The Governance Evolution:

Meeting New Industry Demands

2017 Biennial Survey of Hospitals and Healthcare Systems

THE GOVERNANCE INSTITUTE

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Acknowledgments

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The Governance Institute provides trusted, independent information, resources, tools, and solutions to board members, healthcare executives, and physician leaders in support of their efforts to lead and govern their organizations.

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Executive Summary

This year's analysis continues to show governance evolution in several areas, indicating that boards are still moving towards a value-based business model, although more slowly than we would like to see. While we hope to see the pace of change in this regard increase in future surveys, this report shows a few indicators in the right direction, including more system-level control of key issues such as community benefit goals and measurement, a continuing increase in the number of respondents participating in an ACO or clinically integrated network, and an increase in physicians involved at the governance level.

While these issues seem to be moving in the right direction, there are other areas of continued opportunity for boards to consider regarding structure and culture, in order to meet the demands of a value-based healthcare payment landscape. We are looking for boards to spend more time during board meetings on strategic-level discussions rather than hearing reports from management. Also, while most boards have added strategic goals related to population health and value-based payment, very few boards have added new expertise to prepare for and/or succeed with population health management and value-based payment models. Finally, while most boards indicate a high level of agreement with indicators of board culture, only a very small percentage of boards indicated that they "strongly agree" with all indicators as a whole, which we consider to be the test of a truly healthy board culture. This, along with the proper structure and board composition, is critical for boards to achieve their highest potential and move their organizations more quickly towards transformation. *(It is notable that independent hospitals make up the largest group responding to the survey this year, and such the overall averages reflect a higher weight towards independent hospital makeup. As such, we have distinguished where possible when health system and/or subsidiary hospital performance is remarkably different than the overall frequencies.)*

Despite the current uncertainty regarding federal legislation, the large majority of this uncertainty is surrounding the insurance market, and there is still widespread agreement that the payment and delivery models will continue the need to evolve further and faster away from fee-for-service. Board structure and culture will need to also evolve further and faster in order to make this transformation a reality. The paragraphs below summarize the main findings from this year's survey analysis.

Governance Structure & Culture

Governance structure is an essential component of the effectiveness of a board, which affects culture (of both the board and the organization) and the board's ability to perform. The governance structure questions also relate to system and subsidiary board structure, and whether boards are changing their structure or activities to prepare for population health and value-based payments. Culture questions relate to how the board builds relationships, communicates, and makes decisions. Governance structure has remained relatively consistent over the past few surveys. A few differences this year are briefly summarized below.

Board composition: The average number of board members decreased slightly since 2015—12.9 vs. 13.6—and the median went from 13 to 12. There has been only a slight shift in board composition from 2015 to this year; the most significant being a slight decrease in the number of independent board members, and a slight increase in medical staff physicians. Nurse representation on the board remains startlingly low, considering the key role nurses play in patient quality of care, satisfaction, and customer loyalty. Again, board diversity has not increased significantly.

Board meeting content: Boards continue to increase the use of a consent agenda (77%, up two percentage points from 2015). However, 66% of board meeting time is devoted to hearing reports from management and committees and reviewing financial and quality/safety reports. Only 24% is spent on discussing strategic issues/policy (down from 26% in 2015 and 33% in 2013); and 12% to board education (up from 11% in 2015, but down from 17% in 2013).

Committees: The average number of committees overall remains stable at seven. The compliance committee shows the most dramatic increase in prevalence (48% this year vs. 28% in 2015). This year we added a population health/community health improvement committee to the survey (separate from community benefit) to discern to what degree organizations are treating this as a priority at the board level. Eighteen percent (18%) of respondents overall have this committee; 9% of health systems and 20% of subsidiary hospitals have such a committee.

More boards have a quality committee (77% vs. 74% in 2015), with larger increases among subsidiary and government-sponsored hospitals. The executive committee is more likely to have full decision-making authority between board meetings (40% vs. 36% in 2015).

Board member compensation: Overall, board member compensation remains stable (12% compensate the board chair, and 11% compensate other board members). Also, the level of compensation remains low (less than $5,000). There was a significant decrease in the percentage of systems that compensate board members (9% in 2017 compared with 18% in 2015; however there were fewer of the largest systems—2000+ beds—responding to this year's survey).

Board education: 27% of respondents spend $30,000 or more annually for board education (down from 31% in 2015); 6% said they don't spend any money on board education (up from 2.6% in 2015). Health systems generally spend more for board education than other types of organizations. This year, the data analysis showed that for boards spending $30,000 or greater on board education, there is a greater tendency to indicate strong agreement to the questions in the board culture section of the survey.

Accountable care organizations: More than half (55%) of the respondents are participating in an ACO model of some type (up from 47% in 2015). The majority of ACOs are health system owned (44%); the second largest percentage overall is a joint venture between two or more entities (18%). A few are hospital-owned or an independent entity (11% and 8% respectively). The size of the covered patient population is generally large (more than 50,000 people) for all types of organizations; however, a sizeable percentage of respondents cover 20,000 or fewer in their ACO.

Board culture: We asked respondents to state how strongly they agreed with a list of 13 board culture-related statements. Each individual statement regarding board culture is important, but not indicative of a healthy culture by themselves. As such, we looked at these statements taken together as a whole to use as a reliable indicator of a healthy board culture. To determine the degree of healthy board culture overall (all statements combined), we calculated an overall average "letter grade" for each type of organization, combining all board culture statements ("strongly agree" and "agree") into one score (showing there is room for improvement):

- Overall: 87% or a B+
- Health systems: 93% or an A
- Independent hospitals: 86% or a B
- Subsidiary hospitals: 91% or an A-
- Government hospitals: 80% or a B-

Only 31 respondents (6.7%) reported that they strongly agree with all 13 statements. Refer to the section on Board Culture in the main body of the report for more information.

Population health management: 60% of respondents have added population health goals (e.g., IT infrastructure and physician integration) to the strategic plan since 2015. The same percentage reported such changes from 2013–2015 as well. This indicates that the majority of boards are continuing to add new population health goals to their strategic plan, rather than sticking to the initial goals reported in 2013. Forty-five percent (45%) of respondents have not made any changes to board structure since 2015 in regards to population health management. Very few organizations have added board expertise in population health management, predictive modeling, and risk management.

Actions taken to succeed with value-based payments: 49% of respondents have not made any changes to the board or management team since 2015 to succeed with value-based payments (this is down from 54% from 2013–2015). Fifty-six percent (56%) of respondents have added value-based payment goals to strategic and financial plans since 2015. (57% of respondents added such goals to their plans from 2013–2015, indicating that new goals continue to be added since the last reporting period.)

System–subsidiary governance structure: Systems are more evenly split this year regarding governance structure. About one-third have one system board with fiduciary oversight for the entire system; another third has a system board and subsidiary boards with fiduciary duties; and the final third has a system board and subsidiary advisory boards. Only 61% of system respondents said that the association of responsibility and authority is widely understood and accepted by both local and system-level leaders (down significantly from 86% in 2015).

We also ask subsidiary boards to tell us whether they retain or share responsibility with the system board for certain board-level issues, or if their system board retains sole responsibility. The most significant findings from this year's survey include:

- While there is an increase in systems retaining responsibility for determining subsidiary capital and operating budgets, there is also an increase in subsidiary boards retaining responsibility (less "shared" responsibility).
- There is greater shared responsibility regarding setting quality and safety goals, and a corresponding decrease in subsidiary boards having sole responsibility for this.
- More systems are getting involved in appointing/removing and evaluating the subsidiary chief executive.
- There is polarization regarding electing/appointing subsidiary board members: this year, more subsidiary boards retain sole responsibility and conversely, more systems retain responsibility, while there is significantly less shared responsibility.
- Community benefit is a key area where we are seeing systems more involved at the subsidiary level, with more systems retaining responsibility for calculating and measuring subsidiary community benefit, and also setting community benefit goals for subsidiaries.
- More systems are establishing board education and orientation programs for their subsidiaries.

