Building An Evidence Based Succession Planning Tool For Chief Nurse Executives

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Building an Evidence Based Succession Planning Tool for Chief Nurse Executives

Submitted to the Faculty
Yale University School of Nursing

In Partial Fulfillment
of the Requirements for the Degree
Doctor of Nursing Practice

Stephan Davis

May 23rd, 2016
This capstone is accepted in partial fulfillment of the requirements for the degree Doctor of Nursing Practice.

Judith R. Kunisch, MBA, RN

[Type name of advisor here, and have the advisor sign and return to you to include in your submission]

Date here  March 10, 2016

[Type name of advisor here, and have the advisor sign and return to you to include in your submission]

Date here

[Type name of advisor here, and have the advisor sign and return to you to include in your submission]

Date here
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Signed: ____________________________

March 10th, 2016
Executive Summary

This manuscript describes a project to create an evidence-based succession planning tool for the Chief Nursing Officer (CNO) role within academic medical centers. The purpose of this project was to design and validate a tool that could be used by Chief Executive Officers (CEOs) and CNOs to prospectively implement development plans for qualified internal nurse leaders. This project is based on evidence that suggests succession may be disruptive to organizations and that the development of effective succession management programs can help mitigate challenges associated with leadership transitions. The methodological approach for this project included a review of the literature, accreditation standards and hiring practices related to the CNO role. The review process informed the design of the succession planning tool, which contained 21 elements. Each element of the tool was then reviewed by a group of fifteen experts, comprised of current and former CNOs, CEOs, academicians and healthcare leaders. Each expert rated tool elements in terms of importance and relevance to the CNO role within the context of academic medical centers and teaching hospitals. Aggregate scores were reviewed and elements were revised and categorized as “essential” or “recommended” based on the overall rating. The final result is a content validated succession planning tool with 17 essential and recommended elements that can be used to develop internal candidates for the CNO role.
Introduction

Chief Nursing Officers (CNOs) are senior healthcare executives responsible for leading clinical organizations to support high-quality, safe, cost-effective and patient-centered care delivery. Given that nurses comprise the largest number of health professionals within acute care hospitals, and considering the increasing complexity of the clinical environment, this role is extremely critical to hospital success. Additionally, within academic and teaching hospitals, CNOs may be responsible for supporting clinical research programs, partnerships and collaborative initiatives with health professional schools, as well as managing relationships with faculty and the larger university. Despite the importance and complexity of the CNO role in academic medical centers and the presence of previous research findings that show challenges related to CNO retention and anticipated turnover due to retirement and role transitions, there has been limited research on developing internal candidates for the CNO role (Jones, et al. 2008). While there are tools available to support the professional development of nursing and healthcare executives, such as competency assessments and board certifications, that do have education and experience requirements and validate a leader’s knowledge in specific domains, there is no comprehensive development tool widely available to address the education, credentials, experience and level of performance needed to succeed in the CNO role within academic medical centers. In the absence of such a tool, and without consistent focus on succession management, Chief Executive Officers (CEOs), who are likely to be non-nurses and typically responsible for hiring the CNO, may believe it is best to recruit externally or, alternatively, to promote nurse executives who may be unable to meet the evolving expectations of the role.
Furthermore, without proactive planning and leadership development, guided by a tool specific to the CNO role, there may be missed opportunities to develop existing talent within an organization.

The author conducted literature reviews on the CNO role, CNO turnover, leadership development and succession planning over a period of nine months in order to develop a tool that can be used by CEOs and CNOs to prospectively implement development plans for qualified internal nurse leaders. Additionally, standards for CNOs from Magnet and Pathway to Excellence programs, which are designations for excellence in nursing, were reviewed. Competencies from the American Organization of Nurse Executives (AONE) and the American College of Healthcare Executives were also included in the review process. Finally, CNO profiles and hiring practices were examined through a review of CNO biographical information on academic medical center websites and through online position postings for the CNO role. This information was assessed and a tool comprised of 21 elements was created. Fifteen experts, including current and former CNOs, CEOs, academicians and healthcare leaders, reviewed each element of the tool. Each expert was individually interviewed using a script and responses were scored using a standardized weighting process. The final result of this expert review process was the creation of a CNO development tool with 17 essential and recommended elements that can be used to develop nurse executives for the CNO role within academic medical centers.

