

re-imagine how it can creatively operate in ways that are mission-relevant.

Great mission and vision statements also empower meaningful work. Consider the mission and vision statements of Beacon Health System within the context of health systems taking a stronger leadership role in assessing and improving overall community health (see *Learnings on Governance from Partnerships that Improve Community Health: Blue Ribbon Panel Report and Community Partnership Profiles*).

Beacon Health System is a community-owned, not-for-profit system based in South Bend, Ind. Its mission is “to enhance the physical, mental and emotional well-being of the communities we serve.” The health system’s vision is “to achieve:

- *Innovative health care and well-being services of the highest quality at the greatest value*
- *Easy access and convenience*
- *Outstanding patient experiences*
- *Ongoing education involving physicians, patients and the community.”*

Beacon Health System’s community health program focuses on engaging community groups to develop ideas and

strategies to bridge the traditional “sick care” model of service delivery with innovative interventions and outreach to move to a “health and well-being” model of care (see mission and vision statements above).

The system tithes 10 percent of its previous year’s excess operating revenue to be invested as “seed money” in community health initiatives. Initiatives must a) evidence organizational alignment with the health system’s mission, vision and values; b) address one of the health priorities identified in the community health needs assessment; and c) align with Beacon Health System’s intent statement focusing on The Triple Aim: 1) improving the patient experience of care; 2) improving the overall health of the population; and 3) reducing costs.

Mission and vision statements, like those of Beacon Health System, that are broad in scope, state an organizational purpose relevant to community needs and provide sufficient direction to guide specific organizational work are powerful indeed.

Partners in Mission

Boards are addressing the mission question through more progressive relationships with their CEOs. In doing so, they

encourage CEOs to advance the hospital or health system’s work within the mission context, and to cascade mission-focused ideas organization-wide.

The model shown in Figure 1 is intended to make health care boards more aware of how they and their organizations interact with their CEOs and to think deliberately about how they spend their time as a board and, especially, with the CEO.

Board conversations, not functions, are changing as health care organizations transform their work to adapt to the forces of change (see sidebar on page 3). A well-crafted, relevant mission statement should be the touchstone that guides discussion among the board and leadership to ensure the organization meaningfully advances its core purpose and priorities in today’s environment.

Andrew Chastain is managing partner and chair of the health care practice at the executive search firm Witt/Kieffer. He can be reached at <http://www.wittkieffer.com/executive-search/andrew-p-chastain/11>.

Governance Staffing: How Much Do We Need?

by Luanne R. Stout

“Too many companies believe people are interchangeable. Truly gifted people never are. They have unique talents. Such people cannot be forced into roles they are not suited for, nor should they be. Effective leaders allow great people to do the work they were born to do.”

— **Warren G. Bennis, *Organizing Genius: The Secrets of Creative Collaboration***

In most professions, there are clear and relatively consistent pathways along one’s career continuum, as well as clearly defined experiential and educational requirements. Not so with health care governance staffing, which ranges

from board support provided by a CEO’s assistant all the way to a comprehensive governance support staff led by a senior vice president/chief governance officer. One possible reason for this variability is that no recognized degree program or training for governance support exists. Another factor is that health care CEOs may consider themselves to be governance experts and, therefore, are likely to place less value on training and experience for their governance staff.

Unlike other corporate functional areas, which are similarly structured in organizations around the country, there is very little consistency in approach to both establishing a governance program

(or not) and staffing to support it. Work involved in governance support ranges from an assistant who types an agenda and orders lunch for the board meeting to a highly sophisticated leader who provides multi-year planning for orientation, education, communications, self-assessments, competency-based board selection, succession planning, and standardized processes and procedures. In addition, perhaps because governance is not a full-time occupation for many individual(s) responsible for supporting boards, it is not unusual to find a host of other duties blended into the governance support role (legal functions, compliance, support for the CEO and medical staff, etc.) that dilute focus.

