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FACTS & FEATURES

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Enhancing the CEO-CNO Bond Through Mentoring

The relationship between hospital chief executive officers (CEOs) and their organizations' chief nursing officers (CNOs) is crucial to hospital-based patient care. The individual we refer to as the CNO has overall responsibility for the patient care provided by the hospital; he or she may also be referred to as vice president of nursing or vice president of patient services. Based on research reported here, the CEO has the ability to enhance the CNO's career and commitment to the hospital.

The American College of Healthcare Executives (ACHE), in collaboration with the American Organization of Nurse Executives (AONE), conducted a survey of CEOs and CNOs at American Hospital Association–listed hospitals. Of the 1,244 CEOs of hospitals selected by ACHE to participate in the survey, 560 responded. Of the 1,103 CNOs selected by AONE to participate, 542 responded. At 161 hospitals, both the CEO and CNO responded. These matched pairs give us an important look at the level of communication between the two executives.

Findings

Considering all respondents, it appears that for the most part, CNOs report directly to the hospital's CEO, and this reporting relationship has grown in the recent past. Today, 85 percent of CNOs report directly to the CEO; in 2004, 76 percent reported directly to the CEO. Of the 15 percent who do not report directly to the CEO, 14 percent report to the chief operating officer (COO) or chief administrative officer (CAO), and the remainder report to other leaders such as a system chief nurse executive.

Career Goals and Facilitators

Very few CEOs—only 15 percent—stated that their hospital's CNO had expressed interest in becoming a CEO. When CNOs were asked if they aspire to a hospital CEO position, only 19 percent answered affirmatively. Another quarter of CNO respondents stated they were not sure whether they wanted a CEO position. Forty-seven percent of CEOs and 43 percent of CNOs agreed that their organization offered advancement potential for the CNO.

CEOs as Mentors to CNOs

Though in reality little opportunity may exist for the CNO to advance in that particular organization, any CNO can be prepared to take on broader responsibilities, whether in the same organization or elsewhere. More than a third (35 percent) of CEOs stated they actively mentor their hospital's CNO, but only 22 percent of CNOs stated their hospital's CEO actively mentors them.

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"Success is not final, failure is not fatal: It is the courage to continue that counts."

Winston S. Churchill

A misperception exists between many CEOs and their hospital's CNO about their existing relationship regarding mentoring.

Conclusion

The analysis of CEO-CNO pairs showed that their perceptions of their relationship and of the CNO's future opportunities can be quite different. As much as a third of the time, when the CEO says that the CNO has not expressed a desire to be a CEO, the CNO may actually aspire to a CEO position or be open to it.

Only half of CEOs and CNOs agree on whether opportunities for advancement exist for the CNO in the organization. And when the CEO states that he/she provides active mentoring to the CNO, the CNO agrees with this statement in only half the cases.

Based on these findings, we can see that a critical need exists for CEOs to (1) communicate more openly with their hospital's CNO about his/her aspirations and the professional opportunities available to the CNO in the organization and (2) develop a common understanding of the mentor-protégé relationship. If CEOs undertake such discussions, the leader with overall responsibility for patient care will likely remain an integral part of the senior management team and will contribute more fully to the hospital's and the community's well-being.

Implications for CEOs

1. Ask your hospital's CNO about his/her career aspirations.
2. Discuss with the CNO your views of his/her career advancement opportunities in your organization.
3. Discuss what a mentor-protégé relationship with CNO means in terms of the kinds of activities you will undertake separately and together.
4. Discuss your role as mentor when you hire the CNO.
5. Establish a mentor-protégé relationship early with the CNO.
6. Establish a formal succession process for the CNO position.
7. Consider having the CNO present a report to the board as often as every meeting.
8. Recognize that actively mentoring the CNO may enhance his/her perception that career opportunities are available at the hospital.
9. Know that neither the age of the CEO nor that of the CNO is associated with active CEO mentoring of the CNO.

Morgan Hunter HealthSearch provides leadership recruitment services for both interim and permanent positions. For more information, please contact Barry Jackson at 800-917-6447 or bjackson@mhhealthsearch.com.

Resources:
http://www.ache.org/pubs/research/pdf/CEO%20White%20Paper%202010.pdf

Compensation Data Insight: Navigating the Salary Survey Data

With unemployment at historic lows and turnover rates in health care rising, salary survey data can be an especially valuable tool in workforce planning.

But just as with other types of data, salary survey data can be misleading if it's used incorrectly.

For example, when using data to gauge where your organization stands compared to the competition, it's important to identify just who the competition is. Does a hospital compete with a casino for labor? The answer may be "yes" when considering positions such as housekeeping, maintenance or food service.

