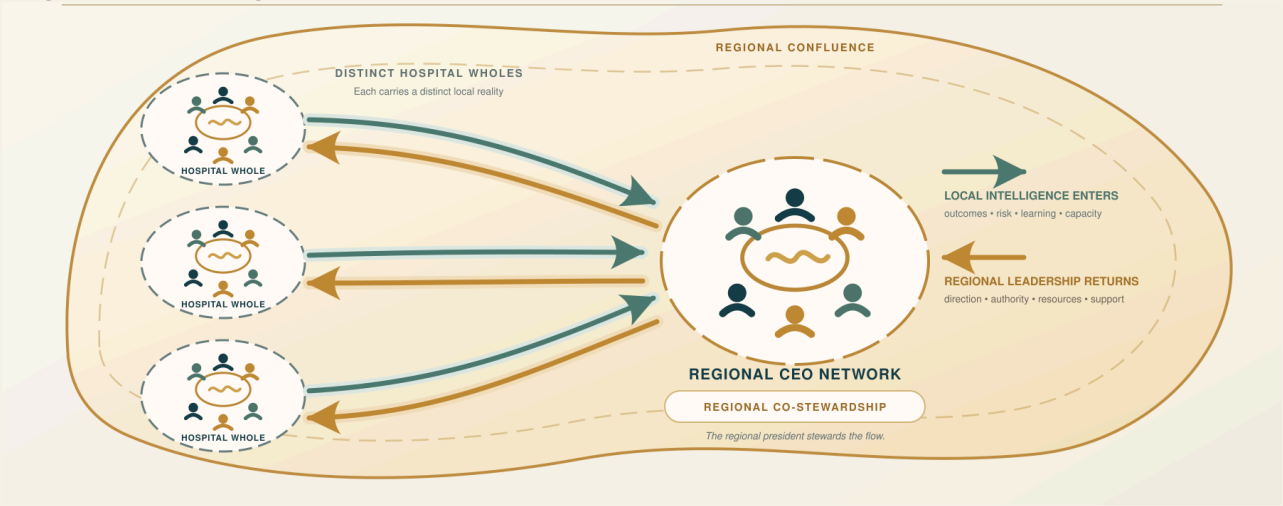
FIVE-MINUTE REGIONAL-PRESIDENT BRIEF

Can Your CEO Network Carry the Region?

A practical lens for regional presidents developing the CEO network and leadership system through which the region can act as a differentiated but coherent whole.



Regional presidents must hold financial performance and quality, access and workforce, local intelligence and system priorities - while leading through hospital CEOs, executive teams, shared functions, physician relationships, and communities.

The challenge is no longer simply alignment. It is developing a regional leadership system capable of **seeing more of the whole, integrating competing realities, making sound decisions under pressure, and learning through the work itself.**

The Executive Human System™ at regional scale strengthens the CEO network through live regional priorities - not through another initiative added to an already crowded agenda.

The organization chart shows where authority sits. It does not show whether the region can move.

Strong hospital CEOs can lead excellent institutions while the region remains dependent on the regional president to connect priorities, reconcile tensions, transfer learning, and interpret the whole.

The paradox

The more competent and responsible the regional president becomes, the easier it is for the surrounding system to rely on that leader as the principal connecting mechanism. Short-term reliability may increase while collective regional capacity remains underdeveloped.

