



Essential Hospitals Institute  
Board of Directors Meeting  
March 17, 2015

<p>Board Members Present (11): Delvecchio Finley, MPP Donald Goldmann, MD Leon Haley, MD, MHSA Caroline Jacobs, MPH, MSED Dennis Keefe Erica Murray, MPA Reuven Pasternak, MD, MPH, MBA Anna Roth, RN, MS, MPH Bruce Siegel, MD, MPH Alan Weil, JD, MPP Winston Wong, MD, MS</p>	<p>Board Members Absent (5): Julie Cerese, RN, MSN Susan Moffatt-Bruce, MD, PhD Christine Neuhoﬀ, JD Ann Scott Blouin, RN, PhD Cliff Wang, MD</p>	<p>Staff Present (9): Sarah Callahan, MHSA David Engler, PhD, MS Beth Feldpush, DrPH Caitlyn Furr Rhonda Gold Carl Graziano Kristine Metter Sneha Rangarao, MPH Katie Reid, MPH</p>
--	---	---

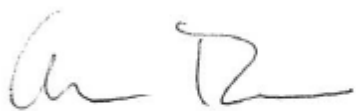
Agenda Items	Minutes
Call to Order and Disclosure of Conflicts of Interest (Jacobs)	<ul style="list-style-type: none"> <li>Jacobs called the meeting to order at 8:08 am. She asked for any conflicts of interest; none were disclosed.</li> <li>Jacobs welcomed Keefe to the board and members introduced themselves.</li> </ul>
Approve December 2 Minutes (ACTION)	<i>Jacobs requested a motion to approve the December 2 conference call minutes. There was a motion, a second, and unanimous approval.</i>
Nominating Committee Report (Roth)	<ul style="list-style-type: none"> <li>The nominating committee recommended Susan Moffatt-Bruce, MD, PhD, chief quality and patient safety officer of The Ohio State University Wexner Medical Center, as treasurer, and Sue Currin, RN, MS, CEO of San Francisco General Hospital and Trauma Center, to fill the member director vacancy.</li> <li>The association board approved the nominations on March 16. The new board members will join the board meeting in June.</li> </ul>
Institute Director Report (Engler)	<ul style="list-style-type: none"> <li>Engler discussed the Institute’s portfolio of work and upcoming challenges.</li> <li>The Institute recently formed two new committees: the research committee and the executive women’s leadership advisory council.</li> <li>The Fellows Program accepted 39 applications from 21 different organizations for the 2015-2016 class.</li> </ul>

	<ul style="list-style-type: none"> <li>• The first three years of the Essential Hospital Engagement Network (EHEN) contract were evaluated by the Centers for Medicare &amp; Medicaid Services' (CMS') external reviewers and considered a success. EHEN finished fifth out of 27 other engagement networks. The Institute will submit a new funding proposal in March with renewal expected beginning in June.</li> <li>• The Institute is offering a webinar series on the Hospital Consumer Assessment of Healthcare Providers and Systems. It also developed the Race Ethnicity, and Language (REAL) module to help registration staff collect accurate data. Staff is working with The Joint Commission to expand REAL module's reach.</li> <li>• The Institute has partnered with other organizations to address population health, equity, and delivery system reform projects. These three areas will guide the Institute's upcoming activities.</li> <li>• The Institute has applied for a number of grants, totaling more than \$5 million, to broaden its revenue base,.</li> <li>• <i>Essential Hospitals Vital Data—Results of America's Essential Hospitals' Annual Characteristics Survey, FY 2013</i> will be on the website the week of March 23.</li> </ul>
Research Committee Report (Haley)	<ul style="list-style-type: none"> <li>• Haley told the board that the research committee met for an introductory conference call on February 9.</li> <li>• The committee identified three areas of focus: population health, health equity, and delivery system transformation. The board agreed that these should be the areas of focus, and stressed the need to focus on equity.</li> <li>• The committee discussed the Institute's current work on population health and Medicaid waivers.</li> </ul>
Women's Leadership Academy Advisory Council Report (Finley)	<ul style="list-style-type: none"> <li>• Finley told the board that the executive women's leadership advisory council has held three conference calls. The council has set a general trajectory for the year-long program and identified thematic elements. The program will include training on a variety of different skills, including finance and effective project planning.</li> <li>• The program will include two face-to-face interactions between mentors and mentees, including one meeting at VITAL2015.</li> <li>• The council is exploring potential funders. The program will launch at the end of 2015, and the council expects it to be small.</li> <li>• The board said that the program must deliver measurable results and suggested the committee develop an action plan to show growth.</li> </ul>
Education Committee Report (Finley)	<ul style="list-style-type: none"> <li>• Finley described the education committee's work to solicit and score the VITAL2015 call for proposals. He gave the board an overview of the VITAL2015 agenda.</li> <li>• The 2015–2016 Fellows Program includes 39 fellows from 21 member organizations. Engler said that the association is trying to engage new members.</li> </ul>