Background

Leadership transitions may be disruptive to an organization and that organization’s relationships, according to Oscar Grusky’s “vicious circle theory (Grusky, 1963).” In healthcare, the ramifications of poor succession management may be even direr as there are potential
negative impacts to patient care. For example, a study conducted by Nora Warshawsky, et al., established that nurse leader turnover was associated with poorer patient outcomes related to falls and pressure ulcers (Warshawsky, et al. 2013). However, it may be possible to lessen the problems associated with CNO leadership transitions through the use of a validated nurse executive development tool. An analysis of 1,800 successions of CEOs in various industries, concluded that organizational performance is significantly better when an internal candidate succeeded the CEO (Bower, 2007), suggesting that effective succession management can help prevent problems associated with senior executive leadership transitions. While this finding is not specific to healthcare or the CNO role, there are significant implications for CNOs due to the complexity of the role, the scope of responsibility and the impacts to organizational performance and patient care delivery. Additionally, given that it is approximately 1.7 times more expensive to hire an external candidate than to promote from within, executive leaders would be wise to consider developing qualified candidates internally as a cost effective strategy, especially in a time when the average not-for-profit hospital’s margin has dropped to 2.2%. (Schawbel, 2012) (Advisory Board, 2014).

Project Aims

The purpose of this project was to create a validated tool to be used to develop nurse executives for the CNO role within academic medical centers through three specific aims:

Aim One: Review and synthesize the evidence related to CNO key knowledge areas, skills, abilities, credentials and professional experiences and executive succession planning and leadership transitions.
Aim Two: Based on the literature review, draft a tool that can be used by CEOs and CNOs to prospectively develop nurse executives for the CNO role within academic medical centers.

Aim Three: Validate the draft tool utilizing standardized quantitative assessment models and revise the tool based on interviews with 15 experts.

Methods

Based on the available evidence and observations of CNO profiles and hiring practices, as reviewed and synthesized in Aim One, a nurse executive development tool was drafted with 21 elements in 11 separate categories. These categories were designated by the author and included educational requirements, various experiential components, credentials, contribution to the field of nursing and healthcare leadership, professional development, and performance. Because there are already evidence-based competency assessments for nursing and healthcare executives, such as the AONE and ACHE tools, the author determined that, for the purposes of the drafted nurse executive development tool, the completion of one of these assessments would serve as a standalone element rather than creating redundancy through repeating the standards already included in those instruments. This is because the intention of this project was not to create a competency assessment; rather, the goal was to develop a comprehensive tool that incorporated the existing evidence-based assessments within the professional development category. While competencies assessments are important components of professional development, they do not address the educational and credential-related qualifications of the CNO role, results from comprehensive evaluations, or contributions to the field of nursing and healthcare leadership. Aiming to develop nurse executives for success in the CNO role within
academic medical centers, however, warrants consideration of these factors to ensure appropriate grooming for this highly complex and important position.

Validation of the Tool

Following the development of the draft tool, fifteen experts, including current and former CNOs, CEOs, deans and healthcare leadership experts, were individually consulted to validate the tool. This was accomplished through one-on-one interviews with the 15 selected experts, during which each expert provided ratings for the 21 elements of the succession planning tool. To provide consistency in the interview process, interviewees were scheduled for 45-minute meetings, either in person or via telephone, and a standardized script was utilized. For the purposes of the expert review process, the columns that would be used to evaluate a nurse executive preparing for the CNO role were replaced with columns to rate each standard’s importance and relevance to the CNO role.