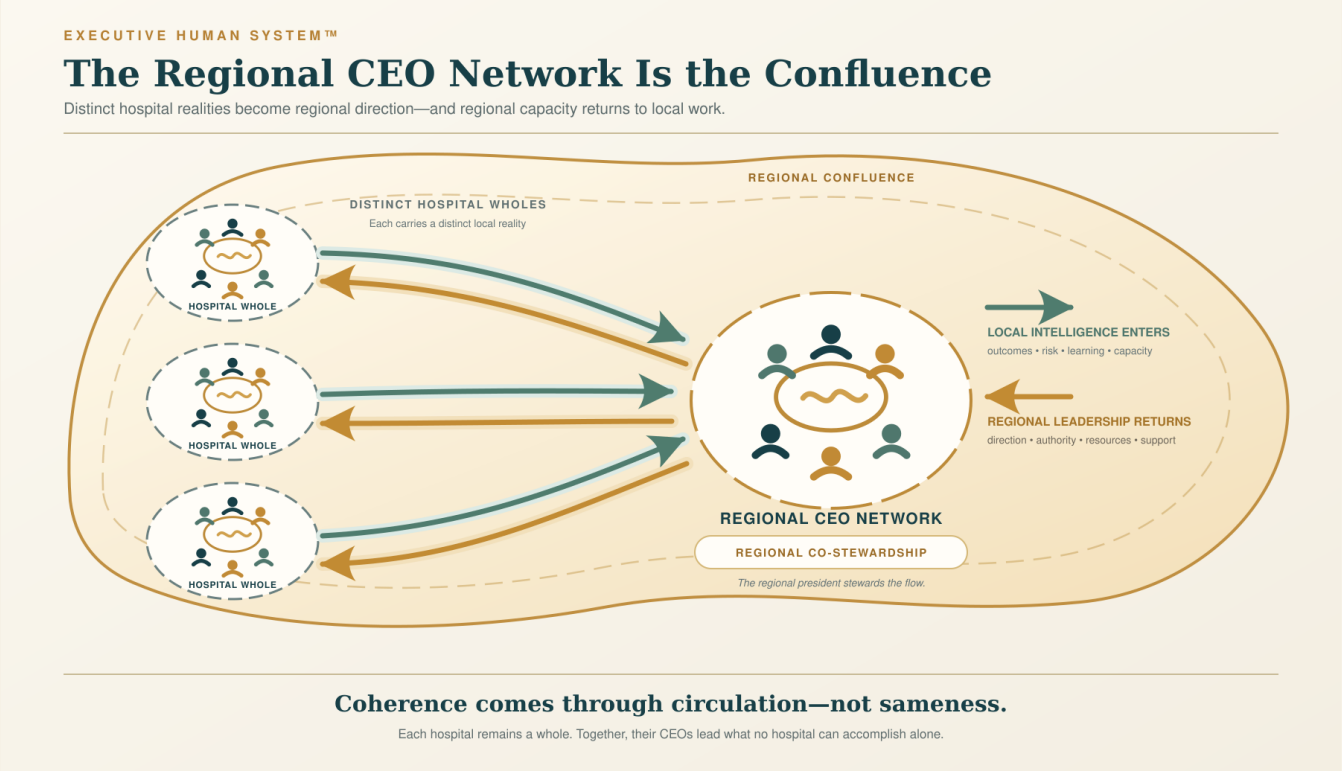
Notice these signals

- Regional meetings become sequences of hospital report-outs.
- The most consequential work occurs in one-to-one conversations rather than between CEOs.
- Local problems escalate upward before leaders test whether they reveal a regional pattern.
- Regional priorities are cascaded but not interpreted and integrated with local reality.
- One hospital's learning does not reliably increase the intelligence of the others.
- The regional president repeatedly reconciles enterprise direction and local need.

A different question: What is the CEO network becoming capable of carrying together that no hospital - and no leader - can carry alone?

The regional CEO network is the confluence.

Distinct hospital realities become regional direction - and regional capacity returns to local work.



Coherence comes through circulation - not sameness.

Each hospital remains a whole with its own community, history, physician relationships, workforce patterns, market dynamics, strengths, and vulnerabilities. The regional president stewards the flow so local intelligence can enter wider integration and regional leadership can return purpose, priorities, authority, resources, and support toward care.

Ask what is flowing: information, authority, talent, resources, risk, learning, accountability, and strategic meaning - then ask where those flows slow, fragment, distort, or depend on one person.

The regional president’s value is not the sum of the hospital CEOs’ work.

It lies in building the conditions through which strong local leaders can become a coherent regional leadership system.

