IOWA HOSPITAL ASSOCIATION

Trustee Minutes

For Iowa Hospital Governing Board Members — Fall 2021

BOARDROOM BASICS

Disaster Planning: Thinking Ahead for the "What If?"

When category four Hurricane Ida made landfall in Louisiana in August 2021, it hit hospitals that were already overwhelmed with a surge in COVID-19 cases. Hospitals and other health care facilities lost power, sustained roof damage, and experienced water inside facilities. As disaster plans kicked in, generators turned on, and patient transfers were executed, patient lives relied on each facility having a successful disaster preparedness plan.

The importance of disaster planning was already escalating in significance before 2020 due to the increase in wildfires, hurricanes, and other natural disasters, as well as the growth in man-made tragedies including mass shootings and terrorist attacks. That was before COVID-19. When hospitals were inundated with COVID-19 patients in 2020, the presence of a well-designed disaster plan meant life and death not only in the short-term but in the years to come as well.

Board Requirements for Disaster Planning

While it's not the board's responsibility to create and implement the organization's disaster plan, it is the board's fiduciary responsibility to ensure that the administration has a clear disaster plan in place, with the funding and resources necessary to carry it out. In addition to ensuring that their organization is fully prepared in the event of a disaster, disaster planning is also an opportunity for hospitals and health systems to:

- Improve the quality of service provided to the community;
- Strengthen community relationships; and
- Build lasting community trust and partnerships that benefit hospitals and health systems in many ways.

In addition, the Affordable Care Act (ACA) and Joint Commission accreditation have specific requirements for disaster preparedness.

Requirements Included in the Affordable Care Act. The ACA includes a requirement that charitable hospitals have a written Emergency Medical Care policy in place that requires the provision of emergency care regardless of eligibility under the financial assistance policy. This means that hospitals must be prepared financially to handle the initial cost and long-term financial implications of caring for patients during an emergency.

Joint Commission Requirements. Joint Commission accreditation includes specific requirements relating to the development of a written Emergency Operations Plan. This includes conducting a hazard

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FOR YOUR AGENDA

Welcome New IHA President and CEO Chris Mitchell

IHA welcomed its news president and CEO Chris Mitchell on Oct. 1. Mitchell succeeded Kirk Norris who had been IHA's president and CEO since 2002 and retired after 34 years with the association.

Mitchell was the executive vice president of advocacy and public affairs for the Michigan Health and Hospital Association. Mitchell began with the Michigan Health and Hospital Association in 2006 as an administrative fellow in the association's advocacy division. From there, he rose through the association's ranks, holding leadership roles in government relations, political affairs and advocacy. Mitchell had been in his most-recent role at the Michigan Health and Hospital Association since January 2019. He received his bachelor's degree in political science/prelaw from Michigan State University and his MBA from the University of Notre Dame.

"I'm very honored to lead such an outstanding organization," Mitchell said. "IHA's track record in successfully advocating for hospitals both nationally and in Iowa is admirable. The path Kirk maintained for IHA is an enviable accomplishment. I look forward to continuing IHA's mission of representing Iowa hospitals and supporting them in achieving their missions and goals."

Chris Mitchell, New IHA President and CEO

IHA Offers Free Resources to Support the Performance of Iowa Hospital and Health System Boards

If you've ever wondered how your board of trustees performs compared to other Iowa hospital boards or if there are learning gaps that exist among your board members, IHA offers two resources that can help and can be customized: The Board Self-Assessment Program and the Hospital Board and Trustee Certification Program.

Board Self-Assessment Program

The Board Self-Assessment Program measures and benchmarks your board's performance using two assessments. The first assessment allows each member to answer questions about perceptions of the board. Administrators can remove questions that are not applicable, along with adding up to two custom questions per section to make the assessment best fit their board. When complete, the results provide a clearer understanding of strengths and weaknesses for your board and can be used to determine and design board education. The program provides benchmarking information against peers and the state.

The second section is a self-assessment for each board member to evaluate their performance and contribution to your board. The questions are categorized to reflect the role of governance in today's health care environment.

IHA recommends the assessments be done annually.

Hospital Board and Trustee Certification Program

IHA designed this program to promote governance best practices and underscore the need in the highly complex and changing environment of health care delivery to keep educated. Trustees who personally confirm they and their board are following governance best practices and fulfilling education requirements are eligible for recognition. The program also demonstrates to lawmakers, regulators, employees and community stakeholders, the commitment of the board to governance transparency, accountability and acting in the best interest of the community.

To learn more about the Board Self-Assessment Program, visit www.IHAonline.org and click the Hospital Board Assessment link under the Information tab.

To learn more about the Hospital Board and Trustee Certification Program, visit www.IHAonline.org and click the Hospital Board Certification link under the Education tab.

Do you have ideas for future issues of Trustee Minutes?

Our goal is to provide you with the information and knowledge you need to lead your hospitals forward in today's rapidly changing environment. Tell us what you think, and what you'd like to see in future issues. **Write or call: Craig Borchard**,100 E. Grand Ave., Suite 100, Des Moines, IA 50309, 515-283-9354, BorchardC@ihaonline.org.

NYU Langone Health: Lessons from the Front Lines

In September 2021 American Hospital Association Board Chair Rod Hochman, M.D., discussed emergency preparedness with Fritz Francois, M.D., chief medical officer and patient safety officer at New York University Langone Health. NYU Langone Health has experienced a breadth of public emergencies in the last 20 years, including the 9/11 terrorist attacks, Hurricane Sandy, a fire on campus, and the COVID-19 pandemic. The organization conducts tabletop exercises twice a year, and in the fall of 2019 had already selected the emergence of a deadly virus for their 2020 exercise. Their plan was quickly activated once COVID-19 made its way to the U.S.

Initial Lessons Learned: In the first few months of the COVID-19 pandemic in New York City, NYU Langone Health learned:

- **They hadn't anticipated the speed with which things would change.** They had a plan in place for extending the number of beds for COVID-19 patients, but rather than a few beds every single floor had to be converted to care for COVID-19 patients.
- **The ability to pivot quickly was essential.** They still regularly ask: "how quickly can we get up to speed?"
- **Staff fatigue needed to be constantly assessed** and reassessed as the disaster response continued.
- **Staff was responsible for caring for families too,** because patient families couldn't be at the bedside.

Building Staff Resiliency: The health system's advice for supporting staff through a tumultuous period includes:

- **Celebrate wins**, like discharges of severe cases and letters from grateful patients.
- **Communicate a lot** with staff and leaders about what's going on, and what's going to happen.
- **Put the experience in perspective,** communicating what's happening locally compared to the rest of the country.
- **Expand staff resources for mental health and wellness,** using feedback from staff about what's important to them.

The full interview is available at www.aha.org/leadership-rounds.

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vulnerability analysis, working with community partners, ensuring a communication plan is in place, and conducting annual drills. The Joint Commission has a dedicated website for hospital Emergency Management Resources, available at: http://www.jointcommission.org/emergency_management.aspx.

What Boards Should Be Doing Now

Every organization should have a robust disaster plan in place. These plans should not be created or practiced in a vacuum. Disaster preparations require collaborative work with local and regional community organizations, including potential competitors, to ensure a comprehensive plan is in place.

Once plans are in place, practice is needed to ensure that all key players know what they should be doing and are comfortable with their role before they are placed in a high-pressure situation. Hospitals must be proactive in forming the necessary partnerships and conducting drills to ensure their community is prepared. Three key steps are outlined below.

Step 1: Identify Logical, Likely Threats. Every hospital or health system should begin its disaster preparedness plan by conducting a "hazard vulnerability analysis" to determine the types of emergencies most likely to occur. For example, while hospitals along the Gulf Coast face a risk of hurricanes, those in the West will be concerned about earthquakes and wildfires. Hospitals in the Midwest may be concerned about flooding or severe winter storms, and those near chemical plants will focus on hazardous materials spills, burns and injuries from inhalation of fumes.

All hospitals also need to be prepared for the emergence of new diseases like COVID-19, SARS, and Ebola. In

addition, hospitals and health systems need to be prepared for the threat of "active shooter" situations, bombings, and terrorist attacks in the facility or in the community.

It is also essential that hospitals and health systems plan for cybersecurity threats, including considering attacks on electronic health records, internet-enabled medical devices, and databases for clinical, financial, and administrative operations.

Step 2: Assess Threats and Create an Action Plan. Once potential hazards have been determined, organizations must develop plans to address each emergency. The process should include all key players within the hospital family and the surrounding community. Working across departmental and agency boundaries will help to strengthen communication among all segments of the hospital and its community.

Hospitals and health systems must also ensure their facilities and equipment are prepared to withstand the effects of disasters such as wildfires, hurricanes, earthquakes, and floods.

Step 3: Simulate the Disaster, Practice the Response. An emergency plan will not successfully prepare a hospital or community unless it is practiced. Simulating a disaster helps key players understand their roles in the emergency plan and helps identify flaws in the plan, which can be amended before a real disaster strikes. Performing at least two practice drills a year is a requirement of Joint Commission accredited hospitals.

Community-Wide Planning

A coordinated response from local and regional community organizations is essential in ensuring the most efficient and effective response to an emergency. Community-wide emergency planning is stressed in The Joint Commission's standards, a concept that helps to ensure services aren't duplicated and resources are maximized in an emergency.

Ideally, when a disaster occurs community partnerships are already well-established and the organizations are prepared to work together in a collaborative manner. Hospitals and health systems have the opportunity to:

Disaster Planning: Board vs. Administration Roles

Board members and hospital leaders must work together to emphasize the importance of planning for potential emergencies, but they each have distinct roles.

The Board's Role

- Focus on policy and strategy, familiarizing themselves with the issues and implications.
- Ensure the proper plans are in place.
- Ensure appropriate funding and resources to plan, test, and implement.
- Ensure that drills and simulations take place, and engage in discussions about adequacy of response, planning, and coordination as well as next steps needed.

The Administration's Role

- Develop or update the emergency plan.
- Order the equipment, supplies, and other materials necessary to carry out the plan.
- Arrange and coordinate both internal drills and community-wide disaster simulations.

- Leverage existing community partnerships and build new partnerships.
- Be part of community-wide disaster planning efforts, including emergency operations centers that help coordinate responses to emergencies.
- Be part of a shared community-wide crisis communication plan, which often begins with a task force of community leaders.
- Build relationships with community partners that may start with disaster planning, but provide opportunities for lasting relationships with community organizations, governmental agencies, and individual leaders in the community that can help strengthen community trust and support for the hospital in the long term.

Learning from Your Successes and Failures: Conducting a Post-Emergency Assessment

The board's role in a disaster does not end once the disaster has passed. When things are beginning to "return to normal," the board should be actively involved in assessing the hospital's response to the disaster. As with any crisis, some things will have gone according to plan, and some will not. The board should work with senior leaders to weigh what additional resources are needed to aid the hospital as it updates and upgrades its disaster readiness plan, and seek ways to adequately fund these necessities.

