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Colorado Trustee

For Colorado Hospital Governing Board Members Winter 2016

LEADERSHIP PERSPECTIVES

Inclusive Leadership: Advancing Gender Diversity to Enhance Performance

In October 2015, *Elle* magazine initiated the campaign #morewomen. The campaign was launched with a collection of photographs of groups of world leaders. Following each photo, the same image was depicted, but with the men removed from the picture. The results were an effective visual illustration of how underrepresented women are in positions of leadership.

As a trustee, if you were to look around your board table and mentally remove the men, would your "picture" be similar to those depicted by *Elle*? What about a photograph of the hospital's executive team? Chances are fairly certain that the answers to both questions would be "yes." Only 28 percent of hospital trustees are female, despite the fact that the population of men and women in the U.S. is nearly equal and that women comprise nearly 80 percent of the health care workforce. Those numbers are not changing much. In fact, the number of women in hospital governance has not budged since 2011 and is only five percent higher than in it was in 2004.[1, 2]

Top revenue grossing hospitals have better female representation on their boards and in CEO positions.

Maximizing the Talent Pool

A recent Health Research and Education Trust survey reported a lack of talent and skill sets for key roles as one of health care organizations' critical challenges in achieving strategic priorities.[3] While the talent shortage applies to both men and women, if organizations overlook the potential of female leaders in filling needed gaps, they miss out on half of the talent pool.

Financial Benefits Derived from Diverse Perspective and Insights. Gaining advantage from the female half of the talent pool is about more than filling key roles or including more women in pictures of leadership. It's really about enhancing the diversity of leadership perspectives, knowledge and insights needed to strengthen performance and deliver strong results.

The research arm of Credit Suisse bank has created a database to track the gender mix of 28,000 executives in 3,000 companies across 40 countries on an ongoing basis. In 2014, a comparison of data based on financial results found that companies with more women in governance and executive positions outperformed those with fewer women represented.[5]

Similar findings hold true for hospitals and health systems. In one study, researchers examined leadership and performance data across 14 industry sectors, including medicine. They found that top revenue grossing hospitals have better female representation on their boards and in CEO positions. At the same time, despite their strong performance at top grossing not-for-profit hospitals, the study also revealed that female CEOs at these hospitals earn only 57 percent of what their male counterparts earn.[6]

Qualitative Improvements. While the financial benefits of including women in governance and executive leadership has been well-documented, identifying other benefits is more subjective and difficult to establish. A recent study published in *Harvard Business Review* has defined the additional benefits that occurred in

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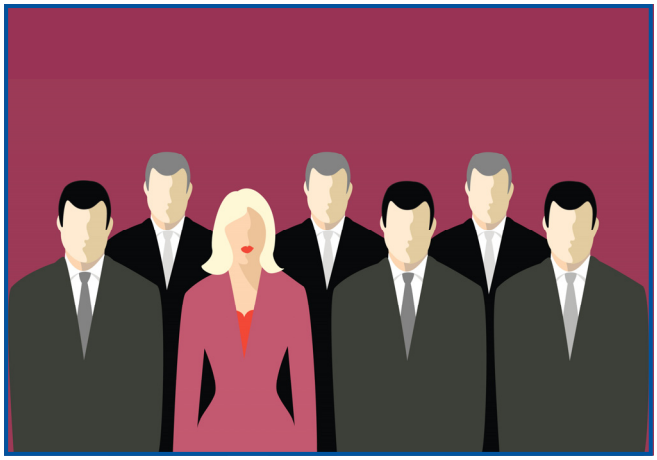

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PRESIDENT'S NOTEBOOK

Steven J. Summer
President and CEO

Dear Governing Board Members:

Colorado is often seen as a state that leads the way, and I am proud to report that we have another case of Colorado hospitals and health systems setting an example for others across the country. Our state has the highest percentage of hospitals and health systems pledged to support the #123Equity of Care Pledge to Eliminate Health Care Disparities – with more than half of CHA members signing on in 2015, the first year of the initiative.

This issue of *Colorado Trustee* has a great feature story on the importance of advancing gender diversity in hospital leadership roles. While I personally believe that Colorado hospitals and health systems do well with this issue, as we see with the pledge for equity, there are plenty of other areas that we need to examine and ensure that we are doing everything that we can to eliminate disparities and improve care.

