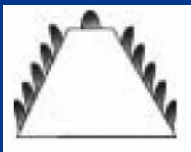


Published by

Bader & Associates

Governance Consultants,
Potomac, MD

Elaine Zablocki, Editor



Turn Off the Fire Hose:



Innovative Approaches to Board Orientation

By Elaine Zablocki

Consequently, boards and senior managers are reconsidering their approaches to orientation, offering a more gradual process, with additional support for new members. They are seeking ways to let new trustee members experience healthcare from the clinician's and patient's viewpoint. They are encouraging new members to seek long-term education at external conferences and internal retreats. In this issue of *Great Boards*, we gather pointers from innovative hospitals and health systems that are pioneering new ways to orient board members most effectively.

Complex System Relies on One-Year Orientation Process

Northeast Health (NEH), in Troy, N.Y., is an integrated system with two community hospitals, plus extensive long-term care services at The Eddy (home health, nursing home, housing, and rehabilitation). In the end, the system board is responsible for a total of 18 corporations. "Each board member has a lot of responsibility. We find it takes years to really understand our system, both long-term care and acute care," says Tricia Brown, vice president for corporate affairs.

Hospital and health system boards are implementing a variety of innovative ideas to get new directors up to speed quickly. Traditional approaches, such as meeting for a few hours with the CEO and reviewing a thick board orientation manual, are still part of the process. However, this approach is often called "orientation by fire hose." Directors are hit with too much too quickly, without the context of real board work, and they often don't absorb the deeper implications of this deluge of information.

Ten Great Ways to Orient New Board Members

- Offer a preselection orientation.
- Schedule an initial meeting with the CEO and senior management.
- Set up mentoring relationships.
- Develop a White Coat Program.
- Encourage attendance at national conferences.
- Develop a comprehensive governance manual.
- Provide system-wide orientation for new directors in a system.
- Encourage exploratory committee rotations.
- Apply adult learning methods.
- Customize orientation for individual needs.

NEH has developed a one-year personalized orientation process that could serve as a model for other complex organizations. The most essential information comes first, and the picture is broadened and deepened over the first year. One key part of the process is that each new board member is teamed with a more experienced trustee for orientation and support.

continued on page 2 →

→ continued from page 1

Before election, during the selection process, a potential board member generally meets with the chair and CEO. “They get a good introduction to our system, not so much the paperwork and documentation, but just a general discussion on our strategy and where we’re going . . . whether they are a good fit for us, and we are a good fit for them,” Brown says.

Then, before the first board meeting, new members meet with the CEO and CFO and other top executives of the hospital division and the long-term care division to get a basic orientation to the two aspects of the system and to financial issues.

A new board member is immediately paired with a mentor, an experienced board member who is often the person who recruited or recommended the individual for the board. This mentor welcomes the new member with a phone call or visit, offers an orientation to the first board meeting, and answers any questions. The mentor may sit next to the new board member at meetings to offer background information and explain the process. The mentor may also call the new board member between meetings to touch base and offer any needed assistance.

Northeast Health has invested resources in developing an online board portal, which only board members can access. It includes member bios and contact information, the board calendar, meeting materials, legal documents, strategic

plan, and other resources. A new board member sits down with the administrative assistant to the CEO to establish a working relationship and take a tour through the portal. “This is nice, because you don’t have to constantly update sections in the printed board manual,” Brown says. “However, I have to tell you honestly, it isn’t accessed as often as we

would like. At one point, board members utilized the portal to pull off meeting materials. Then we had a major board restructuring and reverted to our old ways of sending packets.”

During their first three months on the board, new members meet one on

continued on page 3 →

Use Adult Learning Principles for Effective Board Orientation

Board members have a great deal of expertise in various fields. In fact, they are often on the board precisely because they’re highly respected in the fields to which they have devoted their lives.

However, while they may be extremely knowledgeable in these areas, they may not be experts in the healthcare industry and/or not-for-profit board service. They may need to learn that body of information and skills.

To offer the most effective board orientation process, learn from the large body of knowledge on adult learning developed by Malcolm Knowles and others in the fields of training and development. To begin with, it is important to understand that the way adults learn is very different from the way children learn. Here are some of the key differences, according to Knowles:

Adults are autonomous and self-directed. That means board orientation and education should be based on trustee needs and interests. At least annually we should ask both the full board and each individual board member “what do you think you need to learn more about?” This question will uncover information gaps that should be filled. As an important side benefit, board members will be more interested in and responsive to the educational process, because the information relates directly to their own questions.

