



Effective Board Communications

Keeping it simple in a complex world.

Today about 50 percent of the nation's hospitals are part of healthcare systems, making effective governance of multiple organizations with multiple governing boards more complex than ever. A critical challenge is ensuring board members have a clear, common understanding of the environment in which they are governing.

As healthcare executives, we live in a world of acronyms, field-specific terms and professional jargon. We assume that because we provide a variety of information to board members they can keep up with everything happening in healthcare. We are wrong. While the information we provide helps board members increase their knowledge, it does not equip them with the same level of understanding.

Think about your board and answer the following questions:

- Have one or more board members asked the same question that has been asked and answered during different board meetings over the past 12 months? (e.g., What is the difference between charity care and bad debt?)
- Have one or more board members failed to recall the name or underlying purpose of a key initiative,

program or indicator reported on at every board meeting?

- Has any board member requested a definition in the past year of an acronym or term used during most, if not all, board meetings?
- Do board self-assessment surveys indicate board members feel they do not receive adequate information about healthcare trends or regular updates on performance against strategic plan goals when, in fact, these are regular board agenda items?
- Does any board member routinely fall asleep during board meetings?

If you answered "yes" to any of these questions, then it is likely the messages you are delivering are not being fully received by board members.

Why aren't they getting the message?

Too many times one hears the same presentation delivered to the board in the exact way it was delivered to the management team. Articles written for trustee communications are full of healthcare acronyms, terms and underlying assumptions, with no accompanying explanation. Annual progress reports are presented with the presumption that board members recall what they were told a year ago. Issues are discussed

as though everyone in the boardroom is a healthcare expert, so the underlying complexities go unexplained.

When I talk to board members after meetings, I sometimes hear statements like, "Some of that went right over my head, but it sure is gratifying to see what a great job our folks are doing." Information being presented to board members should not go over their heads. If it does, a fundamental failure of governance processes and infrastructure has occurred. It is the responsibility of the CEO and/or the governance officer to set standards and monitor compliance with them regarding how board information and communications are planned and executed. If board members do not fully understand the information we present to them, they cannot carry out their fiduciary and decision-making responsibilities in the most informed way.

Improving board communications with plain talk

We have not discovered all the answers for solving Texas Health Resources' (THR) board communication problems. We have, however, made a lot of progress in recent years. Recognizing the importance of a knowledgeable board, THR's CEO Douglas D. Hawthorne, FACHE, initiated a multi-year communications

strategy, and each year we raise the bar a little higher. When internal and external parties talk with our board they are impressed by the depth of their knowledge and insight, and board self-assessment results have been consistently above national benchmarks.

The following are some ways THR has improved board communications:

- **Competencies Criteria.** The THR board of trustees developed board member selection criteria based on competencies and leadership in the business community to help ensure we have the right people on the board.
- **Replace Low Performers.** We evaluate board member participation and performance annually and replace those who have not attended meetings or contributed.
- **Chair and CEO Expectations.** The expectations of board members have been developed and communicated. Hawthorne and the board chair highlight and discuss one expectation at each board meeting.
- **Committee Structure.** Board committee membership is based on committee-specific competencies. Meeting agendas allow significant discussion of strategic items so committees can make informed recommendations to the board. The board does not engage in duplicative, lengthy discussions regarding committee work.
- **Governance Plan.** A written governance plan guides board work and includes standardized agendas and reporting formats, a communications plan, board meeting guidelines and board presentation guidelines.

Board communications are reviewed for clarity and simplicity.

- **Prospective Discussion Time.** Board agendas provide for prospective discussion time, including 30 minutes at the end of each meeting to discuss a strategic or board development topic.
- **“What’s On Your Mind?”** Several times each year, board members are asked to submit items for discussion. These become topics for the 30-minute board discussion time as well as for biannual board chair summit meetings.
- **Education, Orientation and Communications Strategy.** THR has implemented a multiyear board education, orientation and communications plan to continuously educate board members about the organization and the healthcare field. This plan is executed and communicated through a board orientation program, biannual board retreats, a board newsletter, a trustee Web site and board meetings.
- **“Plain Talk” Communications.** We monitor all board communications to reduce acronyms, explain healthcare-specific terms and assumptions, decrease technical jargon and complex data-driven reports, explain methodologies behind statistical data, and eliminate overly long presentations (board presentations rarely exceed 10 to 15 minutes).
- **Board Newsletter.** Our internal trustee newsletter includes regular features, updates on system initiatives and healthcare news and information. The publication, developed and edited by the governance officer

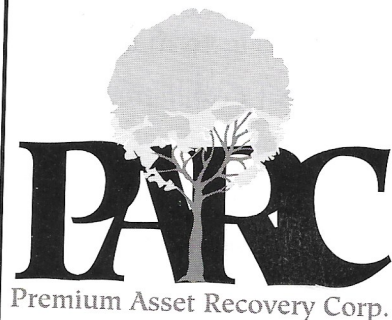
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and communications staff, focuses on board member education and development.

- **Trustee Web Site.** A trustee Web site provides archives of key communications, plans, links to hospital sites, legislative updates, community health activities, articles and bylaws, a glossary of acronyms and key terms, a board and senior leadership directory, a master calendar of key dates, and other resources for trustees and management.
- **Board Self-Assessments.** Annual board self-assessment surveys provide feedback on progress; performance; and the level of understanding board members have regarding

mission and strategic goals, management oversight, quality and patient safety activities, board and committee structure and infrastructure, board meetings and communications, and community health and philanthropic activities. Action plans are developed annually to address opportunities identified.

Effective board communication is key to effective board decision making. Plain talk communications with board members, use of multiple media (board meetings are not enough), and feedback to determine gaps and success of communication efforts. Our greatest challenge also are keys to success is to communicate the challenges of an increasingly complex world. ▲

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