Whether using salary survey data to assess the competition, measure progress toward targets or establish structure for a new position, drawing from the right data set is key as you evaluate sources to draw your own workforce planning conclusions.

Download this free tip sheet from Compdata Surveys & Consulting for guidance on getting the most out of your salary survey results.

As you evaluate your data, If you find yourself needing additional sources to supplement your AHA survey results, call Compdata at 800-300-9570 to discuss other available options.

SOCIAL Impediments to Health Pervasive, Arkansas Physicians Say

by Kurt Mosley

Eighty-eight percent of physicians nationwide indicate that some, many or all of their patients are affected by a social condition such as poverty, unemployment, lack of education, or drug addiction that poses a serious impediment to their health, according to a new survey. Among Arkansas physicians completing the survey, the number is 95%.

These are among key findings of a major new survey of 8,772 physicians commissioned by *The Physicians Foundation*, a nonprofit organization that seeks to advance the work of practicing physicians and help facilitate the delivery of health care to patients. The survey was conducted for The Physicians Foundation by Merritt Hawkins, the nation's leading physician search and consulting firm.

Titled *2018 Survey of America's Physicians: Practice Patterns and Perspectives*, the research underscores the prevalence of social conditions undermining the health and well-being of many Americans.

The survey's findings align with *recent reports* tying social determinants of health to declining life expectancy rates in the U.S. and to *research* showing the connection between poverty and relatively high rates of health care spending in the U.S. compared to other developed nations.

Cracks in the Physician/Hospital Relationship.

The wide ranging survey also asked physicians about their morale, practice metrics, practice plans and how they feel about the physician/hospital relationship. Over 57% of physicians nationally said they do not believe that the employment of physicians by hospitals is likely to enhance quality of care or decrease costs. For Arkansas physicians, the number also was 57%.

Over 46% of physicians nationwide described the physician/hospital relationship as somewhat or mostly negative. For Arkansas physicians, the number was lower at 42%, suggesting that physician/hospital relations in Arkansas are more favorable than in many other states. Nevertheless, these findings underscore the fact that physician/hospital alignment cannot always be achieved merely by employing physicians. More communication and cooperation may be necessary before this key relationship can be considered truly symbiotic (for more information on this topic see the Merritt Hawkins' white paper *Ten Keys to Enhancing Physician/Hospital Relations and Reducing Physician Burnout and Turnover).*

At Capacity or Overextended

When asked to describe their practices, over 79% of physicians nationally said they are either at capacity or are overextended and therefore unable to see more patients or take on more duties. For Arkansas physicians, the number was lower at 74%. Close to 62% of physicians nationally described their professional morale as somewhat or mostly negative. For Arkansas physicians, the number was 50%, a favorable metric compared to national averages.

The survey includes many other data points derived from dozens of questions that reveal the average number of hours physicians work, the average number of patients they see, what changes they plan to make in their practices and a variety of other topics.

Results of the survey broken out by all physicians and by Arkansas physicians are available to AHA members by contacting John Owen, Merritt Hawkins' Marketing Consultant, at *John.owens@merritthawkins.com*.

Kurt Mosley is Vice President of Strategic Liaisons for Merritt Hawkins, the nation's leading physician search firm. He may be reached at *kurt.mosley@amnhealthcare.com*.

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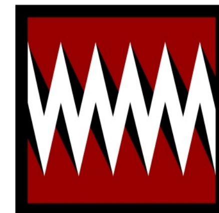
Provider Enrollment Webinar, January 29, 2019, 2:00 p.m. CST



Provider Enrollment is a time-sensitive and time-intensive process that health care providers must deal with regularly.

What is the cost to your hospital if your practitioners are not properly enrolled with all the right health plans?

AHA Services is pleased to invite you to participate in a webinar introducing our partnership with Hospital Services Corporation (HSC) for provider enrollment services.

HSC offers a fully automated system and highly trained staff to gather current and accurate information on employed and direct contract practitioners from primary sources quickly and efficiently. Focused on efficiency, accuracy, completeness and quality, the HSC model provides a number of services that can be bundled or offered as "optional" services:

Provider Enrollment

- Enrollment of employed and direct contract practitioners with contracted health plans.
- Re-Enrollment process
- Management of CAQH accounts and attestations
- Track status and approval dates for each application

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Registration:

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....

To receive access to this webinar please complete and return this form to Liz Carder, AHA Services, *lcarder@arkhospitals.org*, (501) 224-7878.

You will receive registration confirmation and access information prior to the webinar date from Joni Pompeo, Operations Director, Hospital Services Corporation (HSC), *jpompeo@nmhsc.com*, (505) 343-0070.

