IOWA HOSPITAL ASSOCIATION

Trustee Minutes

For Iowa Hospital Governing Board Members — Spring 2022

BOARDROOM BASICS

Board Leadership: Finding the Balance Between Macroleadership and Micromanagement

When working together in their roles, the partnership between the board and management can help organizations excel in meeting the community's needs in the best and most efficient way possible. But when the board and management step out of bounds of their respective responsibilities, the result can be detrimental to the organization's leadership, and ultimately for the long-term success of the hospital or health system.

Board member orientation and ongoing education programs often focus on the board's important individual functional responsibilities, such as strategic planning, CEO oversight and compensation evaluation, and quality and patient safety. While these functional responsibilities are essential components of the board's job, equally important is clarity and agreement on the respective roles and responsibilities of the board as it relates to management.

Step 1: Understand the Board's Fiduciary Responsibility

First and foremost, the board must understand its fiduciary responsibility. The fiduciary responsibility is integral to everything the board does, and should always guide trustee actions, dialogue, and decisions. Board fiduciary responsibilities are comprised of three primary requirements:

- **Duty of Care:** Become thoroughly informed before making a business decision.
- **Duty of Loyalty:** Put the needs of the organization first when taking responsibility for its operations.
- **Duty of Obedience:** Abide by laws, regulations, and standards of the organization's operations.

If a board is to fulfill its duties of care, obedience, and loyalty, it must analyze all sides of an issue, fully debate it, and ultimately come to a conclusion. One board may only ask a few or even no questions about a major proposal by management and then vote it through. Another board may ask many probing questions, some of which might delve into the "management" side of the proposal. Is the first board not fulfilling its duty of care and simply "rubberstamping"? Or is the second board "micromanaging" and creating unnecessarily long meetings?

Step 2: Set Clear Boundaries for Governance and Management

Each board must set its own boundaries for the roles of the board

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FOR YOUR AGENDA

Trustees and board recognized for completing IHA hospital board certification

A group of 69 Iowa hospital trustees and 18 Iowa hospital boards were honored at IHA's annual Governance Forum held Friday, April 22. 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.

Certification from the Iowa Hospital Association gives a framework for hospital trustees and governing boards to demonstrate their individual and collective commitment to their governance fiduciary roles and responsibilities. It demonstrates to patients, stakeholders and the community the extra efforts board members are undertaking to stay informed in an ever-changing health care landscape.

To meet the certification requirements, trustees complete 12 hours of health care specific education over a two year period and confirm their board is following recognized governance best practices. Hospital boards also are recognized as one-, two- or three-star boards based on the percentage of trustees certified. More than 250 trustees and 25 hospitals are certified.

Summer Leadership Forum returns to in person

After two years of virtual events, the IHA Summer Leadership Forum is back in person. This year's forum is scheduled for Thursday, June 9, at the IHA Conference Center in Des Moines and features a welcome reception Wednesday, June 8, at the Embassy Suites.

The Forum brings nationally recognized experts and leaders this year to explore employee retention strategies, diversity, equity and inclusion in health care organizations and leaders' influence on employee engagement. Trustees can earn 6.25 hours of education toward certification in IHA's Hospital Board Certificate Program.

Speakers at the 44th IHA Summer Leadership Forum include:

- **Rich Bluni, RN**: leading national speaker on employee engagement.
- **Simon Gisby**: Deloitte strategist on consumers and competition from non-health care providers.
- **David Hunt, J.D.**: national expert on health equity.
- **Amer Kaissi, Ph.D.**: award-winning author, professor and researcher on leadership.

Register today by going to the Education tab at www.IHAonline.org and clicking on the "All Events" link.

Email Autumn McGill at mcgilla@ihaonline.org with questions.

Webinar series provides tools to navigate governance challenges

IHA's 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. Remaining topics in the series are:

- Health Care Fraud and Abuse, July 12
- Data Privacy and Security: What Hospital Trustees Must Understand, Sept. 13
- Hospital Transactions and Strategic Development, Nov. 15

Each session provides one hour of continuing board education credit that you can apply toward IHA's hospital board certification program. Go to the Education tab at www.IHAonline.org to register.

Mark your calendars for the 2022 IHA Annual Meeting

This year's IHA Annual Meeting will be two days and filled with educational and engaging topics. The Annual Meeting is scheduled Oct. 4-5 and will be in person at the Iowa Events Center in Des Moines.

This year's theme – Renewing Values, Rebuilding Workforce, Recharging Missions – will focus on the new days ahead and the issues hospitals are facing in emerging from the COVID-19 pandemic including workforce issues and financial stability.

Watch for more information in the coming weeks by visiting the Education tab at www.IHAonline.org and clicking the IHA Annual Meeting link.

Rural board diversity resource available

As you and your organizations begin your diversity, equity and inclusion journeys, Kim Russel, CEO of Russel Advisors and former IHA board chair, published a guide to build diversity on rural governance boards, Recruitment Tips to Advance Rural Board Diversity, that lays out simple steps to create a more diverse pool of candidates for rural boards and the role of hospital CEOs. The guide is included in this newsletter.

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. **Contact: Craig Borchard** with IHA at 515-283-9354, BorchardC@ihaonline.org.

Sample Definitions of Board and Management Responsibilities

Creating a table or chart that lists board and management responsibilities in key leadership areas takes the guesswork out of whether the board is doing too much or not enough. Typical responsibility areas hospitals and health systems may want to define include strategy, quality and patient safety, relationship with the CEO, workforce, medical staff credentialing and oversight, financial leadership, community relationships, community health, and organizational ethics. A brief sample in select areas is provided below.

Sample Category	Board Role	Management Role
Strategy: Long-Term Planning	• Exhibits leadership in strategic thinking and planning sessions, engaging in robust debate and dialogue about critical issues impacting the organization • Determines strategic directions, including strategic initiatives that address identified needs	• Enables well-informed, data-driven board discussions by providing relevant data, information, and background materials • Develops strategic recommendations, measurable objectives, action plans, and budgets to support and implement strategic goals and direction
Strategy: Short-Term Planning	• Ensures progress towards goals through	• Develops and implements plans
Strategy: Day-to-Day Operations	• No role	• Makes all management decisions • Develops policies and procedures • Advises board, as appropriate
Community Health: Community Needs Assessment	• Ensures a community needs assessment is conducted regularly, in accordance with regulatory requirements • Participates in the needs assessment process as determined valuable by management	• Conducts the community needs assessment and reports results to the board

(Continued from page 1)

and management, and continuously revisit it. Often this issue remains silent even when the roles are blurred or not clearly defined, limiting the board's effectiveness.

Clearly Define the Role of the Board and CEO. Just like CEOs have job descriptions, every board should have a clearly defined written board member job description. The more specific the descriptions, the less likely for role wandering.

A typical board member job description includes defining the role of the board and listing specific responsibilities of the board in critical areas such as mission and vision, strategic planning, CEO selection and evaluation, quality of care, medical staff credentialing, financial oversight, community health, and more.

In addition to a board job description, hospitals and health systems can create a table that serves as a guide for greater understanding of board and management roles in these critical areas. Clearly defining the roles ensures that the board and management are the most effective and impactful, working together to complement one another.

