



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

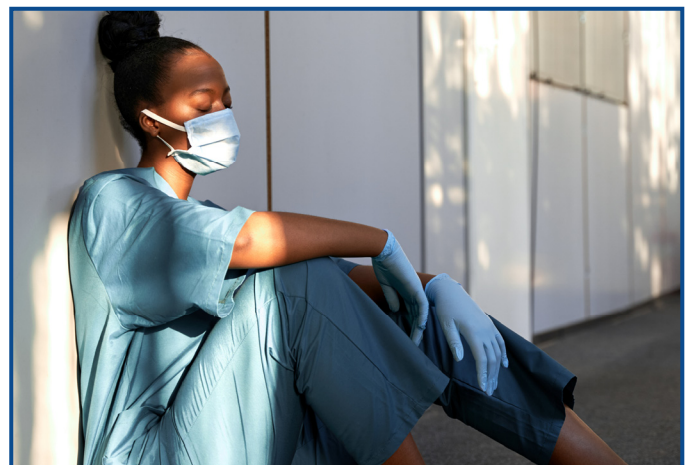
hospital or health system as a whole. The impacts of provider burnout often include:¹

- **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.

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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.

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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

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>.

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

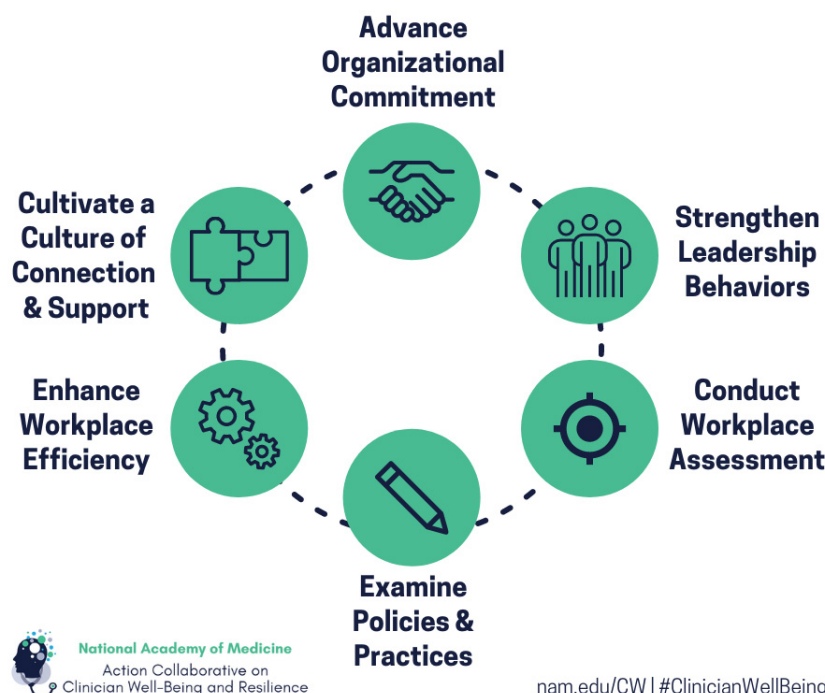
In January 2022 the National Academy of Medicine (NAM) launched a comprehensive resource with strategies and tools to address burnout in health care workers and improve clinician well-being.⁶

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?

Resources for Health Care Worker Well-Being: 6 Essential Elements



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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.

Sources and More Information

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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” surveys⁴, 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.

Sources and More Information

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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
<i>Strategy: Long-Term Planning</i>	<ul style="list-style-type: none"> 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 	<ul style="list-style-type: none"> 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
<i>Strategy: Short-Term Planning</i>	<ul style="list-style-type: none"> Ensures progress towards goals through 	<ul style="list-style-type: none"> Develops and implements plans
<i>Strategy: Day-to-Day Operations</i>	<ul style="list-style-type: none"> No role 	<ul style="list-style-type: none"> Makes all management decisions Develops policies and procedures Advises board, as appropriate
<i>Community Health: Community Needs Assessment</i>	<ul style="list-style-type: none"> Ensures a community needs assessment is conducted regularly, in accordance with regulatory requirements Participates in the needs assessment process as determined valuable by management 	<ul style="list-style-type: none"> 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.”

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

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.”

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

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

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.

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

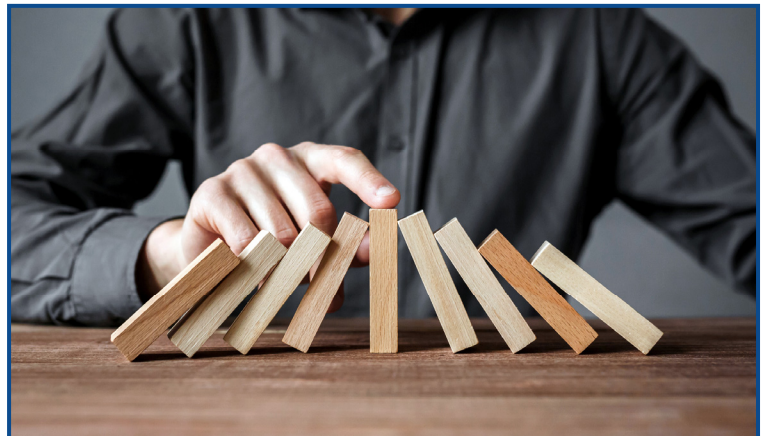
are addressed. It is the first line of defense to ensure that expectations are clear and the hospital or health system is prioritized when personal dilemmas occur.

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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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 Committee

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.**

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Lakes Regional Health Care, Spirit Lake

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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:

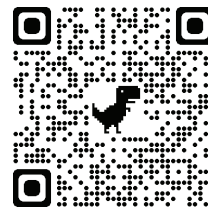
- ☐ Option 1: Contribute using your personal VISA, MasterCard, AMEX credit card through <https://my.ihaonline.org/Donate-PAC> or the QR code below.
☐ Option 2: Contribute via personal check. Attached is my form and check made payable to IHA PAC.