Our Passport Program is Growing!

By Koby Lee, Director of Client Success Strategies

Every year, *care*Learning's **Passport Program** educates tens of thousands of clinical rotation students. Health care facilities are requiring that students use Passport because it is a trusted source for content, it doesn't require them to pay for seats or coordinate student enrollment, and it makes the communication of completion seamless for the health care facility, the school, and the student. The only **costs** of the program are paid by the student at **$10.00** for **365** days of access.

Previously, we had focused heavily on the benefits students receive from Passport by only having to complete one set of clinical rotation courses that have been approved by schools and health care facilities in a particular region. However, we are seeing a trend of just one school and/or one hospital implementing Passport in their region and realizing its many benefits.

As you have come to expect from careLearning, we work to add **value** to Passport. We have added a **new** feature that allows schools to keep a running **checklist** of items students have to complete as part of their required clinical rotation documentation. Items such as background checks, vaccinations, certifications and licensures can be checked off by the student and verified by a designated instructor. In future releases of this feature, we plan to allow uploading of the supporting documentation.

Right now, we are putting plans in place to comply with HIPAA Privacy Rules that will allow us to become a HIPAA Business Associate, which will be required before uploading supporting documentation can added. Adding security to our instructor area has been the first step in this plan.
Very little is needed to implement this highly effective student orientation tool. Hospitals can provide additional private courses to the curriculum if they like, and schools can choose to have the students pay online using Paypal or a major credit card or can bulk enroll and be reimbursed through student fees.

Want to learn more? Contact Laura Register at lregister@carelearning.com or (304) 353-9722.

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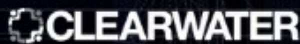

Top Three Most Common Health System Patient Data Security Weaknesses Revealed by Clearwater CyberIntelligence™ Institute

The three most critical and common high-security cyber risks facing health care delivery organizations and their partners have been uncovered in a first-of-its-kind analysis by the Clearwater CyberIntelligence™ Institute (CCI). CCI was formed earlier this year to leverage insights from Clearwater's proprietary database created by *IRM|Analysis™.* The database, containing millions of risk records accumulated during the completion of comprehensive, NIST-based risk analyses for hundreds of Clearwater customers over the last six years, is the industry's largest and most complete database focused exclusively on the unique cybersecurity risk profiles of hospitals, Integrated Delivery Networks (IDNs) and business associates.

At the top of the patient data breach vulnerability list is User Authentication Deficiencies, followed by Endpoint Leakage and Excessive User Permissions, the CCI analysis revealed. Together, the top three areas of vulnerability account for nearly 37 percent of all critical risk scenarios.

"Hospital executives should direct their immediate attention to these three top vulnerabilities and consider action to reduce their organization's risk profile," said Clearwater's Jon Stone, who leads CCI and serves as senior vice president for Product Innovation. "It is critically important that hospitals and health systems evaluate their organization's information systems to determine their specific risk ratings on these three critical vulnerabilities and take the necessary steps to close any gaps."

For context, User Authentication Deficiencies are weaknesses in the process used by an organization to uniquely identify and verify a user. Examples of deficiencies include such things as use of generic user IDs and/or passwords, posting user passwords on monitors or under keyboards, and emailing user credentials unencrypted over external networks. Some of the most common technology associated with these gaps include servers and SaaS (Software-as-a-Service) solutions. Complete findings can be found in the first edition of the *ClearwaterCyberIntelligence Insight Bulletin*.

CCI was established earlier this year as a response to the exponentially growing threat surface from the Internet of Things (IoT) and the proliferation of attackers in health care. The data mining and informatics team at the Institute uses advanced analytics techniques to identify common security weaknesses found in hospitals, health systems and other health care organizations and provide actionable steps they can take to better protect themselves and their patient data from cyber attack. CCI leverages the enormous data set of cyber risk information stored in its proprietary *IRM|Analysis™* database, which was built over the last six years from millions of risk records collected from hundreds of hospitals, Integrated Delivery Networks (IDNs) and business associates while completing comprehensive, NIST-based cybersecurity Risk Analyses.

"IRM|Analysis has become the industry's gold standard for performing an OCR-Quality™ Risk Analysis, and with so many hospitals now using the software, we are accumulating an enormous amount of data," noted Steve Cagle, CEO of Clearwater. "Clearwater will continue to leverage this data to provide insights and best practices to its customers, as we continue to build upon reputation of thought leadership in risk analysis and cyber risk management."

For more information visit *http://www.Clearwatercompliance.com* or contact Steve Rice, (405) 492-8107, *Steve.Rice@clearwatercompliance.com*.

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