Review Board Roles Regularly. At least annually, complete a governance performance assessment with questions that probe the micromanagement issue. Discuss the results and make plans to improve if necessary.

In addition to the annual assessment, best practice boards take five minutes for evaluation at the end of each board meeting to ask the following three questions:

- What did we do well?
- Where could we have done better?
- Did we stay in our lane?

Step 3: Ensure Proper Preparation and Education

Boards may veer toward avoiding questions or wandering into operational details when they aren't adequately prepared. This can be prevented by providing well-designed board materials in advance, engaging in regular board education, and

ensuring onboarding and mentoring that adequately prepares board members.

Expect the Board to do Their Homework. Boards that obtain well-developed, concise briefing materials prior to the board meeting and thoroughly prepare will spend less time asking questions. Often, part of the board comes prepared, part of the board skims the material the day of the meeting, and a few board members never even look at the board materials prior to the meeting. Challenge your board to do better. Challenge your administration to create tight, well-conceived board materials that are available in a timely manner. Time spent creating best practice board packets and boards fully utilizing them dramatically reduces time spent in board meetings discussing issues too "in the weeds."

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Engage in Regular, Robust Board Education. Typically, the board sets the priority for the "what" and management focuses on the "how." But there are times when the board may need to get into the "how." For example, a fiduciary responsibility of quality or financial oversight may require some probing questions when a problem is identified.

Building a robust board education program with a deep dive once annually on key issues such as finance and quality can help boards be more prepared in their thinking and prevent questions on routine oversight activities.

Prepare Agendas Adequately. Richard Chait, Barbara Taylor, and William Ryan's work on the different governing modes have implications for balancing the roles of governance and management. They describe three distinct modes: **Fiduciary**, with a focus on "oversight", **strategic**, centered on "foresight", and **generative,** which allows the board to focus on the "insight" it brings to the table.

Board agendas must be balanced with the right mix of oversight, foresight, and insight items. Overloading an agenda with all oversight items and summary reports may get tedious and feel like the board is "rubber stamping." At the same time, generative discussions of deeper issues will lengthen the meetings and could be overwhelming, especially to new board members.

When developing board agendas, boards can label each agenda item as "oversight, foresight and insight." This gives board members a sense of which governing mode they will be in for each item.

Encourage Questions and Mentoring. Board members, particularly new board members, should feel comfortable asking questions if they do not understand an issue or its complexity. Leaders report board members saying they didn't ask questions because "I was afraid I would be accused of getting into the weeds."

High performing boards have mentors who work with new board members outside the meeting to help with this issue. Encouraging new board members to write down their questions during meetings and discussing the questions with their mentors can help overcome the new board member learning curve.

Step 4: Recognize When Deviation is Required

There are some exceptions for when the board discussion may appropriately get more detailed or feel like micromanagement.

The Topic and Board Expertise May Dictate the Depth of Conversation. Boards may require more or less discussion in a specific area depending on the board's experience, CEO's tenure, and the board's familiarity with the topic. The better the orientation program and ongoing board education,

the less likely that newer board members will feel overwhelmed.

Younger tenured boards will ask many questions about a specific issue. Do not confuse hard questions, a good debate, or long discussion of a complex issue as getting into the weeds. The duty of care may require challenging and probing questions.

Sometimes the CEO Wants Advice. There may be times when the CEO has a difficult or complex management issue and simply wants advice from the board. This requires trust that the board does not use the opportunity to insert itself into other management issues uninvited.

To start the discussion, it is important to describe it as a non-governance issue and clarify that it will not require a vote. The CEO is opening the management window and inviting the board in to get the collective wisdom of the room. At the end of the discussion, the CEO must make it clear that the management window is closing and the board is moving on to the next governance issue.

Step 5: Constantly Communicate

Board dynamics greatly influence the issue of governance as it relates to management. Really great boards work at it, constantly assessing their performance.

Assign a "Micromanagement Monitor." Typically the board chair is responsible for constantly assessing the meeting and watching for governance creep into micromanagement. If that is the case, the role should be clearly spelled out in the board chair's job description. Alternatively, boards can assign this monitoring role to someone other than the board chair. The key is that there is at least one board member constantly monitoring the board's conversation and calling out when the discussion is off track.

Seek CEO Feedback. It can be awkward for the CEO, particularly if he or she is a new CEO, to tell the board that they are getting too involved in the management side. ***No one likes to be micromanaged, and it is one of the leading reasons CEOs leave their hospitals.***

Boards should take the lead in preventing this, asking the CEO to share their thoughts when it feels like the board is veering from its leadership role. The more trust there is between the board and CEO, the easier it is for the CEO to be honest and direct with the board when micromanagement occurs.

Develop a "Meeting Code of Conduct." A simple set of guiding principles that describe meeting best practices can help boards stay in governance mode and serve as a constant reminder of how the board can follow good practices.

Balancing the Roles of Governance and Management

Step 1: Understand the Board's Fiduciary Duty

- Analysis and debate are critical to fulfilling the fiduciary duty

Step 2: Set Clear Boundaries for Governance and Management

- Clearly define the board and CEO roles in writing
- Review board roles regularly using an annual board self-assessment

Step 3: Ensure Proper Preparation and Education

- Challenge all board members to prepare adequately for meetings
- Engage in continual board education
- Balance agendas with oversight, foresight, and insight items
- Encourage questions and mentoring for new board members

Step 4: Recognize when Deviation is Required

- Newer board members may have more questions
- Don't confuse questions and debate with micromanagement
- The CEO may simply want advice from the board

Step 5: Constantly Communicate

- Assign a "micromanagement monitor"
- Seek CEO feedback: micromanagement is one of the leading reasons CEOs leave
- Develop a meeting code of conduct

Content for this article was contributed by Todd C. Linden, a partner of Linden Consulting, advisor for governWell™ and CEO Emeritus of Grinnell (Iowa) Regional Medical Center.

LEADERSHIP PERSPECTIVES

Preparing for New Cybersecurity Threats

In March 2022, President Biden warned about increased cyber attacks from Russia against the United States as a result of the war in Ukraine. As a critical part of the nation's infrastructure, hospitals and health systems must respond to his call: "If you have not already done so, I urge our private sector partners to harden your cyber defenses immediately by implementing the best practices we have developed together over the last year."

While boards don't need to know the exact details of the cybersecurity best practices outlined by the Cybersecurity & Infrastructure Security Agency (CISA) and the Federal Bureau of Investigation (FBI), boards do need to understand the threat and their role in mitigating the risk.

Before Russia invaded Ukraine, the risk for cyber attacks on hospitals and health systems was already growing. According to the American Hospital Association (AHA) and the Department of Health & Human Services (HHS):

- In the fourth quarter of 2021, more than 550 health care organizations suffered a data breach.
- There is a strong positive correlation between ransomware attacks and negative patient outcomes, according to a recent report from the Ponemon Institute.

Enterprise-Wide Risk

Hospitals and health systems must consider the potential for cyber attacks as an "enterprise risk," or a risk that spans all the major facets of the organization. HHS warns hospitals of only considering their electric health records at risk. Instead, hospitals should implement risk management strategies that are comprehensive, including understanding where all electronic protected health information exists across the organization.

