Governance Notes

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Building Teamwork and a Positive Culture for Governance Support Staff throughout Corewell Health

By Steffany J. Dunker, Managing Counsel, Corewell Health

In large, complex organizations, especially those created through a series of integrations as Corewell Health was, multiple governance support staff (we use the term "liaisons") support various boards and committees—and each has their own way of doing

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the governance work. As Corewell Health moved toward a single health system with unified governance practices and standards, it has been invaluable to create a team of the many liaisons who were previously on an island alone.

Bringing Governance Support Staff Together

As our health system moved from a "federation" to an operating company model, we sought to leverage the governance knowledge of all of our professionals (collectively with well over 100 years of experience) by bringing them together to create a "governance team." Each of these liaisons works in different parts of the organization, but all interface with one another, share best practices, and create standard work used throughout the organization.

We started the dialogue by bringing a group of our hospital liaisons together four years ago for quarterly lunch education and sharing sessions (sharing of best practices as well as asking for assistance with technology hurdles and other governance challenges). Over salads and sandwiches, we built rapport, earned each other's trust, and jointly worked to solve various governance issues. This became a forum for communication where none formally existed. After a year or so, that group expanded from the hospital liaisons to all liaisons across the organization and, while it became a bit more complex by including other business lines, the number of practical solutions created and best practices shared far outweighed the complexity of the discussions.



Through this forum, we built a team of governance liaisons from a disparate group of individual contributors. Our initial meetings lasted 1.5 hours with 30 minutes of lunch and conversations, 30 minutes of education, and 30 minutes of questions/answers and problem sharing/solving. Everyone at the table had a voice and was expected to contribute; the only ground rules were to be curious and open to new ideas and that we would leave the meeting with clarity about organizational directives, initiatives, etc. and how they would impact governance (or vice versa!). At first, the conversations were simple: "I have this challenge" or "this is how I solve that." But after a few sessions, the conversations evolved to be "what if we tried this," "I think doing this would be more efficient," and "I know this is done at X health system and is highly effective." Our little lunch group transformed into a governance town hall. Work friends brought work friends who also supported governance activities and it ballooned to a connection point and support system for 40-plus individuals in our organization. The liaisons began requesting information, materials, and standard work, identifying areas that needed improved processes.

→ Key Takeaways for Governance Support Staff

As governance support staff work to build teamwork and a positive culture at their own organizations, they should:

- Create a culture where each team member's job, ideas, and perspective are valued. Suggestions and solutions can and should come from everyone.
- Be curious (ask tough questions), open (explore new ideas), and available/ present (ready to collaborate and work together).
- Have a positive attitude.
- Ensure communication is robust—you cannot overcommunicate.
- Have training and onboarding for governance support staff that explains their role and responsibilities, as well as the importance of working with others across the system to improve governance.

The Result: A Team Working towards the Same Goal

Our goal all along has been to create community and a support system for governance professionals. With formal education, expectations, and most importantly, others who understand the job (and the tremendous amount of pressure that comes with the role), new liaisons get more training and onboarding than those in the past. They have a body of standards to rely on as opposed to creating something themselves. Some of the original underpinnings still resonate in that we will often come up with an idea, pilot it, and then revisit what needs to be altered in order to make it even more effective. We have created a network of support and camaraderie. All are on the same team, working toward a common goal.

During the early COVID years, we collaborated on the problem-solving that was required for virtual meetings, a virtual office, and other remote governance work conundrums we never could have fathomed before then.

The structure has changed to drop-in sessions for all liaisons and monthly meetings with the advisors (the governance support to the main boards) who then share the standard work with the liaisons in their regions. The advisors have their own sessions with liaisons for their regions to discuss region-specific issues and coalesce around specific approaches. Participation is still voluntary and everyone has a voice—the more difficult the question posed, the better. We all leave meetings learning something and implementing a new idea or practice. We are all committed to continual improvement.

