Section IV
Organization and Management

- **Summary of Recommendations**
- **Organization**
  - **Current and Proposed Structure**
- **Sample Job Description – I/P Medical Officer**
- **UNCH Management**

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Summary of Recommendations

Organization

- Adopt the proposed organizational chart.
- Have Construction Management report to SR VP for Planning.
- Have VP Surgical Services report to CNO with nursing directors reporting to the CNO for W&C, Med/Surg, Psych, Rehab, Oncology, Cardiovascular and ED. Also, have a Director for Staffing/Finance. Eliminate matrix management. Have designated services clinical directors report to the CNO only. Eliminate Administrative Director positions.
- Have hospital-based clinics become the responsibility of UNC P&A.

[Portions of the Recommendations are confidential and have been redacted.]

Management

- Review management titles, and develop a plan for consistent and reasonable management titling throughout the organization.
- NCI recommends no more than three levels of management between the Hospital CEO and the Caregiver.

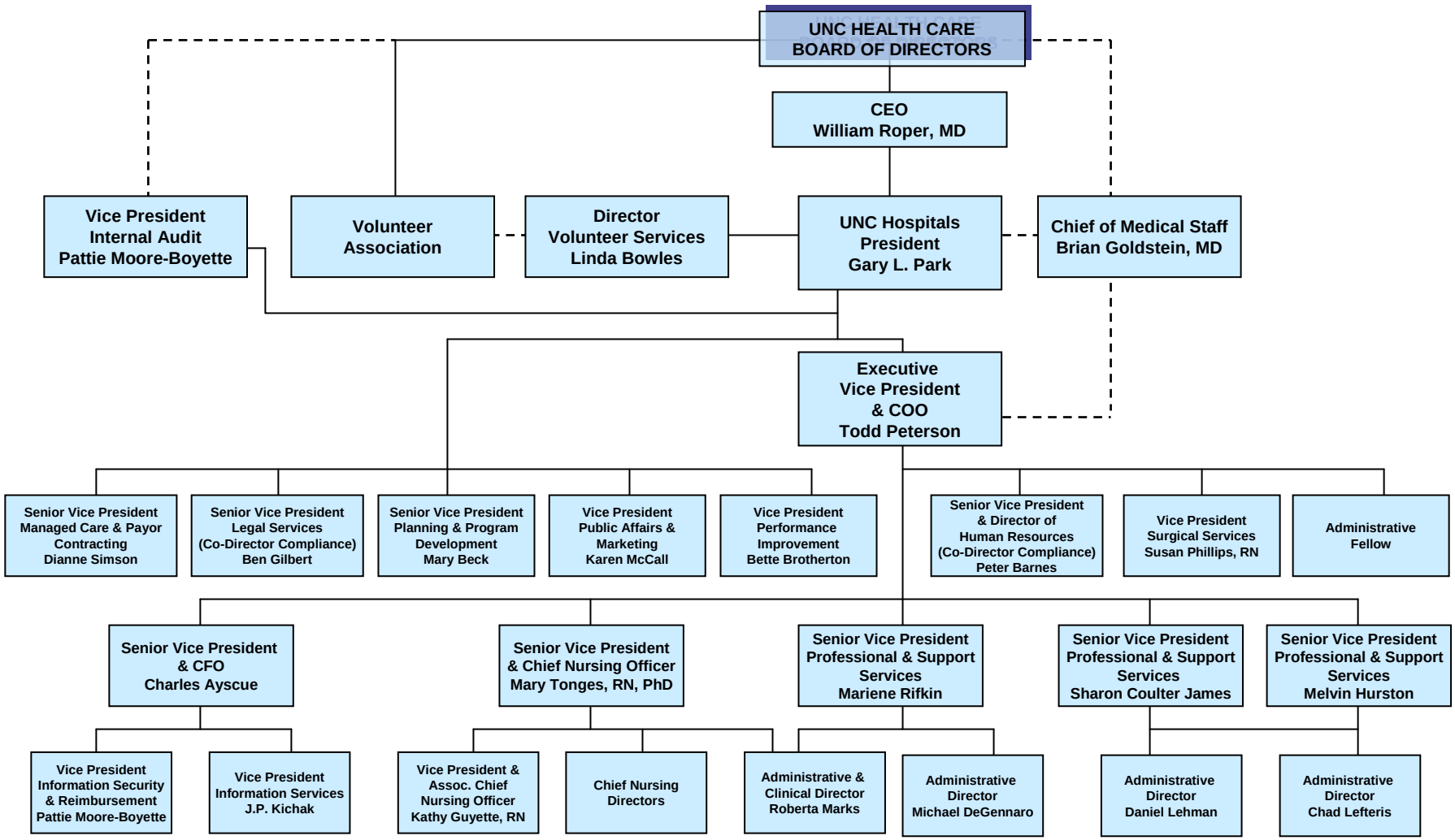
[Portions of the Recommendations are confidential and have been redacted.]

