

**TL4 – 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).

And

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

Example 1 (Non-Technology): Chief Nursing Officer Lorna Facteau’ s participation in the search committee for the newly established position of Executive Vice President for Health Affairs.

CNO Lorna Facteau, DNSc, RN, is a strategic partner in the organization’s decision-making. She is a voting member of the Clinical Staff Executive Committee (CSEC), which is the policy decision-making body for the organization. With Chief Medical Officer Chris Ghaemmaghami, MD, Facteau co-chairs the Patient Care Committee, which is charged with coordination and implementation of care delivery encompassing inpatient and ambulatory care settings. The scope of the Patient Care Committee includes clinical practice issues that extend beyond the practice of a single professional discipline. Facteau is also an active member of the Quality Committee. She is directly involved in or leads all major decision-making related to patient care.

Facteau demonstrated her strategic involvement in the organization’s decision-making process when she was invited to participate on the search committee for the newly established position of Executive Vice President for Health Affairs (EVPHA). University President Teresa Sullivan, PhD, established this position to report directly to her while working closely with both the provost and chief operating officer of the University to advance the goals of the University. The EVPHA has the primary responsibility of aligning key components of the Health System consisting of the Medical Center, the School of Medicine, the School of Nursing, the Claude Moore Health Sciences Library and University Physician’s Group in order to achieve the goal of becoming a top academic medical center.

In January 2013, Executive Vice President and Chief Operating Officer Patrick D. Hogan called Facteau to formally invite her to join the search committee. The committee was composed of physicians, nurses, members of the Board of Visitors and members of the University community at large. On January 22, 2013, the committee received its charge from the president. Over the course of six live meetings and many electronic communications between January 22 and May 29, the committee reviewed resumes and interviewed top candidates.



In February, a website launched that included the names of the search committee members and a description of the position and candidate specifications. A screenshot of this website can be found in [Exhibit TL4.a. \(Exhibit TL4.a: Screenshot of EVPHA Search Committee website\)](#)

In March, the search committee met with key stakeholders to gather insight and information that would help inform committee members in their decision-making. These stakeholders included:

- Basic Science and Clinical Chairs
- Center for Excellence Directors
- Library Director
- Medical Center leadership
- University Physician's Group Leadership
- School of Medicine Dean and Senior Associate Deans
- School of Nursing Dean and selected faculty
- ACGME trainees
- Students

The committee received a list of 49 candidates from the search firm and selected 18 candidates to participate in first-round interviews. Committee members traveled off-site to conduct interviews April 15-17, 2013. [Exhibit TL4.b](#) is an email from the search firm about the planned interviews. [\(Exhibit TL4.b: EVPHA First and Second Round Interview Information\)](#) Page 1 of [Exhibit TL4.c](#) shows a screenshot of Facteau's calendar for those dates. [\(Exhibit TL4.c: Screenshots Facteau Calendar EVPHA Interviews\)](#)

On May 2-4, 2013, the candidates visited the University and participated in the second round of interviews. Facteau conducted tours of the medical center during these interviews. Page 2 of [Exhibit TL4.c](#) is a screenshot of Facteau's calendar for those dates.

The second round interviews resulted in the committee recommending three finalists and participating in extensive referencing. On May 29, Facteau joined committee members as they met with President Sullivan to present the three final candidates. On Aug. 14, 2013, President Sullivan announced Dr. Richard Patrick Shannon as the Executive Vice President for Health Affairs. [Exhibit TL4.d](#) is the email announcement from President Sullivan. [\(Exhibit TL4.d: Richard P. Shannon Named EVP Health Affairs\)](#)



Dr. Rick Shannon, Executive Vice President for Hospital Affairs, on rounds with nurses from 5 Central.

Since Dr. Shannon's arrival on November 1, 2013, he has partnered with Facticeau to work toward strategic goals. His close involvement in patient and worker safety through the Be Safe initiative has been instrumental in advancing UVA toward the goal of being a top academic health system.

Example 2 (Technology): Chief Nursing Officer Lorna Facticeau serves as project sponsor to replace physiologic monitoring technology throughout the Medical Center

Background and Evaluation Phase:

Under the leadership of Lorna Facticeau, DNSc, RN, CNO, and George Rich, MD, Chairman of Anesthesia; an interprofessional committee of representatives knowledgeable about physiologic monitoring came together in May 2011 to review the current status of physiological monitoring technology within the organization.

Plans to open a new north tower of the hospital, increasing the number of beds by 72, prompted a review of existing patient monitoring equipment with the potential goal to standardize equipment for the new tower. A small executive committee, named "Monitoring Technology Steering Committee" convened to complete an analysis and make recommendations.

