Governance Notes

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Be Proactive about Governance Support Succession Planning

What's Inside:

The "Great Resignation" has had a major impact on the healthcare industry. People in all professions—from nurses to doctors to senior executives to ancillary workers—are flocking towards retirement, new jobs, or just reevaluating their careers. Governance support is not unique in this aspect and holes in this position can leave organizations scrambling to find a new gatekeeper to governance. This trend is likely to persist in the following years. This article provides recommendations for setting up more robust governance support succession plans that provide piece of mind for sudden departures and smoother transitions for planned turnover.

Always Plan Ahead

No matter what stage in their career, it is wise for governance support staff to work with their boss and HR to develop a succession plan well before it needs to be implemented. At the very least, the plan should:

- Highlight competencies and experience needed for the role. This can be an up-to-date, thorough job description.
- Identify a back-up person just in case the departure is sudden or there is a gap in finding a replacement. This person should be trained to step in when needed. This can also be helpful if someone is unexpectedly out for an extended period due to an emergency or illness.
- Outline the ideal transition plan (e.g., how long would the transition period be, will the current person support them during this transition period, what training needs to be done, etc.).

The best-case scenario is when someone plans ahead to leave their role, such as with a retirement or anticipated leave. When this happens, it's important to give sufficient notice so the search process can begin or someone internally can be identified and

trained. Since governance support is complex, it's helpful to have a transition period where the current person can serve as a mentor to the successor. In this role, they can:

- Make introductions, if necessary.
- Have them attend meetings, educational sessions, and retreats.
- Train them on the board portal and other technological workflow tools.
- Participate in board support tasks, such as creating meeting books and agendas.
- Learn where key documents are stored.
- Become educated on the organization's board/committee structure.
- Explain the "why"—governance is complicated, so it is helpful to clearly understand why they are doing the things they are doing.

For example, at one health system, the governance support specialist let her team know about her retirement a year ahead of time. They then were able to identify someone internally and she started training them six months before her leave. The governance support specialist and her successor had daily meetings and several trainings. Gradually, she took over her role, which allowed for a seamless transition.

Cross-Train, Standardize, and Build Community

Unfortunately, not all turnover is expected. In fact, more often than not, this happens suddenly, so cross-training is an essential piece of proactively planning for possible departures. Even if there is no intention of someone exiting the organization, it can be helpful for current governance support staff to serve as a mentor to other executive/administrative assistants or even project or office managers who may want to expand

→ Key Takeaways

- Develop a succession plan well before it needs to be implemented that highlights competencies and experience needed for the job, identifies a back-up person, and outlines the ideal transition plan.
- For health systems with multiple boards, cross-train governance support staff, standardize processes, build relationships, share best practices, and create a positive, inclusive culture.
- Document all governance processes and procedures and keep governance-related documents up-to-date and organized.
- Be intentional about reducing turnover by finding out why people are leaving and developing an environment that makes people want to stay.

their current scope of work and learn about governance support. This can essentially serve as "back-up training" and help develop a pool of possible candidates should that person decide to leave.

Cross-training can be more challenging for hospitals with only one governance support professional. They will want to identify an administrative assistant to train, such as someone else who regularly takes minutes and attends board committee meetings to support their executive (e.g., the administrative assistant in finance who supports the finance committee). This person needs to be willing to take on this responsibility, have approval from their boss, and understand the value of this relationship.

For health systems with multiple boards, cross-training among the individuals who provide board support is more easily accomplished. This can go beyond mentoring to include various education, development, and relationship-building opportunities. A few helpful tips are to:

- **Ensure that governance support staff have a robust orientation.** They need to clearly understand their role and why strong governance is essential to the success of the organization. Having a firm grasp of the importance of their role right out of the gate will help them understand and find meaning in their work, which leads to longer-lasting, more knowledgeable employees.
- **Standardize processes and educate governance support staff.** Standardize governance work across the system, including minute-taking and record-retention guidelines, agenda templates, board portal software, and board education and evaluation processes. The more standardized the approaches across the system, the better. There should be ample communication about this standardization and the purpose—to improve governance across the system. There should also be trainings on technological tools such as board portal and digital workplace software. Ensure that workplace software tools are fully utilized, as well. They can allow governance support staff to connect and collaborate or quickly access needed tools. This level of standardization will allow people to fill in for others more easily since they will already be familiar with the process and tools to do the job.
- **Build relationships among governance support professionals across the system.** Encourage governance support professionals to network. Hold regular calls where all governance support staff have a chance to connect and share information, tips, challenges, and successes. These calls should be more than just an update from the system support staff on what's coming up. They should

be a chance to dive deeper into specific areas of importance and connect. Encourage all governance support staff to meet at different times as well so they are frequently communicating to share best practices and solve common problems together.

- **Develop a "we are a team" culture.** System governance support professionals should lead the effort to build teamwork and a culture where everyone feels supported in their role and comfortable asking questions and sharing their thoughts.

If governance support staff are using standard processes, working together, and feel connected, it will be much easier for someone to step into a different governance support role. Developing this positive culture will also most likely lead to more people wanting to be considered as candidates for an open position so they can level-up their skills.

Document Governance Processes and Procedures

Ensure that all governance processes and procedures are thoroughly documented, and governance-related documents (e.g., charters, policies, bylaws, meeting materials, rosters, orientation manuals, and the annual calendar) are current and well organized so that someone coming into the role can easily find them. Having access to this information will allow the successor to better understand how things have historically been done and have the tools needed to hit the ground running. Otherwise, the new board support person may need to spend precious time searching for or, even worse, recreating these procedures and documents.

Be Intentional about Reducing Turnover

While we can't always predict when people will decide to move on, organizations can find ways to reduce turnover. For example, ensure that someone is conducting exit interviews and asking questions such as, "What could we have done differently to make your job more satisfying? Less stressful? More meaningful?" Any insights gained here will be critical to helping your organization understand why they left, and what can be done to ensure this doesn't continue to happen.

Creating a positive culture is always the first step to reducing turnover. System-level support professionals should ensure that they are creating community among the support staff. This includes promoting team building, communicating clearly and often, and ensuring everyone has the education and tools they need to feel supported

in their work. It is also important that there is not an "us vs. them" mentality among system and subsidiary support staff and that there is an inclusive process for sharing ideas and developing materials.

Conclusion

Governance support succession planning may not be top of mind for those in this very busy role but planning ahead is a must. There is always a possibility of turnover—even in the best, most-loyal employees. Plus, if you are the one who decides to leave, don't you want to set the next person up for success? This level of prep will allow for a smooth transition, which in turn will help ensure the board is able to continue their work without interruption.

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Board Orientation:
Preparing Board Members for Their New Role

Today's healthcare boards have an enormously challenging job with ever-growing responsibilities. To set new board members up for success, it is imperative that they have a comprehensive orientation to maximize their engagement and effectiveness, while minimizing the amount of time it takes to get "up to speed." As governance support professionals are developing, coordinating, and updating orientation programs, they should ensure that their orientation programs arm new board members with the knowledge, tools, and most importantly, motivation to make a difference. This article provides a high-level look at what to include in an effective board member orientation program.

Start with the Basics

- **Make the required time commitment clear.** Ensure that new board members know and understand the time commitment and importance of attendance at meetings. The board cannot make decisions except during meetings, and if the board members aren't there, the board can't meet. Additionally, a board member who has not sufficiently reviewed the board packet before meetings can't participate in discussions, or will ask questions that were already covered in the packet, taking up valuable time that could be spent on vital agenda items.
- **Explain the mission, vision, and values.** New board members need to understand how their role relates to the organization's mission, vision, and values, and how every decision the board makes should further the organization's mission. This is the purpose, the answer to the "whys"—the reason the board member's job exists.
- **Review what is included in the board packet**, such as key contact information, the board calendar, meeting agendas, meeting minutes, pre-meeting individual preparation, and so forth. During this part of the orientation, it is a good idea to go over any industry publications and other resources the board member should be familiar with, and give them a rough idea of how much further reading material most board members should get through before meetings.
- **Fully explain the board/committee structure**, including the board's job description, committee charters, and the individual board member job

description. Providing a board structure map or outline might be helpful, depending on the complexity of your board/committee structure, and be sure to emphasize how the committees work, and how their decision-making powers (if any) relate to the full board's decision making. Review system/subsidiary board structure and allocation of responsibilities, if applicable.