Board Review of the Disaster Plan

In reviewing the disaster readiness plan, board members should look for three key elements:

- Threat identification, or hazard vulnerability analysis
- Detailed action plan to address each threat
- Adequate simulation drills

Questions for Boards: Disaster Readiness Checklist

- Has your hospital or health system conducted a "hazard vulnerability analysis" to determine what types of emergencies are most likely to occur and should be included in your disaster plan?
- Does your disaster preparedness plan focus on a general "all-hazards" approach, providing an adaptable framework for a variety of crisis situations?
- Have community health care leaders convened for disaster preparedness discussions?
- Has your organization determined the scope and resources necessary for the emergency management plan and its implementation?
- Does your hospital or health system have a separate crisis communications plan in place? Has it been developed in collaboration with other local community leaders?
- Does your hospital have backup communications capabilities in place in the event that traditional forms of communication are either slowed or not functioning?
- Do you have plans in place to rapidly expand clinical and non-clinical staff in the event of a disaster?
- Is there a plan for supporting the families of staff members working during a disaster? Does the plan cover assurances that family members are safe, including child care, elder care, and pet care?
- Has your organization determined how critical supplies will be obtained and allocated in the event of an emergency?
- Is your hospital prepared to potentially be "on its own" for up to 96 hours, as required by The Joint Commission?
- Does your hospital have a simplified patient registration procedure in the event of a large number of patients and/or casualties?

GOVENRANCE INSIGHTS

Crisis Standards of Care: What It Is, and Why It Matters to Your Board

At the beginning of the COVID-19 pandemic in the U.S., patient care had to be rationed in the hardest-hit areas. In other areas, resources were rationed even without a declared "crisis standards of care." As the delta variant has brought a new wave of COVID infections, some hospitals are again pushed to the limit, forcing questions about prioritization of care.

Hospitals across the country are not only experiencing challenges in caring for the increase in COVID-19 patients, but they are also warning communities about limited resources impacting their ability to care for patients with non-COVID-related health care needs. This includes emergency patients, elective surgeries, cancer care, and more. For organizations experiencing shortages of staff and resources, this poses a serious dilemma: *What should hospital leaders do when there isn't enough space, staff, medication, or equipment?*

According to the National Academy of Medicine (formerly the Institute of Medicine), crisis standards of care (CSC) "occur when the degree of resource shortage requires decisions that place a patient or provider at risk of a poor outcome."[1] As a part of disaster planning discussions, boards of hospitals and health systems must understand how clinical and hospital leaders will proceed if the need to invoke crisis standards of care occurs.

The Current State of Care Rationing in the U.S.

In the early stages of the 2020 COVID pandemic, the potential need to ration care for both COVID and non-COVID patients was a prominent discussion. While Arizona and New Mexico were the only states to declare crisis standards of care at that time, experts agree that other states and providers still rationed care and resources.[2]

Moving to crisis standards of care should be a last resort.

In the fall of 2021, as cases rose again, a few states activated statewide crisis standards of care and others issued statements about hospital capacity and concerns about the potential need to ration care.

In September 2021, Alaska and Idaho activated the CSC framework, which allows hospitals and health systems to prioritize patient care or even deny treatment based on their likelihood of survival.[2] Washington also announced that hospital capacity was stretched, and according to the Washington Department of Health's September 2021 statement, the state's partners had "undertaken a number of strategies to stretch resources and mitigate current challenges." If further action is needed, the state has adopted and plans to use the ethical framework developed by the National Academy of Medicine.[3]

Determining Criteria for Crisis Standards of Care

The transition to crisis standards of care requires prioritizing the community above individual patients' needs. Moving to crisis standards of care should be a last resort.

Plans Should Be Developed in Advance. All hospitals and health systems should have clearly defined protocols and guidelines for providing care when it must be rationed well before the process ever needs to be used. Defining the process can be controversial, invoke ethical dilemmas, and have long-term consequences. It should not be rushed or determined "in the moment."

During an emergency, hospitals may face difficult decisions about the triage and management of patients who may be competing for scarce resources such as hospital emergency admissions, ventilators, equipment, medications, and intensive care resources.

The norms in medical care do not change during disasters – health care professionals are always obligated to provide the best care they reasonably can under given circumstances.

These critical, ethical, and legal decisions should not be made by one person or even just a few people. Instead, the criteria used to make these decisions should be created in advance, formally adopted by the medical staff and hospital leadership, and approved by the board.

Ethical Implications. The COVID-19 pandemic highlighted inequalities that already existed related to lack of access to care and services in the health care system. For leaders developing the standards to be used, ethical issues will be the greatest challenge in determining how to transition from providing a patient-centered approach of providing the best care for individuals to providing resources fairly to the overall public.

Categories of Care

The National Academy of Medicine defines the continuum of care during health care surges as:[1]

- **Conventional Care:** Usual resources and level of care provided through maximal use of the facilities' usual beds, staff, and resources.
- **Contingency Care:** Provision of functionally equivalent care—care provided is adapted from usual practices (such as boarding critical care patients in post-anesthesia care areas).
- **Crisis Care:** Inadequate resources are available to provide equivalent care—care is provided to the level possible given the resource gap. ***Increased risk of morbidity and mortality defines the care provided in this phase—this risk can be minimized by implementing consistent proactive resource use strategies.***

National Guidance

The National Academy of Medicine (formerly the Institute of Medicine), first published guidance on crisis standards of care during the H1N1 pandemic in 2009 for hospitals in serious disaster situations. This guidance was updated in 2020, providing a framework and toolkit with indicators for hospitals to use when confronted with these dire circumstances.

The guidance suggests that hospitals use the following considerations when determining if crisis standards of care are necessary:

- Whether essential infrastructure (such as beds, utilities, and transportation) are critically compromised;
- Absence or a serious lack of human, equipment, and supply resources; and
- Consistent information which prevents transferring patients to other hospitals.

A Shift in Focus. The transition to crisis standards of care is a difficult decision for physicians and senior leaders. It requires a shift in focus moving along a continuum, ranging from:

- "conventional" everyday standards of care with efforts devoted to caring for individual patients, to
- "contingency" standards of care using adapted practices, to
- the worst-case of "crisis" care, where care is rationed, bringing increased risk of morbidity and mortality.

Hospital and health system boards and leaders have a duty to create plans and written guidelines in advance that can be called upon if this emergency situation occurs. Organizations such as the National Academy of Medicine, the American Medical Association (AMA), and the American Hospital Association (AHA) provide tools and resources to ensure ethically sound crisis standards of care are used. For

example, the AMA guidelines specify that triage protocols are applied fairly and consistently to all patients. The AMA also defines how limited resources should be allocated, such as "based on criteria related to medical need, not on non-medical criteria such as patients' social worth."[4]

The Heart of Medical Care Doesn't Change. The Committee on Guidance for Establishing Standards of Care for Use in Disaster Situations noted in their recommendations to the Institute of Medicine that the norms in medical care do not change during disasters – health care professionals are always obligated to provide the best care they reasonably can under given circumstances.

The Decision to Transition to Crisis Standards of Care

Before it's needed, boards should understand and evaluate the organization's criteria for when to transition to crisis standards of care. According to governWell, a leading national health care governance consulting firm, the decision should include:

- Legal assurances that the federal and state authorities' emergency declarations and statutes have authority for hospitals to use crisis standards of care.
- Clear definitions of evidence-based clinical processes, operations, and treatment—including detailed indicators, triggers to move to the next stage, and responsibility and authority for decision-making.
- Strong ethical guidelines on the use of available resources to sustain life for the "greatest good."
- A documented plan for communication, including transparency with the hospital staff and community.

Ensuring a Crisis Communications Plan

If crisis standards of care are required, hospital and health system leaders should be prepared with a "crisis communications plan." governWell recommends that the communications plan includes:

- Defining the official spokesperson for the hospital or health system responsible for media updates and answering questions.
- Communicating what approvals have been secured.
- Communicating the proactive measures the organization has already taken to try to avoid the crisis.
- Explaining how the community will know when the crisis is resolved. For example, sharing clearly defined measures that will indicate the crisis standards of care are no longer needed.

Questions for Boards

Your board is ultimately responsible for ensuring your hospital or health system is prepared in the event that resources must be limited. A written and well-understood plan that addresses crisis standards of care is part of this planning process. To be prepared, your board must:

- Understand what "crisis standards of care" means.
- Ensure a written plan is in place that defines how your organization defines crisis standards of care and when it should be invoked.
- Engage in a robust dialogue about your organization's policy, asking questions such as: Does our plan align with the National Academy of Medicine's guidance? Is our plan consistent with the rest of the state? How does our plan address inequities in care?
- Ensure a crisis communications plan is determined in advance if crisis standards of care is necessary.

Content for this article was contributed by governWell, www.governwell.net. Additional resources are included below.

Sources and More Information

1. Hick, J. L., D. Hanfling, M. Wynia, and E. Toner. 2021. Crisis Standards of Care and COVID-19: What Did We Learn? How Do We Ensure Equity? What Should We Do? NAM Perspectives. Discussion, National Academy of Medicine, Washington, DC. https://doi.org/10.31478/202108e.
2. Knowles, Hannah. Hospitals Overwhelmed by Covid are Turning to 'Crisis Standards of Care.' What Does That Mean? *The Washington Post*. September 22, 2021.
3. Statement on Hospital Capacity and Crisis Standards of Care. News Release. Washington State Department of Health. September 8, 2021. www.doh.wa.gov/Newsroom.
4. Crisis Standards of Care: Guidance from the AMA Code of Medical Ethics. American Medical Association. Updated April 5, 2020.

IOWA HOSPITAL ASSOCIATION

Trustee Minutes

For Iowa Hospital Governing Board Members — Governance Forum Recap Special Issue

BOARDROOM BASICS

The Imperative for Clear Vision in Disruptive and Turbulent Times

One of the board's most important leadership responsibilities is setting a clear vision for the future and planning strategy for getting there. But strategic planning is no longer as straightforward as it might once have been. Today's Coronavirus-dominated environment presents multiple unanswered questions. How long will COVID-19 persist? What vaccine and other COVID treatment breakthroughs will be developed, and when will they be available? What long-term implications will "virtual care" advances bring?

Hospital trustees often question how they can be expected to determine a strategic future when so much in health care is changing, and the future is seemingly unknown and unpredictable. Who would have known in January 2020 that a worldwide pandemic would upend plans and budgets, challenge caregivers as never before, cause economic calamity for so many, and present hospital boards with perhaps their greatest governance challenge?

This is precisely the time when the board must be at its visionary best. Forward thinking visionary boards anticipate potential futures. They prepare for and embrace the changes ahead.