Shared mandate

A purpose and set of outcomes that exceed any individual hospital.

Coherent choices

Strategic choices across markets, facilities, capabilities, and time horizons.

Clear authority

Visible decision rights, accountabilities, escalation principles, and space for adaptation.

CEO network

A network capable of enterprise stewardship - not only local advocacy.

Leadership circulation

Information, talent, resources, risk, learning, and meaning moving in all directions.

Productive tension

Local differentiation held in relationship with regional integration.

CEO development

Leaders developed through consequential regional work, not apart from it.

Regional identity

Mission and coherence that preserve rather than erase local intelligence.

Seven stewardship responsibilities

1. **Commission the regional leadership system**
2. **Clarify the work and the levels**
3. **Shape the regional field**
4. **Protect productive tension**
5. **Develop CEOs through the work**
6. **Connect stakeholders and systems**
7. **Steward renewal**

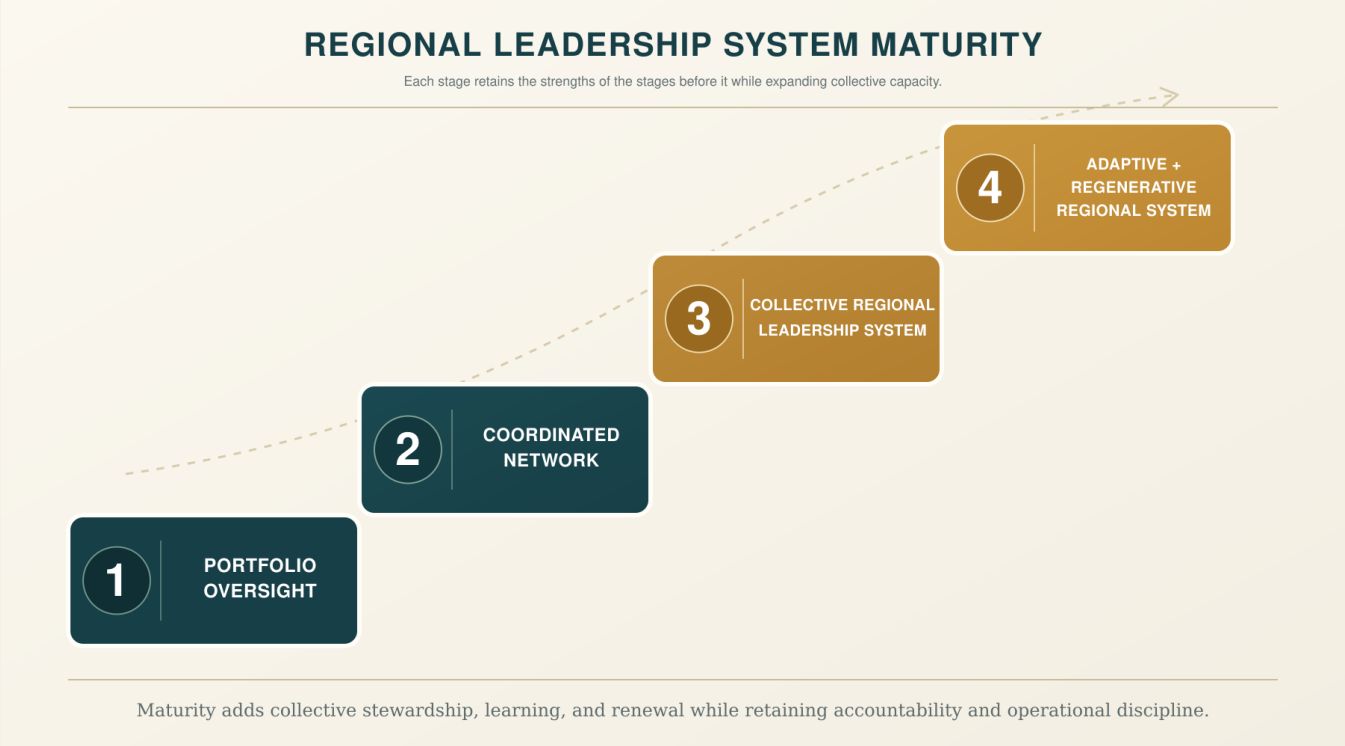
Can your CEO network carry the region?