Introduction and Reader's Guide

THE GOVERNANCE INSTITUTE SURVEYS U.S. NOT-FOR-PROFIT hospitals and health systems every other year and, although the framework of the surveys remains similar, the information sought varies slightly from year to year. This year's survey sought to uncover how board structure and culture are continuing to reflect the industry's movement towards value and population health across the continuum, and away from hospital-centric organizations. Over the past several reporting years, the adoption of our recommended practices (usually included in the second half of the report) has remained relatively high and stable across most respondents. Thus, we did not survey on governance practices this year, and will survey again in 2019 to see if there is any more movement towards increased adoption and performance of those practices. In addition, we anticipate that some of the practices on that list will have changed between 2015 and 2019.

This report presents the results by topic. This year's report focuses on governance structure and culture, and offers comparisons with previous reporting years as well as notable variations by organization type—systems, independent hospitals, hospitals that are part of a multi-hospital system ("subsidiary" hospitals), and government-sponsored hospitals. We use frequency tables, reported as a percentage of the total responding to specific questions.

The Appendix included in this report shows all 2017 results by frequency (percentages) by organization type, AHA designation, and bed size. (Additional appendices reporting board structure for each organization type are available online at www.governanceinstitute.com/biennialsurvey.)

The results reported here do not include those responding "not applicable" nor missing responses. Therefore, the "N" (denominator) is not fixed; it varies by question. For total number of responses for each question—overall and for the various subsets on which we report—see the Appendix.

Who Responded?

All U.S. not-for-profit acute care hospitals and health systems, including government-sponsored organizations (but not federal, state, and public health hospitals), received a copy of the survey—a total of 4,418. We received 465 responses (10.5%). Of those, 427 respondents had a fiduciary board. The 38 respondents who do not have a fiduciary board completed some questions in the survey that were relevant to them, so those answers are included in the overall results. We are seeing a trend of more subsidiary boards having fewer or no fiduciary duties, so in future surveys we plan to include advisory boards in the survey and will report on those boards separately, to gain a fuller picture of how board responsibilities are shifting in our nation's growing health systems, and to better understand the roles of advisory boards.

Due to the increase in hospitals being affiliated with systems in the total surveyed population, and some anecdotal indicators of systems reducing the number of fiduciary boards within their governance structures, we wanted to gain a more clear understanding of how many hospitals are represented by the total respondents. Based on the number of hospital facilities owned by the health system respondents, this year, the 465 respondents represent a total of 904 hospitals, or 20.5% of the total hospital survey population.

In general, distribution of responding organizations matched those types of organizations in the surveyed population (see **Table 1** on the next page).

Comparison of Respondents 2017 vs. 2015

Twenty-eight percent (28%) of the respondents in 2017 also responded to the survey in 2015.

Table 1. Survey Responses

	2017		2015		2013	
	Respondents	Population	Respondents	Population	Respondents	Population
Organization	N = 465	N = 4,418	N = 355	N = 4,121	N = 541	N = 4,199
Religious (67)	14%	13%	13%	14%	10%	13%
Secular:						
Government (107)	23%	23%	29%	22%	26%	24%
Non-Government (358)	77%	64%	71%	64%	74%	63%
Number of Beds						
< 100 (240)	52%	56%	37%	42%	36%	43%
100–299 (113)	24%	24%	30%	30%	33%	29%
300+ (112)	24%	20%	33%	28%	30%	28%
System Affiliation (150)	32%	51%	32%	62%	45%	58%

Table 2. 2017 vs. 2015 Respondents

	Number of Respondents in 2017	Number of Respondents in 2015	Number of Respondents Who Completed the Survey in both 2015 and 2017
Systems	51	50	15
Independent Hospitals	315	140	74
Subsidiary Hospitals	99	62	14
Government-Sponsored Hospitals	116	103	25
Total	465	355	128

Governance Structure and Culture

Board Size and Composition

Summary of Findings

- Average board size: 12.9
- Median board size: 12
- Voting board members:
  - Medical staff physicians (not including CMO): average is 2.0; median is 1
  - "Outside" physicians: average is 0.8; median is 0
  - Staff nurses (not including CNO): average is 0.02; median is 0
  - Management (including CMO and CNO): average is 0.7; median is 0
  - Independent board members: average is 9.2; median is 9
  - Female board members: average is 3.4; median is 3
  - Ethnic minority board members: average is 1.3; median is 1
- Term limits: 56% of boards limit the number of consecutive terms; median maximum number of terms is 3.
- Board member age limits: 4.6% of boards have age limits (down three percentage points from 2015); average age limit is 67.7; median is 72.
- Average board member age: 57.8 (one year younger than 2015); median board member age: 58 (two years younger than 2015); overall age range on the board is 35 to 76.

The average number of board members decreased slightly since 2015—12.9 vs. 13.6—and the median went from 13 to 12. There has been only a slight shift in board composition from 2015 to this year; the most significant being a slight decrease in the number of independent board members, and a slight increase in medical staff physicians. Government-sponsored hospitals were the only group by organization type to show an increase in overall board size this year. Table 3 shows the overall comparison; Tables 4–7 show a comparison of board composition for each organization type.

Table 3. 2017 and 2015 Board Composition

All Respondents	Total # of Voting Board Members		Management*		Medical Staff Physicians**		Independent Board Members***		Other Board Members****	
	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015
Average # of Voting Board Members	12.9	13.6	0.8	0.9	2.0	1.7	9.2	10.1	0.9	0.9
Median # of Voting Board Members	12	13	0	0	1	1	9	9	0	0

*Includes the CMO and CNO.
**Includes employed physicians but does not include the CMO, which is included in management.
***Includes independent physicians (who are not on the organization's medical staff/not employed).
****Includes nurses who are employed by the organization and faith-based representatives.

Table 4. System Board Composition

Systems	Total # of Voting Board Members		Management*		Medical Staff Physicians**		Independent Board Members***		Other Board Members****	
	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015
Average # of Voting Board Members	16.3	17.6	0.9	0.9	3.5	2.0	10.4	12.8	1.4	2.0
Median # of Voting Board Members	15	16	0	1	1	1	11	12	0	0

Note: Average board size decreased, reflected in a decrease in independent board members, but medical staff physicians increased.

Table 5. Independent Hospital Board Composition

Independent Hospitals	Total # of Voting Board Members		Management*		Medical Staff Physicians**		Independent Board Members***		Other Board Members****	
	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015
Average # of Voting Board Members	11.9	14.7	0.7	0.9	1.7	2.1	8.9	10.8	0.6	0.9
Median # of Voting Board Members	11	14	0	1	1	1	8	10	0	0

Note: Independent hospital board size decreased significantly from 2015, primarily due to a decrease in independent board members.

Table 6. Subsidiary Hospital Board Composition

Subsidiary Hospitals	Total # of Voting Board Members		Management*		Medical Staff Physicians**		Independent Board Members***		Other Board Members****	
	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015
Average # of Voting Board Members	14.6	18.1	1.3	1.9	2.2	2.7	9.6	12.2	1.5	1.3
Median # of Voting Board Members	14	16	1	1	1	2	9	10	0	0

Note: Total size decreased significantly; the category of independent board members saw the largest decrease from 2015.

As with previous surveys, board size generally increases with organization size for all organization types. Systems and subsidiary boards have the largest boards in general, and government-sponsored hospitals have the smallest boards.