What Should Boards Be Asking?

Boards and senior leaders must work closely to continually monitor, prepare for and respond to shifting cybersecurity threats. Questions boards should be asking today include:

- Does our board fully understand the cybersecurity risk to our organization? Have we assessed our exposure and security risks, and do we have goals for how to address those risks?
- Has our board allocated appropriate resources to respond to and mitigate the risk?
- Is cybersecurity ranked as an enterprise-wide risk?
- How often are cybersecurity updates provided to the board?
- What board committee has oversight over cybersecurity? Does this committee's engagement need to change?

AHA: What Hospitals Should Do Right Now

The AHA recommends that hospitals and health systems immediately:

- **Ensure that everyone is aware of the increased threat.** Hospitals and health systems must be prepared so that they don't become victims.
- **Identify** all internal and third-party mission-critical services and technology.
- **Put in place business continuity plans** and well-practiced downtime procedures in the event those technologies are disrupted.
- **Ensure resilient back-ups are in place,** checking the redundancy and security of the organization's network and data back-ups. There should be multiple copies, including an offline copy and a copy that is immutable (unchangeable).
- **Ensure emergency electricity generating redundancy** is in place and has been tested.
- **Update and document the cyber incident response plan**, which includes emergency communication plans and systems.

More at www.aha.org/cybersecurity.

Source: American Hospital Association Cybersecurity Advisory. March 21, 2022. and AHA Transformation Talks. Cybersecurity: Embracing a Leadership Imperative. April 18, 2022. www.aha.org/transformation-talks.

BOARDROOM BASICS

Preventing Conflict of Interest: Keeping Hospital Interests at the Forefront

Conflicts of interest can pop up even within the most well-intentioned and committed board. Maintaining strong conflict of interest policies and procedures ensure open and honest dialogue that keeps the interests of hospital and health systems front and center.

Hospital and health system board members are often involved with other organizations in the community. While this wide range of business and personal relationships brings a depth of experience and expertise, it also has the potential to introduce real or perceived conflicts of interest.

What is a Conflict of Interest?

A conflict of interest exists when a board member, senior leader, or employee has a personal or business interest that may be in conflict with the interests of the hospital or health system. A "red flag" should be raised anytime the personal or professional concerns of a board member affects his or her ability to put the welfare of the organization before personal benefit.

Conflicts of interest are usually unintentional, and in some cases no conflict exists but the perception of a conflict can be just as detrimental.

Examples of conflicts may include:[1]

- A board member has direct financial or personal ties to an outside organization that seeks to enter into a business arrangement with the hospital or health system.
- A board member has a family member who publicly advocates for legislation which the hospital or health system is taking an advocacy position.
- A board member holds a public office while maintaining a voting position on a hospital or health system board.

Preventing Conflicts of Interest

The best way to prevent conflicts of interest is to have clear policies and procedures in place to both prevent real or perceived conflicts, and to address conflicts when they do occur.

Ensure a Clear Conflict of Interest Policy. A board policy clearly defines what a conflict of interest is, how conflicts should be declared, and how conflicts are addressed. It is the first line of defense to ensure that expectations are clear and the hospital or health system is prioritized when personal dilemmas occur.

Provide Board Education. Board onboarding and education should include information about conflict of interest, and what it means to be "independent."

Encourage Self-Monitoring. For "self-monitoring" to be effective, it is critical to have a clear policy in place and tools for board members to use to either declare a conflict of interest or to request consideration about whether a fellow board member has a potential conflict of interest. When this happens, the process of determining potential conflicts becomes less personal, and instead is simply a part of the board's standard processes and procedures.

Set Expectations for Physicians. Physicians and other clinicians offer valuable knowledge and expertise to the board, but they may also bring significant conflicts depending on their employment and role on the hospital's medical staff. Clinicians serve on the board as individuals rather than representing the entire medical staff,

What's Included in a Conflict of Interest Policy: IRS Instructions

- **Statement of purpose—**An overview of the purpose of the policy, including protecting the organization's interests.
- **Definitions of who the policy addresses—**Who the policy applies to, including board and committee members and others.
- **Financial interest—**The definition of when a person has a financial interest.
- **Procedures—**Details of the procedures included in the policy, including a duty to disclose, determining whether a conflict of interest exists, procedures for addressing the conflict of interest, and what to do when violations of the policy occur.
- **Records of proceedings—**What's included in the minutes of all board and committee meetings.
- **Compensation—**Details about what voting members may and may not do related to compensation.
- **Annual Statements—**The requirement that all board members sign an annual statement acknowledging receiving, understanding, and agreeing to abide by the conflict of interest policy.
- **Periodic Reviews—**Organizations must conduct periodic reviews of specific components of the conflict of interest policy to ensure the organization's tax-exempt status is not jeopardized.
- **Use of Outside Experts—**Outside experts may be used for periodic review of the policy, but if they are used, they do not relieve the governing board of its responsibility to ensure that proper periodic reviews are conducted.

Source: Instructions for Form 1023. Internal Revenue Service. http://www.irs.gov/pub/irs-pdf/i1023.pdf . Rev. January 2020.

and must place the interests of the organization ahead of their own.

Ensure a Proper Process when Selecting New Board Members. When governance candidates are interviewed, they should be asked about any potential conflicts prior to their appointment to serve on the board. Although conflicts may not necessarily disqualify a candidate, the candidate's willingness to talk candidly about and fully consider potential conflicts they may have should play a key role in the nominating committee's decision.

Annual Declarations. Every board member and senior leader should annually complete a conflict disclosure statement. While the conflict of interest policy defines what a potential conflict is, the disclosure statement is the mechanism for individuals to declare any potential conflicts they may have.

Addressing Conflicts When they Arise

Conflicts of interest may arise when they have already been disclosed, or may appear after a conversation or decision has taken place.

If a conflict arises that has been disclosed through the annual disclosure statement, the board meeting minutes should reflect the conflict and describe the action taken. For example, did the board member remove himself or herself not only from the discussion, but from the board room? Did the board continue the discussion and determine their decision was in the best interest of the hospital despite the potential conflict?

Although there are a few exceptions, in most instances the board should not allow conflicted board members to participate in the discussion or vote on any issue where a conflict of interest exists.

The situation becomes more complicated if a conflict becomes apparent that has not been previously disclosed. Unknown conflicts can arise during board meeting discussion or after a board meeting. The key is to communicate, and be honest. If the conflict can be addressed at the board meeting, the board can decide how to proceed and note the decision in the meeting minutes. If the conflict is realized or communicated after a board meeting, the board must decide how to address the conflict and take a re-vote if necessary.

Sources and More Information

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Rural Focus
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Recruitment Tips to Advance Rural Board Diversity

By **Kimberly A. Russel, FACHE,** CEO, *Russel Advisors*

"We always hope for the easy fix: the one simple change that will erase a problem in a stroke. But few things in life work this way."—Atul Gawande, M.D.

These wise words from Dr. Gawande are directly applicable to recruiting diverse talent to rural hospital and health system boards. There is no singular, one-size-fits-all solution, and it is certainly not simple. However, when CEOs and board leaders are intentional about governance diversification, it can and does happen.

