

SYSTEM CASE STUDY

This exemplifies one potential leadership structure for a hospital system with current or aspiring [magnet nursing status](#).

“Hospital ABC”

- Top-ranked, 1,500 bed medical center
- Approximately 1,500 PAs and NPs
- Magnet Status

There are 4 levels of management for PAs and NPs: Coordinator, Manager, Director, Executive Director. This split helps to fill the magnet status requirement that there must be at least a dotted line to the Chief Nursing Officer. Without this split, the executive role would have to be filled by a nurse leader to meet requirements, thus precluding a PA from filling the position.

Executive spots are the first and only separation of PA and NP leadership. The Executive Director of PAs and the Executive Director of NPs are equal in stature and work in tandem.

Pros

- Single provider reporting structure to the CMO
- Potential to be FTE neutral
- Clear reporting structure and equal leadership career path for both PAs and NPs
- Builds management diversity. All directors, managers, and coordinators are seasoned in managing the similarities and differences of both PAs and NPs.

Challenges

- Requires full organizational buy-in (including HR and department heads).

Considerations for Applicability

- NPs must be considered under the provider umbrella and not the nursing umbrella; therefore they report to the Chief Medical Officer.
- Magnet status requires all nursing to report either directly or indirectly to the Chief Nursing Officer.
- NPs and PAs are considered equally for all leadership positions within this structure.
- This organization designed these to be FTE neutral positions but not budget neutral. Each role has increasing responsibilities and appropriate salary increases (% based).
- Amount of protected administrative time varies by role and department but is an important component to each job description.

