

# Kentucky Trustee

For Kentucky Hospital Governing Board Members

Summer 2020

## BOARDROOM BASICS

### Recovering From COVID-19: Partnering With Your Community

Now, more than ever, communities need a connection with and the support of their hospitals, health systems and other not-for-profit community-based organizations. For some organizations, the impacts of COVID-19 may mean a dramatic shift in strategic thinking and strategic plans. Boards should see this time as an opportunity to emerge from the pandemic as a stronger, more vibrant organization better suited to meet current and future community needs.

**T**he coronavirus pandemic has drastically altered the course for hospitals and health systems across the world. Hospitals are often the only hope for sick patients and their families. At the same time, hospitals may be a source of fear for those without the coronavirus. Confusion about whether hospitals are a source of comfort or anxiety are compounded by the economic downturn, potential workforce layoffs or pay cuts due to the pandemic, and mental health challenges for hospital employees and the community at-large. Now is the time for hospital and health system leaders to clarify their mission and vision and provide the comfort and stability their communities and employees need.

#### The Mental Health Impact is Significant

The United States was already facing a mental health crisis before the coronavirus pandemic. In May 2020, new research reported that in addition to coronavirus deaths, the pandemic could lead to as many as 75,000 more deaths from drug or alcohol misuse and suicide. The study, released by Well Being Trust and the Robert Graham Center for Policy Studies in Family Medicine and Primary Care, explains the growing epidemic of “deaths of despair” that is impacted by three factors already happening:<sup>1</sup>

- Unprecedented economic failure paired with massive unemployment;
- Mandated social isolation for months and possible residual isolation for years; and
- Uncertainty caused by the sudden emergency of a novel, previously unknown microbe.

And while health care workers were already prone to mental burdens including depression and suicide, new studies are finding an increased impact on doctors, nurses, emergency medical technicians (EMTs), and other caregivers.

**Reducing the Burden for Your Workforce.** In May 2020, a new report from the World Health Organization about the impact of the coronavirus on mental health highlighted the

*(Continued on page 3)*



## PRESIDENT'S NOTEBOOK

With the entire world still in the grips of the COVID-19 pandemic, hospitals are more important than ever to their communities. The services your facilities provide are the front lines in this fight to protect Kentuckians.

KHA is working continuously with our elected officials to continue to secure funding for Kentucky's hospitals who have lost income due to the shutdown of elective services in the early days of the disease. Our relationships with legislators and administrative officials at the state and federal levels have ensured we have an audience to share the needs of hospitals.

We have also undertaken the task of helping to distribute the drug Remdesivir throughout the state. Partnering with many of the commonwealth's larger systems, the process is working well to get the treatment to those who need it.

KHA continues to work to keep our members informed with daily updates and toolkits, plus information on social media. KHA recently created a COVID-19 weekly dashboard with data from all of Kentucky's hospitals on the availability of beds and the spread of the disease across all age ranges. You can find it each Wednesday on Facebook, Twitter and LinkedIn.

We are here to serve you, so as the situation continues, we hope we can assist you through this challenging time. Please feel free to reach out to our team if you need additional help or information.

Sincerely,



Nancy Galvagni  
President  
Kentucky Hospital Association



**Nancy Galvagni**  
**President and CEO**

## Governance Notebook

### KHA Coronavirus Resources

Need resources, guidance or more information on the COVID-19 pandemic? Visit KHA's toolkit at <https://www.kyha.com/coronavirus>. You will find toolkits for hospital administrators (great information for trustees as well), clinical professionals and the public (a source to share with your community).

As a hospital trustee, if you would like to receive the daily KHA COVID-19 Update, please contact [communications@kyha.com](mailto:communications@kyha.com).

### Do you have ideas for future issues of the *Kentucky Trustee*?

Our goal is to provide you with the information and knowledge you need to lead your hospitals forward in today's rapidly changing environment. Tell us what you think, and what you would like to see in future issues of the *Kentucky Trustee*.

