

What are you comparing? Hospital Organization Types	Functional	Service-Line	Matrix	Flat
Goal / Priority	Organize by function or specialty provided patients within the hospital	Organize by service or product provided a type of patient.	Integrated organization based on both function and service. Superimposes horizontal program management over traditional vertical hierarchy.	Removal of hierarchical layers based on function or service allows authority to act at the action level.
Context (Who? When? Where?)	Departments providing a similar functions in the hospital report to one manager or executive.	All professional, technical, and support personnel providing service to a type of patient report to one manager.	Personnel from various functional departments w/in the hospital are assigned to a specific program or project (service) and become responsible to two supervisors to form an interdisciplinary team: <ul style="list-style-type: none"> • a functional department head • a program (service) manager 	Where the work is carried out, a Nurse Manager makes decisions about work methods, individual patient care, and conditions under which employees work.
Process – Steps	Decisions made by one manager or executive for Individual major functions w/in the hospital (nursing, finance, HR, IT).	Decisions are made by one manager for providing a type of patient service (cardiology, ortho, etc.) across departments. Manages budget and facilities for service throughout the hospital. Coordinates services for physicians and other providers who admit and care for all these patients within the hospital.	Decisions are made based on directions from both a functional manager and a service manager.	Decentralized decision making is delegated to the professionals doing the work with the patients.
Benefits	<ul style="list-style-type: none"> • Supports professional expertise • Encourages advancement 	<ul style="list-style-type: none"> • Coordination of services • Faster decision making • Clarity of purpose 	<ul style="list-style-type: none"> • Enables timely response to patient demands. • Facilitates internal efficiency and effectiveness through promotion of cooperation among disciplines. 	<ul style="list-style-type: none"> • Positive nursing satisfaction • Allows Individualized decisions that fit specific situations and meets needs created by increased consumerism, change, and competition. • Improves patient safety and outcomes.
Limits	<ul style="list-style-type: none"> • Delays in decision making b/c of "silo mentality" if issues must be raised to senior management before a decision can be made. 	<ul style="list-style-type: none"> • Increased expenses associated with duplication of services • Loss of professional or technical affiliation • Lack of standardization 	<ul style="list-style-type: none"> • Well-developed collaboration and coordination skills are necessary for managers and nurses. • Complex relationships require knowledge and skill in interpersonal relationships and teamwork. 	<ul style="list-style-type: none"> • Potential for inconsistent decision making within a hospital. • Loss of growth opportunities • Need to educate managers to communicate effectively. • Need to educate managers to demonstrate creativity in working within these nontraditional structures.

Topic: What?				
Goal / Priority: Why?				
Context (Who? When? Where?)				
Process – Steps: How?				
Benefits				
Limits				