Hospital Governing Board Assessment: A Self-Help Guide

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HOSPITAL GOVERNING BOARD ASSESSMENT: A SELF-HELP GUIDE

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"international community resource development"

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SECTION I

Why Assess Hospital Governing Boards?

Why Should You Assess Your Governing Board?

During the summer of 2002, media attention was focused on several corporate scandals that resulted in significant losses to stockholders and employees alike. Confidence in the integrity of major corporations declined resulting in significant drops in major stock markets. Questions were raised about corporate board responsibilities and congressional leaders questioned individuals who served on various corporate boards to determine who was responsible for this mess.

The health care industry and not-for-profit organizations have been described as lagging behind the business community in a variety of areas including assessing consumer satisfaction and implementing performance improvement techniques. One area that the health care industry has focused some attention on is governing board education. The American Hospital Association publishes "Trustee", a magazine that is developed to provide hospital trustees with information on current health care issues. Many statewide hospital associations provide resources to local hospitals to assist hospitals in educating volunteer board members including videotapes, publications, websites, and training. For example, the Iowa Hospital Association has developed a website that contains information on publications that address roles and responsibilities, orientation, and even assessing board member performance (http://www.ihaonline.org).

Although efforts have been made to encourage local volunteer board members to understand their roles and responsibilities, only 59% of responding hospitals reported they had written expectations and requirements for their trustees[1]. This data from a 2000 survey conducted by The Governance Institute, La Jolla, California, also reports that only 36% of these hospitals reported they used their expectations and requirements to evaluate trustee performance.

The corporate world doesn't fair much better. One-third of the directors of America's largest companies responding to Korn/Ferry's 1998 survey report that they employ a formal full board evaluation. Only 19 percent of the respondents evaluate individual directors, 75 percent think they should.[2] This result is somewhat surprising because corporate boards that evaluate the performance of individual directors rate their board effectiveness significantly higher than boards that do not.

There are many reasons why hospitals should evaluate governing board performance both as a group and individually. Self-evaluation is one of the most important development processes a board can undertake. Examining structure, function, and

[1] Totton, Mary K and Orlikoff, James E.: "Evaluating Trustee Performance: Issues, Trends, and Process", *Trustee*, January 2002 Workbook.
[2] Korn/Ferry International: "Evaluating the Board of Directors"; web accessed 07/29/02 at http://www.kornferry.com/Sources/PDF/PUB_009.pdf.

performance will help the board to develop specific steps to improve operations. Conducting regular self-assessments is part of an ongoing cycle of continuous improvement that should be occurring at all levels of the hospital.

Inviting feedback and reflection on the board's performance can encourage greater attention to how it actually operates, encourages boards to spend more time and thought on their actual roles and responsibilities, creates a deeper sense of ownership and responsibility, and can increase the level of involvement by all members of the board. Evaluations can also highlight the need for specific expertise in board members encouraging members to be active planners when it comes to identifying the types of backgrounds the board will need in its future members. Another benefit to board evaluations is that it provides an opportunity for quieter board members to express themselves and allows more candid communications from all members if the process is anonymous.

Probably the most important reason to conduct regular board evaluations is that they provide the ability to identify and resolve potential problems before they become serious.

Most board evaluations are focused on the board's performance as a group and may include a self-assessment section for individual board members to complete. Evaluating individual board member performance can and probably should be integrated into an overall board evaluation process. However, there are additional issues that need to be taken into consideration prior to implementing individual board member evaluations. In some hospitals, board members are volunteers that are either elected or appointed by county commissioners, for example.

WHY DO PEOPLE SERVE ON BOARDS?

The opportunity to serve as a trustee on a hospital board can be rewarding, demanding, fulfilling, and challenging. Along with the accomplishments, come disappointments. While being part of a progressive team can be energizing, the breadth of governance responsibilities, legal requirements and sanctions, and technical health care knowledge required of a trustee can be overwhelming. Entrusted by community stakeholders, hospital administration, employees and medical staff, trustees must consistently act in a prudent and exemplary manner.

So why do so many people serve on hospital boards?

Some do so because of a desire for recognition, prestige or power. Others may be seeking a sense of belonging or being needed while some believe their service may strengthen their business affiliations and lead to personal gain. Obviously, these reasons can inhibit effective board performance and compromise sound governance practices.

Most people are motivated toward board service for three primary reasons – altruism, passionate commitment to the organization, or desire to share leadership skills. Some individuals choose to serve for more than one of these reasons.

Altruistic individuals respond to a sense of calling or civic duty. Their primary motivation may be to work toward the betterment of society or to create the finest health care system possible. They are the consummate volunteer – giving generously of time, talent, and financial support. These trustees are often visionary and energetic. They have a strong sense of purpose and meaning, and an undaunted desire to go beyond the status quo.

Those who have a passionate commitment to the hospital may have had a personal experience with the facility. They may believe it is their duty to give something back in return, and faithfully uphold the mission, vision and values of the hospital. These individuals feel an attachment to and investment in the organization on a deep level, and demonstrate abiding loyalty. As stewards of the local hospital, these trustees are ambassadors and advocates who offer a positive voice in the community.

Individuals with strong leadership skills may serve because their knowledge and expertise is invited, valued and needed on the board. The challenge of governance work, emotional and intellectual demands, and critical thinking skills coupled with the ability to work on a team toward implementing positive change is stimulating and rewarding. Using skills of mediation, creative problem solving, negotiation, communication and reaching resolution through consensus brings excitement and fulfillment.

A healthy board will include a variety of members that represent the areas presented above. The board assessment may include an informal overview of board membership profiles that can help to identify skills, motivation and levels of commitment for each trustee. This information can be used in a recruitment matrix to create board membership of the right people doing the right thing in the right way.

Individual board member evaluations may impact on a volunteer's willingness to serve, making it more difficult to attract necessary expertise. This is particularly true in rural communities where the pool of potential volunteers is significantly smaller. If the individual evaluation is conducted by board member's peers, collegiality may be undermined by a critical evaluation of their fellow member. Each member brings a different competency to the group, making the use of a universal set of evaluation criteria less effective in identifying the unique contributions of individual members and may overlook the contributions of members who are quiet but effective outside the boardroom.

It is difficult to be both a peer and a judge, especially if one is evaluating a fellow board members' performance. Peer evaluations are also resisted because of the fear of assessing blame. Another complexity in peer appraisal programs is that a simple straightforward rating system doesn't generate the best results. Supplementing numeric

ratings with qualitative feedback provides specific information to help board members understand what they do well and what needs improvement.

Generally, board members are replaced for performance reasons only in extreme circumstances (e.g., criminal misconduct, conflict of interest, active disruption, very poor attendance/participation). If they are replaced, they are rarely given an early warning and a chance to improve. In most cases, boards wait for a less desirable member to retire. Implementing a board evaluation process may be a more proactive approach to identifying "weak links" in the board and then developing strategies to strengthen the board as a whole.

Although there are numerous reasons why an individual board member evaluation process should be thoughtfully considered prior to implementation, there are ways to design a process that minimizes the potential negative effects. The next section of this manual does describe a process on how to integrate individual performance evaluation into a board's overall evaluation process over time.

Although there are a number of challenges to implementing a board evaluation process, the benefits far outweigh the disadvantages. Measuring key governance practices can often lead to more streamlined meetings, informative materials and sessions, and greater influence by board members on developing meeting agendas. By establishing teamwork as a goal and creating a shared forum for reflection on board team performance, board members say they actually do start to function more as a team. The evaluation process encourages boards to spend increased time and thought on their actual roles and responsibilities, leading to a clear understanding of their responsibilities. It also creates a deeper sense of ownership and responsibility for organizational initiatives. Problem areas become apparent and members feel a heightened sense of obligation to resolve these problems. By measuring performance against tangible objectives, a board can easily anticipate problems and help focus on long term strategic and policy issues rather than short term crises.

