

# The Executive Nurse Leader in Service Line Management:

## *An Experience of a Hospital Health System*

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Complex health care delivery systems are often organized around the management of specific patient populations or service lines across ambulatory and inpatient settings and the executive nurse leader is the most suitable clinical professional to provide visionary leadership in a dyad with a senior physician for a service line. This article describes the unique experience of a system hospital and the successes of the executive nurse leader as the co-lead in service line management.

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The executive nurse leader is a powerful hospital administrator who brings a valuable perspective to decision-making and the ever-changing health care delivery model. The executive nurse leader is clinically competent and possesses a strong operational background that is the ideal complement to the physician leader. The University of Pittsburgh Medical Center (UPMC) is a large, academic, system hospital that has embraced the role of the executive nurse leader to lead in tandem with the physician. UPMC operates more than 30 academic, community, and specialty hospitals, more than 800 doctors' offices and outpatient sites, employs 4600 physicians, and offers an array of rehabilitation, retirement, and long-term care facilities.<sup>1</sup> In an effort to improve both the quality and cost of health care, UPMC has transitioned to a service line care delivery model for the specialties of women's health, surgical services, behavioral health and intensive care (ICU). The creation of services lines within hospital health systems are emerging to focus on standardization of care to improve the quality of care delivery, reduce the cost to the organization, and ultimately improve patient outcomes. Hospital service lines are traditionally led and managed by a physician and nonphysician counterpart, typically referred to as the "dyad." However, UPMC has uniquely assigned the role of the nonphysician counterpart to the executive nurse leader. This paper examines the experience of a health system advocating for the executive nurse leader to be the most suitable partner in the service line dyad over other clinical specialties. The executive nurse leader possesses key competencies to be a transformational leader, brings vast experiences to drive success, and offers a valuable perspective that only a nurse possesses. The executive nurse leader is the best

compliment to partner and collaborate with the physician in the service line dyad.

### BACKGROUND

The concept of dyad leadership is a new model and little literature exists to support this concept. Health care systems are more complex and more appropriately aligned by service lines for delivery of care and reporting relationships.<sup>2</sup> The dyad is traditionally a physician and nonphysician co-leader that oversees integrated clinical service lines, divisions of care providers, or entire community service delivery systems.<sup>3</sup> The emergence of the dyad is conceived as a way to manage, which will help align the clinical and business side of health care. The dyad leadership model is the "best of both worlds" because the physician leader heads clinical transformation, whereas the nonphysician leader optimizes the business.<sup>4</sup> The development of leadership shared by paired managers from different professions is a solution to bridging health care's

### KEY POINTS

- **The executive nurse leader is the most suitable professional to provide visionary leadership in a dyad partnership with the senior physician.**
- **Dyad leadership in service line management requires leadership skills that only the physician and nurse can create synergistically.**
- **Despite financial and care delivery successes of the executive nurse leader in the system service line, lessons learned are discussed.**

cultural gaps, combining different skills and knowledge for greater problem solving and increasing span of control and influence of leadership.<sup>5</sup> The leadership dyad model provides opportunity for nurses, physicians, and administrative staff to work together toward affecting changes in hospital practices.<sup>6</sup> In addition, other benefits of dyad leadership include reducing leader burnout, raising engagement, and improving performance and accountability.<sup>5</sup> Nursing involvement is critical to successful change management in patient care areas. Westphal<sup>7</sup> advocates for the nurse leader because service line management requires networking of multiple interdisciplinary teams, and nurses are connectors and mediators to get the job done. Furthermore, nurses hold clinical credentials, creating a strong foundation for credibility from other physician and staff buy-in.<sup>4</sup> For the nurse to be successful in this role, he or she must excel at developing relationships, having credibility, and coordinating resources and services.<sup>2</sup>

### SCOPE OF SERVICE LINE RESPONSIBILITY

As previously stated, UPMC has embraced dyad leadership and assigned the executive nurse leader to be the co-lead alongside the physician in hospital service line management. Beginning in 2014, UPMC corporate administrative leadership identified 4 specialties to spearhead the dyad service line care delivery model. In turn, 4 executive nurse leaders were partnered with physicians to co-lead each specialty service line. The assignment of a service line dyad leader at the system level was in addition to existing responsibilities at the individual hospital level. Three of the 4 nurse executives leading system service lines were concurrently local hospital chief nursing officers, whereas the fourth was a chief nurse executive for corporate nursing, holding dual roles at both the local and system level. The primary responsibility of the executive nurse leader as the dyad partner at the system level is to provide administrative oversight of the service line. This oversight includes a large focus on clinical operations. The executive nurse leader must assist the physician leader to translate his or her vision into practice by directing and driving the practice change. In the operational role, the executive nurse leader must place high value on the quality and safety of patient care processes and emphasize standardization through developing policies and procedures that span the service line. For example, the behavioral health service line has an environmental steering committee that examines different products and items of daily living that are as safe as possible for the inpatient behavioral health units. Under the direction of the executive nurse leader, the committee evaluated different pillows for patient beds and chose a non-plastic-covered pillow that was a single