Moving to Visionary Leadership

In the book *Governance as Leadership: Reforming the Work of Nonprofit Boards*, the authors define three types of governance: fiduciary governance, strategic governance and generative governance.

Fiduciary governance should be a boardroom basic, the cornerstone of the board's responsibilities. The practice of fiduciary governance includes stewardship of the organization's assets, responsibility for the organization's finances, ensuring the highest and best use of resources, monitoring and ensuring legal and regulatory compliance, and providing operational oversight.

Strategic governance responsibilities encompass setting a vision and identifying initiatives and strategies for achieving that vision, as well as fulfilling the organization's mission. Strategic governance responsibilities include allocating the resources required to pursue strategic initiatives and monitoring progress to ensure goals are achieved.

While strategic governance might seem to be closely aligned with being a visionary board, it is actually ***generative governance*** skills that must be a priority for trustees in today's environment, which is characterized by fast-paced change with a hazy view of tomorrow. Boards that practice generative governance make time to

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FOR YOUR AGENDA

Trustees and boards recognized for completing IHA Hospital Board Certification

Seventy-nine Iowa hospital trustees and 20 Iowa hospital boards were honored at IHA's annual Governance Forum held virtually April 22-23. To see who was honored this year and the slide show recognition, visit the Education tab at www.IHAonline.org and click the "hospital board certification" link.

The trustee and hospital board certification program provides a framework for demonstrating the individual and collective commitment of Iowa hospital trustees to governance roles and responsibilities and continued learning.

To meet the certification requirements, trustees must complete health care-specific education and confirm their board is following recognized governance best practices. Entire boards are also recognized as one-, two- or three-star boards, depending on the percentage of trustees certified.

The program is useful in community relations with local leaders, businesses, community stakeholders and lawmakers as a tangible example of the commitment of the board in serving in the best interests of the community. For more details and to enroll go to www.IHAonline.org or contact Ellen Waller at IHA at wallere@ihaonline.org or 515-283-9363.

Governance webinars set to start May 11

IHA's annual governance webinar series is designed to provide you with the tools to reinforce your understanding of good governance practices and enhance your effectiveness as a board trustee. The webinars are free for IHA member hospitals and health systems. Topics this year:

- Conflict of Interest: Is it Illegal? – May 11
- What You Should Know: Executive Compensation and Tax Exemption – July 13
- Expectations of Board Oversight in Compliance Programs – Sept. 14
- Cyberthreats: Board Oversight of Information Security – Nov. 16

Your registration includes the session recordings to provide you the flexibility to view the education at a time that works best for you. Each session also provides one hour of continuing board education credit that you can apply toward IHA's hospital board certification program (see previous article). Go to the Education tab at www.IHAonline.org to register.

Popular IHA governance resource gets updated

"Critical Questions Every Hospital Needs to be Able to Answer" is a comprehensive document that can be used as a primer for new board members and a refresher for existing board members. IHA member hospital boards have used the resource as a framework for ongoing board education and discussion. Updated this year, the 135-page document provides you with answers to many of the most-important questions you must know, including:

- How can the board be visionary in an era of uncertainty and transformation?
- How does the board move forward after COVID-19?
- How does the board ensure successful leadership?
- How should the board gauge the hospitals' financial performance?

The publication can be downloaded for free from the IHA website or, to have the PDF emailed, contact Ellen Waller at IHA at wallere@ihaonline.org or 515-283-9363.

Assessment tool measures and benchmarks a board's performance

IHA's board and trustee assessment tool provides you with a better understanding of strengths and weaknesses of your board and trustees. The online assessment is complimentary for IHA member hospitals and health systems and provides benchmarking information against peers and the state. IHA members often use the information to identify education gaps and needs.

The assessment's two sections include:

- ***Overall board assessment*** – This section asks you to answer a set of customizable questions about your perception of the performance of your board. This will give you a better understanding of how your board collectively feels about their contributions.
- ***Personal evaluation*** – This appraisal will give you a better understanding of your strengths and weaknesses as a member of the board. This section will not have benchmarking information; the results are weighted averages of all board members.

For best results, IHA recommends using the program annually. To view a sample board assessment, personal evaluation and board assessment report, visit the Information tab at www.IHAonline.org and select "hospital board assessment." Questions about the board assessment can be emailed to Allison Martin at martina@IHAonline.org.

Do you have ideas for future issues of *Trustee Minutes*?

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question assumptions, they explore areas which lie outside the proverbial "box," and they envision new and innovative ways of accomplishing goals, achieving visions and fulfilling missions.

According to the authors of *Governance as Leadership,* generative governance is where real leadership power lies. It's where the board has a clear sense of problems and opportunities facing the organization.

Generative governance requires:

- A new type of agenda that features ambiguous or problematic situations rather than reports and routine motions, with a goal to frame decisions and choices, not simply make them.
- Trustees to promote robust dialogue around generative ideas and concepts, which stimulates a "culture of inquiry."
- Creating more substantive and intellectually attractive agendas that create more interesting and productive work, and a more influential role for board members.

"What If" and "So What"?

Visionary trustees consistently ask themselves a series of questions, including "What do we know today that we didn't know yesterday?"

By staying well-informed with a continuing flow of new information and evidence, visionary boards can anticipate emerging trends. They begin to envision potential futures by asking themselves "What if" questions. A real-world example confronts boards and hospital leaders today, and likely will for many months to come. What if boards had had the vision to anticipate and think through the myriad ramifications of a pandemic on their organizations, caregivers, patients, and communities?

Visionary trustees consistently ask themselves a series of questions, including "What do we know today that we didn't know yesterday?"

Boards move another step closer to becoming visionaries when they also ask: "What could that mean to us? What implications does it have for our hospital and those we serve with and for?" and "What could or should we do to be prepared?" These are questions that begin to generate deeper understanding of new paradigms and their implications for the hospitals and health systems that boards are responsible for leading. They are the questions that prompt challenges to the assumptions and status quo that may hold organizations back.

Challenges to Maximizing the Board's Visionary Potential

While there are many potential challenges that prevent trustees from maximizing their visionary potential, below are a few of the most common causes that derail boards.

Failing to Stay Well-Informed. Without credible and current information and data, trustees cannot hope to recognize or anticipate the forces, trends, and changes happening in the environment around them. They must develop a high level of understanding in the areas most critical to organizational success and performance. Passing knowledge is not enough.

Poor Agenda Planning and Meeting Management. Confronted with multiple challenges and competing priorities, effective boards must focus their time and attention on the issues most critical to achieving the mission and vision. The board chair must manage meetings to engage trustees at a higher level of thinking and planning, enabling and facilitating the inquiry, dialogue, and debate needed to be visionary.

Focus on the Wrong Issues. Boards must continually adjust their attention to deal with the issues and possibilities of the future, not the issues of the past.

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Three Types of Governance

In the book *Governance as Leadership*[1], the authors define three types of governance:

- ✓ **Fiduciary Governance:** A boardroom basic, the cornerstone of the board's responsibilities.
- ✓ **Strategic Governance:** Setting a vision and identifying initiatives and strategies to achieve that vision.
- ✓ **Generative Governance:** Boards that take time to question assumptions, explore areas "outside the box," and envision new and innovative ways of accomplishing goals and achieving the vision.

GOVERNANCE INSIGHTS

COVID-19 Makes Board Member Recruitment and Education More Important Than Ever

The necessity for boards to be visionary and future-focused has risen to a new level as a result of COVID-19. Boards can't predict the future, but with the right composition they can put their "generative governance" skills to work by engaging multiple futures, looking for innovative ways of accomplishing the organization's mission and vision, and asking that critical question: "What do we know today that we didn't know yesterday?"

Strong board composition is essential to this kind of visionary thinking, and communities battling COVID-19 deserve a board that understands the issues, creatively solves problems, and partners with the community. This kind of board does not happen by chance. It happens when organizations have a sound succession plan for bringing in new trustees, a comprehensive onboarding strategy for new trustees, and a commitment to ongoing education for the full board.

Planning for Future Trustees

Board composition for hospital and health systems should not be simply representational. Instead, boards should seek to develop a composition that reflects the overarching experience and expertise needed to successfully govern for today's challenges.

Hospital and health system boards should be composed of individuals who display a diversity of opinions and independent thought and actions. Trustees should have demonstrated achievement in their career field and possess the intelligence, education, and experience to make significant contributions to governance. They should also possess the personal attributes that will contribute to sound working relationships with other board members and the executive staff.

Leveraging Governance Succession Planning for a Competency-Based Board. Governance succession planning is not simply filling an empty seat on the board—it is an opportunity to strengthen the board and organization's performance and ability to fulfill its mission. By regularly assessing the board's leadership strengths and weaknesses and using the hospital's strategic plan to define critical future leadership requirements, a board can identify governance "gaps" that can be closed through targeted trustee recruitment.

A trustee succession plan should be developed to recruit trustees that meet the specific governance needs. These "gaps" will be different for each board and organization; while one board may be seeking greater expertise in community partnerships, another may be seeking clinical expertise, increased diversity, or experience with "big picture" thinking.

Personal Characteristics to Look For. In addition to seeking out new board members that possess specific skills and competencies, boards should look for new trustees that exhibit the characteristics necessary for today's health care environment, including candidates that are:

- Motivated, committed, and passionate in serving the hospital and community.
- Ethical, respected, and held in high esteem by the community.
- Strategic, innovative, and visionary thinkers.
- Willing to advocate and be the voice of the community.
- Exhibit a high intellect and a willingness to learn.

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- Are collaborative, good listeners, and willing to engage and ask hard questions.
- Have an ability to grasp implications of financial statements.
- Understand and value varying perspectives, including the medical staff, patients, and the community.

New Board Member Onboarding

Once a new trustee is selected, his or her orientation should be a year-long process that speeds up the trustee's depth of understanding, effectiveness, and readiness to make valued contributions to the board. At a minimum, a typical board orientation process includes:

- A broad overview of the organization and the health care environment.
- A tour of the hospital or health system.
- A "fast facts" summary of key facts presented in bullet point format for easy reference.
- A governance manual, including information about the organization, governing documents, organizational documents such as the strategic plan and recent community needs assessment, financial and quality information, and a list of board and executive staff contacts.
- A mentor that works closely with the new trustee for the first year.

Identifying Leadership Gaps on Your Board

Properly identifying, assessing, and recruiting a new trustee begins by determining where the board may have potential leadership "gaps," either now or in the future. The goal is to identify the skills and personal characteristics already present on the board, and identify the skills the board should recruit for that will complement existing expertise, resulting in a more well-rounded, competency-based board.