Our governance team members have developed materials to help onboard new liaisons to their roles and many of the seasoned professionals lean in to their less-experienced colleagues and provide wisdom and help them learn tips as well as grace under intense pressure. In addition to informal mentoring, we have a formal orientation and mentoring process for new liaisons. Another benefit is that with standard expectations, liaisons can support each other when they are out of office.

Transparent and consistent two-way communication is critical to allow the governance team to function at the highest level. In addition to the regularly scheduled communications, we have a culture that encourages any and every liaison to ideate and collaborate, and to share solutions with the governance team at any time. This includes asking questions and pointing out any lack of clarity or inconsistency in what they are hearing. By creating one governance team with one goal, we have adopted efficiencies that make all of us work smarter, together.

The Governance Institute thanks Steffany J. Dunker, Managing Counsel, Corewell Health, for contributing this article. She can be reached at <u>steffany.dunker@spectrumhealth.org</u>.

Game Changers: Sharing Tips, Successes, Challenges, and Fears

The following is a summary of a session at The Governance Institute's September 2022 Governance Support Forum. This session was facilitated by Lindsay Laug, Solutions Expert, The Governance Institute, and speakers included Suzie Marcum, M.B.A., Executive Assistant, Reid Health, and Julie Dresback, Director of Corporate Governance, St. Luke's Health System

Governing Board Succession Planning

Having the right board members at the table—with the expertise, experience, skills, engagement, and level of diversity needed—is critical to effective governance. Yet, finding these board members can be challenging. Many hospitals and health systems are struggling to ensure their boards are robust enough to lead their organization in the current market. Suzie Marcum, M.B.A., Executive Assistant at Reid Health, discussed her organization's board recruitment challenges and steps they are taking to ensure they have an engaged, competency-based board.

Reid Health, an independent health system in Indiana, has 17 volunteer board members, and they are actively recruiting for three additional members. Up to 25 percent of board members can be physicians, and they currently have four physician board members. In addition to these physicians, they have three medical staff officers (Chief of Staff, Vice Chief of Staff, and the Medical Staff Secretary) serving as ex-officio, non-voting board members. These members come to all the board meetings, participate in strategic retreats, and attend educational opportunities such as The Governance Institute's Leadership Conferences. Having physicians involved in governance has been a game changer for Reid Health's board. These members are highly engaged, bring a much-needed point of view, and have expertise that has been beneficial during boardroom discussions.

Reid Health also has a group of 29 community members that sit on subcommittees, which they call their community board members. Before anyone can become a board member, they must first be a community board member. This committee experience serves as a training ground for possible new board members, and it is also a way to vet these members to see if they may be good candidates for Reid Health's governing board (for example, do they prepare for meetings, ask relevant questions, attend meetings, and take part in discussions?).

In addition to the governing board and community board members, Reid Health has a Network Operating Council, which is a group of physician board members that work with the physician practices owned by Reid Health. The Network Operating Council has six subcommittees: audit and compliance, community well-being, finance, quality and legal/risk, and strategic planning. The physicians that are chairs of the Network Operating Council subcommittees are placed as a community board member on the governing board subcommittees.

→ Key Questions for Consideration

- Do we have an up-to-date, comprehensive board development and recruitment process?
- What competencies are missing on the board? Have we conducted a competency assessment to identify gaps in knowledge, expertise, and diversity?
- What are we doing to ensure board members are properly educated and engaged in their role?
- Do we have a board leadership succession plan that identifies the skills and competencies needed, the nomination and selection process, and how to handle transitions from one leader to another?
- How are we ensuring that board leaders thoroughly understand their role and are performing their duties? Do we regularly assess board leaders for effectiveness?
- What is our process for identifying and developing potential board leaders?