The average number of independent board members (i.e., those who do not have a material financial relationship with the organization and fit the definition of "independent" according to IRS guidelines) has decreased for all organization types, except government-sponsored hospitals. Health systems again reported the highest average number of independent board members (10.7), primarily due to the larger board size overall. When broken down by organization type, independent board members *as a percentage of total board members* is as follows:

- All respondents: 71% (vs. 74% in 2015)
- Systems: 64% (vs. 73% in 2015)
- Independent hospitals: 75% (vs. 73% in 2015)
- Subsidiary hospitals: 66% (vs. 67% in 2015)
- Government-sponsored hospitals: 82% (vs. 88% in 2015)

Table 7. Government-Sponsored Hospital Board Composition

Government-Sponsored Hospitals	Total # of Voting Board Members		Management		Medical Staff Physicians*		Independent Board Members**		Other Board Members***	
	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015
Average # of Voting Board Members	9.1	7.6	0.4	0.2	0.6	0.6	7.5	6.7	0.6	0.1
Median # of Voting Board Members	7	7	0	0	0	0	7	7	0	0

Note: Total size increased due to an increase in independent and "other" board members.

Largest Boards

- Systems with 2000+ beds: 21.4 (increase from 20.9 in 2015)
- Independent hospitals with 300–499 beds: 19.1 (increase from 17.7 in 2015)
- Subsidiary hospitals with 300–499 beds: 20.1 (decrease from 24.9 in 2015)

See **Exhibit 1** for a breakdown of board members overall and by organization type for 2017.

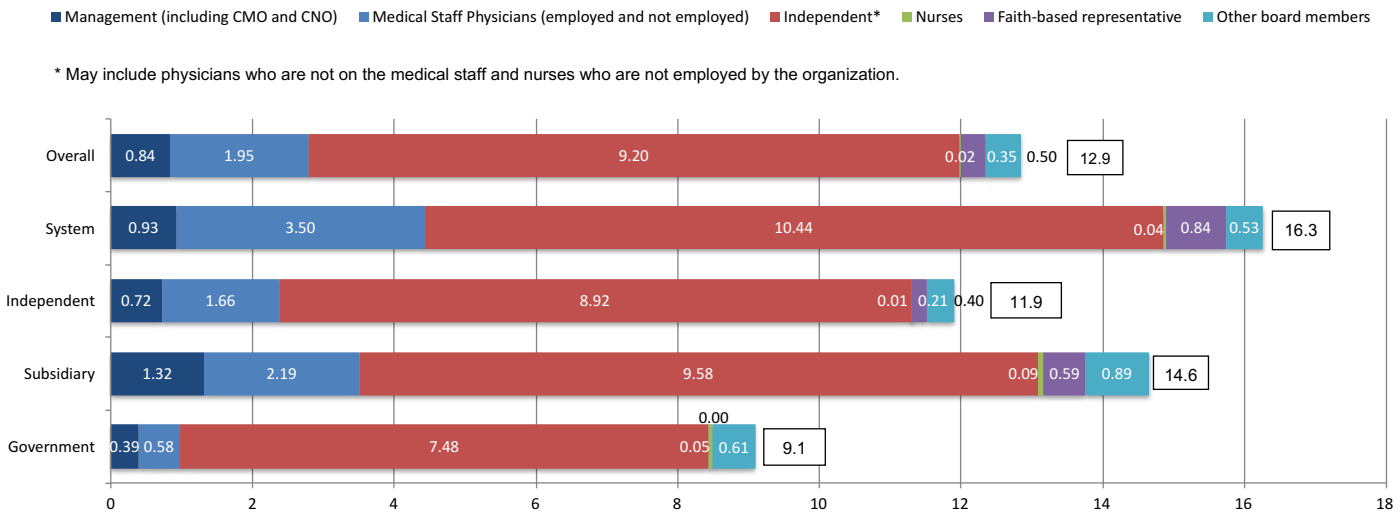
Physicians on the Board

Respondents noted physician board membership in the following categories:

- Physicians who are on the medical staff and not employed by the hospital
- Physicians who are on the medical staff and employed by the hospital
- Physicians who are not on the medical staff nor employed (and qualify as "outside" board members)

The total average number of physicians on the board (all types of physicians including the CMO and "outside" physicians) is 2.9; the median is 1, up from 2015 (average was

Exhibit 1. Average Number of Board Members



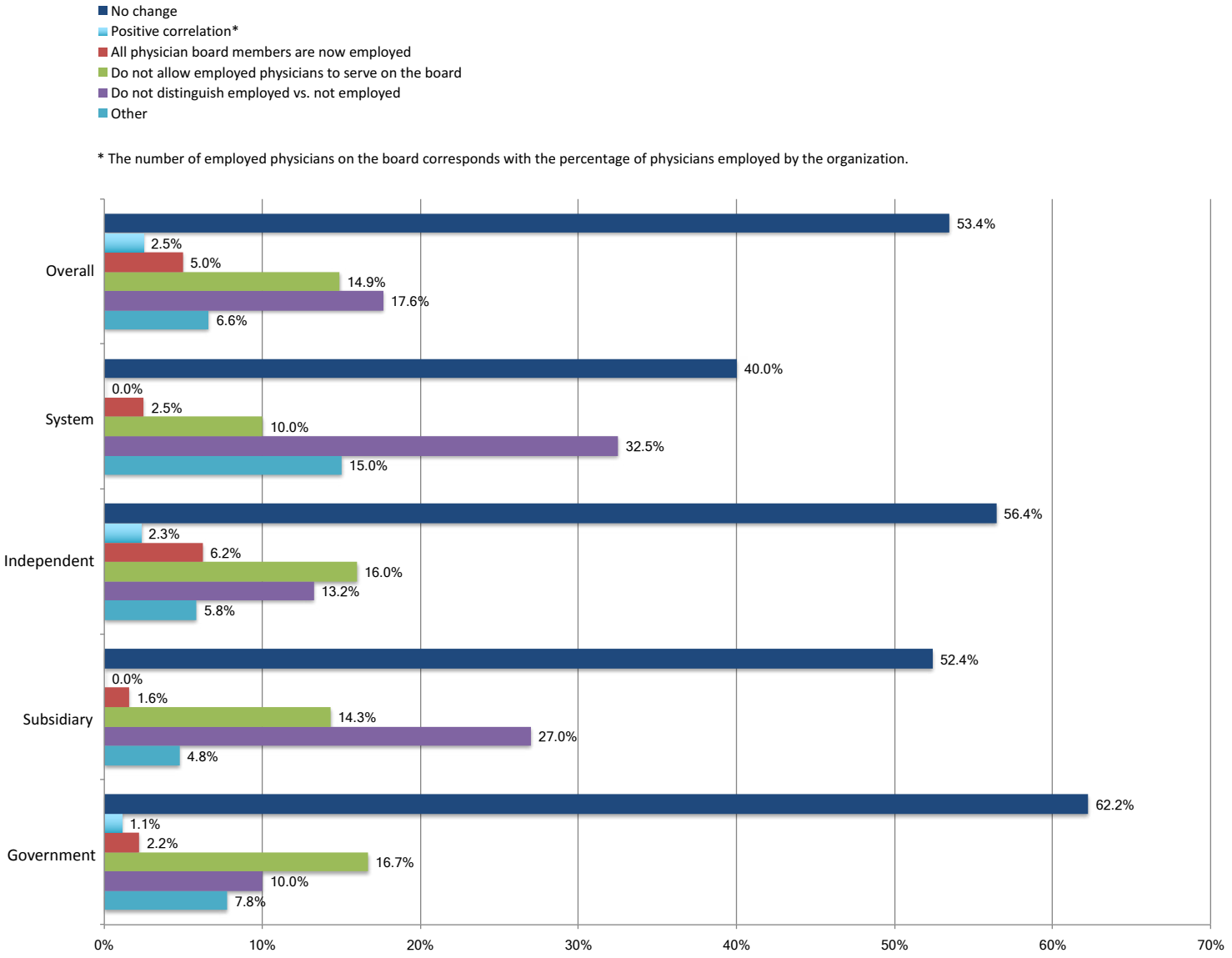
2.7). Overall, the breakdown for these categories is shown in Table 8.