Boards should consider creating a "matrix" identifying which skills are already present, and which skills offer an opportunity to fill a gap. The matrix should also consider when board members' terms expire. Critical areas of expertise may include:

- **Governance experience,** including service on corporate and/or not-for-profit boards.
- **Professional skills and experience**, which may be itemized to include finance, investment planning, capital planning and acquisition, fundraising, management of complex organizations, marketing and public relations, public speaking, CEO evaluation, CEO compensation, legal expertise, process improvement, customer satisfaction, and research analysis.
- **Clinical expertise** from a variety of perspectives (may include physician, nurse, physician's assistant, mental health provider, etc.).
- **Health care knowledge and experience**, including industry trends, medical and information technology, workforce planning, and laws and regulations.
- **Visionary thinking** and strategic planning.
- **Community collaboration and partnership-building**, which may include community relationships, community leadership, and understanding community trends and issues.
- **Commitment to the hospital or health system's mission**, and willingness to commit the time to properly lead the organization.

Ongoing Board Education

Regardless of how long an individual has served on the board, ongoing education is essential. Boards that envision multiple futures and think "outside the box" must have a strong grasp of the current issues facing the organization and the community.

Many boards engage in governance education at each board meeting, which may include reading or watching a video before the meeting followed by a discussion with the board. While COVID-19 has created a sense of "fire fighting" for many organizations, a commitment to education about current issues and trends is absolutely essential for boards as they make plans to not only respond to the current pandemic, but to recover and thrive after the pandemic is over.

LEADERSHIP PERSPECTIVES

Protecting Your Organization from Cyber Threats

Ransomware attacks have increased 50 percent in the third quarter of 2020 compared to the first half of 2020, according to Check Point Research.[1] ***Health care is the number one most targeted industry in the U.S.*** As telehealth has become a lifeline to patients seeking care during COVID-19, cybersecurity risks are a threat to access to care and timeliness of care, not to mention a significant financial burden for hospitals. In addition, a cyber security attack can prevent access to electronic medical records at critical points during patient care, which may have a direct impact on quality of care.

Even before the increase in ransomware attacks during the current pandemic, cyber attacks cost health care organizations billions of dollars each year. In February 2020, one report estimated that ransomware attacks on health care organizations between 2016 and 2020 cost more than $160 million, and that amount might "only scratch the surface of the problem."[4]

In addition to the cost, cyber threats put patients at risk, resulting in potential patient harm, hospital fines and penalties, and ultimately inflict serious consequences on an organization's community trust and reputation. As stewards of the hospital's financial health and representatives of the community's interests, trustees must take the lead in ensuring that data security, device security, and patient privacy are a top priority at their organization.

The Changing Threat

When describing how ransomware threats to hospitals have changed, John Riggi, Senior Advisor for Cybersecurity and Risk at the American Hospital Association, explains that attacks on overloaded hospitals caring for COVID-19 patients is the threat that he worries most about. He reiterates that "a ransomware attack on a hospital crosses the line from an economic crime to a threat-to-life crime."[2]

It's critical to view cybersecurity as a patient safety, enterprise risk, and strategic priority and instill it into the hospital's existing enterprise, risk-management, governance and business-continuity framework.

—John Riggi, AHA, Cybersecurity and Risk

Hospital leaders must be more prepared now than ever as the use of technology increases and cyber criminals are becoming more sophisticated.[2]

- Previous cyber criminals were often amateurs or hobbyist hackers, resulting in financial consequences.
- Current cyber crimes involve full-time professional cyber gangs that are well trained, equipped, and funded. ***Goals are often to instill fear and disrupt day-to-day-life,*** and perhaps raise money to fund violent crimes or terrorist activities.
- Criminals now target medical devices, not only networks, servers, PCs, databases, and medical records.

The Board's Responsibility for Cybersecurity

Trustees are responsible for protecting the hospital and it's patient community. Cybersecurity is a threat to both. Boards should not ignore cybersecurity or downplay the seriousness of the risks to patient safety, access to care, privacy, and the organization's financial health.

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AHA: Six Actions to Manage Cybersecurity Risks

The American Hospital Association recommends the following six actions to manage hospital cybersecurity risks:[5]

1. **Establish procedures and a core cybersecurity team** to identify and mitigate risks, including board involvement as appropriate.
2. **Develop a cybersecurity investigation and incident response plan** that is mindful of the Cybersecurity Framework being drafted by the National Institute of Standards and Technology.
3. **Investigate the medical devices used by the hospital** in accordance with the June 2013 FDA guidance to ensure that the devices include intrusion detection and prevention assistance and are not currently infected with malware.
4. **Review, test, evaluate, and modify, as appropriate, the hospital's incident response plans and data breach plans** to ensure that the plans remain as current as possible in the changing cyber threat environment.
5. **Consider engaging in regional or national information-sharing** organizations to learn more about the cybersecurity risks faced by hospitals.
6. **Review the hospital's insurance coverage** to determine whether the current coverage is adequate and appropriate given cybersecurity risks.

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Riggi recommends that hospitals and health systems don't view cybersecurity as a technical issue assigned to their IT departments. Instead, he says "it's critical to view cybersecurity as a patient safety, enterprise risk, and strategic priority and instill it into the hospital's existing enterprise, risk-management, governance and business-continuity framework."[3]

Ensure the Board's Role in Oversight. The AHA recommends that hospital boards assign cybersecurity to a relevant board committee to provide more detailed oversight and governance. The hospital's ongoing cybersecurity investigations and plans should be reviewed with the committee, and, if an intrusion does occur, either the full board or the committee should be briefed on the event, lessons learned, and modifications to the hospital's security plans as a result. The AHA also recommends that the board's audit committee provide oversight into cybersecurity vulnerabilities and potential exposures, including insurance coverage.

Set Security Goals. The board or the appropriately assigned board committee should set privacy and security goals for the hospital. Goal setting should begin with an assessment of current security measure and risks. An expert, objective third-party assessment can measure the hospital's exposure to data breach and whether existing security measures are sufficient. An initial assessment provides a benchmark for setting goals and measuring the success of subsequent security measures.

Staff for Security. Day-to-day security within the hospital environment depends on effective oversight and effective security processes. Security programs are likely to be more effective if someone in the organization "owns" data security and privacy – usually a chief security officer, chief privacy officer, or compliance officer. If no such position exists, trustees can help assess and determine what kind of staffing will best fit with the organizational structure. Once an owner is in place, the board should support that person with adequate staffing and funding for personnel-related initiatives such as security screening and on-going training in security procedures, in addition to needed system and process improvements.

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Time should be concentrated on understanding trends and priorities, and their implications, rather than dealing with operational details.

Disengaged Trustees. Board service has never been more challenging. Board members must have the time, availability and discipline to act on their commitment to the board and the responsibilities of trusteeship. They should possess the personal attributes and qualities that ensure the caliber of engagement and contribution required for effective, visionary governance.

Failing to Engage in Deep, Decisive Dialogue. Without constructive challenges to conventional wisdom and thought, the best solutions may never surface. Visionary boards regularly confront issues by challenging assumptions and exploring alternatives to traditional thinking.

Holding onto the Status Quo. COVID -19 is transforming the way organizations and individuals interact, particularly for health care organizations. Trustees must lead organizations that can capitalize on new opportunities. Innovation and change must be encouraged and rewarded in all areas and levels of the organization.

Lack of a Common Purpose. As organizations grow through mergers, joint ventures, partnerships, and collaborations across the continuum of care, all stakeholders must share a common purpose or mission. Nothing is more motivating than a clear picture of a bright and successful future.

Attributes of Visionary Trustees

Visionary trustees possess the personal attributes and qualities required for generative governance, including:

- ***Visionary trustees are big-picture thinkers*** open to new ideas. They think and speak strategically in discussions about complex scenarios and situations.
- ***Visionary trustees analyze trends*** to determine possible implications to the hospital or health system. They display creative and resourceful thinking, considering situations from various angles and perspectives.
- ***Visionary trustees use "reasonable inquiry"*** to pursue new solutions and opportunities, asking thoughtful and insightful questions.
- ***Visionary trustees are willing to challenge the status quo and take calculated risks*** in the interest of moving their organizations forward and fulfilling their missions. These individuals look into the future and imagine what might be achieved.

Visionary boards do not happen by chance. While the attributes of visionary trustees play a critical role, success starts by building on the sound foundation of their organizations' missions, a good understanding of their communities' health care concerns, and the bigger perspective of how health care is evolving.

10 Transformations for Visionary Governance

1. Develop new levels of expertise in the issues driving health care
2. Envision multiple futures
3. Focus more on the emergent and less on the urgent
4. Be catalysts for change, challenge assumptions, generate new thinking
5. Focus on strategic issues
6. Listen to outside views and perspectives
7. Engage in deep, decisive dialogue
8. Ensure high-quality trustee engagement, commitment, and contribution
9. Understand the community's health concerns
10. Maintain a constant focus on mission and value

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Iowa Hospital Association
Trustee Minutes
For Iowa Hospital Governing Board Members July 2021

LEADERSHIP PERSPECTIVES

Advancing Healthier, More Equitable Communities

The sobering fact of health inequity has been spotlighted through the recent experience of COVID-19 infections and racial injustice in the United States. As a result, boards and senior leaders are deepening their commitment to advancing health equity. Moving forward has significant implications that are important for trustees to understand.

Hospitals and health systems have always played a unique role in our society and in the health of their communities. Improving the health of the community is the driving mission for most, if not all, hospitals and health systems. Health equity is closely aligned with that mission. Boards of trustees, along with senior management, share the responsibility for setting overall organizational strategy. Significant disparities in health outcomes across our society have led boards and leaders to focus on health equity as a strategic priority.

Understanding Health Equity

Twenty years ago, the Institute of Medicine urged a call to action to improve the American health care system. Its influential report, *Crossing the Quality Chasm: A New Health System for the 21st Century,* addressed six key dimensions in which our overall health care system functions at far lower levels than it should. Its aims for improvement stressed that quality health care should be safe, effective, patient-centered, timely, efficient, and equitable.[1]

Although considerable progress has been made in most of these quality dimensions over the past two decades, the sixth dimension – *equitable (or equity)* – has lagged behind the others. Equity is defined as everyone having a fair and just opportunity to be as healthy as possible.[1] This requires removing obstacles to health such as poverty and discrimination, as well as lack of access to good jobs with fair pay, quality education and housing, safe environments, and health care.[2] Health equity remains a complex and persistent societal challenge.

Every community experiences health inequities—the uneven distribution of social and economic resources that impact an individual's health. The unavoidable cost related to a lack of health equity includes the medical costs related to preventable chronic disease and the overutilization of health care resources. More importantly, health inequities have a devastating effect on the ability of all people in our communities to live their healthiest and best lives.[3]

What Contributes to Health Inequity?

In the U.S. each year, millions of people face food insecurity, homelessness, or an inability to access medical care, sometimes simply due to

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FOR YOUR AGENDA

Telehealth, EMS and election law wins in 2021 legislation session

IHA's government relations team celebrated several wins during the 2021 legislative session that wrapped up in early May. IHA advocated for a variety of issues including telehealth parity, EMS services as an essential service and election laws affecting public hospital trustee candidates.