The experts were asked to choose between four ratings: “Very Important and Relevant”, “Important and Relevant”, “Moderately Important and Relevant” and “Not Important or Relevant.” It was explained to each expert that a rating of “Very Important and Relevant” or “Important and Relevant” should be applied to elements of the tool they felt were “essential” for those pursuing the CNO role within academic medical centers, whereas “Moderately Important and Relevant” should be used for “recommended” elements. Elements rated as “Not important and Relevant” are those the expert felt should be removed from the tool altogether. Each rating category was then assigned a numeric weight to support the analysis of the results. “Very Important and relevant” was assigned a weight of 3, “Important and Relevant” was assigned a weight of 2, “Moderately Important and Relevant” was assigned a weight of 1, and “Not
Important and relevant” was assigned a weight of 0. The scores were then aggregated. Elements with an average score of 2.25 and higher, which is equivalent to 75% of the total possible points, were deemed to be “essential.” Elements achieving a score between 1.5 and 2.25 would be deemed to be “recommended.” If an element scored below 1.5, the results would have to be closely evaluated to determine whether it should remain in the tool. Finally, each element was reviewed to determine the percent of experts who rated them as “Very Important and Relevant” or “Important and Relevant.”

Composition of the Expert Group

The ultimate aim of conducting interviews with experts was to establish content validity of the tool through capturing a variety of perspectives from nursing and healthcare leaders. In order to accomplish this, it was important to identify a diverse group of participants. First, profiles of current and former CNOs from academic and teaching hospitals were reviewed. Because these experts would be providing ratings for education, board certification and Magnet experience, for instance, it was important to include CNOs with varied educational and professional experiences. It was also important to include system-level CNOs, who lead nursing organizations that operate in multiple facilities, as well as CNOs of single-hospital institutions. Following the identification of current and former CNO experts, profiles of various healthcare executives, deans and leadership experts were reviewed. Part of the effort to include diverse points of view included identifying experts from leading institutions, such as the[insert name of institution] School of Nursing, which is currently ranked number two among master’s programs within schools of nursing by US News and World Report, and the CNO of [insert name of institution], which is ranked number seven among hospitals included in the US News and World
Report of the “best hospitals” in the United States (US News and World Report, 2016).” Additionally, it was imperative to include institutions without such accolades. It was also important to include leaders from Magnet and non-Magnet institutions, as well as leaders who were board certified and those who were not board certified. It was also important to attempt to capture perspectives from various regions within the United States as there could be geographic differences. Finally, because of the growing focus on increasing diversity in healthcare leadership, it was critical to attempt to capture perspectives of as many different under-represented groups as possible, such as racial minorities and members of the LGBT community.

Ultimately, 22 experts were contacted and 16 accepted. One who accepted could not be scheduled for an interview within the project timeline. Six of the 22 contacted either did not respond or declined. Of the 15 participants, two were from the Midwest, three were from the Northeast, five were from the Mid-Atlantic, and five were from the Southeast. Unfortunately, four of the experts who either did not respond or declined were from the West Coast Region. Four of the experts were male and 11 were female. More than a third of the participants were racial minorities. Additionally, three participants (20%) identified as gay or lesbian. As can be seen from the expert group listing in Appendix A, there was also diversity in the level and type of educational preparation and credentials among these experts. Eleven of the experts held doctoral degrees and the remaining four held master’s degrees as their highest level of education. Of those with doctoral degrees, five held Doctor of Philosophy degrees and six held professional doctorates. Amongst those holding professional doctorates, the emphasis of their doctoral programs included those that are practice-oriented, such as the Doctor of Nursing Practice, and research-oriented degrees, such as the Doctor of Nursing Science. Finally, the participants had a diverse array of advanced credentials inclusive of board certification as nurse executives,
fellowship with the American College of Healthcare Executives and fellowship with the American Academy of Nursing.

Results and Discussion

As can be seen in Figure 1, the aggregate ratings for the elements in the draft tool ranged from a score of 3, indicating that 100% of experts agreed it was “Very Important and Relevant”, to a low of 1.87 (62 percent of possible points). Because no elements had an average score below 1.5, which would indicate less than 50% of the possible points were given to a particular element, there was no need for further review to determine whether any elements would be eliminated entirely. Based on the scoring criteria, 15 of the 21 elements were deemed to be “essential” and 6 were deemed to be “recommended”.

