

Arkansas Trustee

For Arkansas Hospital Governing Board Members

Summer 2023

BOARDROOM BASICS

Trustee Advocacy Matters

Trustees often become so consumed with organizational issues and challenges that they lose sight of the need to consistently connect in meaningful ways with their communities. Hospital and health system boards have a unique opportunity to broaden their impact by ensuring that their organizations engage with the community and stakeholders at the local, regional, and national level.

For many boards, the advocacy conversation begins with revisiting the organization's mission and vision and understanding the organization's community impact. Hospitals and health systems offer much more than direct clinical care, and part of the board's role is to understand that impact and communicate it to the community and broader stakeholders. Board advocacy typically begins with:

- Identifying or re-defining the hospital or health system's commitment to the community
- Understanding what is already being done to serve the community, and what more can be done
- Understanding challenges the organization faces

- Communicating with key stakeholders and the general public about the value the organization provides, and the challenges it faces

When trustees advocate on behalf of their hospital or health system, it is an opportunity to impact the negative-to-positive ratio of stories and statistics about health care heard by federal and state legislators, the media, and individuals in their own communities.

The Need for Trustee Leadership and Involvement

Hospital and health system board members are trusted leaders in their communities.

They also have a unique and powerful role as key communicators of the benefit provided by their hospital. Because they are volunteers, they are seen as unbiased, impartial protectors and stewards of the organization's cherished mission, values, and vision. This role is commonly referred to as "advocacy," and is a key part of every board member's responsibilities.

Despite its importance, the advocacy component of trustees' jobs isn't always prominently discussed. Advocacy is an opportunity to bring valuable information to elected officials that they otherwise would not have. Trustees can offer:¹

- **A respected independent voice** in the community and with legislators, in part because they are

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Feature Article

Rural Disaster Response – A Conversation with St. Bernards CrossRidge Community Hospital

On March 31, 2023, a dangerous, widespread storm system sent an EF3 tornado through the heart of Wynne, Arkansas, causing injuries, property loss and most tragically, loss of life. During the crisis, however, healthcare personnel, emergency responders and local volunteers stood as shining examples of helping their neighbors in the aftermath. St. Bernards CrossRidge Community Hospital, a 25-bed critical access hospital in Wynne, houses the city's only emergency department, making it the first line of defense to triage and stabilize injured residents. **CrossRidge Administrator Gary Sparks** and **Associate Administrator Bryan Mattes** share what they learned and what other similar hospitals should know about emergency response:

Q: How did you prepare that day, before the tornado touched down?

Bryan Mattes: We watch weather all the time. We had recently gone to “Code Watch” and “Code Warning” for our tornado warning system. It tells our staff, “Find your patient shoes. Figure out who is on oxygen. Make a plan in case it goes to warning.” At 12:00 PM, we issued a “Code Watch” for our whole hospital, making sure everybody knew what it was, what was going on, and were prepared in case something happened. As we were doing that, the weather situation grew worse. We had a 20 to 30 minute lead-time based on news reports. As it got closer, we immediately called a “Code Warning” and told our staff to prepare their patients and themselves for an immediate hit. That's when we took shelter. When the tornado came closer, we used the loudspeaker to say, “Take immediate, necessary cover.”

Q: What was the immediate response following the tornado, especially with it happening so close to the weekend?

Gary Sparks: We had a wonderful response from our employees and our medical staff. Even though employees may not have known their own situation, their family situations, they either stayed or came back and were here within minutes of the tornado hitting. We even had a wonderful response from clinics across town where nurses, nurse practitioners and doctors that normally aren't integrated into our hospital helped us triage.

Q: Communication options go down during emergencies. What worked for your team, and what challenges did you experience?