Half of Iowa's hospitals are public hospitals, governed by either a city or county, so changes in candidate filing deadlines affect IHA members statewide. In this year's legislative session, IHA successfully achieved a permanent change to the filing deadline for trustees serving on public hospital boards. Work on this issue began in 2020 after a bill had passed in the previous session that moved the filing deadline for candidates, including public hospital trustee candidates, to March rather than the usual deadline closer to the general election. In 2020, IHA successfully advocated to temporarily move the candidate filing deadline back to the fall. With the passage of Senate File 568 this year, the filing deadline permanently returns to 69 days before the general election.

Gov. Kim Reynolds signed Senate File 619, which included requirements for telehealth mental health services to be provided at the same payment rate and in the same manner as if the service were provided in person. The bill also shifted funding for mental health services from the mental health and disability regions to the state general fund.

IHA also was pleased Senate File 615, which eases the process for declaring emergency medical services an essential service, passed this session. Now, city councils, EMS district trustees or county boards of supervisors can declare EMS an essential service without first being petitioned by voters. The bill also extends the sunset period for counties, with the 11 most-populous counties having 10 years and the remaining counties 15 years.

IHA encourages you and all hospital advocates to continue building relationships with legislators in the interim. These months are a good time for you to connect. Let your state senators and state representatives know the impact of legislative proposals on your community. **To learn more about how you can better advocate for Iowa's hospitals, go to IHA's website at www.IHAOnline.org, click the Advocacy tab and click Advocacy Resources.**

IHA Annual Meeting to offer governance sessions

The IHA Annual Meeting, Shaping the Future of Health Care, is virtual again this year providing easy and convenient access for members during and after the meeting. Each day of the annual meeting will begin with keynotes:

- Sal Giunta, Medal of Honor recipient and Iowa native.
- Jane Pauley, host of CBS Sunday Morning.
- Ben Hammersley, contributing editor of WIRED Magazine.

Further, you will have the chance to participate in breakout sessions designed for trustees, including two that will help you lead your organizations into a post-pandemic world:

- ***Is Your Board Ready for What's Next?*** *– Kimberly Russell, FACHE, CEO, Russel Advisers, Omaha, Nebraska*. This session will identify and explore questions for board deliberation in the context of the post-pandemic era.
- ***Executive Leadership Development Through Improved Self-awareness*** *– Don Varnum, MBA, Executive Coach, Varnum Group, Ankeny.* This session will provide a deeper understanding of ways to continually develop your self-awareness, understand your blind spots and improve culture in your organization.

Keep up to date with the latest announcements about the 2021 annual meeting by visiting **https://www.ihaonline.org/education/iha-annual-meeting/.**

Register for IHERF Swinging for Scholars

After a year off, IHERF's 14th Annual Swinging for Scholars golf event is back on Thursday, Sept. 2. The event will look a little different this year but will still give you the chance to recognize IHERF scholarship recipients and enjoy a day out on the beautiful fairways of the Tournament Club of Iowa.

Brunch will kick off the day followed by a recognition ceremony for scholarship recipients. New to the agenda this year will be the IHA all-district meeting. IHA Board Chair Jason Harrington and IHA President and CEO Kirk Norris will present the IHA joint boards retreat summary and IHA's 2021/2022 strategic direction. Golf will begin at 11:30 am followed by dinner and golf awards at 5 pm.

Registration is $150 for individuals and $550 for a foursome. Hospital sponsorships of $1,000 include meals, green fees, golf cart and the registration for a foursome.

For more information about Swinging for Scholars and the all-district meeting, visit **https://www.ihashare.org/events/IHERF2021.pdf.**

Do you have ideas for future issues of *Trustee Minutes*?

Our goal is to provide you with the information and knowledge you need to lead your hospitals forward in today's rapidly changing environment. Tell us what you think, and what you'd like to see in future issues. **Write or call: Craig Borchard**,100 E. Grand Ave, Suite 100, Des Moines, IA 50309, 515-288-1955, BorchardC@ihaonline.org.

The Board's Role in Advancing Health Equity

Four Leadership Actions for Hospitals and Health Systems

Establish Strategic Intent

Mission, values and strategic priorities should reflect a strong commitment to health equity and addressing disparities. Use existing strategic initiatives as "touchstones" for moving forward.

Lead through Collaboration

Collaboration is essential to effectively addressing health equity. Move beyond the "four walls of the hospital" for greater impact. Engage trustees as ambassadors for building relationships with public health and community-based organizations.

Reflect, Understand and Learn

Look both internally and externally to better understand inequities. Establish a culture of equity in which all staff and providers are motivated to address disparities. Learn from best practices and other organizations pursuing health equity.

Ensure Meaningful, Measurable Goals

Unless specifically measured, disparities in health care may go unnoticed. Equity should be a key part of quality improvement efforts and community outreach programs.

Source: governWell, 2020. www.governwell.net.

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lack of transportation. For the elderly on fixed incomes, the high price of prescriptions, vision care, or dental care may make it difficult for them to access needed services. Families may lack health insurance or the ability to navigate the health system due to language barriers. Some communities live in what are termed "food deserts," lacking in available fresh fruits and vegetables, resulting in an over-reliance on fast food. Social isolation or housing in areas where violence has become a regular occurrence also impacts overall health.

How Much of a Problem are Disparities?

Although health inequity was identified as one of the top six issues by the Institute of Medicine back in 2001, the COVID-19 pandemic greatly elevated the depth of the challenge. According to the Centers for Disease Control and Prevention (CDC), Black, Latino, and American Indian or Alaska Native people are disproportionately affected by COVID-19, often having three times the rate of hospitalization and double the death rates as their white counterparts. This disparity was demonstrated in a widespread manner that spans the country, throughout hundreds of counties in urban, suburban and rural areas, and across all age groups.[4]

Experts cite many possible reasons for disparities, including what are often referred to as **social determinants of health**, defined by the World Health Organization (WHO) as the circumstances in which people are born, grow up, live, work and age, and the systems put in place to deal with illness.[5] Examples of social determinants that may have impacted coronavirus infection rates include multi-generational or crowded housing, food insecurity, lack of health insurance, essential jobs that cannot be done remotely, and use of public transportation.

Some research demonstrates that up to 80% of health outcomes are driven by these social determinants. The American Hospital Association (AHA) adapted the World Health Organization definition in its framework to understand these important factors, which include housing, food, education transportation, violence, social support, employment, and health behaviors.[6]

The Board's Leadership Role in Advancing Health Equity

Hospitals and health systems alone cannot address all the social determinants of health. However, they

can have a substantial impact. The specific approaches will vary greatly depending on the organization and the needs of the communities served.

How does the board promote and advance health equity? Boards, senior executives and clinical leaders set the mission, values and strategic priorities for the organization, playing a critical role in ensuring that health equity is in some way addressed, with defined improvement actions and metrics to measure progress.

Conducting a Community Health Needs Assessment. An excellent place to start is with a community health needs assessment that many hospitals conduct every three years. This assessment is a federal requirement for all tax-exempt hospitals and requires the hospital to: define its community; identify and engage stakeholders; collect and analyze data; prioritize community health issues; document and communicate results; and plan and implement strategies to address these needs and evaluate progress.[7]

Building a Deeper Understanding of Needs. Many hospitals use other tools, such as the *County Health Rankings and Roadmap,* to assist them in developing their triennial assessment.[8] Information on a wide spectrum of variables, such as racial, ethnic, education, and language demographics of the community, along with data on factors such as average life expectancy, chronic disease rates, violence, substance abuse, obesity, food insecurity, tobacco use, poverty levels, and unemployment will help the hospital identify the most urgent unmet health needs in the community. Feedback from trusted community stakeholders will also contribute to a deeper understanding of community needs.

The assessment will also identify potential partnership opportunities for the hospital in the community, such as with Federally Qualified Health Centers, county or city health departments, food pantries, homeless shelters, faith communities, and social service organizations.

Equity Pledge. Another example of a specific strategy that many hospitals have undertaken is the *#123forEquityPledge*—an initiative of the American Hospital Association and the Institute for Diversity and Health Equity. The pledge asks hospital and health system leaders to work to ensure that every person in every community receives high-quality, equitable and safe care. Hospitals and health systems that take the pledge can also report their specific actions, challenges, and results to share and learn from and with other organizations.[9]

IHI Framework. One approach to consider using is the Institute for Healthcare Improvement white paper, *Achieving Health Equity: A Guide for Health Care Organizations*.[10] The framework provides five key components for health care organizations to improve health equity in the communities they serve:

- Make health equity a strategic priority.
- Develop structure and processes to support health equity at work.
- Deploy specific strategies to address the determinants of health on which the health care organization can have a direct impact.
- Decrease institutional racism within the organization.
- Develop partnerships with community organizations to improve health and equity.

Health Equity: Questions for Board Consideration

- Is health equity a strategic priority for our hospital or health system?
- How does our board promote and advance health equity?
- Does our hospital or health system have strategies in place to partner with organizations that represent and serve diverse groups in our community?
- How is the diversity of the communities we serve reflected in our board's composition and the senior management team?
- Has a team from our organization met with community leaders to seek their advice on how to work together to address the health inequities in the communities we serve?
- Does our organization emphasize the importance of accurate, consistent, and systematic collection of data on patients?
- Does our organization monitor our patient population to properly care for and serve gender, racial, ethnic, language, religious, and socio-economic differences and needs?

Meaningful, Measurable Goals

Although it will be up to senior management and clinical leaders to ensure that the strategic improvement activities are implemented in practice, ***the board is responsible for seeing that the plans are being followed.*** Metrics should be established in advance to evaluate progress toward goals. This performance data should be reported to the board or its designated committees (such as Quality, Strategic Planning, or Community Outreach) at defined intervals, such as quarterly. Data that the board will want to monitor will depend on the specific improvement initiatives that are underway, and with enough specificity to identify trends and gaps.

Even the most well-intentioned effort to reduce disparities is less likely to succeed if it's not part of a broader culture of equity. When staff recognize that disparities exist within the organization and view inequality as an injustice that must be redressed, that organization has a strong culture of equity.[11]

Prioritizing Collaboration

Individual health care organizations cannot independently do everything that is needed to fulfill their mission commitment to the community and health equity. Thinking and operating independently fails to leverage and maximize the opportunities that come with joint efforts and shared resources. These realities are prompting hospitals and health systems to develop partnerships with a wide range of other agencies, including public health, social service organizations and other hospitals in their communities.

Developing and governing successful community partnerships requires high levels of trust and engagement among community agencies and organizations, coupled with the ability to envision a future where health and health care looks different and is better than it is today.

There is no single model of partnership or governance that will meet each community's unique needs. As boards evaluate and prioritize the community's needs and the depth of the organization's resources, trustees must know the power and potential of leveraging community partnerships can help to fulfill the organization's mission and commitment to achieving health equity.

