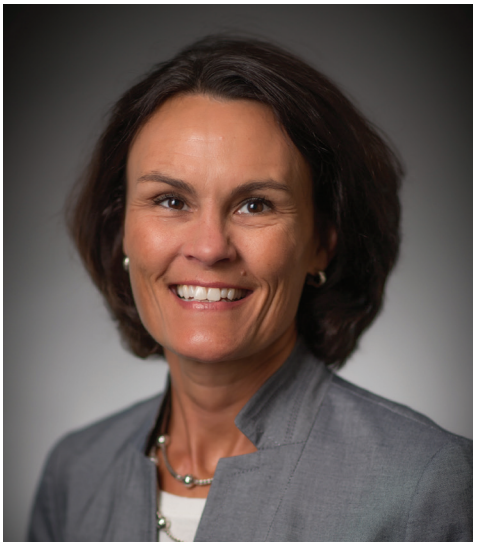
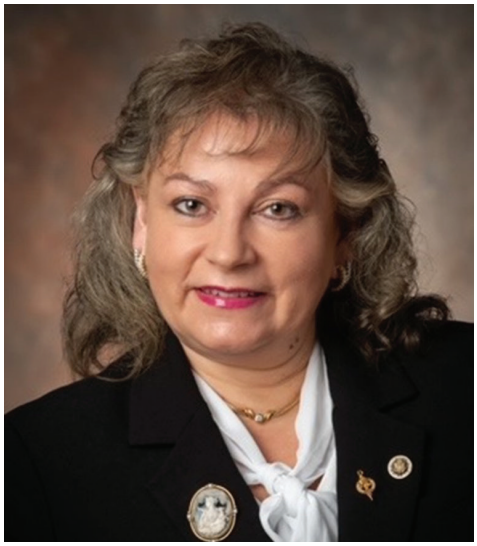
Trustee Insights

INTERVIEW





Interview participants from left to right: Ann Collins, M.D., Melissa Fitzpatrick, MSN, and Kimberly Cleveland, Ph.D.

What Nurses Bring to Hospital and Health System Boards

Board chair, member and nursing leader discuss value of adding nursing experience, perspective

BY NIKHIL BAVISKAR

Per the AHA 2022 National Health Care Governance Survey Report, boards continue to value the presence of clinicians on their boards. The Nurses on Boards Coalition (NOBC) has been a partner for hospital and health care boards that have expanded their search to nursing leaders. This interview provides perspective from multiple stakeholders. Kimberly Cleveland, Ph.D., is board chair emeritus of NOBC. Ann Collins, M.D., is board chair of UNC Health Rex in Raleigh, N.C. Melissa Fitzpatrick, MSN, RN, FAAN, is a board member of UNC Health Rex.

Nikhil Baviskar: *Kimberly, can you tell us the current state of nurses on hospital and health system governing boards?*

Kimberly Cleveland: Recent survey results have shown a little bit of an increase in the number of nurses on boards. The AHA reported in the 2022 National Health Care Governance Survey that 24% of board members are clinicians. Of that number, 5% were nurses. We found that 43% of the hospitals reported having at least one nurse on their board, which is an increase from 37% in 2018. The NOBC did a survey looking at the value of nurses serving on boards across the United States. Of the 3,905 participants, 9.6% were nurses serving on boards. We have seen the value of recruiting efforts to increase the number of nurses and clinicians on boards. Some boards look to add an individual that may meet a need in a particular competency, like compliance. Evaluating whether the board mirrors the population that's being served by that hospital or that hospital system, and then using a comprehensive matrix is one way to find a way for nurses to bring their unique skills and talents to that area. Those efforts and best practices have really assisted us, and we are starting to now see that that

number is increasing.

Baviskar: *Dr. Collins, why did your board decide to recruit a nurse, specifically? Please also speak to the value that a nurse brings to the board.*

Ann Collins: As a practicing physician, I have a certain perspective that I bring to the board. To Kimberly's point, there are boards who do not have any clinicians, which is surprising. When I took the role as chair, I spoke to our chief medical officer (CMO) and chief nursing officer (CNO) and asked them, 'What can we on the board do for you?' Our CNO was the first person to suggest putting a nurse on the board. We have always tried to have folks with different backgrounds. I am often bowled over by questions others on the board ask, since they look at the same issue in a completely different way than I do. This difference is fabulous because we need to be asking those questions.

I have been in leadership on the medical side, including medical staffing. Who makes up the largest group of people caring for patients? It's the nurses. We cannot run our hospital without nurses in leadership. Often times the difference in perspective, like seeing the bigger picture, is something only a nurse can provide. We are very fortunate to have Melissa and her perspective.

Baviskar: *Melissa, why did you want to be on a hospital board? Can you tell us how your experience as a nurse has informed your experience as a trustee?*

Melissa Fitzpatrick: Being on a hospital board was the next step in the natural evolution of my career. A large part of nursing is serving as an advocate for others. When I worked as a critical care nurse, I loved doing so. I advocated strongly for patients and families, often at the most vulnerable times of their lives. In every role I've had, from nurse, to nursing leader and hospital executive, my advocacy role grew depending on the level I was leading from. You are now advocating not just for a larger number of people, but a different group of people. I always thought it was important to bring the voice of nursing forward when I was in leadership roles in hospitals. I have spent much of my career in some of the best care delivery systems in the world, and I am proud to be the first and only nurse on UNC Health Rex's board.