In the May 2002 edition of *Trustee*, Robert E. Wilson states: "The current climate creates an imperative for each not-for-profit health care board to reflect upon its rightful roles and duties, its current performance, and its preparedness in meeting the governance challenges of today and tomorrow." He goes on to recommend that health care boards should undertake 5 activities immediately; the first is to conduct a critical self-assessment with an eye toward strengthening governance effectiveness.[3] The other four activities include: enhance the content of your meetings with outside auditors; set a strong expectation of management for thoroughness, relevance, timeliness, and transparency of financial and operating performance information provided regularly to board; commit to a regimen of intensive and in-depth board education; and do not hesitate to act when a current pattern of low or negative operating margins or other early warning indicators suggest financial viability may be at risk.

[3] Wilson, Robert E.: "Leadership and Governance: What's 'Enron Got to Do with It?", *Trustee*, May 2002, p.25-28.

This publication was developed to help small facilities design a board assessment process that is meaningful and tailored to their needs. We offer suggestions on how to phase-in individual board member evaluations to minimize the discomfort and maximize the involvement of board members. We are hoping this publication will make the process easier to understand and manage.

Trustees set the gold standard for the organization. Charged with visionary leadership and principled governance, trustees have the ultimate responsibility for organizational performance and success.

SECTION II

Achieving Optimal Board Performance

ACHIEVING OPTIMAL BOARD PERFORMANCE

Serving as a trustee on a well functioning, productive and energized board is a uniquely rewarding experience. Board structure, norms, membership, process and leadership significantly influence trustee satisfaction. In assessing board performance, it is helpful to identify those activities that support and promote superior board function and performance.

Recruitment

The board's Nominating Committee should be involved in on-going recruitment efforts, not just when a vacancy occurs. A working list of prospective trustees can be developed over time, with input from the board, administration and staff. Development of a systemized selection process will strengthen board membership, composition and collective knowledge and skills.

A membership matrix is a valuable tool in trustee recruitment and retention. The matrix consists of name of the trustee or prospective trustee, community segment and geographical representation, skills and aptitude inventory, and vocation. Preferred qualities include a stated interest in health care, intelligence, dependability, sense of dedication, ability to be a team player as well as work independently, involvement in the community, relevant experience, and sufficient time to perform trustee roles and responsibilities. Refer to page 10 for a sample board member matrix.

Orientation

Formal board orientation can be the most reliable predictor of board performance, trustee retention, and success. The orientation process includes introduction to mission, vision and values of the organization, learning about programs, services and staff, understanding fundamental governance duties, knowing organizational bylaws and structure. Additionally, a job description outlining trustee performance expectations, role, and scope of responsibilities provides a framework within which the trustee functions. For more detailed information on orientation, refer to "Trustee Orientation" on page 46.

Operating Protocols

Board operations focus on how the board functions and includes meeting format, trustee roles, officers' responsibility, and board structure. A calendar of meetings with dates, time and location should be developed. The chairperson traditionally conducts board meetings and sets the tone of the meeting through leadership and facilitation skills. Moving through the agenda in a timely manner and following Robert's Rules of Order is the role of the chair.

SAMPLE BOARD MEMBER MATRIX

	Public Speaking	Community Relations	Planning	Financial Experience	Communication Skills	Marketing	Advocacy	Team Player	Motivated	Profession
Current Board Members										
Adams		✖		✖		✖				Banker
Campbell					✖		✖	✖		Social Worker
Jones			✖			✖			✖	Marketing Exec
Johnson		✖			✖				✖	Sales Rep
Miller		✖		✖				✖		Grocer
Lund			✖	✖		✖				VP/ Computer Firm
Hart	✖				✖					Pharmacist
Smith					✖			✖	✖	Mail Clerk
Prospective Board Members										
Edwards	✖		✖			✖				Restaurant Owner
Butler	✖	✖			✖	✖	✖	✖		Legislative Aid
Graves			✖	✖			✖			Manager/ Medical Clinic
Swan	✖	✖			✖		✖		✖	Principal

Ideally, the chairperson has expertise in facilitation techniques, encouraging dialogue, addressing disruptive members, and assuring inclusion and participation by all trustees. Minutes are to be kept for both full board and committee meetings.

Prior to scheduled meetings, trustees should receive copies of the agenda, reports and information that will be presented at the meeting. It is their responsibility to read and understand the information in order to be an informed participant at the board meeting.

Meetings are to be held in a clean and comfortable room with refreshments provided. Materials and necessary supplies should be made available to the trustees.

Audio/visual equipment, microphones and tape recorders should be tested prior to the meeting to assure they function properly.

Committees are delineated in the bylaws and are established by the board. A clear definition of each committee's focus, purpose and responsibilities should be set forth. Committee chairpersons and members are determined by the full board with each trustee chairing or serving on at least one committee. It is helpful and appropriate to select a department manager to co-chair each committee with the assigned trustee, allowing them to work together on accomplishing strategic goals.

Board Development

Every successful board devotes significant time to ongoing board training beginning with the fundamentals of governance. This includes policy-making, fiscal oversight, operations, quality assurance/performance improvement (QA/PI), board and staff relations, monitoring organizational performance, representing the organization in the community and board assessment. Additionally, legal and ethical responsibilities of board service is understood and demonstrated by all trustees.

Developing an annual training calendar can be a useful tool. Numerous educational opportunities are available and often experts in health care can be found both within the organization and community. The Area Health Education Center, State Office on Rural Health and state hospital association can provide information on regional or national trainers. Additionally, published training tools, websites on governance and trustee journals are readily accessible.

An annual board retreat is an excellent way to combine social activities and educational instruction. Retreats can be held in a relaxing and comfortable environment, preferably not at the hospital, with adequate time for socializing and includes trustees, administration, medical staff and key management employees. A facilitated session, with an experienced moderator, is often most productive. The agenda could include strategic planning review and revision, updates on services, programs, utilization, staffing, financial reports, and completion of the annual board self-assessment. This venue provides time for sharing concerns and challenges as well as celebrating accomplishments and successes.

Attending regional, state and national health care trustee conferences and training sessions offer opportunities for networking, enhancing skills, and idea exchange with others.

Retention

A formal retention plan is vital to maximizing board sustainability and effectiveness over time. While trustees join the board with a specified term of office, as indicated in the bylaws, retention focuses on much more than assuring trustees fulfill the timelines of their appointment.

A clear understanding of trustee roles and responsibilities, well delineated performance expectations, and consistent communication among trustees and with the CEO are essential. Timely and responsive follow up by the CEO is a strong determinant of overall board satisfaction. While most trustees will agree to abide by board requirements of participation, committee work, attendance, and independent study, some members may not carry out these duties. A formal process for removing non-performing trustees from the board should be in place. If non-performing trustees are not held accountable, then counseled or removed from their position, a weakened and dysfunctional board is inevitable. This affects board morale and performance and ultimately, retention of valued trustees.

Being aware of individual members' strengths and areas of interest will assure the right match for the tasks needing to be completed. Opportunities to celebrate successes and accomplishments should be established and ongoing. An annual appreciation and recognition gala provides public acknowledgement of the value of the trustees. Additionally, attending to the intangibles of nurturing relationships, team building, and board social events will enhance a sense of camaraderie and raise levels of investment and ownership.

Trustees are individuals who give a tremendous amount of time, energy and expertise to the mission of the organization. Recognizing their needs, providing a viable board infrastructure, and demonstrating appreciation for their efforts is a primary retention endeavor.

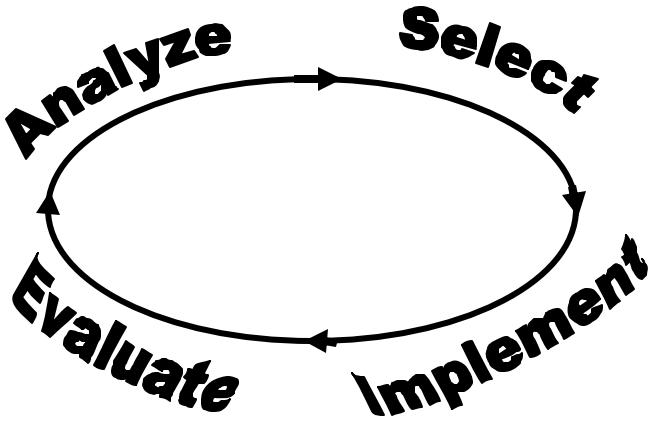
SECTION III

The Assessment Process

The Assessment Process

An ideal board assessment process should be integrated into routine board meetings and be a continuous ongoing process. Assessing the board at one point in time and then developing strategies to enhance board effectiveness doesn't address issues such as turnover in board composition nor the effectiveness of the implemented interventions (training/education). However, it is better than nothing.