Funding Health Equity Initiatives

A major responsibility of the hospital board is to ensure that strategic activities are adequately funded, including those addressing health equity. This will require the board and senior management to carefully consider and prioritize what is feasible to accomplish, weighing community needs with financial capabilities. The hospital may need to seek external grant funding or philanthropy in order to fund health equity initiatives, something that board members may be called upon to support.

This content was developed by governWell, www.governwell.net.

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BOARDROOM BASICS

Effective Leadership on Quality and Patient Safety Starts with Understanding the Board's Role

Oversight of quality and safety is a board responsibility that extends across the organization. It cannot be delegated. Accountability in quality and safety encompasses all of the services that the organization provides, well beyond the four walls of the hospital.

The board sets the quality and safety goals and holds the administration and medical staff accountable to achieve them. The board is also responsible for credentialing and re-credentialing of the medical staff, which includes not only physicians but non-physicians who provide a medical level of care when diagnosing and treating patients (including advance practice nurses, physician assistance, psychologists, and others).

The Current State of Safety in Hospitals

Health care in America is criticized for its high cost and low quality. When the Institute of Medicine (now called the National Academy of Medicine or NAM) published its report *To Err is Human* in 1999, it estimated between 44,000—98,000 people died in hospitals annually as a result of preventable medical errors. Since that report, other reports have been published estimating there are significantly more preventable deaths annually, and still others calculating the large amount of financial "waste" that takes place in the U.S. health care system.[1]

For example, research indicates that about ***one in ten patients in the U.S. develop an adverse event during hospitalization*** (such as a health care acquired infection or preventable adverse drug event). Another study found that half of all surgeries had a medication error or adverse drug event.[9]

According to research published in the Journal of the American Medical Association (JAMA), waste accounts for approximately one-quarter of U.S. health care spending. The authors estimated the waste to be between $760 billion—$935 billion annually. Because no other country spends more on health care than the United States, these numbers seem all the more impactful.[2]

Health care leaders are working to reduce waste and errors, and public and elected officials are concerned and taking action. Yet errors occur in hospitals every day. Regardless of the nature or scope, medical errors significantly impact quality of care, patient satisfaction, medical staff and employee morale, cost of care, insurance contracts, and reimbursement.

Boards of trustees must take strong, organized action to establish and nurture an organizational accountability and culture that continually seeks to improve quality and patient safety at every turn. Board members individually, and collectively, can make a big difference in quality and patient safety.

The ultimate goal of excellent care is zero harm. The Joint Commission describes the process of achieving zero harm through highly reliable care. In health care, that means that care is consistently excellent and safe across all services and settings.[3]

Understanding Systemic Challenges

The health care system has wide-ranging opportunity for improvements to be made relating to lack of leadership, lack of a safety-focused culture, lack of sustaining improvements, and inadequate systems.

Physicians and nurses do their best every day to provide great care in the very complex environment of health care. The majority of errors are caused by health care systems or processes which are faulty, too complicated, or fragmented.

For example, medications have brand names and generic names, and the names may look and sound different. In addition, packaging changes, labels, and variations in dosages (such as pill vs. injection) can cause confusion. "Look-alike, sound-alike" drugs aptly describes this challenge, and it is no wonder that adverse drug events are the most common type of health care adverse event.

Understanding the nature of system failure and fragmentation, boards must ask: "What can our hospital do to improve our systems to support safe, high quality care?"

Quality and Patient Safety are Job One

Too often boards of trustees assume that quality and safety problems are not an issue unless they hear otherwise. Boards should ask questions to identify areas with the greatest need for improvement. Questions boards should be asking include:

- How good is our quality? How do we know?
- Where do we want our quality to be, and by when? How do we sustain our quality improvements?
- What is our "culture" of quality and safety? Are errors reported, including by management to the board?
- What does the public expect from us?
- What should we be measuring?
- Do we publicly disclose our quality and safety performance, and to what degree?
- What quality and safety issues are emerging as areas we should begin to address?

Boards of trustees should embrace their role in patient safety for moral, ethical, legal, and financial reasons. Board members must understand that they are liable for the care provided; that medical errors significantly impact health care costs; and that better patient quality and patient safety are key components of "staying on top" in a highly competitive environment.

Patients have the right and expectation to receive excellent care regardless of the size of their health care provider. Board accountability for quality and safety is the same regardless of the size of the organization.

Board Liability. It is ultimately the board's responsibility to ensure that their organization is taking clear, appropriate measures to provide the safest health care in the most efficient and effective manner. By understanding where quality and safety risks are emerging, the board can proactively take steps to eradicate or prevent errors from happening. This essential connection between risk management and quality improvement is key for boards to understand.

As a result, continually seeking education about current trends and implications must be a board priority. Boards should regularly review key

Six Aims for the Health Care System

The Institute of Medicine (now the National Academy of Medicine) helps boards by defining "six aims" for the health care system. These are six areas hospital trustees and leaders should watch for in their organization as care is discussed.[4]

- **Safe**: Avoiding harm to patients from the care that is intended to help them.
- **Effective:** Providing services based on scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit.
- **Patient-centered**: Providing care that is respectful of and responsive to individual patient preferences, needs, and values and ensuring that patient values guide all clinical decisions.
- **Timely:** Reducing waits and sometimes harmful delays for both those who receive and those who give care.
- **Efficient:** Avoiding waste, including waste of equipment, supplies, ideas, and energy.
- **Equitable:** Providing care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socioeconomic status.

Board members must have measures that demonstrate how their organization is performing in each of these six areas.

IHI: Board Actions to Improve Quality and Patient Safety

The Institute for Healthcare Improvement has identified 15 specific governance behaviors that increase the odds of rapid quality improvement throughout hospitals and health systems. High achieving boards:[7]

1. Set a clear direction for the organization and regularly monitor performance
2. Take ownership of quality problems and make quality an agenda item at every board meeting
3. Invest time in board meetings to understand the gap between current performance and the "best in class"
4. Aggressively embrace transparency and publicly display performance data
5. Partner closely with executives, physicians, nurses, and other clinical leadership in order to initiate and support changes in care
6. Drive the organization to seek the regular input of patients, families, and staff, and they do the same themselves
7. Review survey results on culture, satisfaction, experience of care, outcomes, and gaps at least annually
8. Establish accountability for quality-of-care results at the CEO level, with a meaningful portion of compensation linked to it
9. Establish sound oversight processes, relying on quality measurement reports and dashboards ("Are we achieving our goals?")
10. Require a commitment to safety in the job description of every employee and require an orientation to quality improvement aims, methods, and skills for all new board members, administrators, staff, and physicians
11. Establish an interdisciplinary Board Quality Committee meeting at least four times a year with a board member sitting on the committee
12. Bring knowledgeable quality leaders onto the board from both health care and other industries
13. Set goals for the education of board members about quality and safety, and ensure compliance with these goals
14. Hold crucial conversations about system failures that resulted in patient harm
15. Allocate adequate resources to ongoing improvement projects and invest in building quality improvement across the organization

quality indicators, understand what they are measuring, and take corrective action when necessary.

Cost. The cost of medical errors to the individual, health care system and society is significant. In addition to the costs already discussed, payers and large businesses are increasingly expecting health care partners to demonstrate high quality, efficient care. This has resulted in a growing number of providers being excluded from payer contracts.

Quality and safety at a reasonable cost is fundamental to a health care provider's survival.

Competition. Although quality has traditionally been a matter of perception on the part of patients, an increasing number of organizations are publishing hospital quality ratings and report cards. While many of these agencies use different measures and definitions, awareness of quality and patient safety measurement is growing. Hospitals that encourage a culture of safety and move toward the goal of zero harm have an opportunity to not only improve patient care and reduce expenses, but to also build public trust, confidence, and business growth. In contrast, hospitals and health systems that do not put processes in place to reduce serious safety errors risk losing money, employees, consumer confidence, and market share.

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IOWA HOSPITAL ASSOCIATION Trustee Minutes
For Iowa Hospital Governing Board Members Winter 2021

BOARDROOM BASICS

Board Leadership is Essential to COVID-19 Recovery and Success

This special issue highlights many of the trends your organization will likely face in the coming year as America recovers and responds to COVID-19. We have drawn on many valuable resources for this special strategic assessment, which includes questions and conclusions to guide your board's strategic thinking for 2021 and beyond.

Strong leadership from hospital and health system boards of trustees is essential to recovery from COVID-19. With the promise of wide vaccine distribution coming, leaders can start planning for a future that moves from surviving to thriving.

As with any crisis, there is an opportunity for new thinking and innovation. Boards should consider:

How has COVID changed the way we provide care?

Have we changed how the hospital operates, how we communicate and how agile our responses are?

How has COVID changed the way patients access care?

How can we use the changes over last year to encourage innovation and leverage employee insight?

Financial Health

COVID-19 Has Drastically Increased the Financial Burden. The impact of COVID-19 on hospitals and health systems is immense. According to the American Hospital Association (AHA), COVID-19 has resulted in a projected loss of $323.1 billion to hospitals and health systems in 2020. Health care leaders' top concerns include loss of revenue, overall financial stability, supply chain risk, staff getting sick, and furloughing staff.[1]

For some hospitals, treating COVID patients has been all-consuming. For others, the greater impact has been patients deferring medical care, a decline in health care professional services utilization and revenue, and hospital concerns ranging from financial stability to supply chain risk as well as even greater workforce challenges.[1]

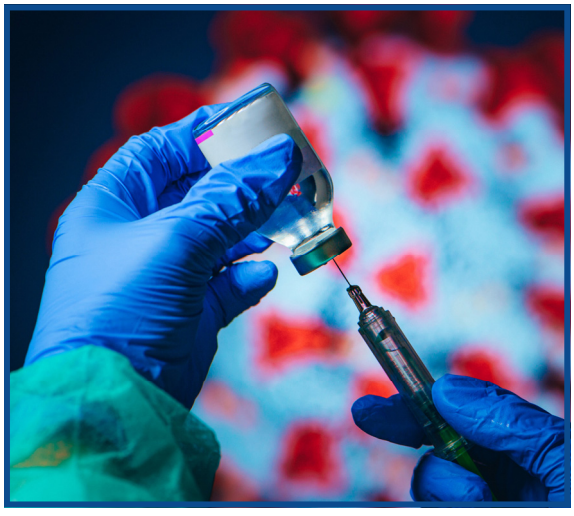
The Focus on Value Remains. Prior to the pandemic, America's health care system was in the middle of the transition from "fee for service" to payment based on value and outcomes. In recent years hospitals have engaged in a variety of new payment structures, including value-based purchasing, Accountable Care Organizations, and bundled payments.

The value equation in health care hasn't changed:

Value = High Quality + Low Cost + High Patient Satisfaction

Now, more than ever, hospitals must commit to improving the components of that value equation. Quality should be infused in every board discussion. Boards should engage in continual education and conversations about understanding costs and new payment structures.

