SDAHO Trustees Resource Center

The Trustee Quarterly

For South Dakota Association of Healthcare Organization Board of Trustee Members Summer 2026

BOARDROOM BASICS

The Board's Role in Advocacy

Trustees have an important advocacy role that is often overshadowed by other board responsibilities. Hospital and health system board members are in a unique position to influence funding, laws and regulations that directly impact the organization's ability to fulfill its community-centered mission.

Hospital board members are trusted leaders in their communities. They have a powerful opportunity to tell the hospital's story, balancing negative stories and inaccurate perceptions about hospitals with real-world examples that are both uplifting and paint a clear picture of the true challenges hospitals face.

Ambassadorship is Part of the Board's Fiduciary Responsibility

Involvement in advocacy is part of the board's fiduciary duty to act in the best interests of both the hospital and the communities the hospital serves. Advocacy is not political—it is about ensuring the community's health care needs are understood and supported.

This requires a well-rounded understanding of the business challenges facing the hospital as well as local community health needs and social determinants of health. Board members constantly receive this information from both hospital leadership and community members as they interact with the community in their everyday lives.

What's often missing is the next step: board member ability and commitment to take action with that information.

Ambassadorship is the board's opportunity to see the challenges and what's at stake, understand its role in addressing the needs, engage with stakeholders about the issues, and ultimately lead to change.

Why Board Advocacy Matters

If hospital boards don't speak, others will. Often, the health care narrative is told by the media, health insurers, the government and regulators, employers and purchasers, think tanks and advocacy groups, and retailers and new entrants into the health care

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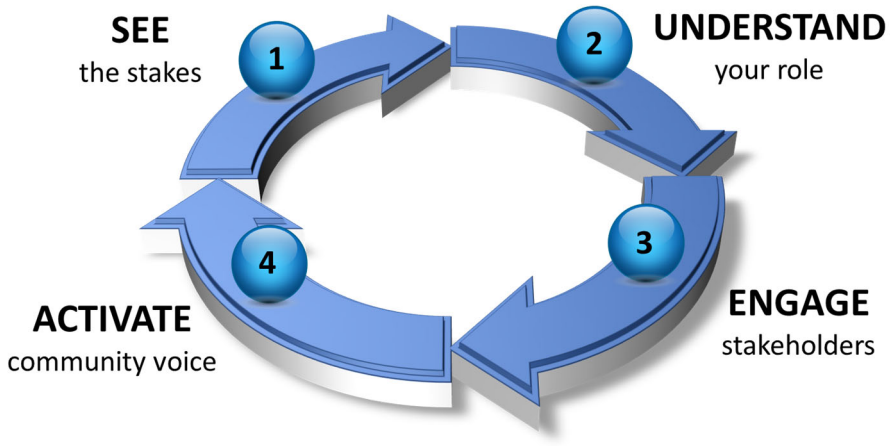
Visualizing Advocacy



3708 W Brooks Place Sioux Falls, SD 57106 TEL: 605-361-2281 FAX: 605-361-5175 www.trustees.sdaho.org

Our Perspective: Advocacy Starts with a Strong Foundation

At the South Dakota Association of Healthcare Organizations (SDAHO), advocacy is an important part of our mission and our commitment to being a unified voice for South Dakota's health care community. But effective advocacy isn't something that happens only during the legislative session. It starts with education, relationships and a strong foundation.

SDAHO's Board of Trustees have an important role in that effort. As trusted leaders in their organizations and communities, trustees can help policymakers understand how decisions made in Pierre or Washington directly affect patients, health care professionals and the communities they serve.

SDAHO works throughout the year to help build that foundation. Our Council on Public Policy alongside members of our government relations team helps develop policy positions and advises SDAHO's Advocacy Team on priorities throughout the legislative session and year-round as needed. Our advocacy team works to ensure trustees and members understand the issues, have access to accurate information and are equipped with the tools and resources needed to engage policymakers.

During the legislative session, policymakers need to hear more than facts and figures. They need to hear from the people experiencing health care every day—from administrators to clinicians and frontline professionals. Their stories can demonstrate how proposed policies will affect access to care, the health care workforce, organizational sustainability and, ultimately, South Dakota communities. In addition, SDAHO works just as hard to ensure policy makers have accurate information and understand the issues to help make good healthcare policy decisions or stop bad legislation.

