

COVID in the Rear View (or is it??) Lessons for Governing Differently in Health Care's New Normal

35th Annual AHA Rural Health
Care Leadership Conference



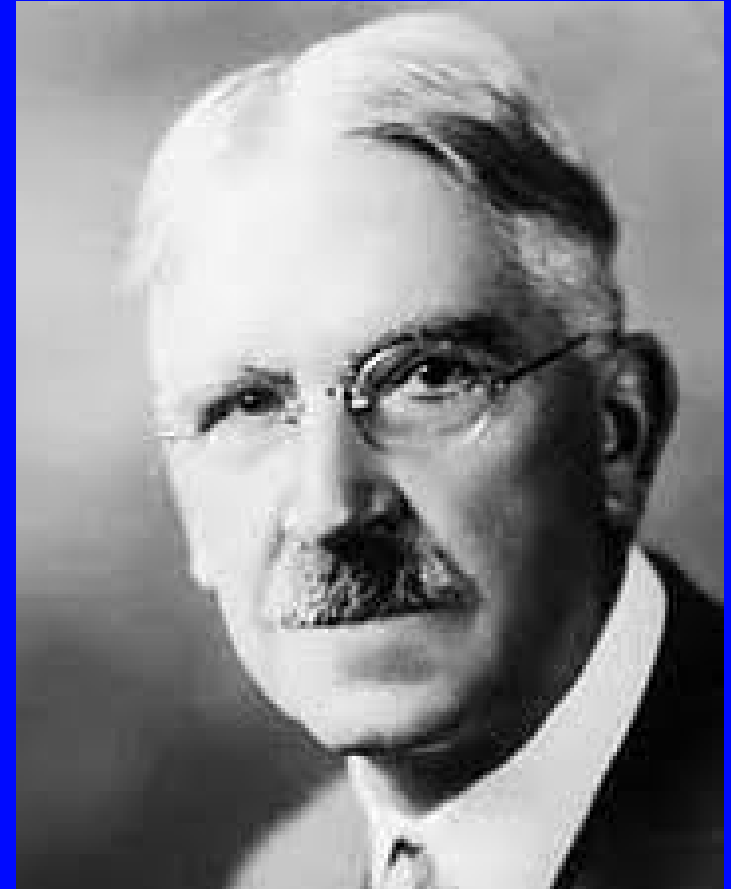
Jamie Orlikoff

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We do not learn from
experience...we
learn from reflecting
on experience.

John Dewey



Where we Were:

Johns Hopkins Coronavirus Resource Center *January 24, 2021*

Confirmed Global Cases:

99,105,389

Global Deaths: 2,127,206

Confirmed US Cases: 25,109,148

US Deaths: 418,982

<https://coronavirus.jhu.edu/>

Johns Hopkins Coronavirus Resource Center **January 24, 2022**

Confirmed Global Cases: 354,310,228

Global Deaths: 5,603,714

Confirmed US Cases: 71,645,863

US Deaths: 868,420

Fully Vaccinated : 64% of US population;

210.4 Million

<https://coronavirus.jhu.edu/>

COVID Death Toll in US Hits Grim New Milestone

September 21, 2021

More Americans have died of COVID than the total number of Americans estimated to have died during the Flu Pandemic of 1918! And there was NO Vaccine then.



Visual From Last Year Rural 2021:

Whip-Saw: The New Normal?

If we continue to be too slow to vaccinate or lock-down or implement other mitigation strategies, and too quick to reopen the economy afterwards, or, if we fall behind Virus mutations...

A vicious cycle will ensue which could whip-saw health care, the supply chain, and the U.S. Economy.

Happy New Year!!

Chicago Tribune



QUESTIONS? CALL 1-800-TRIBUNE

SATURDAY, JANUARY 1, 2022

BREAKING NEWS AT CHICAGOTRIBUNE.COM

State reports record-high infections

Illinois enters 2022 with full hospitals, evolving COVID-19 risks and some hope

By Joe Mahr
Chicago Tribune

After a year of pronounced shifts in the COVID-19 pandemic related to mass vaccination, more infectious variants and the sorely tested patience of the public, Illinois is facing an even more complicated set of realities entering 2022.

The state is now seeing record

numbers of COVID-19 infections — but these cases appear less likely to cause serious illness. At the same time, Illinois' health care system is in worse shape than it was a year earlier, and the exploding case counts mean even a milder variant could further strain hospitals with COVID-19 patients.

Already, hospitals are treating more patients with fewer workers,

leading to a space crunch so severe that hospitals are again canceling nonemergency surgeries to try to free up beds. And while the vast majority of patients aren't in the hospital because of COVID-19, the odds of an unvaccinated person ending up hospitalized with the virus is notably worse than at any other time during the pandemic.

A year ago, mass vaccination was on the horizon, offering hope the virus could be extinguished through so-called herd immunity and life could return to normal.

Now researchers expect the virus and its ever-evolving variants to stick around. The hope is that vaccinations can prevent most infected people from getting too sick and that the latest wave will subside as quickly as it came.

Those adjusted expectations follow another deadly year. The Illinois Department of Public Health blamed COVID-19 for at least 11,000 more deaths in 2021, bringing the total to nearly 28,000 since the pandemic began, with an additional roughly 3,200 deaths

considered to have “probable” ties to COVID-19.

Here's where we are, as the new year begins:

Record case numbers

A year ago, the average number of new cases each day had begun to drop after soaring above 12,000 in fall 2020, and people began preparing for vaccines that leaders hoped would starve the virus out of exist-

Turn to Pandemic, Page 4

Chicago Tribune



QUESTIONS? CALL 1-800-TRIBUNE

TUESDAY, JANUARY 4, 2022

BREAKING NEWS AT CHICAGOTRIBUNE.COM

CORONAVIRUS OUTBREAK

Elective surgeries being delayed by area hospitals

State has record COVID-19 admissions

**By Lisa Schenker,
Dan Petrella
and Joe Mahr**
Chicago Tribune

Chicago-area hospitals are postponing many elective surgeries, as Illinois on Sunday set a record for COVID-19 hospitalizations.

The news of postponed surgeries comes just days after Gov. J.B. Pritzker and

the Illinois Health and Hospital Association urged hospitals to delay non-emergency procedures as needed, without risking patient harm. They issued the plea in anticipation of a post-holiday, omicron-driven surge and potential shortage of staffed intensive-care beds.

Chicago-area hospitals are stressed as they deal with influxes of COVID-19

and non-COVID-19 patients amid industrywide staffing shortages. The vast majority of hospitalized COVID-19 patients are unvaccinated, doctors say.

NorthShore University HealthSystem, which has six hospitals, has largely suspended elective surgeries for the next two weeks, said CEO and President J.P. Gallagher.

Advocate Aurora Health, which has 26 hospitals in

Illinois and Wisconsin, is delaying and rescheduling certain procedures to times and places where it has the staffing and capacity to perform them, said Dr. Jeff Bahr, chief medical group officer. It is continuing to do surgeries in situations where not performing them might result in a person needing hospitalization, or losing a limb. Advocate is

Turn to Surgeries, Page 5

Chicago Tribune



QUESTIONS? CALL 1-800-TRIBUNE

MONDAY, JANUARY 24, 2022

BREAKING NEWS AT CHICAGOTRIBUNE.COM

Canceled surgeries. Closed urgent care centers. Long waits in the ER.

The latest surge has made it hard to get basic medical care in Illinois





NorthShore University HealthSystem is resuming elective surgeries after largely suspending them earlier this month. **ANTHONY SOUFFLE/CHICAGO TRIBUNE**

Chicago-area hospitals resuming elective surgeries

By Lisa Schenker
Chicago Tribune

A number of Chica-

it actually includes a range of necessary, though none-emergency surgeries, such as certain cancer treat-

sive care unit beds available, compared with just a handful a month ago, he said.

The COVID Coaster: Governing the Whipsaw



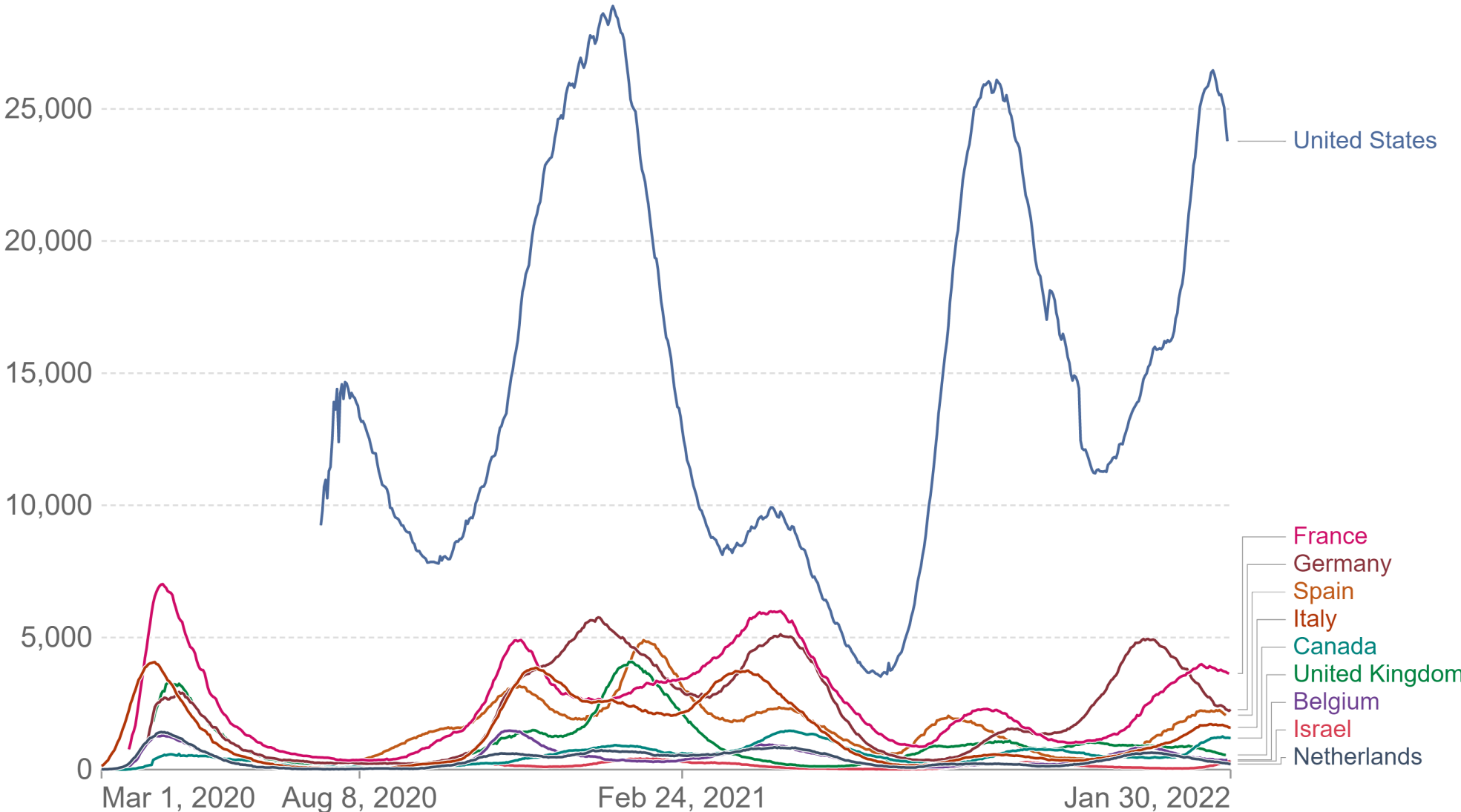
Daily COVID-19 deaths in the U.S.