- **Thoroughly review your board's articles of incorporation, bylaws, policies and procedures, and code of conduct.** These documents can be long and cumbersome, so highlight the policies and bylaws that the board member should be most familiar with (such as the conflict-of-interest policy), and indicate those the board member can refer to later and on an as-needed basis.

- **Explain the roles of management vs. governance.** Discuss the role of the board chair and CEO, as well as the distinction between board and management responsibilities. Explain the "rules of the road," including that the CEO answers to the board, and the board is responsible for hiring and firing the CEO as well as evaluating the CEO's performance. Review the responsibilities of the board chair, illuminating the differences between a regular board member's responsibilities and those of the board chair. And discuss the fine line between management and governance, being careful to provide clear examples of each and emphasizing that the board is responsible for oversight, while management is in charge of operations.

- **Include an overview of the organization**, such as what services your hospital provides, areas of specialization, the size of the medical staff, how many employees the organization has, what parts of the community the hospital serves, major competitors in the area, community outreach activities, hospital–physician ventures, and anything and everything that makes your organization unique.

- **Provide a brief industry overview.** The past decade in healthcare has resulted in more change and increased complexity than any other period in the industry's history. New board members should be able to gain a basic understanding of

→ **Additional Board Orientation Resources**
- Board Orientation Manual, Sixth Edition
- OnBoard! A Multimedia Toolkit for Board Members
- On Board! An Orientation to Healthcare Governance (video)

the importance of sound strategy, healthcare financing, challenges surrounding changing payment models, workforce concerns, quality and safety issues, and social determinants of health, as well as legal/compliance issues that can trickle down to the individual board member.

Board Roles and Responsibilities

Once the board member has absorbed this background information, it is time to address the actual work of the board: board roles, fiduciary duties, and core responsibilities. Board roles are the "how" of governance—the things the board needs to do: 1) policy formulation, 2) decision making, and 3) oversight. Each should be explained in detail, within the context of how your board does its work, providing relevant examples.

Fiduciary Duties

The new board member should gain a strong understanding of the fundamental fiduciary duties of care, loyalty, and obedience. This part of the orientation should be

Items for governance support staff to include in a board orientation binder:
- Names and contact information of each board member
- Executive leadership business cards/contact information
- Mission and vision statement of the organization
- History of the organization (information and statistics)
- Medical staff organizational structure
- Description of the board's structure and operations including meeting dates and job descriptions
- Policies and charters
- Conflict-of-interest policy and disclosure statement
- Board bylaws
- The organization's strategic plan
- Financial information, including the organization's budget, audit, investments, insurance, and funding information
- Community benefit report
- Annual report

given priority attention. Emphasize that these are the board's legally mandated duties and they cover much more than protecting the financial health of the organization.

Core Responsibilities

Oversight is central to everything boards do: monitoring decisions and actions to ensure they conform to board policy, strategic plans, and budgets, and ensuring that decisions produce intended results. The new board member should understand this oversight role. The following is a brief summary of key items to include in the orientation under each area of oversight:

- **Financial oversight:** Review key board decisions and actions under financial oversight, such as financial objectives relating to board goals and the organization's mission, developing budgets, and the annual auditing process. Review financial reports that the board receives as well such as activity statistics, the balance sheet, and the financial scorecard/dashboard.

- **Quality oversight:** It is important to stress that discussions on quality of care deserve equal weight as financial discussions on the board meeting agenda. Review items such as current quality improvement initiatives, the credentialing process, the quality scorecard/dashboard report, and CMS core measures and Joint Commission quality standards.