Bryan Mattes: We have been preparing for years for these types of events. We have AWIN (Arkansas Wireless Information Network) radios. Our AWIN radios and communications between St. Bernards Medical Center and other entities worked like a champ. I could relay messages to the OEM. The only problem I would say with the AWIN radios occurred with the assignments of MAC channels. We did not know healthcare was assigned Channel 11 or which channels that fire, search & rescue and police used. So, while the radios worked perfectly, we missed an opportunity to respond to the ambulances faster than if we would have known that healthcare is on MAC Channel 11. I talked with our OEM director later and asked, “Is it possible to prioritize MAC channels, so, if there was a disaster, healthcare would always go to, say, Channel 11 or Channel 6?” I learned that if you have two events on the same day or at the same time — like we did with the tornado in central Arkansas — you would have cross communications. The channels must be assigned on an as-needed basis when the events happen.

Q: Had CrossRidge suffered damage, how would it have affected your response to this disaster?

Gary Sparks: It would have made it difficult. One of the things we examined after the fact is our backup location was north of the tornado. We would have had difficulty getting there because the tornado went across our main thoroughfare on Arkansas Highway 1, which we call “Falls Boulevard.” Post tornado, we set up a secondary backup location.

Bryan Mattes: We probably had 8 to 10 patients in the hospital at that time. The Northeast Arkansas Emergency Health Care Emergency Preparedness Coalition's has an ambulance bus stationed in Marion, directly 50 miles east of us. We would have immediately requested its activation to remove any of the immediate patients from the scene.

Q: As a small critical access hospital, how did you manage patient needs and flow? How do you determine which patients to treat and which to send for additional help?

Gary Sparks: Once additional providers showed up, we had a good system of triage. We had a group assigned to triage, and then doctors, nurses and nurse practitioners paired up in different areas of our E.R. There were small teams in about three or four areas to provide care to patients. One of the most important points is we expanded our E.R. — probably double, if not more — about a year ago. I don't see how we would have taken care of 30-plus patients in two and a half hours without that extra space.

Q: What did you learn about your response? Describe your strengths and opportunities to improve.

Bryan Mattes: I would say our strengths were communication, preparedness, staffing, volunteers and education - all of this. The new code we had implemented helped us prepare for the tornado 4 hours prior to what happened. And then, of course, the biggest thing, which Gary mentioned, is the expanse of the E.R. within the last year.

Gary Sparks: I think our biggest area to improve is emergency power. We knew that our generator wouldn't handle either the air conditioning system or the CT scanner. We're looking into how we can reasonably get our CT scanner operating on emergency power, because it cannot work using our existing generator.

Q: How will this tornado change your emergency preparations going forward?

Bryan Mattes: One of the things that we got very, very, very lucky with the tornado is there are many chemicals in this town. We have train tracks that go north and south, east and west. If we would have had a train going through town at that time, and it derailed, it could have been much worse. So, one of the things we're focusing on this year is hazardous materials and decontamination.

Gary Sparks: You can never be 100 percent prepared, because you can have twists and turns. Thank goodness that so far — knock on wood — we've never been tested for an actual earthquake disaster. That could present all sorts of other problems with bridges out and so forth. I think the message for other hospitals is, “Don't minimize your disaster preparation, because it's extremely vital to respond well in an actual disaster.”

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not paid to lobby and have no economic stake in the outcome.

- **Practical, “real life” perspectives** into the challenges facing hospitals and health systems, their patients, and their communities.
- **First-hand examples** of how potential legislation and regulations will impact local health care organizations and the communities they serve.

Leveraging Trustee Impact

Trustees provide a fresh perspective to supplement the efforts of hospital and health system CEOs, hospital associations, and other membership organizations that conduct advocacy efforts on behalf of health care organizations. Every hospital or health system should look for ways to maximize trustees’ credibility in ways that the hospital staff cannot do alone.

