





NURSES ON BOARDS RESEARCH: THE TIME IS RIPE TO EXPAND THE GOALS OF COUNSEL

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LEARNER OBJECTIVES




Learn techniques to raise awareness of the benefit of nurses serving on boards.



Discuss resources designed to assist nurses in building leadership skills.



Discuss the mission and vision of the Nurses on Boards Coalition (NOBC)



Discuss the relationship between the NOBC and TAANA


WHY NURSES ON BOARDS?

Nurses represent the largest segment of the healthcare workforce, are considered the most trustworthy of all professions¹ and play a huge role on the frontlines of care in our schools, hospitals, community health centers, long-term care facilities, and other places.




Their perspective and influence must be felt more at decision-making tables. (NOBC, n.d.)


HISTORY OF NURSES ON BOARDS




Nurses have been asked to help solve societal issues, community issues & school issues




There is a lot we don't know about how many nurses have impacted boards prior to 2009




2010 IOM Report provided strong statements that nurses were in the best position to help change health care



This led to further discussion of the importance of nurses being present in all areas where decisions were being made




The boardroom was seen as a place to put the nurses unique role and knowledge base to work




Interestingly many hospitals and health systems still do not have nurses as voting members


ANA ETHICAL STANDARDS (2015)



Provided in pertinent part that nurses become advocates



Specifically extended the call of advocacy beyond the bedside



Identified roles with population management and social justice

AMERICAN ASSOCIATION OF COLLEGE OF NURSING ESSENTIALS

Statements regarding policy education for BSN, MSN and DNP were introduced

BSN (2008): Standard V: Health Care Policy, Finance & Regulatory Environments

MSN (2011): Standard II: Organizational Systems & Leadership; Standard VI: Health Policy & Advocacy

DNP (2006): Standard V: Health Care Policy for Advocacy in Health Care; Interprofessional Collaboration for Improving Patient and Population Health Outcomes

PhD level was not addressed

Policy Think Tank (2015) identified areas to differentiate education and provided concerns for gaps

AMERICAN ORGANIZATION OF NURSE EXECUTIVES COMPETENCIES (2015)



- Communication & Relationship Management
- Professionalism
- Leadership
- Knowledge of Health Care Environment
- Business Skills

NURSES ON BOARDS COALITION

- Convened in 2014
- Responsive to IOM (2011) *The Future of Nursing: Leading Change, Advancing Health*
- Represents national nursing and other organizations working to build healthier communities in America by increasing nurses' presence on corporate, health-related, and other boards, panels, and commissions.
- Brought together through RWJ Foundation and AARP
- Goal 1: To help ensure that at least 10,000 nurses are on boards by 2020
- Goal 2: Raise awareness that all boards would benefit from the unique perspective of nurses to achieve the goals of improved health, and efficient and effective health care systems at the local, state, and national levels.

NOBC: GUIDING PRINCIPLE

- The Coalition's guiding principle is that building healthier communities in America requires the involvement of more nurses on corporate, health-related, and other boards, panels, and commissions.



Nurses on Boards
Coalition

10K Nurses by 2020

Strate

BENEFITS OF
NURSE
LEADERS ON
BOARDS

- Nurse leaders are uniquely positioned to offer strategic and policy advice to ensure an optimal patient experience. Nurses serving on boards are prepared to:
 - Consider the implications of decisions on staff, patients and their families, the hospital, and the community;
 - Leverage their experiences caring for patients to improve measures of patient experience and quality of care (Benson & Hassmiller, 2016).

BENEFITS OF
NURSES ON
BOARDS

- Everybody wins when nurse executives serve on the boards of non-profit and community health organizations. Communities experience improved health; nurses increase their job satisfaction and grow professionally; and healthcare organizations reap the benefit of new insights, best practices, and enhanced reputation. It is therefore beneficial to healthcare organizations to support the volunteer efforts of their nurse executives in community service, including board service (Benson & Harper, 2017).

ARE NURSES PREPARED TO SIT ON BOARDS?

