Transformational Leadership

OOD 5. Describe the CNO’s structural and operational relationships to all areas in which nursing is practiced. (TL4)

During the period of time since YH’s initial Magnet designation in 2009, there has been a change in the VPPCS/CNO at YH. From original designation in 2009 until the fall of 2011 WellSpan York Hospital was under the leadership of Valerie Hardy Sprenkle RN, BSN, MPH, NEA-BC, FACHE as VPPCS/CNO. In 2011, she was promoted to be the first nurse executive at the WellSpan Health system level, in the role of Vice-President – Acute Care Nursing Practice (VP/ACNP). Astrid Davis, MPM, RN, BSN, NEA-BC, formerly Clinical Director of Cardiovascular Service line, was then promoted to the VPPCS/CNO position at York Hospital. The following narrative describes the flow of events which led to this change in CNO.

One of the largest changes to YH Nursing began in December 2010 when System CEO Bruce Bartels gave an address to YH and articulated the beginning of changes across the system that would also require changes to YH. One of these changes was to create the first WSH system-wide nurse executive position, Vice President of Acute Care Nursing Practice, which was offered to current VPPCS/CNO at York Hospital, Valerie Hardy Sprenkle. This position would begin the journey to create a system based shared decision making model as well as integrate nursing practice across all three system hospitals York Hospital, Gettysburg Hospital and the new Surgical and Rehabilitation Hospital which opened in the spring of 2011.

In December 2010, Bruce Bartels, President of WellSpan Health, reorganized the senior leadership structure (OOD5.1) for the system. In that reorganization, the two new positions of Executive Vice-President/Chief Operating Officer and WSH SVP for Service Lines were created as well as changes in the president of YH and the WellSpan Surgery and Rehab hospital (WSRH). Dick Seim,
formerly WSH SVP and president of YH, became the SVP of WSH Service Lines and President of the WSRH. Keith Noll, previously WSH SVP and president of the WSRH, became the president of YH.

Following the senior leadership reorganization, dialogue began around the opportunity to transform nursing clinical and professional practice across the three WSH hospitals. The intent was for nursing practice to become more consistent and integrated. YH and Gettysburg Hospital (GH) nursing leadership had always worked in a collaborative and collegial fashion, and with the opening of the third WSH hospital in April 2012, the objective was to have consistent and more standardized system-wide nursing clinical and professional practice. It was with that vision, that the WSH COO Kevin Moser MD and President of YH, Keith Noll, created the first system-wide nurse executive position titled Vice President – Acute Care Nursing Practice. Valerie was approached regarding this new position and readily accepted and embraced the opportunity. Not only was it an honor to be selected, but Valerie also realized that nursing would now have a voice at the system executive level, in addition to the now three CNO voices at the hospital level.

In her prior 13 years of tenure, there had been only two CNO voices; one for Gettysburg and one from York. Valerie drafted her new job description which was approved by the WSH-COO with minor revision. In Valerie’s initial discussions with the COO, Dr. Kevin Mosser, they discussed the priorities for this new role. These priorities are as follows:

- Establish a system-wide shared decision making model across the three acute care hospitals to promote consistent clinical nursing practice
- Coordinate Magnet redesignation at YH and Pathway to Excellence for GH
- Coordinate all WSH school of nursing partnerships and affiliations; signatory for all nursing contracts

In order to accomplish that work, reporting relationships with several senior nursing leaders then became system-wide as well. The following positions transitioned from being hospital based to having WSH system-wide responsibilities:

- Barbara Buchko DNP, RN-C, MNN; Director of Evidence-based Practice and Nursing Research (YH)
- Paula Coe MSN, RN, NEA-BC; Director of the Center for Excellence and Innovation (YH)
- Janie Oyler MSN, RN, NE-BC; Director for Professional Development (GH)

With the creation of the first WSH system nurse executive position, the YH VPPCS/CNO role was now vacant and available for recruitment. Senior WSH executive leadership (the COO, SVP Service Lines and WSRH, and SVP/President YH) felt very strongly that there was significant “depth on the bench” of senior nursing leadership at the clinical director level at YH, therefore chose to recruit only from within the organization. They had such trust and confidence in the YH senior nurse leaders that they made a deliberate and intentional decision not to contact an executive search firm for purposes of external recruitment for this key executive role.