At the same time, a brand new board member won’t generally know exactly what they need to know, so the orientation process needs to be respectful of their existing expertise while providing a sensitive presentation of most-needed information.

continued on page 3 →

→ continued from page 2

one with key staffers in various functional areas, including patient care, finance, medical affairs/quality, legal issues, corporate compliance, strategy, human resources, information services, marketing, and corporate affairs.

Over the first six months a new board member has an opportunity to attend a meeting of each committee, and then decide which committee assignments he or she would prefer. Over the first year, they have an opportunity to visit some of the sites. This can be challenging since there are 16 different sites in the system plus clinics. “We definitely want to get them out to one of the hospitals as soon as we can,” Brown says. “If they visit a nursing home, our Al heimer’s center, the rehab hospital, and one of our retirement communities, that gives them a feel for some of our (sub-acute) service lines.” Some board members eventually visit every one of the sites, but it takes years.

Donning a White Coat to Absorb the Clinician’s Viewpoint

Hospital tours for new trustees are common. Washington Hospital Center (WHC), in Washington, D.C., gives new trustees a tour and a half-day individual orientation session—and then it goes a step further.

About five years ago, WHC, a regional referral center with 926 beds and 6,000 employees, implemented a White Coat Program designed to help new trustees better understand what the hospital looks like from the clinician’s and patient’s perspective.

→ Adult Learning Principles continued from page 9

Adults have accumulated a foundation of relevant life experiences and knowledge, based on their work, family responsibilities, and education. Learning is most effective when it connects to this knowledge/experience base, so presentations should draw out participants’ relevant knowledge. Expect and welcome comments and examples based on board members’ own experiences.

Adults are goal-oriented. That means any orientation or education program should be focused and clearly organized. Start out by listing the objectives and agenda for the day, so people understand what they’re expected to accomplish in the available time.

Adults are relevancy-oriented; they need to see a reason for learning something. In board orientation, we need to be able to explain why they need the information, and how they’re going to use it. Too often board members are given intricate data but don’t know how to link it to the larger strategic questions the board must address.

Instead of detailed data printouts, offer information in the context of the strategic issues facing the organization. It’s important for board members to receive this type of governance level information from the very beginning. Senior management needs to make a conscious effort to focus board packet information and presentations on high-level strategic trends presented in graphic summaries.

Adults are practical and tend to focus on information that will be most useful to them in their work. The board orientation should include practical, take-home tools that new board members can use right away.

All learners, both children and adults, should be treated with respect throughout the learning process. Adult learning is a peer-to-peer relationship.

Pamela R. Knecht, President
ACCORD LIMITED, Chicago

During their first year, new board members are expected to spend a 12-hour day wearing a white coat and observing care in various hospital departments, accompanied by a senior physician. Many scrub in to watch surgery, observe faculty

quizzing residents, or talk directly with patients about the care they’ve experienced.

The hospital’s strategic service lines include cardiac care, cancer,

continued on page 4 →

→ continued from page 3

neurosciences, imaging, and ER/trauma. “We try to offer each board member some of the flavor of these services,” says James F. Caldas, WHC president. “We may show them the gamma knife, and/or cardiac surgery, and/or the latest imaging equipment in our cancer institute. They get a vivid sense of the technology and science, as well as the people and personalities that comprise these services.” While many hospitals give new board members a tour of the facility, Caldas doesn’t know of any other hospital that puts them right on the floor wearing a white coat.

WHC board member Bill Edwards, president of Edwards and Associates, LLC, recalls his days in a white coat as an eye-opening experience. During his first year on the board, he spent a full day in the catheterization lab and spent additional time observing a gastroenterologist’s office and the ER.

“I watched them bring in a woman from a rural area who was flat-lining,” he recalls. “They used electronic paddles, put in a medicated stent, and she walked away a few days later.” After his day in the cath lab he took away a fuller understanding of the board’s responsibility “to clear away bureaucratic and equipment hassles so the medical people can concentrate on what they need to do. The White Coat Program allows a nonmedical person to understand the pressures a doctor faces.”

