A Physician's Guide to Hospital Committees

There will be times when physicians must get things done outside of the clinical setting. Much of the time they will need to work with others that are not physicians. It turns out that while medical school and residency prepared us to handle many situations these "corporate" entities (meetings, committees) are a mystery to most of us. What follows is a simple guide to understanding and succeeding in these environments. The goal is to achieve positive changes to the clinical environment that benefits our patients through collaboration with others in our organization.

I think it is important to start with definitions as to where the power and authority (**See definitions below**) of the committees you will be working on (or leading) come from. While there will be some variation we will focus on not-for-profit institutions. Essentially the power and authority of committees comes from one of two sources. The Board of Trustees (essentially the owners of the institution) and the medical staff (the clinical entity responsible for care).

Each is responsible to provide the governance structure for the hospital/healthcare system. While they work interdependently they are technically independent of each other. The Board acts through its own committees and the administrative powers delegated to the executive team (think CEO and VPs). The medical staff through its bylaws and rules and regulations. Through these governance tools the medical staff exerts its influence on physicians and other providers (dentists, podiatrists, advanced practice nurses, physician assistants, etc). Central to medical staff powers is the credentialing of physicians and providers to practice in the institution and the maintenance of those privileges. See http://www.acep.org/WorkArea/DownloadAsset.aspx?id=8942)

While we tend to use "committee" to describe any regular meeting it is a generalization. For this piece I define committee as any group that meets regularly (indefinitely or for a set period of time) and for a specific purpose. It possesses some power or authority transferred to it from the entities already described. You can also think of committees as being focused on action (my favorite) or reporting of information/monitoring (useful but not my favorite).

So if you have been tasked with forming or leading a committee here is a step by step guide of what to do:

- **Determine the purpose of the committee you are going to lead.** Can you summarize this purpose in a few short sentences (ie goals)? Better yet can you also spell out how you will accomplish these goals (think road map: frequency of meetings, etc)? If you can answer yes to both of these you have all the makings of a charter (statement of purpose and structure) for your committee.

- **Who do you need on this committee?** In other words who do you need in the room to get it (your goals and objectives) done. In general you need leaders, enablers, local experts, and others with power and authority. Part of this is based on what level your goals operate on.

  Are your goals **Tactical** (need front line staff, heavy on implementation with some operational staff), **Operational** (need departmental level or multiple departments…may need chairs, physician champions, nursing directors and some VPs), or **Strategic** (very big picture…still need some front line providers but heavy with VPs, chairs, directors and possibly board members or outsiders).

  Getting the right mix of "bosses and do-ers" is critical.

- **What can you get done before hand?** Lawyers are told "never ask a questions you don't know the answer to" and we physicians go by "never ask a clinical question (or order a test) you don't want the answer to". The same goes for initiating a committee or running an ongoing meeting. You as the leader should have a very good idea what you want the recommendations and actions to end up being. Much of this can be done by developing consensus ahead of time with key members of the group.

- **Create an Agenda**. This is the road map of how the meeting will go. There is nothing worse than being invited to a meeting and not being able to understand the purpose of that meeting or how to prepare. An agenda sent ahead of time lays out the goals of the meeting and helps pace the discussion to ensure all items get full attention. Don't forget to provide time to review the results of previous meetings (minutes) and to allow time at the end for questions and next steps.

- **Running the meeting**. Notice that the actual meeting is the 5th step. Think of this like a medical procedure you are performing. All the prep (planning, consent, preparing the patient, sterile fields, arranging your instruments) takes the bulk of the time while the actual procedure is only a small piece. The keys are as follows:
  - Start on time
  - Follow the agenda
  - Encourage discussion and new ideas but insist on civility and tolerance of alternative opinions
  - Do not allow people to stray off topic unless you the new path makes sense
  - Have a note taker to record action items, decisions, and other relevant information (the makings of your minutes)
  - End on time or early (giving time back to busy people if a gift)

- **The in-between.** Committees are excellent places to "level set" with diverse participants and try and obtain consensus. They are not great formats for actually

getting work done (unless achieving consensus on a decision is the work). So carrying out the tasks agreed to by the committee is done outside the committee room. This is where the "Authority" of the committee comes into play. It helps push action within the hospital.

- **Measuring success.** Essentially have you met your initial objectives? If you have created a charter that reflects accurately your goals and utilized your agenda to keep on target it should be easy to determine your success after a period of time. Keep in mind the larger the group the more time accomplishing specific tasks may take.

- **Enemies of success**
  - Unclear or unobtainable goals and objectives
  - Not updating the goals and objectives to fit progress
  - Failure to be fully prepared as the chair or leader of the meeting
  - Inability to stick to the agenda
  - Flaws in membership of committee
  - Lack of support from parent structures in the organization
  - Meeting hogs (always talking never listening)

In the end committees are an opportunity to bring diverse members of your department, hospital or healthcare system together to address a specific need or set of goals. Understanding and defining early these objects and being clear of who you need to accomplish your tasks are vital. As the Chair or leader of the committee accepting your role to influence and guide are vital. Committees can be loud and messy and like democracy are the "worst choice for getting things done except for all the rest".

Definitions:

Authority: The right to give orders, make decisions, and enforce obedience.

C-Suite(-ers): It took me forever to understand this term. I kept trying to figure out who was in the A and B suites until I read that all the C's stand for chief (CEO – chief executive officer; CFO – chief financial officer, etc). An excellent list that defines the common C-suite-ers can be found at: http://www.beckershospitalreview.com/hospital-management-administration/38-hospital-and-health-system-c-suite-executive-positions.html

Enabler: These are interesting people because they get things done. Sometimes they act as catalysts, sometimes they simply enact things.

Goals: The end point or future state you want to achieve (ie destination). See Objectives

Leadership: the process of influencing people by providing purpose, direction, and motivation while operating to accomplish the mission and improve the organization.

http://usacac.army.mil/sites/default/files/documents/cace/DCL/DCL_SewellEngNovDec09.pdf

Objectives: Steps needed to achieve the goal(s). These are more specific and detailed.

Operational: The what. The link between what needs to be done to achieve your strategic objective and how (tactical) it gets done.

Power: The ability to influence somebody to do something that they would not have done otherwise. Sometimes related to Authority but not always.

Strategic: The why. Drives your operational goals and objectives. High level and focuses on outcomes. This is the blunt end of the spear pointing the tip towards its objective.

Tactical: The How. The implementation of strategy following an operational plan. Accomplished by those at the bedside or sharp end of healthcare.

Starting a Committee Checklist

- ☐ What are the goals of the committee?
- ☐ What are your objectives?
- ☐ What is the constituting authority of this committee (ie who do you report to)?
- ☐ Have you written your prelim charter?
- ☐ Who are the vital participants (by role or name)?
- ☐ Who are optional but important participants?
- ☐ How often will the group meet?
- ☐ How will you define success (ie end of committee)?
- ☐ Who will be taking notes and creating the minutes?
- ☐ When and where will you be meeting?