



2014 AHA Governance Survey

CEO Version

The American Hospital Association and its affiliate, the Center for Healthcare Governance invite you to participate in a nationwide survey of hospital and health system governance. The purpose of this AHA survey is to describe current board structures, practices, and culture, and to identify trends in hospital and health system governance.

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Section I: Board Composition and Structure

1.	For purposes of responding to this survey, what type of boar System headquarters board Freestanding hospital board Hospital subsidiary board (check one): Local hospital board with significant authority Local hospital board with limited authority Local hospital board with no fiduciary duties	ty
2.	How many members serve on your board?	
3.	How many members of the board are nonvoting members?	
4.	Please indicate how many of your voting board members fit	into the following demographic categories:
	Demographic Categories	Number of
	Race/Ethnicity	Current Board Members
	Caucasian African American Hispanic/Latino Asian/Pacific Islander American Indian Other Unknown Gender	
	Male	
	Female	
	Age	
	Younger than 30	
	30-40	
	41-50	
	51-60	
	61-70	
	71 or older	
	Clinical Background	
	Nurse	
	Physician	
	Other clinician (e.g., pharmacist, therapis	st)

5.	Please indicate the approxin races/ethnicities, the total pe			organization repres	sents. (Due to multiple
	Demographic Ca	tegories	Percentage of Community		
	Race/Ethnicity				
	Caucasian		%		
	African Americ	an	 %		
	Hispanic/Latino)	%		
	Asian/Pacific Is	slander	%		
	American India	n	%		
	Other		%		
	Unknown		%		
	5 Completely	4	3 Somewhat	2	1 Not At All
	served by the organization?				
	Completely		Somewhat		Not At All
8.9.	What is the term length for your What is the maximum number. How many regularly schedule. Is an executive session routing a. Yes b. No c. Don't known	er of consecution of the consecu	ive terms a board member r	each year?	
11	. How does the CEO participates				
	_	in entire exect			
	_	in part of exec			
	c. L Does not pa	rticipate in exe	ecutive sessions		

12. Which of the	ne following standing committees does your organization currently have? (Please select all that apply.)
a.	☐ Quality
b.	Finance
c.	☐ Audit/Compliance
d.	☐ Governance/ Nominating
e.	Community Benefit/Mission
f.	☐ Executive
g.	☐ Strategic Planning
h.	☐ Executive Compensation
i.	☐ Fundraising/Development
j.	☐ Government Relations
13. On average	e, how many times a year do your committees meet?
a.	☐ Monthly
b.	☐ Bimonthly
c.	☐ Quarterly
d.	☐ Semi-Annually
e.	☐ Annually
14. Does your	board have "outsiders" who are NOT directors who serve as members of some board committees?
a.	☐ Yes
b.	□ No
c.	☐ Don't know
15. How are you apply.)	our board members compensated, excluding reimbursement for out-of-pocket expenses? (Please select all that
a.	☐ Annual Fee
b.	☐ Per-Meeting Fee
c.	☐ No Compensation
d.	☐ Don't Know

Section II: Board Selection

5		4	3	2	1
Comp	letely		Somewhat		Not At All
L					
•		s selection committee u lect all that apply.)	se a full board	-approved set of criteria/	competencies for s
a	Yes, for al	l new board members			
b	Yes, for ne	ew board chairs			
c	No (if sele	cted, please skip to que	estion 20.)		
d	Not applic	able because of public	election/appoi	ntment (if selected, pleas	e skip to question?
е. 🗆	Don't kno	w (if selected, please sk	kip to question	20.)	
	below the to	op five essential core co	ompetencies w	hen selecting new board	members and new
board chairs.					
		Areas of Competency		Importance in New Board Members	Importance in New Board Chair
Clinical	practice				
Conflic	t manageme	nt			
Educati	on				
Finance	e/business				
Fundrai	sing				
Health 1	Insurance/M	anaged Care			
Health 1	Information	Technology			
Human	Resources/C	Organizational Develop	ment		
Legal					
_	Relations			П	П
	s Board Exp	erience		— □	
	Safety/Quali				
_	c Planning/	-			
Medica	1/Scientific 7	rechnology			