For every type of organization (with the exception of health systems), the number of board members who are medical staff physicians (employed and not employed) increased slightly or remained about the same. Health systems saw a more significant increase from 1.4 in 2015 to 3.6 in 2017.

Table 8. Physicians on the Board 2017 vs. 2015

	On the medical staff but not employed by the organization		On the medical staff and employed by the organization		Not on the medical staff; not employed by the hospital ("outside")	
	2017	2015	2017	2015	2017	2015
Average	1.3	1.2	0.8	0.6	0.8	0.9
Median	1	1	0	0	0	0

Exhibit 2. Changes in Physician Representation on the Board Resulting from Employing Physicians



For the third reporting year, we asked respondents to note if there have been any changes in physician representation on the board resulting from employing physicians. As in 2011, 2013, and 2015, the vast majority of respondents again indicated that there has been no change (or, any changes in physician representation on the board have not been attributed to employing physicians). A breakdown of results by organization type appears in **Exhibit 2** on the previous page.

This year's analysis shows that 75% of all boards with two or more physicians score more highly on the board culture section of the survey.

Nurses on the Board

Just as in 2015, this year's survey delineated nurse representation on the board by separating out the CNO as a voting vs. non-voting member, and whether other nurses from the organization's nursing staff were voting board members. For 10.2% of respondents, the CNO is a voting or non-voting board member (overall average is 0.03 people on the board for this position vs. 0.01 in 2015). Voting representation from other nursing staff resulted in an equally insignificant number (overall average is 0.02 people on the board vs. 0.03 in 2015). For 74% of respondents, the CNO is a non-board member but regularly attends meetings. As has been the case historically, nurse representation on the board remains startlingly low, considering the key role nurses play in patient quality of care, satisfaction, and customer loyalty. (See the **Appendix** for more details.) Additionally, this year's analysis shows that 74% of boards with more than one nurse score more highly in the board culture section of the survey.

Females and Ethnic Minorities on the Board

Most boards (98%) have at least one female board member, but only 52% have ethnic minorities represented on the board (see **Exhibits 3** and **4** on the next pages). Again, there has not been any significant movement in these areas since 2007 (female representation has remained about the same; ethnic minority representation on the board [at least one member] has moved up from 47.1% in 2007, and is only up slightly from 50.3% in 2015). By organization type, health systems have the highest average number of females on the board (4.17), and subsidiaries have the highest average number of ethnic minorities (1.99). Responses in past years have suggested that in general, as these organizations get larger, female and ethnic minority representation increases, although this year the number of females on the board actually went down from 4.3 in organizations with 1,000–1,999 beds to 2.8 in organizations with 2,000+ beds; ethnic minorities were the highest in organizations with 500–999 beds (2.4) and 2,000+ beds (2.4). It should be noted that large systems also generally have larger boards. (See **Table 9** for detail by organization size.)

Table 9. Female and Ethnic Minority Representation on the Board by Organization Size (2017 vs. 2015)

	Females (average)		Ethnic Minorities (average)	
	2017	2015	2017	2015
< 100 beds	2.9	2.8	0.6	0.6
100–299 beds	3.6	3.3	1.7	1.1
300–499 beds	4.7	4.6	2.2	1.5
500–999 beds	4.0	4.2	2.4	2.4
1,000–1,999 beds	4.3	3.4	1.4	2.3
2,000+ beds	2.8	5.1	2.4	3.2

For detail, see appendix.

Background of the Organization's Chief Executive and Board Chair

To gain a more complete profile of clinician participation in governance, administrative, and other leadership positions, beginning in 2013 we started asking questions about the background of the chief executive and board chair. This year, the overwhelming majority for the CEO was non-profit expertise (67.3%) vs. 2015 being more balanced between business/finance and non-profit expertise (47% and 44% respectively). The chairperson's background is mostly business/finance (51.1%) and non-clinical/non-healthcare expertise (32.2%), which is in line with 2015 results.

Thirty-four percent (34%) of respondents' CEOs have a clinical background (physician, nurse, or other), which is up slightly from 2015 (31%). Health systems are more likely than other types of organizations to have a CEO with a clinical background (44.7%). And, again this year, health systems were most likely to have a physician CEO (26%). In contrast, only 14% of respondents have a board chair with any kind of clinical background. (See **Exhibits 5, 6,** and **7** on the next pages.)

Age Limits and Average Board Member Age

The percentage of organizations that have specified a maximum age for board service decreased this year to 4.6% (compared with 7.8% in 2015, 6.8% in 2013, and 7.6% in 2011). The median age limit remains 72.

The overall average board member age is 57.8 (median 58), which is down by about a year from 2015. The range was 35 to 76 years old. Catholic systems continue to have the oldest board members (average 61.0; median 60, down by about two years from 2015).

Defined Terms of Service

Summary of Findings

56% of boards limit the number of consecutive terms (down from 60% in 2015); median maximum number of terms is three. Systems and subsidiaries are more likely to have term limits. There is a downward trend in term limits for government hospitals since 2011.

Term limits by type of organization:

- Systems—83% (down from 86% in 2015; up from 82% in 2013)
- Independent hospitals—49% (down from 66% in 2015 and 71% in 2013)
- Subsidiary hospitals—66% (down from 82% in 2015 and 2013)
- Government-sponsored hospitals—23% (down from 24% in 2015 and 26% in 2013)

Most respondents (92%) have defined terms for the length of elected service. The median term length has remained three years (four years for government-sponsored hospitals). A significantly lower percentage of respondents has defined limits for the maximum number of consecutive terms (the deciding factor in "term limits")—56% (indicating a decreasing trend; it was 66% in 2013). Most organizations that do have term limits constrain board members to three consecutive terms.

2011 reflected a significant increase in the number of government-sponsored hospitals respondents reporting term limits (see **Exhibit 8** on page 14). In 2011, 35% of the respondents from government-sponsored hospitals reported having term limits, up from 25% in 2009 and 24% in 2007. However, this percentage has continued to decrease or level off since 2013 (around 23% for 2015 and 2017), indicating that the 2011 results were likely an anomaly. (Term limits are not customary among this group, where board members usually are appointed by a government agency or elected by the general public.)

Among non-government hospitals and systems, more often than not, boards have chosen to adopt term limits (66%). One-hundred percent (100%) of responding Catholic systems (N=7) have term limits; the next highest percentage is 88% of larger organizations (1,000–1,999 beds).