As both the corporate and non-profit worlds have increased focus on diversity, equity, and inclusion at the governance level in recent years, my conversations with many rural CEOs have revealed this sentiment: "We would love to diversify our board, but it's just not possible given our rural environment." The purpose of this article is to reset this oft-stated opinion with new recruitment directions for board and CEO consideration.

First, a reminder of the business case underlying a diverse board. The premise is that governance-level decision-making is vastly improved when the board is composed of directors with a variety of professional and personal backgrounds, competencies, and perspectives. And doesn't it make sense that a board is less likely to miss a key consideration and is more likely to spot new opportunities if board composition includes a broad array of experiences and differing frames of reference?

The First Two Steps

There are two foundational areas for boards and CEOs to recognize as rural board diversification is prioritized:

1. **Discuss the organization's definition of diversity.** It should not be surprising that different organizations have differing definitions of this term. With respect to board recruitment, use a wide lens in defining diversity. Diversity as a broad concept

encompasses age, race, ethnicity, gender, professional background, sexual orientation, geographic environment, family structure, point of view, and more. Rural boards will benefit from an all-encompassing definition of diversity.

2. **Remember that board diversification does not happen quickly.** Achieving this goal is a long-term play and will only show results after consistent and ongoing recruitment strategies are deployed. This is not a goal that can be achieved with an occasional discussion at a governance committee meeting.

Effective boards recruit for specific competencies paired with diverse backgrounds and perspectives. Board recruitment should focus on adding needed competencies *and* becoming more diverse as simultaneous goals.[1] It is a disservice to invite an individual to join a board solely to meet a diversity goal.[2] And, in most cases, board recruitment is not successful unless the director prospect sees a purpose in connecting with the organization.

The Role of the CEO

The first step of board recruitment is identification of potential governance candidates. Although the board maintains ultimate responsibility for its membership, the CEO

➜ Key Board Takeaways

- Adopt a broad definition of diversity.
- Understand that board diversification is a long-term strategy.
- Charge the CEO with significant responsibility for potential director identification.
- Challenge the CEO to build connections with new community constituencies.
- Access new recruitment pathways to source potential board talent.
- Consider changing board meeting schedules if needed to recruit and retain new members.

1 Sean Patrick Murphy and Kathryn Peisert, *Board Recruitment: An Intentional Governance Guide*, The Governance Institute, 2015; Kendra Fiscelli, "Board Development and Recruitment: The Right Experience, the Right Balance, and the Right Attributes," Governance Notes, The Governance Institute, June 2021.

2 Jim Taylor, "Recruiting for Board Diversity—Without Disrespecting People of Color," *BoardSource Blog*, August 31, 2020.

has an important role to play in assisting the governance committee. The CEO must be personally supportive of the quest for board diversification and must be intentional about contributing to this goal. It is appropriate for the governance committee to expect the CEO to recommend potential board candidates for committee consideration.

The external aspect of the CEO's role opens doors to meeting and interacting with a wide variety of people in the broader community who may be outside of the personal and business circles of current directors. After each external meeting or community interaction, the CEO should contemplate, "Did I meet anyone who might be a good board prospect in the future?" For example, a silver lining from the fight against COVID-19 is that many CEOs report new contacts and relationships within their communities.

In addition to the CEO, each C-suite member has unique community connections. The CEO should engage executive team members in spotting potential board talent during their involvement in external work and community activities.

Even in a post-pandemic world, there may still be segments of the rural service area where connections can be strengthened. It is the CEO's responsibility to deliberately seek out these sometimes-hidden groups. Through outreach to these community segments, the CEO is building relationships on behalf of the organization. This networking may eventually lead to identification of board prospects. Just as important, this work may contribute to the healthcare organization's community health improvement plan (CHIP) and fulfillment of its mission.

Religious Leaders

Tap into the vast knowledge of the community's religious leaders. Perhaps a local church is frequented by a particular community subdivision; learn about the church's lay leaders. An established working relationship with leaders of the faith community is helpful for many reasons, including the identification of future board talent.

Patient Advisory Councils

Individuals who have served on a patient advisory council are often good prospects for board service. Patient advisory council members have a personal or family

connection to the organization's services and therefore have an established relationship with the hospital/health system. Some patient advisory councils have been successful in recruiting membership from a diverse array of patients as many councils seek to be representative of the patient population.

Colleges and Universities

Institutions of higher education are another source for board talent. Of course, not all rural communities have a college or university in their town. However, many have a "close by" or "close enough" college or university. Both academic leaders and faculty should be considered for board recruitment. Seek out the Rural Extension service if offered by a university in your state. Extension leadership can be a source of board talent and can also refer other potential rural leaders.

Community Leadership Programs

Does your community or state have a community leadership program? Such programs are often sponsored by a local or state chamber of commerce. Community leadership programs usually target emerging talent. The curriculum typically exposes participants to the regional business, cultural, and political landscape. If your rural community does not offer such a program, consider starting one as a cultivation technique for future community leadership.

➜ Recruitment Tips Summary

- The CEO carries significant responsibility in identifying potential director candidates.
- Engage with religious leaders from the entire rural service area.
- Tap into the patient advisory council.
- Seek talent through area colleges and universities.
- Consider graduates of local community leadership programs.
- Grow your own future board talent.
- Add a director with a unique personal network.

Grow Your Own

Identification of future board prospects may also reveal a need for further development before an individual is well-prepared for board service. Some rural organizations turn to their own affiliated boards or councils for board preparation. For example, service on the organization's foundation board and/or patient advisory council can familiarize a potential board candidate with the organization, its healthcare services, and board processes. Remember that physician board members in active medical practice are in touch with a wide variety of patients and their families and may be able to spot individuals with potential.

Directors with a Unique Network

As noted above, diversifying a board is a long-term strategy. Another approach is to recruit to the board someone who brings a unique network or new connections. For example, consider a leader of a local non-profit who interacts with members of the community that existing board members may not have contact with on a regular basis. Place this director on the governance committee so that he or she can assist with the ongoing effort to diversify the board.

Getting to Yes

Perhaps your board has identified potential new board talent but has had difficulty in receiving a "yes, I will serve" commitment. If this becomes a pattern, the board should reexamine its approach. Would the potential board member benefit from service on an advisory board as a first step toward deeper engagement? Is the individual willing to attend a committee or board meeting as a guest to gain a more complete view of board service?

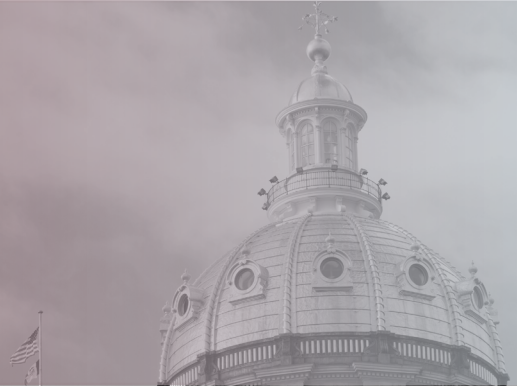
The board may also need to reconsider its meeting time and schedule. Do board meetings interfere with the work schedule of an individual who may not be a CEO or business owner? Is the board meeting time inconvenient for those with responsibility for young children? These items are worthy of discussion by the governance committee and the full board.