use, throw-away item. Selecting this pillow reduced the ability of a patient to harm themselves or others while still providing the essentials of modesty and comfort. With the input from all hospitals, the behavioral health service line successfully implemented this safety feature at all facilities. The ability to operationalize a service line at the system level is vital to improve standardization and reduce cost. However, the executive nurse leader must also recognize when practice variability is acceptable by assessing each local hospital individually comprised within the system service line. For example, the executive nurse leader heading the system women's health service line has assisted with implementation of the standardized obstetrical postpartum hemorrhage protocol. This executive nurse leader identified that the smaller, community obstetrical hospitals do not have the same resources available as the large, urban sites. In this instance, the pathway for involving the interventional radiology or the gynecology/oncology services was adapted to fit the resources available at each specific site. The executive nurse leader makes sound, independent operational decisions to support the physician's clinical strategy and new care models.

The secondary responsibility of the executive nurse leader is to manage the system service line budget, resources, and staff. The executive nurse leader's experiences as unit managers, clinical directors, and chief nursing officers encompass all aspects of financial management in the service line. With single-hospital accountability for millions of dollars in operating budgets and hundreds of full-time equivalents crossing many disciplines, the executive nurse leader excels at largescale financial management and is competent to do so at the system service line level. The surgical services service line emphasizes the financial managerial strengths of the executive nurse leader. She identified the need and cost effectiveness for an operating room resource pool of nurses that had the ability to travel between system hospitals to fill in staffing needs according to hospital census needs. This has decreased the use of outside agency operating room nurses, as well as improved staff satisfaction. In addition, 1 of the hospitals in the service line has partnered with a nearby university offering school credits for nursing students to work in the operating room. This creates a pipeline for further bachelors of nursing students to accept employment within the health system and a strong recruitment tactic for promoting nursing careers in the operating room. The service line executive nurse leader can provide thorough administrative oversight in service line management.

### COMPETENCIES LEADING TO SUCCESS

The executive nurse leader must have essential competencies to be a successful dyad partner and leader.

First and foremost, the executive nurse leader must be clinically competent in the service line he or she is leading. In the case of UPMC, all service line executive nurse leaders have 20-plus years of nursing experience in their respective service line fields. In addition, all service line executive nurse leaders held formal leadership positions in the service line specialty as well as the role of hospital chief nursing officer. Clinical competence enables the executive nurse leader to speak the same language of the service line specialty and relate to the supporting physicians. Clinical competence also enables the executive nurse leader to understand guidelines and best practices. Furthermore, clinical competency of processes and procedures assists the executive nurse leader in achieving standardization across the service line.

The second vital competency the executive nurse leader must possess is strong communication skills. The executive nurse leader must communicate between many disciplines and departments, including physicians, nurses, ancillary staff, and administrators. The UPMC service lines are very large in scope as demonstrated by the women's health service line that spans over 900 physicians, nurses, and other providers. To achieve consistency and standardization throughout the service line, communication originating from the executive nurse leader to hospital leaders must be clear and precise. Communication within the service line is led by the executive nurse leader and is vital to prevent duplication of efforts and ensure consistency in practice. All service lines at UPMC utilize a similar structure involving monthly and quarterly meetings and follow-ups. Utilizing technology, including video webinars and telephone conferences, incorporates a personal connection with peers located at different hospitals throughout the enterprise. Quarterly meetings typically include the high-level executives involving both dyad leaders of the service line, the hospital chief nursing officers and chief medical officers, and executive administrators. The quarterly meetings focus on budget analysis, upcoming initiatives, and resource utilization. Meetings involving the local hospital leaders such as the clinical directors, unit managers, and representatives from various departments, including nursing informatics, education, and quality improvement, are held on a more frequent, monthly basis. Agenda items for monthly communication include assessing policy and procedures, reviewing quality improvement patient outcomes, and discussing implementation of new initiatives. The local hospital leaders are then tasked with communicating to the frontline staff in a variety of methods including weekly e-mail updates, rotating screen savers on clinical computers, and engaging the hospital- and unit-based councils. Although extensive and with many layers, communication by

the chief nurse executive can reach all staff within the service line if done with structure and thoughtful selection of key players involved in the conversation.