The best way to initiate a board assessment process is to have an open discussion among administration and governing board members about the importance of performance improvement. Performance improvement is a continuous systematic process of analyzing problems, selecting solutions, implementing solutions, and evaluating the results.



Ideally, this process should be occurring internally among hospital departments and staff. If the administration and board supports the concept of a "learning organization", and performance improvement activities are part of the organizational culture, then it is much easier to suggest implementing a similar process for board members.

Board assessment should be a value-added process. The intent is not to identify and blame individual board members for their lack of performance. The goal of board assessments is to identify areas where board members could benefit from additional education or development and help them improve their performance through various interventions.

Boards are essentially high-level teams. Research on high-performing teams identified five key attributes that are critical for their effectiveness: knowledge, information, power, motivation, and time.[4] Effective evaluations assess:

- Depth and breadth of expertise and knowledge among directors
- The quality, quantity and timeliness of data that board members receive
- Implementation of board recommendations by senior management
- Commitment to organizational mission and goals
- Amount of time committed to duties and availability

Ambiguous expectations, weak accountability, unclear benefits associated with board development activities, and discomforts over giving up familiar patterns and practicing new ones, all serve as obstacles to improving board performance.[5] There are several conditions that must exist for successful board development to occur. These conditions include the following:

- Board members must be ready for change and accept the importance of attending to and improving performance
- Chief Executive Officer (CEO), board chair, and several members must initiate the process with enthusiasm and a clear commitment to bring about change
- Learning to work together more effectively must be embedded in the board's regular performance
- Board development should be framed as a means to improve overall organizational performance rather than merely the performance of the board
- Transforming board behavior through changes in routines, procedures, or structures, is easier than changing attitudes or personalities
- Link goals/objectives to performance indicators to measure tangible outcomes
- Board development is an extensive, long term process, not a quick fix

Where to Start

If a facility hasn't implemented a board assessment process, it is best to ease into this evaluation process by involving everyone on the board in its design and to start with a simple process. You might start by holding board evaluations every other year, eventually progressing to annual evaluations. The format and certain measures should change in response to current facility specific issues. Revisiting exactly the same objectives over and over can turn a dynamic process into a mechanical one.

[4] Korn/Ferry International: "Evaluating the Board of Directors"; 1998; web site accessed 7/31/02 – www.kornferry.com.

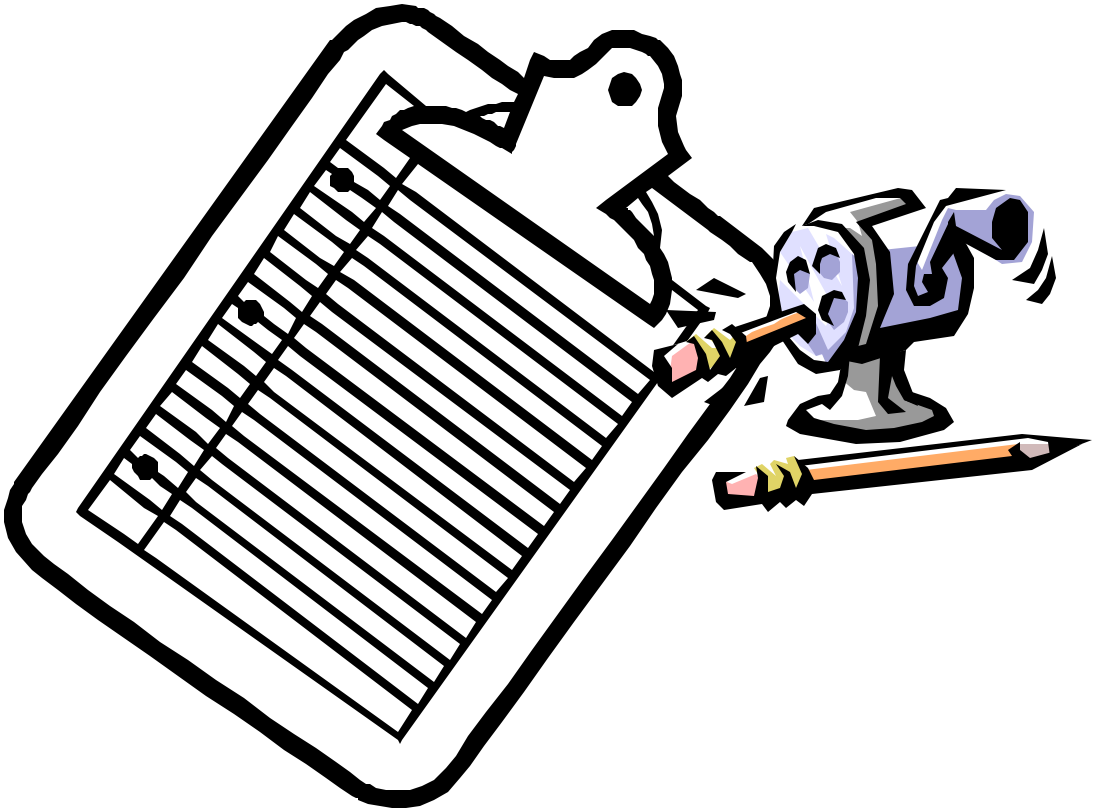
[5] Holland, Thomas P. and Blackmon, Myra: "Measuring Board Effectiveness – A Tool for Strengthening Your Board"; National Center for Nonprofit Boards, July 2000, p,4-5.

The first step is to establish the criteria that will be used to assess the board's performance. A committee of the board could spend time designing an initial set of performance measures that would be shared and approved by the entire board. These performance measures should focus on the board's performance in relation to its' roles and responsibilities, the board's relationship with the CEO, staff, and medical staff, and overall hospital performance.

Typically, the process would start at the beginning of the hospital's fiscal year by agreeing to a set of measures for the upcoming year. At the mid year point, the hospital leadership should assess progress and possibly modify activities, if needed, followed by a full evaluation at the end of the fiscal year. If particular issues arise during this evaluation, strategies should be developed to address the issues in the upcoming year and ideally, integrating these into the hospital's strategic plan.

There are a number of mechanisms that can be used to gather the information needed for the evaluation process. A written survey can be designed and distributed or the board members could be interviewed in person or by phone. The next section discusses the specific steps in this process and some of the advantages and disadvantages of various approaches.

SECTION IV



Conducting a Governing Board Assessments

Steps in Process

There are seven basic steps in any survey project. An eighth step was added to address how the data will be used and who is privy to the analysis.

1. **Establish criteria - what you want to learn**
2. **Determine your sample - who will you ask**
3. **Choose interviewing methodology - how you will ask**
4. **Create questionnaire - what you will ask**
5. **Pre-test the questionnaire, if practical - test the questions**
6. **Distribute questionnaire - ask the questions**
7. **Enter and analyze data - produce the reports**
8. **Distribution/sharing of reports.**

1. What do you want to learn?

Write down what information you need or what you want to know from the board members. Typically, in assessing a governing board, you want to know how well they know their roles and responsibilities, how well they believe they perform their roles and responsibilities, how they perceive the value of the support and information/data provided to them by the CEO in terms of timeliness, quantity, and quality, how they perceive their policies are being implemented, and generally, how satisfied they are with serving in this capacity and what suggestions they might have in improving their performance.

2. Who will you ask?

In this instance, the target population (who you will ask) will be governing board members of the hospital.

