The System Chief Nurse Executive Role
Sign of the Changing Times?

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As the health care system landscape continues to evolve toward more integrated care, a trend toward consolidation of hospitals into larger systems continues. The systems are more than the traditional hospital-centric structures, as acute care becomes just one component to a larger system that includes ambulatory care, acute and post-acute care, chronic disease and end-of-life management, and all structures in between. To provide leadership in these new models, there have been an increasing number of system chief nurse executives hired both to facilitate the integration of care and to align and standardize nursing practice across the continuum. By definition, the role of the system chief nurse executive differs from that of the entity chief nursing officer. A crosswalk is presented that describes the differences between the roles and reflects on the implication for system chief nurse executives during our changing times. Key words: chief nurse executive, crosswalk between CNO and CNE, system chief nurse executive

Although the emergence of health systems is not a recent event in the evolution of health care, over the past few years, there has been a definitive trend in consolidation of hospitals into larger systems. The impact of managed care, increasing pressure on cost containment, and health care reform has influenced the ability of stand-alone hospitals to make it alone. Especially affected are smaller hospitals serving rural and suburban communities, where it is important to the surrounding communities to keep health care local.

With this changing landscape, the role of the chief nurse executive (CNE) has evolved to meet the changing models and structures arising with the many consolidations, mergers, and joint ventures. As systems grow, executive leadership make determinations around the oversight of the system, ranging from that of a “holding company” for autonomously managed entities to the totally integrated system, where corporate leadership cascade policy to entity leadership, often operating as administrators reporting to a corporate leader.

Health care systems may also experience a maturational cycle, consolidating initially for survival in dealing with third party payers. Over time, the economies of standardization and centralization become necessary, and a move toward “systemness” begins, to maximize efficiency and consistency in practices. Branding and other competitive influences often factor into this trajectory, as the need for alignment of practice and policy becomes necessary to provide a consistent level of service and practice among the entities.

Because of these trends, the number of system CNEs is once again on the rise. The system CNE title is used across a gamut of structures and systems. In smaller systems, such as a hospital associated with freestanding outpatient and ambulatory entities, the role may appear more like that of an entity chief nursing officer (CNO), with a wider scope of responsibility.
As the size and geography of systems increases, the system CNE role may vary widely, along with the scope of operational and clinical accountability across the enterprise. As the corporate leaders become more focused on alignment and standardization among the entities, a system CNE role may be perceived as necessary to accelerate the process among the entities.

For the purposes of this publication, the definition of system CNE will be that described for larger systems, whether concentrated in a geographic region, nationally, or internationally. The skills and competencies for these roles contrast with that of an entity CNO, as well as the structures and relationships with nursing leadership at the entities.

Because of the variability in definition and scope of the system CNE role, many configurations and reporting relationships have evolved, making it challenging to provide a precise crosswalk between the roles. The job requirements often described for the system CNE involve a seasoned CNO, preferably with experience in a variety of settings and locales, with a progressive history of increasing responsibility and accomplishment. Exposure to regional and national participation in professional organizations is also sought to ensure understanding of broader strategic implications on health care and the profession.

Doctoral preparation is often desired, especially in academic settings. At least one degree in nursing is required, as there may be long-term aspirations for seeking a system Magnet designation. Accomplishments that appeal in a system CNE candidate include a history of assembling high-performing teams, forging partnerships within the community and other professional groups, and a solid record of quality and service excellence within past experiences.

**ENTITY-SYSTEM CROSSWALK**

The Table outlines a crosswalk between the various duties of an entity CNO and those of the system CNE. The differences are largely in scale, especially as the size and complexity of reporting relationships increase within the individual entities. Other variances occur on the basis of geographic distribution, size, and complexity of the system. In some widely distributed systems, regional CNOs reporting to a corporate CNO may provide coordinated leadership to a cohort of hospitals within the larger group. In these situations, the system CNE coordinates the activities of the regional CNOs with their various constituents.

Despite the possible variations in structure, the duties and responsibilities can be generally defined through a crosswalk between the differing roles. In general, the system CNE will be responsible for creating alignment between entities, as it relates to the corporate mission, vision, values, and philosophy. The entity CNO will promote the corporate perspective among nursing employees but will do so in the context of the individual entity culture. The system CNE will initiate and sustain the discussion of how all entities can align around practices that are core to professional nursing within the system.

