

What's Your Diagnosis?

Assessing the Hospital's Governance Health and Wellness

- ✓ Feeling poorly most of the time, sense of impending problems without change
- ✓ In need of immediate intensive care; major governance improvement required

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Agendasclerosis

1. clogging of valuable meeting time with unproductive discussion and inefficient dialogue; 2. duration of meeting focus and energy on the past rather than on the future; 3. generally a result of benign neglect and inertia; 4. may cause fractured thinking and painful processes.

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Symptoms and Complications

- Ineffective structuring and uneven focus
- The "Alpha Dog"
- Reliance on anecdotes

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Symptoms and Complications

- Missing dialogue
- Ineffective agendas
- Assessment

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Symptoms and Complications

- Lack of meaningful governance education
- Poor board chair performance

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Questions to Address

- How much of the board's time is focused on talk vs. action?
- Do agendas reflect the most important strategic issues and priorities?

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Questions to Address

- Do agendas promote participation by all?
- Do agendas drive outcomes that matter?

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Agendasclerosis

Prescription

Name: *Your Hospital*
Condition: *Agendasclerosis*

- Consent agenda to bundle reports
- Minimize minutiae, maximize what matters

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Agendasclerosis

Prescription

Name: *Your Hospital*
Condition: *Agendasclerosis*

- Purposeful and energizing
- Drive dialogue and discourse
- Build new knowledge

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Agendasclerosis

Prescription

Name: *Your Hospital*
Condition: *Agendasclerosis*

- Action oriented
- Meeting evaluation

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Meeting Assessment

- ✓ Advancing mission?
- ✓ Benefiting from ideas, insights and participation of every trustee?
- ✓ Purpose-driven? Focus on the right things?
- ✓ Improve individual and collective understanding?

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Meeting Assessment

- ✓ Advance preparation?
- ✓ Unique experience? Engaged all members?
- ✓ Better prepared for future governance?

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Dialogue Deficit Disorder

1. A leadership disease that exhibits long periods of silence, and an inability to speak clearly; 2. causes cloudy vision; 3. may result in strategicolitis and irritable trustee syndrome if not aggressively treated.

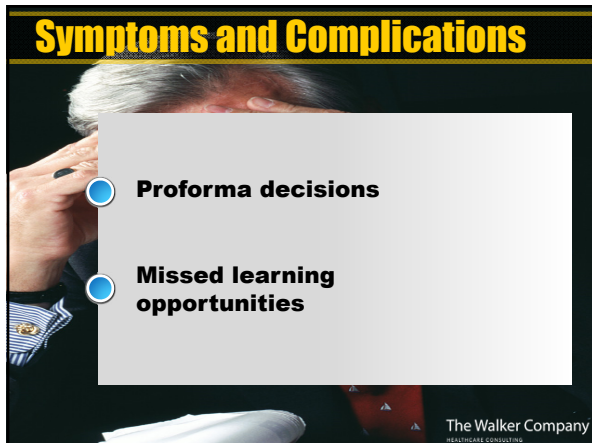
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Symptoms and Complications

- Unexpressed ideas
- Fear of “wasting” board time
- Missed opportunities to explore alternative courses

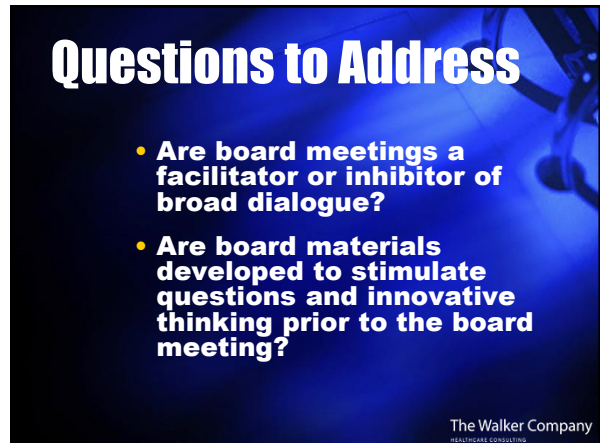
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Symptoms and Complications

- Proforma decisions
- Missed learning opportunities

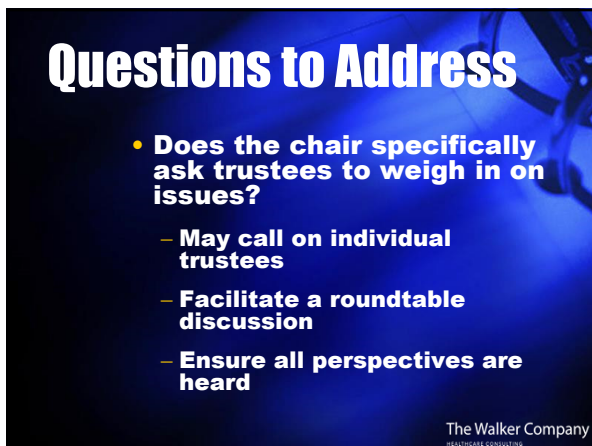
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Questions to Address

- Are board meetings a facilitator or inhibitor of broad dialogue?
- Are board materials developed to stimulate questions and innovative thinking prior to the board meeting?