Of additional significance was the process utilized for interviewing candidates for the position. The president of YH, Keith Noll, came to Valerie, and identified that he felt it was important for nurses involved with YH Shared Decision Making (SDM), be actively involved in the interview process for the new CNO. Keith was honest with Valerie and stated that since he was the new president of only a few months, he recognized the importance of including the SDM nurses, but trusted that Valerie would identify the appropriate stakeholders from nursing. Valerie was impressed at Keith’s value for involvement of the nursing staff and immediately started to identify the nursing interview team.
Nursing stakeholders from the following councils/areas were included in the interview process for the new CNO:

- All members of the YH Coordinating Council (which is comprised of the chairs of all the hospital-wide councils – Practice, Professional Development, Nursing Quality, EBP/NR, Leadership, Informatics). All but two of these chairs are clinical staff nurses providing care at the bedside
- The past chair, current chair and chair elect of the SDM hospital-wide leadership council
- 1 representative from the Clinical Nurse Specialist team and 1 educator from that peer group as well
- All clinical directors who did not apply for the position
- 2-3 additional nurses from the service lines not represented in the above stakeholder groups

Valerie also worked with Keith and the rest of the Office of the President (OOP) to identify both phases of interviews as well as the entire interview team. The composition of the entire interview team included:

- Nursing stakeholders identified above
- OOP
- Medical staff elected leadership (past and current president, and president elect)
- Senior WSH leaders (COO, SVPs, VP-HR, CMO, etc.)

With the WSH system-wide reorganization of service lines, the YH roles of each member of OOP were deliberately evaluated and reconfigured as necessary to ensure alignment with the WSH goals. This meant that the VPPCS/CNO role would transition into a more significant operational and financially focused role, with changes in the clinical directors reporting to the CNO in a solid line relationship.

In the previous structure, the clinical directors reported to the CNO in a dotted line matrix reporting relationship with a solid line to the service line leader. This change greatly increased the power base and influence for the YH CNO for accountability for operational issues, meeting financial goals, as well as quality and safety imperatives for the hospital and system. It would also allow the new YH CNO to strengthen the consistency of nursing clinical care across the entire department and all the patient care areas at York Hospital, and effectively address some of the “silo” practices that had developed over time as a result of strong service line autonomy. Additionally, the VPPCS/CNO job description was revised, with the focus on operational responsibility for clinical, quality, safety, and financial outcomes for nursing across the hospital and appropriate outpatient areas. (lion – see Astrid’s JD in appendices)

During this reorganization and impactful change for the senior nursing leaders, Valerie’s influence as the YH VP/CNO can be seen in multiple ways. She frequently asked the President of YH, the SVP of service lines (previous YH President) and the new WSH COO to attend the weekly Nursing Executive team (NET) meetings to provide updates and obtain feedback from the clinical directors, even though the information was not public knowledge to anyone else in the organization other than the WSH president and senior vice presidents. Whenever Valerie requested their attendance, they willingly changed their schedules to be present and to communicate the rationale behind the changes, the impact on the YH nurse leaders, answer questions, elicit input and hear the concerns expressed by the clinical directors (CD). Tough issues such as the change in the CD role from service line to YH centricity, outpatient linkages, reporting relationships and scope of authority and responsibility were
discussed. Because of the respect that WSH executive leadership had for the YH nursing leaders, they listened carefully and incorporated feedback into the subsequent changes that were made. Additionally, upon hearing the rumor mill in action, Valerie asked Keith to attend a 75 member Nursing Leadership Team meeting on only 24 hours notice. Keith changed his schedule and was there to share the vision of the changes, the impact on nursing at YH, answer difficult questions and instill hope and confidence as to the upcoming changes.

In separate meetings, Valerie brought forward the very sensitive topics of compensation (both salary and bonus structure) with the senior WSH leadership and was able to achieve modification in their original compensation plan which benefited the CDs. Valerie also indicated to senior leadership that nurses anywhere in the WSH system, must have a reporting relationship (dotted or solid line) to a nursing leader. She created the list of clinical nursing areas to ensure that reporting relationships for nursing were intact. Subsequently, Valerie and Astrid also made recommendations (which were implemented), as to the redistribution of units which would report to each clinical director.