Organization

Assessment

- The current hospital organization chart can be seen on the next page.
- Various roles and responsibilities of key executives differ from NCI experience with comparable clients.
- There is no true Chief Medical Officer (CMO) position. There is a Chief of Staff position, which is filled by an MD, but it is, in effect, an advisory/regulatory position. With most clients, the Chief of Staff position is elected by the Medical Staff.
  - There is no management position held by an MD responsible for clinical resource management and the cost and quality of care.
  - Chiefs of Service and Medical Directors do not report to the Chief of Staff; in effect, these positions interface with various non-MD Vice Presidents.
  - The Medical Staff Office reports to the SR VP of Legal Services.
  - See sample job description for I/P Medical Officer (CMO), pages 14-16.
- The Care Management structure is disjointed and split between the Hospital President, the CFO and the SR VP for Professional and Support Services.
  - Until recently, there was a VP responsible for Performance Improvement.
  - In most institutions, Care Management reports to the CMO.

UNC Hospitals Table of Organization – Current



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Organization

Assessment

- The CNO is responsible for patient care practices throughout the System, yet responsibilities for various patient care units or services are diffused due to the existence of a service line model.
  - The service line model was designed to develop a multi-disciplinary approach to building key services working with the School of Medicine (SOM) departments and the hospital.
  - The objective was to accomplish this task without developing a confusing and costly matrix organization. Matrix reporting relationship occurs primarily in hospital-based clinics; JCAHO requirement for nursing practices.
- There are currently five service lines, with one being developed:
  - Rehab, Women's, Children's, Musculoskeletal, Renal and Vascular, which is under development.
  - There is also a Heart Center and a Clinical Cancer Center.
- Each clinical service line is organized with Administrative and Clinical Directors sharing responsibility.
  - There are four Administrative Directors who have responsibility for:
    - Transplant
    - Heart
    - Oncology
    - Vascular
  - Service line responsibilities include O/P services as well as program development (some Clinical Directors have limited O/P responsibility also).
    - For example, Administrative Director of the Heart Center has responsibility for Cardiac Cath, EP, Cardiac Rehab, Cardiac Services and EKG, as well as program development.

Organization

Assessment

- There are also four Clinical Directors with responsibility for I/P units related to a service line, e.g., the Clinical Director of the Heart Center has I/P responsibility for Cardiac ICU, 4 Anderson, etc.
  - Both Administrative and Clinical Director positions report to a SR VP of Professional and Support Services; the Administrative Director has a solid line reporting relationship and the Clinical Director has a dotted line reporting relationship. The Clinical Director has a straight line reporting relationship to the CNO.
  - There are several other Clinical Directors with matrix responsibilities to both the CNO and to a SR VP for Professional and Support Services: Oncology, Rehab, Psychiatry and Women's and Children's services.
- The VP of Surgical Services does not report to the CNO, but rather directly to the COO, and is responsible for medical equipment engineering and maintenance and laundry and linen services.
- There are three SR VPs for Support and Professional Services.
  - These three positions are responsible for services which are, in most other client situations, distinctly separated along professional and support service lines.
  - SR VPs for Support and Professional Services also have responsibility for various hospital-based clinics.
    - With one SR VP having responsibility for most, but not all of these clinics.

