Nurse Manager Scope and Span of Control: An Objective Business and Measurement Model

Dawndra Jones MSN, RN, NEA-BC, Sr. Director of Strategic Initiatives
Christopher Gebbens, BS, BA, Financial Analyst
Maribeth McLaughlin BSN, RN, MPM, CNO, VP Magee Womens Hospital
Lorraine Brock MSN, RN, Director of Nurse Recruitment
Disclosures

Today’s presenters do not have any relevant financial interests or endorsement of products.

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The American Organization of Nurse Executives is accredited as a provider of continuing nursing education by the American Nurses Credentialing Center’s Commission on Accreditation.
Objectives

• Describe the importance of measuring scope and span of control for nurse managers success in their role.
• Discuss the components of a method used to successfully measure nurse manager scope and span of control.
• Global health enterprise headquartered in Pittsburgh, Pennsylvania
• Operates more than 20 academic, community, and specialty hospitals and 400 outpatient sites, offers an array of rehabilitation, retirement, and long-term care facilities
• Pennsylvania’s largest employer, with more than 55,000 employees
• Over 12,000 nurses
“Create the best patient experience, nationally and internationally, through the selection, development, retention and reward of the highest performing nurses while creating systems and programs that creates consistency and excellence in patient care.”
Key to Achieving Outcomes

- Unit Directors (Nurse Manager)
  - Operational accountability
  - Manage the daily priorities
  - Employee relations
  - Drive department’s care delivery
  - Fiscal accountability
Unit Director’s Influences to Reach Priorities/Goals

**Unit Director**
Department nurse manager
- Plan
- Organize
- Staff
- Direct
- Control
- Decision Making

**Staff Participation**

**Staff Satisfaction**

**Organizational Priorities/Goal**

**Care Delivery**

**Patient Satisfaction**
Overlapping Challenges

- Job Satisfaction
- Vacancy
- Weak Pipeline
- Turnover
Unit Director Task Force:
- Chief Nursing Officers
- Nursing leaders and managers
- Compensation
- Human Resources
- Finance and productivity

Problem statement: In what ways can nursing leadership improve unit director (nurse manager) turnover and vacancy rates across UPMC?
Surveyed nurse managers
Focus groups with shared governance councils
Surveyed to CNOs
Literature review
Assessment Findings

Varying Workload
- Scope
- Span of control
- ADT
- Hours of operations

Varying Financial Stewardship
- Budget
- Supplies
- Capital

Minimal Succession Planning
- Staff development
- Operational support

Work-life Balance
- Majority work 50+ hours/week
- Uninterrupted time off
- ~12% satisfied
Successful Unit Directors/Nurse Manager

- Transformational leaders
- Strong communication regarding organization goals, values and vision
- Positive personality traits, extroverted, openness, optimism
- Tenured within organization
- Embraces autonomy, shared governance, empowerment of staff
- Advanced nursing degree
- Attitude of “I own it” - accountable
- Self awareness and confidence
- Self management: transparency and adaptability, initiative, empathetic
- Social awareness

The Evidence Supports


Definitions

• **Scope** - the extent or range of managerial accountabilities
  – Number of departments
  – Workload of the departments
  – Hours/days of accountability
  – Budgetary requirements

• **Span of Control**
  – The number of employees reporting to a manager
    • Full time equivalents (FTE)
    • Headcount
Span of Control in the literature

- Advisory Board – Hospital-Wide

Footnotes: 1 Represents headcount data for 95 hospitals.
2 Includes supervisors and frontline staff per manager
Comparison of Respondents: Advisory Board / UPMC

Nursing Executive Center Survey on Organizational Design and Performance, 2008; Nursing Executive Center analysis

UPMC Hospitals

- Teaching: 46%
- Academic: 16%
- Free specialty: 23%
- Non-Teaching: 15%

Based on UPMC’s NDNQI reporting

Headcount comparison – Advisory Board / UPMC

Nurse Manager Span of Control

Breakdown of Respondent Nurse Managers by Number of Employees Overseen

- ≤20: 18%
- 21-40: 25%
- 41-60: 22%
- 61-80: 15%
- 81-100: 8%
- 101-120: 6%
- >120: 6%

UPMC Nursing

- 0-20: 11.43%
- 21-40: 24.76%
- 41-60: 31.43%
- 61-80: 13.81%
- 81-100: 10.00%
- 101-120: 3.33%
- 121+: 5.24%
Relationships Increases with Span of Control