Edwards used to be area vice president for the mid-Atlantic region of Hilton Hotels, with an office in the Washington Hilton. The pressure of managing an inaugural ball is nothing, he says, compared to the pressure of front-line medical care. “If something goes wrong in the hotel, you always have a fallback position. Physicians generally do not get an opportunity to do things over. Watching the constant interaction between the doctor and his staff is like a football team. You walk away with a new understanding of what the nursing shortage actually means.”

Using External Conferences to Broaden Perspective

Because board members need to absorb so much information, many hospital and health systems encourage them to attend external conferences. For example, The Governance Institute (TGI) in San Diego presents a three-hour orientation for new trustees at each of its eight leadership conferences a year in various parts of the country. Orientation sessions cover a board’s fiduciary duties, the difference between the roles of board and management, and best practices for executing governance responsibilities for strategy, quality, finance, management oversight, advocacy, and governance. New trustees then attend the conference’s regular sessions featuring national speakers on current hot topics.

“We try to instill the importance of developing a director’s temperament,” says Barry S. Bader, a governance consultant who conducts some of the orientations. “We stress the importance of being informed and engaged, being a partner to the CEO

while assertively raising questions and holding management accountable. The boardroom is no place for wallflowers.”

Covenant Health, Knoxville, Tenn., an integrated system that includes six tertiary care hospitals, encourages board members to go to TGI conferences at least once every three years, but many board members attend more often.

“Our board members come from a wide variety of backgrounds, including business people, military retirees, bankers, county leaders, and physicians,” says Board Chair Fran Olmstead. “These meetings are extremely valuable in orienting new members because there is so much to learn: financing, government regulations, healthcare quality.” Generally, three or four board members go as a group, together with a member of the executive team. At present, 85 percent of Covenant’s board members have attended at least one TGI conference.

Fisher-Titus Medical Center, a community hospital in Norwalk, Ohio, with 88 acute beds and 69 long-term care beds, encourages members of both the hospital board and parent board to attend an external conference once a year. “We use conferences such as The Governance Institute for new board orientation and continuing education,” says Patrick Martin, president and CEO. “It is never mandatory, but it is something we encourage.” Medical staff and administrators are also urged to attend. “Our philosophy

continued on page 5 →

→ continued from page 4

here is to encourage more than one person to go, since there are several different tracks and that's the only way you can cover all the material.

In addition, these conferences offer a valuable way for board members to get to know each other, and for bonding experiences between members of the management team, the medical staff, and the board."

Back home, Fisher-Titus generally offers new board members an opportunity to rotate through various committees, to see where their interests lie. They may serve on one committee for two or three years, and then move to another committee, or add a second committee. Martin emphasizes that it takes a long while for board members to be fully oriented to the hospital's needs and organization. "Our facility covers eight acres under one roof, and it's a quarter of a mile from the ER to the nursing home. It takes a couple of years just to find out where all the bathrooms are."

Imbuing New Board Members with a Sense of Continuing Mission

The Sisters of Charity of Leavenworth Health System (SCLHS) has nine hospitals and four clinics, operating in Kansas, Colorado, Montana, and California. The system was founded 150 years ago by nuns who traveled in covered wagons to serve western pioneers. Inculcating new board members with the history and mission of the organization spirit is an important part of their orientation process.

Making the Complexity of Healthcare Less Overwhelming

Leslie Stoneham, who farms 2,000 acres of soybeans, corn, and wheat, joined the Fisher-Titus board in April 2003. Currently he is the vice chair. "I had no previous experience serving on a hospital board," he says. "At first I was overwhelmed with the complexity of the healthcare system." During his day-long orientation he appreciated the tour of the hospital, visiting all departments, and chatting with staff. "We saw everything from the roof to the underground tunnel. We visited maintenance, housekeeping, and of course all the medical areas. That broad overview was really helpful," he says.

Fisher-Titus continues to involve board members with a hands-on approach. They regularly attend Christmas parties and the annual employee picnic. "At Christmas, we have three holiday meals for the various shifts, and board members carve the roast beef, turkey, and ham," Stoneham says. "At my first Christmas party, our CEO invited me to stand next to him so he could introduce me to everyone. I find that when we mingle with employees and listen to their input, it helps improve the quality of our hospital."