(Continued on page 3)



FOR YOUR AGENDA

IHA's Annual Governance Forum set for April 22-23

The IHA Governance Forum is virtual again this year and offers you content on current hot topics as well as good governance practices. New in 2021, there is no registration fee for governing board members of IHA member hospitals and health systems. When you register, you also get access to the session recordings.

This year's agenda features local faculty and nationally recognized experts including Jamie Orlikoff on governance and Dr. Kevin Ahmaad Jenkins on diversity, equity and inclusion.

- ***Cybersecurity Attacks and the Impact They Have on Health Care* –** Joe Shields, CEO, IP Pathways, Des Moines, and Suzanne Cooner, CEO, Audubon County Memorial Hospital and Clinics, Audubon.
- ***Regulatory Update: In Case You Missed the Headlines, and What They Mean for Trustees* –** Michael Chase, Partner, Baird Holm, Omaha, Nebraska.
- ***Through a Glass Darkly: Health Care Trends and Their Implications for the Future* –** Jamie Orlikoff, President, Orlikoff and Associates, Chicago.
- ***Trustee 101* –** Ben Fee, Attorney, Hall, Render, Killian, Health and Lyman, Denver.
- ***Win When for Health Care* –** Kevin Ahmaad Jenkins, PhD, University of Pennsylvania, Philadelphia.

Trustees who have met the criteria for basic or advanced standards in IHA's Hospital Board Certification program also will be recognized along with 18 hospital boards. If you are just getting started on your certification, you can earn 5.5 hours of continuing board education credit participating in the forum. For hospital board certification details and to register for the IHA Governance Forum go to the education tab at www.ihaonline.org.

Hospital issues remain active as 2021 legislative session nears midpoint

Floor debate in both chambers is ramping up significantly as bills move out of committee and the second funnel approaches in early April. Telehealth, tort reform and emergency medical services as an essential service are among the hospital priorities IHA's advocacy team has been working on with lawmakers and member hospitals. To keep informed throughout session, you have multiple choices from IHA's weekly edition of Legislative Bulletin to biweekly Capitol Updates accessible through video or audio recordings. These resources and others can be found under the advocacy tab on the IHA website (www.ihaonline.org). You also are encouraged to sign up for email or text messages from IHA's Voter Voice Action Alert network and respond with other hospital advocates when legislators need to hear how the bill they are considering affects your hospital**. Go to IHA's website at www.ihaonline.org and click the advocacy tab and find VoterVoice Action Alert under grassroots advocacy.**

IHA advocacy updates are also accessible through social media. Find Iowa Hospital Association on Facebook at /Iowahospital, on LinkedIn and @Iowahospital on Twitter.

IHA governance webinar series launches in May

Trustees play a significant role in ensuring their organization is providing high-quality, safe health care and sustaining a solid financial operation. IHA's annual governance webinar series is designed to provide you tools to reinforce your understanding of good governance practices and enhance your effectiveness as a board trustee. Topics included in this year's series include:

- Conflict of Interest: Is it Illegal? – May 11
- What You Should Know: Executive Compensation and Tax Exemption. – July 13
- Expectations of Board Oversight in Compliance Programs. – Sept. 14
- Cyberthreats: Board Oversight of Information Security. – Nov. 16

New this year: Participation in the webinars is free for governing board members of IHA member hospitals and health systems. Your registration includes the session recordings to provide you the flexibility to view the education at a time that works best for you. Each session also provides one hour of continuing board education credit. For details on the board certification program and to register for the IHA Governance Webinar Series go to the education tab at www.ihaonline.org.

IHA Summer Forum returns with Noons in June

IHA's 48th Summer Forum will be virtual and scheduled over the noon hour of the four consecutive Thursdays in June starting June 3. Registration is free and open to all IHA members. Topics this year range from innovation to health equity. Daniel Kraft, MD, who chairs the XPRIZE Pandemic Alliance Task Force, founded Exponential Medicine and has keynoted two IHA annual meetings will kick off this year's sessions on June 3. He will explore what is emerging in prevention, diagnostics and therapy, and the implications for hospitals and providers. Watch your inbox and the IHA website for more details and registration.

Do you have ideas for future issues of *Trustee Minutes*?

Our goal is to provide you with the information and knowledge you need to lead your hospitals forward in today's rapidly changing environment. Tell us what you think, and what you'd like to see in future issues. **Write or call: Craig Borchard**,100 E. Grand Ave, Suite 100, Des Moines, IA 50309, 515-288-1955, BorchardC@ihaonline.org.

(Continued from page 1)

As COVID-19 recovery begins, hospital leaders have an opportunity to refocus their efforts on the areas that matter most. This will require an engaged workforce, innovative leaders, a willingness to explore non-traditional forms of care, expanding community partnerships, and addressing the social determinants of health that directly impact the populations hit hardest by the pandemic.

How is your board setting the tone for both short-term financial recovery and success in the value-based care environment?

Workforce

Shortages of physicians and other caregivers has been a top challenge for hospitals and health systems for decades. Changes in how patient care is delivered, who delivers the care, and leveraging technology has helped alleviate some of the shortages, but the challenge still remains.

The Projected Shortages Continue. The number of physicians and nurses retiring combined with the increase in demand for services continues to widen the gap. There is projected to be a shortage of 21,400 - 55,200 primary care physicians by 2033. The shortage of nurses is even more concerning, with a projected need of 2,000,000 nurses by 2026 but only a projected increase in supply of 500,000.[1]

Provider Burnout and Workplace Safety is More Important than Ever. Before the pandemic, hospitals worked diligently to monitor and strengthen employee and medical staff satisfaction, ensure a strong employee recruitment pipeline, support staff to the full extent of their license, and ensure a strong organizational culture. Even with these approaches, there were concerns about provider burnout and depression.

Since the start of the pandemic, half of physicians report experiencing inappropriate anger, tearfulness or anxiety due to COVID-19's effect on their practice or employment. More than seventy percent of nurses report suffering from challenges with sleep during COVID-19, half report feeling overwhelmed, and thirty percent report feelings of depression.[1]

Now, more than ever, hospitals must be committed to creating a safe workplace that encourages emotional health and well-being. Boards are responsible for setting the tone, prioritizing employee engagement, emphasizing quality and patient safety, and creating a culture that values all employees.

Does your senior leadership encourage and value feedback and creative solutions from all employees? What can your organization do now to reduce the mental health burden on your workforce?

Innovation

Health care was already experiencing many innovative shifts prior to COVID -19, largely related to new technology, artificial intelligence, consumerism, and a greater focus on population health. But COVID has created a sense of urgency for organizations to pivot, refocus priorities, and innovate. The pandemic initially sparked ventilator inventions and distilleries making hand sanitizer, followed by new approaches to treating both patients with and without COVID-19, and the rapid development of COVID-19 vaccines.

90% of health care leaders agree that the COVID-19 crisis will fundamentally change the way they do business over the next five years.[1]

Employees are Key to Creatively Solving Problems. Hospitals and health systems were forced to radically change their care delivery almost overnight, most notably finding new ways to treat patients remotely. The ability for hospitals to listen to their employees and leverage employee creativity is directly related to innovation, particularly in a crisis.

In the AHA's *Futurescan*, Nancy M. Schlichting, former president and CEO of Henry Ford Health System, explained this well: "Employees and the medical staff are central to the success of any hospital or health system. They frequently know of a problem that requires change before

leadership does, because they are closer to it. That insider's perspective often enables them to recommend the best solution."[2]

The COVID Crisis Will Fundamentally Change Health Care. While not all the quick shifts that occurred during the early days of COVID will remain, according to a recent poll, 90 percent of health care leaders agree that the COVID-19 crisis will fundamentally change the way they do business over the next five years.[1] In addition, more than seventy percent of health care leaders believe changes brought about by COVID will be an opportunity for growth.[1]

Now is the time for boards to leverage the creativity and innovation sparked by the pandemic.

For a robust set of resources, data and analytics, case examples and more, go to the AHA's Center for Health Innovation at www.aha.org/center.

How did your organization adapt to COVID-19, and how can that momentum continue after the crisis ends? Are you maximizing employee and physician engagement to encourage innovation?

Emerging Competitive Challenges

Consumer Loyalty is Declining. Before COVID-19 was widespread in the United States, a 2019 survey reported that the majority of consumers preferred to receive health care services from their own doctor or hospital (67%).[3]

The pandemic has shifted consumer mindsets. For many, concerns about COVID symptoms, the shortage of COVID testing, or simply a desire to see a provider—any provider—has led to a shift in where patients are getting care. For some, a virtual appointment with anyone was a "win." For others, the loss of health insurance led to a shift in where they could access or afford care.

According to a September 2020 PBS NewsHour-Marist poll, thirty five percent of those polled said they think America's health care system is below average compared to the rest of the world. In addition, two-thirds are now willing to use telemedicine for future health care needs.[3]

In 2019 the majority of consumers preferred to receive health care services from their own doctor or hospital…In 2020, two-thirds reported they were now willing to use telemedicine for future health care needs.[3]

Retail Health is Expanding. In September 2019 Walmart opened its first Walmart Health center, which its website describes as a commitment to "making healthcare more affordable and accessible for customers in the communities we serve." Walmart Health currently has twelve locations and plans to open more soon.

Similarly, CVS is expected to expand from its 50 HealthHubs locations in 2019 to 1,500 locations by the end of 2021.[12]

The rise in retail clinics may be accelerated by the pandemic, providing an easy and safe way for consumers to access much-needed care. At the same time, retail clinics are leveraging their existing market share to support increased demand for telehealth.

In May 2020, CVS reported a 600 percent increase in virtual visits and a more than 1,000 percent increase in prescription home delivery.[12]

Many retail clinics were swift to respond in offering COVID-19 testing, including Walmart, Target, Walgreens and CVS Health.[12] Between their

Making Innovation a Priority

It's human nature to want to help others and solve problems, particularly among health care workers who often pursue their profession because of that commitment. Crises like the COVID-19 pandemic are a perfect environment to spark innovation and develop new solutions. The challenge for boards is to capitalize on the innovation already taking place, and to carry the momentum forward.

Innovative boards set the tone for their organization when they:

- ✓ Prioritize innovation on their meeting agendas
- ✓ Make time to question assumptions and explore different ways of accomplishing goals
- ✓ Encourage open discussion and thinking that drives new ideas and approaches
- ✓ Value a combination of healthy questioning and collaborative thinking
- ✓ Seek input from inside and outside sources
- ✓ Allocate resources to support innovation throughout the organization
- ✓ Engage in innovation training for the board and senior leadership

already growing presence during the pandemic and the promise of partnerships between the Department of Health and Human Services and retail providers to provide COVID vaccines to the public, expect further willingness and interest to use these providers.

