Getting Ready to Govern

Setting aside time for trustees to check in with each other strengthens teamwork and engagement

By Sister Mary Corita Heid and Claudia Haglund

Trustees who educate themselves on health care issues and trends, read agenda materials and prepare questions for discussion gain the information and context they need to govern. But how can these board members — who come from different, demanding professions and sometimes diverse locales — build the relationships they need to work as a team when they meet only four times per year?

The system board of Providence Health & Services, based in Renton, Wash., adopted in 2006 a simple, yet powerful practice to address this challenge: checking in. It is the first item on the board meeting agenda and it is used at the majority of its quarterly meetings to help board members thoughtfully and intentionally engage together in the process of governing.

During the check-in process, board members briefly update each other by sharing a personal story or describing something that has happened to them since the last meeting. The birth of a grandchild, the death of a loved one or a personal accomplishment are examples, all of which conclude with the phrase, “and I’m checking in” to signify the trustee is now fully present and engaged in the board meeting.

Checking in is a spiritual exercise that invites trustees to share the thoughts and concerns uppermost in their minds, and then consciously leave them behind so they can be fully present for board work. The process verbally reinforces each board member’s commitment to governing and reflects the system’s commitment to provide an experience for patients and other stakeholders characterized by Providence’s vision statement: Know me, care for me, ease my way. Checking in also publicly acknowledges that trustees are willing to set aside other important issues in their lives to focus on governing the system.

Board members can share or pass during the check-in process. What is said — or not said — often prompts board members to reach out to each other during the several days of board meetings to talk further and get to know each other more deeply. Sharing stories helps them to understand each other at multiple levels and creates a sense of the board as a team, rather than simply a collection of individuals.

Just as important is the check-out process, which is done in executive session following each board meeting. It does not replace the board’s formal written meeting evaluation. During check-out, board members recount their experiences at the meeting and what they believe was accomplished and suggest additions or ideas for improvement at future meetings. This feedback is later shared with the system CEO and vice president for governance. Members conclude by saying, “and I’m checking out,” which signals they have completed their participation in the board’s work.

In addition to deepening connections among trustees, the check-in and check-out processes also have helped the board reflect on how patients are cared for within the Providence organization. For example, a board member who shared what she had experienced as her mother was dying prompted the board to take a closer look at care coordination and palliative care.

Boards interested in adopting these processes can adapt them to their individual culture and practices. At Providence, the chair briefly introduces the check-in and check-out processes and invites new and existing board members to participate.

While full meeting agendas make it easy to skip items like these from time to time, they have become such an important part of the board’s culture that trustees comment if they don’t occur. The board has become more disciplined about how it spends its time together to build in time for checking in and checking out at each meeting.

The simple act of formally engaging in and disengaging from board work has fostered greater teamwork and connection among system board members. Even as the board experiences turnover and the pace of change in health care accelerates, the practice of checking in and checking out at each meeting remains a constant and helps to preserve a continuity of spirit in the Providence governance process.

This article expands on the check-in and check-out processes described in Governance in Large Nonprofit Health Systems: Current Profile and Emerging Patterns, published in 2012 by the Commonwealth Center for Governance Studies, Lexington, Ky.

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