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## Nurses on Boards: Bringing Holistic Perspective to Academic Health Systems

Over the years, Governance Institute research on hospital and health system board composition has shown that nurses make up a very small fraction of board leadership, and many organizations do not have nurse representation on their boards at all. With the increasing industry focus on patient experience and value-based care, we believe the nurse perspective is critical in order to improve in these areas. Despite this, we have yet to see an uptick in the number of nurses on boards.

We recently spoke with Linda D. Scott, Ph.D., RN, NEA-BC, FAAN, Dean and Professor, School of Nursing, University of Wisconsin-Madison, and Beth Houlahan, D.N.P., RN, CENP, Senior Vice President and Chief Nurse Executive of UW Health, to find out what makes their organizations unique in their emphasis on nurse leadership and educating the nurse leaders of the future.

This is the first in a series of articles focusing on the importance of nurses on boards and in healthcare leadership positions, focusing on case examples of organizations that emphasize nurse leadership. These articles are being published in partnership with the Nurses on Boards Coalition. The UW Madison School of Nursing is a Founding Healthcare Leadership Organization Strategic Partner of the Nurses on Boards Coalition.

### Organization Profiles

**UW Health** is a not-for-profit system of care facilities that includes seven hospitals and 87 clinics across Wisconsin and parts of Illinois, with 17,000 employees and a faculty practice group of 1,500 physicians. Some of the relationships are through a joint operating agreement and some are member organizations of UW Health.

**University of Wisconsin-Madison School of Nursing** is a part of the UW system of colleges and universities; one of six within the UW system that offers a nursing program and the flagship of UW system. Degrees offered include baccalaureate, doctor of nursing practice, and Ph.D.

The two organizations work in close collaboration and have a formal agreement as academic practice partners. UW Health is governed by an authority board that is not part of the university but several of the board members are from the university, including Dean Scott and the chancellor of the university. (Dean Scott sits on a number of boards within the university as well as the foundation.)

*Based on what is happening in the healthcare industry today, in the context of nurse education, has the role of nurse leadership become more important?*

**Beth Houlahan:** The IOM Future of Nursing report in 2010 created a much stronger sense of awareness across the nation of the need to have nurses on boards. When people ask me what my role is, my most simple answer is to tell the story behind the numbers. I think it is easy in board meetings to lose the richness of why we're all there and that's to provide patient care. Nurses are with patients 24 hours a day, seven days a week. For them to have voice at a board level is absolutely critical

to the advancement of the care we provide.

**Linda Scott:** Along with the IOM report, RWJF did a more recent study that looked at the need for transforming healthcare and found that the public considers nurses to be critical in that transformation, but the consensus was that it wouldn't be possible because nurses were not decision makers at the table. Without having a seat on the table that truly reflects the patient experience or the depth and breadth of knowledge nursing brings, a key element of information for strategic decision-making is absent.

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“Nurses bring the holistic perspective. We’re caregivers, we’re educators, we’ve got vast knowledge in a lot of different areas. We are not just looking at the business aspects. We are here to care for patients.” —*Beth Houlahan*

I am the only nurse who is officially a member of the UW Health Authority Board, and then there is an *ex-officio* nurse representative as the system has expanded. Across the spectrum, the presence of nurses on the board is still limited.

*What types of information do you provide to the board and what do you feel is important for the board to know about nursing or nurse-related issues across the system?*

*BH:* It’s not just nursing—it’s inter-professional care, the care that comes together from our physician colleagues, nursing colleagues, and other support departments. We have a commitment to be very transparent about not only the good news, but also where we have problems and errors, and sometimes it’s a requirement of additional resources or different resources that the board needs to know about.

We always report on our hospital-acquired conditions. We have a public board member who is the chair of our quality board subcommittee, and we discuss our errors every month. We discuss processes that we’ve put in place to improve our care, and the board holds us accountable for making sure that we’re following our algorithm bundles and improvement initiatives.

Nurses play a larger role on the quality committee rather than the full board in our case. We have a physician resident on the committee, and two years ago we added a new nurse graduate resident, and then

there are six additional RNs on the quality committee.

*How does the academic practice partnership change the relationship or focus of nursing practice for your organization versus one that would just be a healthcare provider without the academic piece?*

*LS:* As we continue to evolve our partnership, we are getting ready to have more strategic alignment between our schools. We are building integration and a more

active, problem-solving relationship that goes beyond the administrative level and really flows down through both of our organizations.

