreat from the field to develop the new paradigm. As chaotic as it may be, the system must be recreated in real time. Nurse executives must lead healthcare organizations through this period and achieve the goal of a creating a dramatically different, but more effective, healthcare system.

WHAT TO DO NOW?

How does the nurse executive lead and succeed in this period of upheaval? The answer to the question is understandably complex. Fundamental issues will need to be re-examined, including: organizational structure, intraorganizational collaboration, professional roles and boundaries, patient and family control, leadership expertise, and clinical competencies. To achieve results, the nurse executive must have two foundational elements in place: first, a high-performance leadership team capable of functioning in the current environment; and second, a nursing infrastructure that supports the organization's strategic goals and objectives.

DESIGNING STRUCTURE

Organizational structures can no longer be confined within the four walls of the acute care hospital. A patient- or population-centric model requires attention to the continuum of care. Achieving better outcomes at a lower cost will require the creation of new roles and care delivery models. Nursing leadership roles during a time of punctuated equilibrium need to be visionary and creative, but at the same time, responsive to the immediate needs of the day. Developing roles along departmental lines is no longer effective. Leadership roles must align with patient needs, expectations, flow, and transitions. Nursing roles that span the boundaries between acute care and the community and between primary care and the acute sector are required.

DEVELOPING TALENT

The second critical resource for the nurse executive is a high-performance leadership team that has the expertise to succeed in the current environment. Both administrative/operational leaders and clinical leaders must be prepared to manage with a high degree of autonomy in the current environment. To achieve this goal, the executive must identify the difference in the skills and expertise that were effective in the traditional environment versus those that are needed to transition through the current time.

Evidence suggests that most initiatives fail as a result of lack of engagement of those impacted by the change. Current and emerging leaders must have skills other than traditional command and control, including the ability to do the following:

- Create a vision for populations of patients across all settings from community to acute care.
- Manage effectively across traditional boundaries.
- Engage leaders in other disciplines and other healthcare settings to construct efficient collaborative care teams.
- Make decisions in novel situations with limited information.
- Engage stakeholders in achieving the initiatives.
- Use information technology to enhance practice and support knowledge mobility.

A sufficient number of leaders with these skills are not in place today and certainly not in the queue to replace the certain outflow of leadership expected over the next 5 to 10 years as baby boomers retire. Although much has been said about succession planning, few have the resources and processes in place to develop the leaders who will guide us over the next two decades. Even now, many organizations struggle to fill frontline leadership vacancies and, as a result, the demand for interim leaders is strong. A top priority for nurse executives must be the identification and investment in early and mid-career professionals with the potential talent to lead.

WHAT WE DID

Trinity Mother Frances Hospital and Clinics (TMFH) includes the 404-bed acute care Mother Frances Hospital, the free-standing 84-bed heart hospital, 3 critical access hospitals, a 50-bed long-term acute care hospital, a 75-bed rehabilitation hospital, and Trinity Clinic, a 350-physician multispecialty practice. Although all components of an integrated delivery system are in place, our challenge is to modify the infrastructure, redesign our leadership roles, and develop programs to deepen our leadership talent pool. This is definitely a work in progress at TMFH; however, we have had some successes.

TMFH has developed new leadership roles that span the traditional boundaries. The first example was the creation of an associate chief nursing officer (ACNO) role with responsibility for perioperative services and emergency services for the system. The addition of this level within nursing provided a leader focused on strategic initiatives. Under the traditional structure, these departments report to hospital administration, and nursing leaders are consumed by the demands of day-to-day operations. By elevating the level of this position, the ACNO, in collaboration with the system CNO, are positioned at the table with the two largest revenue-generating departments in the organization.

This position is now focused on new business and cultivating relationships with surgeons, practice managers, and other admitting physicians to grow our services. The goals for this new position are closely aligned with the organization's overall strategy to grow the business. Although performance outcomes such as on-time starts, leaving without being seen, wait times, and patient satisfaction are all very important, it left little room for the leader to address the major imperative, growth. To continue to achieve these operational outcomes, the structure below the ACNO also needed to be refined. Creating a bigger role for one of our nurse leaders gave us the ability to manage across boundaries that were once separate and finite. Nurse leaders need to develop support structures across the care continuum and bring a higher level of "systemness" to our roles.

A second example involved a vacancy in the director of case management role at TMFH. As a search begins, the nurse executive typically focuses on the replacement of the existing position. In this situation, one resource that was helpful in addressing our leadership vacancy was having a long-term relationship with an executive nurse recruiter. The executive nurse recruiter had a strong knowledge of current operational challenges and emerging leadership roles across the country. She understood the challenges and culture of our organization, as well as, the existing senior nursing leadership team. Having this strong partnership gave the executive nurse recruiter the comfort to challenge current thinking and bring a different and valuable perspective. The interaction refocused on the organization's longer-range plans and how to leverage the vacant position. As a result of the partnership between our healthcare system and the recruitment firm, what started out as a routine search became a major structural change for a large part of the organization.

Instead of recruiting for a director of case management, we restructured the role and recruited for an administrative director of patient progression. All resources associated with patient progression were aligned under one leadership structure. The role assumed responsibility for all programs and initiatives that support the patients' journey from request for admission through transition to another level of care. In addition to the traditional care management team, the position was assigned responsibility for the system-wide nursing resource center (system float pool and off-shift nursing supervisors) and working with our medical homes and nurse navigators. This redesign allowed us to match the patient care activity with the nursing resources system to achieve optimal outcomes in staffing and care. By taking a step back to examine where we wanted to go in the future; we redesigned a much more comprehensive role.

According to Cupisz et al., "There is a growing gap between the amount of change organizations are experiencing and their ability to effectively manage the change." [3] To

navigate through the shifting healthcare landscape, nurse executives must partner with other industry leaders to achieve strategic outcomes and establish a new equilibrium within organizations and the healthcare system. NL

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