- **Setting strategic direction:** The board member should be aware of how the strategic plan furthers the organization's mission and vision, and how it corresponds with the organization's values. Explain the strategic planning process and demonstrate how the new board member should be involved.

- **Board self-assessment and development:** The new board member should understand his/her role in assessing the board's own performance, and be aware that the board is responsible for its own development, job design, discipline, and performance. Discuss the board self-assessment process, board development plan, educational activities, and the process for assessing individual directors.

- **Management oversight:** Explain to the new board member the leadership hierarchy of the organization and how the board fits into that. This could include the board's responsibility for recruiting and selecting the CEO, the CEO performance evaluation, and the board's responsibility in approving the CEO's and other top executives' compensation and benefits.

- **Community benefit/advocacy:** Community benefit/advocacy is the board responsibility that is perhaps most difficult to define, but an important part of the board's role. This topic is not limited to fundraising and philanthropy; it

includes involvement in public policy initiatives, conducting community health needs assessments, and acting as an advocate for the organization and its stakeholders. Share with the new board member community benefit policies, current activities in this area, the organization's advocacy goals, and any plans for future activities.

Structuring the Orientation

The information a new board member absorbs in an orientation program is vast and, most likely, one session won't do the job. Multiple, shorter sessions that break the information down into manageable parts can be more effective. Provide plenty of handouts and supporting materials for the new board member to refer to on his/her own, and an ongoing venue for the board member to ask questions. Also, keep in mind that these sessions are meant to be an overview, and the board member will need follow-up opportunities for education on an ongoing basis.

Beyond presenting the orientation information in small-group or one-on-one sessions, there are a couple ways to further ensure that new board members receive the ongoing support they need to succeed:

- **Use the buddy system:** Pair up a new board member with a seasoned board member, to act as his/her "buddy" for the entire first year of the term (this is also known as mentoring). The new board member can meet with the buddy/mentor anytime to ask questions, share concerns, and discuss anything in further detail outside of board meetings.
- **Provide further, ongoing education activities:** Take advantage of programs geared specifically to hospital and health system boards. Bring in expert consultants and facilitators to conduct educational sessions during board meetings or retreats (such as Governance Institute advisors). This can be particularly effective if your board is tackling a complex issue and needs to have a wider or outside-the-box perspective. Set aside time during a meeting to discuss a publication or watch a video on a topic in which the board may be particularly interested, or one that presents an area of weakness for the board. The Governance Institute has also developed E-Learning courses for board members to review on an ongoing basis, either to test their knowledge or remind them of the keys to effective governance.

A strong orientation program will greatly enhance the board member's chances of success in becoming an effective part of the governance team, and therefore

enhance the likelihood that they will stay on and develop further with the organization over time. Remember to tailor the program to the individual board member's experience and expertise. And finally, find a way to make the program fun. When board members have an environment that promotes the development of lasting relationships with their colleagues and hospital staff, the board becomes vested in the future of the organization—which will result in an engaged, knowledgeable, passionate, and effective board.

This article is an excerpt from The Governance Institute's Elements of Governance publication, Building a Comprehensive Board Orientation Program, Second Edition. View the full publication for a more detailed look at board orientation materials and structure.

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COVID-19's aftermath continues to influence consumers' trust and engagement with healthcare. The future of healthcare, while uncertain, will focus heavily on personalizing consumers' experiences—and those organizations that lead with empathy and human understanding to engage patients will be more than ready to meet any unforeseen challenges. This article provides highlights from NRC Health's 2022 Healthcare Consumer Trends Report.[1] It outlines how consumer sentiment continues to evolve along several important trendlines. Governance support professionals can use these insights to gain new perspective on the consumer experience and help their boards lay the foundation to futureproof their organizations by putting consumers first.