Recruitment for the YH VPPCS/CNO position started in August of 2011 and in October 2011, Astrid Davis, MPM, BSN, RN, NEA-BC was promoted into the VPPCS/CNO position.

After an interview process, Astrid Davis RN, BSN, MPM, NEA-BC former Clinical Director of Cardiovascular Services was selected to succeed Valerie in this role. Below (OOD5.2) is the email Keith Noll, Senior Vice President and Chief Executive Officer (CEO) of York Hospital sent to the leadership of York Hospital announcing Astrid as the new Chief Nursing Officer.

From: Noll, Keith
Sent: Wednesday, September 21, 2011 8:51 AM
Subject: York Hospital CNO

It is my pleasure to announce that Astrid Davis has accepted the position of York Hospital Vice President of Patient Care Services/Chief Nursing Officer. Astrid has been serving as the Clinical Director, Cardiovascular Services since her arrival in York in 2002. She has also been assisting in the leadership of the Continued Survey Readiness team of the York Hospital and most recently the interim Clinical Director of the York Hospital Emergency Department. Prior to her arrival at WellSpan, Astrid served as a nursing leader at Allegheny General Hospital in Pittsburgh.

Astrid is moving into the role being vacated by Valerie Hardy-Spreckle who will oversee professional nursing practice in all of our acute care settings for WellSpan Health. That being said, the role is somewhat different. Although Astrid’s role will continue to be responsible for representing nursing and patient care issues within the York Hospital, the position she is assuming will require much greater operational oversight. Under the new organizational structure of WellSpan and York Hospital, Astrid will be responsible for leading the reconstitution of a centralized nursing department within the York Hospital. In addition, she will serve as the representative for nursing practice at the York Hospital when working with Valerie Hardy-Spreckle and the other system Chief Nursing Officers in advancing nursing practice in a uniformed fashioned across the system.

The transition of the Chief Nursing Officer role will occur gradually over the month of October. The Office of the President will be working in organizing the nursing oversight of cardiovascular services, the emergency department and other nursing responsibilities as Astrid moves into her new role. I truly appreciate the involvement of many organizational leaders in the selection process, our nursing staff in their active participation in interviewing the candidates and the clinical directors for their support during the transition.

Please join me in congratulating Astrid in her new role.
Sincerely,

Keith Noll
President, York Hospital
Sr. Vice President, WellSpan Health

As described earlier, the change in role and opportunities for influence for the YH VPPCS/CNO would be to focus on operations, quality, safety and financial imperatives for the organization. These were areas in which Astrid was extremely accomplished and had a track record of achieving results. She was already known as an influential and talented leader at YH and WSH. Astrid had several key
goals that she wanted to accomplish in the first 12 months of her tenure. The first goal was to restructure the nursing organization from a decentralized model to a centralized “best in class” organization. In considering her first steps, Astrid was very thoughtful in evaluating “who was at which table”; “where were decisions made”; “how nursing leaders were held accountable”, “who reported to whom”; “what was the purpose of each of the meetings in the current structure”, etc. Additionally, to accomplish this goal, she then changed the reporting structure for all current clinical directors to report directly to her for continuity of vision, purpose and setting of goals. This line authority reporting relationship was a change from the previous matrix reporting relationship with the service line leader and the VP/CNO.

Astrid also reconfigured the weekly Nursing Executive Team (NET) meeting to include all clinical directors and nurse managers with the purpose of streamlining decisions which impacted all areas and to provide consistency in decisions, best practices and information flow. Another purpose for this meeting was to tackle key quality and safety issues as an integrated and strong team, versus the fragmented approach through the autonomous service lines. This meeting structure would also enhance accountability for implementation of initiatives, compliance and achievement of results.

Astrid also realigned clinical nurse specialists, educators and advanced clinical nurses into one cost center (6010 – Nursing Affairs) to better manage those resources as well as to position the department for future discussions about opportunities for realignment of work to best meet departmental goals versus the previous focus on service line goals. Astrid also assessed the opportunity to enhance the alignment of the Shared Decision Making structure and process to the system, hospital and nursing goals. Thus, she has initiated a re-evaluation of the current SDM structure which will result in a restructuring several months from the writing of this document.