- No quantitative or qualitative data exists to prove or disprove this
- Research is beginning to emerge to develop tools to assess experience nurses feel helpful in preparing for board work
- Research is emerging regarding nurses work in social justice and policy
- Studies are small, limited in scope.
- Nursing programs have a variety of approaches to meeting the essentials
- Literature focuses of need for nurses on boards without quality training or outcomes
- Board literature focuses on generic boards and does not look at nurses specifically

LITERATURE REVIEW



DEVELOPMENT REQUIREMENTS IDENTIFIED IN THE PROFESSION

- Governance from BSN up
(Sundeen, White, Thompson, 2019 & Prybil, 2019; AACN, 2018)
- Governance is not a part of all nurse education
(Pelzer et al., 2015; Sundeen et al., 2017, 2018; Walton et al., 2015)
- Legal Fiduciary Responsibilities are linked to governance
(Burkhardt & Nathaniel, 2014; Curran, 2015)

SMITH & CLEVELAND
(2019)

Purpose

The purpose of this

Experiences nurse lea

In preparing for board

Participant in interdis

While nurses view aspects of their nursing practice as transferable, they remain vulnerable in board roles absent education and counsel due to the increased exposure to liability in these roles. Attorneys can empower nurses and grow client trust by assessing conflicts of interest and openly discussing liabilities associated with board work on intake and evaluating board roles and insurance coverage with their clients on a routine basis. Nurse clients in independent practice should be advised to seek counsel prior to accepting board work for complete federal law conflict analysis

BOARD TRAINING

NOBC & Sigma: Comprehensive

Individual Board Compliance Training: Needs Based

AONL: Competency Based

ANA: Preparing For Board Work

Nurses on Boards 2020 Council and North Carolina Nurses Association: Readiness

ROLE OF COUNSEL

Depends on the role counsel being provided: Individual, Practice Group, Hospital System, Level of Care

Must respond to issues of Stark and Anti-kickback

Must assess exposure within profession and outside of the profession/personal life

Must assist in conflict of interest assessment

Review of board bylaws, board insurance, and job description

Maintain currency with Stark and Anti-kickback law or refer out for evaluation

Discuss board training and governance training

Review basics as courtesy: fiduciary duty, duty of loyalty and duty of obedience

CASE STUDY
APPLICATION 1



New NP employed by a primary care group is asked to sit on a board for a long-term acute care hospital (LTACH) who is engaged in an integrity agreement. She has been an NP for 6 months. She has been an RN for 3 years. Her services are billed by her practice group and she has a home based on RVU's. The managing partner is also the medical director of the LTACH.



Should she take the assignment?



What are her risks?

CASE STUDY
APPLICATION 2

- An RN working in the ICU has children in the school district. The RN coaches soccer for his son's team and volunteers at health screening days. He is asked to sit on the school board.
- Should he take position?
- What should he consider before taking the position?



CASE STUDY
APPLICATION 3

A CRNA has been asked to sit on the NLN Board of Trustees. He has recently been appointed Associate Dean of his program.



Should he take the position?

CASE STUDY APPLICATION 4

- A Chief Nurse Executive has been asked to sit on the Area of Aging Board. Her hospital treats patients that are members of some of the dually eligible class the agency services. In her capacity, she will learn about programs that are being considered by the agency to keep patients in their homes.
- Should she take the role?
- When should she abstain from voting?



CASE STUDY APPLICATION 5

- A nurse entrepreneur is setting up her board. She is establishing herself as a independent consultant with a new app to manage patient medications at home. You have incorporated her business and she asks you if she can put the CEO of a home care company on her board.
- How do you respond?
- What if she tells you her sole purpose for wanting that person on the board is to ensure the best possible chance for that individual to use this app throughout his home care companies which are in 15 states?
- What if she tells you she is married to this individual?



NURSE ATTORNEYS ARE GREAT BOARD MEMBERS & MENTORS



As nurses we are educated professionals common in governance and finance



As nurses we understand the complexities of the patient experience



As community members we are trusted, knowledgeable, and provide input



Our networks bring together the best professionals and leaders



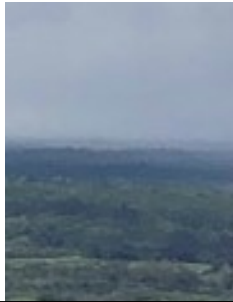
Our boards are critical in making sure the best of our agencies are in the hands of the right people



Community members are critical in providing resources for our patients

WHAT MAKES A GOOD MEMBER?

- Passion
- Commitment to organization
- Knowledge of organization mission goals & purpose
- Governance education
- Ability to be an effective disruptor when necessary
- Time
- Attention to detail



ARE YOU READY TO SERVE AS A BOARD MEMBER?

- NOBC currently has 6,459 NOB and 270 have been added in the last 90 days.
- Now go to <https://www.nursesonboardscoalition.org/>
 - Register your service if you are on a board
 - Sign up to get information if you want to be on a board
 - Look at our list serve to get information about boards
 - Celebrate your service

National Member Orgs:



NOBC MEMBER ORGANIZATIONS

SPECIAL THANKS

LAURIE BENSON, KIM HARPER, & PATTI EPSTEIN FROM
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TAANA

REFERENCES: AVAILABLE ON REQUEST