



Aligning the Work of Your Board's Committees with Systemwide Efforts

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Many subsidiary hospital boards establish and maintain committees to help the local board fulfill its duties and responsibilities. Most often, these include quality committees, governance and nominating committees, and advocacy/community benefit committees. Depending upon the system, the hospital also may operate an executive compensation committee, a finance committee, a compliance committee, a strategic planning committee, or others.

Generally, the parent system will maintain similar types of committees, along with others relevant only at the system level. However in our experience, often there is little or no coordination of efforts or cross-fertilization of ideas/approaches between system-level committees and their local hospital counterparts.

The following actions will help ensure that your hospital's board committees are effective, synchronized with overall system priorities and initiatives, and obtaining the benefits of working within a larger organization.

1. Locally mirror the charters of system board committees. Perhaps most important is ensuring that local committee work dovetails with systemwide efforts. The work of any committee is prescribed in its charter. Therefore, in hospital committees' charters, intentionally link the efforts of the local committee to its system counterpart. Wherever possible use similar or identical charter wording and follow the basic flow of the system committee charter.

For example, consider including a preface to your local committees' charter language that states that one important purpose of the local committee is to ensure systemwide priorities are being pursued effectively and efficiently at the local/regional levels.

For instance, such a preface for a local quality committee might read:

"In concert with the plans and priorities of the system's board and the system's quality committee, the [hospital's] quality committee provides reports, oversight, advice, and direction to the hospital governing board and executive team. Consistent with system priorities, the committee establishes and monitors priorities for the hospital pertaining to quality, safety, patient experience, and the cost-effectiveness of care, and to enhancing the health of the region we serve."

Similarly, when enumerating in local charters each committee's responsibilities, intentionally mirror and build upon the wording and order of the responsibilities outlined in the system's counterpart committee. For example, text before the list of responsibilities for a hospital quality committee might read, "In concert with the plans and priorities of the system board and our hospital board, the hospital quality committee shall..." followed by those responsibilities from the system's quality committee charter relevant at the local level, custom tailored or augmented as needed to reflect any unique circumstances.

2. Beware the "not invented here" syndrome. Sometimes there is temptation to automatically dismiss or marginalize "system approaches" as unsuited to local needs. Instead, encourage all board members, especially your committee chairs, to look for similarities with—rather than differences between—system and local approaches/priorities. In particular, be open to new nomenclature and avoid pride of authorship. For example, if the system names its committee the "quality and value" committee, you should use that name locally. Focusing on minor differences rather than large areas of commonality does not benefit anyone.

3. Utilize performance dashboards built upon system metrics. Especially in functional areas such as quality, finance, community benefit, and

compliance, the local hospital committee should be monitoring performance indicators that reflect system priorities. This provides your hospital the benefits of being able to compare itself to overall systemwide performance and to system “best practices.”

Although the local committee may well identify additional, complementary performance indicators that create a more complete local picture, the basic system indicators must be monitored locally. Finally, the local committee may recommend that a key local performance indicator be added to the systemwide dashboard to provide all system entities with comparative data on an important performance metric.

4. Dovetail your committees’ annual work plans with those of the system. Each local committee should develop and use an annual work plan, which helps ensure that the committee exercises all core responsibilities systematically by focusing on specific aspects of its charter in specific meetings. Check to see if your system uses such an annual “committee work plan” and, if so, synchronize the local committees’ work plan calendars with it.

One further advantage of this approach is that you may be able to use contemporary context/educational materials developed for system committees that will build the knowledge base of local committee members.

5. Accelerate your committee members’ learning curve. Often system staff and those serving on system-level committees have access to a broader range of educational materials/expertise than is practical locally. If the

system and its hospitals share a common board portal, identify how your local board and committee members can easily access relevant educational background/materials developed at the system level or by other system entities. Even without such a common portal, identify ways to share expertise and content to help local members fulfill their committee responsibilities, rather than duplicating efforts locally.

6. Invite committee members from the system/other system hospitals to serve locally. Is it practical and possible to invite one or more members of the system’s counterpart committee or from another system hospital’s committee to serve on your local committee? If so, this will provide for direct cross-fertilization of ideas and approaches that can benefit both local committee members and the invitees.

There are many contributors to local board committee effectiveness—including well-organized and facilitated meetings, effective and efficient communication between each committee and the board, appropriate materials provided to local committee members in a timely manner, and committees that are populated with individuals who have the experience and competencies needed to fulfill the committee’s charge. These are necessary but do not guarantee that your hospital will be effective operating within an integrated health system trying to move forward on a common strategic agenda. However, using the six tips outlined above is likely to both improve the functioning of your local committees and more fully align local efforts with those of the overall system.

The Governance Institute thanks Marian C. Jennings, M.B.A., President, M. Jennings Consulting, Inc., and Governance Institute Advisor, for contributing this article. She can be reached at mjennings@mjenningsconsulting.com.