Recently, CHA spoke with Tomás León, president and CEO of the Institute for Diversity in Health Management, who with the American Hospital Association (AHA), launched the #123forEquity Pledge to Act campaign. "CHA and its members have absolutely been champions for us," he said. "We are very proud and appreciative of the support and initiative that your members have shown. Thank you for partnering with us to make health equity a top national priority and a priority for Colorado."

The pledge specifies tactics that organizations are asked to undertake over the course of 12 months, including choosing a quality measure to stratify by race, ethnicity or language preference that is important to the community's health; determining if a health care disparity exists in that quality measure; providing cultural competency training for all staff; and having a dialogue with the board and leadership team on how the hospital reflects the community it serves and what actions can be taken to address any gaps.

"This is a journey, and our goal is to help you begin taking intentional actions and implementing strategies as a first step," Tomás said. "Many hospitals have also shared that they do not feel there is a lot of diversity in their communities, so they don't know where to begin. While disparities of care with race, ethnicity and language are certainly a priority, we must also consider other areas of diversity that may exist in a community, like those living in poverty or with disabilities, veterans and the LBGT community. Health care is local – so we want hospitals and health systems to work with their communities to identify what disparities may exist and then develop strategies to address them."

"We are grateful for the support from CHA and its members and how your members have jumped out front to lead the way. This is a true partnership, and we're looking forward to continuing to work together to accelerate progress across the country."

I couldn't have said it better myself. As a board member, I encourage you to ask about your hospital's participation in this pledge, and if your hospital hasn't signed up, take a look at the campaign and please consider the impact it could have on your hospital and your community.

Sincerely,

Steven Summer, President and CEO
Colorado Hospital Association

Do you have ideas for future issues of *Colorado Trustee*?
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 of *Colorado Trustee*.

Write or call:
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Women are Prominent in the Health Care Workforce, But Not in Leadership

Women comprise nearly 80 percent of the health care workforce and are recognized as the key health care decision-makers for their families. According to the Bureau of Labor Statistics, employed women account for:[2]

- 98% of speech-language pathologists
- 92% of nurse practitioners
- 92% of occupational therapists
- 90% of registered nurses
- 89% of licensed practical and vocational nurses
- 72% of psychologists
- 75% of physician assistants
- 70% of physical therapists
- 63% of respiratory therapists
- 56% of pharmacists
- 53% of medical scientists
- 37% of physicians and surgeons

At the same time, women are underrepresented in health care leadership:

- 28% of hospital trustees are women.[1]
- Women achieve health care CEO positions at about 50 percent the rate of men.[15]

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governance in Norway, which mandated a gender quota of 40 percent for board composition in 2004. The author identified the following differences in board function as more equitable gender diversity was established:[8]

- Enhanced dialogue;
- Better decision-making, including the value of dissent;
- More effective risk mitigation and crisis management, and a better balance between risk-welcoming and risk aversion behavior;
- Higher quality monitoring of and guidance to management;
- Positive changes to the boardroom environment and culture;
- More orderly and systematic board work; and
- Positive changes in the behavior of men.

In addition, boards with greater gender diversity demonstrate stronger talent pipelines and increased innovation, which contribute to stronger performance.[9]

A Connection Between Benefits and Transformative Thinking. Many of these enhanced functions directly correlate to key features of health care transformation, including innovation, risk-management, quality monitoring, efficiency and culture, which have become bywords of health care transformation. They are also demonstrations of some of the best practices in sound governance, including:

- Critical board conversations and dialogue that are vibrant, vital and focused on outcomes;
- Constructive challenges and dissent, which drive exploration of alternatives to traditional thinking and contribute to innovation;
- Disparate voices which contribute to expanded knowledge, build mutual understanding of diverse perspectives and open new lines of thinking;
- Evidence-based decision-making;
- Quality literacy and focus, which start at the top and drive the organization's quest for the highest levels of quality and safety;
- Effective board and board/CEO relationships; and
- Efficient board work in response to the governance challenges of knowing, doing and being answerable for increasingly higher levels of health care performance (including quality of care, financial sustainability, population management and more).

What Keeps Women from Advancing?

A number of studies and initiatives have been undertaken to identify the barriers that may be keeping women off boards and out of C-suites. Several prominent challenges that have been identified are described below.[7, 10, 11, 12, 13, 15]

Gaining advantage from the female half of the talent pool is about more than filling key roles or including more women in pictures of leadership. It's really about enhancing the diversity of leadership perspectives, knowledge and insights needed to strengthen performance and deliver strong results.