#### Write or call:

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## Mental Health Impact

Hospitals and health systems have an opportunity to creatively:

- ✓ Reduce the mental health burden for their workforce
- ✓ Better meet community mental health needs

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vulnerability of health care workers. Some experts are predicting that as coronavirus cases begin to decline, the adrenaline that has carried many health care workers will subside, and they will face increased mental health challenges.<sup>2</sup>

In March, JAMA Psychiatry reported that nurses, especially women, carried the heaviest burdens in Chinese hospitals fighting the virus. Elevated rates of anxiety, depression, and insomnia were linked to workers' limited capacity to manage COVID-19, fears of contaminating family members, and moral decisions about providing care.<sup>2</sup>

The good news: the JAMA researchers believe that the stress health care workers are experiencing can be addressed if hospital leaders create a proactive, supportive culture that includes ways for employees to express concerns and feel heard.<sup>2</sup>

The American Hospital Association's (AHA) *COVID-19 Pathways to Recovery* resource includes a list of questions for hospital and health system leaders to consider about their

workforce, including implications for behavioral health, resiliency, and burnout. Some of the questions include:<sup>3</sup>

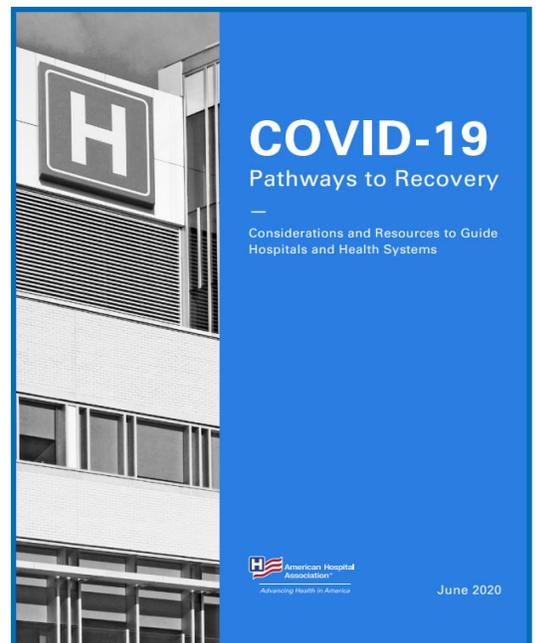
- Are we placing adequate attention to addressing resiliency and burnout for employees?
- When a caregiver, employee, or family member feels overwhelmed and seeks help, do we have a seamless process to guide them to appropriate resources based on their preference? Is this process well known by supervisors and easy for staff to access?
- How do we equip leaders at all levels, especially those with point-of-care staff, to identify behavioral health needs in staff before they become critical?
- Are we communicating effectively with employees ensuring that information is flowing from leadership as we continue to transition back to more normal operations?
- How can we best instill or enhance employee trust and loyalty over potentially perceived issues impacting employee safety, such as adequate personal protective equipment (PPE), or with employees who were furloughed?

- How do we encourage and support people to take time to recover/take time off so they have renewed energy to be ready for a potential second wave of COVID-19?

**Meeting Community Needs.** The Well Being Trust study reiterates what we all know: the mental health crisis was already a crisis before COVID-19. Unfortunately, the pandemic has not only amplified the crisis, but it's also again highlighting the impact of social and structural inequalities, and the impact on mental, physical, and social well-being.

The researchers suggest long-term solutions including better integration of mental health screening and treatment, increased partnerships to gather information on the impact of the mental health crisis, and integrating mental health as an integral part of health care.<sup>1</sup>

**Are we placing adequate attention to addressing resiliency and burnout for employees?**



Source: <https://www.aha.org/guidesreports/2020-05-05-covid-19-pathways-recovery>

## Hospitals in Action: Addressing Social Needs

According to the American Hospital Association (AHA), major players in coronavirus disparities include: 1) individuals who are unable to socially distance because of work or living situations; and 2) minorities or individuals with lower socio-economic status who may have higher rates of certain chronic conditions that exacerbate symptoms of COVID-19, such as diabetes, asthma, and hypertension.<sup>6</sup>

Below are a few AHA examples of hospitals addressing these disparities:

- **Screening and Documenting Social Needs:** Atrium Health and Novant Health’s mobile testing program is aimed toward expanding COVID-19 testing in minority communities in Charlotte, N.C., where black residents comprised 50% of the confirmed COVID-19-positive individuals in the county.
- **Unconscious Bias:** Massachusetts General Hospital’s registry of multilingual, front-line staff helps assign Spanish-speaking doctors to each medical team whenever possible to avoid having to use remote interpretation services.
- **Housing:** The city of Chicago helped broker a deal between local hospitals and five hotels to repurpose empty rooms for patients. The hotels will house people who are waiting for test results but cannot return home; quarantine high-risk healthy individuals who cannot stay at home because of an ill family member; and isolate people who have been diagnosed with COVID-19 but cannot return home because of their living situation.
- **Housing:** Providence St. Joseph Health’s foundation is donating \$500,000 to support its community health partners throughout the COVID-19 outbreak. The donation is aimed at reducing social risk factors that could lead to disparate outcomes, such as housing and food insecurity.
- **Food:** Boston Medical Center’s on-site food pantry serves as a food access point for its community. Social workers pick up food from the pantry and make home deliveries to families in need. They have lifted frequency restrictions on the pantry, allowing families to come more often than the normally allotted visits every two weeks.
- **Food:** Ascension Seton and Dell Medical School received a \$250,000 grant from the Bank of America Charitable Foundation to help address community nutritional needs in Austin, Texas, during the pandemic. By partnering with Good Apple, a doctor-prescribed grocery delivery service, they are providing Central Texas seniors and residents with compromised immune systems access to fresh, healthful food.

For more, go to [www.aha.org/covid-19](http://www.aha.org/covid-19).

While individual hospital boards cannot make all these changes on their own, this is an opportunity for boards of trustees to reconsider their vision for the future.

- **Is mental health a central component** of your hospital or health system’s vision for the future? If not, how should the community’s mental health play a

role in your hospital’s mission and vision?

- **Have you partnered** or do you have a plan to partner with other health care providers and community organizations to increase access to mental health and make care less fragmented?
- **What are they key lessons learned** from the way your

organization and others have responded to health care needs in non-traditional ways during the pandemic? How can your organization modify its approach to mental health moving forward to integrate these “creative” approaches, such as virtual appointments or at-home appointments?

## Understanding Social Determinants of Health is More Important than Ever

The Centers for Disease Control and Prevention (CDC) defines social determinants of health as encompassing “economic and social conditions that influence the health of people and communities.” While not all-inclusive, typical categories included in social determinants of health are economic stability, education, social and community context, access to health care, food insecurity, access to healthy foods, quality of housing, and environmental conditions.

Experts have long advocated for addressing social determinants of health as a critical component of wholistic health care. The coronavirus pandemic has further highlighted this need, as data shows that the virus is disproportionately impacting minority and low-income populations.

Race, ethnicity, and income are associated with an excess risk of chronic disease because of disparities in education, housing, jobs, and stress levels. These chronic diseases are often the “underlying health conditions” associated with increased risk for patients with the coronavirus.<sup>4</sup>

***Promoting Health Equity During the Pandemic.*** Because of the disproportionate impact of the coronavirus on vulnerable populations, hospitals and health systems should be taking steps immediately to promote health equity in their community.

## Building Health Equity During and After COVID-19

While not all-inclusive, typical categories included in social determinants of health are economic stability, education, social and community context (which may include community interactions, social cohesion, discrimination, and incarceration), access to health care, food insecurity, access to healthy foods, quality of housing, and environmental conditions.

### ***Because of the disproportionate impact of the coronavirus on vulnerable populations, hospitals and health systems should be taking steps immediately to promote health equity in their community.***

As your board discusses the impact of social determinants on the coronavirus and the future of your community’s health, consider the following:

- ✓ Have you recently conducted a community health needs assessment? Was it conducted in coordination with other community partners?
- ✓ If you have conducted a needs assessment, has your board reviewed and discussed the most recent findings?
- ✓ Do you know how the health of the counties in your hospital’s community rank, and how they compare to other similarly situated counties?
- ✓ Do you know which measures are ranked highly and which are ranked poorly?
- ✓ Does your hospital have an action plan for addressing health disparities and social determinants of health in your community? Are measures of improvement included in a dashboard that is regularly reviewed by the board?
- ✓ How are community health needs taken into consideration in the board’s budget review process? Are adequate staff and resources dedicated to addressing health disparities?
- ✓ Does your hospital partner with other community organizations and agencies to address important social determinants of health in your community?
- ✓ Does your board’s membership reflect the diversity of your community? Do you have members with the personal or professional diversity that enables the board to:
  1. Understand the needs and perspectives of all populations in your community; and
  2. Establish partnerships and collaborations that can expand the hospital’s reach and resources required?