Feb. 29, 2020, to Jan. 23, 2022; 7-day rolling average



Data: [Our World in Data](#); Chart: Will Chase/Axios

Number of COVID-19 patients in intensive care (ICU)



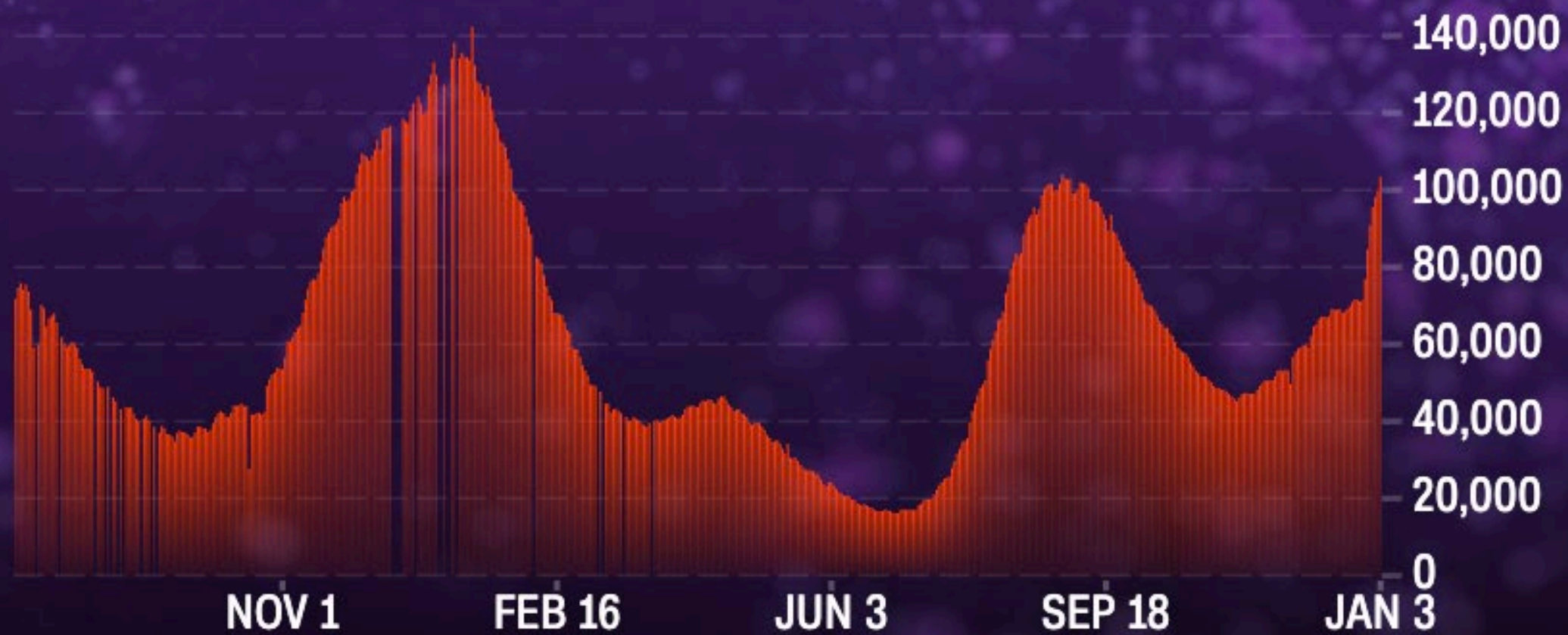
Source: Official data collated by Our World in Data – Last updated 30 January 2022, 17:53 (London time)

Note: For countries where the number of ICU patients is not reported, we display the closest metric (patients ventilated or in critical condition).

OurWorldInData.org/coronavirus • CC BY

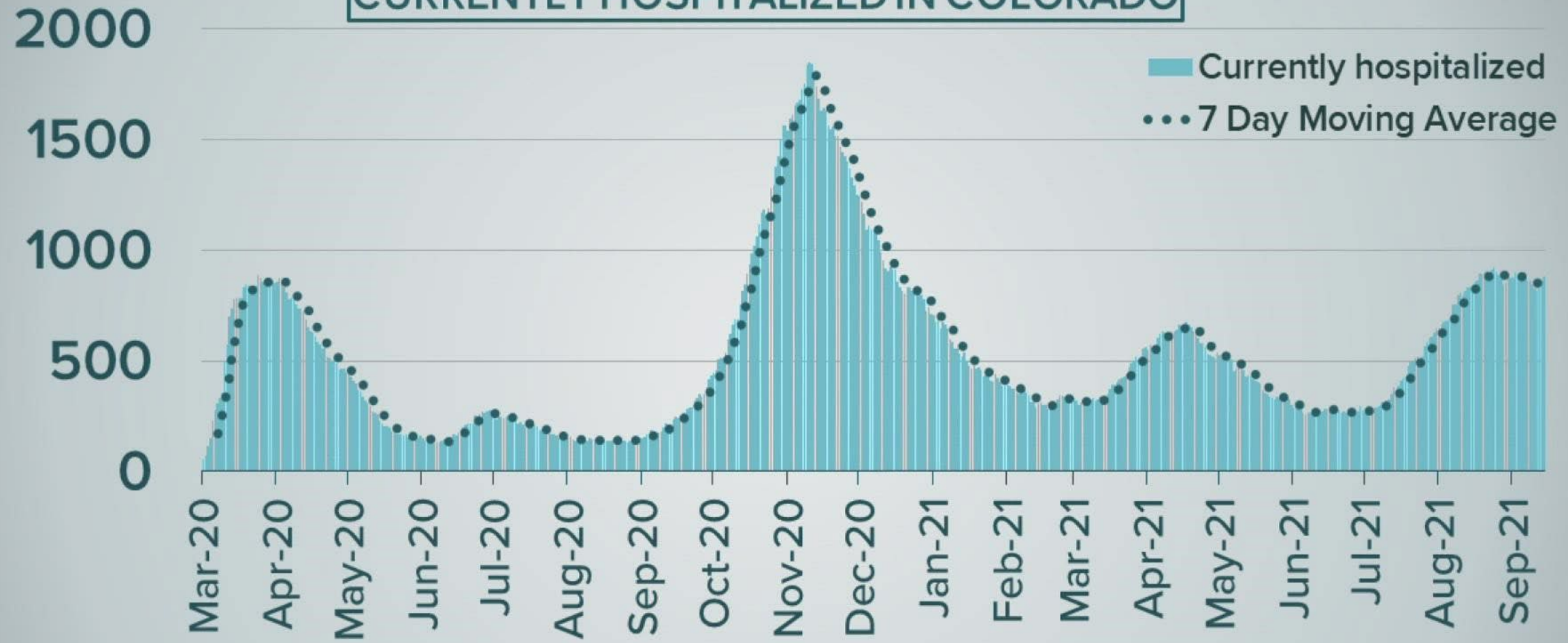
CORONAVIRUS HOSPITALIZATIONS

UNITED STATES



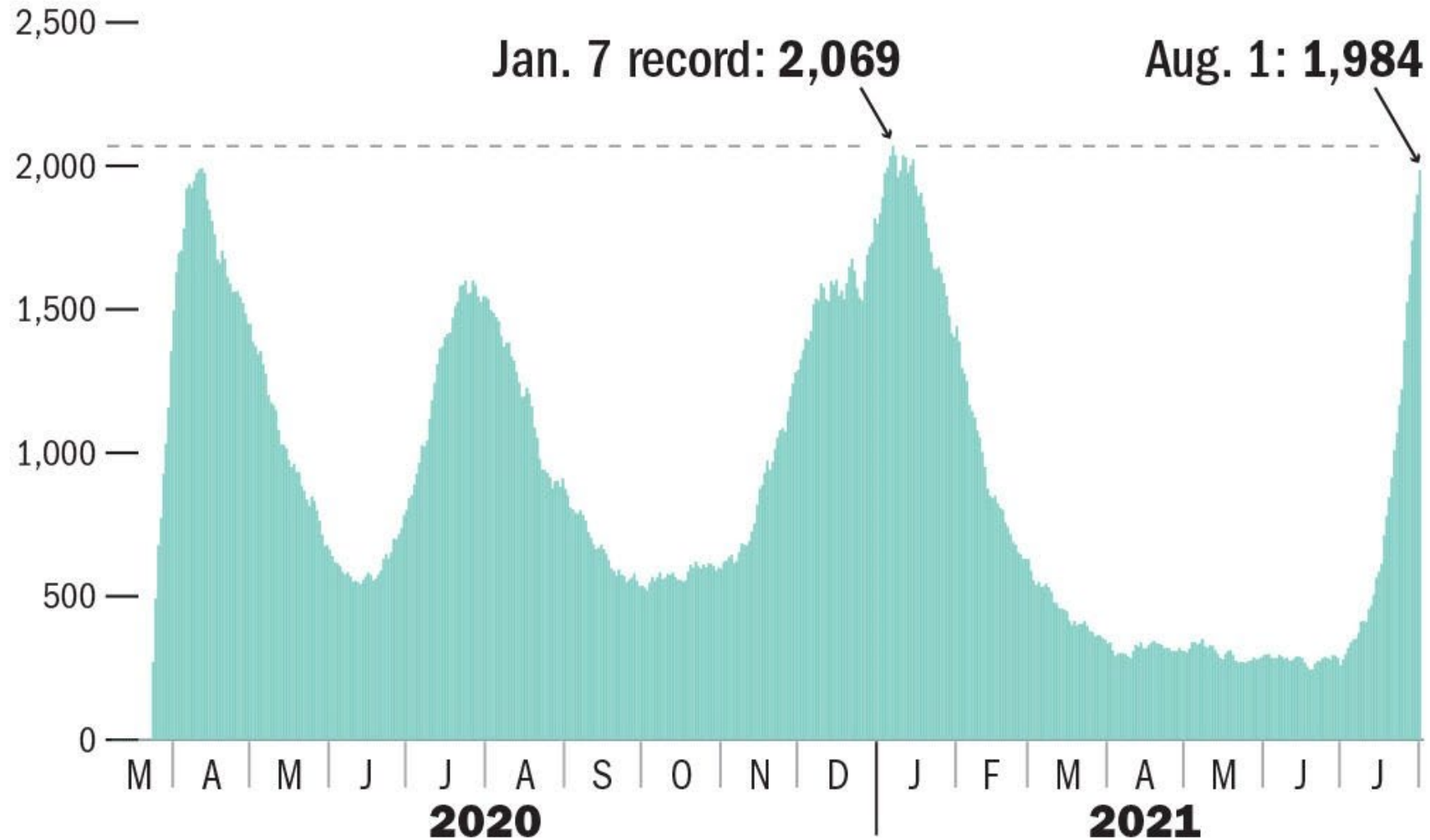
SOURCE: HHS

CURRENTLY HOSPITALIZED IN COLORADO



COVID-19 hospitalizations in Louisiana per day

Louisiana is set to break a Jan. 7 record for COVID hospitalizations, according to health officials. A look at the daily numbers:



Source: Louisiana Department of Health

Staff graphic





(Drew Sheneman/The Star-Ledger)

EDITORIAL CARTOON



MIKE LUCKOVICH ATJ.COM © 01-21-22
The Atlanta
Journal-Constitution



‘We went from heroes to zeroes’: US nurses strike over work conditions



“All those ‘healthcare heroes’ signs were garbage ... We’re like healthcare suckers because they didn’t protect us”



The Healthcare Workforce is Crumbling

Forbes.com, December 22, 2021

- A Mayo study found that nearly 1 in 3 physicians and nurses reported a clear intention to reduce work hours, and that nearly 2 in 5 nurses and 1 in 4 physicians intend to leave their practice altogether.