3. How will you ask?

There are a variety of methods including personal or group interviews and questionnaires (written, telephone, or on-line for individuals or groups). For our purposes, this guide is focused on constructing and conducting written questionnaires. There are other options you also might want to consider. There are a number of "off-the-shelf" products available for purchase[6] and several Internet companies that specialize in on-line governing board assessment surveys. Just search for "board evaluation" or "assessing board performance" and you can check out their websites and request information on costs. Unfortunately, most of these resources aren't tailored to small hospitals so caution is advised.

[6] National Center for Nonprofit Boards, "Self-Assessment for Nonprofit Governing Boards", Revised 1999.

4. What will you ask?

Write questions you think will elicit the information you need. Survey questions may be *open-ended* – questions requiring the respondents to provide answers in their own words, or *closed-ended* – questions requiring the respondents to select from responses or answers that are provided. Most surveys use closed-ended questions typically in the form of multiple choice, *True-False, Yes-No, Agree-Disagree* or rating and agreement scales: *Excellent to Poor or Strongly Agree to Strongly Disagree*. While open-ended questions can potentially provide greater insights into individuals' attitudes or knowledge, interpreting responses to open-ended questions is time consuming and can be misleading, unless you develop a carefully created coding system. Closed-ended questions are much easier for you to use and score because of the uniformity of the responses. For your greatest benefit, if you are considering an open-ended question, first determine if you can create a closed-ended question that can provide the same information. Either format should always include an opportunity to gather comments at the end of each section. You should also consider how the order of questions or the order of answer choices can affect the results. Mentioning something in one question can make people think of it while they answer a later question. Tips to constructing questions follow later in this section.

5. Pre-test questions

If you are designing a set of questions from scratch, these should be tested with a small number of individuals prior to distributing to the entire sample. Ideally, test the survey on the same kinds of people you will include in the main study. This kind of test run can reveal unanticipated problems with question wording, instructions to skip questions, etc. It can help determine if the questions are clear and concise and obtain useful answers.

6. Distribute survey

One key to a successful board evaluation process is the manner in which the surveys are distributed and collected. It is critical that anonymity be maintained in order to get honest responses. The survey must be anonymous and confidential. Surveys can be distributed to board members at a board meeting or mailed directly to their home. However it is distributed, make sure that the survey doesn't identify individual board members.

If there are funds to have an outside agency collect and analyze the data, include a postage paid return envelope directly to this agency. If you have to complete this process with internal resources, either have a central location where board members can drop off their surveys (which protects their identity) or include a postage paid return envelope.

If the survey is distributed through the mail, include a cover letter from the administrator to explain the reasons and importance for completing a survey. The letter should stress the need for board members to express their honest opinions and state clearly that the hospital administration nor anyone else will know the identify of the individual filling out the survey. Make sure the survey itself contains no identifying marks (numbers or other identifiers) that would lead the board member to think their identity will be compromised.

Because there are typically less than 15 to 20 individuals who serve on a hospital's governing board, it is critical that all board members complete the survey. This is unlike patient satisfaction surveys or market surveys where random sampling might be used to increase the validity of the results. Even though you will have a small number of responses (n), that doesn't negate the importance of this feedback.

7. Produce report

Efforts should be made to obtain a response from each board member even if it means having the CEO or board chair contact every board member to ensure they submitted their survey, making sure they stress the importance of including their feedback.

All data from the surveys should be entered into a database or spreadsheet program for analysis. It would be time consuming to try to manually tally responses to individual questions, although it is possible to do so. Aggregate and analyze all the responses (avoid partial analysis).

Typically a report includes a description of survey's purpose, who received the survey, how it was distributed, how many responded, a brief summary of the highlights, and the actual responses to each question. A board assessment report should include the frequencies (numbers) or distribution (percentages) of responses for each question. Sometimes it is useful to compare responses to two or more questions (cross tabulations). Avoid biases and "politically correct" conclusions. Wherever possible, the use of charts and graphs should be included to visually depict the data. Most word processing programs have the capability to insert a chart or graph.

8. Distribution/dissemination of report

Once a report has been prepared using the data from the survey process, a decision needs to be made on who has access to this data. Board members deserve feedback regarding the results so that they may develop strategies to improve performance. A good mechanism for sharing the results of the survey would be the preparation of a presentation using either Microsoft Powerpoint or transparencies.

Survey Design/Construction

Basic Tips on Writing Closed-ended Questions

1. Questions should be clearly related to what you are trying to accomplish with the survey. Questions should directly relate to the evaluation criteria identified and approved by the governing board. Board members need to see the connection between each question and the overall purpose of the survey.

2. Keep your questions brief and concise, using Standard English and proper grammar. Avoid jargon, acronyms, and scientific terms – all of which are common pitfalls when trying to communicate.

3. Avoid writing biased questions and responses, which lead the board member to provide responses that reflect your opinions or attitudes. The best way to check this is to ask someone with contrary views to review your survey for biases.

4. Do not introduce more than one concept, issue or thought per question. For example, "the board meets regularly and focuses on the strategic plan" would require a response to two attributes in a single question. It is possible for a board to meet regularly but not focus on the strategic plan and conversely, a board may not meet regularly but always focuses on the strategic plan. In addition, it is wise to group questions in an organized fashion or use a transitional statement in between to help the board members in answering questions.

5. Always include instructions on how to answer the question, no matter how obvious it may seem to you. Such as "check all that applies", "circle the one best answer", and so forth.

6. If you are coding your answers, check to see if your coding is consistent. (Coding is the assignment of a number that represents a response when using a computer to assist in handling the data). For example, all questions that are yes/no should use the same code to represent "yes" (either a number, or "y" or "t" for true, or "yes"). Note the response categories to the various questions in the sample survey included in this kit and the consistency of numbers that represent similar responses. If you are planning to input your survey responses into a computer or contract with an agency or university to compile your data, double check your final survey draft to make sure all coded responses are consistent.

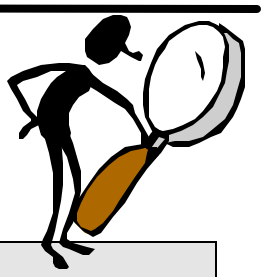
7. Once you have drafted your questions, you need to group them in logical order or sequence. In the sample survey included in the next section, you'll note that the survey questions are grouped with questions soliciting board member perceptions about the board as a whole related to particular roles and responsibility in specific areas (e.g. financial, quality, etc.).

Decision time…

You can draft your own survey questions from scratch or create a survey using a combination of your own questions and the questions contained in the sample survey provided in the next section. This survey instrument was designed by reviewing several different board evaluation surveys and incorporating what the authors felt were the best questions. The sample Board Assessment Survey includes questions for measuring perceptions about knowledge and performance levels and is on a CD in three formats (Microsoft Word file (doc), MS DOS text with layout (asc) and an ASCII file (txt)). The CD is can be found on the inside of the back cover.

To customize the survey to your facility, simply insert your facility's name where appropriate. Your survey should be as brief as possible without compromising its ability to provide the information you want. If the survey is too long, the response rate will suffer, the data gathered will become more difficult to manage, and the time you will need to process the data will increase. Once you have completed a draft of the survey, test it on a few colleagues. Ask them to critique it for clarity, simplicity and the time it takes to complete it. In other words, test its "user-friendliness!"

Packaging and Laying Out Your Survey



The Appearance of Things

The appearance of the survey can have a major impact on the response rate. The more attractive and easy to read, the more likely individual board members will complete it and return it promptly. The appearance of the survey also affects the boards' perceptions of the credibility and importance of the survey. Follow these basic rules of print design and layout when formatting the appearance of your survey:

1. Never use a type (font) size smaller than 10 point (pt). Preferable, use 12 pt. Remember, the smaller the type, the more difficult to read.

2. Don't crowd a page with type. Allow for space (known as "white space") between questions and provide adequate margins on the sides, top and bottom of the page. White space enhances the readability and eye appeal of the survey.

3. Use boldface, underlining, and italics to set off key words, phrases or instructions.

4. Use arrows and boxes to guide respondents to questions that must be asked in sequence. For example: "If you answered YES to Question 16, go to Question 18". An arrow from YES could be drawn to a box-containing Question 18.