SDAHO's advocacy extends across the association. Through various councils our Board of Trustees and members volunteer their time and expertise to help SDAHO better understand the challenges and opportunities facing health care across South Dakota. Whether the conversation centers on reimbursement, rural health, post-acute care, assisted living, education or public policy, these members bring firsthand experience and diverse perspectives to the table. Their involvement helps ensure SDAHO's advocacy priorities are informed by the people delivering and leading care in communities across our state.

Health care advocacy is not about politics. It is about education. It is about building trusted relationships, sharing credible information and making sure South Dakota's health care voice is heard.

At SDAHO, we are here to help our trustees and members find that voice—and use it effectively. To learn more about SDAHO's advocacy efforts visit: https://sdaho.org/advocacy/

Upcoming Education

- Aug. 20 – Tailoring Diets for Optimal Health
- Aug. 25 – Emergency Preparedness Regulatory – Is your Facility Prepared for the Next Emergency?
- Aug. 27 – Mastering CMS Critical Element Pathways: Ensuring Compliance and Quality
- Sept. 1 – Talk is Cheap, but Communication is Pure Gold
- Sept. 2 – CMS Updates to HIPAA: Ensuring Compliance with Electronic Submission
- Sept. 3 – When Culture Impacts Decision Making
- Sept. 8 – Home Health Hot Topic: ICD-10 Coding Update: New Codes & Claims Issues
- Sept. 8 – Talking with Kids About Grief and Loss
- Sept. 8 – Infection Prevention: Navigating the Raging Seas of Rules, Requirements & Recommendations
- Sept. 10 – The Common-Sense Approach to Challenging Behaviors

To learn more about SDAHO's educational offerings, visit https://members.sdaho.org/events/

Do you have ideas for future issues of *The Trustee Quarterly*?

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'd like to see in future issues of *The Trustee Quarterly.*

Write or call:

Stephanie Rissler
Marketing and Media Relations
3708 W Brooks Place
Sioux Falls, SD 57106
Stephanie.Rissler@sdaho.org
605-789-7530

Spotlight Sponsors

SDAHO Enterprises

SDAHO Enterprises was developed to pursue valued services and increase non-dues revenue. Overall goals and objectives of providing revenue to supplement SDAHO strategies and providing support and benefit to members.

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industry (such as Amazon One Medical). Board members must ask: Who is the voice for health care in our local community? What about at the regional and state level?

Trustees Provide a Unique Voice. Board members are uniquely positioned to represent their hospital, in part because they are not paid to lobby and have no economic stake in the outcome. Trustees care about the hospital's mission, are connected to the community, and have real stories about the impact of challenges in health care today. Despite this potential for impact, board members often have a minimal role in advocacy.

Advocacy is not political—it is about ensuring the community's health care needs are understood and supported.

Leadership Questions to Spark Dialogue. If your board has been hesitant to engage in advocacy, start with some framing questions to spark dialogue:

- Who are our key stakeholders?
- How do we define our community?
- What are our biggest community challenges?
- Who are the partners we need to engage with?
- How do we best demonstrate value to the community?
- Where have we been hesitant to engage in advocacy, and why?

Practical Strategies to Engage Key Stakeholders

When hospital trustees engage in advocacy, they share accurate information that addresses misconceptions and misinformation. The first step is empowering board members with basic talking points and communication strategies. When trustees have the tools they need, advocacy becomes a logical extension of their existing board role.

Know Your Content: Every board member should be able to talk "off-the-cuff" about what matters the most to the hospital. This includes the main challenges faced, high-level facts/statistics, and a few relatable stories to illustrate the challenges. Topics board members should be able to speak to include:

- The biggest challenges to the hospital's financial sustainability and long-term ability to provide high-quality care
- Impacts of pending legislation
- The hospital's impact on community benefit, including charity care, billing practices and community programs
- Community health needs assessment results and how the hospital is addressing those needs

Board Advocacy: Getting Started

Identify Key Influencers

Ask "who are the key voices that influence the future of our organization?" The list may include:

- Legislators (local, state and federal)
- Community influencers
- Civic/business leaders
- The media

Make an Action Plan

Once key influencers are identified:

- Identify gaps in relationships
- Assign board ownership to specific individuals or groups

Prepare a Two-Minute Story

Prepare board members for a two-minute conversation with a legislator on one key issue:

- Identify the main issue and what's at stake
- Have one or two stories demonstrating the real impact of the issue on patients and the community
- Prepare one clear ask

Practice

Divide board members into pairs and practice the two-minute story. Ask:

- What worked well?
- What felt uncomfortable?

