Optimizing Nurse Manager Span of Control: It’s More Than Numbers

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Project Description
Nurse Manager span of control varies widely and the absence of guidelines creates challenges in managing complex work environments. Span of control is not only the number of staff that report to one manager, but also includes additional elements of bed number, unit operation hours, throughput complexity, primary service numbers, staff mix, and educational levels. This presentation describes one organization’s work toward understanding and managing the factors associated with Nurse Manager span of control.

Objectives
1. Summarize key points in understanding factors associated with nurse manager span of control.
2. Identify best practices and strategies that promote a feasible and realistic nurse manager span of control.
3. List metrics that can be used to measure the impact of nurse manager span of control within organizations.

Timeline of Activities
- Established Executive Vision
- Developed Guiding Principles
- Applied ANA Scope and Standards for Nursing Administration
- Defined Elements in Span of Control
- Designed Internal Assessment Tool: Span of Control Matrix
- Implemented Additional Internal Assessments and an External Assessment Tool
- Implemented Targeted Strategies
- Created FY ’13 Budget Resources

Examples of Work Categories/Elements

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<thead>
<tr>
<th>Category</th>
<th>Elements</th>
<th>Time</th>
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<tbody>
<tr>
<td>Leadership</td>
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<td>Evaluation and Administration</td>
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<td>Professional Environment</td>
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<td>Resource Use</td>
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<td>Fiduciary Responsibilities</td>
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Quality of Care: Care delivery for unit; Monitoring of nurse sensitive indicators; Customer services; Regulatory items.

Evaluation of Nurse Manager / Clinical Head Nurse Meeting Time Commitments
- Completed The Ottawa Hospital Clinical Management Span of Control Decision Making Indicators Tool.
- Used Internal Tools to assess span of control elements and capture time commitments of Nurse Managers (NM) and Clinical Head Nurses (CHN):
  - Defined 8 span of control categories
  - Obtained input on committee and task force meeting time
  - Evaluated CHN administrative role.

Lessons Learned
Consideration and adherence to Guiding Principles resulted in better understanding about Span of Control issues:
- Geography and physical space influences decision making related to NM Span of Control.
- Quantitative and qualitative data are essential to decision making and sorting through complexity of work assignments;
- Comprehensive understanding of business components and using correct terminology is fundamental;
- NM must have partnerships with all colleagues in order to complement the organizational systems and processes;
- NM must be leaders in a job that is manageable, is compatible with professional and personal goals, and provides a support system that promotes growth.

References
Dawson, C., Aebersold, M., Mamolen, N. et al. (2005). The Michigan leadership model: Developing a leadership model for a clinical manager. Leadership to Employees FTE Ratio Post-Implementation Learning to Employees FTE Ratio Learning to Employees Learning to Employees Learning to Employees Heart & Vascular Medicine 34.23 41.71 29.34 30.71 Endoscopy 50.43 54.29 29.42 31.87 Pediatrics 57.76 63.63 51.36 59.33 PICU/IMCU 58.36 70.63 51.88 62.78 HDU/ICU/OCU 60.54 68.37 52.97 60.00 MD/IM/OCU 56.18 78.55 34.55 48.92 Emergency Department 63.51 72.22 40.33 46.43 71/Thiere/Float 66.17 103.33 56.71 103.71

Discussion
Systematic use of valid and reliable tools to assess NM span of control provided evidence for budget requests. The documentation also identified areas of concern and promoted transparency in information that is shared among leadership.
- Reviewed the CHN clinical to administrative ratio of 80/20, considering the unique characteristics of each nursing unit;
- Added CHNs to specific areas: Heart and Vascular Progressive Care and Intermediate Care and ICU; Pediatrics, Peds ICU and Peds IMC; Float Pool and Vascular Access Team;
- Created a manager position for Endoscopy;
- Added assistant NM for Emergency Department

Outcomes of this evaluation demonstrated statistically significant decreases in the ratio of NMs and CHNs to FTEs as well as statistically significant decreases in the ratio of NMs and CHNs to actual number of employees. The process has also contributed to the understanding that qualitative data combined with quantitative data are powerful elements in advocating for a prudent span of control that promotes patient care quality and safety.