WORKFORCE!!!

Rural Communities Need Hospitals

Hospitals Need Stable **Staff!!!**

- The Great Resignation
- Staff Shortages – often focused in areas key to recapture revenue
- PTSD
- Abuse and violence against staff
- Early Retirements
- Quitting
- Specialty Shifts



THE WALL STREET JOURNAL.

By [Jon Kamp](#)

Updated Jan. 25, 2022 2:38 pm ET

U.S.

Covid-19 Deaths in the U.S. Top 2,100 a Day, Highest in Nearly a Year

Omicron variant, though milder for some patients, is spreading with record-breaking speed

Covid-19 deaths in the U.S. have reached the highest level since early last year, eclipsing daily averages from the recent Delta-fueled surge, after the newer [Omicron variant](#) spread wildly through the country and caused [record-shattering case counts](#).

The seven-day average for newly reported Covid-19 deaths reached 2,188 a day by Monday, up about 1,000 from daily death counts two months ago, before Omicron was first detected,

“Man dies after a 15-day wait for a medical center bed. His survivors blame the COVID surge”

December 27, 2021 USA Today

The retired Iowa school superintendent died in late November, nearly a month after he was diagnosed with sepsis, a dangerous, blood-borne infection unrelated to the coronavirus.

His daughters think he might have survived if he'd been admitted immediately to a large medical center, where he could have received advanced testing and prompt surgery.

“It’s infuriating that people who are not vaccinated are clogging it up,” said Jenifer Owenson of Des Moines, who is one of Weeks’ four children.

<https://www.yahoo.com/news/man-dies-15-day-wait-131609178.html>



'Called every hospital within 75 miles': Man with COVID dies while waiting for hospital transfer

January 21, 2022, 2021 USA Today



A Massachusetts man and pizza shop owner died while waiting for a hospital bed to open up after contracting COVID-19.

Patients Drive Hours to ERs as Omicron Variant Overwhelms Rural Hospitals

Wall Street Journal January 15, 2022

- **Hospitals call staff with Covid-19 back to work to handle surge of patients in parts of country strapped for workers**



Chicago Tribune



QUESTIONS? CALL 1-800-TRIBUNE

TUESDAY, DECEMBER 28, 2021

BREAKING NEWS AT CHICAGOTRIBUNE.COM

CDC Cut isolation
from 10 to 5 days
on December 27,
2021

Updated rules for isolation, quarantine

CDC shortens its
recommendation
from 10 to 5 days

By Mike Stobbe
Associated Press

NEW YORK — U.S. health officials on Monday cut isolation restrictions for Americans who catch the coronavirus from 10 to five days and similarly shortened the time that close contacts need to quarantine.

In-hospital COVID-19 transmission in the US



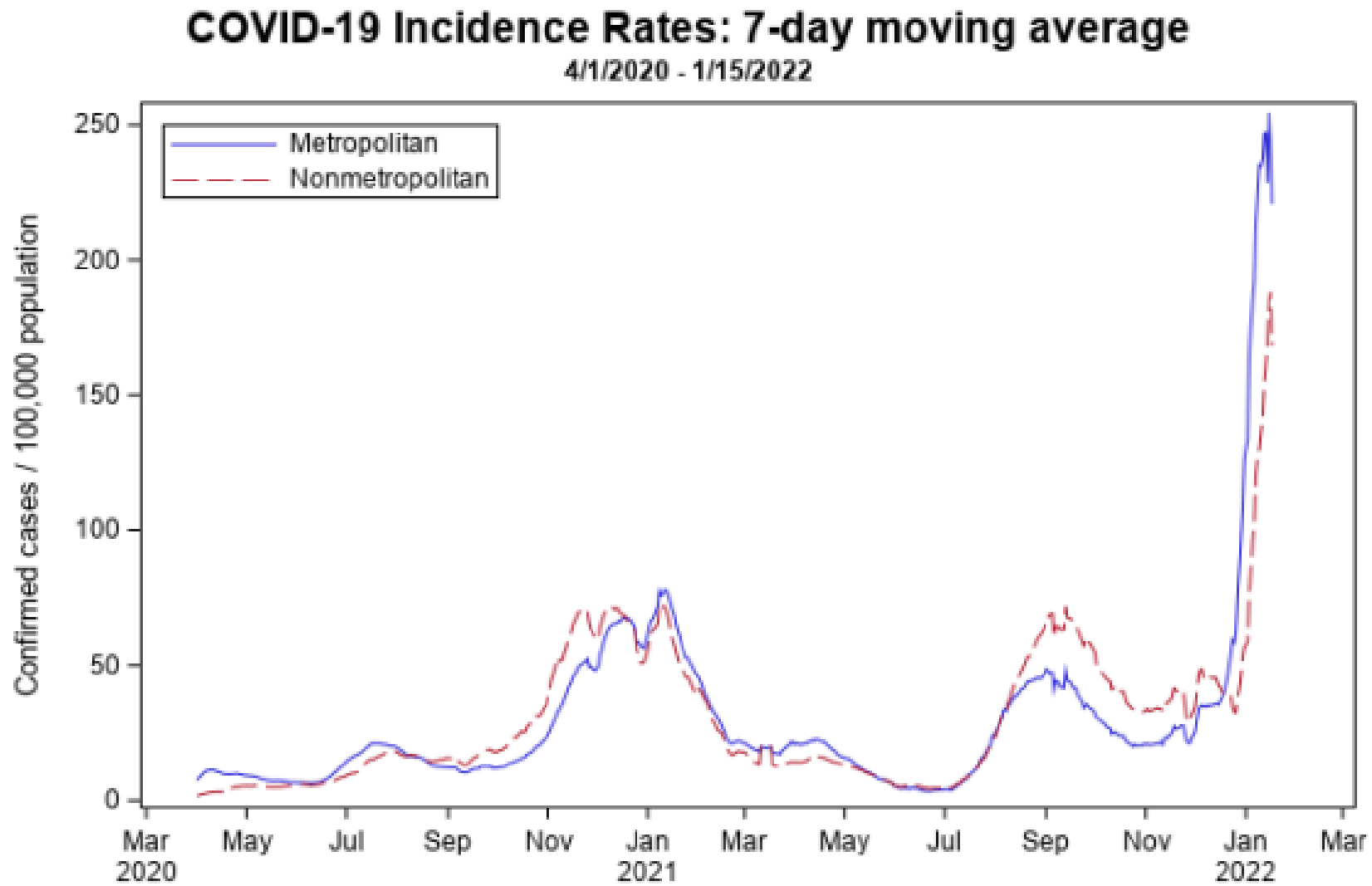
US Department of Health and Human Services

COVID is Killing Rural Americans at twice the rate of people in urban areas **Kaiser Health News, September 30, 2021**

Since the pandemic began, about 1 in 434 rural Americans have died of covid, compared with roughly 1 in 513 urban Americans, the institute's data shows. And though vaccines have reduced overall covid death rates since the winter peak, rural mortality rates are now more than double urban rates — and accelerating quickly.



Figure 1. COVID-19 Metropolitan and Nonmetropolitan Incidence Rates



Case counts from Johns Hopkins University CSSE COVID-19 Data

<https://github.com/CSSEGISandData/COVID-19>

Population based on 2018 ACS 5-yr estimates.

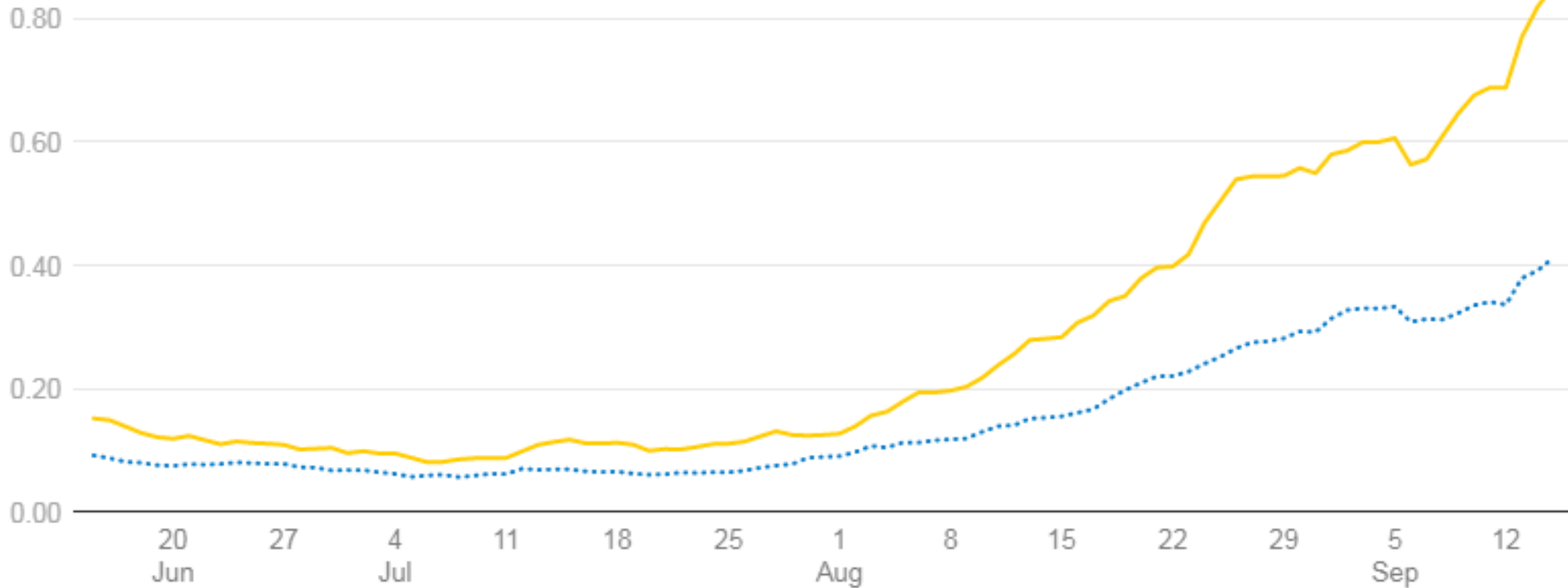
Rural Policy Research Institute (RUPRI)

University of Iowa, College of Public Health

Rural Covid Death Rates Are Double Those of Metro Areas

Covid-19 mortality rates per 100,000 people, as measured in seven-day moving averages, are accelerating quickly in nonmetropolitan areas compared with metropolitan, or urban, areas.