Meet with Legislators: Successful advocacy is highly dependent on relationships. It involves building ongoing relationships that include regular interactions and communications, not just seeking out a lawmaker or community representative when the hospital wants something.

Successful advocacy is highly dependent on relationships.

One way to build intentional relationships is to assign a specific legislator or stakeholder to each board member. Trustees can focus on building a rapport and sharing local impact stories with the legislator they "own."

Invite Legislators to the Hospital. Bringing legislators to the hospital or health system for visits helps them to experience challenges firsthand. Boards can make a big impression by inviting legislators to high-impact times and locations, such as the emergency department at the busiest time of the day or a mobile medical unit that provides essential care in rural areas.

Participate in Existing Advocacy Events. Most advocacy efforts do not require boards to start from scratch. State hospital associations and the American Hospital Association provide key talking points for major issues, and hold regular advocacy days for hospital leaders and board members to meet with legislators and key decision-makers.

Contributing to political action committees that advocate on behalf of hospitals and health systems is another way to leverage existing advocacy activities.

Look for Opportunities. Trustees often participate in community events, fundraisers and civic forums. Advocacy at these events may be as simple as shifting board members' mindset from passive attendance to an intentional presence. Board members should come prepared with stories that demonstrate the hospital's impact and the real challenges the hospital experiences.

Board vs. Management Responsibilities

Advocacy responsibilities are consistent with traditional board and management roles: the board is responsible for high-level oversight and strategy, while management is involved in daily activities.

Management is responsible for policy details, the potential impact of proposed policy changes, daily operations and logistics such as partnerships and communication, and technical expertise in executing advocacy strategies. The board is responsible for building relationships with key stakeholders, being a voice in the community, championing hospital and community needs and telling the hospital's story.

Content for this article was contributed by Todd Linden, President, Linden Consulting.

Key Strategies

- ✓ **Know your content**, including facts, numbers and personal stories
- ✓ **Meet with legislators** and form ongoing relationships, not just one-time asks
- ✓ **Invite legislators to the hospital** to experience challenges and community impact first-hand
- ✓ **Participate in existing advocacy events** to maximize impact
- ✓ **Look for opportunities** to be an intentional presence at community events

GOVERANNCE INSIGHTS

Disaster Planning Starts with the Board

Hospitals serve as the "hub" of many communities during times of stability. When disaster strikes, their role expands beyond typical medical care—they become lifelines, anchoring response and recovery efforts for medical needs and essential aspects of community stability such as food, shelter, communication and electricity.

It is the board's responsibility to ensure that the hospital or health system has an effective emergency management program in place that is funded and tested. Disaster planning is part of the board's fiduciary responsibility to meet the organization's community-centered mission, but it is also critical to ensuring the hospital is financially stable.

The cost of disasters can vary greatly, from an average of $10 million for a cybersecurity incident to hundreds of millions of dollars for hurricanes or wildfires.[1] Hospitals that are prepared can minimize their losses and strengthen their ability to continue providing high quality care during and after a disaster.

Preparing for All Types of Disasters

Not all disasters are as big as wildfires or hurricanes. But even a "small" disaster can have significant consequences on continuity of care, community health and hospital finances.

Hospitals and health systems must be prepared for a breadth of disasters, including: epidemics, natural disasters, extended weather events, cybersecurity breaches, terrorist attacks, mass shootings, violence against health care workers, chemical spills and utility failures.

The best way to prepare for the wide range of potential emergencies is to use an "all-hazards" approach. An all-hazards emergency management plan prepares for a wide range of possibilities and responses rather than a specific plan tailored to each potential type of emergency.

Board Responsibilities for Disaster Planning

It is the board's job to understand the need for disaster planning, ensure proper plans are in place, and allocate funding to organize, test and implement the plan. While the board sets the priorities, management develops and implements the plan.