**Strategy**

The system CNE focuses on communication of the broad strategy for nursing in the present, the near term, and on the horizon, whereas the entity CNO operationalizes the immediate objectives, helping their nurses define how best to make them work in the context of their own environment. The system CNE also ensures that there is alignment in the strategies with those of the larger organization and that there is broad support for these strategies, often involving new systems, expenditures, or processes at the system level. In some cases, the system CNE will need to drive some initiatives from a corporate focal point to ensure that the strategy is implemented in a standardized fashion throughout all entities.

An example of this is the determination of a strategic objective to implement an aligned care delivery model across all hospitals. The care delivery model involves the implementation of a new role, and because of size and geography involved in the system, the
The System Chief Nurse Executive Role

Table. Crosswalk on Duties and Responsibilities

<table>
<thead>
<tr>
<th>Entity Chief Nursing Officer</th>
<th>System Chief Nurse Executive</th>
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<tbody>
<tr>
<td>1. Promotes system mission, vision, and values for nursing within the individual site, encouraging active engagement in staff in leading that process.</td>
<td>1. Facilitates the broad definition of the mission, vision, and values for nursing across multiple sites while preserving the individual cultures.</td>
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<td>2. Participates in strategy development, engaging entity staff members in process, gaining their buy-in, and enhancing communication of broad strategy throughout the organization.</td>
<td>2. Leads the continual development, alignment, and communication of systemwide nursing strategy across multiple sites.</td>
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<td>3. Advocates for nursing issues at the entity level in concert with the strategies identified within the nursing strategic plan.</td>
<td>3. Advocates for nursing issues at the system level in concert with strategies identified within the nursing strategic plan.</td>
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<tr>
<td>4. Responsible for daily operations at the entity level, in concert with the goals and objectives pertinent to the larger system.</td>
<td>4. Monitors operational goals and targets for the nursing enterprise, driving performance and providing input and guidance as needed or requested.</td>
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<td>5. Accountable for the clinical care of patients in collaboration with other members of the health care team at the entity level and for the standard of care and practice established across the system.</td>
<td>5. Establishes a standard of care and practice for nursing across the enterprise in collaboration with other clinical team members.</td>
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<td>6. Ensures that nursing care performance at the entity level meets the quality and safety targets established by the system.</td>
<td>6. Leads the development and implementation of realistic quality and safety goals for nursing across the enterprise. Monitors individual entity as well as systemwide performance to targets.</td>
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<td>7. Supports the consolidation of resources in key areas at the system level while facilitating applicable initiatives at the entity level.</td>
<td>7. Provides centralized management of key areas to ensure availability of resources to all entities throughout the system.</td>
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<td>8. Involved professionally in regional and statewide activities and professional organizations, modeling and encouraging involvement throughout the entity.</td>
<td>8. Broad knowledge of nursing implications through involvement in professional organizations, activities, and policy development relevant to health care and nursing. Professionally engaged in a variety of activities relative to the profession.</td>
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<td>9. Drives leader development within the entity, identifying opportunities and promoting growth and development of leaders at all levels of the organization.</td>
<td>9. Drives leadership development and capacity across the enterprise, promoting succession planning, education, and professional development at the system level that build leadership capacity throughout.</td>
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<tr>
<td>10. Accountable for maintaining and promoting positive academic relationships within the entity, in support of systemwide strategies relative to nursing education and development.</td>
<td>10. Establishes and maintains academic partnerships strategic to the needs of the system.</td>
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potential for a wide interpretation of the role function could result in fragmentation if not orchestrated from a central point. The entity CNO has the flexibility to choose the timing of implementation, the first departments to implement the role and design of the feedback mechanism to ensure enculturation. As best practices emerge across entities, there is an opportunity to share among the entities so that implementation is facilitated as the model is spread. Areas where there is confusion or concern are brought to a central decision-making group so that the whole group can contribute to the discussion and agree to a standardized approach for addressing the issue.

Operations

Entity CNOs have broad accountability for daily operations in their environment. They must know and understand their entity’s performance against the targets set at the corporate level. System CNEs will look at overall performance across the enterprise and will advocate for broad strategies needed to provide safe and high-quality care to the patients served. As budgeting and allocations are determined at the system level, any sweeping implications related to benchmarks that affect staffing, compensation, or workflow fall to the system CNE to ensure support for funding at the top levels of the organization before the budget is cascaded to the entities for implementation.