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:



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

Name	Title
Hospital/Health care Facility	City/State/ZIP code
Home Mailing Address	City/State/ ZIP code
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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



Trustee Minutes

For Iowa Hospital Governing Board Members

Summer 2022

BOARDROOM BASICS

Basics of Good Governance: Review is Important for New and Experienced Trustees

A strong and robust new trustee orientation has always been the foundation for success when onboarding new board members. But as the COVID-19 pandemic has stretched on, many boards are recognizing the importance of reviewing governance basics with all board members. Many hospitals and health systems engaged in little education in the last two years. In addition, boards have experienced turnover without properly onboarding new trustees.

Since the pandemic began in 2020, hospital and health system boards have pivoted to focus primarily on immediate, pressing needs. As organizations return to a new normal, experienced and new board members both are asking for a renewed focus on governance education and boardroom basics.

This newsletter is dedicated to the critical components that lay the foundation for board success: ensuring proper resources and processes are in place, and reviewing the boardroom basics trustees should understand.

Ensure an Up-to-Date Board Manual

A well-designed board manual not only provides new trustees with

valuable information about the organization and the board, it also serves as a reference for all trustees throughout their tenure on the board. A comprehensive board manual should include, but not be limited to:

- Information about the hospital or health system, including the mission, vision and values, organizational history, and services provided.
- Information about the community served.
- An overview of the health care environment, including the impact of the

COVID-19 pandemic, shifts in reimbursement, health care transformation and other trends, such as workforce needs and changes in competition.

- Pertinent organizational documents, including the organization's strategic plan, community needs assessment, and annual report.
- Current financial and quality information.
- Governing documents, including board bylaws, policies and procedures, and the conflict of interest disclosure statement.
- A glossary of common health care terms and acronyms.
- A list of board members and executive staff with contact information, and board committee and meeting schedules.

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FOR YOUR AGENDA

IHA Annual Meeting returns to in-person event

After two years of virtual meetings, you and your board colleagues can meet in person at the Community Choice Credit Union Convention Center in Des Moines for the 2022 IHA Annual Meeting! This year's meeting will be a two-day event, scheduled from Tuesday, Oct. 4 to Wednesday, Oct. 5, and will offer a preconference workshop at the IHA Conference Center and a golf outing at the Legacy Golf Club in Norwalk Monday, Oct. 3.

Inspiring keynotes will help you kick off each day and close out the event:

- **Tuesday opening keynote speaker Steve Cadigan** scaled LinkedIn from 400 to 4,000 employees with his innovative focus on company culture.
- **Wednesday opening keynote Hayley Arceneaux** was treated at St. Jude Children's Hospital for childhood cancer. She's now a physician assistant at St. Jude and the first civilian crew member of the SpaceX Inspiration4.
- **Wednesday closing keynote Michael O'Neil** survived non-Hodgkin lymphoma inspiring to launch GetWellNetwork. It tackles unaddressed problems in health care by empowering patients to take control of their health care journeys.

The annual meeting offers several opportunities for education and professional growth:

- **Tuesday, Oct. 4, T4 – How Boards Evolve During Uncertain Times.** Gain insights to board evolution and preparing for the changing health landscape.
- **Tuesday, Oct. 4, T5 – Leading During Times of Crisis.** Discover ways to communicate during trying times and effectively leading during a crisis.
- **Wednesday, Oct. 5, W4 – Humble Pie, Anyone? The Case for Cultural Humility Training at All Levels of Health Care.** Cross-cultural training is beneficial for all people involved with health care institutions. Learn about cultural humility and ways to implement it in your board.
- **Are We Making Progress?: Health Equity in the U.S.** Learn more about health equity and the American Hospital Association's Health Equity Roadmap.

Visit www.ihonline.org/ih-annual-meeting to learn more and to register for the 2022 IHA Annual Meeting.

Protecting certificate of need, expanding workforce initiatives in 2022 legislative session

IHA's advocacy team celebrated several wins during the 2022 legislative session, which wrapped up in late May. IHA advocated for a variety of issues including protecting the certificate-of-need process, expanding workforce initiatives, increasing access to

mental and behavioral health services, and reducing complexities in the Medicaid program.

Several bills were introduced to weaken or remove Iowa's certificate-of-need program. The IHA advocacy team fought against the bills and each version failed. In other legislative wins, Gov. Kim Reynolds signed Senate File 2383, a bill that expanded workforce initiatives including provisions to support health care staff recruitment. The Rural Iowa Primary Care Loan Repayment, Healthcare Loan Repayment and Healthcare Professional Recruitment programs were expanded to add more specialty clinicians.

IHA encourages you and all hospital advocates to continue building relationships with legislators in the interim. **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 PAC closing in on its 2022 goal

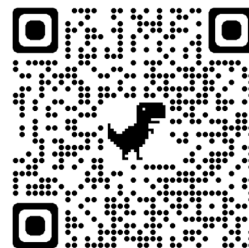
The IHA advocacy team and hospital leaders like you successfully lobbied for workforce initiatives building a health care pipeline for Iowa hospitals and encourage clinicians to plant roots in Iowa. IHA's advocates also successfully fought against harmful policies that would detrimentally affect hospital operations.

To continue this important work and ensure Iowa hospitals have a voice at the Iowa Capitol, a strong, well-funded IHA PAC is imperative. Contributions from the IHA PAC help connect IHA with new candidates and nurtures established relationships.

The IHA PAC needs hospital leaders like you to lead the charge. With your donation, other hospital leaders and hospital staff will see how important the IHA PAC is to achieve our legislative priorities.