Final Thoughts

Diversifying rural governance is a goal that is worthy of intentional efforts because a broadly diverse board will advance overall board effectiveness. Boards are advised to develop a written plan of action with specific steps that will be undertaken to achieve this goal. Boards should also be realistic in setting an appropriate timeframe to achieve board diversification.

The Governance Institute thanks Kimberly A. Russel, FACHE, Chief Executive Officer of Russel Advisors and Governance Institute Advisor, for contributing this article. She can be reached at russelmha@yahoo.com.

A Message from the IHA PAC Commitee



Health care is changing … and hospitals and health systems are transforming to meet the evolving needs of our patients and communities. Hospitals are located in 90 of the 99 counties in our state. We're often the largest employer in the community. We are pillars of those communities, and we are key stakeholders.

The blue and white hospital "H" carries the promise of help, hope and healing. While the hospital of the future continues to extend that promise, it may do so in significantly new ways. That means our hospitals and health systems must advance, too, in order to sustain access to high quality health care for Iowans.

With 118 hospitals and several health systems, we have the opportunity to profoundly influence health policy in Iowa. Our role in politics can help enhance the delivery of health care and the outcomes for our patients.

To do this, we need to make the field more unified and increase our visibility at the Capitol. We must be politically active and broaden our base of supporters. This is no time for hospital leaders to stand on the sidelines. The 2022 midterm election cycle will soon be underway. **The IHA PAC's goal for 2022 is to raise $125,000.**

2022 PAC Committee:

Jason Harrington, Chair
President and CEO
District A
Lakes Regional Health Care, Spirit Lake

Kevin Kincaid, Vice Chairman
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Knoxville Hospitals and Clinics, Knoxville

Chris Mitchell, Treasurer
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IHA PAC
100 E. Grand, Suite 100
Des Moines, IA 50309
(515) 288-1955
www.ihaonline.org/advocacy/iha-pac/

2022 IHA PAC Contribution Form

Thank you for supporting the IHA PAC. Funds in the IHA PAC will be used for state candidates. A portion of eligible club level contributions may be shared with the AHAPAC to support federal candidates running for Congress. For more information about the IHA PAC visit www.ihaonline.org/Advocacy/iha-pac/. For questions, please contact IHA at ihapac@ihaonline.org or (515) 288-1955.

I would like to contribute at the following level:

□ Presidents Club ($5,000) □ Champions Club ($2,500) □ Ben Franklin Club ($1,000) □ Chairman's Circle ($500)

□ Capitol Club ($350) □ IHA PAC Friends ($100) □ Other $ _____

Individuals wishing to alter the IHA-AHA share of eligible club level contributions note here: _____% IHA _____% AHA

Please mark payment option:

□ Option 1: Contribute using your personal VISA, MasterCard, AMEX credit card through https://my.ihaonline.org/Donate-PAC or the QR code below.

□ Option 2: Contribute via personal check. Attached is my form and check made payable to IHA PAC.

This QR code will take you directly to the IHA website login page. Then after login, directly to the IHA PAC Donation page.

Please mail this from your home, not from your office, and use personal postage.

Please return your completed form below to:

IHA PAC c/o Iowa Hospital Association | 100 E. Grand, Suite 100 | Des Moines, IA 50309

Please print the following information or attach a business card:

Name | Title

Hospital/Health care Facility | City/State/ZIP code

Home Mailing Address | City/State/ ZIP code

Email | Phone

Business Name | Business Address

City/State/ZIP code

Signature | Date

Please check all appropriate categories

□ Hospital Trustee □ Health Executive/Admin/Management □ Professional Employee of Hospital (MD, DO, RN, etc.) □ Hospital Volunteer

IOWA HOSPITAL ASSOCIATION

Trustee Minutes

For Iowa Hospital Governing Board Members Winter 2022

BOARDROOM BASICS

Supporting an Exhausted Workforce and Preventing Future Shortages

Attracting and retaining motivated, dedicated, high-quality employees is an ongoing challenge for hospitals and health systems. While that challenge remains, the COVID-19 pandemic has elevated the critical importance of addressing employee mental health and well-being as a part of addressing current and future workforce shortages.

Hospital and health system boards play a pivotal leadership role in ensuring their organization's resiliency. This includes establishing a culture that prioritizes systems that strengthen both the professional and personal well-being of employees and physicians.

What is Provider Burnout?

According to the American Hospital Association, provider burnout is a long-term stress reaction that is defined by having at least one of the following symptoms: 1) emotional exhaustion; 2) depersonalization, including cynicism and a lack of empathy; and 3) a low sense of personal accomplishment.[1]

When a caregiver experiences burnout, the impact is significant on not only the individual clinicians and their families, but on patients and the hospital or health system as a whole. The impacts of provider burnout often include:[1]

- ***A decline in quality of care.*** Provider burnout increases the risk of patient safety events. In addition, a burned out provider may be less likely to show empathy, resulting in poor patient satisfaction.
- ***A compounding effect on other team members.*** Burned out health care workers may have a "contagion effect," causing other team members to become overwhelmed or burned out as well. This can magnify the impact on patient safety and the patient experience.
- ***Financial costs to the organization.*** Burned out providers experience reduced productivity and have higher rates of turnover. Before the COVID pandemic, the typical cost to replace a registered nurse was $88,000, and the cost to replace a physician was $500,000.
- ***Negative consequences on personal health.*** Provider burnout is associated with an increased risk of chronic and mental health issues. This includes an increase in hypertension and diabetes, as well as depression and alcohol abuse. One study found that physician burnout was linked to a 200 percent increase of suicidal ideation.

(Continued on page 3)

FOR YOUR AGENDA

IHA'S 2022 Governance Forum looks at impact of COVID-19

The 2022 IHA Governance Forum will help you answer, "Where do we go from here?" as you look to build for your organization's long-term success. Sessions will include discussions of the financial and mental impact of COVID-19 on Iowa's hospitals.

Adam Walter, vice president of Lument Company in Kansas City, Kansas, will explore funding and other strategic options for organizations to invest in their future. Gerard Clancy, M.D., professor of psychiatry and emergency medicine and senior associate dean at the University of Iowa will discuss how you can foster a culture of well-being and peer-to-peer support at your facility.

Other sessions this year will include:

- Board Roles and Responsibilities 101 (optional session) – Rebecca Brommel, partner, and Alissa Smith, partner, Dorsey and Whitney, Des Moines.
- Patients Come Second – Britt Barrett, Ph.D., director of health care management, University of Texas, Dallas.
- Leading Transformational Change – Jim Austin, adjunct assistant professor of health services, Brown University, Providence, Rhode Island.
- Straight from the Board Room: Governance Lessons Learned – Kim Russel, chief executive officer, Russel Advisors, Lincoln, Nebraska
- IHA Advocacy Update – Chris Mitchell, president and CEO, and Maureen Keehnle, senior vice president of advocacy, IHA, Des Moines.

The 2022 Governance Forum is scheduled for Friday, April 22-Saturday, April 23, at IHA's Conference Center. To register for the IHA Governance Forum, go to the education tab at www.IHAOnline.org.