Suggestions from the AHA’s Institute for Diversity and Health Equity include:<sup>5</sup>

- **Educating patients** in ways that resonate with every patient in your community, such as public service announcements, community education, and partnering with faith community leaders to offer trusted sources of information.
- **Leveraging community partnerships** to expand communication channels and further reach underserved areas to meet tangible needs.
- **Continuing to collect patient data** to help clinical care teams make better-informed decisions.
- **Advocating on efforts to address COVID-19 disparities**, including reaching out to federal lawmakers to identify areas where disparities exist and to address those gaps.
- **Sharing what you learn**, helping build equity with other communities. You can share your story and read others’ stories at [www.aha.org/covid-19](http://www.aha.org/covid-19).

*A Long-Term Focus on Social Determinants of Health.* Hospitals



seeking to improve community health are recognizing the value and importance of focusing on social disparities in achieving their mission. Research has shown that genetics, individual health behaviors, and social and environmental factors all have greater influence on health risks and well-being than health care itself does.<sup>7</sup>

Tackling disparate and complex social factors cannot be achieved by hospitals or health systems acting alone. The transformation of health care and pursuit of the Institute of Medicine’s Triple Aim over recent years has compelled many hospitals and health systems to serve as the anchor or backbone for broad-based partnerships with other community organizations and agencies. Together, these partnerships focus on leveraging each organization’s expertise and resources to collaboratively address social inequities and thus improve community health.

### The Board Sets the Tone for Community Partnerships

Hospitals and health systems have significant opportunity to make a difference to social determinants of

health through community health initiatives. To really have an impact, the emphasis on community health must come from the board. Boards of trustees must not only believe that community health is morally important, but that it also makes business sense.

## Entrepreneurial Governance

*Now, more than ever, boards of trustees need to govern with an “entrepreneurial culture.”*

Entrepreneurial governance is nimble, flexible, and innovative. It is able to clearly define health care needs and match those needs with the most valuable resources.

Entrepreneurial governance:

- ✓ **Determines multiple avenues** through which to achieve the mission and objectives of its diverse partners.
- ✓ **Capitalizes on developing and nurturing organic relationships** in which partners who know and respect one another share a common view of needs and opportunities, and are committed to common objectives and to achieving extraordinary health improvement outcomes for those they serve.
- ✓ **Calls for broadening the range of skills, knowledge, and experience** of its partners to encompass the expertise needed to address the many social determinants of health.

If it’s not already, community health should be a core component of the hospital’s mission. As an extension of the mission, boards must: 1) ensure the organization commits the staff and resources necessary to strengthen community health; and 2) receive regular updates on progress toward meeting community health goals.

*(Continued on page 8)*

## Health Care Heroes: Stories from the Front Lines

As a part of its response to the coronavirus, the American Hospital Association launched “Stories from the Front Lines,” sharing stories of real people overcoming extraordinary challenges and saving lives. Below are highlights of a few stories from the AHA’s #HealthcareHeroes and #AlwaysThere campaign. For more, go to [www.aha.org/covid-19](http://www.aha.org/covid-19).

### MetroHealth and Partners Deliver Fresh Produce During Pandemic

The MetroHealth Institute for H.O.P.E. and the Greater Cleveland Food Bank are partnering to pack and deliver fresh produce to community members in need. Amid worries about COVID-19, MetroHealth decided not to cancel its monthly, on-site food distribution at the health system’s main campus—and instead make home deliveries. The health system looked at its top utilizer ZIP codes and identified people who regularly visit MetroHealth to get free produce. The MetroHealth Institute for H.O.P.E. is providing food, supplies, and other assistance to those in need during the COVID-19 pandemic.