Lower Confidence and Aspirations. Women are more likely to have less confidence and lower career aspirations than men, and are less likely to position themselves for advancement. Similarly, men are more likely to apply for jobs they are only 60 percent qualified for, while women do not apply unless they feel 80 to 100 percent prepared.

Women Must Meet Higher Standards. A recent study

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Strategies for Advancing Gender Equity to Enhance Performance

While some countries, like Norway, have mandated gender quotas for board composition, other strategies have been identified to increase gender diversity. Underlying all of the strategies is the premise that gender equity will not happen without a conscious effort to infuse it throughout the organization's culture, beginning at the top. As hospitals and health systems strive to adapt to the changing environment and broaden their scope for governance and executive talent pools for the future, suggested strategies to embrace the female half of the talent pool include:[7, 13, 14]

- Board and CEO promotion of diversity as a top priority
- Establishing a diversity committee that reports to the board
- Ongoing and visible leadership commitment and support of gender diversity throughout the organization
- Assessing the hospital or health system's diversity and that of its business partners, questioning how lack of diversity is being addressed
- Addressing current mindsets, making the business case for more women, and proactively seeking out and embracing diverse perspectives on key issues
- Developing plans, programs and policies that support a culture of diversity, including:
  - Board term limits to promote turnover and allow for increased diversity
  - Trustee succession plans which include strategies to address board diversity
  - Development of career plans for women, including encouragement and identification of potential positions for the future
  - Mentoring and sponsorship programs designed to enhance women's career opportunities
  - Administrative residency, fellowship, leadership development and cross-divisional or department training programs
  - Flexible work schedules and telecommuting
  - Support for networking of women, internally and in the community
- Communicating the successes and benefits of diverse leadership with others
- Establishing goals that address diversity, such as inclusion of women on boards, board committees and in executive leadership; equitable compensation; paid leave and flexible work arrangements; and leadership development and mentoring programs
- Monitoring and ensuring progress toward achievement of diversity goals

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reported that 68 percent of female board members were CEOs, presidents or partners of their companies compared to 51 percent of men.[13] Research also indicates that men are more likely to be selected for advancement based on their leadership potential, while women are selected based on a proven track record.[12]

Reduced Support. Women are less likely to leverage informal networks with colleagues and other executives than men, and may be limited in their ability to connect with senior leadership. Women are also less likely to receive the help of a mentor or sponsor.

Additional Personal Responsibilities. The responsibilities of caregiving for children, aging parents and other family members have traditionally fallen to women and extend over the course of a lifetime. At the same time, there is lack of social support such as paid parental leave and flexible work arrangements that enable women to work and fulfill family obligations.

Considered as "Representational." Many consider one or two women on the board as sufficient representation.

Lack of Term Limits. Lack of term limits restricts turnover as an opportunity to increase the number of women on boards, but even new trustee selections are disproportionately men over women.

Traditional Bias. Simple bias, gender stereotypes and communication differences favor men over women.

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BOARDROOM BASICS

Inclusive Governance: Hospitals and Physicians Leading Together

As health care continues to evolve, hospital and health system boards are evaluating their governance strengths, needs and structures as they transition to value-based reimbursement, population health management and greater coordination of care. As hospitals and health systems strive for excellence in meeting community needs and ensuring quality and patient safety, the relationship between hospitals and physicians is a pivotal one.

One of the most frequent criticisms of the nation's health care system has been its fragmentation, a challenge that new payment systems, incentives, and changes in delivery systems seek to overcome. Health care transformation encourages more than hospitals and physicians cooperating to care for patients. It requires integrated care that is fully coordinated across the continuum of care.

The Importance of a Well-Aligned Purpose

While collaboration and close alignment are essential elements of integrated care, hospitals and physicians often have different perspectives and unique cultures which can lead to a disconnect between the two. Now is the time for boards to take action to enhance collaboration, build trust, and strengthen leadership between the hospital and physicians.

The foundation for successful, collaborative leadership between hospitals and physicians is rooted in a well-aligned mission and a shared vision. An aligned mission provides a starting point for the hospital and physicians to form agreement about strategic direction, priorities, and commitments. A clear picture of a common future creates the motivation for developing a value-driven system of care that meets the needs of the hospital, physicians, and ultimately patients and families.

Understanding Physician Needs

Success in any relationship requires an understanding of the other parties' position and needs. To succeed in building collaboration between hospitals and physicians, it is important for the hospital to understand the challenges physicians face in practicing medicine and show them actions the hospital is taking to help minimize or remove obstacles.