You have several ways to donate:

- Mail a check. Complete the 2022 PAC Contribution form and mail it with a personal check to IHA, 100 E. Grand Ave., Suite 100, Des Moines, IA 50309.
- Donate online. Scan the QR code to donate on our IHA website.
- PayPal. Donate through your personal PayPal account at <https://bit.ly/3dBBwNa>.



PAC resources, including the contribution form, FAQ and campaign kit can be found on the IHA website at www.IHAonline.org, under the Advocacy tab and by clicking on IHA PAC. Email the IHA PAC at ihapac@ihonline.org 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: Roxanne Strike** with IHA at 515-288-1955, striker@ihonline.org.



(Continued from page 1)

Referencing the manual throughout the onboarding process will help to familiarize trustees with the value of its contents. Regularly updating the manual with new information will ensure it remains a relevant and useful resource for trustees.

Consider Trustee Tours

Whether board members are new or have served on the board for years, they may feel somewhat disconnected from the organization as a result of the pandemic. Visiting the organization's facilities helps board members to see first-hand the challenges experienced by staff and the impact the organization has on the community. It also helps maintain or re-establish connections and trust between the board and hospital employees and leaders.

If board members have not been in the hospital or health system's facilities for a while, the entire board should engage in tours. This often includes a visit to each key department or service area, an introduction to the Chief Officer or Director of each area, and adequate

time for the Chief Officer or Director to provide an overview of their area and responsibilities.

Boardroom Basics: The Board's Fiduciary Responsibility

For hospital governing boards, fiduciary responsibilities and their related issues of accountability and trust are complex. Boards have a two-way responsibility: they must act in the best interests of both the hospital and the communities their hospital serves.

Legally, board members must take care to:

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

These three main fiduciary responsibilities must be taken seriously by every board member, and may be applied in a court of law to determine whether or not a board member has acted improperly.

Boardroom Basics: Understanding the Mission, Vision and Values

Too often hospital leaders develop mission, vision, and values statements, and then don't make meaningful strategic use of these critical statements. When properly developed and used, these three statements are the primary driver of every governance discussion and decision.

The mission is the core purpose of the hospital or health system. It should be a unique description that clearly defines the organization's distinctiveness and differentiation. Great mission statements are short, memorable, highly focused, and enduring.

Whether board members are new or have served on the board for years, they may feel somewhat disconnected from the organization as a result of the pandemic.

The vision is a vivid description of what the hospital or health system seeks to become in the future. It considers future challenges, possibilities and choices, and serves as a "high bar" for organizational success. Like the mission, creating a vision with

passion and purpose takes time, innovative thinking, and an ability to think into the future.

Values are the principles and beliefs that drive organizational behavior at every level throughout the entire organization. The values are inspirational guideposts, the ethical compass that inspires people to live their professional lives in a certain way, and relate to patients, families, visitors, competitors, and others by

exhibiting certain organizational and personal qualities and characteristics.

Keeping the mission at the center is key. The mission, vision, and values should be prominent elements of decision making at all board meetings. Not only should they be displayed with every board meeting agenda, but items should not appear on the board agenda unless they are directly connected to the mission, vision, and values. When considering any decision, boards should always discuss how the decision will contribute to fulfilling the organization's mission.

Boardroom Basics: Quality and Patient Safety

Oversight of quality and safety is a board responsibility that extends across the organization. It cannot be delegated.

The board's role in quality. 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).

Understanding the changing quality environment. Since 1999 when the then shocking Institute of Medicine report entitled *To Err Is Human* was released, there has been growing discussion and focus around

Six Aims to Improve Quality of Care

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.

- **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.

preventable medical errors, increasing patient safety, improving efficiency and effectiveness, building trust and transparency, and creating systems that eliminate the potential for error.

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. ***The ultimate goal of excellent care is zero harm.***

Boardroom Basics: The Board/CEO Partnership

CEOs and their boards must build and sustain vibrant, trust-based relationships in order to successfully navigate the opportunities and

challenges in today's complex and fast-paced health care world. That trust requires leadership excellence in a number of key areas, including consistent communication, adherence to well-defined roles and responsibilities, and clear CEO performance expectations and accountabilities.

Building and maintaining trust. In order to build mutual trust, the board and the CEO must rely on one another for support, consultation and advice, and complement one another's strengths and responsibilities. Establishing this kind of successful relationship takes work on the part of the board and the CEO, including:

- Communication that is clear, concise, and accurate, with both trustees and the CEO remaining

candid and honest with one another.

- Roles, responsibilities, and accountabilities that are clear and well-defined.
- Board understanding of its policy and strategic “place” in the leadership continuum. Neither board members or the CEO allow egos to suppress the important work at hand.
- A strong sense of synergy results from a mutual understanding of what both the CEO and the board bring to play in tackling the complex challenges that face the organization.

Clearly defining roles and responsibilities. While the board is responsible for the high-level strategic focus and direction of the organization, the CEO and his or her administrative team is responsible for the day-to-day operations and details of designing action plans implementing the strategic plan. One is the “what”, the other is the “how”.

When these roles are not clearly defined, board members may begin to wander into the CEO’s domain. The results of that meandering can be problematic. To avoid board

Define Board and CEO Responsibilities in a Matrix

A good idea for delineating board and management responsibilities is to develop a matrix of responsibilities in a broad range of areas, such as hiring, budgeting, personnel policies, compliance, advocacy, community relations, quality, credentialing, and more. The group or individual’s specific responsibility may then be clearly defined, and gray areas can be avoided. The matrix should briefly define whether the individual or group develops, directs, reviews, provides input, and/or approves work in each area.

micromanagement and maintain a productive board/CEO relationship, roles and responsibilities should be clearly expressed in writing.