Rate each from 1 (rarely true) to 5 (consistently true). Use the questions to initiate inquiry, not to create false precision.

1	Our CEOs can state why the regional CEO network exists.	1 2 3 4 5
2	The network owns consequential work no hospital can accomplish alone.	1 2 3 4 5
3	Regional, enterprise, and hospital decision rights are visible.	1 2 3 4 5
4	CEOs know when an issue belongs to the region.	1 2 3 4 5
5	Strategic trade-offs are named rather than hidden in technical analysis.	1 2 3 4 5
6	CEOs challenge one another directly and constructively.	1 2 3 4 5
7	Early risk and uncertainty can be exposed without unreasonable penalty.	1 2 3 4 5
8	The regional president's view can be changed by the network's intelligence.	1 2 3 4 5
9	CEOs seek one another's help without routing everything through the regional president.	1 2 3 4 5
10	Talent, resources, and learning move across hospitals when needed.	1 2 3 4 5
11	One hospital's experience reliably produces learning elsewhere.	1 2 3 4 5
12	The network becomes more coordinated and intelligent under pressure.	1 2 3 4 5

Do not focus first on the total. Notice where scores diverge, which questions create energy, and where the regional president remains the single point of integration.

What can the regional leadership system presently carry?

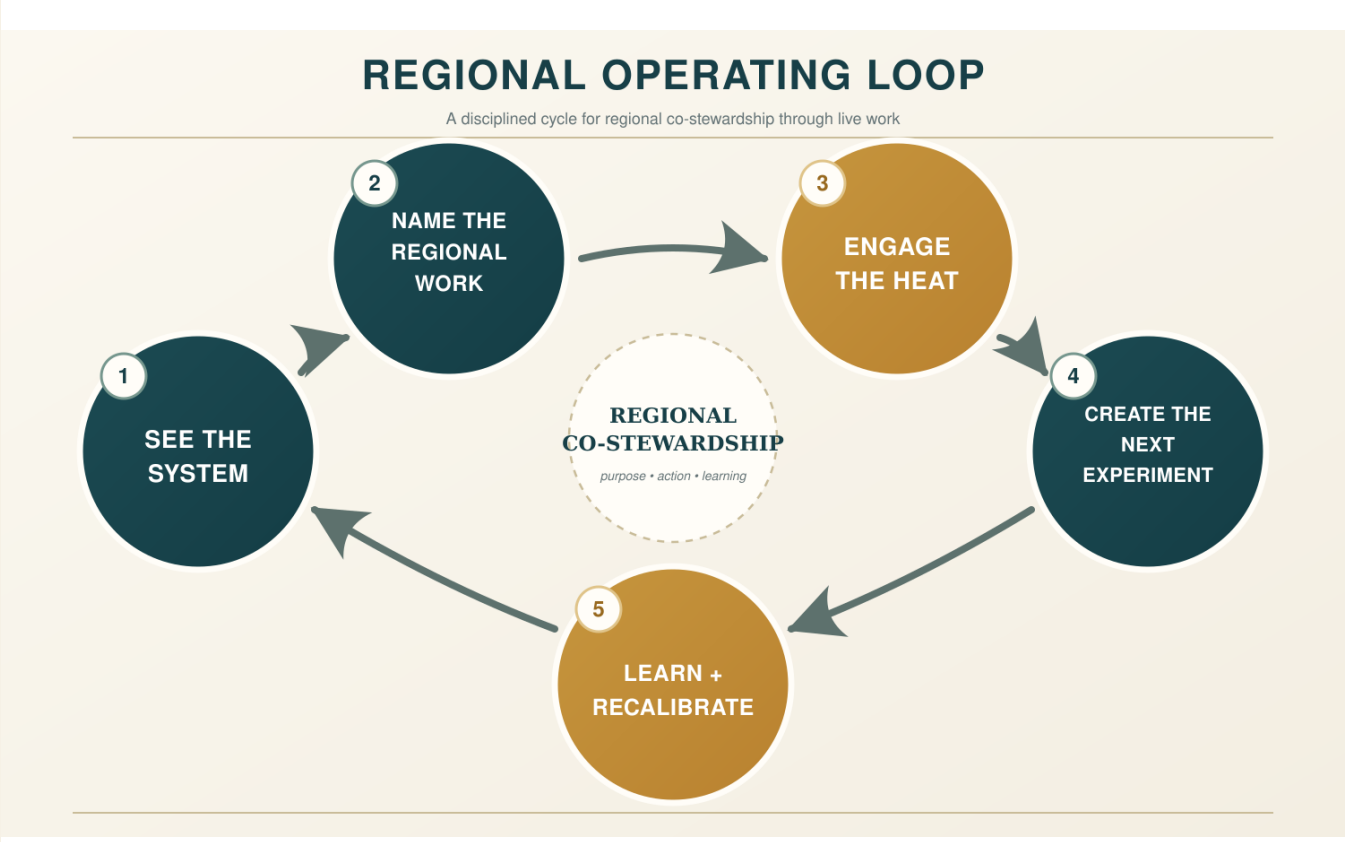


Use the model as an inquiry map - not a scorecard.

- **Where is greater maturity actually needed?** Different domains may show different patterns.
- **Which earlier strengths must be protected?** Accountability, standards, and operating discipline remain essential.
- **What is the next developmental movement?** Focus on the next capacity that would improve regional work now.

The useful question is not "What level are we?" It is: What can this regional leadership system presently carry - and what must become newly possible for the work ahead?

Use one consequential priority as the developmental field.



TRY THIS WITH ONE LIVE PRIORITY

1. See the system - Identify the hospitals, regional functions, physician enterprise, shared capabilities, communities, and senior levels shaping the issue.

2. Name the regional work - Clarify what can only be solved together, what should remain local, who must be involved, and what decision is actually required.