Get ready for IHA's virtual Hospital Day on the Hill

Hospital advocates are crucial to make positive change to health care policies in Iowa. It's voices like yours that help communicate the important work hospitals do for their patients and communities. That's why it's more important than ever that you join IHA's 2022 virtual Hospital Day on the Hill.

The virtual event will include a chat between IHA president and CEO Chris Mitchell and American Hospital Association Executive Vice President of Government Relations and Public Policy Stacey Hughes. A panel of Iowa legislators will share their health care goals and take questions from you and other hospital advocates. Gov. Kim Reynolds also will speak to attendees.

The 2022 IHA Virtual Hospital Day on the Hill is scheduled from 3:45-4:45 p.m. Wednesday, Feb. 23.

Registration and more information is available HERE. Email Tori Hanson at hansont@ihaonline.org with questions.

AHA Governance Survey due March 9

The American Hospital Association is conducting its national governance survey to profile the changing landscape of hospital governance. AHA's latest survey will benchmark board structures, practices and culture with previous AHA governance surveys. The survey results will help develop resources, tools and educational sessions for governing boards and hospital leaders.

The survey was emailed to hospital CEOs in December. The survey should take 15 minutes to complete and is due Wednesday, March 9. If you have questions about the survey, call AHA at 800-530-9092 or email surveysupport@aha.org with questions.

Know someone pursuing a career in health care? Applications now open for IHERF Health Care Careers Scholarships

Over the last 16 years, the Iowa Hospital Education Research Foundation (IHERF) has supported college students through the Health Care Careers Scholarship Program, directly benefiting more than 500 students and more than 80 hospitals with more than $1.5 million in scholarships. To continue addressing Iowa's shortage of health care professionals, IHERF will offer **60 scholarships** in 2022.

Encourage anyone you know starting or wanting to advance their health care career to apply now for the 2022 round of scholarships that support both undergraduate and graduate education. Applications must be submitted online at the IHERF scholarship website, https://iherfscholarship.smapply.io/, by Thursday, **March 31**. Hospitals are encouraged to promote the scholarship to employees and in their communities. Contact Cindy Schultz at schultzc@ihaonline.org or 515-283-9335 with questions.

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. **Contact: Craig Borchard** with IHA at 515-283-9354, BorchardC@ihaonline.org.

Start 2022 with your annual IHA Board Self-Assessment Program

What it does:

- Fully customizable, allowing the administrator to remove questions and add up to two custom questions per section.
- Measures and benchmarks your board's performance.
- Provides benchmarks against peers and the state.
- Uses two assessments: Members' perception of the board and self-assessment for each board member.

Learn more:

Visit IHAonline.org and click on Hospital Board Assessment under the Information tab.

Email Allison Martin at IHA at martina@ihaonline.org with questions.

SAVE THE DATE

2022 Critical Access and Rural Hospital Forum

Wednesday, March 23

Visit IHAonline.org and click on All Events under the Education tab.

IOWA HOSPITAL ASSOCIATION

We care about Iowa's health

SAVE THE DATE

2022 IHA Governance Webinar Series

Improve your board and hospital's performance with our educational series.

Each webinar focuses on key topics:

10 a.m. Tuesday, May 17 – Fiduciary Obligations and Conflicts of Interest.

10 a.m. Tuesday, July 12 – Health Care Fraud and Abuse.

10 a.m. Tuesday, Sept. 13 – Data Privacy and Security: What Hospital Trustees Must Understand.

10 a.m. Tuesday, Nov. 15 – Hospital Transactions and Strategic Development

More information coming soon. Email Joah Hogan at IHA at hoganj@ihaonline.org with questions.

(Continued from page 1)

The Severity of Provider Burnout

According to Medscape's National Burnout and Depression Report 2022, 47% of physicians report feeling burned out, an increase from 42% the year before. Like previous years, burnout is even higher for women when compared to men. For the most recent year, 56% of women reported burnout, compared to 41% of men.[2]

In addition to measurements of burnout, two in ten physicians (21%) reported suffering from clinical depression, and 64% reported feeling "blue, down, or sad." [2]

COVID is a Contributor. In the Medscape survey of physicians, COVID was not reported as a primary cause of burnout, although it surely plays a role in the highest-rated factors. The greatest contributing factor was paperwork. Other major factors included lack of respect from employers and colleagues, too many hours at work, and "lack of control/autonomy over my life." Stress from treating COVID-19 patients was a contributor to burnout, but not one of the highest rated factors for physicians.[2]

In contrast, other sources continue to report the pandemic as a major contributor to provider burnout, including reports of exhaustion, depression, sleep disorders, and PTSD as high as 60-75% in front-line caregivers.[8]

Burnout Applies to All Providers, Not Just Physicians. Providers are feeling overworked and undervalued across the care continuum, not just physicians and nurses. One study found that medical assistants and nursing assistants experienced some of the highest degrees of COVID -related stress. Across the country, organizations are facing difficulty filling medical assistant positions, which results in shortages that pass additional work to the rest of the care team.[3]

Burnout Will Further Exacerbate Workforce Challenges. The Bureau of Labor Statistics projects that 500,000 nurses will leave the workforce in 2022, increasing the overall nursing shortage to 1.1 million nurses.[4]

Leaders must use approaches that "focus on fixing the workplace, rather than 'fixing the worker,' and by doing so, advance clinician well-being and the resiliency of the organization." [5]

In another study, twenty percent of physicians said they plan to leave their current practice within two years, and one-third of physicians and other health professionals plan to reduce their work hours in the next year. Researchers in the study found that the number of years in practice and "burnout, workload, fear of infection, anxiety or depression due to COVID-19" were associated with providers' plans to reduce their hours or leave their current practice.[3]

Christine A. Sinsky, MD, AMA Vice President of Professional Satisfaction and the lead author in the study, concluded that the study "demonstrates that the U.S. health care workforce is in peril. If even one-third to one-half of nurses and physicians carry out their expressed intentions to cut back or leave, we won't have enough staff to meet the needs of patients." [3]

Creating a Strong and Resilient Organization

Addressing provider burnout requires a commitment to systemic change. To be successful, the board and senior leadership must commit to using evidence-based best practices that create a culture of empowerment, build relationships, and encourage transparency.

In the National Academy of Medicine's discussion paper on the topic, the authors explain that leaders must use approaches that "focus on fixing the workplace, rather than 'fixing the worker,' and by doing so, advance clinician well-being and the resiliency of the organization." [5]

> **How physicians and other health care workers are supported during a time of acute stress impacts whether they are able to cope and then recover from the crisis, or alternatively, whether they will adopt unhealthy coping mechanisms and show signs of stress injury (e.g., burnout, insomnia, dysphoria) or even worse, chronic stress illness (e.g., depression, anxiety, post-traumatic stress disorder, substance abuse).**
> ***-AMA STEPS Forward***

While the details are implemented by senior leaders, the board sets the leadership tone and financial backing to encourage actions such as those outlined below.

