

During the COVID-19 pandemic, hospital and health system governing boards across the country have had to develop crisis management strategies — not only to ensure that their organizations have the right protocols and procedures to care for patients and keep patients and employees safe, but also to adapt protocols for how to govern during the pandemic.

AHA Trustee Services had a discussion about board crisis management strategies with its Committee on Governance members during a February virtual meeting. Here are the strategies that were shared.

Focusing on board culture

Board members had to get to know each other very quickly and look closely at what they wanted to “be” as a board. The board learned that it became known as the “caretaker” of the organization and was looked to for leadership when the organization faced challenges associated with the pandemic.

Addressing workforce challenges

Boards learned that they need to be attentive to how employees are coping during times of crisis. Workforce struggles were very apparent during the pandemic. The board needs to be aware of the stresses and also what is being done to help staff cope — overall, to be supportive of employees. Some boards created special thank-you videos to express their gratitude and appreciation to employees for all they were doing to care for patients.

Some boards developed resilience toolkits that focused on internal disaster planning efforts to prepare for events, like a pandemic, that neither they nor their health care organizations necessarily expect. Content in these toolkits included checking on the mental health of C-suite members.

Adapting to virtual meetings

The COVID-19 pandemic brought an entirely new perspective on virtual meetings to boards. Governing boards had to quickly adapt to meet virtually for committee and board meetings. When it is safe to return to in-person meetings, some boards are likely to continue to use virtual meetings for committee meetings and possibly some board meetings. Some boards intend to have their board meetings focus more on strategy and generative issues, while having their committees discuss issues in more detail.

Revisiting the basics of governance

Many boards found themselves revisiting some basics of governance. While recruiting new board members during the COVID-19 pandemic proved to be challenging, some boards were successful in doing so. One board developed a virtual orientation session for their new trustees that included a brief overview of responsibilities by all members of the organization’s senior leadership team. This board found the new orientation process to be very successful and plans to continue it. Some boards had to look at succession planning during the pandemic, while others had to decide how to proceed when they didn’t have a quorum for virtual meetings.

Revising credentialing and privileging practices

Some governing boards needed to adapt their credentialing and privileging for providers at health systems with facilities and clinicians practicing across state borders. Hospitals and health systems found themselves caring for COVID-19 patients at different rates at different hospitals in different states. One health system developed a new board committee to centralize physician and provider credentialing. This enabled facilities to move their physicians to hospitals that needed their services during different time periods in order to care for a sudden influx of patients.

Prioritizing communication between the board and management

The COVID-19 pandemic created confusion and, sometimes, panic for communities. Boards quickly learned that they needed to develop uniform and consistent messaging for all board members so they could be prepared to speak and answer questions effectively when approached by members of the community. Some boards held special weekly calls with their CEO to ensure they had the latest information on COVID-19 and knew what was happening at the hospital.

Recruiting a new CEO

Some boards were faced with the challenge of recruiting and hiring a new CEO during the pandemic. Recruitment practices needed to change and move to virtual interviews with candidates. A lesson learned is that interpersonal relationships can occur virtually.

Rethinking strategic planning

Boards saw the need to continue to rethink their strategic planning during the pandemic, particularly to pivot strategy because some indicators and measures were impacted by the pandemic. Some boards recognized the need to add health equity, diversity and inclusion to their board strategy. Boards learned that they can persevere and be innovative during times of crisis.

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For additional information and resources, please contact AHA Trustee Services at trustees@aha.org.