Virtual Solutions are Growing. Amazon Care is a great example of a virtual platform well-poised to meet this growing demand for telemedicine. Amazon launched Amazon Care in 2019 as a health care benefit for its own employees, and it is currently available to all Amazon employees and their families in the state of Washington. The pilot program allows beneficiaries to chat with clinicians and launch video appointments through the app, with in-person follow-up care and prescription delivery in the Greater Seattle area.

According to Business Insider, Amazon may be looking to expand Amazon Care to other employers using a similar concept, offering both primary and in-person care.[4]

Particularly in the wake of COVID, consumers are increasingly open to this kind of "outside" and "non-traditional" care. In fact, these non-traditional providers are now what many consumers want instead. It's immediate, easy, and often you don't even have to leave your home.

How does your organization meet the needs of consumers looking for fast, easy, affordable health care? Have you considered partnerships with organizations like Walmart, Amazon or Walgreens offering alternative options for care?

AHA: How COVID-19 May Change Health Care Permanently

The American Hospital Association 2021 Environmental Scan predicts 10 ways that COVID-19 may change health care permanently:

1. **Technology**: Acceleration of telemedicine, acceleration of digital health options, and innovations with drones and robotics.
2. **Benefits:** Expansion of health reimbursement arrangement for employees.
3. **Surgeries:** New strategies for elective surgeries.
4. **Aides**: Growth of home-health aides.
5. **Disparities**: An increased focus on racial disparities.
6. **Drug Prices:** A push for the government to negotiate drug prices.
7. **Supply Chain:** Development of local supply chain sources and an increase in U.S. drug manufacturing.
8. **Preparedness:** A new era of health care preparedness.
9. **Scope of Practice:** Increase scope of practice for non-physicians.
10. **Payment for Value:** New payment models and a continued shift away from fee-for-service.

Source: American Hospital Association. 2021 Environmental Scan. 2020. www.aha.org/environmentalscan.

Cybersecurity

Cyber Attacks are on the Rise. As telehealth has increased during the pandemic, the risk of cybersecurity attacks has also increased. Not only are patients engaging in more telehealth visits, but providers are increasingly working and accessing medical data remotely. According to Check Point Research, ransomware attacks increased 50 percent in the third quarter of 2020 compared to the first half of 2020. In addition, health care is the number one most targeted industry for cyberattacks in the U.S.[5]

Hospitals Can Take Preventive Measures. The American Hospital Association recommends that hospitals defend themselves by acknowledging the risk levels they face, updating cybersecurity and enterprise risk-management practices to correlate to the elevated threat level, and communicating ransomware threats to all stakeholders.[1]

For more on cybersecurity, go to www.aha.org/cybersecurity.

Has your board acknowledged the increasing risk of cyber attacks? How have you ramped up your cybersecurity?

Partnerships and Care Coordination

New Collaboration. One exciting outcome of the COVID pandemic response is hearing the stories of organizations and individuals working

together to develop solutions. Sharing of best practices and peer networking is nothing new, but the rapid evolvement of COVID treatment and response has invited new forms of collaboration. At the beginning, it was finding people in the community to sew masks and donate supplies. As the complexity grew, so did the partnerships.

National Platform and Case Examples. On a national scale, the American Hospital Association launched the AHA Living Learning Network, a platform that helps health care professionals share pressing COVID-related needs and tools and resources for learning and training. Locally, stories tell of hospitals partnering with cultural organizations to address COVID disparities, establishing new communication structures between hospitals and community organizations to rapidly respond to community needs and continued growth in partnerships to meet both community health needs and social needs in the midst of the pandemic.

For case examples highlighting hospital community partnerships and care coordination, go to www.aha.org/type/case-studies and www.aha.org/topics/community-partnerships.

How have your organization's community partnerships and efforts to improve care coordination changed as a result of COVID? What should continue, and what learnings can you take away to move forward with?

Behavioral Health

In the AHA's letter to president elect Joe Biden outlining policy priorities in December 2020, the association highlighted the impact of COVID-19 on the already strained behavioral health resources in America: "The stress from unemployment, isolation due to quarantine, and grief over loved ones lost to the pandemic are likely to manifest in increases in already high rates of deaths of despair (i.e., suicides and substance use)."

In 2019, approximately one in ten (11%) of adults reported symptoms of anxiety or depressive disorder. But during the COVID pandemic, more than one in three adults reported the same symptoms.[6]

The Mental Health Epidemic Has Worsened During COVID. Before the pandemic, the Kaiser Family Foundation reported that deaths due to drug overdoes increased more than threefold from 1999 to 2018. But the pandemic has taken an even greater toll on this major health challenge in America. In 2019, approximately one in ten (11%) of adults reported symptoms of anxiety or depressive disorder. But during the COVID pandemic, more than one in three adults reported the same symptoms.[6] In addition, 13 percent of adults reported new or increased substance use as a way to manage stress during the pandemic, and more than ten percent of adults reported thoughts of suicide.[6]

"The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard. As we continue the fight to end this pandemic, it's important to not lose sight of different groups being affected in other ways. We need to take care of people suffering from unintended consequences."[9]

-CDC Director Robert Redfield

New data from the Centers for Disease Control and Prevention (CDC) confirm what many experts have warned about: 2020 recorded the highest number of drug overdose deaths ever recorded in a single year. For the twelve months ending in May 2020, more than 81,000 drug overdose fatalities occurred, and many believe the first few months of the pandemic played a key role.[9]

Compared to 2019, synthetic opioid-linked deaths rose by 38 percent, cocaine-related deaths rose by 26 percent, and deaths from psychostimulants, including methamphetamine, increased by nearly 35 percent.[9]

Like many other health challenges, the increased mental health toll of COVID-19 has hit Black/African American and Hispanic/Latino communities the hardest. And while they experience proportionally lower rates of mental health challenges, white Americans are more likely to get treatment for mental illness.[1]

CDC Director Robert Redfield recently described the challenge facing communities across America: "The disruption to daily life due to the COVID-19 pandemic has hit those with substance use disorder hard. As we continue the fight to end this pandemic, it's important to not lose sight of different groups being

affected in other ways. We need to take care of people suffering from unintended consequences."[9]

Consumers Are More Willing to Engage Online. One benefit of the forced shift toward telehealth during the pandemic has been an increased willingness to engage in telepsychiatry, with more adults using the services during the pandemic and reporting an interest in continuing telepsychiatry after the pandemic. This willingness for virtual visits has the potential to expand access to services for areas without behavioral health providers, and investments are supporting that trend.

By the third quarter of 2020, venture capital funding for U.S. mental health start-ups had already surpassed investments in 2019.[7] Examples of recent mental health start-ups include Talkspace, BetterHelp, and Brightside offering online therapy, counseling, and medication plans. Other services such as Headspace and Calm focus on mindfulness, meditation, sleep stories, and relaxing music. Calm has also partnered with Kaiser Permanente to offer qualifying members free access to Calm's content.[8]

According to the AHA, first-time downloads of the top 20 mental wellness apps increased by nearly 30% from January 2020 to April 2020.[1]

Is mental health a central component of your hospital or health system's vision for the future? What opportunities are there to partner with other organizations to better meet future community mental health needs?

Gather Information: Ask Your Managers and Senior Leaders

Conducting a "mini survey" of department managers and senior leaders provides critical information to help boards reshape their strategic thinking for a post-COVID world. Boards can use the feedback to guide strategic thinking and direction and to identify critical topics for governance education.

Ask your organization's leaders and managers to rate how critical issues and challenges are, such as:

- Financial challenges related to COVID-19 response and recovery
- Financial challenges related to inadequate reimbursement
- Reduced patient volumes
- Concerns about community trust
- Patient health and the potential impact of deferred care on patient needs
- Expanding telehealth to meet the needs of patients and caregivers
- Ensuring cybersecurity, particularly in the face of rapid telehealth growth
- Competing with non-traditional providers such as retail clinics and online health services
- Partnerships with community organizations
- Coordination of care within the organization
- Coordination of care with other organizations and providers
- Innovation and the reimagining of the future of health care
- Investment in medical technology, including artificial intelligence
- Financing for new facilities and equipment
- Opportunities for front-line employees to innovate
- Caregiver burnout and emotional health and well-being
- Recruitment and retention of physicians and other caregivers
- Ensuring quality and patient safety
- Meeting community health needs
- Addressing social determinants of health such as housing, food insecurity, and domestic violence
- Ensuring culturally competent care
- Ensuring access to behavioral health services
- Strengthening maternal health outcomes
- Regulatory burdens
- Ensuring access to the cost of care, including pricing for standardized services
- Disaster planning and preparedness
- Ensuring stability in the supply chain
- The cost of prescription drugs

Social Determinants of Health

Every year in the U.S. millions of people face food insecurity, homelessness, or an inability to access medical care, sometimes simply due to lack of transportation. Experts estimate that medical care accounts for only 20 percent of "modifiable contributors" to keeping a population healthy. The remaining majority of factors are impacted by Social Determinants of Health, such as housing, healthy food, income, family and social support, and community safety.[11]

Pre-Pandemic Challenges. A Kaiser survey conducted before the COVID pandemic found that 68 percent of people living in the U.S. experienced at least one unmet social need. Further, 25 percent of those surveyed reported that concern over an unmet social need was a barrier to health.[2]

In that same survey before the pandemic, Kaiser patients who expressed a desire for food assistance were 3.8 times higher among Black members and 4.6 times higher among Hispanic members when compared to white respondents.[2]

According to Bechara Coucair, M.D., senior vice president and chief health officer at Kaiser Permanente, "The connection between unmet social needs and poor health outcomes is clear. Social needs have to be addressed at the same level of importance as physical and mental health. Access to safe and secure housing, nutritious food, reliable transportation, and meaningful interpersonal connections are essential for well-being." [2]

The Pandemic Has Exacerbated Disparities. The sobering fact of health inequity has been spotlighted through the experience of COVID-19 infections in the U.S. Just three months into the pandemic, data from the CDC revealed that Black and Latino people were disproportionately affected, often having three times the rates of infection as their white neighbors. This disparity was demonstrated in a widespread manner that spans the country, throughout hundreds of counties in urban, suburban and rural areas, and across all age groups.[10]

It's Worth the Investment. Most hospital and health system missions are centered on meeting community needs. This can't be done without addressing social needs, and payment shifts like accountable care models and Medicare Shared Savings are reflecting that.[11]

According to the AHA's Futurescan report, it is projected that $230 billion could be saved if health equity improved in the United States. A 2020 study found that every $1 invested in community health worker interventions addressing unmet social needs results in a $2.47 return to the average Medicaid payer.[2]

Has your board and senior leadership prioritized social health? Do you know what your community's greatest social health needs are? How does your organization prioritize meeting social health needs when compared to meeting physical and mental wellness needs in the community?

Sources and More Information

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