The CNO is a strategic partner in the organization’s decision-making.

Provide one example with supporting evidence of the CNO’s involvement in the organization’s decision making (not involving technology).

Provide one example, with supporting evidence, of the CNO’s involvement in the organization’s technology decision making.

Example #1
CNO Involvement Non-Technology Decision Making: Nursing Turnaround Plan

CNO Katie Skelton, MBA, RN, NEA-BC, is a tenured and respected member of the Executive Management Team (EMT). Aside from the vice president of Mission Services, who has been at SJO for 45 years, Katie is the most tenured EMT member with 17 years in the CNO position. Known for her passion and strong vision for nursing excellence, Katie is one of two nursing leaders within the health system who developed and implemented the professional practice model (12 years ago), which has been used to guide nursing practice for the entire health system. Katie has served as the lead CNO within the health system for the past 10 years, organizing and facilitating health system CNO meetings three times per year. She is the “go-to” CNO when any changes are proposed that would affect the nursing workforce or nursing practice. Katie sits on the Quality Committee of the St. Joseph Health Board and uses her expertise to guide quality discussions both at the hospital and health system levels.

CNO Involvement
At SJO Katie is an active member of the Operations Team, which is facilitated by the chief operating officer. Attendees include the CFO, the CNO, and the vice president of operations. During weekly meetings the Operations Team studies, discusses and makes decisions about hospital issues, projects and plans. This team also participates in daily huddles where the CEO and various department directors are invited to review progress on operational issues and plans. Katie is also an active member of EMT, which includes Foundation, Mission services, Human Resources and Strategy. EMT meets weekly, focusing on broader strategic topics that affect the organization. EMT members find Katie’s input and expertise vital in helping lead the organization.

As an active member of the Operations Team and EMT, Katie has played a key role in leading and guiding major stewardship decisions that have faced the organization in response to the changing healthcare environment. While all healthcare organizations face unprecedented changes and declines in reimbursement, SJO faced two additional events that further impacted the financial stability of the organization:

- In 2012, a subgroup of SJO’s orthopedic surgeons opened a competing orthopedic specialty hospital, taking with them many of SJO’s healthier, better paying patients. This volume loss translated into a $20-million revenue loss for the organization.
In 2013, CHOC Children’s (Children’s Hospital of Orange County), another Magnet® hospital, ended a 30-year shared services agreement with SJO. While we had a few years notice that this change was coming, it was impossible to replace anticipated volume loss ahead of time as we were still providing all emergency care, surgical services, imaging and laboratory services, radiation therapy, and dialysis services to CHOC patients. The financial impact of CHOC’s departure was a $50-million revenue loss.

In December of 2013 EMT met with the CEO of the St. Joseph Health Southern California Region to review SJO’s financial performance. Market forces and payer mix changes, in addition to the CHOC separation and orthopedic changes, had created a five-month negative operating margin. It was evident to all that major stewardship decisions had to be developed and implemented. A financial turnaround plan was developed by EMT. The goal was to eliminate $30 million from our cost structure while continuing to support excellent patient care outcomes.

EMT scheduled a day-long off campus session to immediately begin the process of evaluating turn-around plan scenarios. Katie suggested that EMT begin this process by establishing guiding principles that would serve as a framework as they made difficult decisions. One of the first principles Katie suggested and EMT supported was, “the commitment to our outcomes does not change.” Another key principle that guided the team was, “mission forward – position for the future.” EMT drafted 15 principles during the day-long session that assisted them in developing and implementing the turnaround plan.

**TL4.1.1 Turnaround Plan Guiding Principles**

The turnaround plan, which was developed in December 2013 and January 2014 and implemented during a six-month period beginning January 2014, required the CNO’s in-depth knowledge of quality, operations, finance and patient flow. The management structure of the organization had to shrink to meet the new financial realities.

**CNO decision making**

To accomplish this, Katie guided decisions that involved structural changes at the executive level as her experience and knowledge was valued and sought out by the CEO, COO and the Board. Decisions included: consolidating nursing inpatient units and opening a Definitive Step-Down Unit to improve efficiency; creating the operations hub to increase patient flow; and consolidating nursing management positions to reduce labor costs. The overarching goal was to protect the bedside caregiver while redesigning the care delivery system. This led to a redesigned nursing manager structure, which resulted in cost savings.

**TL4.1.2 Nursing Organization Chart - April 2014**

Staying true to the principle of not impacting patient outcomes, Katie successfully advocated for continued financial support for the Admit Discharge Team, comprised of
RNs and pharmacy technicians who assist bedside clinical nurses in the admissions and discharge process. She also advocated for the continuation of the 24-hour proactive MET team, which includes critical care RNs who have no other assignment other than to search out patients who may be declining. The team uses rounding, lab data, standardized procedures, and the EMR to intercede on the patient’s behalf.