Prioritize employee engagement and make employees feel valued, including continually seeking employee feedback and taking action based on the feedback. As the workforce composition shifts, boards of trustees and senior leaders must strive to find consistent ways to seek employee feedback, and demonstrate that employee ideas and opinions are highly valued. Multiple studies on burnout, including Dr. Sinsky's study, show that when employees feel valued, the odds are reduced for cutting hours or leaving.[3]

Invest in leadership development, recognizing the strong connection between management and employee satisfaction. A recent study by the Mayo Clinic reported that a one point increase in the leadership score of a direct supervisor was associated with a three percent decrease in burnout, and a nine percent increase in physician satisfaction.[1]

Ensure a continual focus on quality and patient safety, including opportunities for employees to provide feedback and directly influence quality.

Invest in technology that improves the patient care experience and strengthens

AMA: Fifteen Steps to Care for the Health Care Workforce

The American Medical Association's AMA STEPS Forward toolkit *Caring for the Health Care Workforce During Crisis: Creating a Resilient Organization* provides detailed steps health care organizations can take to care for and protect their workforce.[7] While hospital and health system boards are not responsible for the daily minutiae of these action items, it is the board's responsibility to elevate the importance of caring for the workforce and ensure actions similar to those recommended are a top organizational priority.

Before Crisis: Create a Resilient Organization

1. Appoint a Chief Wellness Officer (CWO) and establish a professional well-being program
2. Create a plan in coordination with Hospital Incident Command System (HICS) leadership
3. Support workforce needs for professional competency during crisis reassignments
4. Identify non-essential tasks that could be suspended or reduced during a crisis
5. Develop mechanisms to assess stress and needs within the workforce

During Crisis: Support Physicians and Other Health Care Workers

6. Assess the current situation; if necessary, develop new crisis-specific support and resources
7. Emphasize and embody the importance of visible leadership
8. Connect with other institutions to share and learn
9. Regularly evaluate stressors and stress levels within the workforce
10. Adapt support plan to meet evolving needs

After Crisis: Become an Even More Resilient Organization

11. Debrief unit by unit as well as by profession
12. Catalogue what was learned and update the crisis plan
13. Deploy an organization-wide approach to support workforce recovery and restoration
14. Honor the dedication and memorialize the sacrifice of health care professionals
15. Resume ongoing efforts to promote a thriving workforce

For the full toolkit, see the American Medical Association resource at [https://edhub.ama-assn.org/steps-forward/module/2779438.](https://edhub.ama-assn.org/steps-forward/module/2779438)

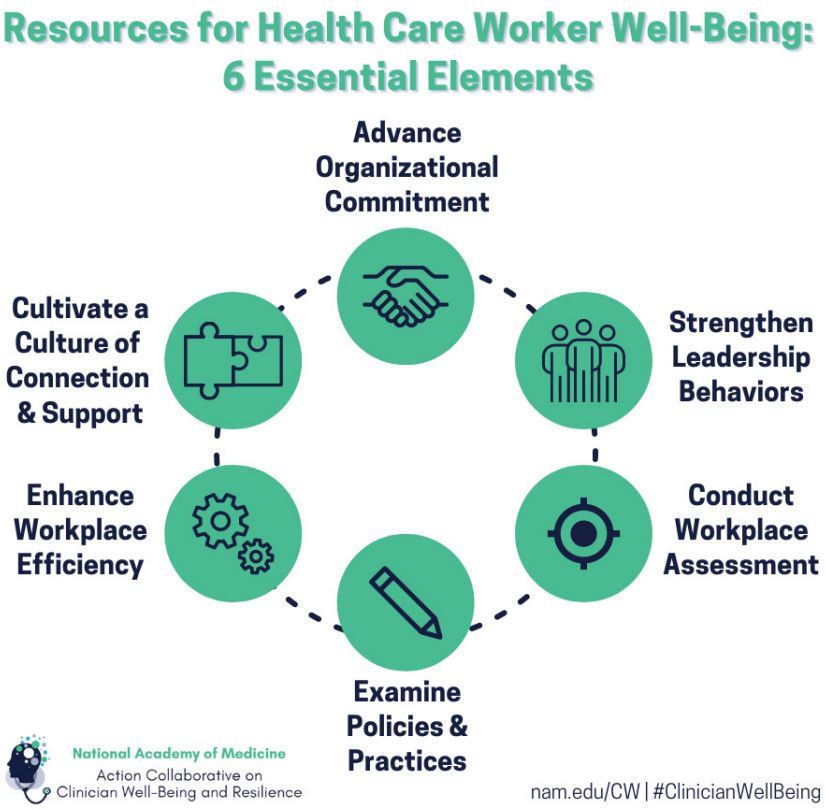
National Academy of Medicine: Resource Compendium for Health Care Worker Well-Being

In January 2022 the National Academy of Medicine (NAM) launched a comprehensive resource with strategies and tools to address burnout in health care workers and improve clinician well-being.[6]

The six categories provide a depth of resources, including toolkits, case examples, opportunities for continuous learning, instruments to measure burnout, and online communities and programs.

Questions boards should ask include:

- Is management aware of the toolkit, and how are they utilizing the resources? What updates should be provided to the board in key areas?
- Are there concepts included in the toolkit that the board should know more about and include in its strategic thinking and priority-setting?
- How is the organization currently measuring clinician burnout, and should the toolkit's instruments to measure burnout be implemented in order to better understand the organization's baseline and develop well-being and burnout guidelines?



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employee recruitment and prevention, including information technology, medical technology, and artificial intelligence. It is essential that clinicians at all levels of the organization are included in this discussion, particularly when pursuing technology that has the potential to impact provider workload.

Understand what motivates and drives the next generation of employees, and how to facilitate positive inter-generational relationships.

Seek opportunities for providers to practice at the top of their license, shifting from physician-centric to team -based models that combine physicians with registered nurses, nurse practitioners, physician assistants, and others.

Provide ongoing educational opportunities for all employees, for both learning in current roles and to further advance career opportunities.

Offer remote work opportunities and flexible hours when feasible to compete with other industries where remote work is increasingly an option.

Ensure organizational transparency, which may require a cultural shift for some organizations. Transparent organizations allow employees to see and share information and make suggestions. They communicate strategies and objectives to employees, and provide regular updates about progress toward achieving those objectives.

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GOVERNANCE INSIGHTS

Improving Experiences for Patients and Families: Life Beyond the Pandemic

Patients' and families' experiences in hospitals and other health care organizations have truly suffered due to the pandemic. Confusing information, fatigued staff, and the inability to access care when needed have contributed to a sense that hospitals are overwhelmed and unable to respond quickly.

The new year brings an opportunity for hospital and health system boards to consider what patients and their families really need and want, and return a sense of normalcy for the community.

Understanding the Significance of Patient and Family Experiences

Patient and family experiences are the result of complex combinations of individuals' wants and needs. They are described as the sum of all interactions and observations, shaped by an organization's culture, that influence the patient perspective across the continuum of care.[1]

Measuring Patient Satisfaction. The most common approach to measure hospital inpatient "patient satisfaction" is to engage a company such as Press-Ganey to survey patients after their discharge or transfer. The Centers for Medicare and Medicaid Services (CMS) uses consumer perceptions in the Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS) scores, which are publicly reported. HCAHPS contribute to the "hospital star rating," and are weighted as part of the federal value-based purchasing/reimbursement program. The rise of consumerism and digital knowledge and resources have increased consumer expectations over the past several decades.