This has never been more critical than it is today. In a report released by Medscape in January 2016, researchers found that burnout rates for all physician specialties are higher and more severe than they were a year ago. The main cause of physician burnout was too many bureaucratic tasks, followed by spending too many hours at work and increasing computerization of practice.[1]

Preparing for Increased Care Coordination

Strong alignment between hospitals, health systems and physicians is critical to success in the more integrated world envisioned under health care transformation. Trustees should consider the following questions:

- How vibrant are physicians' voices in the hospital or health system's strategic thinking and planning processes? What about in community engagement and improving overall community health?
- Does the hospital or health system work closely with physicians and other providers in the community to develop shared solutions and forge new partnerships that will be mutually beneficial in creating more seamless coordination of care?
- If some physicians are employed, are there challenges that need to be addressed between employed and non-employed physicians?
- As physicians are increasingly employed by hospitals and health systems, what opportunities does that create for greater collaboration, two-way communication, and physician input in decision-making? At the same time, what boundaries does the board need to draw to prevent potential employed physician conflict of interest on the board?

Hospital leaders and trustees must identify and address the greatest physician challenges unique to their organization, and find ways to build stronger collaboration and coordination that reduces physician burdens, rather than expanding them. Conducting a medical staff satisfaction survey or focus group discussions are two ways to clarify physicians' opinions on a broad range of issues relating to their practice needs and relationships with the hospital or health system.

Involving Physicians

Involving physicians in meaningful ways and providing them with a real voice helps build trust, opens lines of communication, and forges strong working relationships.

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But it must also be done in a way that doesn't further contribute to physician burn-out.

Hospitals and physicians can best serve the community by collaborating on mutual opportunities for community service and population health improvement. Hospitals and health systems should engage physicians early in the process of assessing and understanding community health needs, gauging medical staff needs, and designing collaborative strategies to improve the health of the community.

Pursuit of Quality—A Shared Mission

Both hospitals and physicians place high importance on quality of care. When hospital leaders and physicians have laid the groundwork for collaboration, the commitment to work together and a willingness to leverage each partner's resources and complementary talents can create a synergy that enables greater accomplishment than what can be achieved by working alone. This collaboration results in better patient care, higher satisfaction and a greater capacity to improve community health.

While community board members don't need to be clinical experts, they must be willing to develop a working understanding of clinical care issues, which will ensure well-informed inquiry, discussion and oversight. High performing boards not only ensure the organization has a quality plan, they engage physicians to ensure the plan is evidence-based, well-supported and executable.

Collaborative Leadership Is Needed

More than two-thirds of hospital boards have at least one physician serving on the board, and yet the American Hospital Association (AHA) and American Medical Association (AMA) have called attention to the fact that there are not enough physicians or hospital executives with the training, experience and skills needed for leadership in integrated health care settings. In their joint report, *Integrated Leadership for Hospitals and Health Systems: Principles for Success*, the AHA and AMA identified leadership skill sets needed for the success of both physician leaders and hospital and health system leaders.[2] Critical skills needed for the success of physician leaders include management skills in areas such as mission and strategy alignment, team building, communication, risk management, negotiation, and collaboration. Physician leaders also need expertise in quality improvement, patient and consumer health expectations, data and population health management, value-based finance and cost-management, and the ethics of balancing care for the individual with care for the community.

The AHA and AMA recommended that hospital and health system leaders develop and capitalize on essential skills that include greater understanding of physician perspectives regarding medical professionalism, care delivery and clinical decision-making, physician advocacy for patient needs, and practice finances. They also recommend that hospital and health system leaders be able to reach consensus with physicians and create a leadership model with shared hospital/physician accountabilities in both clinical and business administrative decision making.