By way of example, the finance department determines a shortfall in the system budget and makes recommendations to the senior executive team to benchmark all staffing at the 25th percentile of a national database. In the past, the benchmark has not applied to nurse staffing; however, in this budget year, it is added to the financial target because of the magnitude of the shortfall. The system CNE will advocate, using evidence to assist in the argument, that 50th percentile benchmarking will lead to better outcomes and retention of staff in the organization. The system CNE is then able to suggest other solutions for the shortfall while avoiding the recommended approach. The entity CNO is then spared the challenge of arguing the point locally and has the flexibility to look for other, more relevant areas to improve cost and/or productivity within his or her organization.

Clinical care

In the same way, entity CNOs are responsible for the clinical care of patients within their environment whereas system CNEs work with the CNO group to establish desired nursing outcomes relevant to nursing practice enterprise-wide. Desired performance is determined by a variety of internal and external factors, and the system CNE continuously monitors entity and overall performance, advocating as necessary for systems and processes needed to provide safe and effective care of patients. The system CNE will also serve as a coach and mentor for the entity CNO, assisting as needed any entity professionals who are struggling with issues affecting their outcomes.

As it relates to quality and safety, the system CNE collaborates with medical and other professional leadership at the system level to promote an interdisciplinary approach to structures and processes that will assist the entity professionals, ensuring that entity performance meets the targets and expectations set at the system level. The system CNE will intervene with entity leadership to address sustained variance from desired performance to systemwide goals. If corporate resources are needed to provide additional assistance to the entity, the system CNE will ensure that the entity is supported as needed.

Centralization/standardization of resources

In a large system, with varying sizes and locations of entities, it can be difficult to ensure an equal distribution of allocated resources, especially for higher-level professional activities and expertise. Consequently, the larger entities may have the ability to layer on these resources whereas the smaller ones cannot.
The system CNE will assist the group to determine a balance between centralization of resources for the good of the whole system. In these negotiations, agreement should be sought on what services, resources, and expertise should be centralized and allocated out to all entities on the basis of magnitude of need. An example where centralization allows for an even distribution of resources is nursing research. In this way, the researchers can create a research agenda or plan for the system while assisting the entity CNOs with enculturating evidence-based nursing practice.

The system CNE will also drive the standardization of key areas of nursing practice to leverage the ability of nurses to work at 1 or more entities within the system. The more standardized the practice and operations are between entities, the easier it is for staff to work across more than 1 site. This is particularly relevant when there is variability of census in smaller facilities and the staff struggles to be able to work full time without being called off for low census. The system CNE may also need to create some centralized staffing mechanism to help staff move seamlessly among entities as needed, avoiding the use of more expensive contract labor.

Professional involvement and accountability

As a reflection of a broader understanding of professional issues, the system CNE is expected to be involved at the local and regional levels, and it is desirable that the system CNE has exposure to national participation on a specialty organization board or committee. This broadened exposure enhances the system CNE’s perspective on professional and policy implications for his or her system. Because of the exposure, the system CNE is more readily able to lead the entity CNOs in a proactive direction on issues. The system CNE also models professional involvement for other nurses in the system. Through personal involvement and participation in professional activities, as well as encouragement of other nurse leaders in the system to get involved, the team communicates to staff in the entities that professional accountability is important and valued.

It may be necessary for the system CNE to develop mechanisms to fund some of the entity CNOs and staff to ensure their participation in educational and other professional activities. Whether that funding is procured at a corporate level, or developed through mechanisms that afford staff members to receive philanthropic grants to fund their activities, the system CNE should consider development of funding channels for these activities. The system CNE should also encourage entity CNOs to share their best practices in conferences, publications, and other venues, and a robust process should be in place for recognition of staff and leadership who disseminate best practices beyond the system.

Professional development and succession planning

Reporting relationships to the system CNE vary depending on the degree of oversight provided by corporate leadership in general. Some system CNES have direct line authority relationships to the entity CNOs, whereas others relate more in a matrix capacity or even in a less formal manner. Irrespective of the tenor of the actual reporting relationship, the system CNE relates to the entity CNOs through the development of the strategic plan for nursing for the system. To position the entities for success, the system CNE collaborates with entity hospital administrators to ensure that the entity CNO is positioned appropriately from a professional development standpoint with the skills and abilities to lead the nursing organization.