Exhibit 3. Female Board Members *(All Respondents)*

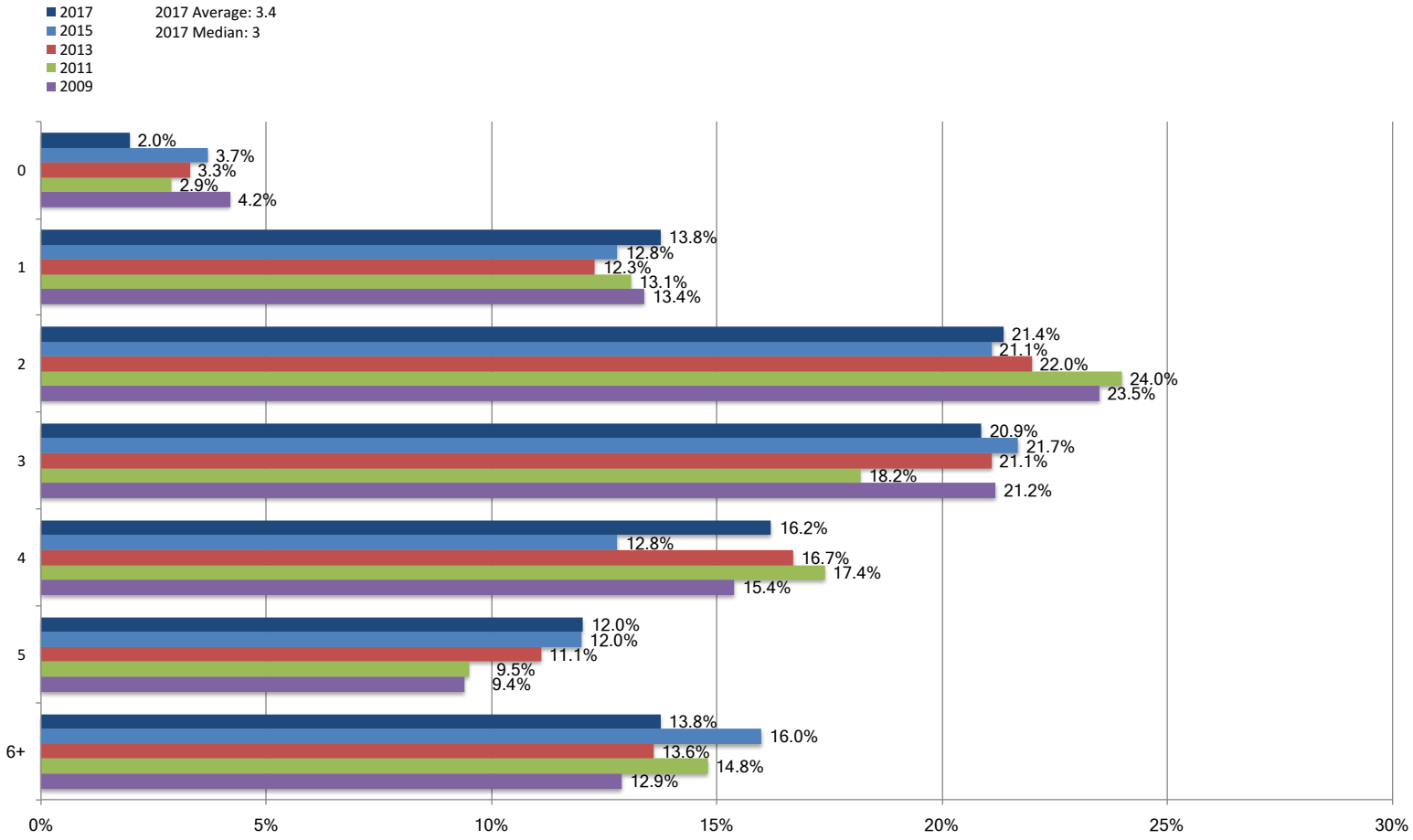


Exhibit 4. Ethnic Minority Board Members *(All Respondents)*

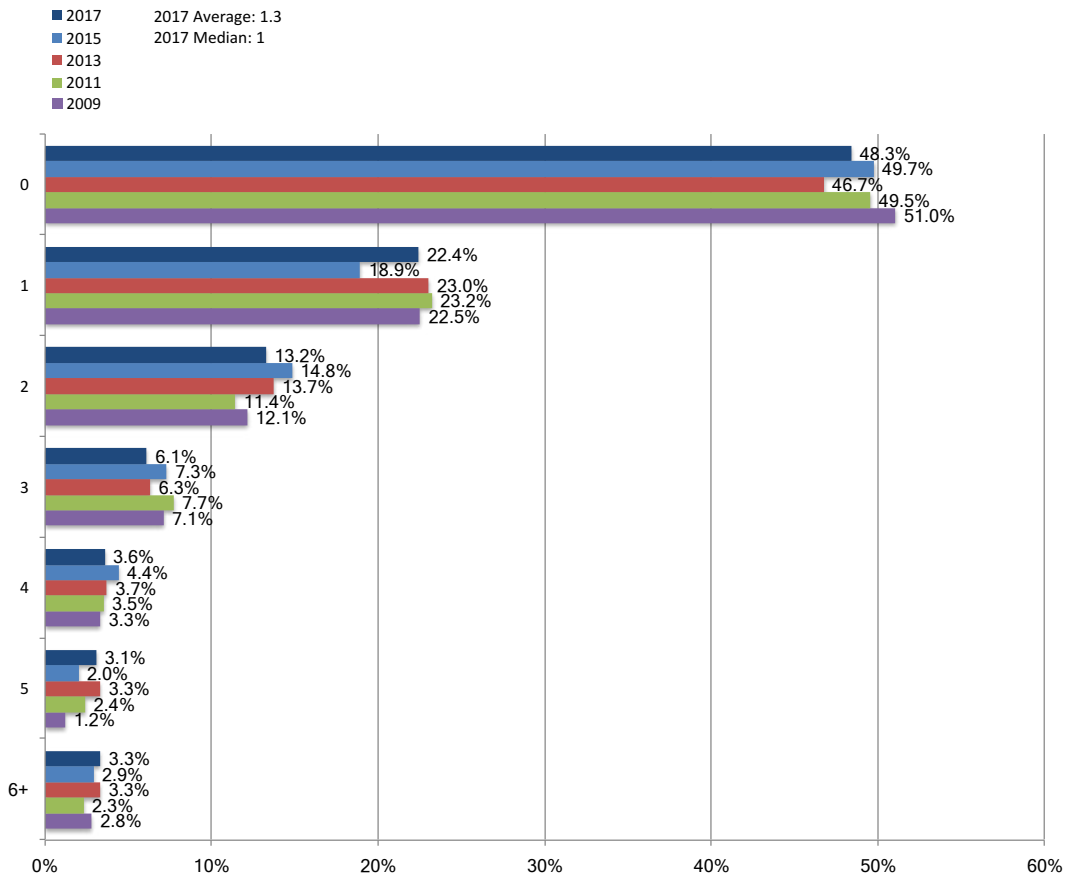
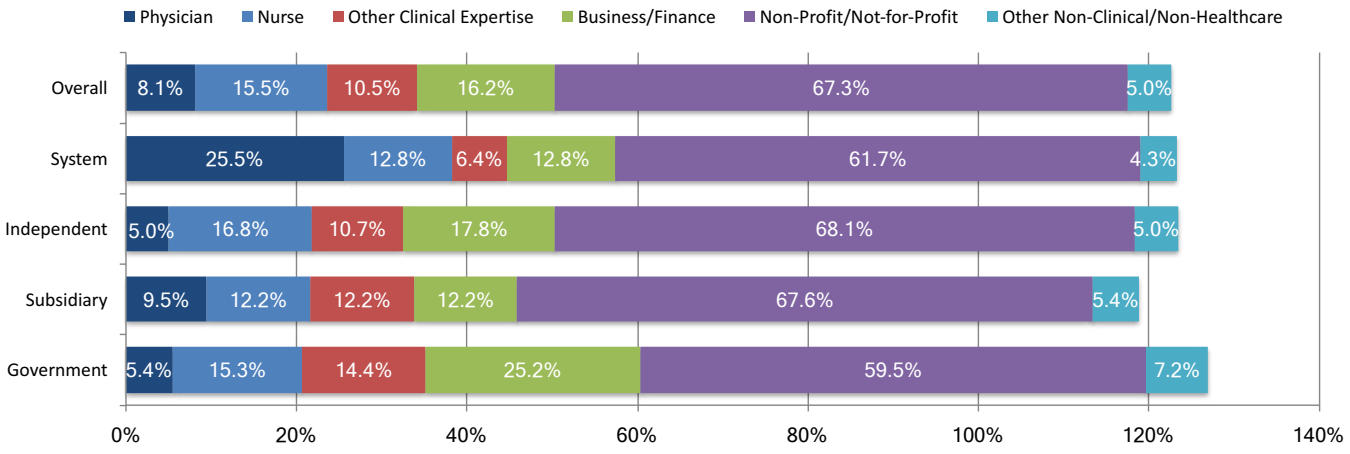


Exhibit 5. Background of the Organization's Chief Executive



Board Diversity Trends Constrain Organizational Results

James A. Rice, Ph.D., FACHE, Managing Director, Senior Advisor, and Practice Leader, Governance and Leadership Practice, Integrated Healthcare Strategies

Special Commentary

Board size and composition matter to the work of good hospital and health system boards. The numbers and types of people engaged in board decision making can materially shape the focus, quality, and effectiveness of the organization's plans and investments for meaningful interventions for health gain and healthcare.