Essentials in Creating Alignment

Creating alignment between hospitals and physicians requires five essential elements:

- ***Trust.*** Trust is critical for building successful, lasting relationships. A lack of trust allows doubt and uncertainty to undermine any real progress between the hospital and physicians, and their combined efforts to provide quality care for the community.
- ***Two-Way Communication.*** Clear, honest, two-way communication ensures all parties are well-informed, and have the opportunity to provide input and to participate in decision-making. Failure to communicate in a timely, straightforward manner opens the door for misunderstandings that contribute to lack of trust.
- ***Clinical Voice.*** Physicians and other clinicians should be given the opportunity to share their expectations, experiences and ideas. This can be accomplished by including one or more physicians on the board or in committees, including medical staff leaders in critical discussions, and by supporting leadership development programs. As integration evolves, a clinical voice is increasingly essential, but may also pose potential for conflict of interest when physicians are employed. To avoid potential conflict, some hospitals and health system boards seek representation from non-employed physicians.
- ***Relationships.*** Building positive relationships between physicians and executives, and physicians and the board is critical. This can be accomplished by assessing current relationships, identifying strengths and weaknesses, improving communication, addressing rather than avoiding conflicts, involving physicians early in decision-making processes, and through informal gatherings that promote relationship growth between physicians and leaders.
- ***Connections.*** The board should proactively seek out opportunities to build alliances between the hospital and physicians that lead to robust, successful alignment and increase financial success for both.

Its About Trust

The ability to provide collaborative leadership is dependent on fostering a relationship of trust between the hospital or health system's leadership and physicians. The board sets the tone for trust, which is built on mutual understanding, clear and honest communication, common purpose and vision, and mutual dependence between the two groups.

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GOVERNANCE INSIGHTS

Disaster Planning Starts with the Board

The importance of disaster planning is escalating in significance as a result of changing requirements and the growing range of potential threats hospitals and health systems must be prepared for. When disasters happen, hospitals are often one of the first resources community members look to for medical care, food, shelter, electricity and security. Are you prepared?

It is the board's fiduciary responsibility to ensure that the administration has a clear disaster plan in place, with the funding and resources necessary to carry it out. Not only is the board responsible for ensuring that their organization is fully-prepared in the event of a disaster, disaster planning is an opportunity to improve the quality of service provided to the community, strengthen community relationships, and build lasting community trust and partnerships that benefit hospitals and health systems in many ways. In addition, the Affordable Care Act (ACA) and Joint Commission accreditation have specific requirements for disaster preparedness.

Requirements Included in the Affordable Care Act. The ACA includes a requirement that charitable hospitals have a written Emergency Medical Care policy in place that requires the provision of emergency care regardless of eligibility under the financial assistance policy. This means that hospitals must be prepared financially to handle the initial cost and long-term financial implications of caring for patients during an emergency.

Joint Commission Requirements. Joint Commission accreditation includes specific requirements relating to development of a written Emergency Operations Plan, conducting a hazard vulnerability analysis, working with community partners, ensuring a communication plan is in place, and conducting annual drills. The Joint Commission has a dedicated website for hospital Emergency Management Resources, available at: http://www.jointcommission.org/emergency_management.aspx.

Preparing Before Disaster Strikes

Disaster preparations require collaborative work with local and regional community organizations, including potential competitors, to ensure a comprehensive plan is in place. Practice is needed to ensure that all key players know what they should be doing and are comfortable with their role before they are placed in a high pressure situation. Hospitals must be proactive in forming the necessary partnerships and conducting drills to ensure their community is prepared.

Board and Administration Roles. The board's role is to ensure the proper plans are in place and are fully funded. Board members and hospital leaders must work together to emphasize the importance of planning for potential emergencies by dedicating the time and resources necessary to adequately prepare.

The board should be focused on policy, strategy and ensuring appropriate resources, while hospital leaders work on the details. To start, hospital staff leaders should develop or update the emergency plan, while board members familiarize themselves with its every aspect. Similarly, hospital staff leaders order the equipment, supplies and other materials necessary to carry out the plan, while the board makes certain sufficient funding is in place for purchases and any additional staffing that may be needed. The board may also be asked to help raise outside funds for specific disaster preparedness projects.

Staff leaders are responsible for arranging and coordinating drills and community-wide disaster simulations. The board is responsible for ensuring that drills and simulations take place, and should be prepared to assess, score and discuss the adequacy of the hospital's response, as well as the response and coordination of other participating community organizations.

Board Review of the Plan. In reviewing the disaster readiness plan, board members should look for three key elements:

1. Threat identification;
2. Detailed planning; and
3. Adequate simulation drills.

1. Identify Logical, Likely Threats. Every hospital should begin its disaster preparedness plan by conducting a "hazard vulnerability analysis" to determine the types of emergencies most likely to occur. For example, while hospitals along the Gulf Coast face a risk of hurricanes, those in the West will be concerned about earthquakes and wildfires. Hospitals in the Midwest may be concerned about flooding or severe winter storms, and those near chemical plants will focus on hazardous materials spills, burns and injuries from inhalation of fumes.

Although they seemed improbable until recent years, hospitals also need to be prepared for the threat of "active shooter"

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situations in the facility or in the community, bombings and terrorist attacks.

Hospitals also need to consider the emerging cyber threats to their accounting, electronic health records, and the growing "internet of things" that are digitally interconnected within their facilities.

2. Assess Threats, Create an Action Plan. Once potential hazards have been determined, organizations must develop plans to address each emergency. The process should include all key players within the hospital family and the surrounding community. Working across departmental and agency boundaries will help to strengthen communication among all segments of the hospital and its community.

Hospitals must also ensure their facilities and equipment are prepared to withstand the effects of disasters such as hurricanes, earthquakes, and floods.

3. Simulate the Disaster, Practice the Response. An emergency plan will not successfully prepare a hospital or community unless it is practiced. Simulating a disaster helps key players understand their roles in the emergency plan and helps identify flaws in the plan, which can be amended before a real disaster strikes. Performing at least two practice drills a year is a requirement of Joint Commission accredited hospitals.

Leveraging Community Partnerships

A coordinated response from local and regional community organizations is essential in ensuring the most efficient and effective response to an emergency. Community-wide emergency planning is stressed in The Joint Commission's standards, a concept that helps to ensure services aren't duplicated and resources are maximized in an emergency. Partnering with local community organizations not only strengthens the community's response to a disaster, it's also a chance to strengthen community relationships, form mutually beneficial partnerships, and build community trust and support for the hospital.

Questions for Boards: Disaster Readiness Checklist

As you evaluate your organization's disaster preparedness plan, consider the following questions:

- Has your hospital conducted a "hazard vulnerability analysis" to determine what types of emergencies are most likely to occur, and should be included in your disaster plan?
- Does your disaster preparedness plan focus on a general "all-hazards" approach, providing an adaptable framework for a variety of crisis situations?
- Have community health care leaders convened for disaster preparedness discussions?
- Has your hospital determined the scope and resources necessary for the emergency management plan and its implementation?
- Does your hospital have a separate crisis communications plan in place? Has it been developed in collaboration with other local community leaders?
- Does your hospital have back-up communications capabilities in place in the event that traditional forms of communication are either slowed or not functioning?
- Does your hospital have plans in place to rapidly expand clinical and non-clinical staff in the event of a disaster?
- Is there a plan for supporting the families of staff members working during a disaster? Does the plan cover assurances that family members are safe, child care, elder care, and pet care?
- Has your hospital determined how critical supplies will be obtained and allocated in the event of an emergency?
- Is your hospital prepared to potentially be "on its own" for up to 96 hours, as required by The Joint Commission?
- Does your hospital have a simplified patient registration procedure in the event of a large number of patients and/or casualties?
- Are your information systems backed-up in an off-site location with recovery capabilities?

The Benefits of Being Prepared

In addition to meeting ACA and Joint Commission requirements, and ensuring readiness to meet immediate community needs during an emergency, thorough disaster planning also results in:

- ***Board fulfillment of its fiduciary responsibility*** to ensure that the hospital is able to care for the community in the event of a disaster;
- ***Consistently high quality care and patient safety.*** Ensuring the hospital's ability to respond to a disaster in the most organized and prepared manner possible also ensures that the quality of care provided throughout and immediately following the disaster will be top-notch.
- ***Greater financial stability.*** The hospital's financial position and long-term viability will be strengthened by its anticipation and preparation for the costs of a disaster.
- ***Additional funding.*** Advance planning allows time to raise funds to support the hospital's disaster plan.
- ***Improved public trust.*** Partnering with key stakeholders throughout the community instills trust and support for the hospital as it strives to meet community needs.
- ***Demonstrated community benefit.*** Hospitals' response to disasters and the readiness to care for all patients regardless of their ability to pay is a basic community benefit that the public, lawmakers and the media expect hospitals to fulfill.
- ***Improved community health and wellness.*** The hospital may need to isolate patients to prevent the spread of a highly contagious disease, respond quickly to air or water quality concerns, or promptly care for trauma victims.

Disasters can happen anywhere, anytime. Regardless of the size of the organization, every hospital and health system will play a critical role if disaster strikes their community. It is trustees' responsibility to not only ensure that their organizations are prepared, but to initiate the preparation process in a way that maximizes partnerships, improves internal systems, and strengthens quality of care and community benefits.