Organization

Assessment

- The CFO reports to the COO and not to the Hospital President.
  - The CFO is responsible for all Revenue Cycle components, including HIM, Budget, Reimbursement and Accounting. He is not responsible for Managed Care. There is a SR VP for Managed Care, who reports to the President.
  - The CIO reports to the CFO, which is often not the case.
  - Various front-end Case Managers report to the CFO.
  - Management Engineering reports to the CFO.
  - Home Health reports to the CFO.
- The SR VP of Human Resources has responsibility for compliance.
  - He is also responsible for Employee Recreation and Infection Control.
  - He is not responsible for Volunteer Services.
- The SR VP for Legal Services is responsible for the Medical Staff Office and Peer Review.

Organization

Assessment

- There are a number of instances were functions appear to be duplicated or, at best, divided for no apparent reason.
  - The SR VP of Human Resources and the SR VP of Legal Services both have responsibility for Compliance.
  - The SR VP for Planning is responsible for Facility Planning and Design, but the SR VP for Professional and Support Services is responsible for Construction Management.
  - The SR VP for Planning is responsible for Property, but the SR VP for Professional and Support Services is responsible for Space Management.
  - The SR VP for Planning is responsible for Strategic Planning, but the SR VP for Managed Care is responsible for feasibility studies related to new programs.

