

How well boards govern is influenced by a number of factors, among them, the knowledge and skills board members bring to their work. Ongoing board development, evaluation of board performance and meetings focused on constructive questioning and debate on strategic issues, while acknowledged as best practices that support effective governance, have been adopted variously by many, but not all boards. Board orientation, however, is widely considered to be a foundational requirement for effective governance.

In the past, a thorough orientation was considered to be one that gave a new trustee the “lay of the land” in health care generally, including specifics about the local market and the hospital or system and its governance. In today’s environment where health care organizations are rethinking their core business, not only operationally but at the bedrock level of organizational mission and purpose, past approaches to board orientation run the risk of failing to provide new members with the information and perspectives they need to competently and confidently govern, as Luanne R. Stout, observed in her recent article, “Board Governance: Reform-Driven Transformation and Reexamination of Fundamentals” (*Frontiers of Health Services Management*, Summer 2015):

“For today’s healthcare environment, our traditional orientation and education programs often are inadequate,” she wrote. “Critical to effective decision-making in a transformational world is a far more sophisticated approach to orientation than that in the past. Board members need and deserve a timely and well-constructed orientation that, at a minimum, consists of an organizational history and overview, board service fundamentals (e.g., number and length of terms), governance plan and policies, board and committee structure, strategic vision and goals, key performance metrics, ethics and decision-making guides, an understanding of healthcare financial reports, and credentialing processes. Transformational boards also should provide new directors with a 6- to 18-month multidimensional educational approach to learning about the health care industry and its transformational aspects, as well.”

Just as board evaluation has evolved from an episodic assessment of full board performance to ongoing evaluations of performance at multiple levels of board structure and function (full-board, board member, board leader and board and committee meeting assessment), board orientation also must advance to better prepare new members to govern well in an increasingly complex and changing environment.

Coming onto a health care organization board can be a daunting experience. The preparation for meetings, onsite time required to attend them, expectations to participate in leadership retreats, fundraising and other events over the typical nine years (three, three-year terms)

of voluntary nonprofit health care board service make the commitment one that individuals do not take on lightly. Honoring this commitment means that health care organizations and their boards owe their members the tools, resources and support they need to hit the ground running and succeed.

As Stout suggests, a good orientation is more than a half-day program. It is a longer, deeper process that unfolds over time and should provide opportunities to learn and gain competence at several levels of board work. One of those levels should be formal preparation for participating in the work of board committees.

Many boards believe that committees are the engines that drive their work. It is at committee meetings that board members get to dig into issues, review and discuss performance more broadly and deeply and make recommendations to the full board based on a more comprehensive understanding and analysis of the issues than the full board would have the opportunity to undertake. Boards, in fact, rely on the competence of their committees to ensure the full board makes the best possible decisions.

Given that the nitty-gritty work of the board occurs in its committees, an orientation to the issues, perspectives and tools the committee uses to do its work would seem to be a must for anyone to capably serve on a board committee. Following the “learn as you go” philosophy can be even more dangerous for committee members who are supposed to be knowledgeable enough to make a solid recommendation for the full board to approve. Yet, it’s surprising how many board members have never seen the charters for the committees they serve on or are embarrassed to admit they don’t understand the metrics or dashboards their committees review. That may be because no one ever helped them understand how to interpret these often-complex performance assessment tools.

With that in mind, here are sample agenda topics you might consider for an initial orientation to one committee – the board Quality and Safety Committee. It’s meant to be the first step in an ongoing learning process and could be conducted separately or in conjunction with an initial board orientation session.

Board Quality and Safety Committee Orientation Session: Sample Agenda

Attendees: New Committee Member(s), Committee Chair, Staff to the Committee (for example, CNO, CMO and/or VP of Quality and Safety), mentor(s) for the new committee member(s), as appropriate.

- Review of hospital quality and safety commitment/philosophy and how the committee’s work supports the hospital’s mission
- Review of committee roster/composition
- Overview of health care quality and safety measurement systems and performance

improvement processes

- Summary of key legislation, regulation and other mandates affecting health care quality and safety
- Review of external quality and safety benchmarking systems, such as those used by the Leapfrog Group or Health Grades
- Summary of the hospital's quality and safety improvement plan and goals
- Discussion of the committee charter and work plan
- Review of committee meeting calendar and meeting location
- Explanation of the metrics and performance reporting reviewed by the committee and how to analyze them
- Discussion of the last three to six committee meetings, with agendas and minutes provided
- Discussion of expectations for committee members (meeting preparation, attendance, raising constructive questions about organizational performance, setting high performance standards, etc.)
- Review of staff and other resources available for questions and support
- Questions and discussion

A session like the one outlined above might last one to two hours. Prior to new members attending their first committee meeting, the committee chair and/or a staff member that supports the committee might call the new member to discuss or answer any questions about the committee meeting agenda and materials. Once a new committee member begins to attend meetings, the committee chair and a staff support person might spend a few minutes after the meeting to debrief it with the new member. Before-and-after meeting support can continue until the new member feels comfortable in the role.

Too often, after board members receive an initial orientation, they are assigned to committees, given their first board meeting packet and told that they will “pick it up as they go along.” When this happens, it's no wonder that board members spend much of their first three-year term learning, rather than doing or leading. The pace of change in health care is too fast and the stakes too high to fail to support a resource as valuable as a board member to be as productive as possible.

By creating multiple opportunities for new board members to learn the ropes in the early months of board service, health care organizations and their boards can enable new members to more quickly add the value to governance that they want and should be expected to contribute.

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