Executive sessions. One of the most productive places for candid and forthright board/CEO discussion to take place is in an executive session.

Executive sessions are settings that allow the board to handle confidential matters behind closed doors without staff or “outsiders” present. They typically take place following adjournment of the regular board meeting, but they may also take place before or during the meeting.

Holding regular executive sessions can go a long way toward building a strong sense of connection and communication between the board and the CEO. The executive session enables both to engage in the kind of dialogue that is oftentimes difficult during a regular board meeting when

should never be used as a method for operating “under the radar” of the regular board meeting.

CEO compensation and evaluation.

Hiring, motivating, and retaining the hospital CEO is a critical board responsibility. Maintaining clear performance expectations and ensuring a regular compensation and performance review of the CEO encourages frequent and open communication between the board and CEO, and helps ensure that the CEO’s performance drives achievement of the hospital’s goals.

Throughout the process, it’s critical that board members maintain an organization-wide focus, ensuring that the CEO’s compensation is aligned with the organization’s goals, and that no conflict of interest exists between board members and CEO compensation decisions.

staff members and, in the case of public hospitals, the press and members of the community, may be in attendance. Executive sessions should be held with the CEO’s support and approval, and

Boardroom Basics: Strategic Planning

A highly effective strategic plan is not simply a set of strategies, plans, budgets, and responsibilities. Instead, it’s an ever-evolving process of examination of the market, forces for change, and other current information that helps the board to understand



changing dynamics, and continually reshape or fine-tune the hospital's strategic direction.

Understanding the process. While the strategic planning process can seem overwhelming and highly detailed, the following guidelines can help board members as they navigate the process:

1. Board members don't need to know everything there is to know in order to make intelligent decisions and wise choices about the future. Trustees need to have assurance that senior leadership is asking the right questions and utilizing the appropriate tools to ensure an evidence-based, outcomes-focused process.
2. Because of the rapid pace of change in health care, what organizations know today is very different from what they're likely to know tomorrow. That means that strategic planning processes, structures, and systems need to be nimble and flexible.
3. Trustees will never know everything they'd like to know to be totally confident in every decision they make. What they need to have is the assurance that the board's knowledge, critical thinking, and leadership is sufficient to guide decisions, and to make corrections when necessary.

Handing off the plan to management. Once the high-level strategic thinking has been accomplished and the board is satisfied with the broad strategic direction of the hospital, the management team can go to work. It is management's role, not the board's, to develop action steps, communicate the

Typical Steps in the Strategic Planning Process

1. **Ensure a Strong Foundation: Review the Mission, Vision and Values.** Is the mission as presently stated still a meaningful and memorable description of the core purpose of the hospital? Are the values or principles underlying the mission still relevant? Is the vision still a challenging but realistic stretch?
2. **Understand the Environment.** Conduct a thorough scan of the environment, both inside the organization, in the community and nationally. Goals and strategies should respond to both external trends and internal issues and opportunities.
3. **Understand Challenges and Opportunities.** Utilize the findings from steps one and two to define the primary challenges, barriers, and opportunities confronting the organization, and determine the factors most critical in future success.
4. **Set the Direction.** Define changes to existing strategies, or develop new strategies that respond to environmental change and that capitalize on the most significant opportunities for the hospital as it moves forward.
5. **What's Most Critical?** Prioritize strategies and objectives to ensure their match with the mission and vision, using rating criteria such as urgency to achieve, feasibility of success, and overall impact on community health and competitive position.

plan throughout the organization, and ensure that everything is in place for successful strategic implementation.

Tracking performance. One of the primary challenges for hospital boards is to know whether the strategies and objectives adopted and implemented are achieving the desired outcomes. Being able to engage in a continuous analysis and dialogue about strategic progress and performance requires a set of key performance indicators that tell the board where current strategic gaps exist, and where potential strategic gaps may be on the horizon.

With the input of the CEO and management team, the board should track performance and progress using a set of metrics, a periodic review process, and an incentive system to reward management for meeting organizational objectives.

Boardroom Basics: Community Needs and Partnerships

A comprehensive community needs assessment provides the hospital or health system with first-hand information about the health care needs of the community it serves. With this "snapshot" of the community's health, the hospital can identify the most pressing health care needs of the community, populations of individuals in need, gaps in care and services, barriers and challenges to receiving services, and other organizations that



may already be working to meet specific needs. This information provides the foundation needed to build strategic and operational plans that will advance the hospital's mission of service to the community.

Community needs assessments are an opportunity to strengthen community relationships, and are also mandated by the IRS for not-for-profit hospitals.

In addition to conducting regular community needs assessments, hospital and health system boards should continually seek to develop and engage in partnerships with a wide range of other agencies and hospitals in their communities. Community partnerships are an opportunity to more effectively address the greatest community needs, including social determinants of health such as housing, employment, income, food, education, access to transportation, family support, and more. These factors are outside the control of a single organization, but they impact an individual's access to care, patient care outcomes, and overall quality of life in a community.

Boardroom Basics: Medical Staff Collaboration

The hospital/medical staff relationship should be a trusting partnership, where both the medical staff and hospital work closely together to provide quality care for patients. But hospitals and medical staffs often have differing perspectives and unique cultures, which can lead to a disconnect between the two.

Provider burnout. Before the COVID-19 pandemic, reports of provider



burnout and exhaustion were already high. After March 2020, the numbers increased even more. The impact of provider burnout is far-reaching, affecting not only the health of individual caregivers but also quality of care and the work environment for the entire care team. According to the Journal of American Medical Association (JAMA), physician burnout is associated with:

- **Increased health risk** for cardiovascular disease and shorter life expectancy, problematic alcohol use, broken relationships, depression, and suicide.
- **A two-fold increase in unsafe care**, unprofessional behaviors, and low patient satisfaction.
- **All burnout measures are associated with increased patient safety incidents**, including emotional exhaustion, depersonalization and personal

accomplishment. In addition, symptoms of depression or emotional distress in physicians were associated with a two-fold increase in patient safety incidents.