..... Metro rate — Nonmetro rate



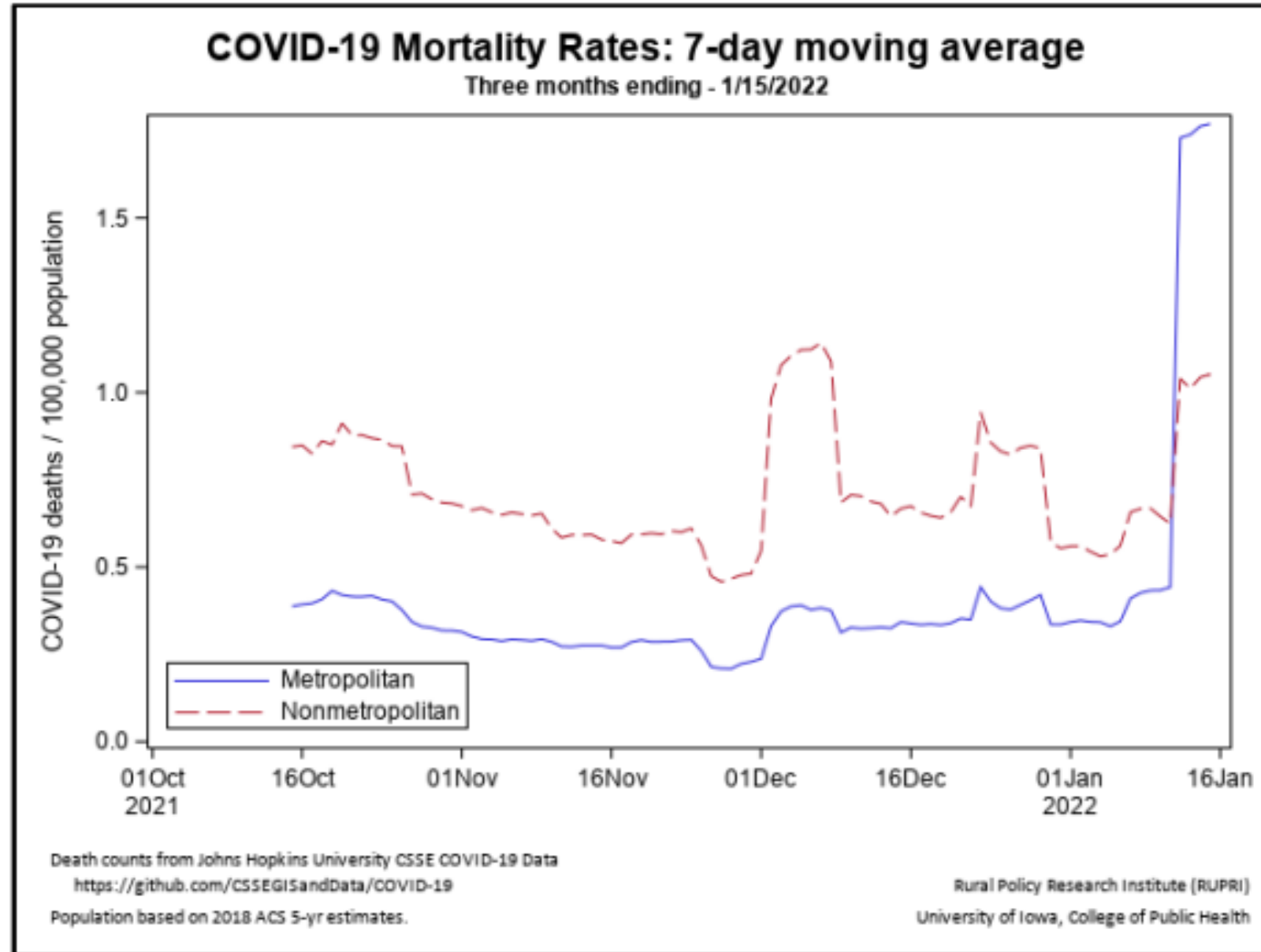
NOTE: Population based on five-year estimates from the 2018 American Community Survey

CREDIT: Lydia Zuraw/KHN

SOURCE: [Rural Policy Research Institute](#); Johns Hopkins University CSSE COVID-19 Data • [Embed](#)



Figure 3b. COVID-19 Metropolitan and Nonmetropolitan Mortality Rates, Last Three Months



Rural patients are dying at record rates while waiting for beds in Kansas hospitals
KWCH/Gray News January 24, 2022

**'This is bad': Rural Indiana hospitals busier than ever amid latest COVID-19 surge fox59 News
December 23, 2021**

**Rural Wisconsin hospitals 'burning on the inside'
with COVID-19 surge
Wisconsin State Journal December 20, 2021**

Texas' "maternity deserts" grow as staff shortages close rural labor and delivery units –
The Texas Tribune January 20, 2022

Shuttered hospitals, soaring Covid-19 deaths: Rural Black communities lose a lifeline in the century's worst health crisis
Stat News May 26, 2021 - Georgia

**Overwhelmed by Covid-19 Patients, Alaska's Doctors Make Life-and-Death Decisions – Wall Street Journal
October 3, 2021**

***Strain on NC rural hospitals about to get worse with omicron
News Observer January 20, 2022***



Effective October 22, 2020

HOSPITAL CLOSED

NO EMERGENCY SERVICES AVAILABLE AT THIS LOCATION

IN CASE OF EMERGENCY, **CALL 911**

“More than 180 rural hospitals have closed since 2005. Closures were already occurring at an accelerated rate over the last decade, and now 21 have shut down since the start of the pandemic.

They won't be the last.

Close to half of rural hospitals in the United States are now operating in the "red" or at a loss.”

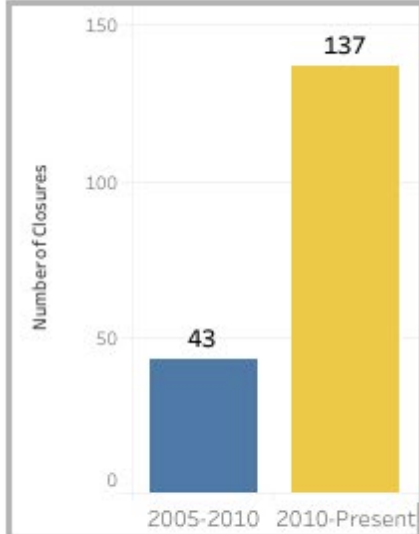
<https://khn.org/news/article/rural-hospital-closures-georgia/>

<https://www.cnn.com/2021/07/31/health/rural-hospital-closures-pandemic/index.html>

Rural Hospital Closures Maps, 2005 – Present

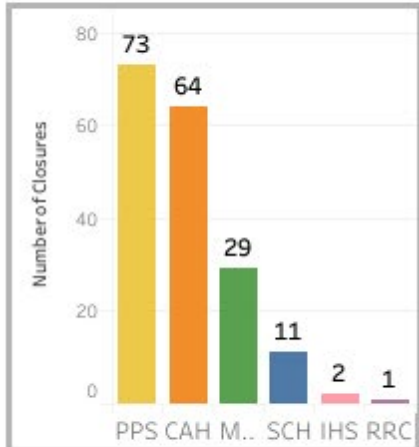
- Closures by Era
- Closures by Medicare Payment Classification
- Closures by Rurality
- Complete vs Converted Closures
- Closures over time

Closure Era



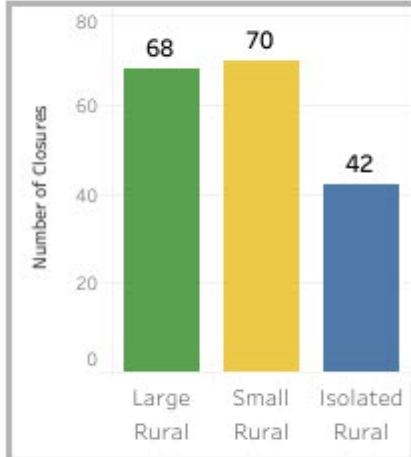
Rural Hospital Closures Maps, 2005 – Present

Closures by Era	Closures by Medicare Payment Classification	Closures by Rurality	Complete vs Converted Closures	Closures over time
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Rural Hospital Closures Maps, 2005 – Present

Closures by Era	Closures by Medicare Payment Classification	Closures by Rurality	Complete vs Converted Closures	Closures over time
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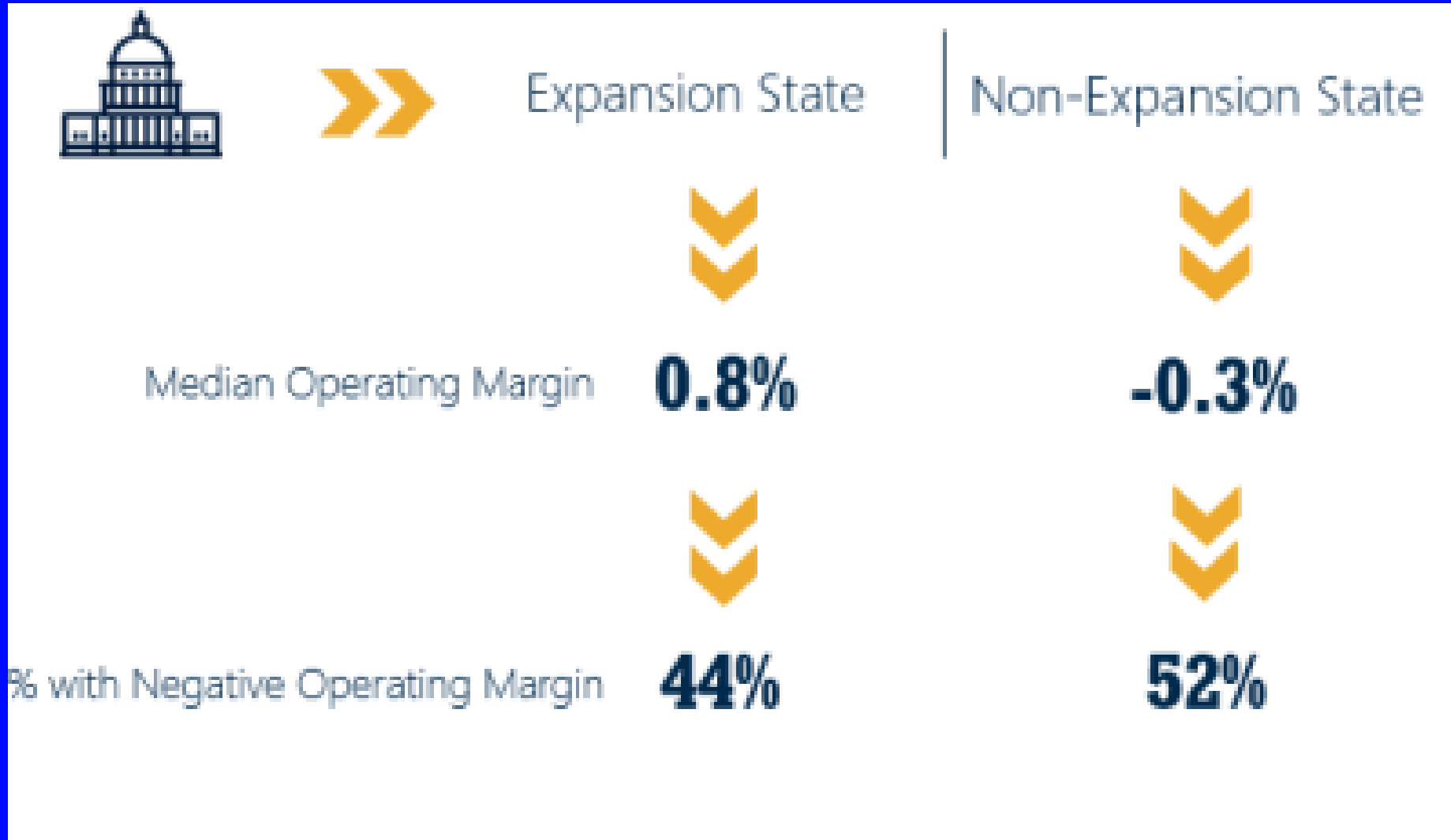


3 indicators predict rural hospital closures

56 rural hospitals closed between January 2017 and August 2020 have three things in common, a January study by the NC Rural Health Research Program found.