It is important for me to serve in this capacity to elevate the voice of nursing. When you do so, you automatically elevate the voice of patients, families and communities. That's what I believe is the most important part of being on a governing board. I clearly understand the difference between the tactical day-to-day operational role of leadership in a health system and in a hospital. That is not what we do on the board. When you consider adding a nurse to your board, they should still be able to see the bigger picture. I very much wanted to be able to influence policy and strategy. I am the beneficiary of the care that UNC Health Rex provides. So, in a way, I want to serve because I know the difference that we make.

It's so important to me that we create an environment of care, locally, regionally and nationally, in which caregivers can thrive. When our leadership had a conversation about adding a nurse to the board, there were certain expectations. They wanted someone with business experience, someone with a national presence and someone with access to resources. It also needed to be somebody who's going to take that role and run with it. I have had a lot of inaugural roles, so I know what it's like to be the first in many things. I have had a long-standing relationship with UNC Health Rex as well. I served for 10 years as an advisor on their Industry Council. At that time, I was the first ever chief clinical officer at Hill-Rom, a large industry partner. Due to that background, I knew the system and the hospital well. To be asked to serve in this capacity has been such an honor and a privilege. I take it very seriously and advocate for all that we serve, but particularly for nursing, and therefore for patients and communities.

Baviskar: *You live in the community, so you have ...*

Fitzpatrick: A vested interest.

Baviskar: *Absolutely. What happens at the hospital matters to you. How do you ensure your role as a board member expands outside of only clinical and quality issues?*

Fitzpatrick: I certainly don't ever want to be the token nurse. It's my experience that informs my board role. As Dr. Collins said, like many boards, most of our members are non-clinical. They are community members, community leaders, phenomenal thinkers and strategists. They don't know health care the way a clinician does. I have been able to serve as a translator, especially as chair of the Quality, Patient Safety and Human Resources

Committee. Having been a nurse and a clinician for many years, that translator role is so important. As part of my role, I report to the board after each committee meeting. I am told that my reports are some of the most fun and energizing because I love talking about patient care and patient outcomes. I take all the metrics, graphs and charts that board members have seen over and over, and I try to tell stories. I share those outcomes with them, good or bad, in a way that makes them understand what happens when we don't discharge patients in a timely fashion, or what happens every time there's a sentinel event, or whatever the clinical outcome may be. That translation hopefully serves as a guide to our board when making strategic decisions.

When I meet with my human resources partners, they know I understand workforce and what it means to try to staff this place. I understand what it means to have to look at wages over time. When we had difficult decisions to make during COVID, having a strong clinical voice at the table leading those discussions was critical. I was and continue to be very vocal. We were using a lot of overtime and contingent labor, just trying to take care of patients during a pandemic. In the aftermath of the pandemic, the heroes — our nurses and physicians — were quickly viewed as villains because the focus shifted to the expenses. Being at that board table, I felt empowered to use my voice to advocate for others. I was recently invited by our CNO to kick off her 2025 Nurse Leadership Council. I was so proud when she said they have never had such a strong advocate for patient care services and nursing at the board level. I think if you advocate for nurses, you will be advocating for the whole care team and for patients and families. My experience as a nurse informs everything that I do in my life.

Baviskar: *Would you say when you meet with the folks onsite at the hospital that your background gives you more credibility?*

Fitzpatrick: I do not walk the halls of UNC Health Rex every day. Being removed from operations makes me feel like I can be objective and can ask the hard questions. We have many conversations where I can provide an unbiased opinion while still supporting them. I can say they've gone through every bit of due diligence; every root-cause analysis, and they are on the right track. It's a combination of being an insider and an outsider at the same time.

Baviskar: *What advice would you give to other hospitals or health systems who want to recruit nurses to their boards?*

Cleveland: We continue to see examples of board chairs looking for nurse leaders and asking if they would ever consider a role in governance. However, it's not just something for a board chair to do. It is important to develop aspiring nurse leaders. Certainly, knowing other nurses that are on boards helps. As is attending board meetings where you get the opportunity to hear the reports of the board. If the board invites nurses into the boardroom, it provides context for the type of decision making that Melissa spoke about. That makes the goal of being a board member that much more attainable. They can see that the board table is a place where they can use their unique disciplinary preparation, their communication skills, what they know about compliance and monitoring from the patient perspective and so on. Recruitment starts with networking and finding out whether there are nurses who match skills identified in a board competency matrix. Asking, as a board, what can we do to see if there's someone who has those skills and is a clinician?

Collins: I agree with identifying and building up your leaders who have the talent to move forward. In our particular instance, finding people who are in community leadership positions brings so much. As boards are required to provide quality oversight, having clinicians who truly understand the issues is critical. This applies to other issues, whether concerns about increasing the scope of your care, adding a different administrator, or erecting a new building. The input from nurses who have been there and worked in this environment is so important in every aspect.

Fitzpatrick: Dr. Collins and the rest of the board has really appreciated the role a nurse like me can play. They also see the value of nursing in general — the scope and breadth of the role of nurse leaders today and what they are leading. Nurse leaders are operationally qualified, and they have experience in financial, workforce and clinical issues.

The advice I would give to other boards is to first value that experience. Then, make sure you have expectations, because not all nurses may be suited to be a board member. UNC Health Rex does a good job of

investing in the board. We have an annual investment in board members to have an educational experience together, like attending a governance conference where we can learn about current issues and meet other board members and leaders. I would encourage boards to look into doing something similar.

I was welcomed onto the board with open arms and our CEO and board chair have supported me every step of the way. That assured that I could be successful in leveraging my resources and my networks to the best of my capabilities to advance the mission, vision and values of UNC Health Rex.

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Please note that the views of interviewees do not always reflect the views of the AHA.