For example, the School of Nursing has had a long legacy in pediatric health, so we collaborated together to create a pediatric nurse scholar position that we hold jointly, and that individual is within the health system to help move evidence-based practice forward and yet also still collaborates with the School of Nursing for teaching and mentoring students. We also have an endowed chair in pediatric health that would be the research counterpart to the nurse scholar. We are looking at how we come together operationally to assess and implement the future of care and care delivery within our two entities.

### Future of Nursing: Leading Change, Advancing Health

This 2010 report from the Institute of Medicine in partnership with the Robert Wood Johnson Foundation Initiative on the Future of Nursing, listed the following key messages:

- Nurses should practice to the full extent of their education and training.
- Nurses should achieve higher levels of education and training through an improved education system that promotes seamless academic progression.
- Nurses should be full partners, with physicians and other healthcare professionals, in redesigning healthcare in the United States.
- Effective workforce planning and policy making require better data collection and an improved information infrastructure.

In addition, the report made the following recommendations for Congress, state legislatures, CMS, other governmental entities, academic institutions, nurse associations, and healthcare organizations:

1. Remove scope-of practice barriers.
2. Expand opportunities for nurses to lead and diffuse collaborative improvement efforts.
3. Implement nurse residency programs.
4. Increase the proportion of nurses with a baccalaureate degree to 80 percent by 2020.
5. Double the number of nurses with a doctorate by 2020.
6. Ensure that nurses engage in lifelong learning.
7. Prepare and enable nurses to lead change to advance health.
8. Build an infrastructure for the collection and analysis of interprofessional healthcare workforce data.

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**"There are very few professions that span different care settings to bring the type of experience and knowledge that the nurse perspective can bring. Beyond the hospital, nurses are practicing in our communities as well. Nurses are untapped resources for boards." —Linda Scott**

*BH:* Many organizations have both the school and the practice environment, but they really don't interact. We have brilliant researchers and educators in the School of Nursing who are creating new evidence that is being shared in the practice environment.

*What is your perspective on the relationship between physician leadership and nurse leadership and how that is addressed at your organizations?*

*BH:* When I began this position seven years ago, there was a divide [between physician and nurse leadership], mainly due to the organizational structure. Two years ago, we integrated the faculty practice plan with the hospital and we have moved much further much faster along the lines of our inter-professional work. We've created leadership dyads in our primary care and specialty care. In the last two years we've created that same model for our inpatient units.

It was a quandary for me as the chief nurse at the time, wondering why we weren't able to move our improvement outcomes faster. But we [nurses] only owned part of the problem. Today we are on a much better track because we have the appropriate stakeholders at the table working collectively and in alignment to improve those outcomes.

For example, both the School of Nursing and UW Health have pretty exquisite simulation training, so we are doing simulation with the entire team as opposed to isolating it around one profession, which has been an important effort.

*LS:* At the university, the health science deans (dean of nursing, dean of pharmacy, dean of veterinary medicine, and dean of medicine and public health) comprise what is called the Health Sciences Leadership Council. Led by our provost, we work closely together to try to move inter-professional initiatives forward. The Center for Inter-Professional Practice and Education is housed in the School of Nursing, and it has been a collaborative effort among all of these individuals.

*Do you have a process or structure in place for how physician and nurse leadership teams should be working together and/or communicating?*

*BH:* We bring all of the UW Health dyads [physician and nurse] together quarterly, and they understand the expectation that they are working together on our improvement initiatives. In certain areas we're expanding the dyad to include an administrator. It could be two people where the nurse is also the administrator, or sometimes it can be a triad.

*What is the key difference between the type of information and*

*perspective the nurse brings to the board versus the physician regarding patient care, quality improvement, or patient experience?*

*BH:* The role of the nurse is patient advocacy—to advocate for what's in the best interest of the patient.

*LS:* It is not only to look at it from a patient/family/population perspective, but also thinking about the other employees in the institution such as advanced practice nurses and other providers beyond just the physician. Nursing brings that holistic voice to include those other entities.

*Why haven't healthcare institutions made more progress to date on increasing nurse representation on boards?*

*BH:* We need to create a sense of awareness. The Nurses on Boards Coalition is helping a great deal with that.

*LS:* I think it's also important for nurses to look at professional development opportunities so that they are more comfortable serving on boards. It's one thing to have a seat at the table but if you're intimidated by being there, you're not serving that role very well.

There are very few professions that span different care settings to bring the type of experience and knowledge that the nurse perspective can bring. Beyond the hospital, nurses are practicing in our communities as well. Nurses are untapped resources for boards. If we can really move the needle on that, boards and healthcare organizations would be in a much better position to accomplish their mission, vision, and goals.

