

## INTRODUCING

# Nurses on Boards

## Catholic Health Initiatives

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### At Catholic Health Initiatives, Nurse Leadership on the Board Is Embedded in the Culture

Catholic Health Initiatives (CHI), a nonprofit, faith-based health system based in Englewood Colorado, has a longstanding and deep commitment to nurse leadership in the boardroom. CHI is one of the nation's largest health care systems, with 105 hospitals, plus community health services organizations, accredited nursing colleges, home health agencies and other facilities in 19 states.

As part of the Foundation's Nurses on Boards initiative, The American Nurse talked with three CHI leaders about the value of nursing perspectives and rising opportunities for nurse leadership on boards. Highlights of their remarks follow.

### How have nurse board members played a role in shaping CHI's policies and culture?

**Kevin E. Lofton, FACHE, CEO:** Going back to the founding of CHI in 1996, we've always had a large number of nurses and women religious on our board, from deans of nursing schools to midwives to nurse practitioners. The role that they have played has been not just from the clinical side. They also have brought the perspective of what we were all about as an organization.

To be specific, the role nurse board members have played around our focus and improvement on quality of patient safety initiatives across CHI has been paramount. In the earlier days of CHI, we put major focus on quality at the local governance level. We have really progressed and worked on developing our quality initiatives from a system perspective. Our board's Quality and Safety Committee, which is chaired by a nurse who is on our board and also includes two other nurses, has direct involvement in overseeing that for the whole organization. On the safety side, input from nurses was instrumental in putting in a program we call Safety First, which focuses on everything from fall initiatives to hospital-acquired conditions.



**Kevin E. Lofton, FACHE**  
CEO



**Kathleen D. Sanford, FACHE, CENP,  
DBA, RN**  
Senior Vice President and CNO



**Antoinette (Toni) Hardy-Waller, MJ, BSN, RN**  
Vice Chair, Board of Stewardship; Chair,  
Quality and Safety Committee;  
and CEO, Strategic Health Transformations

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Nurses have helped in global governance to make sure that we're putting metrics and measures in place from the national board that would fall accountable to the local boards.

## From a CNO perspective, does having nurse board members make a difference to nursing leadership and decision making at CHI?

**Kathleen D. Sanford, FACHE, CENP, DBA, RN, Senior Vice President and CNO:** Yes. CHI has an overall belief that nurses need to be in all high-level leadership positions, including the board and on committees. They're subtly educating people. They are business-oriented, they understand strategy and health care regulations, which most board members don't have, as well as what's going on at the bedside. Nurses are so well informed about what it takes to change the culture or move the organization in a different direction. They're careful to jump in about holding nursing—not just medicine—accountable for quality and safety. They're very non-silo people. They understand the continuum of health care probably better than anybody on the board.

## How has being on boards benefitted your professional growth and ability to effect change to policies and practices?

**Antoinette (Toni) Hardy-Waller, MJ, BSN, RN, Vice Chair, Board of Stewardship; Chair, Quality and Safety Committee; and CEO, Strategic Health Transformations:** Initially, the boards that I was a part of were geared to my profession. My background is in the post-acute, home care arena. To broaden my expertise and experience in the field, I became very active in our state association, the Illinois Home Care Council, and our national association, the National Association for Home Care. That expanded into governmental roles with the Illinois Department of Public Health and as an advisor for our home care division. A little later, I got active with the National Association for Health Services Executives, which is an organization of African American health care leaders and people within the field.

The benefit was tremendous. I've learned so much from others who were in industry as well. I also got an opportunity to develop relationships with policymakers, with regulators, and to have some influence on that based not only on my background and my work but the relationships that I was able to develop. I saw an opportunity to really be able to have an impact in our industry, first and foremost, and be an advocate, especially for the communities and very high-risk, underserved population that my company served. In addition to that, there was opportunity to really look at policy around how that care was provided.

## How do you encourage nurse leaders in your system to pursue board roles?

**Kathleen D. Sanford:** I try to do it on three different levels: community boards, professional organizations, and national boards. I talk to my own nurse executive council and ask them what they're doing on boards in the community. As we move into the next era of health care, we need to do a better job of keeping the community healthy. One of the best ways to know what's going on in your community, and knowing how the profession is going to have to change, is being involved on boards and organizations within the community.

I also do public speaking on this subject with the Northwest Organization of Nurse Executives (NWONE). I talk about how important it is to get onto boards, to bring our voice to boards, to be involved at whatever level you choose to be, whether it's in your community or professional organization or a specific health care board.

## What advice would you give to nurses interested in serving on a board?

**Antoinette (Toni) Hardy-Waller:** First and foremost, I think the key is being really clear about what your own passion is in your field, where your advocacy is, and what changes you'd like to see happen. You have to have that clarity to be able to identify where a board has similar values that align with yours.

The other is participating in committee work, which is key to getting a chance to learn more from the inside out about organizations that you might want to further commit to for governing board seats. Not only is it a good opportunity for you to learn more about the organization and its culture and values, it also positions you to increase your visibility within the organization for an opportunity on the board.

## What advice would you give to other health care organizations interested in diversifying their boards with more nurses?

**Kathleen D. Sanford:** Boards are changing. It used to be that we'd say, "This is a slot for a banker. This is a slot for a lawyer." Now there are more slots for people like nurses who are well rounded and can speak to more than one issue.

**Kevin E. Lofton:** It's fairly common to have physicians on boards. But nurses have a different perspective, different experiences, different backgrounds and training and education. I'd recommend laying out a grid first to assess the types of competencies, capabilities and experiences that your existing board members have and then, more importantly, prospectively to look at the areas where you have voids that you would want to fill. I would say for sure that having nurses as one of the key competencies that we would want to have represented would be one of those areas. For our corporate board, I would be looking for people that have administrative and executive experiences in addition to the nursing experience.

At CHI, for example, the viewpoint of advanced nurse practitioners brings the perspective, ultimately, of the people we take care of to the table and helped us design a system of care and tracking mechanisms. As a result of that leadership, we now publish a book every six months that literally goes across every single hospital in our system. We're improving in terms of providing the same information to other than acute-care hospitals. We're able to do a lot more with benchmarking across the board in terms of knowing who's at the top and who's at the bottom and making resources available to those that need some help.

At our local boards, direct care experience would be more valuable because they're the ones that are overseeing credentialing of medical staff and the direct delivery of care. Depending on the size and scope of the organization, there's room for differentiating the type of nurse that you would be looking for to serve on your board.

*By Jessica Stein Diamond*