1 manager/ 6 director reports = 222 relationships

Various Other Relationships

Unit Directors ~ 50

Employees
Home
Administration & Physician
Patients
## Support Staff Benchmarks

Mean Number of Positions per Ten Frontline Caregivers

<table>
<thead>
<tr>
<th></th>
<th>Unit-Based Staff</th>
<th>Non Unit Based Staff</th>
</tr>
</thead>
<tbody>
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<td>ANM</td>
</tr>
<tr>
<td>Observed</td>
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<td>0.24</td>
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Taking Span of Control Further

• **Unit Focus**
  – Complexity of the unit
    • Hours of operation
    • Unpredictability of the department
    • Turnover of patients – admissions, discharges and transfers (ADT)
    • Key Volume Indicator (KVI)

• **Staff Focus**
  – Volumes of staff directly reporting to the manager
  – Skill level of the staff and their stability

• **Program Focus**
  – Number of responsible departments
  – Total size of the budget minus salaries

UPMC’s Distribution of Measurements

- Staff Focus: 45%
- Unit Focus: 45%
- Program Focus: 10%
- Hours of Operation: 20%
- ADT or Required Hours: 25%
- Cost Center: 5%
- Controllable Expenses: 5%
- Headcount: 45%
5 Overall Categories Weighted Using a Point System:

- **Headcount**
  - 45% or 45 Points

- **ADT or Direct Required Hours**
  - 25% or 25 Points

- **Hours of Operation**
  - 20% or 20 Points

- **Cost Centers**
  - 5% or 5 Points

- **Controllable Expenses**
  - 5% or 5 Points
Measuring Span of Control

**Headcount** – total of 45 possible points

- Simple count of people based on “home” departments
  - Provided by HR
- Aggregated all departments to respective Unit Directors
  - Minimum of 0 people
  - Maximum of 183 people
- Outliers were identified and *temporarily* excluded
- Remaining Unit Directors were awarded points
  - Based on percentile (e.g. a UD in the 70th percentile received 70% of the 45 total possible points)
  - All outliers were high and received all 45 possible points
Measuring Scope and Span of Control

**ADT or Direct Required Hours** – total of 25 possible points

- Clinical nursing units or Non-nursing departments
  - Clinical nursing units evaluated using ADT
    \[
    \text{ADT} = \text{Admission} + \text{Discharge} + \text{Observation} + \text{Transfers in} + \text{Transfers Out}
    \]
    Contact Census (start census + Admissions + Transfers in)
  - Non-nursing units evaluated using budgeted direct required hours
    - Amount of actual patient related time each department should be staffing

- Each departed awarded points using the same method as “headcount”
  - Identify outliers, rank in percentiles, award points

- Aggregated departments under respective Unit Directors
  - Averaged points to compensate for multiple departments
Measuring Scope and Span of Control

*Hours of Operation* – total of 20 possible points

- Actual charged hours to departments during 6 months
- Hours divided into 4 categories
  - **Daylight**: All departments received 2 points
  - **Weekend**: 6 points
    - Approximately 28% (2/7) of the week is weekend
    - Threshold lowered to 20% for staffing fluctuations
  - **Off-Shift**: 6 points
    - Approximately 36% (1/2 of each of 5 weekdays)
    - Minimum threshold lowered to 27%
  - **Holiday**: 6 points
    - 2 holidays during the 184 day period – or 1%
    - Minimum threshold lowered to 0.5%
- Department points averaged when aggregated
Measuring Scope and Span of Control

**Cost Centers** – total of 5 possible points

- Number of responsible departments
  - Minimum of 1
  - Maximum of 4
- Each Unit Director received 1.25 points per department

**Controllable Expenses**

- Full year budgeted controllable expenses *except* salaries
  - Supplies, purchased services, drugs, etc.
- Evaluated in same fashion as “headcount”
  - Aggregate, identify outliers, rank, award points
Steps in Creating Ranking

Metrics were first evaluated at a department-specific level

- Except “cost centers” metric

Each department was then attributed to a Unit Director

Unit Directors were compared using overall points from all categories
<table>
<thead>
<tr>
<th>Hospital</th>
<th>Director</th>
<th>Headcount</th>
<th>Hours of Operation</th>
<th>ADT or Required Hours</th>
<th>Controllable Expenses</th>
<th>Cost Centers</th>
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<th>Rank</th>
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<td>45.00</td>
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Measuring Span of Control – Distribution of Results

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<td>90 up to 95</td>
<td>6</td>
</tr>
<tr>
<td>95 up to 100</td>
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</table>