1. The rural hospital closures are mostly in the southeast and south-central census divisions.
2. In the year before they closed, most of the rural hospitals had a negative operating margin, negative total margin and few days cash on hand. Forty-nine of the 56 hospitals that closed had a negative operating margin, 50 had a negative total margin and 47 had less than one month of days cash on hand.
3. Most of the rural hospitals that closed were less profitable and less liquid than the rural hospitals that stayed open during the study period.

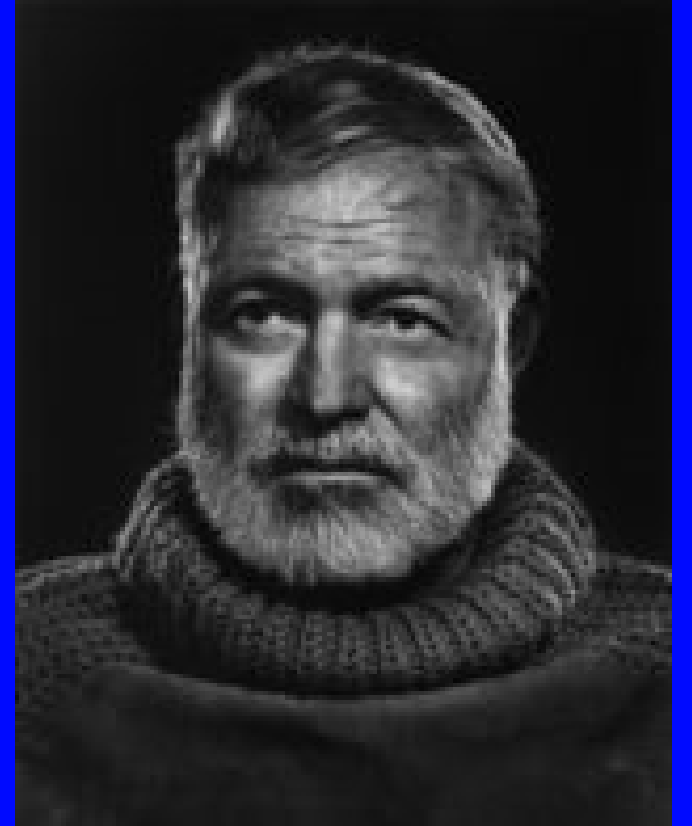
Medicaid Expansion Implications Live On for Rural Hospitals



"How did you go bankrupt?"

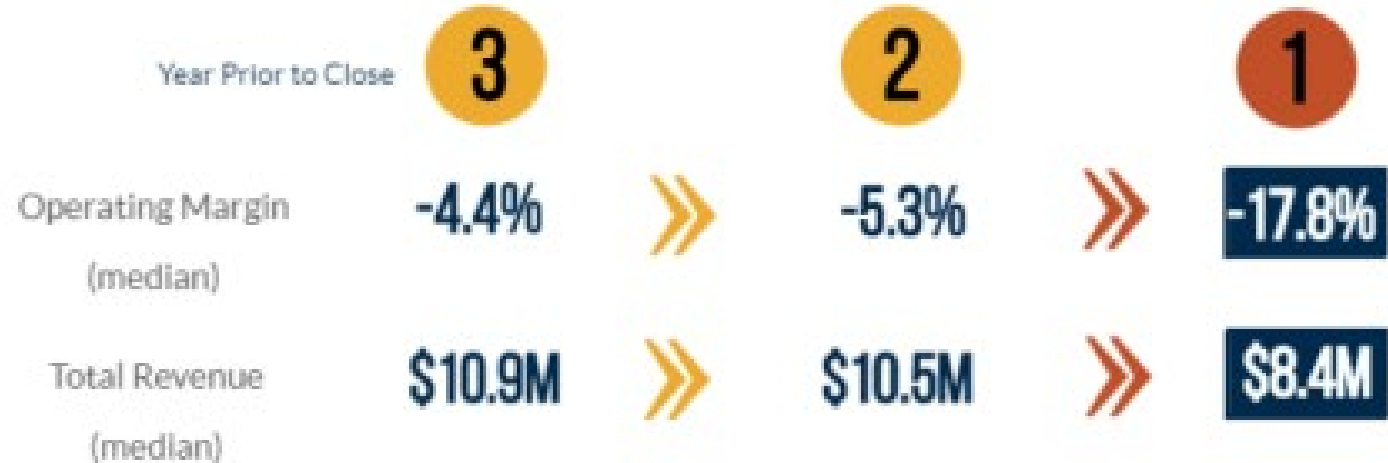
Two ways. Gradually,
then suddenly."

– Ernest Hemingway, The Sun Also Rises



Tipping Points to Closure

Figure 3: The three years prior to a rural hospital's closure show a steady decline in key metrics between month 36 and 12. The decline accelerates once the timeline passes 12 months.



In Minn. town, 2 visions of US clash

Associated Press January 29, 2022

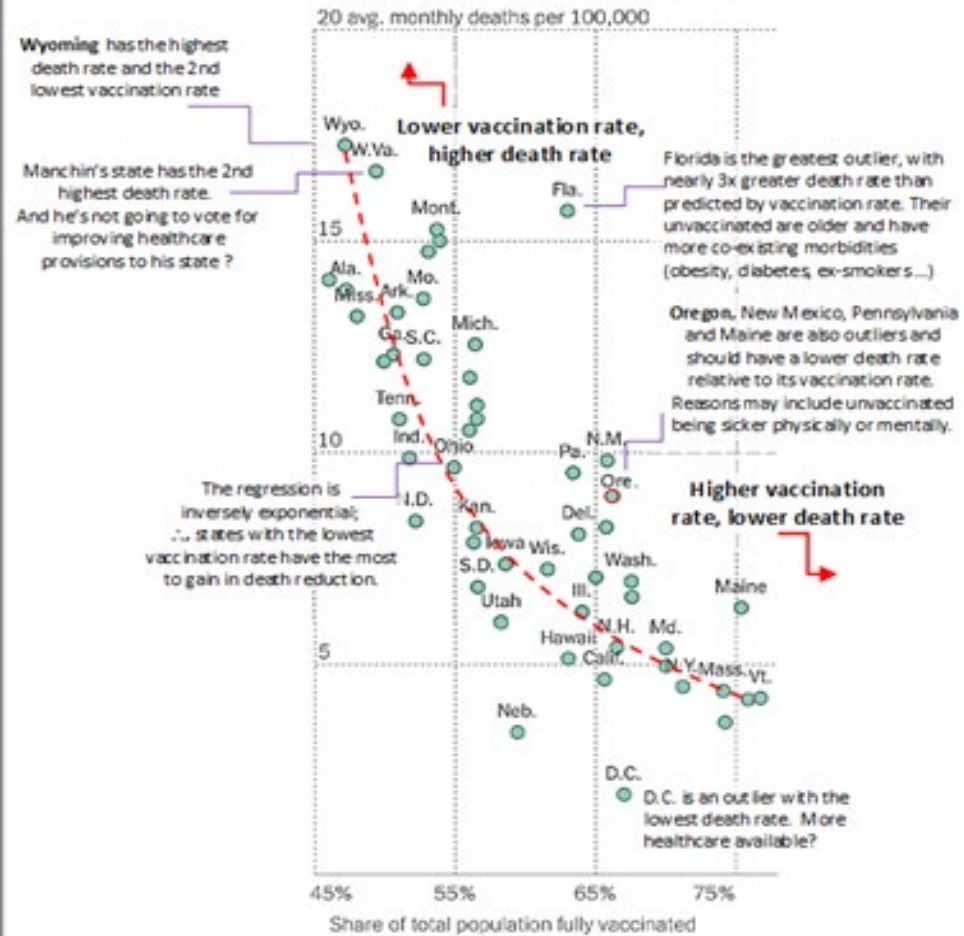
“The easy part is speaking truth to power.
The hard part is speaking truth to your community.”

-Reed Anfinson, Publisher Swift County Monitor-News, Benson, MN



Covid-19 Deaths since Universal Adult Vaccine Eligibility Compared with Vaccination Rates

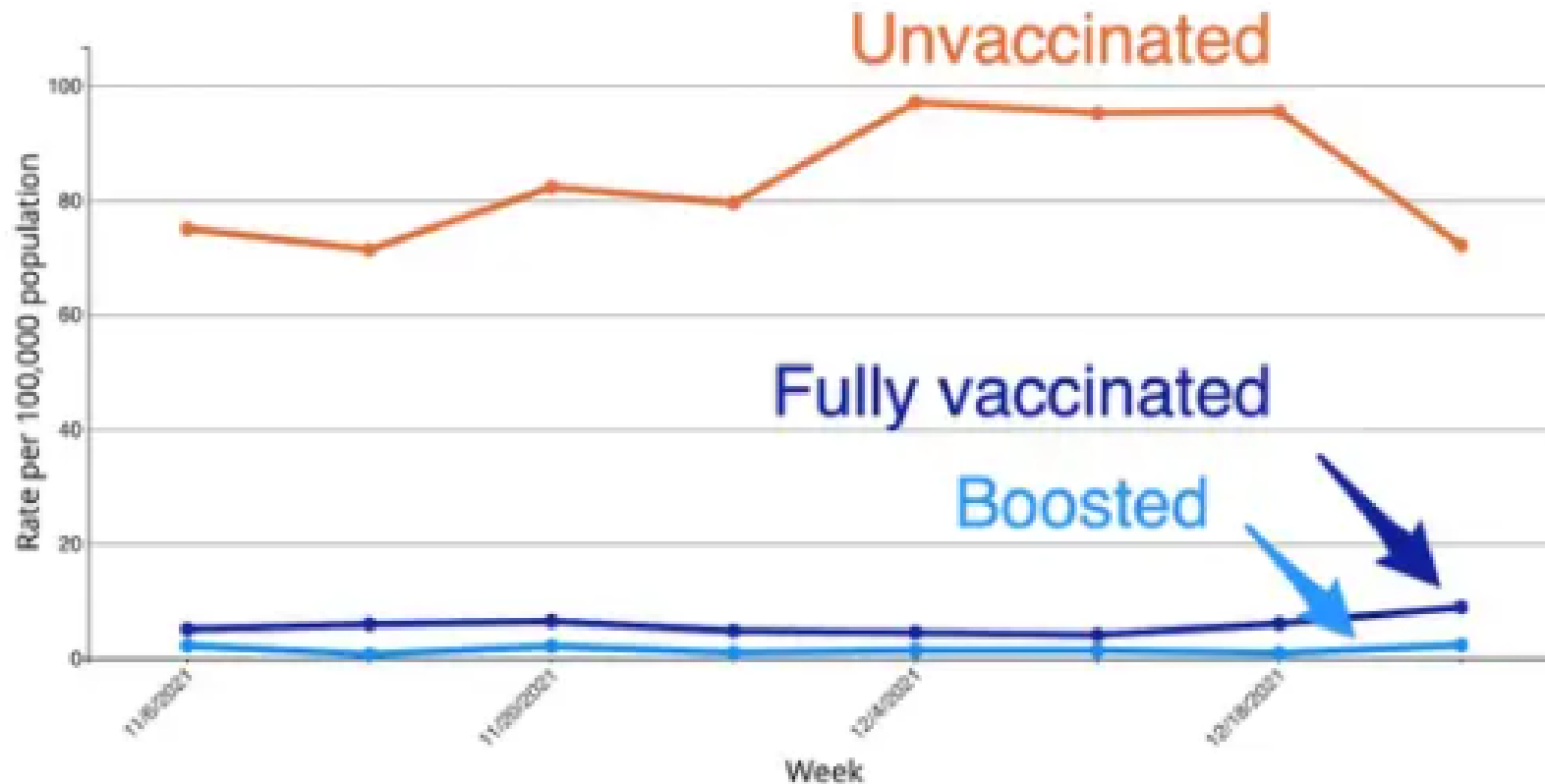
The New York Times December 27, 2021



Source: New York Times database of reports from state and local health agencies, Centers for Disease Control and Prevention - Notes: Chart shows deaths reported since universal vaccine eligibility on April 19, 2021. Vaccination rate is the percentage of the total population fully vaccinated as of Dec. 20, 2021.