19. Have any board members been replaced during their term or not been renominated when eligible for renomination in the past 3 years because of a failure to demonstrate the proper competencies needed to be a board member?
a. \Bullet Yes
b. \square No
c. Don't know
d. Not applicable
Section III: Board Orientation/Education
20. Which of the following position-specific charters (job descriptions) does your hospital/system have for its board members? (Please select all that apply.)
a.
b.
c. Committee chair position charters
d.
e. Don't know
21. Which of the following take place in a new board member orientation? (Please select all that apply.)
a. Health care orientation
b. Health care governance orientation
c. Organization orientation
d. Mentoring with a senior board member
e. One-on-one group meetings with the CEO and/or senior leadership team
f. \square One-on-one meetings with the board chair
g. Shadowing with clinicians
h.
i. Don't know

	ling the new board member orientation process, what other types of education are included in the continuing process for the board? (Please select all that apply.)
a.	On-site speakers (e.g., at board retreats and/or board meeting education sessions)
b.	☐ Destination educational events (e.g., conferences and symposiums)
c.	☐ Membership in an outside governance support organization (e.g., Center for Healthcare Governance)
d.	☐ Online education (self-directed trustee education)
e.	☐ Publications (e.g., books and magazines)
f.	☐ Webinars and podcasts
g.	OtherPlease specify:
h.	☐ Don't know
i.	☐ Not applicable
Section IV: 1	Board Evaluation
23. Which of all that app	the following types of assessments has your board used in the past three years $(2011 - 2013)$? (Please select ply.)
a.	☐ Regular Full Board Assessment
b.	☐ Individual Board Member Self-Assessment
c.	☐ Board Chair Assessment
d.	☐ Peer-to-Peer Assessment to evaluate the performance of each board member
e.	☐ Committee Assessments
f.	☐ None of the above. (If selected, please skip to question 27)
g.	☐ Don't know. (If selected, please skip to question 27)
h.	☐ Not applicable. (If selected, please skip to question 27)
	ment results used to create an action plan to improve the performance/contribution of each board, board r committee?
a.	☐ Yes
b.	\square No
C.	☐ Don't know
	ment results used in the process for reappointment to additional terms of service for each board member, r, or committee chair?
a.	☐ Yes
b.	□ No
c.	☐ Don't know

		ive most important competencies your board members consider when evaluating the performance of board members:
	a.	☐ Accountability
	b.	Achievement Orientation (Assures high standards, sets goals, and priorities)
	c.	☐ Change Leadership (Perceives and utilizes new information/technology)
	d.	☐ Collaboration
	e.	☐ Community Orientation (Understands the community needs and health)
	f.	☐ Complexity Management (Balances tradeoffs, competing interests, and contradictions)
	g.	☐ Impact and Influence
	h.	☐ Information Seeking
	i.	☐ Innovative Thinking
	j.	☐ Knowledge of Business and Finance
	k.	☐ Knowledge of Health Care Delivery and Performance
	1.	☐ Knowledge of Human Resources Development
	m.	Organizational Awareness (Familiar with the expectations, priorities, and values of health care stakeholders)
	n.	☐ Professionalism
	o.	☐ Relationship Building
	p.	☐ Strategic Orientation (Understands forces that shape health care over the next 5 to 10 years, helps shape mission and vision, policy & advocacy)
	q.	☐ Team Leadership
		nually, does the board assess the hospital's strategic performance using key performance measures at the beginning of the year?
	a.	□Yes
	b.	\square No
	c.	□Don't know
Section V:	Fic	duciary Duties
28. On whi		of the following does the board periodically receive an educational briefing with legal counsel? (Check all
	a.	Legal fiduciary duties of loyalty, care, and obedience
	b.	Trustee conflicts of interest and how they should be disclosed and dealt with
	c.	☐ The need for trustees to keep certain hospital and board matters confidential
	d.	Compliance education

Section VI: Executive Performance Evaluation and Compensation

While many boards are making progress in improving their executive performance evaluation and compensation processes, we would like to learn more about what boards are currently doing in order to accurately benchmark future improvements.