Communicate the Impact of Potential Decisions. Trustees can help communicate the impact of budget cuts and other potential legislation on their hospitals and communities in personal

Leveraging Trustee Impact

- ✓ Communicate the impact of potential decisions
- ✓ Don’t just ask for more reimbursement—talk about community benefit
- ✓ Look for opportunities to tell stories
- ✓ Be engaged and knowledgeable

ways, such as the impact on patient care on an individual level, or the impact on the hospital’s workforce or local economy.

Talk About Community Benefit, Don’t Just Ask for More Reimbursement.

As past investigations and lawsuits have demonstrated, some lawmakers are skeptical about hospitals’ true “financial needs” and whether they are deserving of their tax-exempt status. Lawmakers are increasingly interested in the amount of charity care hospitals provide, the community benefits they offer, and the ways in which they handle patient billing and collections. Trustees need to communicate a deeper message about what’s right about health care and opportunities to do even more, rather than simply focusing on needing more money.

Look for Opportunities to Tell Stories.

People tend to take for granted the great work that hospitals do, and they need to be reminded. Lawmakers, key stakeholders, and the general public need to hear stories about what their local hospitals and health systems are doing to save patient lives, improve individuals’ quality of life, contribute to new research and development, and make a difference in the health of their communities. Without hospitals taking the initiative to ensure these stories are heard, the public may only hear the



negative stories about hospitals and health care that tend to dominate the news and personal conversations.

Be Engaged. Boards need to be engaged and knowledgeable about their organization’s community benefit activities and charity care so they can

Successful advocacy is highly dependent on relationships.

effectively communicate it with legislators and key stakeholders. The more trustees are engaged, the more they will be able to communicate their hospital’s story on a personal level.

Trustee Advocacy Provides Stability

Successful advocacy is highly dependent on relationships. It involves building ongoing relationships that include regular interactions and communications, not just seeking out a lawmaker or community representative when the hospital wants something.

Trustees Can Form Lasting Partnerships. When forming deep and long-term relationships in the community, an experienced trustee with a personal interest in the community is the best voice to form

Stand for Your Mission: A Valuable Resource

“Board members can serve as powerful champions for our missions, using a combination of passion and influence that can powerfully accelerate your organization’s voice.” -Stand for Your Mission

The Stand for Your Mission campaign challenges nonprofit decision-makers to advocate on behalf of their organizations and communities. The campaign provides a five-step guide to help boards become better advocates.

- **Step 1: Define a shared vision for the future:** Some hospitals and health systems have a comprehensive understanding of and commitment to their vision. Others may need a special board meeting or retreat to re-evaluate the hospital’s mission and vision and ensure clear goals to achieve them.
- **Step 2: Understand the ecosystem in which you operate:** For hospitals and health systems, the “ecosystem” includes changes in payments and reimbursement, knowledge of regulatory challenges, ongoing organizational challenges such as workforce shortages, identifying community needs, understanding social determinants of health, and more. Hospitals and health systems operate in a complex ecosystem, and regular board education is essential to laying the foundation for meaningful advocacy.
- **Step 3: Identify opportunities and threats:** Before trustees engage with stakeholders they must understand the greatest opportunities and threats to the organization’s mission. This includes local, regional, and national factors such as policy changes, regulatory requirements, changes in federal and state reimbursement, and social movements.
- **Step 4: Prioritize advocacy:** At the local level, board members can commit to advocating and telling the hospital’s story in the community. Trustees also have an opportunity to participate in broader advocacy activities, including partnering with state and national organizations advocating for hospitals and health systems.
- **Step 5: Leverage the board’s unique value:** Serving as an ambassador and advocating for the organization should be part of every board member’s job description. As volunteers representing their organization and community, trustees bring a unique and valued perspective.

For the campaign’s comprehensive resources, go to <https://standforyourmission.org>.

lasting partnerships that can benefit the hospital or health system.

As trustees work to form long-term relationships, they should look for opportunities with politicians at every level - city, county, state, and federal. In many cases, forming relationships with a lawmaker’s legislative staff can be just as important as forming relationships with lawmakers directly, since most rely on their staffs to provide them with research, information, and perspective on issues.