Summary of Total Points

- Min: 5.94
- Max: 96.25
- Mean: 56.09
- Median: 58.39
- Std. Dev.: 20.31
Measuring Scope and Span of Control
Interpreting Results

- Span of Control Tool evaluated by University of Pittsburgh statistician
  - Main purpose was to establish tiers for allocating administrative support and to determine the validity of the tool

**Defining Tiers**

- Statistician recommended the 10\(^{th}\) and 90\(^{th}\) percentiles
- Statistician found significant difference between groups
  - Results indicate need to different support

<table>
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<tr>
<th>Tier</th>
<th>Percentile Range</th>
<th>Number of Participants</th>
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<tbody>
<tr>
<td>High Tier</td>
<td>90(^{th})+ Percentile</td>
<td>(n=21)</td>
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<tr>
<td>Middle Tier</td>
<td>90(^{th}) to 10(^{th}) Percentile</td>
<td>(n=168)</td>
</tr>
<tr>
<td>Low Tier</td>
<td>Below 10(^{th}) Percentile</td>
<td>(n=21)</td>
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</table>
Unit Director Support

**Operational Support:**

- Clinician or other type of nurse in the department
  - Assists with the day to day operations (schedules, staffing, audits, RCA, patient rounds)
  - Assists with performance management
- Support level is determined by the headcount
  - Recommendation is in hours of indirect time per week, pay period, and year
  - Guide for budgeting – this could be accomplished by redirecting hours from direct to indirect or from other indirect activity

**Formula:**  \( \text{Headcount} \times 0.12 \text{ hours (Advisory Board)} \)

per 10 Staff
Administrative Support

- Unit operation support for items such as meeting agendas and minutes, ordering, tracking, and audits, etc.
  - May be provided by an administrative assistant, business assistant, or higher level HUC
  - According to Labor Management Institute, 2007 Nurse Manager Span of Control Report, approximately 50% of nurse managers have either full or part time administrative assistant support
  - Advisory Board does not separate unit clerk and administrative assistant
Administrative Support

• Recommendation:
  – Middle tier: 0.125 FTE
  – High tier: greater than 0.125 FTE
  – Low tier: less than 0.125 FTE

- High Tier
  • Greater than 10 hours per pay period

- Middle Tier
  • 10 hours per pay period

- Low Tier
  • Less than 10 hours per pay period
Business Unit Example

- 36 bed Medicine Unit (Middle Tier)

Formula: \[63 \text{ Headcount} \times 0.12 \text{ hours (Advisory Board)} = 0.75 \text{ operational support per 10 staff}\]

Indirect Operational Support
- Clinician = 0.2
- Clinician = 0.2
- Clinician = 0.2
- 1 Life Stages RN = 0.1 (8 hours/pay)
  - 0.7 FTE

Administrative Support
- 10 hours per week of a shared Administrative Assistant
Business Unit Example

- 74 bed NICU (High Tier)
- Formula: \[183 \text{ Headcount} \times 0.12 \text{ hours (Advisory Board)} = 2.2 \text{ support per 10 staff}\]

**Indirect Operational Support**
- Unit Director = 1.0
- Clinician = .2
- Clinician = .2
- Clinician = .2
- 6 Life Stages RN = .6 (8 hours/pay)
- 2.2 FTE

**Administrative Support**
- 10 - 20 hours per week of a shared Administrative Assistant
System wide Roll Out

- Mapped each UD to a tier
- Shared the concepts with all system CNO’s
- UD’s Job Grade was adjusted to the Director Level similar to all other ancillary department heads.
- Modeled the concepts to meet each specific hospitals needs and resources.
- Adjusted the budget to incorporate the indirect time while remaining budget neutral

Note: This was not an exactly identical model for each unit or hospital. Goal was to provide the support needed.
Outcomes

- Vacancies
- Turnover
- Hires
- Education
- Operational Support Performance
First...a quick Unit Director Overview (does not include WPIC)

201 UD’s throughout UPMC

Manage Across 15 BU’s

Average Age is 48.5
• Oldest BU Avg = 53.12
• Youngest BU Avg = 42.56

Demographics
• 90% Female/10% Male
Termination/Turnover (left UPMC) – as of 11/2012

Unit Director: Termination Rate

Termination Rate

Linear (Termination Rate)