All three elements in the education category were deemed to be “essential,” inclusive of doctoral education, which scored 2.4 overall. Doctoral education scored at 2.5 among the 8 current and former CNO experts. This is an important finding, as there has been debate in the nursing leadership community regarding the most appropriate education paths for nurse executives. In 2011, Frederickson and Nickitas explored varying educational options for nurse executives preparing for the CNO role and the evolving perceptions of nurse executives in that role. Twenty-two years earlier, Scalzi and Anderson conducted a survey of CNOs, determining that 75% of respondents recommended that nurse executives earn a dual MSN/MBA and only 8% recommended the PhD (Frederickson & Nickitas, 2011). While the first practice-focused doctorate in nursing, the Doctor of Nursing degree (ND), had already been established for 10 years by the time the Scalzi and Anderson survey was conducted, the survey predates the evolution of Doctor of Nursing Practice programs, which later became the standard for practice-
focused doctoral education in nursing (AACN, 2004). A survey on CNO perceptions of the Doctor of Nursing Practice degree found that, while 73.5% of CNOs indicated they believed the DNP degree provides nurse executives with advanced nursing knowledge that can be utilized to impact patient care delivery, only 27.9% agreed or strongly agreed that nurse executives should pursue the Doctorate of Nursing Practice degree specifically (Swanson & Stanton, 2013).

Because of the varied educational options available to nurse executives and the diversity of perspectives on this topic, it was decided that a general doctoral requirement would be included in the nurse executive development tool. Twelve of the 15 participants rated the doctorate as being either “very important and relevant” or “important and relevant” to the CNO role. Only one of the 15 experts rated this area as not important or relevant. [Insert name of expert reviewer’s organization], a recruitment firm that places CNO candidates, rated this area as “moderately important and relevant.” She noted, however, this will be “very important and relevant” in the near future. Even some of her clients in non-teaching hospitals are now either requiring a doctorate for CNO candidates or indicating it is strongly preferred. This reflects a growing trend in the perceived importance of CNOs having higher levels of education.

Board certification for nurse executives also scored as “essential” for the nurse executive development tool, but there were varied opinions regarding the type of certification that should be required. One participant felt very strongly that the Certification in Executive Nursing Practice, conferred by AONE, was the most appropriate certification for CNOs, whereas others strongly recommended CNOs be Nurse Executive Advanced-Board Certified (NEA-BC), which is offered by the American Nurses Credentialing Center. Two of the participants, who were fellows of the American College of Healthcare Executives, felt it was important for the CNO to have certification either as a nurse executive or in healthcare management. While the intention of
the tool was not to recommend nurse executives pursue both certification in healthcare management and as a nurse executive, these two credential types were scored separately in order to determine importance and relevance to the CNO role. While board certification as a nurse executive scored at 2.4 and board certification in healthcare management scored at 1.9, these elements were combined to prevent redundancy in the final tool in order to reflect that it is “essential” for a nurse executive preparing for the CNO role to be certified as a nurse executive or to have certification in healthcare management. The type of certification pursued can be determined by the candidate in collaboration with their mentor, or based on the preference of the organization.

The other areas that did not score as “essential” were related to professional development, board exposure and experience pursuing designations and awards, such as Magnet and Baldrige. The area that scored the lowest on the tool (1.87) was the recommendation to have a nurse executive mentor who is a current or former CNO. While nine of the experts felt mentorship was either “very important and relevant” or “important and relevant”, there was variation in perceptions of whether the mentor needed to be a current or former CNO or a nurse executive in order to foster the development of candidates preparing for the CNO role. Several participants, however, felt strongly that it was important for a nurse executive who has never been a CNO to be mentored by someone who has been in the role. [Insert name of expert reviewer], CEO of [insert name of institution] and a former CNO, said, “The CNO role is the most challenging role in the hospital for a variety of reasons. There is something to be said for being mentored by someone who has actually lived that experience.” Conversely, [insert name of expert reviewer] Associate Dean of [insert name of institution] School of Nursing, who recently chaired the search committee for the hospital system’s CNO, believes that having a CNO mentor would be
ideal, but that not all nurse executives may be able to identify a current or former CNO who is appropriate and willing to mentor them; and in some cases, a non-nurse mentor may be appropriate.