Join Existing Opportunities. One way to form relationships with state and federal legislators is to take advantage of opportunities that already exist.

When possible, seek out legislators or their staff members at social gatherings or civic meetings to begin forming relationships. Host legislator visits to your hospital and take them into the community to see the community benefit work you’re doing outside the hospital building.

Many state hospital associations hold advocacy days and offer support for trustees who want to visit their state capitals to meet with legislators and key decision-makers. In addition, the American Hospital Association regularly organizes advocacy opportunities and tips to Capitol Hill.

Grassroots Advocacy: Building Community Connections

Successful advocacy is about more than establishing relationships with legislators. One of the most important roles of the board is to maintain strong and vibrant community relationships that build community understanding and loyalty to the hospital or health system. Trustees play a vital role in securing strong public perceptions of the organization and raising its profile as a premier community financial, health care, and social services asset.

As a part of hospitals’ grassroots advocacy efforts, every community has

a broad range of key constituencies or stakeholders who should be communicated with and influenced by the hospital or health system. The board is the ideal conduit between the hospital and these community groups, sharing what’s happening at the hospital and asking about challenges community organizations face, and looking for synergies and potential partnership opportunities. Community organizations trustees may build relationships with on behalf of the hospital include:

- Community spokespersons or health advocates
- Other community-based organizations and non-profits
- Insurers and other payers
- Patients and families
- Legislative and regulatory bodies
- The news media (printed, radio, online, and social media)
- Civic groups, religious leaders, business owners, and educational institutions

Trustee Advocacy: Questions for Your Board

- Have we defined the community benefit we provide, and are board members prepared to briefly explain it without any notes or prompting?
- Do all board members understand the primary challenges the organization faces to fulfilling our mission?
- Do we seek opportunities to tell our hospital’s story?
- Do we strive to understand community challenges and look for potential partnerships to address those challenges?
- Are we aware of existing opportunities to advocate as a part of regional, state and national efforts? How have we participated?

Defining Trustee Roles

Every board member brings unique skills and perspectives to their trusteeship. Some individuals are well-suited for public speaking, while others are at their best when attending social gatherings or hosting business leaders. Typical advocacy roles are defined below, and can be used as a starting point for considering trustee involvement.

Advocate: Taking the organization’s message to legislators through lobbying or delivering testimony at hearings, representing the community’s interests in board decision-making.

Educator: Speaking on issues facing the hospital or health system at local groups, appearing on local media and social media to discuss health care, and highlighting what the organization is doing to contribute to the community’s well-being.

Conduit: Participating in public forums to discuss issues facing the hospital, sharing what the organization is doing in the community, and learning about community opinions or health care needs.

Ambassador: Representing the hospital at important community social gatherings.

Host: Presiding over visits of legislators, senior citizens, or key business leaders to the hospital or health system to help them learn about available services and to hear about their interests or needs.

American Hospital Association: Share Your Hospital Story

Hospitals and health systems can join the national effort to “tell the hospital story” by sharing their stories with the American Hospital Association. The AHA is requesting that organizations share news articles, photos, videos, and other testimonials that spotlight hospitals’ work to provide care for patients and advance health in their communities.

In addition, organizations can read case examples already shared by category (such as prevention and wellness, benefiting communities, ensuring equitable access to care, supporting public health, and research and innovation).

For more, go to www.aha.org/roleofhospitals.

Sources and More Information

1. Stern, Andrew. The Trustee’s Role in Advocacy: Telling Your Hospital’s Story. American Hospital Association. October 2017. <https://trustees.aha.org>.
2. The Board’s Role in Advocacy. Stand for Your Mission. BoardSource. Accessed June 2023. <https://standforyourmission.org/advocacy-your-board>.

GOVERNANCE INSIGHTS

Good Governance Starts with a Commitment to Education

The world is becoming increasingly fast-paced, and health care is no exception. What trustees needed to know ten years ago is no longer sufficient in today's health care industry, where governance "knowledge capital" is one of a hospital or health system's most valuable assets.