New York Times December 28, 2021 “why Covid Death Rates are Rising for Some Groups”
<https://www.nytimes.com/interactive/2021/12/28/us/covid-deaths.html?referringSource=articleShare>

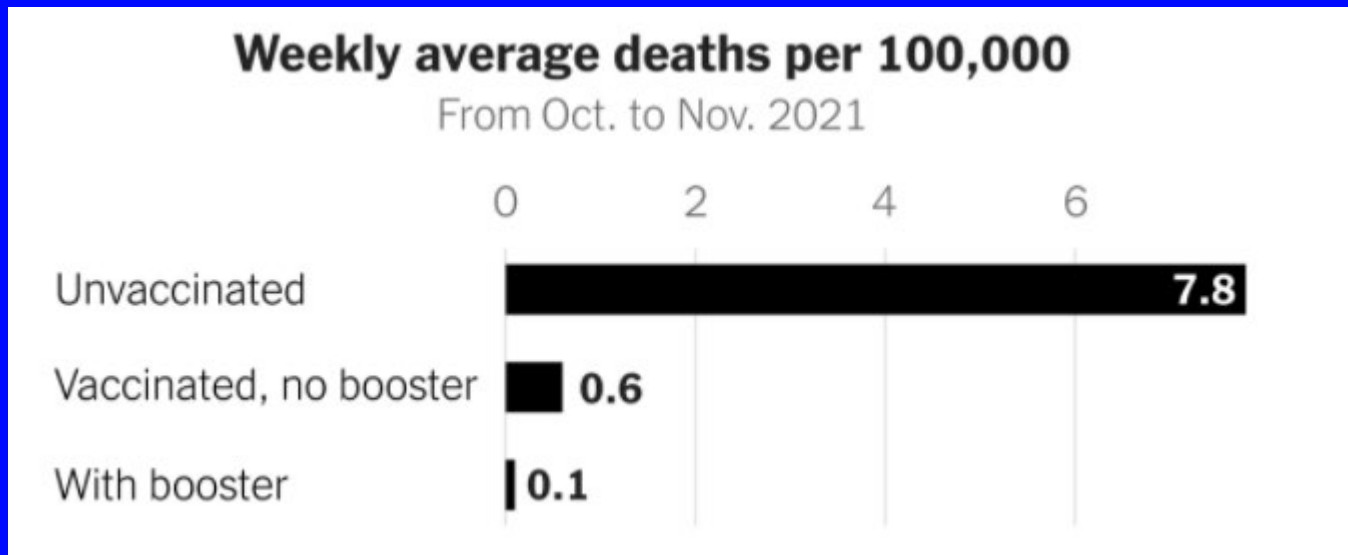
Rates of COVID-19-associated hospitalizations by vaccination status in adults aged 50 to 64, November to December, 2021



Annotated CDC chart of COVID-19-associated hospitalization rates per 100,000, as of December 25, 2021. CDC/Insider

The Power of Boosters

The average weekly chance that a boosted person died of Covid was about one in a million during October and November 2021. The chance that an average American will die in a car crash this week is 2.4 per million.



CDC MMWR January 28, 2022

Chicago Tribune



QUESTIONS? CALL 1-800-TRIBUNE

TUESDAY, SEPTEMBER 21, 2021

BREAKING NEWS AT CHICAGOTRIBUNE.COM

Shunning vaccines for antibodies

Infusion may help lessen symptoms from COVID-19

By Benjamin Mueller
The New York Times

Lanson Jones did not think that the coronavirus would come for him. An avid tennis player in Houston who had not caught so much as a cold during the pandemic, he had refused a vaccine because he worried that it would spoil his streak of good health.

But contracting COVID-19 shattered his faith in his body's defenses — so much so that Jones, nose clogged and appetite vanished, began hunting for anything to spare himself a nightmarish illness.

The answer turned out to be monoclonal antibodies, a 1-year-old, laboratory-created drug no less experimental than the vaccine. At Houston Methodist Hospital this month, Jones, 65, became one of more than a million patients, including former President Donald Trump and podcaster and



Lanson Jones, a landscape architect in Houston, recovered quickly from COVID-19 after receiving monoclonal antibodies, a year-old, laboratory-created drug that's no less experimental than the vaccine. **BRANDON THIBODEAUX/THE NEW YORK TIMES**

states accounting for 70% of orders. The new process and Southern governors to promote the treatments nurses whom hard-hit states often cannot spare fighting an infection. Patients and doctors alike

COVID-19 patients this summer forced the hospital, in one case, to move a monoclonal antibody clinic to a strip mall storefront.

But the Texas health department has helped providing 19 nurses for a different Houston Methodist infusion clinic, said Vicki Brownwell, the lead administrator for the hospital's program. The Biden administration has also invested \$150 million in expanding access to monoclonal antibodies, and Houston Methodist has used federal money to arrange medical taxis for patients struggling with transportation.

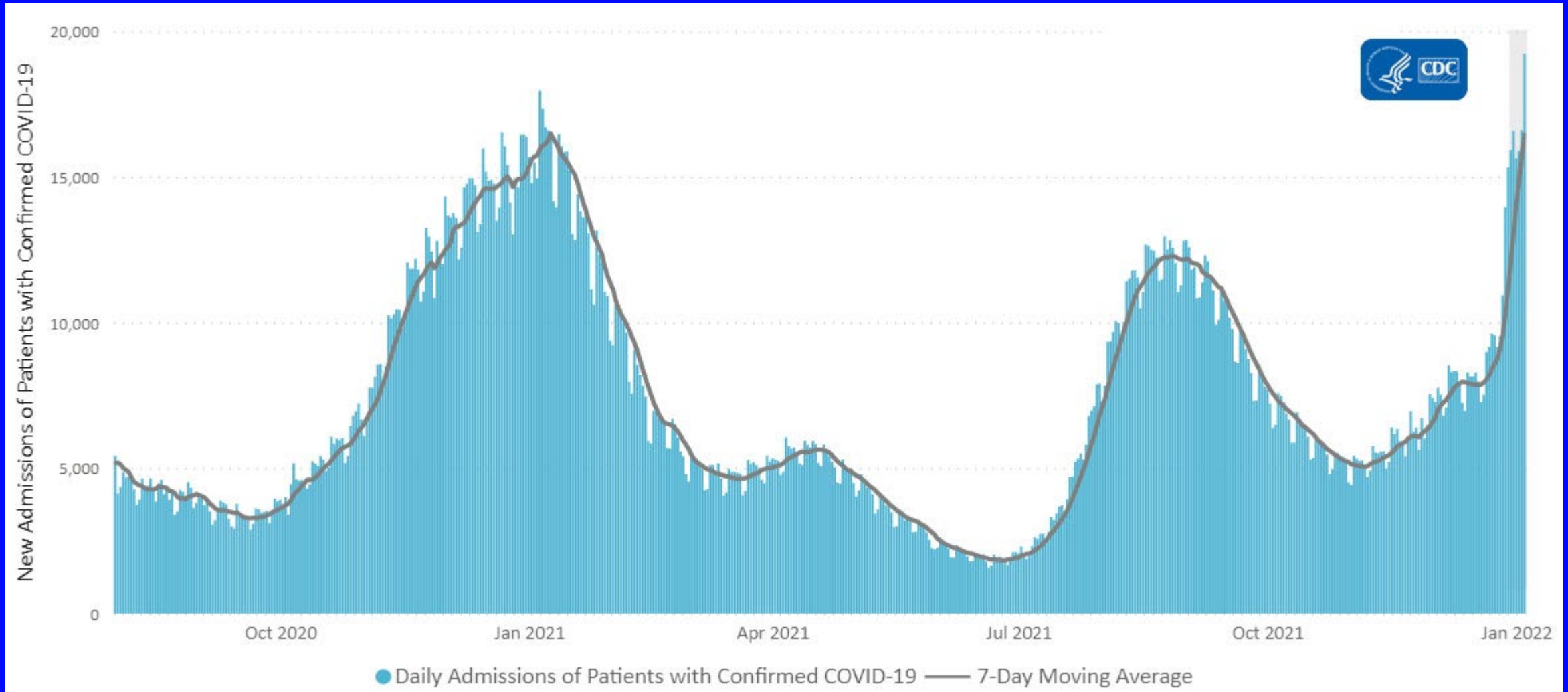
Even so, the infusion remain inaccessible to many. Given the heavy demands on staff and the need to create separate infusion rooms for infectious patients, certain communities, especially in rural areas, do not have clinics.

Doctors have warned that antibody treatment alone cannot keep pace with ballooning outbreaks. Whereas any one vaccination protects untold other

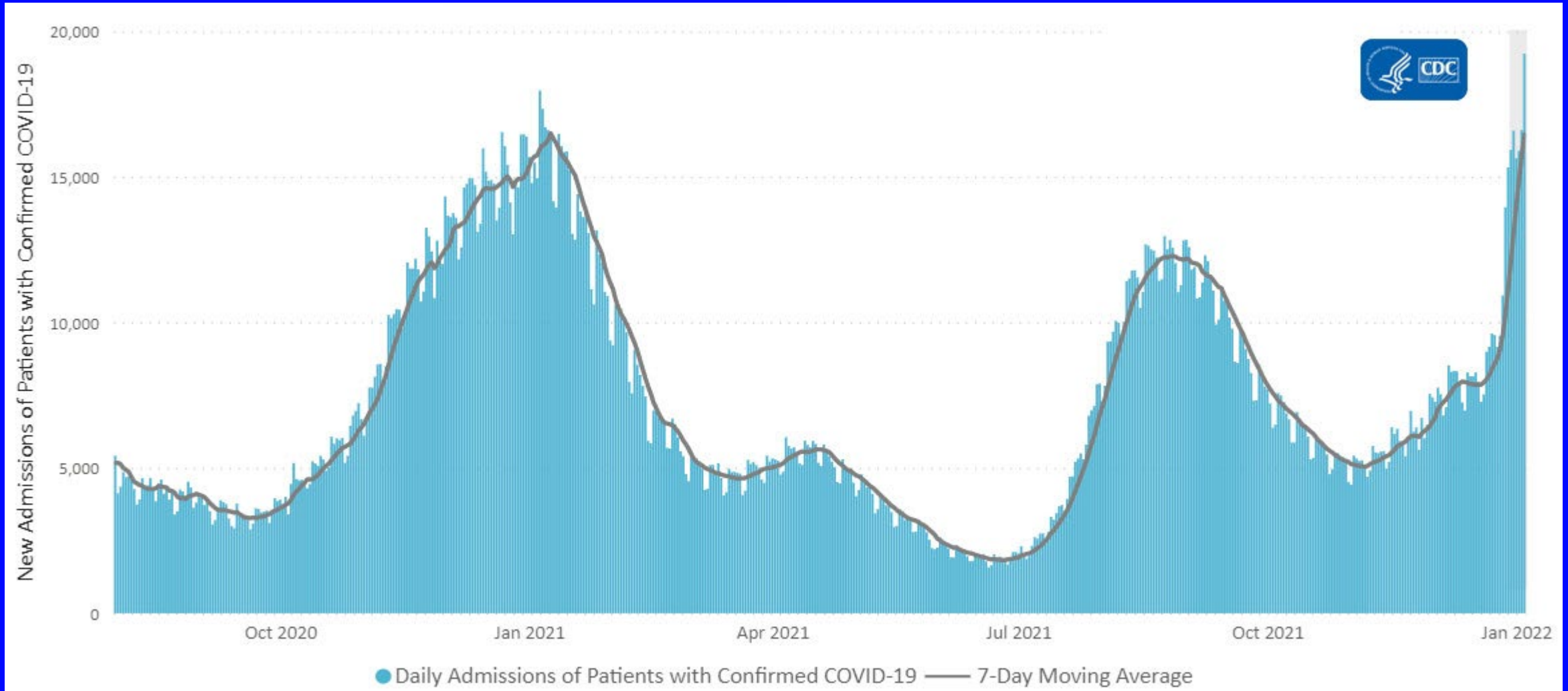
The COVID Coaster: Governing the Whipsaw