What Patients and Families Want. While patient satisfaction surveys use a variety of specific measurements, boards should consider the basics of what patients and families really need and want from hospitals. Generally, regardless of the type of care, service or provider setting, patients expect:

- Timely access to a diagnosis, and treatment when needed
- Information and guidance about their disease or condition
- Kindness, respect, and civility from the health care staff
- Personalized, individualized care
- Curative treatments when possible, and/or palliative care when a cure is not possible
- Avoidance of errors when receiving care

Simply stated, it's how board members would want to be treated as patients and family members.

Listening to Patients and Families

In 1998 at the Salzburg Global Summit on patient-centered care, Valerie Billingham suggested that patient-centered care should abide by "nothing about me, without me." In reality, patients differ in when and how much they want to take accountability and actions for their own health and wellness. The continuum of patient involvement can be described as: 1) passive, "I do what I'm told," 2) balanced or informed, "nothing about me, without me," or 3) partnership, "I am your partner in providing care for me, and I will advocate for my wants and needs."

As hospitals and health systems strive to best understand and meet varying patient and family desires, many are creating entities focused exclusively on the patient experience, including Patient and Family Advisory Councils and appointing a leadership position dedicated to the patient experience.

Patient and Family Advisory Councils. Hospitals are increasingly

utilizing Patient and Family Advisory Councils (PFACs). Members are often a combination of current and former patients, family members, and health care professionals, and typically number between 12 and 25 advisors. A PFAC is an opportunity for the organization to receive real, consumer-focused perspectives on both current and future services and programs as well as research projects. The Institute for Patient– and Family-Centered Care (IPFCC) provides in-depth information and tools for effective PFACs at www.ipfcc.org.

Chief Patient Experience Officer or Director of Patient Engagement. Some hospitals appoint a "Chief Patient Experience Officer" or "Director of Patient Engagement." The leader in this position helps identify and listen to patient voices and opinions, using some of the following best practices from the patient perspective:

- Ask me and care about my response and concerns;
- Value my feedback and make changes if something is wrong;
- Tell me when you've made an error or a problem arises, don't cover it up;
- Include my loved ones (as I define them, not you);
- Coordinate my care across multiple providers and settings;
- Treat me like a smart partner in my own care—it's my body, my life;
- Don't assume I know or understand what you're saying—ask me; and
- Satisfaction is more than just excellent clinical care. Service excellence is important too.

Case Example: Overlake Patient & Family Advisory Council

Overlake Medical Center & Clinics in Bellevue, WA has had a Patient & Family Advisory Council (PFAC) since 2015, when it was launched as a board-mandated initiative. Overlake's PFAC is hosted by the organization's patient experience department.

Program Objectives

1. Support "exceptional patient care and a superior patient experience," which to us means encouraging a culture where patient and family-centered care is a solid, dependable foundation in all we do.
2. Facilitate the inclusion of patients and families as central partners of their own care team.
3. Represent and advocate for the patient voice in decisions and future direction of Overlake.

Guiding Principles

The PFAC adheres to the Patient and Family-Centered Care's guiding principles:

- ***Dignity and Respect.*** Healthcare practitioners listen to and honor patient and family perspectives and choices. Patient and family knowledge, values, beliefs, and cultural backgrounds are incorporated into the planning and delivery of care.
- ***Information Sharing.*** Healthcare practitioners communicate and share complete and unbiased information with patients and families in ways that are affirming and useful. Patients and families receive timely, complete, and accurate information in order to effectively participate in care and decision-making.
- ***Participation.*** Patients and families are encouraged and supported in participating in care and decision-making at the level they choose.
- ***Collaboration.*** Patients, families, healthcare practitioners, and leaders collaborate in policy and program development, implementation, and evaluation, in healthcare facility design, and in professional education, as well as in the delivery of care.

For more, go to www.overlakehospital.org/about/leadership/patient-family-advisory-council. For more about the Institute for Patient- and Family-Centered Care, go to https://www.ipfcc.org.

Recognizing the Power Imbalance

Boards of trustees must understand that there isn't a "level playing field" of power between patients and providers. Patients are vulnerable, and often come to the hospital frightened or in pain. Patients and their families seek care because hospitals have the expertise, resources, providers, equipment, and facilities they need.

Recognizing the differing perspectives and experiences of patients vs. the medical staff and hospital leadership provides essential board insight. Almost a decade ago, researchers reported that increased patient involvement in their own care leads to lower costs,[2] yet many hospitals have failed to advance to their full potential in this area.

Questions for Boards: Patient and Family Engagement

- Do we have a board-wide understanding of and commitment to the importance of patient and family engagement?
- Do we have an active, formal Patient and Family Advisory Council that meets regularly?
- How are the Council's recommendations and suggestions for improvements shared with the board in areas such as patient access, care delivery, and coordination of care with other community providers?
- Are relevant performance measures (such as HCAHPS, Net Promoter Score, and board-defined metrics to evaluate patient and family engagement) and action plans to improve patient experiences reported regularly to the board and included in board meeting agendas and materials?
- How does our organization encourage patients and families to "speak up" with ideas to improve quality and safety, without fear of retribution or embarrassment?
- How does management communicate expectations to all staff and physicians and hold them accountable around patient and family inclusion, engagement, civility, and respect, whether interacting in person or virtually?

The Impact of Improving Patient Experiences

Board members should consider improving patients' experiences as a part of their fiduciary responsibility. It is a component of the legal and ethical commitment to "do our best" for those the hospital or health system serves. Beyond this clear goal of meeting community needs consistent with the hospital's mission, there are additional benefits of improving patient and family experiences, including making a change in how health care is delivered for the better, improving quality and patient safety, and financial benefits.

Help Redesign the Culture to Improve Quality and Safety. According to the IPFCC, effective partnerships between patients, families, and providers help redesign health care and improve safety in quality, leading to better outcomes and enhanced efficiency. Importantly, the IPFCC reports that providers also experience a "more gratifying, creative and inspiring way to practice."

Involving patients and families as partners in care brings important perspectives about the experience of care, inspires and energizes staff, and provides timely feedback and ideas. In addition, it lessens the burden on staff to fix problems, recognizing that staff don't have to have all the answers.[3]

In the American Hospital Association's newly published blueprint for Patient and Family Advisory Councils, the importance of leadership buy-in is once again emphasized in order to accomplish this culture of patient and family centered care. Members of the PFAC should be involved in the organization's strategic planning process, and invited to proactively meet with leaders and board members to offer input on challenges.[5]

Financial and Competitive Advantages. When patients' care experiences exceed their expectations, those patients score the hospital higher on patient satisfaction and HCAHPS surveys, which directly impact reimbursement. In addition, happy patients typically tell their friends and neighbors about their experience.

The core question on "Net Promoter Score" surveys[4], a common standard for customer experience metrics, is "would you recommend…" While a recommendation leads to positive word-of-mouth referrals, a negative experience can often be compounded when complaints are shared through online reviews or on social media.

The reputation of the hospital, clinic, or individual physician can be seriously impacted, whether the comments are factual or not. A strategic focus on patient and family engagement provides hospitals and health systems the opportunity to shift the narrative, resulting in positive patient experiences that correlate with improved care, financial benefits, and strengthened employee morale.

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

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