It's possible in hospital boardrooms today to just "get by" on what you know. But committed, knowledgeable, deep-thinking boards can change the trajectory of an organization and the community it serves.

Education vs. Knowledge and Intelligence

Governance education is a continual process, not an end result. Education is the vehicle for improved governance knowledge. The end result is greater knowledge, understanding, and heightened leadership intelligence that ensures trustees are fully-prepared to engage around critical issues and make evidence-based decisions rather than "gut"-based decisions.

Well-planned and well-focused governance education builds the "knowledge capital" the board needs to ensure that the right decisions will be made, using meaningful information and data.

Working with Individual Trustees to Assess and Meet Education Needs

Trustee knowledge-building must take place continuously, and through a variety of venues. Many boards engage in targeted education at every board meeting. In addition, sources of information between meetings include state hospital association resources;

Governance education is a continual process, not an end result.

webinars, recordings, and conferences; reading and absorbing information and ideas in trade journals; and reviewing reports and studies available online, including resources from the American Hospital

Association, HealthLeaders, Kaiser, Health Affairs, and more.

The key to success is to develop trustee knowledge that enables governance leaders to put the bigger issues and challenges into a local market framework,

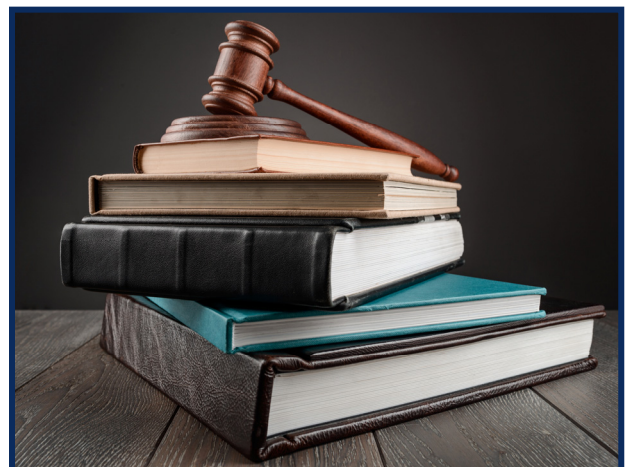
identify market implications, and lead with confidence.

A well-planned and financially well-supported focus on education results in:

- Better decisions based on better knowledge and insights
- An improved capacity to be a well-informed advocate for the hospital or health system and its community
- Increased capacity to engage in challenging and productive governance dialogue
- An ability to think beyond "conventional wisdom"

To be successful in evaluating trustee education needs and ensure a successful education process, several factors are critical.

The board must invest in knowledge building, both financially and intellectually. The board should define for exploration several months in advance the issues and topics that are most critical for board members to



understand in order to engage in robust discussion and decision-making.

These topics should be drawn from the forces and factors that are driving organizational success in achieving the mission, vision, and strategic objectives. Available resources for delivering the education (meetings, publications, webinars and other online resources, trustees themselves, consultants, etc.) should then be determined.

Once topics are defined and the sources are determined, the board can set a basic education strategy with objectives and outcomes. Success should be evaluated periodically, and new opportunities should be incorporated into the educational development effort as changes occur in the market.

Education should not be a one-time event. Instead, it is an institutionalized commitment to ensuring that the governing board has the knowledge resources necessary to make strategic decisions and be a highly-effective leadership body.

Participation should be mandatory as a condition of trusteeship, not a “suggestion.” Hospitals and health systems owe it to their patients, physicians, and communities to ensure that governance decisions are made and directions are set as a result of vigorous scrutiny and informed intelligence. This means that *every*

board member must have a common level of understanding of critical issues and developments, and their implications for the organization.

Requirements for governance participation should be expressly discussed in trustee recruitment.