Learn to Govern the Peaks and Valleys of the Whipsaw



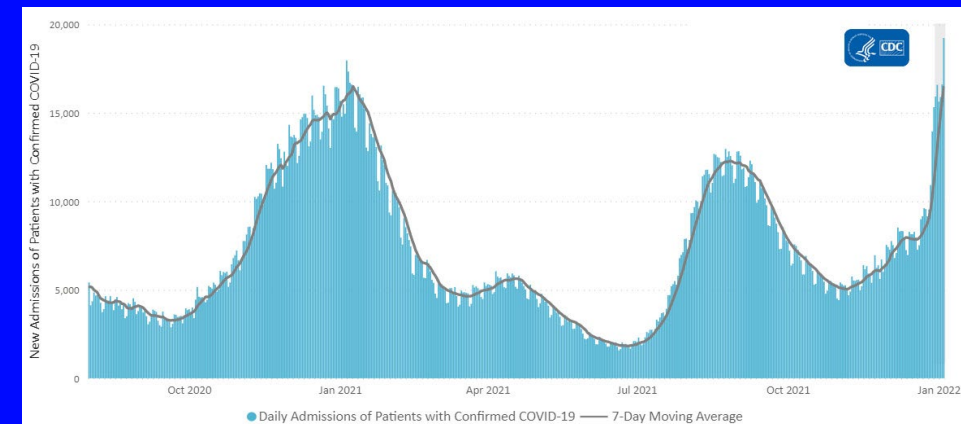
Learn to Govern the Whipsaw: Create thresholds for decisions at pre-defined points



Create thresholds for decisions at pre-defined points

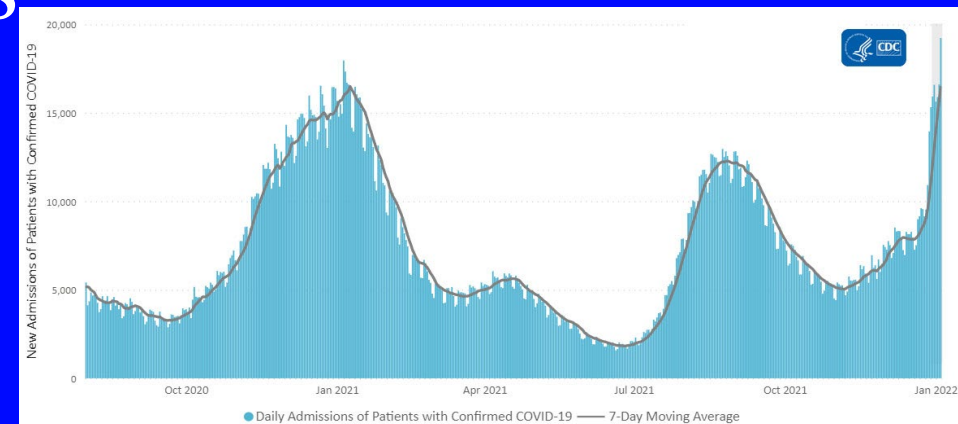
On the Ascent – Climbing the Wall of a Surge;

- Embrace Predictive Analytics, but don't over rely on them
- Suspend Elective/Scheduled Procedures
- Restricted Visitor Policies
- Implement Crisis Standards of Care
- Modify or Develop New Crisis Standards of Care
- Call in the Guard/Help



On the Ascent – Climbing the Wall:

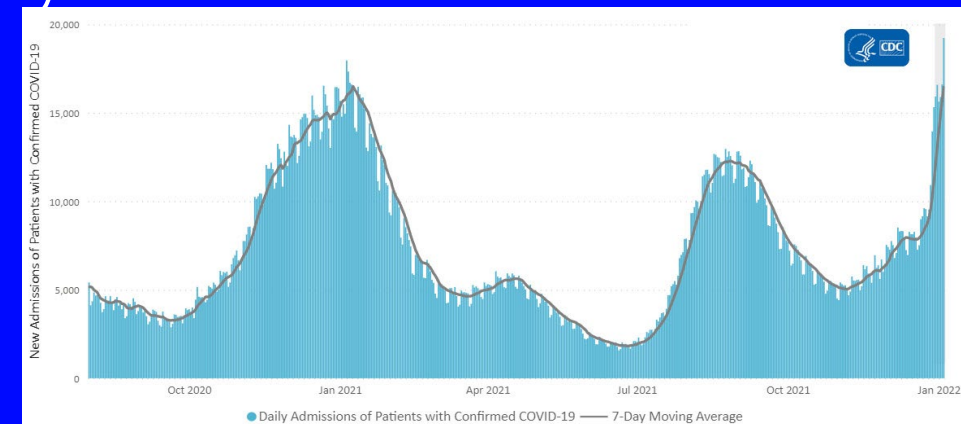
- Raise CEO discretionary spending limits
- Realtime Workforce metrics/decision to reduce services due to capacity constraints
- Governance Approvals – Provide Top Cover
- Suspension of in-person Board and Committee Meetings
- Cancellation of Board Meetings to lessen burden on CEO and Clinical Leaders



Learn to Govern the Whipsaw:

On the Descent – Over the Peak:

- Realtime Workforce Metrics for capacity assessment
- Re-start Elective Procedures (How aggressively, can we do it safely, Workforce Stability in focused areas)
- Contract labor
- Assess/Build Back Door Capacity
- Safety capacity assessment and measures prior to and during Revenue Recovery



Govern the Whipsaw with Anticipation and Preparedness

- Think Ahead of the Curve you are currently on.
- Think the Unthinkable
- Develop Curve-Specific Decision Thresholds to help control the environment during the crisis

This will help you control the Immediate environment, and your Future in what seems to be an Uncontrollable situation.



Governance Lessons from COVID:

1. It Ain't Over Till It's Over! And even then, it won't be over!

- Just because we all *WANT* Covid to be over does not mean that it is!! Or, that it soon will be!
- Hope is NOT a Strategy! Boards cannot let it be by hoping that everything will return to “normal.”

A Study of almost 2 Million Covid patients found that 23% have at least one post Covid long haul condition

FAIR Health, June 15, 2021



50% of patients who were hospitalized with COVID-19 had a post-COVID condition! 27.5% of patients who were symptomatic but not hospitalized, and 19% of patients who were asymptomatic had a post-COVID condition.

- The five most common post-COVID conditions across all ages, in order from most to least common, were: pain, breathing difficulties, hyperlipidemia, malaise and fatigue, and hypertension

Governance Lessons from COVID:

2. Virtual Meetings Work! IF:

- Everyone “fits” on One Screen (Board Size)
- Everyone is Computer and Platform Literate
- Chair assures that everyone is Heard (go-arounds)
- A “Two Screen” model is used. One to see everyone, one for PowerPoint or Other Visuals. Or Alternating Model: Hollywood Squares/Visuals.
- Everyone Reads the Agenda Materials and is prepared to participate!

Governance Lessons from COVID:

3. The Board is a TEAM! It can be an Effective Team IF:

- Everyone has a defined role, and steps up to fulfill that role
- There is a defined governance culture of performance and accountability.

Going Forward: Thinking Differently About Governance

1. RE-THINK Board Meetings

- Do not automatically go back to all in-person meetings.
- Consider Hybrid Board Meeting Model – Alternating between in-person meetings and virtual meetings. In-person meetings for strategic and generative discussions, key governance events, retreats; virtual meetings for more fiduciary/routine work.

Going Forward: Thinking Differently About Governance

1. RE-THINK Board Meetings

- BUT – Consider a Rule that Board Member Participation in Meetings must be the Same – All Virtual or All in Person.
- Mixed attendance (some in person and some via virtual means) is VERY challenging for effective group process!

Going Forward

2. RE-THINK Board Size

- If your Board is too large to all fit on one virtual screen, maybe it is TOO LARGE.

Going Forward

3. RE-THINK Board Composition

- Great opportunity to add OUTSIDE MEMBERS to the Board. Virtual meetings eliminate or reduce the travel burden for all, but especially outside board members. Having a few outside board members is a recognized governance best practice – Do it!
- Diversity on the Board!

Going Forward

4. RE-THINK Board Culture – Create Culture of Performance and Accountability.

- Create a Desired Future State of Governance – A Governance Vision Statement
- Have the Ability and Willingness to Remove Board Members Who Behave Inappropriately/are Toxic

Sample Governance Vision Statement

We aspire to a healthy culture of mutual trust, transparency, and confidence that our board works together as an effective team in partnership with the CEO and Clinical Leaders. We aspire to a governance culture where we embrace:

- The Authority of the Board Derives from the Whole – we Balance the Governance Power Structure
- The Board is the Boss of the CEO
- Humble Inquiry
- Productive Disagreement
- Follow Defined, Clear Decision-Making Processes
- Having the “Real” Conversations at the Board Meetings
- Role Clarity
- Goals and Objectives for the CEO, the Board and its Committees, and its Members
- Performance Evaluation and Feedback – for the CEO, the Board and its Committees, and the Board Members
- Accountability – Board Officers and Members are Held Accountable to Our Defined Principles and Criteria

Removing a Bad Board Member

- To create a great governance culture the board must also define board member behaviors that are *clearly unacceptable* and create a standard process to immediately address them if exhibited by any board member.