TL4.1.3 Turn Around Fact Sheet for Nursing – February 2014
TL4.1.4 FY14 Nursing Budget Allocation of Resources for Admit Discharge Team

While working toward the goal of eliminating $30 million from our cost structure, Katie was also exploring alternative sources of funding to support nursing practice. For the past five years the CNO has been instrumental in stewardship decisions involving philanthropy. The St. Joseph Hospital Foundation organizes an annual gala to raise funds for a particular program or need. Historically, these dollars have been used to purchase new technology or to support a construction project. In 2014 Katie partnered with Raymond Casciari, MD, Chief Medical Officer, and Chanda Parrett, Vice President of the Foundation, to focus the fundraising effort in support of nursing excellence. This was the first time in the history of SJO that the annual benefit had been focused on nursing excellence. It was a huge success! More than $350,000 was raised to support evidence-based practice scholars, scholarships, nursing recognition efforts, and travel to conferences to present research and best practice activities. Katie’s involvement in philanthropy has resulted in the Nursing Excellence Fund, now exceeding $1.2 million.

TL4.1.5 Nursing Excellence Fund Balance – April 2015

Katie is a credible, knowledgeable, strategic nursing leader who is an active partner with her EMT colleagues in crafting informed decisions. In the months leading up to this difficult decision Katie was involved in the decisions that impacted the organization and nursing. Stewardship decisions are just a few of many examples where the CNO plays a key role in forging the future of this organization.

Example #2
CNO Involvement Technology Decision Making: Meditech Implementation

At SJO, CNO Katie Skelton was the executive sponsor for the development and implementation of a certified electronic health record (EHR) that would ensure transparency of patient data across all SJH ministries. A key component of the certified EHR was implementation and adoption of computerized physician order entry (CPOE) to meet specified timelines related to meaningful use criteria.

TL4.2.1 Design for Perfect Care Organizational Chart Katie Executive Sponsor

In November 2011 information technology equipment failed at SJO and the project build was stopped. The projected timeline to resume building CPOE was April 2012. A SWOT
analysis identified two options: 1) the need for additional resources to complete the CPOE build within the original timeline; or 2) postponing the build and increasing the timeline for the project. The SWOT analysis results were presented to Katie in January 2012.

**TL4.2.2 SWOT Analysis with Recommendations SJO Technology Decisions**

Additionally, the SWOT analysis identified needed hardware technology that would support the infrastructure of a new EHR. Hardware technology, which was necessary to meet the June 2014 target date, included bar-code scanning for administration of medications and utilization of the easy-pass system so staff could use their employee identification badges to scan their password into the computer and access the EHR.

**Organization technology decision**

With this information, the CNO met with SJH and advocated for delaying the rollout and increasing the budget. After multiple meetings, the revised timeline was supported and the budget was increased. The increased budget facilitated the hiring of additional staff/consultants to help build the EHR. These negotiated dollars also supported additional staff hours during the go-live process. Staff served as “super users” to support clinicians and physicians. Needed hardware was also purchased and installed with the additional resources.

**TL4.2.4 FY13 Strategic Initiatives Budget Technology Support**

The rollout delay allowed the formation of committees (comprised of physician champions and end users) to review and test the proposed workflow, which would change the way physicians and staff worked alongside each other. In addition, training was delayed to accommodate all new activities (e.g., new hardware, workflows) to ensure the correct education was provided. The delay also gave staff time to acclimate and gain experience using one system before moving to the next phase of the project and adding more systems.

**TL4 Figure 1**

Meditech Program Goals

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<th>Meditech Program Goals</th>
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<tr>
<td>Improve patient safety by decreasing preventable medical errors.</td>
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<tr>
<td>Enhance timeliness of care and improve patient satisfaction by decreasing the “wait state.”</td>
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<tr>
<td>Improve quality of care by enabling caregivers to spend less time on paperwork and more time with patient</td>
</tr>
<tr>
<td>Increase operational efficiency by reducing or eliminating redundancies and decreasing unnecessary steps.</td>
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<tr>
<td>Drive operational efficiencies by redesigning process using automated information</td>
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A key component in the Meditech build was developing the patient care modules. SJH had contracted with Zynx Health for an evidenced-based care planning platform that all hospitals in the system could adopt. When presented with this option Katie requested that an Evidenced-Based Care Plan Collaborative review current practice at SJO and compare it to the proposed care planning strategies provided by Zynx. SJO members of the collaborative included Executive Director of Nursing Carmen Ferrell, MSN, RN, CCRN; clinical nurse super users, and nurse practitioners (service-line specific). An example of nurse practitioner involvement includes the coronary artery bypass grafting (CABG) post-operative care plan. Megan Liego, ACNP, CCRN, was the SJO clinical expert on care for CABG patients and participated in the collaborative in this capacity.

Under Katie’s direction, the team reviewed Zynx care plans that needed to be standardized across the system. The team conducted conferences with the other hospitals in the health system to review practice standards and agree on what practice needed to continue and what practice needed to change. The collaborative then made recommendations to Katie and she invited a representative of the collaborative to provide an update on their progress with CNOs across the health system. Once there was agreement, the care plans were built for nursing and added to the documentation accordingly.

TL4.2.5 SJH Chief Nursing Officer Meeting Minutes – July 2014

Katie’s decisive and inclusive leadership style among all stakeholder groups enabled SJO to experience a smooth Meditech go-live. Her ability to negotiate timelines and resources at the health system and regional levels, and facilitate a high performing clinical team that standardized care plans across the system, contributed to the successful launch of SJO’s EMR.

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