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On which boards do you currently serve?
I have served on five boards so far though not at the same time and currently serve on three. I first served on the board of the Brooklyn Museum and BRIC, a Brooklyn arts organization. I chaired the BRIC board for six years, and continue to serve on this board. I also served on the board of St. Ann’s School, which my children attended, and have since stepped down from board service for the Brooklyn Museum and St Ann’s.

After I completed my nursing degree, the chair of The Brooklyn Hospital Center board, who knew me because we live in the same neighborhood, invited me to serve on that board. I was delighted. This was the first time I joined a board that dovetailed with what I do professionally.

I am co-vice chair of the Brooklyn Hospital board and recently helped lead the hospital’s search for a new president and chief executive officer. That process took the better part of 2015. The search committee and the search firm we engaged held town hall meetings and listened to what doctors, nurses and staff at all levels were concerned about and were looking for in a new leader. It was important to hear the perspective and have the buy in of the hospital community. That hiring decision was made by the full hospital board, and was informed by our search committee’s recommendation. Brooklyn Hospital’s new president and CEO, Gary Terrinoni, began in mid-November.

In 2014, I became a trustee of the Rita & Alex Hillman Foundation, which is devoted to nurse-led innovation. Serving on a grant-making organization that promotes nursing education and strengthens the profession’s impact upon healthcare is a terrific experience for me.

How do you balance board and work responsibilities, and what is the value of doing both?
When I decided to work for Care for the Homeless I negotiated a four day work week because I had just been named board chair at BRIC. I like to think Care for the Homeless made out well on that one.

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I work hard and am grateful for the flexibility. I direct my nonprofit governance time into one day a week, Thursdays. I continue to use that day to prepare for board meetings, read board materials, attend meetings and occasionally attend to work responsibilities from home.

Board service is a chance to see things from a different perspective. You have the responsibility to oversee but not actually do the running of the organization. So you gain insight into the mechanics by which any organization works. Through my board service, even on boards that aren’t health-related, I’ve found a lot of useful insights for my own work. If you can make time for it and have the opportunity, serving on a board is a great learning experience.

**What do you bring to board service as a nurse that you feel is valuable and demonstrates the importance of having nurses in positions of influence?**

I am the first nurse to serve on Brooklyn Hospital’s board, even though it is the oldest hospital in Brooklyn. I bring the perspective of what patients need and the bedside experience to deliberation and decisions about the well-being of the hospital. I think this has been validating for the nurses who are the hospital’s largest employment sector. I’m grateful to have the chance to help represent the nursing perspective at the board level.

Nurses tend to be able to think beyond one particular patient to the broader impact that patient care and patient experiences have on next of kin, their families and communities. That wider perspective was very much part of my NYU training, and has informed my board service. The ability to analyze broader ramifications is what comes to mind as the most important feature of the nursing perspective. Nurses also tend to use their time efficiently, and are engaged and consistent, traits that are very important in board service.

**What advice would you offer to other nurses about the value of board service?**

My advice, in a nutshell, is that they will be good at it. They will enjoy it and will help fly the flag for the profession a little higher. Nurses in board leadership roles will do a great job and will consistently be advertisements for the incredible power of the nursing profession.

Board service is an opportunity to see many of the same challenges and issues you grapple with professionally from a new perspective — overseeing those who are grappling with those changes as opposed to doing the work directly. What you bring to a board will be informed by your professional life and vice versa. I would encourage nurses who are interested and have the capacity time-wise to look for opportunities for board service.

**What have been some of the greatest challenges you’ve worked on during your years of board service?**

I’m consistently reminded that change is hard. I know that from a workplace that has accommodated change and from being a board member overseeing organizations struggle with and then embrace change. Whether it’s a head of school leaving or the head of hospital changing, change is destabilizing. If reimbursement formulas are changing and how we provide care is changing, that is difficult.

Working through, understanding, and being sympathetic to how difficult change is, being able to communicate how important change can be, and seeking buy-in and partnership by the people who will be most affected by change is challenging and can be very rewarding. The story of any time, any era, and any place is one of inexorable change. We need to understand how people can work together to embrace and adapt to change.

**How would you suggest nurses seek and prepare for board service?**

If there’s an organization that interests you, check its website to see who’s on the board. Read board member profiles. Don’t hesitate to indicate interest, particularly if you happen to know someone or know someone who knows someone on that board. Many organizations have committees that are open to non-board members. That can be a great way to get involved and may lead to new board opportunities and another circle of people who can recommend you for board service. Boards are always looking for fresh blood, new insights, new perspectives and new people.