Despite the difference in opinion regarding mentorship, the element related to completing the AONE or ACHE competency assessment with an executive mentor scored at 2.21. The next element on the tool, related to the candidate achieving a rating of “competent” or “expert” in all categories, scored at 2.0. However, due to significant discussion regarding the feasibility of this element, it was modified to reflect that a candidate should be “competent” or “expert” in the majority of categories. This change was based on feedback from some of the experts who stated that, even with a development plan in place, a nurse executive may not enter the CNO role being fully competent in all of the areas in those instruments.

With regard to pursuing international designations and awards, such as Magnet and Baldrige, eleven of the experts rated this element as “very important and relevant” or “important and relevant.” Several experts provided feedback indicating a nurse executive did not necessarily need experience pursuing these designations to ultimately lead an organization to these types of achievements in the future. However, the scoring represents that the experts felt it would be ideal for a nurse executive candidate to obtain this experience in advance of being placed in the CNO role if it were possible. Ultimately, this area scored 2.07 out of 3 points.

There were several changes made to the tool based on feedback from the experts. For example, related elements that scored similarly were combined when feasible. An instance of this was the quality improvement section, which initially had three separate elements for structural, process and outcome quality measurements. Because all three elements scored as
“essential,” the section was modified to include one element, describing the requirement for the candidate to improve quality in all three dimensions. Another modification was the addition of inter-professional colleagues into the peer assessment section of the 360 degree evaluation.

While the AONE and ACHE competency assessments address physician relationships, it was recommended by two experts to include a way to assess this specifically. [Insert name of expert reviewer], the system Chief Nurse Executive for [insert name of institution], indicated that if CNOs within her system or any organization could not effectively establish and manage physician relationships, then they would not be as impactful in their roles. A full summary of the changes to the tool can be seen in Table 1.

**Conclusion**

The outcome of this project is a validated tool to develop nurse executives for the CNO role within academic medical centers (See Table 2). It is anticipated that this tool will be utilized primarily by CNOs developing one or more of their direct reports to plan for succession. Ideally, the use of this tool would be extended over time and not simply commence when leadership transitions are anticipated, as this may not provide the time necessary to achieve success in all of the developmental elements within the tool. While the focus of this project was on academic medical centers due to the complexity and uniqueness of the role in that setting, non-academic settings may choose to use the tool as well, either in its totality or selected components.

Because of the limited evidence on the appropriate education, experiences and qualifications for the CNO role, further research is needed. Additionally, investigation will be necessary to determine whether or not development tools such as this one will aid in the ultimate success of candidates transitioning into CNO roles. It will also be important to evaluate whether this tool will aid selection committees in evaluating candidates for the CNO role with greater
objectivity. Finally, as diversity in healthcare leadership continues increase as an area of focus, it will be critical that organizations utilize validated tools to assist in developing nursing and healthcare executives from under-represented groups.

**Significance**

Given that theory and research findings support the notion that poorly-managed leadership transitions are disruptive to the organization, this tool may aid in mitigating the problems associated with succession. It is intended that, through the use of this tool, nursing and healthcare executives will be better able to manage succession and ensure that the organizational infrastructure supports the preparation of nurse leaders for the CNO role within academic medical centers.
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Appendix A

Experts Reviewers:

**Dianne Aroh, MS, RN, NEA-BC**  
Executive Vice President and Chief Nursing & Patient Care Officer  
Hackensack University Medical Center

**Cynthia Barginere, DNP, RN, FACHE**  
Senior Vice President & Chief Operating Officer  
Rush University Medical Center

**Debra Case, MSN, RN**  
Executive Director  
Institute for Johns Hopkins Nursing

**Patricia Cloonan, PhD, RN**  
Interim Dean and Associate Professor of Health Systems Administration  
Georgetown University, School of Nursing & Health Studies

**Nancye Feistritzer, DNP, RN**  
Vice President of Patient Care Services & Chief Nursing Officer  
Emory University Medical Center

**Sue Fitzsimmons, PhD, RN, CENP**  
Senior Vice President of Patient Services and Chief Nursing Officer  
Yale-New Haven Hospital