Understanding Local and Regional Needs. Hospitals should begin their disaster planning process by conducting a hazard vulnerability analysis (or reviewing the existing analysis if there is one). This involves identifying the types of emergencies most likely to occur and ranking them based on both the likelihood of occurring and the potential impact.

While the board doesn't actually prepare the analysis, it must understand what hazards are identified. This forms the foundation of the disaster response plan.

Ensuring Plans Are In Place. Once all potential hazards have been determined, the board sets the high-level strategy for disaster planning. This includes approving emergency management policies, priorities for emergency response, and funding allocation. Funding is critical to purchase emergency supplies, coordinate with other

local and regional entities, train and simulate, and address potential upgrades needed.

Testing and Implementation. The final step in a strong disaster plan involves disaster simulation. The Joint Commission requires hospitals to conduct two emergency response exercises per year. Each exercise is an opportunity for key players to test their role and for plan flaws to be rooted out and solved before a real disaster occurs.

The board should receive regular updates from emergency drills. This may include specific readiness metrics that allow the board to track progress and take corrective action when needed.

Joint Commission Requirements

For hospitals that are accredited by the Joint Commission, "Emergency Readiness" is one of the 14 National Performance Goals (NPGs). NPGs are a mandatory part of the accreditation process, and help hospitals to track progress and improve outcomes in key areas.

The Joint Commission's leadership requirements specify that the board "is ultimately accountable for the safety and quality of care, treatment, and services in the hospital and provides the resources needed to achieve this goal.[2]

Ensuring preparedness for a disaster or catastrophic event is part of this core responsibility.

Joint Commission Requirements

The Joint Commission's National Performance Goal framework for emergency management specifies that hospitals must:[1]

- Ensure leadership provides oversight and support of the emergency management program
- Develop an emergency operations plan based on an all-hazards approach
- Have a communications plan that addresses how it will initiate and maintain communications during an emergency
- Maintain a staffing plan for managing all staff and volunteers during an emergency or disaster incident
- Maintain a plan for providing patient care and clinical support during an emergency or disaster incident
- Maintain a comprehensive plan that includes:
  - Safety and security measures to implement during an emergency or disaster incident
  - Managing resources and assets during an emergency or disaster incident, including plans for sustaining needs for up to 96 hours
  - Disaster recovery, including strategies for damage assessments, restoring critical systems and essential services, returning to full operations, and family reunification.
- Provide emergency management education and training based on prioritized hazards identified in the hazard vulnerability analysis
- Plan and conduct exercises to test its emergency operations plan and response procedures
- Evaluate its emergency management program, emergency operations plan, and continuity of operations plans

Key Components of a Disaster Plan

Hospital disaster plans generally include the following components:

Communication. Hospitals should have redundant communication systems in place for leaders, staff, disaster responders, the media and the broader community. In-person human messengers should be built into the plan as a last-ditch effort if no other communication equipment is functioning. In addition, communication with and between hospital trustees must be planned for. The board will need to convene emergency meetings, and contingency plans must be in place to ensure trustees can be contacted and are able to meet in person or online.

Case Studies and Lessons Learned

The American Hospital Association's Convening Leaders for Emergency and Response (CLEAR) initiative provides a wide range of resources for emergency preparedness. Below are some take-aways from three podcasts highlighting responses.

Maui Wildfires: The 2023 Maui wildfires resulted in the loss of 102 lives, the destruction of 2,200 structures and more than $5.5 billion in damages.

- ***Communication was disrupted.*** Landlines and cellular towers were down, which meant communication was initially limited to only people on the ground.
- ***Needs were unique.*** The nature of the wildfires resulted in unique needs, including expanding the burn unit, getting medications to patients whose homes had burned when pharmacies were also destroyed and meeting basic needs such as shelter, toothbrushes and food.
- ***Multiple phases of patients.*** Hospitals treated burns and injuries immediately. A second wave of patients occurred once the adrenaline had settled down and people started noticing burns and injuries they hadn't initially noticed.
- ***Emergency proclamation was key.*** Immediately getting an emergency proclamation allowed providers from other states to come without getting a state license. Expanding the number of behavioral health therapists was a big part of recovery.
- ***Collaboration was essential.*** "We were able to put teams of people together very, very quickly to help coordinate this in all of this chaos. And if you don't have those relationships set up, if you don't have that level of trust, then it's much harder." - Hilton Raethel, president and CEO of the Healthcare Association of Hawaii.

