



OO4 – The Administrative and Nursing organizational chart(s). Describe the CNO’s structural and operational relationships to all areas in which nursing is practiced.

Medical Center Executive Leadership

UVA Medical Center reporting relationships are depicted in [Exhibit OO4.a: Medical Center Organizational Structure](#).

Pamela Sutton-Wallace, the Vice President and Chief Executive Officer of the Medical Center, reports directly to Richard Shannon, MD, Executive Vice President for Health Affairs. Dr. Shannon reports to the President of the University of Virginia ([Exhibit OO4.b, UVA Organizational Structure](#)).

As fellow leaders of key components of UVA Health System, Ms. Sutton-Wallace works collaboratively with the Dean of the School of Nursing (Dorrie K. Fontaine, RN, PhD, FAAN, Sadie Heath Cabaniss Professor of Nursing); and the Vice President and Dean of the School of Medicine (Nancy Dunlap, MD).

As Chief Nursing Officer, Lorna Facteau reports to the Vice President and Chief Executive Officer of the Medical Center.

Medical Center Clinical Operations

The Medical Center is governed by the Medical Center Operating Board (MCOB), which delegates to the Clinical Staff Executive Committee (CSEC) the power to make policy decisions on clinical issues. This relationship is demonstrated in [Exhibit OO4.c: CSEC Committee Organizational Chart](#).

The CSEC is chaired by the President of the Medical Staff; members include the Chief Nursing Officer and PNSO President as ex officio representatives for Nursing.

Standing Committees of CSEC provide the structure for quality assurance, process improvement and innovation in care delivery.

- The Bylaws Committee ensures that the bylaws of the Clinical Staff are consistent with the Medical Center’s operational needs, current Joint Commission Standards, applicable CMS Conditions of Participation and other CMS requirements and the policies, procedures, rules and regulations of the Medical Center.
- The Nominating Committee nominates members to serve as officers of the clinical staff and nominates members for the clinical staff representatives.
 - The Cancer Committee promotes a coordinated, interdisciplinary approach to the management of oncology patients and their families.



- The Credentials Committee is responsible for the peer-reviewed process of credentialing healthcare professionals (further described in ^{XREF}0011).
- The Ethics Committee conducts education on ethical issues, recommends policies and conducts case reviews with respect to ethical issues. The Ethics Consult Team is a service of the committee (see also ^{XREF}0012 and ^{XREF}EP17).
- The Graduate Medical Education Committee ensures that each residency program provides quality educational experiences and meets accreditation requirements.
- The Operating Room Committee is charged to coordinate and standardize the care of patients undergoing surgical or other invasive procedures.
- The Patient Care Committee, co-chaired by the Chief Nursing Officer and the Chief Medical Officer, is charged with coordination and implementation of care delivery encompassing inpatient and ambulatory care settings. The scope of the committee includes clinical practice issues that extend beyond the practice of a single professional discipline.
- The Quality Committee is charged with analyzing and aggregating institutional performance data, monitoring performance improvement efforts for effectiveness, and making recommendations to the Patient Care Committee and the Clinical Staff Executive Committee for changes in clinical practice and to the Medical Center Executive Committee for changes in operations. The President of the PNSO is a member of this committee. (See also ^{XREF}0017 and ^{XREF}EP12.)
- The Children’s Hospital Clinical Practice Committee is an interdisciplinary committee that reviews, coordinates and recommends policies, protocols and practice guidelines that impact all aspects of the clinical and patient- and family-centered care of children.

Patient-Care Services and Nursing Administration

Chief Nursing Officer Lorna Facteau, DNSc, RN, has responsibility for patient care services (PCS). Her span of control includes 3,181 direct and indirect reports. This includes the administration of nursing care for all hospital-based services, outpatient clinics, ambulatory surgery and home healthcare services. Her leadership is vital to the achievement of the Medical Center’s organizational goals.

Facteau leads nursing through a model of nursing administration designed to respond to the issues that direct-care nurses face every day. She is responsible for all nursing practice regardless of their administrative reporting lines of the nurses. Accordingly, her position within the [Medical Center Organizational Structure \(Exhibit 004.a\)](#) provides her with the authority as well as the relationships to influence strategic priorities that affect nursing.



Facteau uses a decentralized model of decision-making to act on these priorities and to respond to issues raised by nurses themselves. She heads a Patient Care Services Executive Team:

- Karin League, MSN, RN, NEA-BC, Associate Chief of Children's Hospital and Women's Services
- Donna Via, MSN, RN, CNOR, Administrator, Peri-Operative Services
- Maggie C. Short, MSN, RN, NEA-BC, Administrator for Bed Coordination Center, Nursing Operations & Development and Continuum Home Health/Home Infusion
- Jody Reyes, MSBA, BSN, RN, OCN, Administrator, Cancer Center
- Teresa Haller, MSN, MBA, NEA-BC, Administrator, Business Operations and Workforce Development and Staffing Resource Office
- Karen Forsman, MHA, Associate Chief, Heart and Vascular Center and (Interim) Adult Critical Care and Inpatient Heart/Vascular
- Jill Laird Sanders, MN, RN, NEA-BC, Director Case Management, Social Work and (Interim) Adult Medical-Surgical Care

Facteau delegates responsibility for the operations, finances and programs for each clinical area to these administrators. The [Patient Care Services Organizational Chart, Exhibit 004.d](#), depicts these reporting relationships.