Consumers Are Returning to Healthcare

One of the most significant disruptions in healthcare delivery in modern history has been consumers deferring care during the pandemic. The excellent news is that NRC Health data shows that healthcare deferment is now decreasing, and consumers are starting to resume services. However, hospitals and health systems should be mindful that some of the consumers who return could be sicker and costlier in 2022 than they would have been before.

As of Q4 2021, 27 percent of consumer respondents state that they have delayed care, compared to the peak of 33 percent in Q4 2020. The rate at which consumers are resuming services has risen by 149 percent from 2020 to 2021 across all major service lines. The most considerable increase in volume is evidenced in the inpatient care setting (175 percent), followed by outpatient services (165 percent) and retail cinics (167 percent). There have also been significant increases in volume in the medical practice (147 percent) and emergency department (148 percent) areas.

> The rate at which consumers are resuming services has risen by 149 percent from 2020 to 2021 across all major service lines.

1   View the full report at https://nrchealth.com/gh52i7tyhb.

While the COVID-19 pandemic caused many consumers to delay several types of care, preventative care was particularly affected, especially in conditions where the COVID-19 virus can be most acute. For example, from Q1 2020 to Q4 2021:

- Blood pressure tests declined 5.5 percent
- Routine physical exams declined 4.7 percent
- BMI (Body Mass Index) screenings declined 2.8 percent
- Percentage of consumers having no preventative service or test increased 1.8 percent

➜ Key Takeaways

Governance support professionals can help ensure their boards are getting the education needed to truly understand consumers' needs and expectations. In the current environment, boards will need to:

- **Ensure there is a plan for encouraging consumers to return for care.** During the pandemic, many consumers delayed care. While healthcare deferment is decreasing, it's important that healthcare organizations develop effective communications for patients and the community at large to educate them around the importance of timely healthcare.
- **Recognize how the pandemic has affected the community's mental health.** Ask management about the impact on patients' mental health (e.g., has there been more mental health hospitalizations?), the services provided at the hospital/health system and in the community, and additional partnerships that are needed to better support patients.
- **Reassess the organization's telehealth strategy.** There is consistent and robust excitement around telehealth, but hospitals and health systems should strategically determine which services and patients work best within a telehealth setting.
- **Elevate the organization's brand.** To be successful, healthcare organizations will need to build their brands using personalization techniques and an omnichannel approach to target and engage active patients.
- **Build trust by demonstrating an understanding of patients' unique needs and preferences.** Ensure their organization is learning about patient preferences ahead of time so that interactions can be personalized at the right moments and exceed patients' expectations.

Hospitals and health systems should also consider that 13 percent of respondents say they are unsure when to resume healthcare activities, and 4.6 percent say they won't return to healthcare. Left untreated, many patients' conditions are likely to deteriorate, leading to serious adverse outcomes that may not be treatable.

Findings like these—and others that show that patients delaying myocardial infarction or appendicitis care prioritized avoidance of COVID-19 exposure over seeking appropriate care—suggest that hospitals and health systems should develop effective communications for patients and the community at large to reassure them and encourage timely healthcare for critical needs during the ongoing COVID-19 pandemic and other similar scenarios.[2]

Recognizing this, some hospitals and health systems have reached out directly to chronically ill patients and those at risk for chronic disease, with campaigns to get them to return to care. Other efforts have included hosting virtual town halls, advertising on social media, holding Facebook Live events, and reaching out to business leaders.[3] Whatever the method used, it's time to close the gap on educating the public around the importance of timely healthcare.

> Hospitals and health systems should develop effective communications for patients and the community at large to reassure them and encourage timely healthcare for critical needs during the ongoing COVID-19 pandemic and other similar scenarios.

The Pandemic's Toll on Mental Health

Although telehealth usage has increased in counseling (206 percent), it is devastating to acknowledge that nearly one-third (30 percent) of consumers report that their mental health has worsened due to the COVID-19 pandemic. Additionally, mental

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2   Rebecca Gale, et al., "Public Perspectives on Decisions About Emergency Care Seeking for Care Unrelated to COVID-19 During the COVID-19 Pandemic," JAMA Network, August 19, 2021.
3   Rich Daly, "Healthcare Organizations Prepare for Sicker Patients in 2021 Due to Deferred Care," Healthcare Financial Management Association, November 30, 2020.

health hospitalizations have increased by 190 percent from 2020 to 2021. Depression also remained very common during the pandemic and worsened for some people.