This is not like applying for a job. I wouldn’t recommend sending in a resume to a board chair and saying, ‘I want to be on your board.’ What you want to communicate is that you’d like to understand the organization better and learn more about ways to get involved. That’s a way to get in on the conversation. If you do that sort of thing, in time you’ll find yourself approached and even fending off interest from organizations.
How do you approach expectations for philanthropic contributions by board members?
One way to help more nurses serve on nonprofit boards would be to have them not feel personally encumbered by the giving expectations that often come with board service. Nursing has not traditionally been a lucrative profession. I would like to suggest that the nursing profession find ways and means to support nurses sitting on boards of nonprofit organizations, and make funds available to seed their board member donations. We could make a pool of funds available to underwrite board service.

My circumstances are somewhat anomalous because of my legal background and my husband’s profession as a lawyer. We view board service as an important way to give back to a community that we’ve been lucky to be part of. While some nurses have the wherewithal to donate and are very generous, that may be more the exception than the rule. Supporting nurses who are in turn supporting organizations through board membership is a very real way the profession as a whole can cultivate nurses in positions of influence.

How does your board service inform your work, and vice versa?
Much of what I do on the Brooklyn Hospital board as chair of the outpatient services committee is directly applicable to my job as director of health services at Care for the Homeless, which provides health care and social services to homeless people where they are sheltered and where they congregate. At Care for the Homeless we too often see medically underserved people who have had to rely on emergency rooms and inconsistent care: we encourage them to seek care from us on a consistent non-emergent, non-acute basis. Similarly, at Brooklyn Hospital, like many hospitals, we see increasingly that we can care for people well in an outpatient setting. We want that habit of care to be formed around a voluntary ambulatory outpatient experience that the patient principally drives. We want patients to know that you don’t need to be sick or in great stress to seek care.

There’s a tremendous shift now under the Affordable Care Act, which incentivizes keeping people out of hospitals by emphasizing high quality care and monetarily rewarding outcomes — not sheer numbers of procedures or patients cared for. Seeing this shift in the world where I work as well as in the world I oversee gives me more insight, broader opportunities to understand what’s going on and a greater influence on the patient experience.

Who inspired your interest in board service, beyond and within the nursing profession?
My father served on a number of boards and showed me there are tremendous rewards for the time one puts into board service. It’s not quite like a personal relationship or a professional setting. It occupies a different category. Getting an opportunity to watch other people run something well is very rewarding and worthwhile.

The dean of the NYU College of Nursing when I was there, the late Diane McGivern, PhD, RN, FAAN, had an incredible career including serving on the Board of Regents of New York State, which oversees the state public school system. She was an early influence who was always on my radar because she lived in Staten Island, the same borough of New York City in which I grew up. I also had a terrific advisor at NYU, Madeline Naegle, PhD, PMHCNS-BC, FAAN. She, like Dr. McGivern, was very involved in all sorts of committees and aspects of the profession and the university. Dr. Naegle is an articulate promoter of the nursing profession, and helped reshape and rethink the NYU nursing program for someone like me who had an undergraduate degree and a law degree. I graduated from nursing school when I was 45, and was a lot older than most of my fellow students and many of my professors.

What inspired you to change careers from law to becoming a nurse?
In the later years of my legal career I wrote for a legal publication about computer law, intellectual property and technology law. What really started to catch my attention involved the intersection of health, technology and law. I soon realized I was interested in a health career. I thought about getting an MBA in health care administration, and then decided on a career in nursing. Instead of thinking about what patients needed, I thought it would be far better to get practical hands-on training and really interact with patients.

When I began nursing school, I had a 12, 8 and 5-year-old triplets who were starting kindergarten. My husband had the pleasure of living with 6 students! I pursued the nursing degree part-time while I continued to work as a lawyer. Obtaining a nursing degree took me four years, the duration of an undergraduate degree except that I already had one. I was stunned when I finished. Those were busy years. I have always been sure I made the right decision. I realize now how flexible a nursing career can be in terms of the many ways a nursing degree can be used.

What questions should someone ask before accepting an invitation to a board?
When you evaluate board service you’re not just evaluating what the organization does, you’re evaluating what you’re expected to bring to it. It’s important to be very clear and candid about expectations on both sides so people can jump into the work of being a board member and not find out later than they didn’t understand something to begin with. It’s important to ask questions such as: the number of meetings each year you’re required to attend, the number of committees you’re expected to serve on, and what you are expected to give — is that a ‘get’ or is that a ‘give,’ is it about your dollar contribution or the expertise you have to offer? What are the typical terms? How is board service evaluated?

By Jessica Stein Diamond