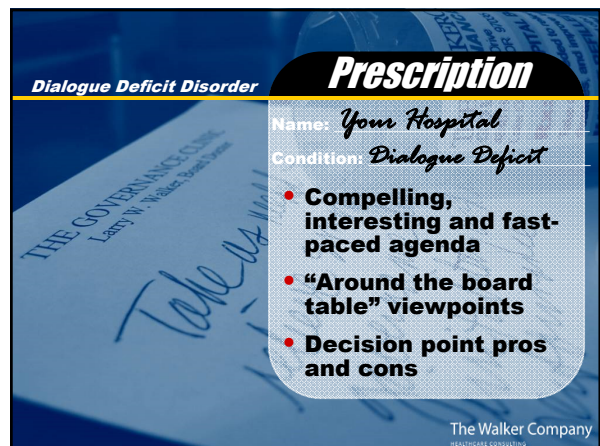
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Questions to Address

- Does the chair specifically ask trustees to weigh in on issues?
 - May call on individual trustees
 - Facilitate a roundtable discussion
 - Ensure all perspectives are heard

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Dialogue Deficit Disorder Prescription

Name: *Your Hospital*
Condition: *Dialogue Deficit*

- Compelling, interesting and fast-paced agenda
- “Around the board table” viewpoints
- Decision point pros and cons

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Dialogue Deficit Disorder

Prescription

Name: *Your Hospital*

Condition: *Dialogue Deficit*

- Chair awareness of board members
- Chair responsibilities: much more than managing the agenda
- Pre-meeting intelligence is meaningful, timely

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Knowledgdystrophy

1. weakness in the body of knowledge required for effective decision making; 2. contributes to a shriveling of strategic thought and ideas; 3. worsens over time if not corrected with vigorous knowledge exercise.

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Symptoms and Complications

- Knowledge capital defect
- Dialogue deficiency
- Decision vacuum

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Symptoms and Complications

- Inability for “sense-making”
- Uninformed decisions

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Questions to Address

- Has the board defined key governance education needs?
- How knowledgeable is your board about the issues and trends that will define your future?
- How ready are you to address these trends and issues?
- Are you committed to building trustee knowledge?

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Knowledgdystrophy

Prescription

Name: *Your Hospital*

Condition: *Knowledgdystrophy*

- Background and intelligence resources
- What do we know today that we didn't know?
- Continual flow of new information and assumptions

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Knowledge dystrophy

Prescription

Name: *Your Hospital*
Condition: *Knowledge dystrophy*

- Ethic and expectation for participation
- Individualize and customize
- Incorporate required commitment into recruitment

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Successionitis

1. a leadership disease that results in ill-defined trustee recruitment efforts, and an inability to renew and reinvigorate the governance body; 2. causes high anxiety and inability to lead effectively; 3. may result in governance heart palpitations and damage the soul of the organization.

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Symptoms and Complications

- No succession plan
- More than recruitment: planning to fill needed gaps
- Out-of-date job description
- No profile

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Symptoms and Complications

- Informal process to fill vacancies
- No meaningful orientation
- Not a one-time effort
- Narrow view of asset development

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Questions to Address

- How well do you understand the hospital's future leadership challenges and needs?
- Do you periodically assess board strengths and weaknesses?
- Have you defined the critical skills, experience and perspectives required for individual trustee success?

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Questions to Address

- Do you use your strategic plan in defining future leadership requirements?
- Do you know what your current and future "governance gaps" are?

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Successionitis

Prescription

Name: *Your Hospital*

Condition: *Successionitis*

- Define fitness to serve: Characteristics and skill sets
- Strengthen "governance brainpower"
- Recruit for skills that meet future needs

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Successionitis

Prescription

Name: *Your Hospital*

Condition: *Successionitis*

- Succession planning process: 5 years out
- Elevate board understanding of experience and skills necessary
- Separate poor performers

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Leadership presbyopia

1. a symptom of mission myopia that creates severely clouded vision; 2. causes major organizational disorientation, weakness, pain and discomfort; 3. spreads like a virus throughout the organization if not aggressively treated; 4. kills slowly, efficiently and with devastating effect.

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Symptoms and Complications

- Short-sided mission
- Cloudy vision
- Unproductive meetings
- Disorder of direction

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Symptoms and Complications

- Disengagement
- Knowledge deficiency
- Boredom

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Questions to Address

- Do you have a clear, compelling and focused vision of the future?
- Have you defined the leadership required of the board and individual trustees?

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Questions to Address

- Does strategic thinking occur at every board and committee meeting?
- How do you define, measure and report strategic performance?

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Leadershippresbyopia

Prescription

Name: *Your Hospital*

Condition: *Leadershippresbyopia*

- Set a leadership course based on a foundation of vision
- Practice “generative governance”
 - Clear sense of problems and opportunities
 - Meaningful goal setting
 - Question assumptions

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Leadershippresbyopia

Prescription

Name: *Your Hospital*

Condition: *Leadershippresbyopia*

- Redefine leadership styles and expectations
- Elevate expectations and requirements for trusteeship
- Engage in real-time planning
 - Continually incorporate new information and new perspectives

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Leadershippresbyopia

Prescription

Name: *Your Hospital*

Condition: *Leadershippresbyopia*

- Ensure time for decisive dialogue
- Personal commitment to performance

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Discussion Points

- ▶ How healthy and fit?
- ▶ What symptoms appear from time to time?
- ▶ Which prescriptions should your board follow to improve?
- ▶ What preventions should your board take to avoid the leadership ICU?

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Preventing and Curing Governance Diseases Practical Prescriptions for Improving Governance Health and Wellness

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