### Therapy Dog Comforts Health Care Workers on the Front Lines in Denver

Wynn, a 1-year-old yellow Labrador, is the newest member at Rose Medical Center. Susan Ryan, M.D., an emergency room physician at the Denver medical center, frequently takes the puppy in training to the hospital to comfort the clinicians, staff, and emergency responders who desperately need emotional support during this stressful time. Wynn is set up in the social worker’s office, patiently waiting for visitors. Though it means more frequent handwashing, staff enjoy visiting with Wynn, who was featured on the “Today” show.

### Health Care Workers in PPE Wear Photos of Themselves Smiling to Comfort Patients

While caring for COVID-19 patients, health care workers are decked out in full personal protective equipment from head to toe. To look less intimidating, these health care heroes are attaching large badges with their photos to their PPE gear, so patients see their smiles and not just the masks.

### High School Students Create Robotic Trays for COVID-19 Care

Students in the engineering and robotics programs at Abilene High School and Wylie High School in Texas combined their efforts to create a motorized hospital tray. These trays assist health care workers at Hendrick Health System, based in Abilene. Using the motorized trays, nurses and other health care workers are now able to deliver medications and food to patients but eliminate extra trips to patient rooms and save PPE — while still providing quality care.

### Medical Students Form Maine COVID Sitters to Support Health Care Heroes

Medical students from Tufts University and the University of New England — joined by students in other prehealth programs (PA, pharmacy, dentistry, nursing) at UNE, the University of Southern Maine and surrounding schools — are stepping up to help local health care workers with child care, pet sitting, and household chores. And the services are free. Called Maine COVID Sitters ([mecovidsitters.org](http://mecovidsitters.org)), students can sign up to volunteer and be matched with health care workers in their area.

### Hope Huddles Focus on Positive, Inspiring Stories During Pandemic

A new kind of huddle at Lenox Hill Hospital in New York City focuses on the importance of sustaining hope for front-line workers during the pandemic. During hope huddles, held at the beginning of shift changes, staff share news of patients recovering and other inspiring, even humorous, stories. “It really just came about to spread positivity, good patient outcomes, how we’re saving lives here at Lenox Hill and give us a little pep in our step,” nurse Emily told the New York Post.

(Continued from page 6)

## Boards Must Provide Comfort and Strong Leadership During This Crisis

The steadfast leadership of boards of trustees is essential in times of crisis. The coronavirus pandemic poses a unique situation that's not a one-time event. Instead, leaders must be committed to strong communication, ensuring a positive board-leadership relationship, and a renewed focus on community trust.

While boards of trustees are not responsible for the day-to-day decisions made throughout the crisis, boards continue to have their core responsibilities of duty, care, and loyalty. This may require an increased level of board engagement as organizations look to their board for leadership and stability.

According to the AHA, key governance considerations during the COVID-19 pandemic include:<sup>3</sup>

- **Examining bylaws** and considering necessary governance changes, even if they are temporary.
- **Establishing a special task force** to support efforts of sustainability throughout the pandemic. Remember, it is the board's responsibility to guide overall strategic direction and monitor progress, while the management implements the details.
- **Ensuring strong communication between the board and CEO**, which may include an increase in

communication and reports when compared to pre-crisis times. CEOs should keep the board informed as events unfold and engage the board in evaluating alternative courses of action.

- **Receiving regular updates about changes in protocols and procedures**, including changes in patient decision-making, referral patterns, and safety protocols. The board has a responsibility to protect the mission and the health of the organization, and these decisions directly impact the financial health and mission fulfillment.
- **Receiving regular updates regarding workforce wellness** efforts and updates on the status of all critical resources including staff, supplies, space, etc.
- **Oversight of responses to community needs**, including increased awareness of the impact of social determinants of health and health disparities.
- **Ongoing communication** with the local community to build and maintain trust in the hospital.
- **Ensuring compliance with regulatory guidelines** for reopening.
- **Understanding of financial implications** caused by the pandemic, enabling the board to continue to focus on the organization's financial condition.



- **Capture learnings** from the COVID-19 response and document actions taken.
- **Observe the board's effectiveness** in responding to the crisis, and consider potential changes or improvements necessary to governance processes to assist the board in better responding to a potential second wave of COVID-19, or a different public health crisis in the future.

### **Sources and More Information**

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