3. Engage the heat - Bring competing legitimate realities into productive conversation without premature consensus or private workarounds.

4. Create the next experiment - Define a bounded action with an owner, hypothesis, stakeholders, signals, and review date.

5. Learn + recalibrate - Review outcomes, assumptions, relationships, and what new regional capability now exists.

Notice in the next CEO council: When a cross-hospital tension appears, do CEOs address one another directly - or does every line of integration return to you?

Enter through work already carrying consequence.

The objective is not generalized team building. It is to strengthen the regional leadership system while advancing work that must move across hospitals, functions, and levels.

1 90-minute regional system inquiry

Clarify one outcome, map the relevant levels and flows, identify blockages and missing voices, and define one next experiment.

2 Regional CEO network diagnostic

Use confidential interviews, a focused survey, meeting observation, and operating-rhythm review to identify strengths, risks, and priorities.

3 Live regional priority lab

A 90-day action-learning engagement advances one issue while strengthening the network's capacity to sense, decide, experiment, and learn.

4 Regional-president trusted-advisor counsel

Confidential thought partnership around role, authority, CEO development, consequential conversations, and reflection after live heat.

5 Nested leadership-system engagement

Work across the regional president, CEO network, and selected hospital executive teams around a major regional objective.

Private working inquiry: Bring one regional priority that must move across hospitals. We can examine what the current system can carry, where integration is concentrated, and what one disciplined experiment could reveal.

SELECTED RESEARCH FOUNDATIONS

Provan & Kenis - network governance | Ernst & Chrobot-Mason / Drath et al. - boundary-spanning leadership
Edmondson - psychological safety and learning | Center for Creative Leadership - heat experiences and development
Plsek & Greenhalgh - healthcare complexity | Weick & Sutcliffe - high reliability and weak-signal sensitivity