CY 2011
8.21%

CY 2012
3.48%
Termination/Turnover (left UPMC) – as of 11/2012

Unit Director: Termination Rate

- **CY 2011**: 8.21%
- **CY 2012**: 3.48%

58% Decrease
Unit Director – Internal Transfers out of Role

UD Transfers

<table>
<thead>
<tr>
<th>Year</th>
<th>% of UD's changing roles</th>
<th>% of UD's promoted</th>
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</thead>
<tbody>
<tr>
<td>2010</td>
<td>35%</td>
<td>65%</td>
</tr>
<tr>
<td>2011</td>
<td>56%</td>
<td>44%</td>
</tr>
<tr>
<td>2012</td>
<td>13%</td>
<td>87%</td>
</tr>
</tbody>
</table>
As our Terminations across the system decrease, the internal promotions increase….
Vacancy Rate – as of 11/2012

Unit Director: Vacancy Rate

- CY 2011: 6.74%
- CY 2012: 1.91%
Vacancy Rate – as of 11/2012

Unit Director: Vacancy Rate

- CY 2011: 6.74%
- CY 2012: 1.91%

72% Decrease
Vacancy Snapshot

Unit Director
Quarterly Snapshot: Vacancies and Days Open

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<tr>
<th>Date</th>
<th>Vacancies</th>
<th>Avg of Days open</th>
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<td>3/1/2011</td>
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<td>6/1/2011</td>
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- Vacancies
- Avg of Days open

Exponentially (Vacancies)
Exponentially (Avg of Days open)
Vacancy Snapshot

Quarterly Snapshot: Vacancies and Days Open

**Significant Decrease in Prevalence of vacancies and Days Open**

- **Vacancies**
- **Avg of Days open**
- **Expon. (Vacancies)**
- **Expon. (Avg of Days open)**

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Unit Director: Hires/Promotions

UD Hires: External vs Internal

UPMC LIFE CHANGING MEDICINE
Unit Director: Hires/Promotions

**UD Hires: External vs Internal**

- **2010**: 30 hires
  - UD internal transfers: 70%
  - UD External hires: 30%
- **2011**: 39 hires
  - UD internal transfers: 26%
  - UD External hires: 74%
- **2012**: 26 hires
  - UD internal transfers: 8%
  - UD External hires: 92%

31% increase in Internal Promotions to Unit Director

- UD internal transfers
- UD External hires
2008 - Unit Director Education

- BSN/BS, 105, 52%
- MSN/MS, 69, 34%
- RN, 27, 13%
- DNP, 1, 1%
Unit Director: Educational Preparation

2008 - Unit Director Education
- DNP, 1, 1%
- RN, 27, 13%
- MSN/MS, 69, 34%
- BSN/BS, 105, 52%

2012 - Unit Director Education
- DNP, 3, 1%
- RN, 8, 4%
- BSN/BS, 67, 32%
- MSN/MS, 130, 63%

88% increase in MSN prepared Unit Directors
Changes to UD Educational Preparation

- 70% decrease in non-degree
- 36% decrease in BSN only
- 88% increase in MSN/MS
- 200% increase in DNP

2012, Enrolled in programs:
- 1 in a BSN Program
- 47 in a MSN/MS Program
- 2 in a DNP Program
Clinician and PNCC Support

Number of Clinician/PNCC

<table>
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<tr>
<th>Year End</th>
<th>Clinician</th>
<th>PNCC</th>
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<tbody>
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<td>2010</td>
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<td>2012</td>
<td>201</td>
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</table>

Year End 2010
Year End 2011
Year End 2012
Clinician and PNCC Support

46% increase in Clinicians
Clinician and PNCC Support

- UD’s – flat
- PNCC – flat
- Number of Clinicians increased:
  - 2010 to 2011 – 30%
  - 2011 to 2012 – 12%
  - 2010 to 2012 – 46%

- Total UPMC Employees
  - 2010 to 2012 – 19%
Clinician and PNCC Performance

Average EPR Scores: Clinician and PNCC

- 2010: 3.1
- 2011: 3.6
- 2012: 3.6

Linear (Avg EPR Scores: Clinician and PNCC)
Clinician and PNCC Performance

Average EPR Scores: Clinician and PNCC

- 2010: 3.1
- 2011: 3.6
- 2012: 3.6

16% improvement in Average EPR Score

Avg EPR Scores: Clinician and PNCC
Linear (Avg EPR Scores: Clinician and PNCC)
Clinician and PNCC Performance

Average EPR Scores: Clinician and PNCC

Identified Roles as critical to Unit Director Success

• Refocused Role Purpose
• Unit Director Course
• Talent Management Review (TMR)
• 16% increase in performance translates to better support for the Unit Director
References