In partnership with entity hospital administration, the system CNE participates in the selection, hiring, evaluation, and ongoing development of the entity CNO. To accomplish this, the system CNE must develop the right process to ensure that the entity CNO is meeting the needs of the entity. In the selection and hiring of a new entity CNO, the system
CNE partners with the administrator to screen and interview potential candidates and collaborates on the final hiring decision.

Ongoing development of the entity CNO is accomplished in a variety of ways, depending on the distance involved and the type of reporting relationship. A regular meeting to review progress to goals, mentor, and share ideas should occur at a minimum. Intermit-tent meetings with the entity administrator and CNO are also recommended to discuss overall nursing strategy and any specific implications relative to the entity. In addition, these meetings allow the parties to provide feedback, give input, and discuss future direction and support that the system CNE can provide to the entity.

Performance evaluations with the entity CNO should be a shared process between the entity hospital administrator and the system CNE. In this setting, the entity CNO can be provided with valuable feedback and direction in a coordinated manner so that the CNO has a clear understanding of past performance and future expectations. In addition, the system CNE is in a unique position to mentor and coach the entity CNO in his or her ongoing development and aspirations professionally. The system CNE advocates for resources to afford the entity CNOs access to a variety of developmental opportunities and facilitates development of internal programming to meet the developmental needs of the entity CNOs, as well as the larger nursing leadership team.

The system CNE also partners with education and human resources to formalize a succession plan for aspiring nurse leaders in the system. This is a critical factor in encouraging the retention of up-and-coming nurse leaders and to ensure a pool of ready nursing leaders when new positions open up for entity nursing leaders. Education specific to the senior nursing role can be developed and the residents handpicked by the entities as showing potential for future promotion into a CNO role. High-performing nursing directors are selected and, in some organizations, they may be offered a promotion to an assistant CNO role that allows nurse leaders with a high potential for promotion to work more closely with the entity CNO and the leadership team to be exposed to the next level of leadership competencies, projects, and responsibility. In large systems, an assistant CNO may be asked to move across facilities when openings occur in other system hospitals for an entity CNO. The system CNE assists the organization both to identify these potential candidates and to assess how to best fill any vacancies with internal talent before reaching outside the system for recruitment.

### Academic partnerships and relationships

At the entity level, the CNO is responsible for promoting and maintaining positive relationships with local academic institutions. These relationships revolve around education of nurses, shared areas of nursing inquiry and development of evidence-based practice, and other areas of mutual interest and concern. The system CNE understands all of the system implications for nursing education and will take a lead role in establishing and exploring new and established partnerships with academic organizations to meet the needs of the overall system.

The system CNE also seeks out partnerships that will assist the system to accomplish strategic objectives. Because of the influences of the 2010 Institute of Medicine and the Robert Woods Johnson Report on the Future of Nursing, the system CNE may be interested in discussing affordable programs and relationships that will help the system address strategic goals to increase the number of baccalaureate-prepared nurses on staff or to encourage entity CNOs, nursing leaders, and other advance practice nurses to pursue doctoral preparation. The system CNE may also want to partner with academic colleagues in proactive strategies developed through regional action coalitions to address local actions in support of the regional activities.
IMPLICATIONS OF THE SYSTEM CNE ROLE

The American Organization of Nurse Executives has identified the recent proliferation of the system CNE role and assembled a group of system CNEs to examine the Nurse Executive Competencies in relation to the system role. The work is described in this issue and provides some context to this emerging role.

As systems begin to experiment with accountable care models and the integration of care across the continuum, the system CNE role will further evolve to cover care previously provided outside of the traditional system structures. Nursing will be a key driver in connecting some of the various phases of care along the continuum to ensure improved handoffs of care for patients. The system CNE is uniquely qualified to partner with other members of the leadership team to make connections across the entities and facilitate a coordinated plan for establishing models that experiment with medical homes for the chronically ill patients, as well as other accountable care models that will help to shape the future of emerging models within systems.

The current network for system CNEs is relatively small in number, positioning the group to work together to share its results and any best practices as systems consolidate and become more integrated. Unique partnerships will also be needed to address the total care of patients across the continuum. The system CNE role has emerged to navigate consolidating systems through these changing models of care and times. The system CNE also engages entity CNOs and other teams to proactively address the future of health care and work in tandem with other system colleagues to ensure better care and outcomes for patients.

REFERENCES


ADDITIONAL READINGS