29.	When did y	your	board last update its CEO succession/transition plan?
	a.		Less than 1 year ago
	b.		At least 1 year ago but less than 2 years ago
	c.		At least 2 years ago
	d.		Don't know
	e.		Not applicable—Board does not have a formal CEO succession/transition plan.
30.	When did y	your	board last update its CEO retention plan?
	a.		Less than 1 year ago
	b.		At least 1 year ago but less than 2 years ago
	c.		At least 2 years ago
	d.		Don't know
	e.		Not applicable—Board does not have a formal CEO retention plan.
31.			performance evaluation, is he/she held accountable for defined quality objectives (e.g., lowering ctions or preventable deaths)?
	a.		Yes
	b.		No
	c.		Don't know
	d.		Not applicable
32.	How does	the b	poard currently oversee executive compensation? (check all that apply)
	a.		Use of a compensation committee composed of independent members
	b.		Use of comparative data to ensure that compensation reflects full market value
	c.		Use of an outside compensation consultant

	No Weight (1)	A Little Weight (2)	Some Weight (3)	Considerable Weight (4)	Absolutely Critical (5)
Clinical quality of care/outcomes					
Community health improvement					
Cost reduction/efficiency					
Employee satisfaction					
Financial performance					
Legal and regulatory compliance					
Patient satisfaction					
Physician relations/ integration/satisfaction					
Risk management					
Strategic plan fulfillment					
System/network performance					
Vision or other leadership qualities					
Section VII: Quality While many boards are making progress	in monitoring	g quality of care	e, we would like	e to learn more abo	ut what
boards are currently doing in order to ac	•		•		
34. Has your board developed <u>precise and original infections</u> in the following areas? (Plea			d safety objectiv	ves (e.g., number of o	central line
a. Clinical quality					
b. Patient safety					
c.	satisfaction				
d. \square No precise and quantif	ïable objective	s have been deve	eloped		
e. Don't know					

35. When evalu		pital/system pe	rformance, which of the follo	owing <u>benchmarl</u>	<u>ks</u> does the board use? (Please
a.	☐ Clinical out	comes			
b.	☐ Clinical qua	lity other than o	outcomes (such as clinical pro	ocess measures)	
c.	☐ Patient/fami	ly satisfaction			
d.	☐ Efficiency o	r cost of care m	neasures		
e.	☐ Market shar	e			
f.	☐ Community	health			
g.	☐ Financial pe	rformance			
h.	☐ Human reso	urces/Employe	e satisfaction/retention		
i.	Other (pleas	e specify):			
36. On a scale of	of 1 to 5, how eng	gaged is the boa	ard in quality and safety issue	s?	
	5	4	3	2	1
Comple	etely Engaged		Somewhat Engaged		Not Engaged
Section VIII: F	inance				
37. Does the Bo	oard have a separ	ate audit comm	ittee?		
a.	☐ Yes				
b.	☐ No (If select	ed, please skip	to question 40)		
c.	☐ Don't know	(If selected, ple	ease skip to question 40)		
38. Is the audit	committee comp	rised solely of i	ndependent/outside directors	?	
a.	☐ Yes				
b.	□ No				
c.	☐ Don't know				
d.	☐ Not applicat	ble			
39. Is the audit	committee chaire	ed by a member	with competencies/experience	ce in accounting	and/or managerial finance?
a.	☐ Yes				
b.	□ No				
c.	☐ Don't know				
d.	☐ Not applical	ole			