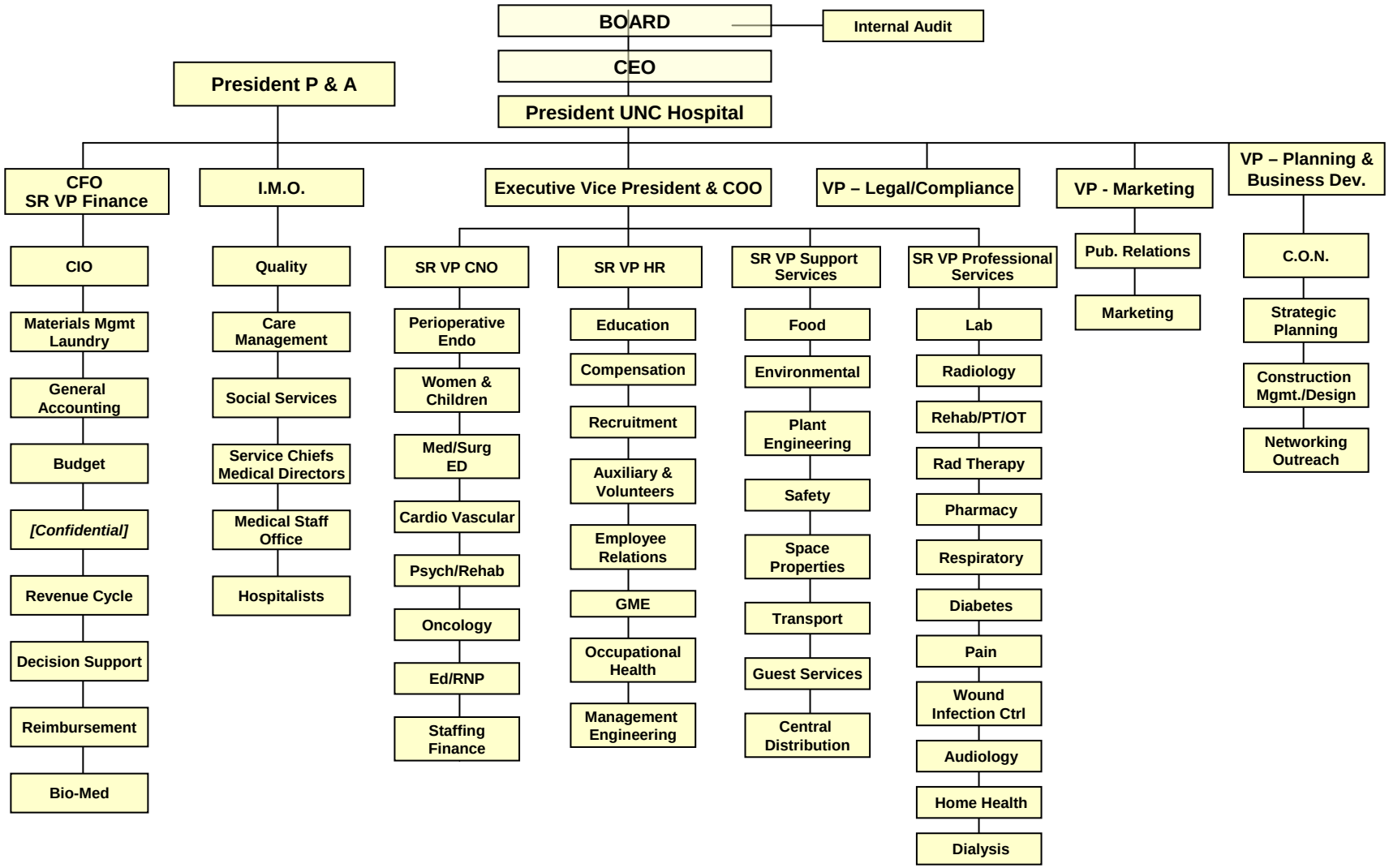
Organization

Recommendation

- Adopt the following organizational chart.
  - Inpatient Medical Officer (IMO)
    - Create an Inpatient Medical Officer position.
      - Responsible for cost and quality of care.
      - Report Care Management (CRM), Chiefs Of Service, Medical Directors and hospitalists to IMO.
    - Eliminate the position of VP Performance Improvement.
    - Report the Medical Staff Office and Peer Review to the IMO.
    - Eliminate the Chief of Staff position.
  - CFO
    - Have CFO report to the Hospital President.
    - Report front-end Case Managers to the Director of Care Management, who should report to IMO.
    - Have Management Engineering report to the COO.
    - Combine all Decision Support Services under the CFO.
    - Report Laundry and Linen Services as part of Materials Management area and report to the CFO.
  - Human Resources
    - Eliminate Employee Recreation Therapy Department.
      - NCI could not benchmark this department because no workload units were provided. UNCH needs to review what recreational therapists are doing and make a judgment on whether the department is needed.
    - Have Volunteer Services report to the SR VP of Human Resources.
    - Centralize the Compliance function with the SR VP for Legal Affairs.
    - Report Infection Control to SR VP for Professional Services.

[Portions of the Recommendation are confidential and have been redacted.]

Organization Structure – Proposed



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Organization Recommendations

Recommendation

- Have Construction Management report to SR VP for Planning.
- CNO
  - Have VP Surgical Services report to the CNO.
  - Have Nursing Directors reporting to the CNO for W&C, Med/Surg, Psych, Rehab, Oncology, Cardiovascular and ED.
  - Also have a Director for Staffing/Finance.
  - Eliminate matrix management.
  - Have designated services clinical directors report to the CNO only.
  - Eliminate Administrative Director positions.

Organization Recommendations

Recommendation

- Have hospital-based clinics become the responsibility of UNC P&A. Dotted line to CNO to remain for hospital-based clinic nursing.
  - Refer to NCI's report on UNC P&A, Section IV, Faculty Practice Plan and Ambulatory Operations, Organization Structure.
- ***Note: Administrative responsibilities not mentioned in the text in this section reflect no change to the current structure.***

[Portions of the Recommendation are confidential and have been redacted.]

Responsibility

- President, UNCH and COO, UNCH

Timeframe

- Third Quarter 2005

I/P Medical Officer – Sample Job Description

OVERVIEW

- These statements are intended to describe the general nature of job duties and responsibilities typically assigned, identify the essential functions, and list the requirements of this job.
- They are not intended to be an exhaustive list of all supplemental duties, responsibilities or non-essential requirements.

GENERAL SUMMARY

- The I/P Medical Officer is a member of the senior management team and is responsible for assisting the Medical Staff in executing its responsibilities in accordance with the Bylaws of the Medical Staff
- The I/P Medical Officer serves as a liaison among the Medical Staff, Hospital Board and Administration. As such, he/she acts as an ex-officio member of all Medical Staff Committees, attends meetings of the Hospital Board and all other committees, as specified in the Medical Staff Bylaws.