The American Hospital Association's Physician Alliance "Well-Being Playbook: A Guide for Hospital and Health System Leaders" provides steps to address provider burnout at www.aha.org/physicians.

Building alignment. Hospital and health system boards must commit to building trust and alignment with physicians and other caregivers. Critical components include regular communication, giving caregivers a voice on the board and where strategic issues are discussed, engaging in activities that build relationships between leaders, physicians and board members, and offering physician training in leadership and team skills.

Boardroom Basics: Financial Performance

One of the most critical functions of the governing board is protecting the organization's financial status. This typically includes:

- Establishing financial goals in a variety of key areas, including growth, debt capacity, return on equity, and other areas that define financial success.
- Approving the annual operating and capital budgets, receiving and approving a variety of budget reports throughout the year (primarily through a Finance Committee), and overseeing the organization's investment policies and goals.
- Assessing the impact of pricing strategies and discount policies, and determining the policy on uncompensated care and provision of needed community services.
- When appropriate, actively participating in and encouraging philanthropic efforts.

In order to be successful financial stewards, boards must understand the shift toward value-based care and changes in incentives and patient behaviors impacting reimbursement. In addition, boards are responsible for ensuring that the hospital or health system consistently complies with all applicable laws and regulations. With the federal government's emphasis on detecting and punishing health care fraud, trustees must ensure that an ethical business climate always exists in the hospital, and in particular, that financial procedures and processes are conducted in an ethical manner.

Questions All Board Members Should Be Able to Answer

1. What is our organization's mission and vision, and how does it drive discussions and decision-making?
2. How has the COVID-19 pandemic impacted our organization, and how do we expect health care to change as a result?
3. What critical trends and shifts are taking place in the health care environment that impact our organization and the community we serve?
4. What major changes are occurring in the local, regional, and national legislative and regulatory environment, and how have they or will they impact our organization?
5. When did we last conduct a community health needs assessment? How are we addressing the needs identified? If it was prior to the COVID-19 pandemic, how does that change our approach?
6. Who are our competitors? What potential partnership or affiliation might they seek, if any? What is their strategic significance to our organization?
7. How well-aligned and integrated is our hospital and its medical staff? Are physicians employed or independent? Are physicians involved in organizational decision-making, and do they support our organization's mission and vision?
8. What percentage of our organization's payments come from Medicare, Medicaid, "traditional insurance," or self-pay/uninsured patients? How are reimbursement levels impacting our organization's financial status? How has reimbursement changed as a result of the pandemic?
9. What percentage of revenues comes from inpatient acute care, outpatient surgery, outpatient primary care, hospice, nursing home care, etc.? How are these changing?
10. How is our organization responding to changing payment models, including bundled payments and value-based purchasing? How are we moving toward a more integrated care delivery environment?
11. What is our organization's financial status, including operational margins and margins from our lines of business?
12. What is our organization's quality performance and how is it measured? What key quality and patient safety initiatives are currently underway?
13. What is the state of our organization's current information technology system, and what are the long-term goals and expectations? Does information technology better integrate our various service lines, entities, and medical staff?
14. What does our board need to know and do to ensure our organization is addressing new and emerging cybersecurity concerns?
15. What are the three to five most critical issues confronting our board in the next year? What are the key initiatives and goals of our organization's strategic plan? Are these aligned?



Trustee Minutes

For Iowa Hospital Governing Board Members

Fall 2022

BOARDROOM BASICS

Ensuring a Safe Work Environment: Preventing Violence Against Health Care Workers

Hospital and health care workers face significantly more risk for violence than the average workplace. It is the job of hospital leaders and board members to instill a culture of safety. This includes working together with experts, employees, and the community to simultaneously provide the best care for employees, patients, and families.

The U.S. Bureau of Labor Statistics reports that the health care field experiences the highest rates of injuries caused by workplace violence, and is “five times as likely to suffer a workplace violence injury than workers overall.”¹

At a time when workplace stress and burnout is skyrocketing, the risk of workplace violence and its implications on the workforce and ultimately patient care is a threat hospitals and health systems should take very seriously.

Violence Against Health Care Workers is Rising

According to the American Hospital Association (AHA), since the beginning of the COVID-19 pandemic the health care field has experienced an increase in workplace violence.

Specifically, 44 percent of nurses reported physical violence and 68 percent experienced verbal abuse during the pandemic. Some examples include:

- **Patients or Family Members Physically or Verbally Abusing Employees.** The media and health care publications continue to report examples of physical and verbal abuse, including a nurse who was grabbed by the wrist and kicked in the ribs, a nurse who was thrown against a wall and bitten by a patient, and another who was punched unconscious by a man distraught over the death of his parents.^{3,4}

- **Hospital Shootings.** In June 2022, a patient with pain after a back operation in Tulsa, Oklahoma, walked into St. Francis Health System and shot to death four people in addition to causing numerous other injuries.⁴ On that same day, a county jail inmate receiving care at Miami Valley in Ohio stole a security guard’s gun and killed the guard before fatally shooting himself.⁵
- **Cyberbullying.** In August 2022, staff at Boston Children’s Hospital were targeted in a harassment campaign through email and social media, which included threats of violence over the hospital’s transgender health care for minors. One survey of physicians found that 23 percent reported “being personally attacked on social media.”⁴

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FOR YOUR AGENDA

2023 legislative session will gavel in with many first-time legislators

With dozens of open races in the 2022 midterm elections, IHA is pleased several hospital champions that IHA's advocacy team interviewed over the summer were elected.