**Michael Frisina, PhD**  
President & Founder  
Center for Influential Leadership

**Karen Kirby, MSN, RN, NEA-BC, FACHE, FAAN**  
President & Chief Executive Officer  
Kirby Bates Associates

**Rose Labriola, Ed.D., RN, NEA-BC**  
Chief Nursing Officer  
University of Miami Hospital

**Wilhelmina Manzano, MA, RN, NEA-BC**  
Senior Vice President & Chief Nurse Executive  
New York-Presbyterian
Lisa Rowen, DNSc, RN, CENP, FAAN
Senior Vice President of Patient Care Services & Chief Nursing Officer
University of Maryland Medical Center

Antonia Villarruel, PhD, RN, FAAN
Professor and Margaret Bond Simon Dean of Nursing
University of Pennsylvania, School of Nursing

Mitch Wasden, Ed.D, FACHE
Chief Executive Officer
University of Missouri Health Care

Kenneth White, PhD, A/GACNP-BC, ACHPN, FACHE, FAAN
Associate Dean for Strategic Partnerships & Innovation
University of Virginia, School of Nursing

David Zambrana, PhD(c), DNP, MBA, RN
Chief Executive Officer
University of Miami Hospital
Results
Table 1
Summary of Tool Changes

<table>
<thead>
<tr>
<th>Category</th>
<th>Draft Standard</th>
<th>Change (Yes/No)</th>
<th>New Standard</th>
<th>Rationale</th>
</tr>
</thead>
<tbody>
<tr>
<td>Education</td>
<td>Bachelor's or Graduate Degree in Nursing</td>
<td>Yes</td>
<td>Graduate degree with a minimum of a baccalaureate degree in nursing.</td>
<td>Consolidated two standards because both were deemed “essential.”</td>
</tr>
<tr>
<td></td>
<td>Graduate Degree</td>
<td>Yes</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Doctorate</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Experience</td>
<td>7-10 years of management experience</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Scope of Responsibility</td>
<td>Oversight of multiple-departments and/or division wide committee responsibilities</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td>Professional Development</td>
<td>Has a nurse executive mentor who is a current or former CNO</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Completed AONE or ACHE Competencies Assessment and Reviewed with Nurse Executive Mentor</td>
<td>No</td>
<td>N/A</td>
<td>N/A</td>
</tr>
<tr>
<td></td>
<td>Rated competency level as “competent” or “expert” in all categories</td>
<td>Yes</td>
<td>Rated competency level as “competent” or “expert” in majority of categories.</td>
<td>Candidates may not be competent or expert in all areas prior to being promoted to the CNO role.</td>
</tr>
<tr>
<td>Category</td>
<td>Draft Standard</td>
<td>Change (Yes/No)</td>
<td>New Standard</td>
<td>Rationale</td>
</tr>
<tr>
<td>----------------------------------</td>
<td>---------------------------------------------------------------------------------</td>
<td>-----------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td><strong>Board Involvement</strong></td>
<td>Active participation on a Board and/or presentations provided to Board of Directors</td>
<td>No</td>
<td></td>
<td>To simplify the tool to ensure that the two rows did not imply that a candidate would need to pursue both board certification types.</td>
</tr>
<tr>
<td><strong>Designations and Awards</strong></td>
<td>Experience pursuing or maintaining international designations and awards (Magnet, Baldrige, Pathway to Excellence, etc.)</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Certification</strong></td>
<td>Nurse Executive Certification</td>
<td>Yes</td>
<td>Board certification as a nurse executive or in healthcare management</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Board Certification in Healthcare Management</td>
<td>Yes</td>
<td></td>
<td>To specify that involvement in an organization focused on leadership and leadership development is important.</td>
</tr>
<tr>
<td><strong>Professional Involvement/ Contributions to the Field</strong></td>
<td>Active participation in professional association</td>
<td>Yes</td>
<td>Active participation in a professional association focused on nursing or healthcare leadership.</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Published articles or national presentations</td>
<td>Yes</td>
<td>Publications and/or national presentations</td>
<td>To account for various publication types such books or book chapters in addition to articles</td>
</tr>
<tr>
<td><strong>360 Evaluation Feedback</strong></td>
<td>Exceeds or Meets Expectations of Superiors?</td>
<td>Yes</td>
<td>“Exceeds or meets expectations of senior organizational leaders.”</td>
<td>Changed the word “superiors” to “senior organizational leaders” to broaden the group participating in the review process.</td>
</tr>
<tr>
<td></td>
<td>Exceeds or Meets Expectations of Peers?</td>
<td>Yes</td>
<td>Exceeds or Meets Expectations of Peers and inter-professional colleagues.</td>
<td>Expanded the standard to include the evaluation of inter-professional colleagues.</td>
</tr>
<tr>
<td></td>
<td>Exceeds or Meets Expectations of Staff?</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Category</td>
<td>Draft Standard</td>
<td>Change (Yes/No)</td>
<td>New Standard</td>
<td>Rationale</td>
</tr>
<tr>
<td>------------------------</td>
<td>-----------------------------------------------------</td>
<td>-----------------</td>
<td>-------------------------------------------------------------------------------</td>
<td>-----------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Quality Improvement</td>
<td>Led initiatives to improve nursing sensitive</td>
<td>Yes</td>
<td>“Led initiatives to improve nursing-sensitive and other structural, process and outcome quality measures.”</td>
<td>Combined the three areas to one category and added “other” to account for feedback that nurse executives are responsible for improving quality and patient experience in areas beyond nursing practice.</td>
</tr>
<tr>
<td></td>
<td>Structural Measures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Led initiatives to improve nursing sensitive</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Process Measures?</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Outcome Measures?</td>
<td>Yes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Academic Partnership</td>
<td>Experience working on collaborative initiatives</td>
<td>No</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>with health professional schools</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
## Table 2