With the average number of board members reduced from 13.6 in 2015 to only 11–13 people in 2017[1], the insights and experiences of each person is essential to the dialogue and debate about how well, and how much the hospital's services are, or should be, meeting the needs of the people they exist to serve. The collective wisdom and impact of the board's work is focused through the collective lens of the experiences, priorities, passions, and perspectives of the board.

What are the trends in hospital board diversity, and why is it important to monitor them? Unfortunately, the trend continues to show low levels of diversity in board composition—I argue not enough to earn the millions of dollars of tax-exemption value these non-profit institutions receive.

Since the founding of our nation, we have used tax exemption to encourage community hospitals to provide services that enable healthcare for the poor; education for the next generation of physicians and nurses; and interventions that help protect and promote, not just restore, the health of individuals and communities.

In consideration of the substantial financial benefits from tax exemption, society expects a board for each exempt hospital to have community leaders step up to protect and champion the public's interest, and to ensure substantial community benefits to the most vulnerable.[2]

The Public's Interest and Community Benefit

To understand and influence the public and community, boards are increasingly taking initiatives to enhance their knowledge of, and engagement with, increasingly diverse populations. These efforts to gain diversity in thinking, insights, and plans, however, are struggling to address pervasive challenges of U.S. social and health disparities.

Unfortunately, board composition trends (specifically diversity) are changing at a frustratingly slow pace. Boards in the 1950s and 60s allowed discrimination of Jewish and African American physicians struggling to have privileges in their medical staff.[3] Related discrimination now contributes to weak hospital responsiveness, to growing disparities in the health status of and access to care by minority populations, as well as the persistent frustration of poverty and substandard housing.

While The Governance Institute's 2017 biennial survey finds that hospital board composition is changing, the progress is far from exemplary and much remains to be accomplished. An increase in the number of independent members helps to insulate the board's work from conflicts of interest surrounding executives or physicians;[4] boards are seeking, but not yet achieving desired gains from younger members, as well as more women and ethnic minorities.

Forbes magazine recently observed that, "Over the last two decades there have been dramatic shifts in the composition of the country's demographics. There have not, however, been significant advancements in the representation of minority leadership in our nation's healthcare and hospital systems. Meanwhile, the increasing role of women has introduced several noteworthy changes to C-suites and board memberships. Some of these have come alongside—and because of—the recent move towards clinicians as leaders."[5] These board disparities are being seen by many as a weakness that will constrain the health sector's future performance. The case for concern is both local and global.

Racial Disparities[6]

The world's richest economy scores dismally no matter which healthcare measures we examine.[7] Why is our performance so weak?

One reason the U.S. ranks so poorly globally is that health outcomes for certain racial, ethnic, and socioeconomic groups fare so poorly domestically. African-Americans, Latinos, and the economically disadvantaged experience poorer healthcare access and lower quality of care than white Americans. And in most measures, that gap is growing. Health system boards must accelerate their initiatives to recruit, engage, and sustain participation from more diverse board members.

Meaningful change may come less from investing in medical care than in addressing the social determinants of health. It's a timely message for the United States, given

1 See Table 3 on page 5.

2 Susannah Camic Tahk, "Tax-Exempt Hospitals and Their Communities," *Columbia Journal of Tax Law,* 2014.

3 David Barton Smith, "Racial And Ethnic Health Disparities And The Unfinished Civil Rights Agenda," *Health Affairs,* March/April 2005.

4 See Table 3 on page 5.

5 Nicole Fisher, "3 Surprising Hospital Leadership Trends," *Forbes,* March 2015.

6 See: http://bit.ly/2ADYefr.

7 Robert Pearl, "Why Health Care Is Different If You're Black, Latino Or Poor," *Forbes,* March 2015.

weekly confirmation of our poor state of health, as well as current debates about growing inequality and what to do about it.[8]

Addressing disparities is no longer just about morality, ethics, and social justice—it is essential for performance excellence and improved community health. Persistent disparities even exist in Medicare readmission rates.[9]

Boards must be champions for a more balanced set of investments by their hospitals and health systems if the promise of population health is to be realized. This challenge is made more difficult when there are disparities in the composition of decision makers from the boards of directors into the C-suite. Leaders need to become more proactive in their governance policy making to address these gaps in health gain and healthcare.[10]

A major study in California on challenges in leadership diversity calls out for boards to engage in composition that connects with the needs of the community: "The findings of this report provide strong evidence for policy makers, healthcare providers, public health professionals, researchers, and other interested stakeholders to focus efforts on addressing access to and quality of care provided in outpatient (non-hospital) settings."[11]

The health sector is not alone in diversity gaps. Statistics from the PwC 2016 Annual Corporate Directors Survey, which includes responses from 884 public company directors,[12] concluded that almost all (96%) of the respondents felt diversity on the board of directors was important, but the actual diversity has only grown incrementally over the past five years. Additionally, males and females see diversity's impact on the company differently: 89% of females felt diversity leads to better company performance, compared to 24% of males.

Actions for Progress

In consideration of these trends, three imperatives can help strengthen health system boards in their journey to more diverse and responsive governance decision-making:

- **Invest in an intentional, three-year diversity recruitment program with these characteristics:**
  - » Ensure quarterly reporting of comparative service use dashboards by population age, gender, and ethnic profile. This serves as a conscience to champion accelerated recruitment among more diverse leadership pools in minority chambers of commerce, inter-faith community development groups, and women entrepreneurial groups.
  - » Immediately adjust bylaws to enable non-board members to serve on board committees. Ensure that a majority of these new committee members represent the demographic profile of the patients served by the organizations, and have the competencies needed for future board roles.
  - » Add board diversity recruitment, with incentive compensation, to the annual performance targets of C-suite executive teams for the next three years.
- **Invest in expanded community advisory councils with these considerations:**
  - » Establish a **"health disparities council"** of the board that meets quarterly, and has a majority of members that bring diverse thinking, ideas, and urgency into the strategic planning processes for **acute care interventions** that yield demonstrable gains in health status of poor and vulnerable populations in neighboring communities. These leaders can also focus on population health, disease management pathways, extraordinary patient experience maps, and entrepreneurial program marketing.
  - » Establish a **"collective impact council"** with diverse community leaders dedicated to interventions to address social determinants of health to disrupt health disparities in economically disadvantaged populations and encourage economic development with jobs, housing, and food security as outlined in the Foster McGaw Award experiences.[13]
  - » Establish a **"young leaders strategic visioning council"** that is demographically diverse and meets twice a year to envision ideal characteristics of the health system of 2025. They can explore creative ways to address health disparities as well as be considered as future board members.
- **Invest in community engagement programming, with demographically diverse planning processes:**
  - » Establish periodic **"strategic design studios"** that provide new ways to govern and celebrate cross-community celebrations as creative opportunities for diverse community segments to engage in planning that borrows from inter-disciplinary and inter-ethnic groups that embrace "design thinking."[14]
  - » Revisit the process of the **"community plunge"** in which eclectic groups from the community of all ages, genders, economic class, and ethnic backgrounds interact to define needs and creative solutions.[15]
  - » Conduct multi-media focus groups and **"town hall conversations"** that help inform the work and agenda of the hospital and health system governing boards for the coming two to three years. These diverse gatherings are also expected to help surface candidates for service in councils, board committees, and the board itself.[16]

How can your governing bodies apply some of these strategies to enhance the diversity and effectiveness of your board composition profiles?