Before 2020, mental disorders were the leading cause of the global health-related burden, with depressive and anxiety disorders contributing to this burden. The emergence of the COVID-19 pandemic has created an environment where many determinants of poor mental health are exacerbated. There is an imperative need for up-to-date information on the mental health impacts of COVID-19 that can inform hospital and health system responses.[4]

The increased frequency of symptoms of anxiety and depression in an ongoing CDC study indicates that mental health services and resources, including telehealth behavioral services, are critical, particularly among populations disproportionately affected by COVID-19. National COVID-19 trends demonstrate that specific populations have been disproportionately affected by high COVID-19 incidence, which suggests that these populations might also be more vulnerable to the psychological consequences of COVID-19.[5]

The pandemic has created an increased urgency to strengthen mental health systems in most countries. Mitigation strategies could incorporate ways to promote mental well-being and target the determinants of poor mental health, along with interventions to treat those with mental disorders. Taking no action to address the burden of major depressive and anxiety disorders should not be an option.[6]

> One in three consumers (30 percent) report that their mental health has worsened due to the COVID-19 pandemic.

4   "Global Prevalence and Burden of Depressive and Anxiety Disorders in 204 Countries and Territories in 2020 Due to the COVID-19 Pandemic," *The Lancet*, November 6, 2021.
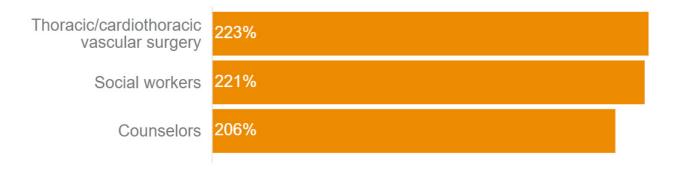5   Haomiao Jia, et al., "National and State Trends in Anxiety and Depression Severity Scores Among Adults During the COVID-19 Pandemic—United States, 2020–2021," Centers for Disease Control and Prevention, October 5, 2021.
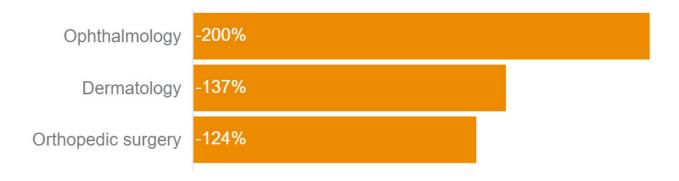6   *The Lancet*, November 6, 2021.

Strategically Using Telehealth

While telemedicine struggled with how reimbursement and logistics would work in years past, the widespread adoption of this technology has grabbed and is now holding consumer interest. Consumers' excitement for telehealth has hovered around 55 percent throughout the pandemic, compared to the pre-pandemic average of 49 percent in Q1 2020. Consumers 35 to 44 years old are the most excited about telehealth (68 percent), whereas people 65 and older are the least excited (45 percent).

Consumers have determined that telehealth's inherent ease of use, amount of time spent with providers, courtesy, respect received, and attentiveness has made the technology a winner, and not just with family practice, internal medicine, and nurse practitioners. Telehealth usage has increased in several provider specialties as well:

Specialty	Increase
Thoracic/cardiothoracic vascular surgery	223%
Social workers	221%
Counselors	206%

And while telehealth makes sense for many areas, it's not a slam dunk for every healthcare specialty. NRC Health data shows that telehealth usage has decreased in several areas, including:

Specialty	Decrease
Ophthalmology	-200%
Dermatology	-137%
Orthopedic surgery	-124%

Healthcare organizations are innovating in other areas of digital health as well, thinking beyond videoconferencing to sensors, augmented intelligence, wearables,

and more to reduce costs and improve health outcomes, care experience, and work-life balance.[7]

Given that telehealth usage has more than doubled since 2020, healthcare boards and senior leaders should ensure that their organizations have cultivated an effective and meaningful telehealth practice that prioritizes provider time, attentiveness, and financial transparency, while also considering what additional digital health innovations may be needed.