**Nurse Executive Development Tool for the CNO Role**

<table>
<thead>
<tr>
<th>Category</th>
<th>Standard</th>
<th>Met</th>
<th>Not Met</th>
<th>Development Plan</th>
<th>Timeline for Completion</th>
<th>Comments</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Education</strong></td>
<td>Graduate degree with a minimum of a baccalaureate degree in nursing</td>
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<td></td>
<td>Doctorate</td>
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<tr>
<td><strong>Experience</strong></td>
<td>7-10 years of management experience</td>
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<tr>
<td><strong>Scope of Responsibility</strong></td>
<td>Oversight of multiple-departments and/or division wide committee responsibilities</td>
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<tr>
<td><strong>Certification</strong></td>
<td>Board certification as a nurse executive or in healthcare management</td>
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<tr>
<td><strong>Professional Involvement/Contributions to the Field</strong></td>
<td>Active participation in a professional association focused on nursing or healthcare leadership</td>
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<td></td>
<td>Publications and/or national presentations</td>
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<tr>
<td><strong>360 Evaluation Feedback</strong></td>
<td>Exceeds or Meets Expectations of Senior Organizational Leaders?</td>
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<tr>
<td>Category</td>
<td>Standard</td>
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<td></td>
<td>Exceeds or Meets Expectations of Peers and Inter-professional Colleagues?</td>
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<td></td>
<td>Exceeds or Meets Expectations of Staff?</td>
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<tr>
<td>Quality Improvement</td>
<td>Led initiatives to improve nursing-sensitive and other structural, process and outcome quality measures.</td>
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<td>Academic Partnership</td>
<td>Experience working on collaborative initiatives with health professional schools</td>
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<tr>
<td>Professional Development*</td>
<td>Has a nurse executive mentor who is a current or former CNO</td>
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<td></td>
<td>Completed AONE or ACHE Competencies Assessment and Reviewed with Nurse Executive Mentor</td>
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<td></td>
<td>Rated competency level as “competent’ or “expert” in majority of categories</td>
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<tr>
<td>Board Involvement*</td>
<td>Active participation on a Board and/or presentations provided to Board of Directors</td>
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<tr>
<td>Designations and Awards*</td>
<td>Experience pursuing or maintaining international designations and awards (Magnet, Baldrige, Pathway to Excellence, etc.)</td>
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</table>

*All categories are “essential” except those with an asterisk, which are “recommended.”*