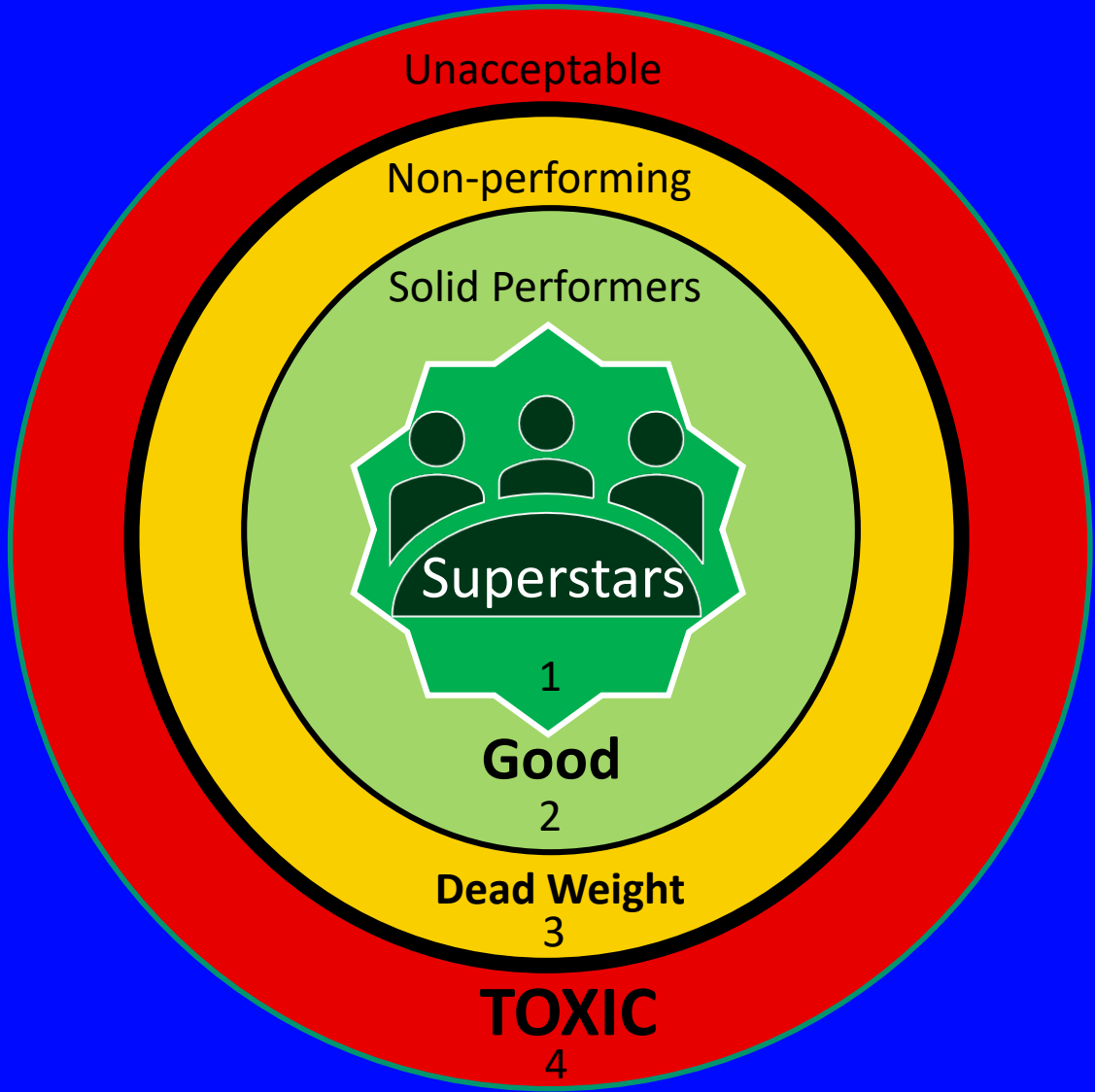
Removing a Bad Board Member

A common misconception is that for a board to be truly effective, *all* its members must be high performing, superstars. While ideal, it is not necessary for effective governance.

A board with a robust culture of performance and accountability can function well with a mix of high-performing, good, and a few non-performing members.

But even a single **dysfunctional or toxic** board member can derail a board's performance. What is the difference?

TRUSTEE TEAM TARGET



- **The Bullseye: First Ring “Superstars”**

They do all the reading, attend, and thoughtfully participate in all the meetings, take the required and the recommended continuing governance education sessions. They consistently go the extra mile. They are passionate learners in service to the mission and the board and consistently rise to the governance occasion. They strive to comport with the Governance Vision/Desired Future State. They are team players who place the interests of the organization above their egos. They frequently are the board leaders.

- **The Second Ring - Good, performing, solid board members**

These are the folks whose hearts are in the right place, who come through when asked, who try to do the work and fulfill the commitments but, even though they have the drive, do not always deliver. They may be new to the board. They may be overcommitted. These are the ones who with thoughtful development can move to the bullseye and become future leaders of the board.

- **The Third Ring - Dead Weight; “Hangers On”**

They do not do the work, do not show up to all the meetings, and do not fully engage in the meetings they do attend. They certainly do not volunteer for extra board work. These are non-performing board members yes, but they also do not actively cause problems, sabotage board process, violate confidentiality, or work against the board and its culture.

- **The Outer Ring of the Target: Unacceptable/Toxic Behavior**

These are the ones who break the rules of the board, whether explicit or implicit, who sow discord, who pursue their own agendas at the expense of the board and the organization. They seek power for personal gain, violate conflict of interest provisions, breach board confidentiality, and undermine board decisions. In short, these are not only bad board members, but they are also toxic board members. They prevent effective governance culture and function.

What the board permits, it promotes!

If the board fails to act the first time a board member crosses the line it sends the unintended message that the behavior is acceptable, which normalizes and enables the toxic behavior. Emboldened by the board's lack of action/tolerance the errant board member continues their negative behavior and it likely gets worse.

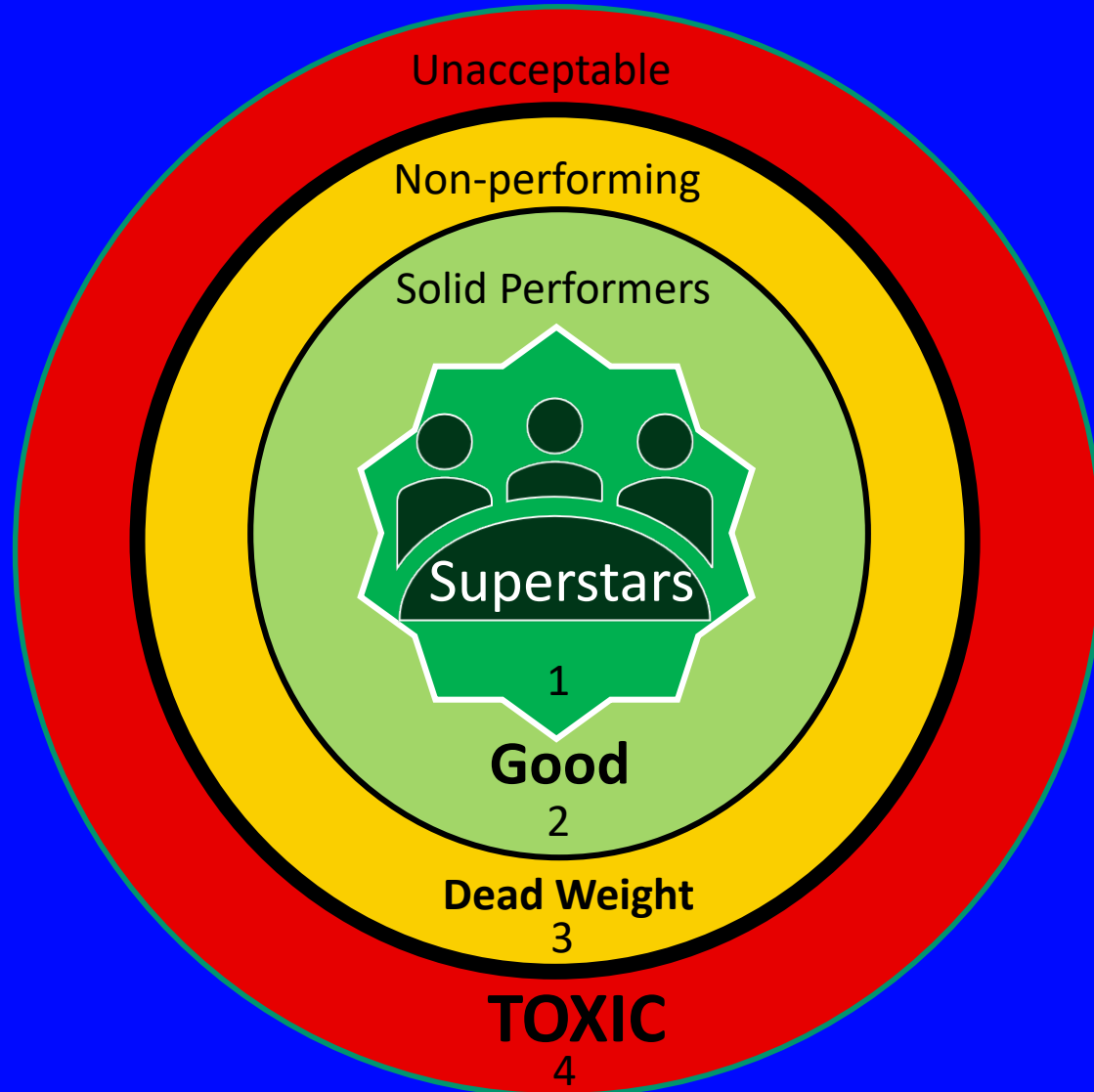
Common Examples of Removal Criteria:

- Violation of the conflict-of-interest policy, including failure to disclose
- Failure to attend a minimum of 50% (or other specified percentage) of board meetings
- Failure to attend three consecutive board meetings
- Attempting to use board information to derive personal financial or other benefit
- Violation of the confidentiality policy
- Verbally abusive to board members, staff, or patients/family
- Actively working to subvert stated board policy or decisions

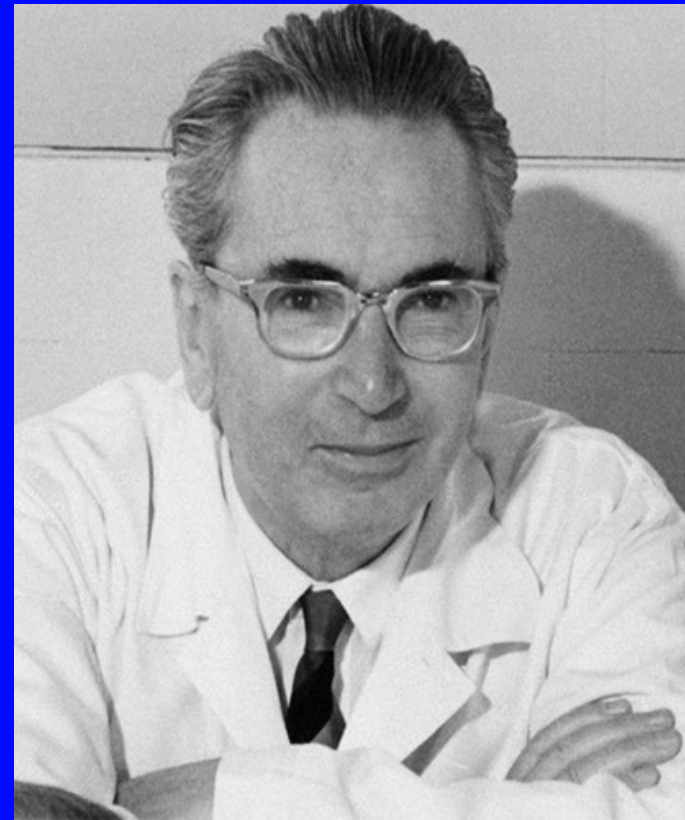
Common Examples of Removal Criteria:

- Any physical assault on board members, staff, or patients/family at any time, in any place
- Actively working to subvert stated board policy or decisions
- Accusation or conviction of felony
- Improper behavior which brings or risks bringing negative publicity to the hospital
- Two or more instances of sleeping during board or board committee meetings
- Speaking against the organization or the board or the CEO or staff in public
- Racist or sexist comments or behavior

TRUSTEE TEAM TARGET



“We who lived in concentration camps can remember the men who walked through the huts, comforting others, giving away their last piece of bread. They may have been few in number but they offer sufficient proof that everything can be taken from a man but one thing: the last of the human freedoms – to choose one’s attitude in any given set of circumstances, to choose one’s own way.”



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*it's an opportunity to do things you
thought you could not do before!*