HOSPITAL ACQUISITIONS: PERSPECTIVES OF CHIEF NURSE EXECUTIVES

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BACKGROUND

• 561 deals involving over 1260 hospitals have occurred between 2010 and the end of 2015 representing over 22% of all U.S. hospitals
• The number of hospital transactions in 2015 grew 18% over 2014 and 70% since 2010
• Review of the literature
METHODODOLOGY

• Qualitative phenomenology
• 16 current or past CNEs who had lead through an acquisition in the past 5 years
FINDINGS

• I Heard it Through the Grapevine
• R-E-S-P-E-C-T
• Sudden Impact
• Failure to Launch
I Heard it Through the Grapevine

• CNEs told that the hospital was closing...that day
• Beginning a conversation with “I’m going to try to be compassionate with this”
• “We heard it through the grapevine”
• “The corporation that purchased us ignored us for six months and we didn’t have any interaction at all”
R-E-S-P-E-C-T

• Step-children
• “They think they’re the big dog and that they know everything better than everyone else”
• One CNE on the acquiring side referred to the hospital as the “mother ship”
**Sudden Impact**

- Impact in terms of turnover and morale were significant in all of the acquired facilities.
- “I was let go during Nurses Week. I was told Wednesday that I had until Friday to leave.”
FAILURE TO LAUNCH

• Closing the deal and operationalizing an acquisition are two different things
• Very few organizations had a transition plan
WHAT CAN WE LEARN?

• Acquiring organizations need to integrate new employees into existing committee structures
• Develop an integration strategy—include synergies
• Be as transparent as possible
• Get support
• Be ready for change