In conjunction with clear communication, the executive nurse leader must be collaborative. Openness to new ideas, willingness to learn from other disciplines, and creating trusting relationships contribute to the collaborative nature of the executive nurse leader. The executive nurse leader of the intensive care service line led a collaborative initiative related to family meetings for critical care medicine patients. She identified that bedside nurses were uncomfortable having conversations related to death and dying with patients and family members. In collaboration with physician leadership, social work, and nursing, the executive nurse leader obtained a grant for intensive care staff members to receive training related to critical conversations surrounding death and dying. The training included hiring actors who portrayed family members so staff could have real-time practice with uncomfortable conversations. The intensive care service line set a benchmark for family meetings to occur within 4 days of patient admission to the ICU. It is now a quality measure that is routinely tracked in ICU dashboards. The final key competency the executive nurse leader must possess is passion. The executive nurse leader must be passionate about improving patient care outcomes and believe in the success and goals of the service line in order to gain buy-in from the staff.

## FINANCIAL IMPLICATIONS

Service line structure has a large financial impact on both individual hospital and enterprise operating budgets, thus, the service line chief nurse executive must be strategic in the structure and allotment of resources throughout the service line he or she is leading. At UPMC, the strategic approach to cost-effectiveness within service lines was an overall change in structure. Prior to the implementation of service lines, hospitals and physician practices functioned independently of one another, often duplicating efforts and resources. With the implementation of service lines, the overall Health Services Division structure has shifted to a shared approach between the hospitals, the physician practices and the service line (*Figure 1*).

This overlap has created a large reallocation of resources which in turn created a strategic cost savings approach. The overall cost savings of individual service lines range from \$1.5 to \$5 million. Operational improvements and efficiencies, implementation of best practices, evidence-based medicine, and standardization continue to accrue savings throughout all service lines. The strategic approach to cost-effectiveness is exemplified with UPMC's Service Line "A." The

## Pre Implementation of Service Lines

Hospital Division	Physician Division
Hospital A	Specialty 1
Hospital B	Specialty 2
Hospital C	Specialty 3
Hospital D	Specialty 4

## Post Implementation of Service Lines

Service Line	Hospital/Provider Division			
	Hospital A	Hospital B	Hospital C	Hospital D
Women's Health	→			
Behavioral Health	→			
Intensive Care	→			
Surgical Services	→			

**Figure 1.** Health Services Division Approach to Strategic and Cost Savings Initiatives.

creation of this service line has saved over \$1.2 million in 1 fiscal year by using a strategic approach to shared resources and streamlining many processes. For instance, Service Line “A” standardized all nursing orientation and training. The same programs and materials are utilized throughout all sites to ensure consistency in practices, and quality and safe patient care. Furthermore, a resource pool of nurses was created who were trained at all applicable sites to travel between facilities depending on patient census. The resource pool drastically reduced expenditures related to overtime and agency labor costs. Another large cost-savings approach was the creation of a centralized equipment depot. All hospitals that participate in Service Line “A” can access specialty equipment from the depot, which dramatically reduced the number of devices needed for each site and improved accessibility for hospitals in outlying geographical areas. The executive nurse leader can successfully implement strategic approaches to cost savings while maintaining successful outcomes in the service line.

### WHY THE NURSE?

The chief nurse executive offers a valuable perspective to the service line and is the ideal complement to the physician dyad leader. The American Nurses Association defines the nurse as one to protect, promote, and optimize health and prevent illness and injury, facilitate healing, and alleviate suffering.<sup>8</sup> The nurse does so through the diagnosis and treatment of human response, and advocacy in the care of individuals, families, groups, communities, and populations.<sup>8</sup> From the onset of nursing practice, the bedside nurse is the connector and collaborator of health care professionals. Originating early in nursing education, the nurse is trained to partner and collaborate with the physician to carry out management plans and navigate the disconnected health care system to create the best clinical outcomes for the patient. The nurse consistently coordinates care through multiple services with clear communication and a holistic patient focus, all while serving as the patient advocate. The role of the executive nurse leader in the service line leader dyad carries no differences as the

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bedside nurse, simply just performing on a larger scale. The executive nurse must operationally navigate each hospital in the service line while partnering with the physician to improve standardization and reap fiscal benefits all while enhancing their ability to serve the patient and family. The executive nurse must engage and coordinate multiple hospital disciplines including both clinical and nonclinical departments, whereas the physician merely relates and influences his or her physician peers. Although other clinical professionals might fare clinically competent to work alongside the physician, no other professional other than the nurse is able to translate the physician's clinical strategies into clinical practice because the nurse has been successfully doing so since providing care at the bedside.

Throughout all nursing leadership positions, partnering with the physician is vital to successful clinical initiatives and quality improvement as the physician leaders represent the change agent to other physician peers. It is no fault of the dyad physician leader for potentially lacking teamwork and collaboration principles, which likely stems from the lack of education and training on these principles through medical school and residency. Old medical educational models were heavily focused on the mastery of biomedical knowledge and were founded in simpler health care settings.<sup>9</sup> The training of new physicians is traditionally done unilaterally, with few formal interactions with other health care providers until postgraduate training.<sup>10</sup> Furthermore, medical school curricula typically do not include instruction in specific knowledge, skills, attitudes, and behaviors required to function as part of interdisciplinary care teams.<sup>10</sup> Thus, a physician's greatest weakness is often the ability to successfully facilitate a multidisciplinary team; however, advanced nursing education prepares the nurse leader for just that. The University of Pittsburgh Doctorate of Nursing Practice program with a specialty in health systems executive leadership focuses on "developing the knowledge and skills to effectively lead in complex clinical environments with an emphasis on organizational behavior; evidence-based management, practice, and quality improvement; leadership in complex systems; finance and healthcare economics; health policy; and data analytics and clinical systems design."<sup>11</sup> Furthermore, many universities offer dual masters of science in nursing and masters of business administration programs to provide nurse leaders with a broad preparation in business administration and nursing administration.<sup>12</sup> The executive nurse leader is prepared to lead multidisciplinary teams in complex clinical environments, whereas the physician leader has the innate ability to influence other physician peers in a way that no nursing professional could. The physician and nurse merely complement one another to deliver a strong management and clinical change agency, which are competencies rarely found in a single individual.<sup>4,9</sup>

The dyad leadership model in service line management requires a full spectrum of leadership skills that only the physician and nurse create synergistically.

### Lessons Learned

Despite the financial and care delivery successes of the executive nurse leader of the system service line level, not all projects and strategies were implemented seamlessly. One early lesson learned across all 4 service lines was that the top-down approach was not effective for creating sustainable change. The dyad of the service line worked diligently to recruit local champions at each hospital to assist in strategic execution of new initiatives. To gain buy-in from local staff, the dyad had to create purposeful explanations to support the proposed changes and enable staff to integrate change in the way best fit for their individual organization. It was vital to be overly inclusive, specifically with stakeholders. Do not hesitate to engage stakeholders in other areas and service lines, such as physician chairs of the pharmacy and therapeutic committee or chief nursing officers at other system hospitals. A second lesson learned is that all service lines recognized the need to identify a standardized metric of measurement for monitoring outcomes. Although each hospital belonged to a larger enterprise, each local site was utilizing different metrics to measure outcomes. To obtain the most robust and reliable data outcomes, the metrics must be identified prior to the roll out of any strategic initiative. And finally, the service line executive nurse leaders discovered that geography was a large barrier to executing new changes. The chief nurse executive of the service line could not be present at each hospital to drive the changes. Project progress was very slow moving, and it was challenging to hold local leaders accountable with her lack of physical visibility. One strategy that worked seamlessly was to hire a service line nurse manager to travel between sites and help facilitate change within the local units. The service line nurse manager connected each local hospital with the larger service line. Another strategy was to demonstrate proof of concept and outcomes through a pilot program. Once success was achieved at a single business-unit level, the strategy can be spread globally and geographically as a big bang implementation. Creating an infrastructure to support the work and execute strategies was vital to the success of the service line, and standardization should be inclusive and simultaneous across all geographic locations in the service line.

### CONCLUSION

As exemplified by the University of Pittsburgh Medical Center, the executive nurse leader is the ideal administrator to partner with the physician as the dyad leader of the hospital service line. The physician co-lead needs an administrator with both a strong operational background and solid financial management skills. The

executive nurse leader fits this mold with history of holding many formal nursing leadership roles, including chief nursing officer, as well as 20-plus years of nursing experience within the service line specialty, deeming him or her clinically competent to drive clinical changes in collaboration with the physician. Although other clinical professionals might be equality suitable for operational or financial management of the service line, no other professional has been trained in teamwork, communication, and collaboration like the nurse has. The nurse is consistently successful working alongside the physician, originating at the bedside and extending through all domains, including successful service line management as exemplified by the experiences at UPMC.

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