Florida Hurricanes: Lee Health in Florida has experienced three major hurricanes, including Hurricane Ian (2022), Hurricane Helene (2024) and Hurricane Milton (2024).

- ***Communication was disrupted.*** One of the biggest challenges was tracking down staff and ensuring families were safe because cell towers were down and there were major power outages. Lee Health set up a Starlink communication center so that people could communicate with families and friends.
- ***Meeting employee needs.*** Taking care of employees included transportation for people who lost their cars in flooding, free childcare, paying staff wages regardless if they were working, and grants to employees for rebuilding and cleanup.
- ***Plan for the unexpected.*** "There are always things that are unexpected or unplanned that you know you haven't drilled for, you haven't prepared for, so making sure you keep orderly process really does matter." - Scott Nygaard, M.D., chief operating officer at Lee Health.

Highland Park Shooting: In 2022, Highland Park, Illinois experienced a mass shooting during the 4th of July parade that resulted in seven deaths and 48 injuries.

- ***Managing fear and safety.*** The hospital was caring for patients while the shooter was still at-large. The safety team screened every person in the parking lot and had to consider a campus lockdown.
- ***Mental health support.*** After the adrenaline subsided, the hospital provided mental health support on all shifts for weeks. This was a critical part of recovery.
- ***Community connections were critical.*** "I'm not sure that things would have gone as smoothly that day if I didn't have a strong relationship with the mayor, with the fire chief, with the police chief, with other civic and community leaders who knew how to get to me and meet with them so we could deal with managing the situation just in time." - Gabrielle Cummings, former president of NorthShore Highland Park Hospital.

Sources: Reflections on Recovery: The Maui Wildfires. September 13, 2024. From Ian to Milton: Lessons Learned in Hurricane Response. October 25, 2024. Remembering the Highland Park Mass Shooting: Reflections and Lessons in Emergency Preparedness/September 15, 2023. American Hospital Association Advancing Health Podcasts. www.aha.org/aha-clear.

Security. Disasters can create a need for additional security to ensure that the hospital feels safe for staff and patients. Hospitals must coordinate and test partnerships with local police and security agencies and have a contingency plan to call the National Guard if necessary.

Power, Fuel and Supplies. Hospitals should be prepared for no electricity or outside help for up to 96 hours after a disaster occurs.

Evacuation Plan. Patient evacuations may happen in advance for events with warning, such as a hurricane. Evacuations may also take place after a disaster occurs.

Workforce Plan. Hospitals must be prepared to support employee needs during a disaster, allowing staff to do their job in the midst of a community-wide disaster impacting families and everyday lives.

Incident Command System. Every emergency plan should include a clearly defined Hospital Incident Command System with a clear chain of command. The framework should be scalable depending on the scope of the emergency.

Digital Darkness. Cyber outages can be caused by a crime such as a ransomware attack, or by a natural or man-made disaster. Every hospital should have a tested plan for partial shutdowns and complete "digital darkness." In May 2026, the American Hospital Association and the Joint Commission announced the Cyber Resilience Readiness (CRR) program. The initiative provides guidelines for how hospitals must prepare for outages of 30 days or longer.[3]

Community Partnerships. Disaster planning should never be done independently. Advance planning, communication and testing with community partners allows the hospital to build partnerships with the community before a disaster occurs.

The Benefits of Disaster Planning Extend Beyond the Obvious

Disaster planning requires an investment. While this can be difficult to quantify, one study found that having a strong emergency preparedness plan provides a positive return on investment at the regional level after about six years of preparedness spending.[4]

In addition, disaster planning results in:

- ***Positive impacts on daily operations,*** with hospital CEOs reporting beneficial effects from drills, exercises, staff training and updated emergency plans.[5]
- ***Improved quality and patient safety***, as the hospital is already prepared to respond to minor snafus (such as a power outage or a broken pipe).
- ***Increased opportunities to partner with local and regional community organizations,*** building relationships that can help strengthen community trust and present new partnership opportunities to meet community needs.
- ***A strengthened sense of commitment to the community*** amongst organizations and individuals that participate in emergency planning and exercises.

Sources and More Information

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