While Reid Health has a governance structure in place that allows for robust physician participation and the community board members offer a group of potential candidates for the system governing board, they still face recruitment challenges in their region. Reid Health serves an extensive rural geographic market, covering 10 cities, eight counties, and two states, which can make it difficult to recruit new board members. Many are not willing to drive long distance to attend monthly meetings and be fully engaged in the system's governance. There is also a fairly small pool of candidates. There are many non-profits in the region and those in leadership positions are often asked to serve on several boards.

Marcum, the board chair, the CEO, and the leadership development committee came together and identified two specific challenges they would like to work through: 1) taking board members from participants to board leaders, and 2) moving community board members to governing board members. The board and leadership development committee then came up with an action plan that included:

- Increase membership to 20 individuals (as authorized in their bylaws). This will allow them to have a larger pool for the next board leaders.
- Conduct individual board and community board member competency self-assessment. They asked all members about their current competencies—in areas such as finance, quality and safety, strategy, technology/cybersecurity, community health, leadership, and others—and compiled those to see where there were gaps.
- Have subcommittee chairs evaluate all committee members for engagement.

Next steps will also be to:

- Engage with a third-party consulting firm to further evaluate potential board leaders. This will include conducting interviews with board members who have leadership potential, developing a recruitment plan, and creating a roadmap for the expected succession scenario over the next five years.
- Develop step-by-step educational, orientation, and mentoring plans. They
 will be revitalizing their orientation plan, outlining an education plan for
 both potential leaders and new board members, designing a mentoring
 plan for senior board members to mentor incoming board members, and
 having educational speakers at their social events.

While Reid Health's efforts are still in the works, they anticipate that taking these steps will allow the system to ultimately have a more engaged, diverse, knowledgeable, and competency-based board.

Recommended Resources

Board Recruitment and Leadership Succession Planning

- **Board Recruitment**
- Board Development and Recruitment: The Right Experience, the Right Balance, and the Right Attributes
- Building a More Diverse Board
- Planning for Future Board Leadership
- <u>Recruitment Tips to Advance the Diversity of Independent Hospital Boards</u>
- For a sample board skills matrix, board succession planning grid, board leadership position descriptions, and more, view our templates collection at www.governanceinstitute.com/Templates.

Maintaining Due Diligence, Improving Agility, and Preserving Board Engagement through a CEO Transition

In January 2020, St. Luke's Health System, an Idaho-based system with eight hospitals and over 339 clinics and centers, hired a new CEO. While the transition to a new CEO can be daunting for boards, management, and governance support staff, especially since the past CEO had served for 10 years, Julie Dresback, Director of Corporate Governance, discussed how her organization was able to maintain board engagement and use this leadership change as an opportunity to improve governance processes and practices.

"With the new board planning process, we don't set it for a year and go. We reorganize it constantly." -Julie Dresback, Director of Corporate Governance, St. Luke's Health System

The transition to a new CEO allowed the system board and Dresback to step back and reconsider their board planning process. Previously, when planning deep-dive topics for the year, the board had a retreat in November where they would set the schedule for the entire year. With the pandemic, economic shifts, workforce issues, and many other strong headwinds affecting the system, it became clear that this was no longer effective. To plan properly in this new

environment, they would need a planning process that was flexible, allowing for regular changes and updates to ensure the board was focused on the right topics at the right moments.

Dresback had already began creating a board calendar that listed out topics the board and its eight committees were planning to discuss so that everything was in one place and easy for her to review and track. This allowed her to stay organized and see everything that was coming up at a glance. Throughout the last couple years, the calendar has grown and become the foundation for planning efforts. It is now a working document that is regularly reviewed by the board and executive team (see **Exhibit 1**).