Section IX: Board Culture

	o the best of your know essions? (Please select all					
	a. Executive pe	erformance evaluat	tion			
	b. Executive co	ompensation				
	c. Board perfor	rmance evaluation				
	d. Board recrui	itment and selection	on			
	e. Financial pe	erformance of instit	tution(s)			
	f. Clinical or q	uality performance	e measures			
	g. General stra	tegic planning				
	h. Miscellaneo	us governance issu	ies			
	i. Succession p	planning				
	j. Strategy with	h regards to merge	er and acquisition			
	k. Government	relations				
	1. Other - please sing a scale of 1 to 5, on a philoprotion and debate about	verage to what exte	• •	ard meeting time sp		
de	sing a scale of 1 to 5, on a eliberation and debate about reports)?	verage to what exte	tent is the majority of boatorities of the organization	ard meeting time sp		
de	sing a scale of 1 to 5, on a eliberation and debate about reports)?	verage to what exte	tent is the majority of boat orities of the organization 3	ard meeting time sp	ning to briefings, preser	
de	sing a scale of 1 to 5, on a eliberation and debate about reports)?	verage to what extout the strategic price	tent is the majority of boatorities of the organization	ard meeting time sp	ing to briefings, preser	
de	sing a scale of 1 to 5, on a eliberation and debate about reports)?	verage to what extout the strategic price	tent is the majority of boat orities of the organization 3	ard meeting time sp	ning to briefings, preser	
de ar 42. A	sing a scale of 1 to 5, on a eliberation and debate about reports)?	tage of board meet	tent is the majority of board orities of the organization 3 Somewhat ting time does your board	ard meeting time spon (rather than lister 2	ing to briefings, preser	
de ar 42. A	sing a scale of 1 to 5, on a eliberation and debate about reports)? 5 Completely pproximately what percen	tage of board meet	tent is the majority of board orities of the organization 3 Somewhat ting time does your board	ard meeting time spon (rather than lister 2	ing to briefings, preser	
de ar 42. A	sing a scale of 1 to 5, on a deliberation and debate about the reports)? 5 Completely pproximately what percent eliberation, and debate at each of the complete at each of t	tage of board meet	tent is the majority of board orities of the organization and somewhat the same of the organization are same of the organization and same of the organization are same of the organization are same of the organization and same of the organization are same or the organization are	ard meeting time spon (rather than lister 2	ing to briefings, preser	
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de ar 42. A	sing a scale of 1 to 5, on a deliberation and debate about reports)? 5 Completely pproximately what percenteliberation, and debate at each a. 0% b. Greater that c. Greater that d. Greater that e. Greater that	tage of board meet each board meeting an 0% but less than to 25% but less than an 50% but less than an 75% up to and in w	tent is the majority of board orities of the organization and somewhat ting time does your board and or equal to 25% than or equal to 50% or equal to 75% or	ard meeting time spon (rather than lister 2	ing to briefings, preser	
de ar 42. A	sing a scale of 1 to 5, on a deliberation and debate about reports)? 5 Completely pproximately what percenteliberation, and debate at each of the complete state of the comple	tage of board meet each board meeting an 0% but less than to 25% but less than an 50% but less than an 75% up to and in w	tent is the majority of board orities of the organization and somewhat ting time does your board and or equal to 25% than or equal to 50% or equal to 75% or	ard meeting time spon (rather than lister 2	ing to briefings, preser	

Section X: Internal and External Stakeholders

	a scale of 1 to 5, how alignsuing the organization's g	•	your hospita	al/system ł	ooard and me	edical staff/n	ursing staff are in
			5 pletely gned	4	3 Somewhat Aligned	2	1 Not At All Aligned
Во	oard and Medical Staff						
Во	oard and Nursing Staff						
	developing the board's strands assessment?	ategic plan, does	the board co	nsider the	results of the	e organizatio	n's community healt
	a. □Yes						
	b.□No						
	c. Don't know						
Section	b. Discussion itec. Included in thd. Posted on the	stributed in executed on a board age to board consent a board portal the Finance or Amansformation	ntive session enda genda udit Commit	tee only			
	5 Extremely Knowledgeable	4	3 Has S Know	ome	2		1 Extremely Uninformed
]			
	ng a scale of 1 to 5, to wh asformed health care delive Examining emerging gov	ery environment:					
	5	4	3		2	. •	1
	Actively Engaged	· 	Beginning	to Engage		N	Tot At All Engaged
]			

	best deploy assets to mee	c commanity i	learth needs.			
	5	4	3	2	1	
	Actively Engaged		Beginning to Engage		Not At All Engaged	
c.	Developing a new vision and strategy for transformational change in our organization.					
	5	4	3	2	1	
	Actively Engaged		Beginning to Engage		Not At All Engaged	
d.	Developing future-focus	ed metrics that	assess today's performance a	nd shape futu	re outcomes.	
	5	4	3	2	1	
	Actively Engaged		Beginning to Engage		Not At All Engaged	
e.	5 Actively Engaged	4	competencies to manage char 3 Beginning to Engage	2	1 Not At All Engaged	
f.	Developing new or revised competencies required for board membership in a transformed environment.					
	5	4	3	2	1	
	Actively Engaged		Beginning to Engage		Not At All Engaged	
Ho	ow adequate are your organ	nization's infor 4	rmation technology resources	for supporting 2	g population health?	
	Extremely Adequate		Adequate		Not At All Adequate	
Н	ow far is your organization	on the journe	y to create a transformed heal	th care organi	zation?	
	5	4	3	2	1	
			Well on the Way		Have Not Vet Deaum	
	Completed the Work		wen on the way		Have Not Yet Begun	

Would your board be v	villing to give up some autonomy in orde	er to ensure the survival of your organization?
a. \Bullet Yes		
b. \square No		
52. What are the top three transformed health care		r governance performance as you look toward a
1		
2		
3		
Thank you for your coop survey, who should be co		there are any questions about your responses to this
Name (please print)	Title	(Area Code) Telephone Number
	-	
Date of Completion	Chief Executive Officer	Contact Email address: