

# Background

## Purpose

The AACN Nurse Executive Task Force focused on the importance of nursing leadership in the ambulatory care setting and the need to develop structures that underscore nursing, value, ownership, accountability, and collaboration within the interprofessional team so that ultimately the best care can be provided to patients and families across the continuum.



Following a survey of nurse executives in 2017, a need was identified to work on opportunities, challenges, barriers, and advocacy from the ambulatory care nurse executive perspective. The Task Force includes members from different ambulatory care areas, including academic medical centers and large, mid-size, small, community health, and rural health ambulatory care practices.

Initial work identified the current state and optimal state of nurse executive roles and organizational structures for each ambulatory care practice area. The Task Force is now creating an online toolkit that addresses the 14 nurse executive competencies developed by the American Organization of Nurse Leaders and interprets them for use in ambulatory care.

Task Force members presented [“Nurse Executive Leadership in Ambulatory Care”](#) at the 2019 AACN Annual Conference discussing the differences in competencies for nurse executives functioning in large, mid-size, rural, and academic practices.

*The Task Force’s time and contribution to AACN are greatly appreciated.*

## Contributors

### Co-Chairs

Susan Hossli, MSN, RN, NEA-BC

Nancy May, DNP, AMB-BC, NEA-BC

### Task Force Members

Mary Blankson, DNP, APRN, FNP-C

Constance Buran, PhD, NE-BC, RN

Lisa Duncan, DNP, MBA, RN, AMB-BC, CIC, NEA-BC

Sobha Fuller, DNP, AMB-BC, NEA-BC

Deena Gilland, DNP, RN, NEA-BC

Terrie Hemman, RN, BSN, MBA-HCM, CCCM

Patty Hughes, DNP, RN, NE-BC

Rachel Start, MSN, RN, NEA-BC, FAAN

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American Academy of Ambulatory Care Nursing (AACN)

East Holly Avenue, Box 56, Pitman, NJ 08071-0056

800-AMB-NURS; FAX 856-589-7463; Email: [aaacn@aaacn.org](mailto:aaacn@aaacn.org); [www.aaacn.org](http://www.aaacn.org)

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# Organizational Structures

When designing leadership roles in ambulatory care nursing, it is vital to consider organizational structure as paramount when thinking about the desired impact and outcomes of role implementation. These decisions can either facilitate or hinder the role and potentially limit success and stifle innovation. Unfortunately, many organizations only place value on traditional hierarchies, limiting interprofessional leadership relationships and communication, and ultimately has varying impacts on frontline teams.

**The following key considerations should guide decisions around organizational structure:**

## **1. Organizational structures should reflect the model of care it is supporting.**

Health systems that deliver care across the continuum should develop an organizational structure that is the best fit for each area, including ambulatory care and post-acute care. Ambulatory care organizational structures will vary from acute care structures, given the focus on team-based models of care. When considering individual staff groups, it is essential to ensure supervisory leaders exceed education, licensure, and job duties of their subordinates. An example of this would be ensuring clinical leaders supervise clinical frontline team members.

### **➤ Key questions to consider:**

- Is there a document or policy that defines the model of care in the organization?
- Does the leadership team structure mirror or reflect the expectation of teamwork at the frontline and model the expectation of team collaboration?
- Do non-clinical leaders supervise clinical personnel? If so, what are the challenges that have been encountered with this structure?

## **2. Leadership structures should be reflected at all levels of the organization.**

When developing plans around organizational structure, one of the often-missed starting places is defining and describing expectations for how frontline teams should interact. By definition, leaders set the example for their departments not only in excellence but in manifesting the organizational structure through their communication and relationships with other leaders. Leaders lead by example and frontline staff learn cultural behavioral expectations through the establishment of cultural norms. Therefore, organizational structure should mirror what is expected at the frontline in terms of decision-making and professional expectations. For ambulatory care, focus on team-based care models call for a change in the traditional paradigm for organizational structure.

### **➤ Key questions to consider:**

- Who does your chief nursing officer (CNO)/chief nurse executive (CNE) or other ambulatory care nurse leader role report to?
- Does the current reporting structure facilitate or produce barriers for top-of-license practice for frontline nurses?
- Are other vital leaders (chief executive officer, chief medical officer, chief operating officer, and others) expected by job description to support or empower the CNO/CNE or other top ambulatory care nurse leader role?

## Academic Partnerships

### AONL Competency

- Determine current and future supply and demand for nurses to meet care delivery needs.
- Identify educational needs of existing and potential nursing staff.
- Collaborate with nursing programs to provide necessary resources.
- Collaborate with nursing programs in evaluating quality of graduating clinicians and develop mechanisms to enhance this quality.
- Serve on academic advisory councils.
- Collaborate in nursing research and translate evidence into practice.
- Collaborate to investigate care delivery models across the continuum.
- Create academic partnerships to ensure a qualified workforce for the future.

### Introduction

A key concern for any nurse leader is employees' knowledge, skills, and abilities directly and indirectly under their supervision. It is vital to establish relationships with education and training programs in the communities the organization serves.

Academic-based systems often include physician residency programs and may also include schools of nursing and other health professions. Healthcare-based systems include hospitals and ambulatory care facilities and may have system-wide affiliations with health profession education systems.

Large and small group practices may have affiliations with various physician, nursing, and allied health profession education and training programs.

Rural health center clinics may be affiliated with hospitals but may not have training programs nearby, so recruitment can be particularly challenging.

### Ambulatory Care Considerations

Unlike hospital systems, ambulatory care is generally done in smaller departments. Tasks and challenges vary from day to day. Many ambulatory care nurse leaders are operating in resource-poor health systems, so training dollars and time set aside for training may be lacking.

To create a safe environment for patients, it is incumbent upon the nurse leader in an ambulatory care setting to develop relationships with education and training programs to maximize the skill set of the newly graduated incoming workforce.

The ambulatory care nurse leader needs to advocate for knowledge, skills, and abilities specific to the organization's needs to be taught at schools and training programs. In most ambulatory care settings, the nurse leader is responsible for the work of registered nurses (RNs), licensed practical nurses (LPNs), and unlicensed personnel, so there are opportunities to partner with various types of programs.

### Best Practices and Strategies for Success

There are templates and models for academic relationships from professional organizations and education systems.

While some resources are focused on strategies for education systems, they can be adopted by organizations to engage with partners. The [American Association of Colleges of Nursing](#) (2020) has a