Last updated 11/28/2022 September November March May July January September November 2022 2022 2023 2023 2023 2023 2023 2023 Safety Together Mission Moment Dr. Smith (20 mm) inch (20 min) Green, RN (20 min) Dr. Smith (20 min) Brown, RN (20 min) Dr. Gale (20 min) Dr. Doe (20 min) Dr. Lowry (20 min) Focus on Safety Huddle Focus on Patient Safet Balanced Performance and Enterprise Risk Management Balanced Performance Balanced Performance Balanced Performance **Balanced Performance Balanced Performance** Balanced Performance Balanced Performance **Balanced Performance** FY23 Targets & Metrics FY24 Target Development Deep Dive: TBD Deep Dive: Care Exp Deep Dive: RAMI Deep Dive: TBD Deep Dive: TBD FY24 Targets & Metrics Budget Enterprise Risk Enterprise Risk Enterprise Risk Enterprise Risk Enterprise Risk Budget Enternrise Risk FY23 Financial and Capital FY24 Financial and Management: Management: Management: Management: Management: Management: Patient & Staff Safety Plan Approval Quarterly Update Workforce Engagement Cyber Security TBD Capital Plan Approval Quarterly Update Strategy and Education Topics Current Healthcare Landscape Annual Board Retreat **Review Retreat Outcomes** Shifting Economy Care Management Technology Solutions Annual Board Retreat **Review Retreat Outcomes Dialogue and Prep Business Plan & Priorities** Impacts on Consumer & Benefits of Effective Care Updates & implications for Tools to improve **Dialogue and Prep Business Plan & Priorities** Healthcare Systems Healthcare Equity Market Dynamics Management Design TBD Community Health & Approve 5-year Strategy Effective Governance Effective Governance 5-Year Strategy TBD Effective Governance Engagement Review plans for strategic Review current and Initial conversation Progress Updates Recommendations on regarding committee proposed Board committee structures focus areas Competencies structures Executive Session Topics September November January March May July September November Strategy: Discussion & TBD TBD Effective Governance: TBD TBD development Review initial Structure Recommendations

Exhibit 1: Sample Board Plan

2022/2023 - Board Topic Planning

This is a dynamic planning document subject to change.

Blue Indicates proposed primary facilitator

Example document only. Names and topics have been changed

This calendar is also included in the materials for President's Cabinet, which meets every other week. Having all the executives in the President's Cabinet see this allows them to know what is coming up, have input into what the highpriority topics should be, and to understand what the board and CEO are focusing on at meetings. This has also allowed the board to be more agile and transparent with the executive team, creating alignment among system leadership.

The year after hiring a new CEO, St. Luke's also hired a new COO. She is accountable for the cross-functional governance bodies and runs balanced performance and enterprise risk management efforts. This change in leadership became a perfect opportunity to revise and revamp operational governance.

The COO, CEO, and Dresback reviewed their performance metrics and mapped them to specific committees to ensure that those committees are tracking and monitoring these key areas. From this work, they created a performance snapshot that is sent to the board before each meeting and highlights how the system is performing. Recently, they also worked to map enterprise risks to different board committees so that those are effectively watched and managed. Ensuring that these performance and risk areas are prioritized by the right committees and that highlights are reported to the board ensures they are getting the attention needed and that all can work together on these efforts.

All these changes, fueled by new leadership, have led to a dynamic planning process and leadership that is aligned throughout the system.

→ Recommended Resources

CEO Succession Planning and Transitions:

- The Board and CEO Relationship: The First 120 Days
- Searching and Preparing for a New CEO
- Succession Planning, Fourth Edition
- Webinar: How to Hire a CEO: A Guide for Ensuring Effective Selection at the Most Important Position

Board Calendars and Planning:

- Resource Planning: A Framework for Enhancing Board Work
- Governance Support: A Behind the Scenes Guide to Ensure Your Board is Prepared, 2nd Edition
- To view additional samples of board calendars, view The Governance institute's templates collection at www.governanceinstitute.com/Templates.

The Governance Institute is holding ongoing Game Changers networking sessions via Zoom. If you would like to join these conversations, email Lindsay Laug at *llaug@nrchealth.com*.

To view the full presentation or others from the 2022 Governance Support Forum, visit www.governanceinstitute.com/Vid_Support-forum_2022.