She meets twice per month with the Patient Care Services (PCS) Executive Committee, which includes nursing. This group analyzes clinical metrics and other data and makes decisions on operational issues, project leadership and management, and workforce and work/life improvements. The PCS Executive Committee convenes twice per month to review budgets, analyze patient flow and capacity, assess systems-support needs for nursing and interprofessional practice, and consider patient population and service planning.

Facteau is responsible for the practice of all nurses in the Health System, including nurses in Ambulatory Care, Radiology and Renal Services. She reviews nurse-sensitive metrics with Chief of Ambulatory Care Services Thomas Saul, MHA; Chief of Clinical Ancillary Services James Amato, MBA, CNMT; and Nurse Administrator for Renal Services Deborah Cote, BSN, RN, CNN, on behalf of the AVP for Business Development and Finance, Larry Fitzgerald. They meet regularly to ensure professional practice standards are maintained in all procedural and ambulatory sites.

Facteau's operational relationships to direct and non-direct reporting nurses are facilitated through operational meetings, shared-governance meetings and open forums that are open to nurses in all settings. She meets at least monthly with all of her direct reports using a structured format. She meets with her Nurse Administrators every two weeks and with all Nurse Managers in a large-group meeting monthly, as sessions



tailored to their roles' concerns that supplement the much broader interprofessional Medical Center Management Group meetings.

Interactions with Direct Care Nurses

Facteau encourages nurses in all roles and settings, including settings reporting through other executives, to stay connected with their Chief Nursing Officer. Anyone may contact her directly, by phone or email, at any time. She rounds regularly, chatting with staff along the way. Sometimes she is accompanied by other organizational leaders or shared-governance officers.

She welcomes direct communications and frequently states in open forums, "I am the chief nurse for all nurses, no matter where you work" and welcomes feedback on clinical practice and professional issues.

Professional Nursing Staff Organization

Facteau is deeply committed to and involved in the Professional Nursing Staff Organization (PNSO), the Medical Center's thriving and long-lived model of shared governance. Our professional practice structure was adopted in 1988 and has matured and evolved since that time. The [PNSO Bylaws, Exhibit OO4.e](#), were developed utilizing a parliamentary process and adopted by the membership in 2000.

All nurses in the Health System are members of the PNSO and, therefore, eligible to participate in the governance activities. Participation may include attending PNSO meetings, voting in PNSO elections, approving changes to PNSO bylaws, and serving on the Nursing Cabinet and other PNSO committees, workgroups and special initiatives.

The PNSO Cabinet conducts the business of nursing. The [PNSO Cabinet, Exhibit OO4.f](#), is led by an elected President and President-elect. These leaders retain their clinical positions, and in doing so actualize the PNSO commitment to leadership by direct-care nurses. The 2014 President, Jenny Dixon, is a Clinician III in the Heart and Vascular Center, and Michelle Longley Tanner, APN 2, is the current President-elect. The priority of leadership by practicing nurses, and the primacy of clinical practice, is reflected in the budget support for the elected President and President-elect roles. These leaders devote 50% of their time to PNSO leadership and 50% to direct clinical practice.

A number of standing committees and subcommittees report to the PNSO Cabinet to accomplish the work of nursing shared governance ([Exhibit OO4.g. 2014 PNSO Committee Organizational Chart](#)). Committee chairs and vice chairs are appointed by the Executive Committee of the Cabinet.



The PNSO oversees the Clinical Career Ladder (CCL). Our CCL was introduced in 1987 and is based on Patricia Benner's *From Novice to Expert*. The CCL serves as the primary means to recognize and promote professional nurses' development and achievements. [The PNSO Career Ladder Reference Handbook \(Exhibit OO4.h\)](#) outlines the PNSO's policies and procedures for hiring, advancement and periodic revalidation of nurses beyond the entry level, both clinical roles and advanced practice roles. The clinical arm of the CCL includes Clinician I through IV levels; the advanced practice arm includes Advanced Practice I through III levels, Nurse Practitioners and Clinical Nurse Specialists. Peer-based CCL Panelists jury all nurses' hiring and advancement beyond the Clinician II level through a professional portfolio review and interview process, to uphold our culture of shared nursing performance standards. To ensure the rigor of clinical leadership, the Chief Nursing Officer also reviews all decisions regarding Clinician IV and Advanced Practice Nurse roles prior to the panels' communication to those candidates. Clinician IV and Advanced Practice Nurse roles also undergo a similar panel-based revalidation process every two years, to ensure that clinical leaders continue to meet the standards of the role.

The Chief Nursing Officer is strategically positioned in the organization to influence decisions, set policy and drive operations. She is accountable for nursing practice in all settings. Facticeau uses shared governance to support the success of all nurse leaders in all settings. Her dedication to the PNSO and the organization achieves impressive outcomes.