Governance education requirements should not be a surprise to new trustees after they begin serving on the board.

Governance education should be viewed by trustees not as a requirement, but as an opportunity to best serve the hospital and the community.

Board members should be fully informed in advance about education requirements, which should be presented as an avenue to best serve the hospital and the community. Prospective trustees should embrace the importance of health care education in their development as a

valuable leadership asset.

Education planning should be directed, where possible, by trustees themselves. Trustees may be asked to research certain topics or issues and present the findings, implications and possibilities to the entire board. This level of involvement not only brings credibility to the importance of education, but also results in deeper trustee understanding of the most critical topics.

Education should be individualized and customized. Every trustee is in a different “place” with their level of awareness and knowledge of the issues discussed and the decisions made at board meetings. However, every trustee has the same fiduciary obligation and the same responsibility

Successful Board Education Requires:

- ✓ Board understanding of the importance
- ✓ Board dedication to knowledge building
- ✓ Participation by every trustee
- ✓ Clearly stated education expectations
- ✓ Trustee involvement in the process
- ✓ Education that is customized to unique board and trustee needs

to be well-informed. Efforts should be made to understand the knowledge needs of each trustee, and plans should be developed for providing each individual with the information they need to be active, engaged, and productive participants in the governance process.

Designing an Effective Governance Education Process

Below is an outline of how a board may design a process to ensure optimum development of leadership knowledge and effectiveness.

1. Define the board issues about which every trustee needs to have a common understanding in order to be a high-performance board member. Subjects may include, but are not limited to:

- Health care payments and reimbursement
- Health care regulation and current state and federal activity

- Current trends and issues impacting the hospital or community
- Workforce issues and challenges
- Quality and patient safety
- Transparency of quality and costs
- Collaboration with the medical staff
- The board’s role in CEO compensation and evaluation
- Factors impacting patient access to care
- Understanding social determinants of health
- Meeting community needs and building community partnerships
- Communicating community benefit
- Advocating on behalf of the hospital or health system

The hospital or health system’s current strategic plan should serve as a basis for determining the most critical board education topics and current health care trends to focus on.

2. Assess each individual trustee’s awareness and understanding of the issues and situations likely to come before the board in the coming months. This may be done through a board self-assessment, a simple survey, or in causal one-on-one conversations, typically between individual trustees and the board chair and/or CEO. The individualized knowledge assessment is not a “test,” and should not be intimidating. Instead, it is a conversation to help determine the areas where pinpointed education

should be focused to most quickly get trustees “up to speed” on the issues and decisions for which they are fully responsible.

3. Assign an experienced board colleague to work closely as a “mentor” with newer trustees to help them understand issues, questions, nuances, etc.

4. Develop a 12-month or longer “curriculum” of topics that are essential to effective governance, and determine the most appropriate resources to assess or deliver the information. Ensure that trustees are actively involved in the selection of topics, and that the methodology for presenting the information is conducive to trustee learning styles. Delivery methods may include in-person presentations, facilitated discussions, online presentations, reading materials, and more.

5. Leverage the improved trustee knowledge not only for board discussion and decision-making, but also through coordinated outreach. This may include legislative advocacy and building connections with the local community through trustee involvement in community activities, formal and informal community discussions, and presentations about the organization and the challenges it faces.

6. Continuously refine and improve the process. Conducting a regular board self-assessment is

The Governance Education Development Process

1. Define the issues all board members must understand
2. Assess each individual trustee’s education needs
3. Assign board mentors to newer trustees
4. Develop a 12-month curriculum
5. Leverage improved trustee knowledge for dialogue and decision-making, advocacy, and trustee involvement
6. Continuously refine and improve the process

one method to measure improvements in board understanding and education effectiveness, and determine potential “knowledge gaps” that still exist.

Building expectations for growth and development of the board’s knowledge capital will result in better dialogue, better decisions, and knowledge-based leadership that will drive future governance performance and organizational success.