"We look forward to working with new members of the state legislature on the issues important to Iowa hospitals and the patients and communities they serve," said IHA President and CEO Chris Mitchell. "We also are pleased for the opportunity to continue working with Gov. Kim Reynolds on issues like tort reform and finding solutions to ease workforce shortages in our hospitals."

Other hospital priorities IHA's advocacy team will be working on during the upcoming session include enhancing Medicaid payment, certificate of need, maternal health and pharmacy issues.

To keep informed on legislative issues, sign up for IHA action alerts and the Legislative Bulletin:

- Alerts: <https://www.ihaonline.org/advocacy/iha-hospital-action-network/>.
- Legislative Bulletin: <https://www.ihaonline.org/subscribe/>.

Mary Greeley's McCuskey receives Excellence in Governance Award

Ken McCuskey, board chair of Mary Greeley Medical Center in Ames, was nominated by his peers and recognized for his vision, diplomacy and strategic thinking with the Excellence in Governance Award at the 2022 IHA Annual Meeting in Oct. McCuskey was elected to the Mary Greeley board in 20024 and has been actively involved with IHA and AHA council and committee work for many years. He has also been certified and recertified through the [IHA Hospital Board and Trustee Certification Program](#) since inception in 2010.

The Excellence in Governance Award is given annually to the hospital trustee making a significant contribution to the hospital or health system through leadership and a commitment to excellence. 2023 nominations can now be submitted online at: <https://www.ihaonline.org/iha-leadership-awards/>.



Plan now for 2023 IHA Education Offerings

IHA is committed to providing top-quality in-person and virtual learning for trustees and hospital leaders. Participating in any of IHA's dozens of educational conferences, webinars and workshops also provides continuing board education credits toward [IHA's hospital trustee certification](#). Mark your calendars now for these IHA education offerings:

- Hospital Day on the Hill – Wednesday, Feb. 22.
- Rural and Critical Access Forum – Thursday, March 9.
- Governance Forum – Friday, April 14-Saturday, April 15.
- Summer Leadership Forum – Tuesday, June 14.
- IHA Annual Meeting – Tuesday, Oct. 10-Wednesday, Oct. 11.

Click on [All Events](#) under the Education menu on the [IHA website](#) for upcoming registration. Email Ellen Waller at waller@ihaonline.org with questions.

Share your thoughts about Trustee Minutes

Help us improve our communication with you by taking a few minutes to complete a brief survey about Trustee Minutes. Visit <https://www.surveymonkey.com/r/LV2PTZ5> to take the survey before Friday, Dec. 9.

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: Roxanne Strike** with IHA at 515-288-1955, striker@ihaonline.org.

A survey of healthcare workers in May 2022 by Perceptyx reported that “nine in ten have experienced (or been in close proximity to) violence from a patient or a patient’s caregiver in the past month. Three in four have encountered both verbal and physical assaults in the month, and nearly half of workers needed to call for security or another coworker to assist.”⁷

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Violence and the Threat of Violence Has Big Consequences

In addition to the potential for physical and emotional harm, the combination of violence in the workplace and the threat of potential violence takes a toll on employees’ stress level and morale, impacting recruitment, retention, and quality of care.

When advocating for a federal legislative response, the AHA states that “nurses and physicians cannot provide attentive care when they are afraid for their personal safety, distracted by disruptive patients and family members, or traumatized from prior violent interactions.” According to the AHA, workplace violence reduces patient satisfaction and employee productivity, and increases

the potential for errors resulting in adverse medical events.³

Workplace Violence is Included in “Preventable Harm”

The Institute for Healthcare Improvement continues to emphasize the importance of addressing preventable harm in health care. Addressing violence in health care settings and against health care workers is a part of ensuring health care that is safe, reliable, and free from harm.

The IHI’s recent report *Safer Together: A National Action Plan to Advance Patient Safety* is based on the collective insights of the National Steering Committee for Patient Safety (NSC), committed to achieving safer



care and reducing harm to patients and caregivers. The report includes a National Action Plan with 17 recommendations, including three specific to workplace safety:²

- Implement a systems approach to workforce safety.
- Assume accountability for physical and psychological safety and a healthy work environment that fosters the joy of the health care workforce.
- Develop, resource, and execute on priority programs that equitably foster workforce safety.

Violence Significantly Impacts Emergency Care

- 5,217** Nurses were assaulted in the second quarter of 2022, according to a Press Ganey survey. Experts expect the numbers are higher, because assaults are typically underreported.
- 85%** Of emergency physicians report the rate of violence has increased in the last 5 years (primarily by patients and family members).
- 24%** Of emergency physicians report being assaulted *multiple* times a week, according to an Aug. 2022 poll.
- 89%** Of emergency physicians agree that violence harms patient care.
- 85%** Of emergency physicians say workplace violence leads to emotional trauma and increased anxiety.

Source: Davis, Carol. Call 911! Emergency Department Doctors, Nurses Need Help Now Against Violence. *Health Leaders*. October 3, 2022.

Steps to Creating a Safer Workplace

Hospital and health system boards and senior leaders set the tone for workplace violence prevention. This includes zero tolerance policies where all threats and incidents are taken seriously, a commitment to workplace education and training, implementing policies and procedures that prevent

and manage violence, and supporting victims when events do occur.

The AHA and International Association for Healthcare Security and Safety (IAHSS) recently published the guide *Creating Safer Workplaces: A Guide to Mitigating Violence in Health Care Settings*. The guide provides a framework for building a safe workplace, with leadership at the center of ensuring that four components are addressed.⁶

1: Culture of Safety. Board prioritization and allocation of resources to create a culture of safety is a critical first step to creating a safer workplace. According to the guide, building a culture of safety includes:

- Reducing risk exposure to violence;
- Gathering data, including risks associated with specific locations and services and showing how safety correlates with employee turnover, burnout, and injuries; and
- Prioritizing physical and psychological safety of the workforce, patients, their families, and the community.

Examples of action steps include collaborating internally and externally to develop policies for what is tolerated, standardizing safety incident reporting and encouraging a culture of transparency, designing facilities and workflows for

safety, encouraging education and training for staff and providers, and developing crisis response plans and teams.

2: Mitigate Risk. Boards should encourage interdisciplinary teams that conduct an annual hazard vulnerability risk assessment, measuring the potential for a range of hazards from terrorism or bombs to natural disasters. Findings and regular progress updates should be reported to the board, including information about risks identified, the organization's readiness to respond, and action steps taken to improve the organization's preparedness.

Part of mitigating risk also includes a review of the organization's physical facility. While some changes may occur when updating facilities or designing new facilities, other changes

may be more simple, such as ensuring that room numbers are easily visible from inside a room.

3: Violence Intervention. While creating a culture of safety and mitigating risk primarily focus within the hospital or health system, this step emphasizes impacting the community both inside and outside of the hospital facility's walls to prevent future violence. Action steps in this area include collaborating with local violence intervention advocacy groups and patient safety advocacy groups, setting patient guidelines for zero-tolerance policies, and defining safe areas and processes for patient and survivor engagement.

4: Trauma Support. When violence or traumatic events do occur, hospitals and health systems should already have a process in place to support impacted

AHA: Building a Safe Workplace and Community

The American Hospital Association's Hospitals Against Violence framework helps guide hospital and health system leadership in addressing the issues of violence in their workplaces, with an emphasis on educating and protecting the workforce. For more, go to www.aha.org/HAV.



Creating a Safe Workplace: Questions for Boards

- Is our board committed to workplace violence prevention? Is it on our “radar screen”?
- Do we understand what it means to have a “culture of safety,” and have we adopted a “no tolerance” position on workplace violence?
- Do we conduct an annual hazard vulnerability assessment to identify potential threats of violence?
- Do we collaborate with other community organizations to promote physical and emotional safety through a public health approach? ⁶
- How do we engage employees in efforts to prevent workplace violence?
- Do we have a formal reporting and record keeping process? Does our board periodically review incident reports and corrective actions?
- Is reporting of events encouraged to promote sharing of information, including mistakes, in the interest of transparency and improvement?
- Does our organization have a committee chartered to address workplace violence? Are external stakeholders such as first responders and public health representatives included on the committee?
- Do we support and invest in recovering and counseling to build resilience in our workforce after a violent incident has occurred? ⁶
- Does our hospital or health system have a comprehensive written workplace violence prevention program? Does it address recommended components identified by OSHA, The Joint Commission, HHS, and others? Does the board annually review a program report?
- Are clear, written policies governing workplace violence provided to employees and posted publicly?
- Are measures of workplace violence included on our board’s dashboard? Does our board monitor the organization’s progress in reducing incidents?

employees, physicians, and volunteers. Examples of services to build resilience after trauma include consistent communication standards, counseling services, peer support groups, critical incident stress debriefing teams, and robust coverage for mental health services.

Advocacy Efforts and Legislation Under Consideration

The American Hospital Association, American College of Emergency Physicians (ACEP), Emergency Nurses Association, and others are advocating for legislation that protects health care workers. Currently, there is no federal law that protects health care employees from workplace assault or intimidation. In June 2022, the bipartisan Safety

From Violence for Healthcare Employees (SAVE) Act was introduced in the House, with the Senate considering similar legislation. The SAVE Act would provide protections similar to those that exist for flight crews, flight attendants, and airport workers. The AHA argues that vigorous enforcement of federal laws supporting airline employees creates a

safe traveling environment, deters violent behavior, and ensures that offenders are appropriately punished. Health care workers deserve the same legal protections.^{3, 8}

For more information, see the No Silence on ED Violence page at <https://stopdviolence.org> and the AHA Hospitals Against Violence page at www.aha.org/HAV.

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LEADERSHIP PERSPECTIVES

Building Leadership Resiliency and Restoring Joy to the Workforce

Today's hospital and health system leaders are continually facing financial shortfalls and workforce shortages while striving to maintain quality and patient safety, meet community needs, and understand changing consumer preferences. How can boards help hospital leaders prevent burnout, build resiliency, and ultimately restore joy to the workplace?

In September 2022, 80 percent of health care leaders polled reported that their level of stress and/or burnout increased in 2022. The largest contributor was staffing issues, which means some leaders have had no real vacation since the COVID pandemic began. Respondents described challenges such as a focus on recruitment rather than operational issues, an increased workload to cover staffing shortages, and ramping up technologies too quickly in an attempt to adopt automation to cover for staffing shortages.¹

Leadership Burnout is a Big Deal

The Mayo Clinic's definition of job burnout is "a state of physical,

emotional or mental exhaustion combined with doubts about your competence and the value of your work." WittKieffer used that definition in a survey of health care executives about leadership burnout prior to the COVID pandemic. The research found that 79 percent of health care leaders believe that burnout is negatively impacting their organization. Further, the same percentage (79 percent) indicated that their organization was not doing enough to reduce or prevent executive

"The significant impact of burnout can be felt not only in the workplace, but at home as well. Executives may begin to feel ineffective as burnout begins to affect one's physical and mental health, energy levels and interpersonal relationships."²

WittKieffer report's key findings focused on overall leadership well-being: "The significant impact of burnout can be felt not only in the workplace, but at home as well. Executives may begin to feel ineffective as burnout begins to affect one's physical and mental health, energy levels and interpersonal relationships."²

Developing Leadership Resilience

Studies continue to enforce that resilience is key to enhancing the quality of care, quality of caring, and sustainability of the health care workforce.³ The board plays a key role in encouraging and developing leadership resiliency. It doesn't happen by chance. Leaders build their capacity for overcoming challenges and leading with vision

by purposefully practicing key leadership habits. This starts with board support for leadership education and development as well as prioritization of leadership well-being.