Astrid’s vision is that by aligning the 3 parallel nursing leadership teams, (directors and managers; CNS’ and educators; the SDM staff leaders), there will be an integrated model of leadership focused on departmental goals. This will provide focus, synergy and most importantly, achievement of nursing, YH and WSH goals and objectives, particularly in the areas of quality and safety.

The largest structural change in this organizational change was the reporting relationship of the clinical directors returned directly to the CNO. In this succession, the areas of responsibility for the existing Clinical Directors also shifted to expand and align areas of responsibility. Medicine and Emergency Departments were combined, Behavioral Health, inpatient oncology unit and Palliative Care were combined and inpatient surgical nursing units combined to include neurosurgery/orthopedic units. Existing cardiovascular services and women and children services reporting relationships remained the same. As CNO for the hospital, Astrid has responsibility and oversight for nursing practices within the hospital where patient care is delivered. (OOD5.3) Hospital nursing services include inpatient, procedural, operative, perioperative, outpatient and ambulatory nursing units. The clinical directors of these areas Bonita Trapnell MSN, RN, NEA-BC (Medicine/ED), Susanlee Wisotzkey PhD, RN, BA, BSN, NE-BC, PLNC, HNB-BC (Behavioral Health/Palliative Care/Oncology), Abigail Strouse MS, RN, ACNS-BC, CBN (Surgical/Ortho/Neuro), Connie Gutshall MS, RN, NE-BC (Women and Children’s), Tamela Sterner RN, BSN, M.Ed, NE-BC (Cardiovascular) have direct oversight of these nursing divisions as seen on the organizational chart. Thus, the CNO has operational, structural and practice oversight to the nurses in these settings.
Other senior nursing leaders have indirect reporting relationships to the YH VPPCS/CNO they are the Clinical Director of Surgical Services (currently vacant at the writing of this document) and Director of Outpatient Oncology/research (Roseanne Huddleston BSN, RN, OCN, CRNI). In addition, to these direct operational areas, Paula Coe MSN, RN, NEA-BC Center of Nursing Excellence and Innovation and Barbara Buchko DNP, RNC-MNN Director of Evidence Based Practice and Nursing Research also have indirect reporting relationship to Astrid. In these roles, Paula and Barbara have direct reporting relationships to the VP-ACNP whereby they support nursing practice, nursing outcomes reporting and evidence based practice across the system.

The chain of command flows bi-directionally from the direct care nurses, to the CNO. Direct care nurses report directly to the unit/nurse manager in which they work. Nurse Managers report directly to the Clinical Directors and have 24/7 responsibility and practice authority on the units/departments in which they manage. Clinical Directors oversee the nurse managers and therefore the nursing practice of the clinical staff on the unit. Clinical Directors as stated above, report directly to the VPPCS/CNO and have operational oversite to the divisions and units under their line of responsibility and authority. The CNO is ultimately responsible for the nursing practice that falls under the York Hospital license (as seen in the organizational charts below). The nurse executive team at YH is visible and accessible to all levels of nursing and participates in shared decision making councils, staff meetings and leadership rounds.

Astrid as CNO is responsible for credentialing of the APRN’s within the hospital setting itself. Other APRN’s who work throughout the system utilize this credentialing process but do not report to the CNO, but rather the Medical Group or system service line structure within the health system itself. Astrid does not oversee the nurses practicing in these non-hospital settings nor is she directly involved in their performance appraisals.

WellSpan Health- York Hospital organizational charts (OOD5.4) are included below which provide visual depiction of the structural and operational relationships to all areas in which nursing is practiced.
In the role of senior executive, Astrid as VPPCS/CNO sits at the Operations Leadership Team (OLT) Meeting facilitated by YH President Keith Noll. At this OLT meeting, capital equipment and budget discussions for the FY budget planning process are vetted. As Keith’s email above discusses, the YH VPPCS/CNO has greater operational oversight, bringing with it the ability for the CNO to be at the table to advocate for nursing and create a cohesive vision for nursing across all areas where nursing is practiced.