	<ul style="list-style-type: none"> <li>The board discussed opportunities to keep fellows engaged with the association after they finish the program.</li> </ul>
Population Health Manuscript (Taylor-Clark and Szekendi)	<ul style="list-style-type: none"> <li>Engler introduced guest speakers Kalahn Taylor-Clark, PhD, MPH, and Marilyn Szekendi, PhD, RN, who presented their findings on the population health framework.</li> <li>The partnership formed between the Institute, GMU and UHC aimed to understand the future of population health. The researchers developed a framework around population health using 2012–2014 Gage Awards data and abstracts from UHC’s annual conference to identify population health initiatives at essential hospitals and academic medical centers.</li> <li>Key takeaways: <ul style="list-style-type: none"> <li>Because of their missions, academic medical centers and essential hospitals have a responsibility to spearhead population health. They have a culture of multidisciplinary collaboration and tend to have strong relationships in their community to extend partnerships, which gives them the opportunity to act as innovators and early adopters.</li> <li>Population health requires an integrated approach that includes multidisciplinary staff, hospital systems, behavioral/mental health, etc.</li> <li>Programs must develop strategies to identify and access short- and long-term funding sources to be sustainable. Programs need to have measurable outcomes to show return on investment.</li> </ul> </li> <li>The Institute produced two webinars on this research.</li> </ul>
Membership Satisfaction Results (McKinley Advisors)	<ul style="list-style-type: none"> <li>Metter introduced McKinley Advisors, who conducted and analyzed the member survey.</li> <li>The survey’s goal was to ensure that the association is aligned with member needs. Nearly 400 members responded, and more than half of member hospitals participated. This is a typical response rate for this type of survey.</li> <li>McKinley Advisors said that the overall survey results were positive for the association, with a net promoter score of 21 and 41 percent of respondents saying that membership value is greater than the cost of their dues.</li> <li>McKinley Advisors found that decision makers strongly favor the association, but the sentiment is weaker among non-decision makers. The association needs to look for opportunities to engage members outside of the C-suite. Decision makers most strongly value advocacy, while non-decision makers value tangible benefits, such as education.</li> <li>The board suggested engaging individuals at all levels of member organizations.</li> <li>The board agreed that the association should conduct a survey every other year.</li> </ul>

Performance Improvement/Equity Update (Callahan)	<ul style="list-style-type: none"> <li>• Callahan updated the board on EHEN activities.</li> <li>• The team is pursuing several additional grant opportunities. They will submit a proposal for HEN 2.0 at the end of March, with funding expected to begin in June. HEN 2.0 will focus on equity and engaging patients and families, and will include new harm measures for <i>Clostridium difficile</i> and sepsis.</li> <li>• The team is focusing on equity in several ways and hopes to expand the REAL module nationally.</li> <li>• The Institute will host a webinar series on the HCAHPS survey based on submissions and presentations from members.</li> </ul>
KP-NACHC Project Report (Rangarao)	<ul style="list-style-type: none"> <li>• Rangarao told the board that the Institute is working on an equity project, which it will present to the board in June.</li> <li>• Rangarao updated the board on the KP-NACHC project, which is in its third and final year. The Institute partnered with NACHC and George Washington University to facilitate collaboration among safety net providers and community health centers. The project built collaborations between hospitals and health systems that did not before exist. The communities are now working to engage local stakeholders and provide tangible deliverables. The Institute will host a summit for the participants in April</li> </ul>
Results from <i>Essential Hospitals Vital Data</i> (Reid)	<ul style="list-style-type: none"> <li>• The Institute released <i>Essential Hospitals Vital Data</i>. Reid said that the analytics team received a high response rate from members.</li> <li>• Graziano discussed the marketing and communications strategy for disseminating the report to the public.</li> <li>• Next year's survey will be extended to all members.</li> </ul>
2015 Revised Budget (Gold)	<ul style="list-style-type: none"> <li>• The Institute must revise its operating budget for 2015 due to the delay in the Partnership for Patients contract. The revised budget shows an operating deficit of \$847,000. The Institute's healthy net asset balance can support the deficit.</li> </ul> <p><i>Jacobs requested a motion to approve the revised 2015 budget. There was a motion, a second, and unanimous approval.</i></p>
Office Move Update (Gold)	<ul style="list-style-type: none"> <li>• The association has signed the lease for 401 9th Street. The business terms are unchanged from what the board approved in October.</li> </ul>
Adjourn	<ul style="list-style-type: none"> <li>• The meeting was adjourned at 12:11 pm</li> </ul>

Submitted by:



Anna M. Roth, RN, MS, MPH  
Secretary