In a recent interview discussing leadership resilience and well-being, Laurie Baedke, Director of Healthcare Leadership Programs at Creighton University, described resilience as a rubber band that stretches and bounces



burnout. In addition to negatively impacting the organization itself, one of the

National Academy of Medicine's Plan for Health Workforce Well-Being

In October 2022 the National Academy of Medicine (NAM) published its National Plan for Health Workforce Well-Being, which provides a roadmap to develop a health system in which health is delivered joyfully and with meaning, by a committed team, in partnership with engaged patients and communities. The plan lays the foundation for boards to evaluate what their organization is already doing well, and what areas need strengthening to build leadership resiliency and joy that trickles throughout the organization and ultimately impacts patient care. The plan includes seven priority areas:

1. Create and sustain positive work and learning environments and culture
2. Invest in measurement, assessment, strategies, and research on health care worker burnout and improving well-being
3. Support mental health and reduce stigma
4. Address compliance, regulatory, and policy barriers for daily work
5. Engage effective technology tools that support health care workers, and minimize technologies that inhibit decision-making or add to administrative burden
6. Institutionalize well-being as a long-term value
7. Recruit and retain a diverse and inclusive health workforce

Source: National Academy of Medicine. National Plan for Health Workforce Well-Being. October 2022. <https://nam.edu/initiatives/clinician-resilience-and-well-being>.

back. But, she notes, a rubber band that is left in the elements and isn't well cared for snaps rather than stretches. Hospital and health system boards must reinforce a culture that prioritizes caring for leaders so that they can work together against the challenges and disruptions occurring in health care today.⁴

Recognize that Adversity

will Come. Challenges are unavoidable. Experts agree that difficulties are an opportunity to learn, build resilience, and shape future decision-making. In her interview Baedke agrees, arguing that "hard is normal, in our personal and professional life...adversity is inevitable." The opportunity lies in using learnings from the adversity to inform future thinking.

Prioritize Personal Well-Being.

Resilience in the face of adversity can only be built when well-being is

prioritized. Health care resources were stretched to the max before the pandemic, and when COVID began the expectations for both health care leaders and frontline workers grew. Baedke says people laugh when she says it's important to focus on sleep

and nutrition, but "you can't work from an empty vessel."⁴ While it's tempting to hunker down and focus on work, leaders need to be empowered and encouraged to take care of themselves so that they

are able to rise to the challenge. This means:

- Prioritizing physical well-being, including nutrition, exercise, and getting plenty of sleep.
- Being protective of individuals' time, including work requirements and putting boundaries in place for personal time.

- Prioritizing social and emotional health. Leaders must be careful not to isolate or withdraw from social and community groups. Connecting with others is essential for social well-being, whether it's work related (such as an association), a community group, friends or family.

Lead by Example. Good leaders lead by example. They are compassionate, authentic and vulnerable, and recognize that people are the organization's most valuable asset. When executives take care of themselves and allow their employees to do the same, this important message is sent.

Invest in Learning. Leaders must continue to learn and encourage their employees to learn. Developing resilience means building skills in deficiencies identified through adversity. Learning should also include

(Continued on page 8)



individuals includes suggestions such as taking a day off to create space between work and home life, facilitating opportunities to show gratitude, and reframing negative experiences as positive.

strengthening emotional intelligence, such as building skills in thinking before reacting, adapting to change and uncertain situations, strengthening interpersonal relationships, and leaning into joy despite the circumstances.

Restoring Joy to the Workforce

The Institute for Healthcare Improvement (IHI) makes the case that restoring joy to the health care workforce is an important step in counteracting burnout and building resilience. Burnout leads to lower levels of staff engagement and productivity, poorer patient experiences, and an increased risk of workplace accidents.^{3,5} According to the IHI, the same issues that drive burnout also reduce joy in work.

The IHI has developed a toolkit that outlines proven methods for creating a positive work environment that helps employees and leaders maintain joy and be productive and engaged. One of the tools is a quick reference guide on “psychological PPE,” which provides specific ideas for individuals and team leaders to promote mental health and well-being. Psychological PPE for

Psychological PPE for team leaders include suggestions like designing clear roles and leadership, training managers to be aware of risk factors, and pairing workers together to serve as peer support in a “buddy system.”

The IHI tools are intended to serve as a guide for health care organizations to engage in a participative process where leaders ask colleagues at all levels of the organization: “What matters to you?” Asking this question enables them to better understand the barriers to joy in work and together create meaningful, high-leverage strategies to address burnout and resilience. For the IHI toolkit and case studies, go to www.ihi.org/Joy-In-Work.

The Board’s Role in Leadership Resiliency

Boards must start by understanding the impact executive and workforce resilience has on the overall organization, individual employees, and ultimately the care provided to the community. Boards must pay close attention to ensure they are practicing leadership habits based on governance best practices, which will lead to

Leadership Resilience: Questions for Boards

- Does our board have a clear picture of leadership burnout at our organization?
- Is there a sense of joy in our workforce? Do we as a board believe joy in the workforce is important, and do our decisions reflect that?
- Does our leadership team feel supported by the board?
- Does our organization emphasize the importance of leadership and employee self-care? Do we provide the resources necessary for it?
- How are we strengthening mental health and reducing stigmas within our organizational culture?
- How could we better support leadership and employee well-being?

strengthened leadership skills and governance decision-making. One of the most important leadership habits is to be a board actively dedicated to supporting hospital leaders as they work to enhance their personal capacity for resilience, as well as enhance the capacity of the entire organization’s workforce.

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