Consumers' Increase in Healthcare Recall

Consumer healthcare recall (i.e., consumers being able to recall a healthcare brand) is starting to climb, and hospitals and health systems can capitalize on this growing trend. NRC Health data from Market Insights recalling key performance indicators year-over-year find that marketing recall has increased by 5.1 percent, from the lowest point of 59.4 percent in 2020 to 64.5 percent in 2021.

Additionally, consumers report an increase in helpful health information from hospital Web sites (+5.8 percent) from 2020 to 2021. Consumers who have visited a hospital Web site are also up 4.6 percent since November 2020, with an all-time high of 31 percent visiting a hospital Web site as of November 2021.

This trend fuels digital healthcare efforts, offering healthcare organizations an abundance of data that can be used to personalize communications and deliver connected tools and data for consumers to give them the information they want, when they want it. Digital healthcare can also automate everything from data entry to medicine distribution and research analysis, providing staff with resources and time to give the best personalized care possible to each consumer. Ultimately, the ability to be proactive in communications allows for better disease prevention, circumventing the need to treat many conditions.[8]

Consumer behavior communication tells us that more than half (51.2 percent) of consumers say they will use a handheld mobile device to access information in the next year. Social media is one of the most significant drivers of handheld mobile

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7   Len Strazewski, "Uncovering the True Value of Telehealth to Improve Care Outcomes," American Medical Association, October 18, 2021.
8   Blake Morgan, "The Future of Healthcare Personalization," *Forbes*, May 3, 2021.

information, and its use is up (10.8 percent) from 7.4 percent in 2020 and is now the third most-recalled ad platform behind television (38.7 percent) and billboards (11.8 percent).

Healthcare organizations should build their brands using personalization techniques and an omnichannel approach to target and engage active patients.

Necessary Increase in Human Understanding

Personalized experiences are slowly becoming the norm as consumers engage and share information with hospitals and practitioners, who then use this information to personalize experiences further. With personalization at the center of emerging healthcare, consumers will seek new levels of health and wellness—but only if healthcare organizations get it right.

Consumers' likelihood to recommend hospitals and health systems has increased by 3.9 points from 20.2 in 2020 to 23.3 as of November 2021. Patient experience peaked during the onset of the pandemic though—with Net Promoter Scores at 56 in April 2020 for hospital inpatients and emergency departments—and has been declining since, resulting in an NPS of 44 in December 2021. While consumers' likelihood of recommending hospitals and health systems increases, patients' likelihood of recommending hospitals decreases, indicating that the patient experience is not meeting expectations. The bottom line? Hospitals and health systems must meet people where they are.

The key to enhancing a patient's care journey is understanding preferences in advance, which can be achieved with communication assessments. Healthcare organizations should deliver a person-centered, equity-focused experience as a standard measure across care settings, and treat each patient as a unique individual while personalizing their experience.

During the past 15 years covering the existence of the CAHPS program, NRC Health has seen the overall percentage of patients recommending an organization barely increasing—yet the industry is spending billions of dollars a year to drive improvement against such measures. What needs to shift is an understanding that 99 percent of a patient's life happens beyond the hospital care setting. When healthcare organizations begin to understand each person's expectations in advance of their

interaction or episode of care, they can personalize those interactions at the right moments and exceed those expectations.

Conclusion

Governance support professionals should work with their boards to ensure they are taking time to consider the current and future needs of consumers in every decision they make. COVID-19 and its variants have quickly taught all healthcare organizations that transformational change is necessary to meet demand and move the industry forward. And while many hospitals and health systems have shown they can be flexible despite catastrophic loss, the pandemic has shined a light on how necessary consumer-driven improvements and a better patient experience are to continued survival and growth.

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