

INTRODUCING

Nurses on Boards

Cole Edmonson, DNP, RN, FACHE, NEA-BC, FAAN

December 2016

When did you first advocate for a nurse presence on your hospital's board?

Before my first job interview I did research that helped me position and advocate for the nursing competency on our board. I learned that in the 46 years of this hospital's existence, there had never been a nurse on its board. The board is constructed on a competency model to achieve well-balanced oversight by lawyers, business people, non-profit leaders, physicians and a minister. So I knew it would be useful to ask whether the hospital's current employment base, 55 percent of whom are nurses, was reflected in the composition of the board.

During my job interview, I asked whether they had ever considered having a nurse on the hospital's board. They said that while they didn't have a nurse on their board, they felt the CNO who attended their board meetings, not as a voting member, was actually serving in that capacity for the board. My follow up question for the board of trustees was, 'Are you open to having a nurse on the board?' They were. So I also asked them to share what capabilities they would want in that nurse. This information helped me fulfill my responsibility as the newly hired CNO to identify, vet and recruit nurse board member candidates for board approval.

What is your advice to CNOs who are searching for good board candidates?

It's important for a CNO to be the active point person to find, vet and propose nurses who are suitable candidates for board service — especially since you want to identify someone with whom you can work effectively. Non-nurses may not have the network, knowledge or understanding of the subtle conflicts of interest that can occur.

When I joined the Texas Health Presbyterian Hospital Dallas as CNO, I reviewed my list of contacts among nurses in the community and began to informally vet board candidates. I invited people to lunch or dinner to see where they were in their careers, explore whether they were open to board service and identify possible conflicts of interest.



AT A GLANCE

Texas Health Presbyterian Hospital Dallas –
Chief Nursing Officer
Texas Hospital Association – Nurse Executive
Trustee
American Organization of Nurse Executives
– Board member, Region 7 Representative

This profile is funded in part through the generous support of the Rita & Alex Hillman Foundation.

It can be difficult in a small community and even in a large community to find someone without a conflict of interest that makes them ineligible to serve on your board. A board member cannot work for a competing health system or be an employee of your hospital or health system. Even a nurse in academia may have a potential contract or connection to a particular health system that makes them ineligible to serve.

As part of my informal vetting process, I asked Stephanie Woods, RN, PhD, Associate Dean at Texas Women's University, who later became our first nurse board member, to co-facilitate a regional access meeting for the Institute of Medicine's Future of Nursing Report. That was my chance to see her as a leader and to understand where we may have alignment or differences in our philosophies. After that I knew Dr. Woods was the right person to serve as the first nurse on our board of trustees. She was exemplary at building professional and social relationships on the board through which she had real impact. I also identified and recommended her capable successor, Lola Chriss, who is worldwide occupational health manager at Texas Instruments.

What are some of the measurable impacts of having a nurse on your board?

The board chair appointed Dr. Woods, as the board leader, to work closely with staff and physician leadership to investigate and potentially make a recommendation that the hospital pursue a Level II trauma center certification and designation. As the staff leader on this blue ribbon panel, I witnessed first-hand how effectively Dr. Woods assessed, influenced and led our hospital's pursuit of this important goal. We spent three months intensively researching strategies and tactics, return on investment, and staffing, equipment and physical space needs; eventually our recommendations were approved by the board. Our hospital's trauma center began operating in 2014. In September 2016, the American College of Surgeons made a site visit that resulted in no deficiencies and myriad strengths in the survey. According to this assessment, we were the first to create such a quality and comprehensive program in just two short years, an impressive achievement.

Today, we are serving a vulnerable population of trauma patients in North Texas with excellent outcomes in large part due to the leadership of a nurse on our board who understood the clinical, financial and important mission value of pursuing this goal. An initial startup investment of around \$5 million saw a return on investment in less than two years. This program has continued to meet and exceed our initial projections for quality and adds significantly to net revenues annually.

How has having a nurse on your board helped you achieve your goals as CNO?

It has been an accelerator for me to have a strategic partner on the board who helps us achieve excellence in patient care and nursing outcomes. Texas Health Dallas is a third-time designated Magnet hospital, the global hallmark of nursing excellence. Dr. Woods served on our board during our second Magnet designation and Lola Chriss was a board member during our third designation. Their leadership participation was among several key factors in our ongoing improvements in outcomes, best practice, research and leadership.

Our hospital's employee engagement is at 98 percent, putting us in the top 2 percent of hospitals in the nation. Having someone on the board who recognizes the challenges we face as nurses truly makes a difference as they can offer ideas based on nursing experience and expertise about what we want to look at or change to ensure that we provide the highest caliber care to our patients and a premier practice environments for all employees, especially nurses.

If a board is resistant to having a nurse as a full voting member, what strategy do you recommend?

CNOs often say that board members ask them, 'Why should we have a nurse on the board?' I suggest trying to change the frame. Respond with: 'Can you share with me why you think we should not have a nurse on the board?' This changes the paradigm and opens an important conversation through which you can identify and assess barriers, issues and concerns to overcome so a nurse could serve on that board.

A hospital or healthcare organization that doesn't have a nurse on its board is missing representation of their work force, and doesn't benefit from nursing's understanding of complex situations and keen awareness of the patient perspective. Nurses' potential contributions are sometimes underestimated because we are clinical: the board might not be aware of nurses' business acumen, and how involved we are in strategy, finance and business.

Can you recommend ways for a nurse who's not a CNO to effectively request that a nurse be added to the board of their hospital or health system?

Direct care nurses may not realize that the board plays such an enormous role in quality, finance, strategy and selection of leadership for the facility, as well as being the final credentialing body for medical staff. Once you educate yourself and others on the impact of the board on hospital strategies and even operations, it becomes clear that nursing should be represented as a voting member of the board to reflect the demographics of the workforce. The board is the highest governing body in the organization that impacts and influences all aspects of the facilities. Having a nurse on the board creates equity, can flatten hierarchies, bring patient advocacy more fully to the table and increase sensitivity to operations, along with systems thinking and the business and clinical acumen that many nurses possess.

In terms of advocacy, I would ask all nurses to work closely with their CNO and their senior leadership team to create a compelling case for a voting nurse on the board that describes the value they see in being represented at the board level.

By Jessica Stein Diamond