SCLHS has a three-tiered governance model. The Sisters of Charity of Leavenworth, as sponsors of the system, retain certain rights over mission-critical matters, the SCLHS board acts as the system's governing board, and each hospital and clinic has its own (affiliate) board. Members serve for a three-year term (and possibly one additional term), so each year there's a substantial crop of new members to orient. The system holds a two-day affiliate board orientation meeting in Kansas City each fall before new members attend their first board meeting in November.

"We generally have about 75 people," says Peggy Ford, SCLHS director of governance. "Since they come from four states, we need a way for people to get acquainted. We start out with our own version of the Jeopardy game, based on little-known facts about our hospitals."

After an informal evening, the next day begins with a prayer, a poem, or a moment of silence. The morning is filled with talks on the SCLHS governance model and the basic principles of governance excellence. Then there's a change of pace, and everyone leaves in small groups for a four-hour tour of the Mother House, where the first sisters lived, and some still live. New board members view photos of those first mission days, and visit the cemetery where the pioneering nuns are buried.

"Then the groups visit the chapel. Each new board member is commissioned by the sisters with a blessing

continued on page 6 →

→ continued from page 5

and a pin on their lapel,” Ford says. “We believe this grounds them in the true sense of our mission; we think this is critical for the success of our boards.”

The rest of the orientation schedule is filled with technical material and ways to get acquainted, in equal measure. All the system officers offer presentations, so new board members have a chance to “put a face with a name.” They go home with an exceptionally clear 40-page governance manual summarizing board structure and responsibilities. The appendices, which show how authority and responsibility for various functions are portioned out among the three SCLHS governance levels, include a detailed list of all governance responsibilities, a list that would be a valuable resource for all governing boards. (The SCLHS Governance Manual will be available on the Great Boards Web site in 2009.)

In addition, each hospital and clinic provides its own half-day to full day orientation for new board members. Every new board member is paired with an experienced board member as a mentor. They’re encouraged to attend at least one meeting of each committee during their first year as a way of becoming more familiar with board processes, and seeing where they might serve in committee work.

Accurate preliminary discussions with potential board members are a major factor in successful board orientation. “When someone asks about the time commitment in this work, we tell them it could be 150 to 200 hours per year,” Ford says. “That is a huge commitment, and people take it on because they are volunteers who care about healthcare in the community where they live.”

New board members bring a wide variety of interests and skills. Some of them have professional backgrounds that add depth to their view of healthcare—like Bill Edwards, for example, whose previous hotel experience gives him a unique viewpoint on the customer service aspects of hospital management. Others bring a special interest in finance or a nursing background or a wealth of community contacts.

Think about ways to customize the orientation process so it meets each director’s specific needs, and maximizes the value directors bring to your board. If they already have clearly defined areas of special interest, then target their orientation and mentor to match those areas. If someone is a generalist, give him or her an opportunity to rotate through committees and tour other areas of the hospital. There’s no need for a rigid “one size fits all” orientation process. Since time is so valuable, think ahead and plan the best possible use of each new board member’s orientation time.

** FOR MORE INFORMATION:

Tricia Brown

Brownt@nehealth.com

James F. Caldas

James.F.Caldas@Medstar.net

Bill Edwards

Bill.Edwards@gmail.com

Peggy Ford

Peggy.Ford@sclhs.net

Pamela R. Knecht

Pknecht@accordlimited.com

Patrick Martin

Pmartin@ftmc.com

Fran Olmstead

Fhomho@aol.com

Leslie Stoneham

Stoneles@accnorwalk.com

The Governance Institute

www.governanceinstitute.com

— Elaine Zablocki, editor of *Great Boards*, is a freelance healthcare journalist whose work has appeared in *Physicians Practice*, *Internal Medicine News*, *Medicine on the Net*, and numerous other publications. To contact her, e-mail greatboards@ezab.net.

GREAT BOARDS is published by Bader & Associates
Governance Consultants 12225 Seline Way,
Potomac, Maryland 20854

Phone: 301-340-0903

E-mail: bbader@GreatBoards.org

www.GreatBoards.org

Graphic Design by: Ruzow Graphics, Inc.

www.ruzowgraphics.com

© 2008 Bader & Associates. Information in *Great Boards* may be used by individual organizations for their own board education and development, but may not otherwise be published or reproduced for distribution without the permission of Bader & Associates.