5. Make two-sided copies. Single-sided pages will make the survey feel and look longer than it actually is, discouraging some from completing it. In addition, a survey printed using both sides of a page will weigh less, saving you money on postage, if you decide to use mail service.

6. Avoid page breaks within a question.

7. When possible, arrange responses to each question so they create a vertical presentation on the page. This vertical presentation of responses on the page helps prevent respondents from inadvertently missing an answer, which can happen if the responses require respondents to visually move all around the page rather than in a straight, vertical line.

8. Give the survey an attractive cover page, which should include the name of the survey, a brief statement of why this is being conducted, and the name of the organization sponsoring the survey. An attractive illustration that relates to the topic of the survey is also a good idea.

SECTION V

Board Assessment Survey Template

Board Assessment Survey Template

The following board assessment survey template was designed to address a variety of issues hospital board members must deal with in the hospital environment. It is as attempt to assess their knowledge of roles and responsibilities, and their perspectives about how well the board overall is meeting its responsibilities. It also includes sections to solicit suggestions on how the board can improve their performance.

- There are many other questions that might be included. If you are concerned about a particular issue, this template can be modified to include additional questions. If you have implemented a board development plan and want feedback regarding its perceived effectiveness, you might want to modify this template to include questions specific to those efforts.

This template is simply a starting point. You might want to use this template initially and after you have input from board members, refine the survey to focus on specific problem areas. The key is to gather information so you can make improvements in the performance of the governing board, which will ultimately strengthen the facility.

Whatever questions you select, it is important to use identical questions each year so that longitudinal comparisons can be made over time.

The survey template can be found on the Sample Files CD (see inside back cover).

BOARD ASSESSMENT SURVEY
_____ Hospital

We need your help! Your answers to the following questions will be an important part of the leadership development efforts for our hospital. Please take a few minutes to complete this survey, and return it in the enclosed postage paid envelope today. The information you provide will be anonymous.

ROLES/RESPONSIBILITIES

1. The organization has taken a variety of opportunities (such as media and community groups) to ensure that the community knows who serves on the hospital board.

   Strongly Disagree → Strongly Agree

   ○ **1** ○ **2** ○ **3** ○ **4** ○ **5**

2. The board members understand their relationship to management, employees, and the medical staff.

   Strongly Disagree → Strongly Agree

   ○ **1** ○ **2** ○ **3** ○ **4** ○ **5**

3. The trustees have a clear understanding of the roles of the board(s) and board committees of our organization.

   Strongly Disagree → Strongly Agree

   ○ **1** ○ **2** ○ **3** ○ **4** ○ **5**

4. The relationship of the committees to the full board is clearly understood by all trustees.

   Strongly Disagree → Strongly Agree

   ○ **1** ○ **2** ○ **3** ○ **4** ○ **5**

5. Every committee has a charge or annual work plan that clearly defines its tasks, priorities, and responsibilities.

   Strongly Disagree → Strongly Agree

   ○ **1** ○ **2** ○ **3** ○ **4** ○ **5**

6. Each committee charge or annual work plan directly relates to specific board goals, objectives, or ongoing responsibilities.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

7. The board and chief executive officer have mutually developed performance expectations and goals that are used throughout the year as the basis for performance assessment and development for our chief executive.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

8. Job descriptions exist for board members and for board officers.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

9. The chairperson job description is used as the basis for the chair's orientation and training.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

10. Board and trustee job descriptions are shared with potential new board members as part of the recruitment and orientation process.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

11. The hospital has an effective public relations and marketing strategy.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

12. The hospital has a designated public information officer.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

GOVERNANCE

13. The trustees are familiar with the hospital bylaws.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

14. The governance structure and function have not changed significantly in the last five years.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

15. Physicians are partners in leadership and are involved in governance and management throughout the organization.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

16. Board members are selected based on explicit, pre-established criteria, including community leadership or membership.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

17. The board is intentionally composed of a cross-section of community members.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

18. The board has a clearly articulated process for removing non-performing board members.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

19. Management's and trustees' time is used efficiently in the current governance structure and process.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

20. The number, type, and purpose of the board committees has been explicitly discussed by the entire board within the past two years.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

21. The board evaluates its committee structure and function annually, and modifies it when necessary.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

22. All standing committees meet regularly.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

23. Each of the committee chairs receives leadership training for the position.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

MISSION/PLANNING

24. The trustees are familiar with the hospital's mission statement.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

25. The mission describes the commitment to the community and is used by the board to evaluate all key decisions facing the organization.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

26. The organization collaborates with other community groups to assess, monitor, and improve community health.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

27. The board, key executive staff, and physician leaders meet together in a retreat at least annually to discuss key issues and concerns.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

28. The hospital has a strategic plan.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

29. The hospital updates the strategic plan annually.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

30. The strategic plan is used to guide and evaluate efforts during the year.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

BOARD DEVELOPMENT

31. The board has a formal new trustee orientation process.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

32. Several board members are involved in planning and conducting the trustee orientation.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

33. All new board members are required to complete the orientation process.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

34. The orientation process introduces board members to health care, their board and governance culture, and the hospital's services.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

35. The board orientation process includes opportunities to meet and socialize with administration and department managers.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

36. The board orientation process includes opportunities to meet and socialize with local physicians.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

37. The board periodically evaluates the content, format and process of board member orientation to ensure it meets its purpose(s).

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

38. All board members participate in a continuing education process (board development) that is based on identified needs.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

39. Orientation is complemented and reinforced by board retreats and by an ongoing program of education and development.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

BOARD EFFECTIVENESS

40. The board has developed performance standards that are used to assess each member's performance and needs.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

41. The full board engages in formal self-assessment at least annually that examines both strengths and weaknesses and plans for improved performance.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

42. The board's agenda materials consist primarily of management and financial reports and committee minutes.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

43. The board focuses on policy at each meeting.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

44. During board meetings, we spend the majority of our time reviewing what happened at committee meetings and approving the actions taken by committees.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

45. The board does not act in an administrative/management capacity in day-to-day operations of the facility.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

46. During board meetings time is set aside for discussion of the strategic plan.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

47. The board agenda materials for each meeting include the organization's mission statement.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

48. The board chair's performance is evaluated by the board each year.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

49. The chair takes a leadership role in organizing and overseeing the CEO annual evaluation process.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

50. The board(s) does not lack certain necessary skill sets or attributes among members.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

51. We would benefit from training in the following areas: (check all that apply)

- ❑ Board Governance Responsibilities
- ❑ Medical Staff Relations
- ❑ Leadership and Management
- ❑ Strategic Planning
- ❑ Financial Performance (overall, by department, by service)
- ❑ Customer Perception/Satisfaction
- ❑ Market/Community Awareness
- ❑ Patient Satisfaction
- ❑ Information Management and Analysis
- ❑ Staff Satisfaction
- ❑ Staff Development and Training
- ❑ Access Measures (emergency, primary care, home health, etc.)
- ❑ Intake and Triage Processes
- ❑ Discharge/Referral/Placement Processes
- ❑ Patient Care Related Processes
- ❑ Patient Safety Measures
- ❑ Physician Satisfaction
- ❑ Clinical Outcomes

FINANCIAL

52. The board reviews and adopts an annual budget that sets revenue and expense targets.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

53. The budget reflects the priorities established in the strategic plan.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

54. The board receives and adopts a long-term capital expenditure plan that estimates projected sources, uses, and costs of future funds for buildings and equipment.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

55. The board receives and discusses regular financial reports during the year to determine compliance with annual budget and capital expenditure plans.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

56. Financial reports are understood by the board.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

57. The board approves specific targets and limits on items such as debt, liquidity, return on investment, and other financial ratios to provide us with early warning signals of poor financial performance.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

58. We receive and review follow-up reports on programs that were previously approved, such as joint ventures, to ensure that original projections and expectations are being met.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

59. The board requires an annual independent audit and considers the auditors' recommendations.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

60. The hospital has a foundation that supports the mission.

Yes ? No ? (skip to Question #67)

FOUNDATION/FUND-RAISING

61. The board works closely with the foundation's executive director to ensure mutual goal setting.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

62. The foundation has a mission statement that clearly identifies its primary purpose and priority areas for funding.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

63. The foundation's mission is consistent with and supports the hospital's mission and strategic plan.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

64. The foundation actively seeks input from the hospital's administrative and management staff about funding needs.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

65. A foundation representative regularly attends hospital board meetings.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

66. Hospital board members attend foundation board meetings.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

QUALITY ASSURANCE/PERFORMANCE IMPROVEMENT

67. The board has a quality assurance/performance improvement (QA/PI) program for monitoring the quality of care at the hospital.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

68. The board establishes clinical outcome expectations or targets to insure performance improvement.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

69. We review and discuss quality reports that provide comparative statistical data about the hospital's clinical services and patient care.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

70. The board members are actively involved with quality assurance/performance improvement on a regular basis.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

71. Board members are provided an orientation to risk management, EMTALA, and medical liability issues.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

72. The board has directors and officers liability insurance.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

73. Board members are provided an orientation to the credentialing process for medical staff.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

74. Board members receive formal continuing education in the area of quality assurance/performance improvement.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

75. The organization makes available to the community a report card showing the level of quality and service it delivers.

Strongly Disagree → Strongly Agree

○ 1 ○ 2 ○ 3 ○ 4 ○ 5

GENERAL QUESTIONS:

A. What are the top three priorities for our hospital in the next 12 to 24 months?

B. From the community's perspective, what does the hospital do well?

C. What areas need improvement (from the community's perspective)?

SECTION VI

Survey Report/Presentation Template

Processing Survey Responses

There are a couple of choices when it comes to processing the survey responses and compiling the data. If this is a simple comparison on the number of respondents who answered a question one way or another, this can be done manually. However, if you want to get the most from your data, by comparing multiple responses or variables, you should either enter and analyze the data yourself (see data entry section below) or consider contracting with another agency practiced in research to compile and prepare the data for you. Many outside agencies will charge you only a nominal fee based on the number of questions and number of respondents. There might be additional value in having an outside agency provide an objective report and individuals may feel greater anonymity if an outside agency handles the responses.

If you choose to contract with an outside agency, have them review your survey questions before distribution. Many of these agencies utilize a certain response "coding" system to fit their particular computer program capabilities, and they may want to modify each question's response categories. In addition, they may prefer that responses be mailed directly to them so they can compile the responses as they are returned.

If you would like to have an outside agency compile your data for you and are unable to locate such an agency in your area, call the Mountain States Group at (1-800-382-4234 extension 235) for price quotes.

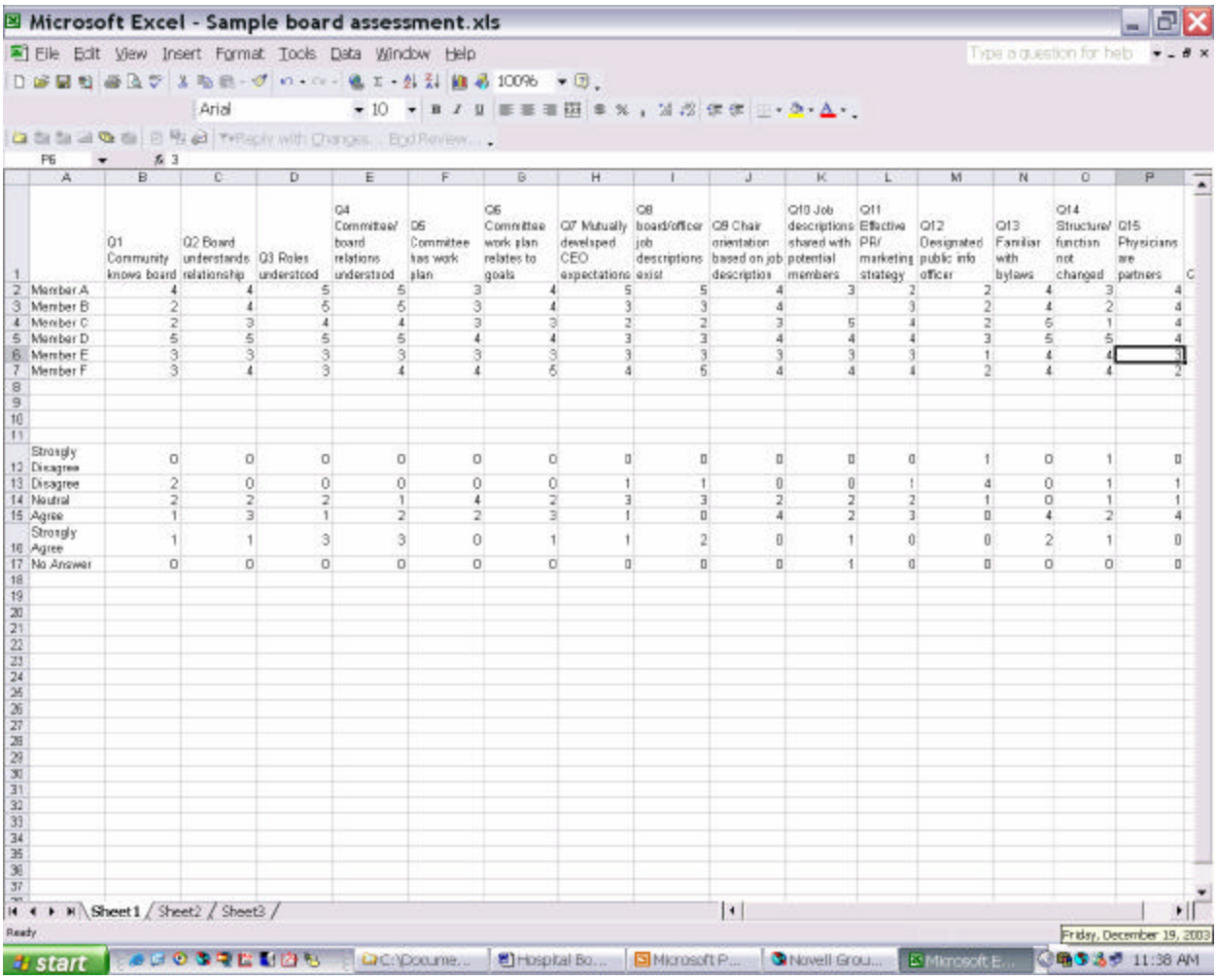
Data Entry

One of the easier methods to data entry and extraction would be using Microsoft Excel. The following is a brief explanation on how you would set up a spreadsheet (workbook) to enter the data from the board self-assessment survey template using Excel. A sample workbook is included on the CD containing all sample files located on the Sample Files CD (see inside back cover).

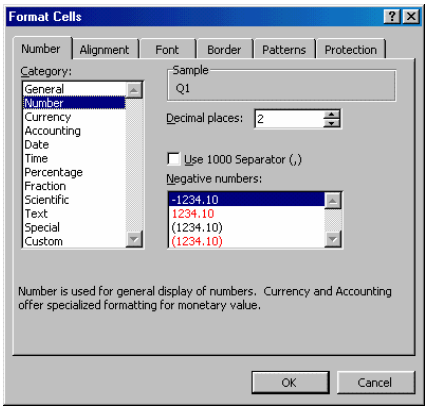
Open a new office document and select the blank workbook option to start Excel. The cursor will appear in the top left hand cell of the workbook. Simply type in the various fields across the top row for each of the questions in the various sections (1, 2, 3, 4, etc.). The following graphic displays the screen showing what the workbook might look like. You could also name the fields according to the content of the question. For

example, the first question asks about the ensuring the community knows who serves on the hospital board. The field name could be “Community Knows Board” rather than “1”. Either setup will work, however the later might be more helpful when it comes time to extract the data.

Actual Excel Screen



	Q1 Community knows board	Q2 Board understands relationship	Q3 Roles understood	Q4 Committee/ board relations understood	Q5 Committee has work plan	Q6 Committee work plan relates to goals	Q7 Mutually developed CEO expectations	Q8 board/officer job descriptions exist	Q9 Chair orientation based on job description	Q10 Job descriptions shared with potential members	Q11 Effective PR/ marketing strategy	Q12 Designated public info officer	Q13 Familiar with bylaws	Q14 Structure/ function not changed	Q15 Physicians are partners
Member A	4	4	5	5	3	4	5	5	4	3	2	2	4	3	4
Member B	2	4	5	5	3	4	3	3	4		3	2	4	2	4
Member C	2	3	4	4	3	3	2	2	3	5	4	2	5	1	4
Member D	5	5	5	5	4	4	3	3	4	4	4	3	5	5	4
Member E	3	3	3	3	3	3	3	3	3	3	3	1	4	4	3
Member F	3	4	3	4	4	5	4	5	4	4	4	2	4	4	2
Strongly Disagree	0	0	0	0	0	0	0	0	0	0	0	1	0	1	0
Disagree	2	0	0	0	0	0	1	1	0	0	1	4	0	1	1
Neutral	2	2	2	1	4	2	3	3	2	2	2	1	0	1	1
Agree	1	3	1	2	2	3	1	0	4	2	3	0	4	2	4
Strongly Agree	1	1	3	3	0	1	1	2	0	1	0	0	2	1	0
No Answer	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0



Once you have the spreadsheet set up and each field named (separate field for each question), you can start entering the data. It would be helpful if you selected the entire workbook and formatted the cells to be numeric. To do that, simply place your mouse on the first column (far left) and click and drag the mouse across the top of the spreadsheet until all the columns are selected. From there click on “format” and then “cells”. From there the dialogue box to the left will appear. Select “number” under “category” and “0” decimal places and click on “OK”. For questions that will contain text, select the column, click on “format” and then “cells”. Select

“general” or “text” under “category” and click “OK”.

Once you have all data entered you can start extracting the data to use in the development of a report. There are a dozen different ways to extract the data and use it to prepare a report. A training course in Excel would provide the necessary knowledge to set up workbooks and extract and analyze the data. There is an excel file that can be found on the Sample Files CD (see inside back cover). There are formulas embedded in the cells to count the number of responses to “Strongly Disagree”, “Disagree”, “Neutral”, “Agree”, “Strongly Agree”, and “No Answer”. You can simply copy and paste the data from these cells into a chart in Powerpoint or create charts in excel to import directly into your report.

Survey Report Contents

When preparing your report, we suggest you emphasize graphics along with text. Surveys lend themselves very well to a variety of graphs and charts. You will find graphs present the data in a much more concise and digestible manner than text and are much more effective in presentations. Text can be used to clarify and reveal greater analysis.

The report format should identify weaknesses but also celebrate successes. While you don't have to act on every suggestion that your board members give you, you should take action on the key items that are causing dissatisfaction. Remember that your goal is to improve quality and effectiveness, not to place blame.

Also remember that with so few responses, extra effort might need to be taken to protect the anonymity of the respondents. You want honest feedback from your board members, but you don't want to publicly embarrass anyone by displaying a comment that could be linked to one individual.

Data can be reported by single variables, or two variables at a time (cross tabulations), or multiple variables. For purposes of this report, data will be reported as single variables – including means, medians, modes and frequency distributions. For instance, how many members selected "strongly agree" to the question that asks if job descriptions exist.

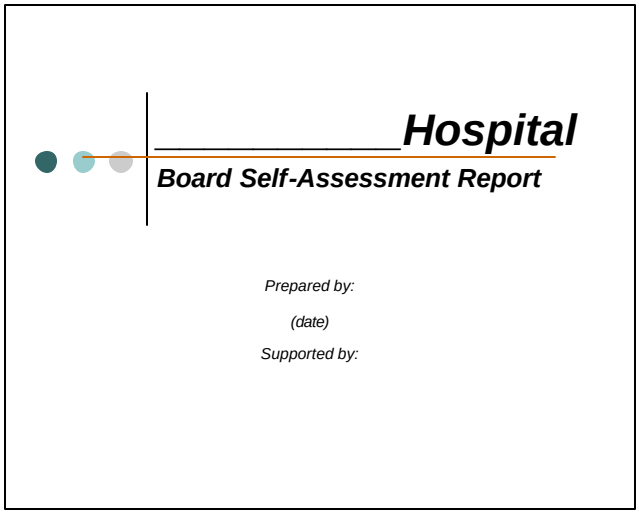
Typically a report includes a description of survey's purpose, who received the survey, how it was distributed, how many responded, a brief summary of the highlights, and the actual responses to each question. A survey report should include, at a minimum, the frequencies (numbers) or distribution (percentages) of responses for each question.

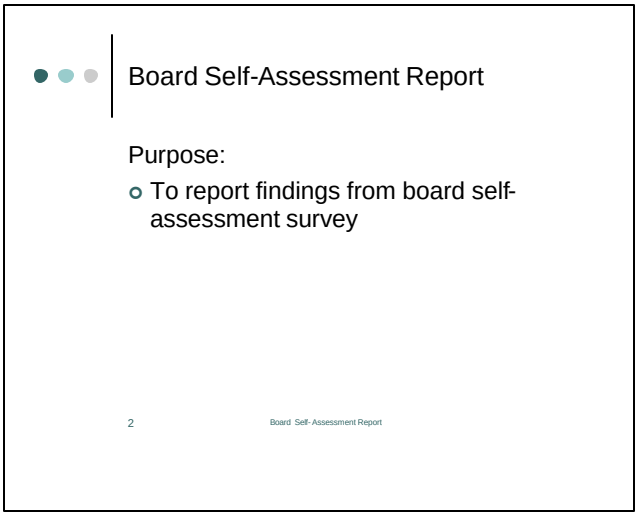
Presenting the Data

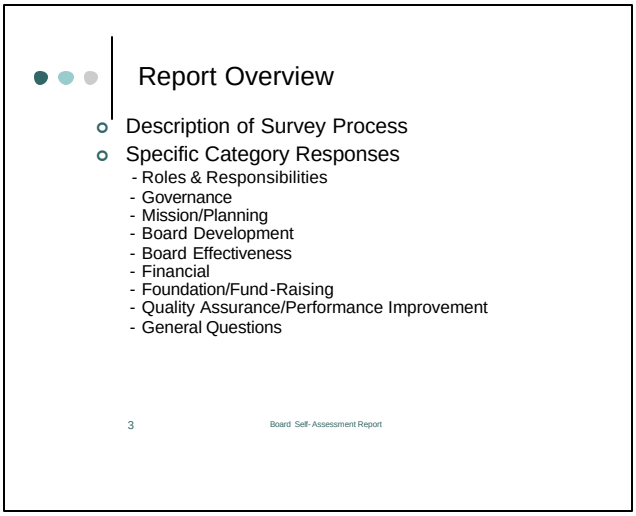
One of the quickest and easiest ways to develop a report that can double as a presentation is by using Microsoft Powerpoint. You can take the raw data and transform it into charts and graphs that visually display the results. It is especially useful for comparing data from several different points in time. The following inserts are slides from a Powerpoint presentation that show how you could present the data in a form that is easily understood.