8 Steven Woolf, Laudan Aron, "The U.S. Health Disadvantage And The Role of Spending," *Health Affairs,* June 2016.

9 University of Rochester Medical Center, "Significant racial disparities persist in hospital readmissions," *ScienceDaily,* June 2017.

10 The Advisory Board Company, "Racial and Ethnic Health Care Disparities," 2016.

11 Office of Statewide Health Planning and Development, "Racial & Ethnic Disparities in Healthcare in California," California Fact Book, Winter 2010.

12 PwC, "The governance divide: boards and investors in a shifting world: Insights from PwC's 2017 Annual Corporate Directors Survey," 2017.

13 Center for Healthcare Governance, "Learning on Governance from Partnerships that Improve Community Health," *Advances in Health Care Governance Series*, February 2016.

14 Andy Hagerman, "Spotting the Patterns: 2017 Trends in Design Thinking," *Stanford Social Innovation Review,* October 2017.

15 See: http://bit.ly/2AGTgOW.

16 American College of Emergency Physicians, "Chapter Guide to Organizing, Planning and Executing a Town Hall Meeting," August 2013.

Exhibit 6. Background of the Organization's Chief Executive and Board Chair *(All Respondents)*

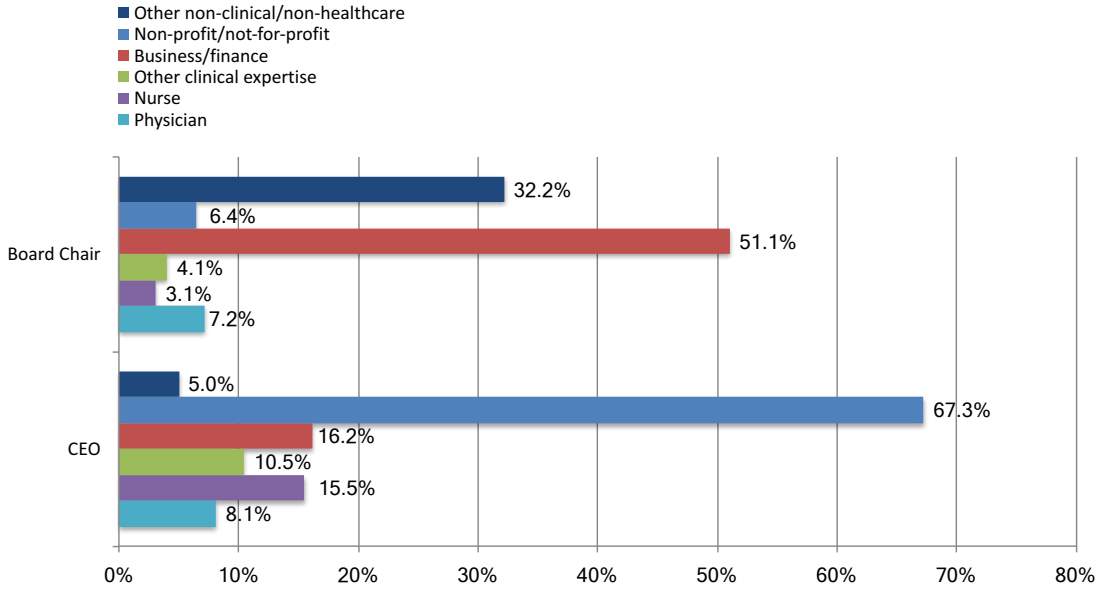
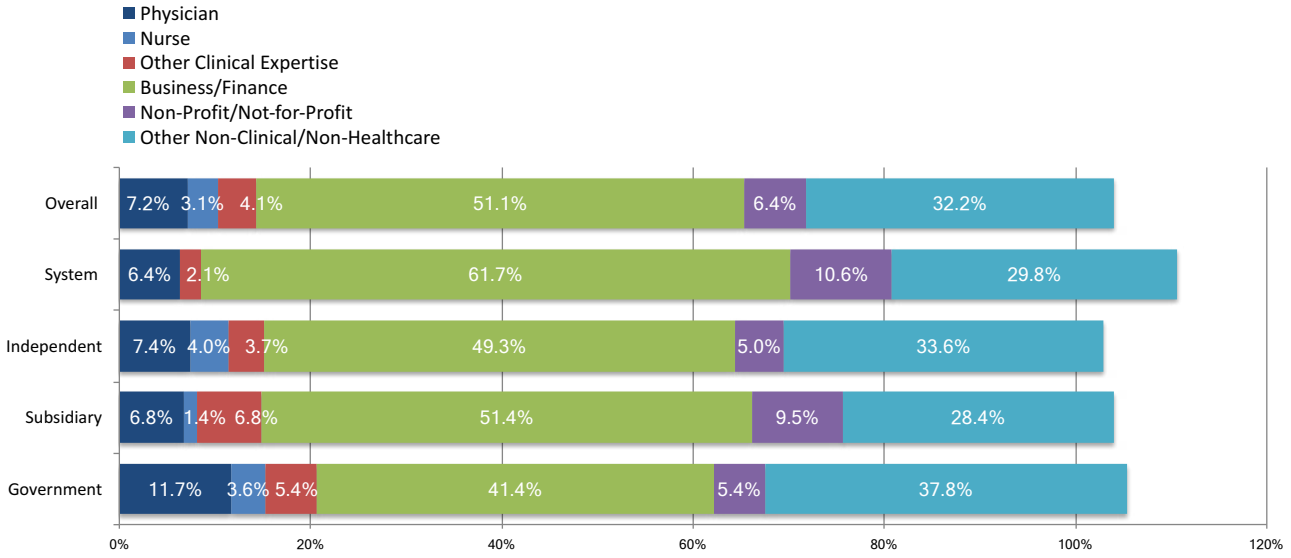


Exhibit 7. Background of the Organization's Board Chair



Participation on the Board

Summary of Findings

- President/CEO:
  - Voting board member: 48% (up from 46% in 2015)
  - Non-voting board member: 18% (up from 17% in 2015)
- Chief of staff:
  - Voting board member: 33% (down from 34% in 2015)
  - Non-voting board member: 15% (down from 16% in 2015)
- 9% of respondents have a chief of staff as a voting board member *and* a CEO that is either a non-voting member or not a board member (down from 12% in 2015).

