

Hope Healthcare Governance Case Study

Background

Hope Healthcare is a small health system serving the local health needs of about 25,000 people in Hometown, about a two-hour drive from Big City. Hope Healthcare is one of the largest employers in the community and the Board is a self-perpetuating board of nine members from the local community. Four of the board members have been on the Board for over twenty-five years. A retired local dentist has served as the Chair for the past 22 years.

Discussion #1

Sharon is the newest board member. In her late 30's, Sharon grew up in the area and moved back two years ago. When asked to be on the board, she was honored; her mother had been a physician (now retired) and as a child she used to sometimes tag along on hospital rounds. But Sharon's first year on the board has been uncomfortable. Board agendas are virtually the same every month focusing on routine financial and management reports. There are few questions by board members and no real discussion. Sharon was quiet during the first six months of board meetings, simply observing and trying to understand the language and how things work. But at the last several meetings she has tried to bring up concerns that she has heard in the community about the quality of care and patient experience--but has gotten little response from management or her fellow board members. At the last meeting when she persisted, she was told by the Chair, "Thank you sweetie, but we do not need to get into that here."

- How would you describe the Hope Healthcare Board culture?
- How might the Board improve its governance structure and processes?

Discussion #2 Eight Months Later.

The tragic death of a young adult due to a hospital medication error hit the local newspaper and it opened the flood gates of social media to stories about poor patient quality and experience. The State, CMS and The Joint Commission made surprise inspections and found a host of patient safety and quality issues. The CEO and Chair of the Board both decided that it was a good time for them to retire and the Board elected Sharon as the new Chairperson. In her first meeting as Chairperson, Sharon announced that patient safety, quality and patient experience need to be the focus of the Board. But she is unsure of how to proceed.

- How might the Board organize itself to oversee progress on patient safety and quality issues?
- What data should it routinely see and what questions should be asked?