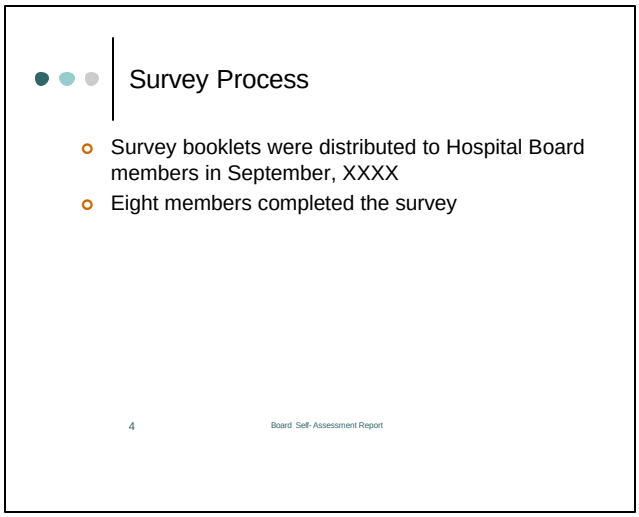
This example of a board self-assessment report includes a report on all data and is developed in the form of a Powerpoint presentation. It is from an initial survey that only looks at the data gathered at a single point in time and displays the data in chart format. Typically, board self-assessment surveys are completed once a year. An initial survey can be used as a baseline to compare subsequent survey data. Data from a survey can be used to determine the types of in-service programs to provide to board members to

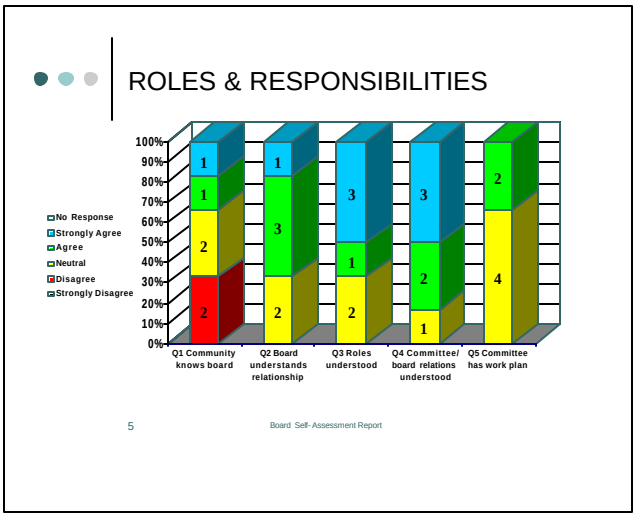
make sure they have the requisite knowledge and skills to perform their responsibilities. A copy of a sample board assessment survey report/presentation can be found on the Sample Files CD (see inside back cover).

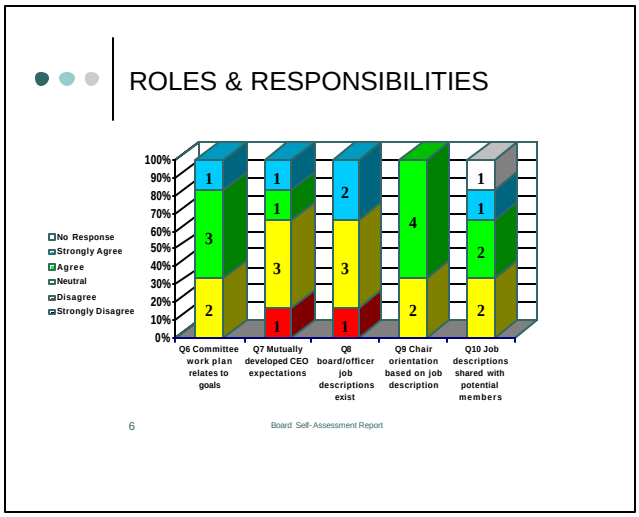












SECTION VI

What Next? Making the Most of the Data

Making the Most of the Data

Just as an employee's annual evaluation is an opportunity to note achievements and determine areas for performance improvement, so does the board self-assessment provide valuable information about group performance and growth opportunities. Accomplishments, strengths and progress toward goals as well as identification of areas needing attention and targeted problem spots also become apparent.

The primary goal of self-assessment is evaluate board performance and effectiveness while monitoring governance function and practice. Strategic oversight, QA/PI activities, board training and education, integration of mission/vision/values, and future development of the organization are essential indicators of board effectiveness and performance.

To assure appropriate and meaningful use of the assessment results, presentation of the data should initially be made to trustees and CEO. A format that promotes discussion and clarification of results is beneficial. Throughout the presentation of results, themes will be to emerge. These should be noted with initial development of a Tactical Response Plan (TRP) to address identified needs, gaps or areas of weakness. Refer to Sample Tactical Response Plan below.

The TRP should include a statement of the problem, corrective strategies or action steps, timelines for completion, and lead person to facilitate progress toward goals. Some targeted activities may be merged into the organization's strategic plan. TRP updates should be standing agenda items at each board meeting, briefly offering information about actions taken toward problem resolution and performance improvement.

Sample Tactical Response Plan

Problem: **Weak trustee orientation process**

Action Steps:

1. **Identify areas to include in orientation**
2. **Development orientation format with completion timeframes**
3. **Prepare checklist for tracking orientation activities**

Timeline: **Draft plan to board by December board meeting**
Lead Person: **Board Chair and Human Resource Director**

Because trustee orientation is one area that is often neglected, we have included a performance aid in Appendix 1 with a recommended orientation process.
To retain the integrity of the assessment, the results should be treated as confidential, but not secretive, and kept in context. Parceling out fragmented information can lead to misinterpretation, assumptions and misrepresentation of data. The same is true with keeping the results "secret"; this behavior feeds distrust and "there's something to hide" mentality leading to speculation, suspicion and misconstrued conclusions.

An executive summary of the board assessment report and results as well as a synopsis of the TRP should be prepared for hospital management and medical staff. This summary should include an overview of focal areas evaluated; that is, the topics that are rated in the assessment tool, a brief description of what each area includes, and a collective general response to each of the main focal areas.

Additionally, the summary will offer the basic Tactical Response Plan outline, noting in general terms, how the hospital board will proceed with performance-enhancing activities and measures.

Presentation of the executive summary demonstrates the boards' willingness to acknowledge growth areas and is a statement of commitment and motivation to improve performance. Sharing basic information about the assessment process and results provides a meaningful and educational exchange of information between trustees and management.

Open, consistent and frequent communication with hospital managers, and in broader terms, with the community as to progress and improvements made as a result of the board assessment will ensure continual performance improvement efforts at the top level of the organization.

Promoting sustained individual and collective accountability for board enhancement over time is a key element in assuring successful, healthy growth. The responsibility of demonstrating commitment to accountability rests with the hospital board. As the trustees lead the organization by words and actions, the bar is raised and performance expectations are not only met but exceeded at all levels.

APPENDIX 1

These are suggested items and tasks to be included in a new trustee orientation process. In addition to the following, it can be helpful to develop a mentorship system that matches a veteran trustee with the newly appointed board member to provide support, information, and a personal contact on the board. A four to eight week timeframe for completion of initial orientation is recommended.

TRUSTEE ORIENTATION MANUAL

Section I

Letter of welcome from CEO and board chair
Letter of appointment with length of term noted
Hospital's mission and vision statements
Adopted values, code of conduct, culture Statement, etc.
Copy of hospital's bylaws

Section II

Executive Summary (to include hospital's history, current staffing, services and programs, milestones, challenges and vision for the future)
Strategic planning document
Organizational chart
Copy of past 3 hospital newsletters, promo brochures, etc.
Roster of trustees, CEO, administrative council and medical providers with contact information

Section III

Trustee job description
Confidentiality statement (to be signed)
Annual calendar of board meetings and scheduled yearly hospital events with dates, times, location and contact person
Minutes from past 3 board meetings
Annual reports and/or audits for the past two years
Current budget and other financial reports
Hospital compliance plan and QA/PI plan for current year
Bylaws of the auxiliary
Bylaws of the foundation
Bylaws of the medical staff
Committee structure (definitions, responsibilities, meeting schedule, chair/membership information)

The following activities should be included in the initial orientation process with targeted completion timeframe of four to eight weeks from time of appointment.

- ✓ Initial meeting with CEO and Board Chair to welcome and outline orientation process
- ✓ New trustee to have completed initial reading of manual
- ✓ Scheduled tour of the facility
- ✓ Personal introduction to medical staff, Administrative Council and department managers
- ✓ Individual meetings with each department manager to become familiar with hospital staff, programs and services
- ✓ Follow up meeting with CEO and Board Chair to evaluate orientation progress, provide support, clarification, etc.

Contents include why assess governing boards; why do people serve on boards, achieving optimal board performance, a description of survey methods; step-by-step instructions on conducting a board survey assessment; survey template; processing survey responses; survey report content; and survey report Powerpoint presentation template.

Disk with Microsoft Word, Excel, and Powerpoint files with survey templates and presentation templates included.

Save substantial dollars in consulting fees by utilizing the tools included in this publication.

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