Throughout my years of serving on boards, I typically have done so as an outside trustee, someone who brings knowledge about health care issues in general and about governance in particular, to the board table. Boards composed primarily of community members, as hospital boards traditionally have been, often incorporate outside trustees within their membership to bring a fresh, external perspective into board discussions. Over the years, incorporating an outside trustee into the board mix has come to be regarded as a good governance practice.

Like every board member, the job of an outside trustee is to provide strategic input and direction and to review performance, understand where problems may lie, confirm the hospital is taking steps to address them and that those steps are working to ensure the organization fulfills its duty to provide quality, safe care to the patients and communities it serves. At times this means raising issues and asking questions that other board members, who often have deep, longstanding relationships with their board peers and others in the community, might be hesitant to ask.

Because outside board members interact with their peers primarily inside the board room, relationships tend to be a bit more arms-length, which can help them maintain the more objective, external perspective they can then bring to board service. On the other hand, the lack of shared history and community connection combined with only episodic contact with other board members can result in more of an “outside-looking-in” relationship between outside trustees and their board peers. This delicate balance is one boards should recognize and take steps to address. Fortunately, a little extra connection can go a long way.

While outside board members may not be able to participate in every hospital function where a board presence would be “nice to have,” they often are asked to participate in key activities outside of board meetings, such as attending major fundraising events, board retreats or off-site education conferences with fellow board members. In my experience, spending a few days participating in a retreat or conference helps all board members gain a better understanding of governance and health care. These experiences also help build valuable relationships among board members.

Going to retreats or conferences at locations where participants can’t drive home each night creates opportunities for informal interaction that savvy board and executive leaders make the most of. Our hospital’s CEO plans evening dinners for board members and guests and encourages us to spend time with our board colleagues during breaks or open times in the program schedule to help us get to know each other better. At one of these dinners, I talked
with a longstanding trustee colleague who was soon to rotate off the board and learned what
his many years of board service meant to him. He told stories about past boards and the issues
they had faced and filled in for me some of the hospital’s history. He helped me understand
how the decisions of past community leaders on the board had shaped the hospital’s future.
At another dinner we all shared stories about each other’s children and grandchildren, learned
about family weddings and illnesses, who was retiring, who was taking a new job—all the
things people talk about when they are getting to know each other. For me, this simple act of
building connections had a profound impact:

• Because I now know more about others around the board table, I have a better context
for how they might approach or think through issues. I understand where they are
coming from and appreciate their perspectives, even when I may not see an issue in the
same way.

• Spending personal time with other board members helped me feel more comfortable
reaching out to them. I don’t think twice now about calling, emailing or spending a
few minutes after board meetings with trustees who were at retreats or conferences
I attended to get their take on issues or decisions the board has made and what the
implications might be.

• Getting to know other board members has actually made my job as an outside trustee
easier. Being an outsider on a board is sometimes a lonely role. If you see that role as
I do, you often find yourself being a devil’s advocate or taking a less popular position
because you believe it is the right position. Now that others on the board know me
better, they understand why I raise certain issues and questions and know that I do so
to make sure we have thought through issues more deeply before we make decisions as
a board. I also think that when someone is willing to raise difficult issues and ask tough
questions, it’s easier for others to do so as well.

• Finally, knowing my colleagues around the board table better gives me greater
confidence and comfort working through complex, critical issues facing the organization.
Knowing who is sitting around that board table and the commitment they have to “get it
right” makes me feel part of a team dedicated to good governance.

While there are big benefits from getting to know your board colleagues more personally, there
are smaller advantages, too. When I see our hospital leadership addressing performance that
is not where we want it to be, I sometimes think about my fellow board members, their families
and their experiences of care at the hospital. I know these people a little better now, and want
to make sure our board is doing all we can to make their experience, and those of others in
the community, as positive and beneficial as they can be. Deepening my relationships and
connections with fellow board members has not only enriched my board experience, but made
me a better board member as well.

Mary K. Totten (marykaytotten@gmail.com) is a Senior Consultant on Governance for the
American Hospital Association and a member of the board of Silver Cross Hospital in New
Lenox, IL.