I/P Medical Officer – Sample Job Description

PRINCIPLE DUTIES AND RESPONSIBILITIES

- Maintains close working relationship with the Medical Executive Committee in assuring that their policies and programs are carried out.
- Serves as administrative liaison/resource person to the Medical Staff Committees and Sections.
- Coordinates, interprets and assists in regular updating and implementation of Medical Staff Bylaws and Rules.
- Monitors compliance with Bylaws, Rules and Regulations of the Medical Staff and communicates, as appropriate, any problems to the President of the Hospital.
- Assists the Medical Staff Departments and Committees with all procedural requirements of the Bylaws.
- Investigates and studies new developments in medical practice and techniques and initiates Medical Staff and Administrative discussion of the implementation of new procedures, participates in the development and implementation of new patient care programs and hospital-Medical Staff cooperative ventures.
- Reviews, assists in preparation and revision of hospital policies relating to Medical Staff and directs them to appropriate bodies for information and implementation.
- Coordinates and assures that the credentialing, privileging, and reappointment of Medical Staff and Allied Health professionals is carried out in accordance with the Medical Staff Bylaws.
- Maintains all reports, records and forms involved in Medical Staff appointments and activities.
- Support Hospital/Medical Staff communications and marketing through a newsletter or similar publications.

I/P Medical Officer – Sample Job Description

PRINCIPLE DUTIES AND RESPONSIBILITIES

- Counsels the President of the Hospital in summary suspensions, automatic suspensions, procedures for corrective action and other hearing procedures as contained in the Medical Staff Bylaws, serving as liaison between the two.
- Coordinates Medical Staff's compliance with standards/requirements of accrediting, regulating and licensing bodies, such as JCAHO and PRO.
- Works with Medical Executive Committee to maintains communication between Medical Staff and Administration.
- Receives, investigates, and where possible resolves conflicts referred to him/her by the Medical Staff, and reports to the appropriate bodies complaints against members of the Medical Staff.
- Develops/maintains orientation programs for new Medical Staff members, interviews potential applicants and answers all correspondence regarding staff appointments not otherwise directed by the Medical Staff Bylaws.
- Responsible for cost and quality of care.
- Works with Medical Staff to organize/implement QA programs as they affect the Medical Staff.
- Provides Medical Staff expertise in relating to budgeting, personnel and policy formulation.
- Relates to the public and answers patient questions and/or complaints about medical matters.
- Participates in the Risk Management function and assists the hospital in medico-legal matters.
- Support Management/Medical Staff in fulfilling mission of providing superior health care at a reasonable cost.
- Participates in national, state and local association meetings.

UNCH Management

Assessment

- UNCH had approximately 5,051 paid FTEs in June 2004, including contract and agency employees and excluding residents.
- UNCH had approximately 320.8 paid management FTEs, with an employee-to-manager ratio of approximately 15.8 to 1, which is lower than better performing academic medical centers. Senior management estimated the percent time managers and supervisors devoted to management.
  - NCI recommends a ratio no less than 17.5 to 1 for academic medical centers.
- The following table indicates the number of management FTEs by management layer:

Level of Management	Number of Management FTEs
CEO,COO, SVPs	11.0
VPs	5.0
Clinical Directors, Administrative Directors	9.0
Directors	62.3
Managers	144.9
Supervisors	88.6
Total	**320.8**

UNCH Management

Recommendation

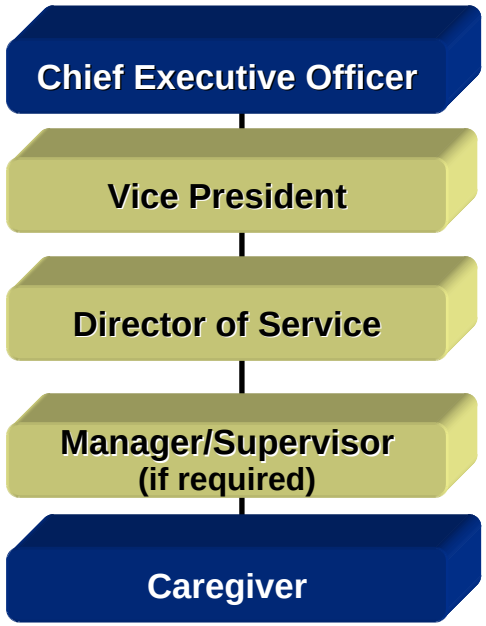
- Review management titles, and develop a plan for consistent and reasonable management titling throughout the organization.

  [Portions of the Recommendation are confidential and have been redacted.]

UNCH Management

Recommendation

- NCI recommends no more than three levels of management between the Hospital CEO and the Caregiver.



Responsibility

- President, UNCH and COO, UNCH

Timeframe

- Second Quarter 2005, Ongoing

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