During this comprehensive analysis, it was discovered equipment, while in good working order, was perceived as out of date. A variety of different systems were



installed. In addition, many procedural areas had hemodynamic monitoring systems that were either no longer vendor supported or unavailable for expansion due to discontinued system models. The committee agreed that in addition to obtaining the needed equipment for the north tower, all current systems needed to be updated to new generation technology with the goal to standardize monitoring equipment across the medical center.

Decision-Making:

The committee gathered feedback from clinicians through a process of vendor fairs. Systems options and considerations were evaluated and the choice was narrowed to two vendors that could handle the scope of the work. As a state institution, vendor purchases over \$50,000 require specific guidelines be followed. This complex process includes careful consideration of vendor product functionality, serviceability, integration and cost; which can be a lengthy process. The committee made their final recommendation which was accepted by the executive sponsors. [Exhibit TL4.e](#) is an email from Facteau approving the notification of Phillips as the selected vendor on May 24, 2013. ([Exhibit TL4.e: Facteau Email Approves Philips Agreement](#)) On July 25, 2013, organizational leaders signed the final project charter with Facteau as one of the executive sponsors. ([Exhibit TL4.f: Project Charter 072514 SIGNED.pdf](#))

Implementation Planning:

The work of the actual implementation of the new system was assigned to a Patient Monitoring Steering Committee. Facteau and Dr. Rich remained the executive sponsors for this phase of the project. Nurse leaders Donna Via, MSN, RN, CNOR, and Scott Croonquist, MSN, RN, NEA-BC, served as project sponsors. To manage the scope and complexity, two project managers were assigned to facilitate: Glenn Fielding from the Project Management Office and Patrick Headley from Clinical Engineering. The group follows a structured approach including careful tracking of details and task assignments. [Exhibit TL4.g](#) shows documentation of Lorna as instrumental in initiating decisions of the committee; accepting responsibility for identifying a site location for monitor builds and assigning a permanent project manager to the project. [Exhibit TL4.g: Patient Monitoring Steering Committee 102813 Minutes.pdf](#)



Sarah Logan, RN and Stephanie Lillard, RN with one of the new monitors purchased to standardize monitoring equipment across the medical center.

Exhibit TL4.h shows Facteau’s influence on several aspects of the project. In this meeting ([Exhibit TL4.h: Patient Monitoring Steering Committee 052314 Minutes.pdf](#)), Facteau requested a schedule amendment to re-sequence the acute care areas and requested Pediatric Emergency Department be placed on central monitoring thereby expanding hardware, licensure and service needs. Facteau also approved Phillips to perform the site survey for several units/areas.

As the phased project progresses, Fielding meets with Lorna for bi-weekly one-on-one updates of this and other technology projects. [Exhibit TL4.i](#) is the agenda for his June 30, 2014 meeting with her. It demonstrates her oversight of many technology based initiatives within the organization. [Exhibit TL4.i: CNO Status Meeting.pdf](#)

Participants:

TL4 Table 1. Participants, Monitoring Replacement Initiative

Name	Discipline	Title	Department
Lorna Facteau	Nursing	Chief Nursing Officer (Executive Sponsor)	Patient Care Services
Scott Croonquist	Nursing	Associate Chief Nursing Officer	Patient Care Services



Jonathan Truwit	Physician	Chief Medical Officer	Medicine, Pulmonary and Critical Care
George Rich	Physician	Professor of Anesthesiology and Biomedical Engineering	Anesthesiology
Bo Cofield	Administration	Associate Vice President, Hospitals & Clinics Operations	Hospital Administration Department
Karen Forsman	Administration	Associate Chief, Heart Center	Heart and Vascular Center
Kirk Barbieri	Information Technology	Director	Heart and Vascular Center
Stuart Lowson	Physician	Associate Professor of Anesthesiology	Anesthesiology
Tausha Grim	Nursing	Assistant Nurse Manager	PICU
Barbara Strain	Value Analysis	Director of Supply Chain Logistics	Supply Chain Management
Mark Monroe	Technology Services	Director	Health System Technology Services
Donna Via	Nursing	Administrator	Perioperative Services
Daryl Gress	Physician	Associate Professor of Neurology	Neurology
Glenn Fielding	Project Management	Director	Program Management
John Knapp	Clinical Engineering	Director, Clinical Engineering Services	Clinical Engineering Services
Patrick Headley	Clinical Engineering	Clinical Engineer	Clinical Engineering Services
Bruce Bradley	Procurement	Senior Contract Negotiator	Medical Center Procurement
Keith Perry	Technology Services	Administrator	Health System Technology Services
Jim Amato	Ancillary Services	Chief, Clinical Ancillary Services	Medical Center Administration
Nancy Prouty	Radiology	Administrator	Radiology



Jody Reyes	Nursing	Administrator	Cancer Services
Andrea Caulfield	Nursing	Director	Adult Critical Care and Acute Care Heart
Karin League	Nursing	Associate Chief	Children's Hospital & Women's Health
Joel Anderson	Nursing	Director	Adult Acute Care Services