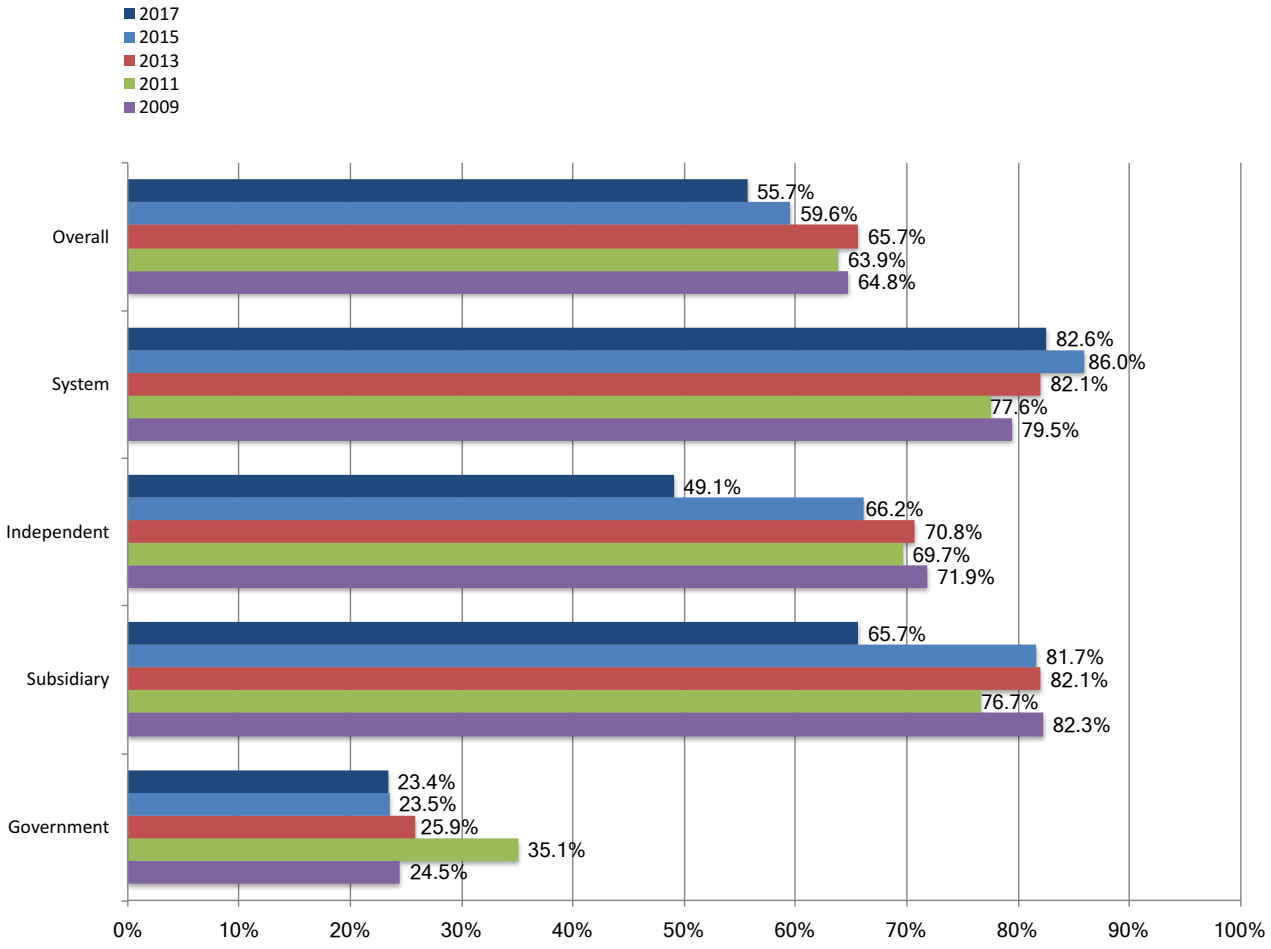
Respondents told us about executive and medical staff participation on the board—as voting or non-voting members, and as non-board members who regularly attend board meetings (see **Exhibit 9** on the next page). Board participation (voting vs. non-voting and non-members regularly attending board meetings) has remained generally the same overall since 2011.

Forty-eight percent (48%) of respondents have an *ex officio* voting CEO on the board (vs. 46% in 2015). Health systems and subsidiaries again have the highest percentage of voting CEO board members (74% and 63%, respectively). In contrast, government-sponsored hospitals have the lowest percentage of voting CEO board members (10%). For a large majority of government-sponsored hospitals (70%), the CEO is not a board member but regularly attends meetings. (See **Exhibit 9a** on page 16.)

The chief of staff is a voting board member for 33% of respondents this year (down from 34% in 2015). Subsidiary hospitals are most likely to have a voting chief of staff on the board (45%), and government-sponsored hospitals are the least likely (11%), but the chief of staff regularly attends board meetings for 52% of government-sponsored hospitals.

Health systems are the least likely compared to other types of organizations to have a chief of staff at the system level (56% vs. 86% overall). In contrast, 94% of government-sponsored hospitals and 89% of subsidiaries have a chief of staff.

Exhibit 8. Limits on the Maximum Number of Consecutive Terms

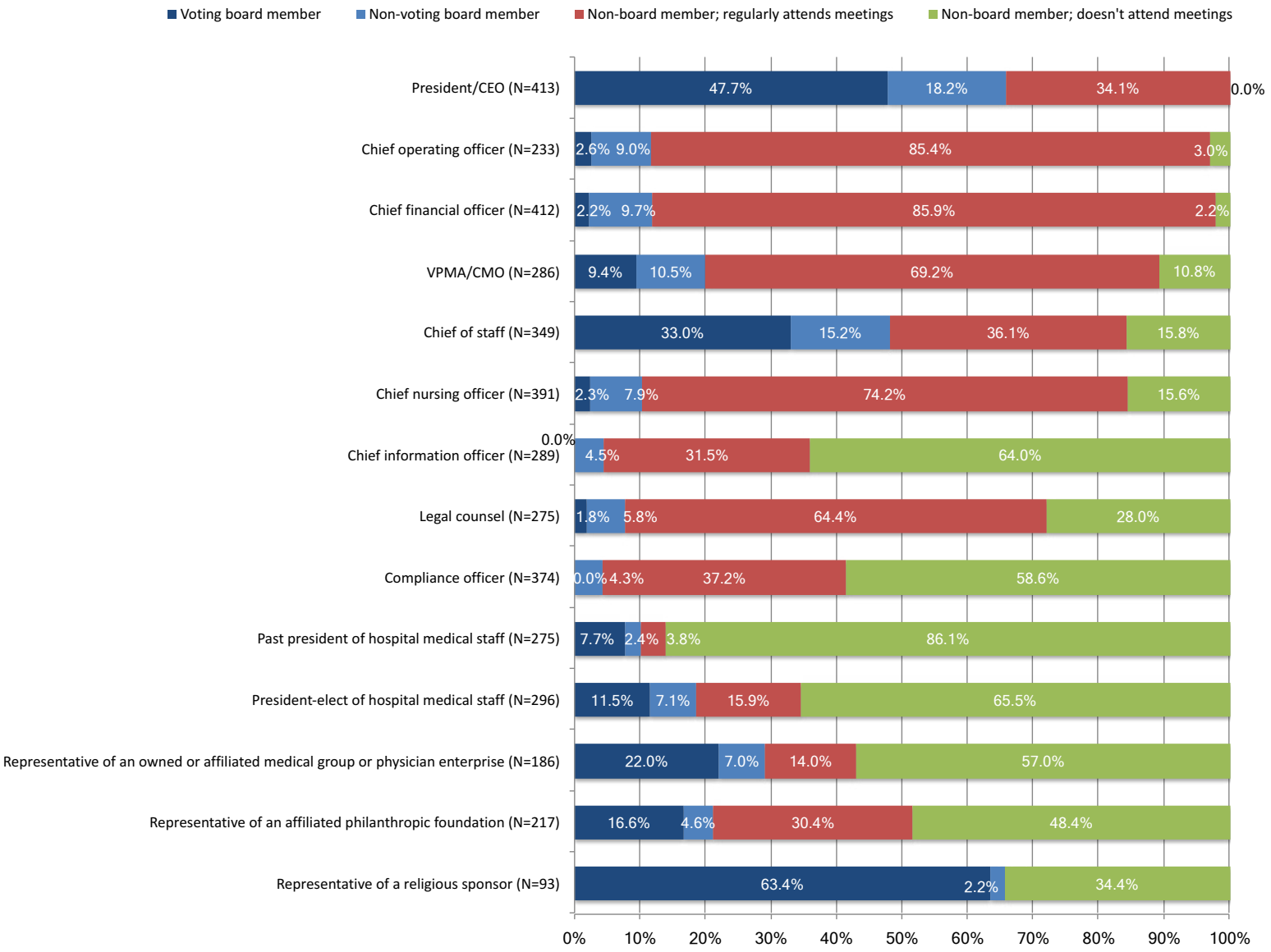


There has been a significant increase in the percentage of respondents with certain C-suite positions serving on the board; also there has been an increase in the prevalence of organizations having a CFO, CNO, compliance officer, and VPMA/CMO (see **Table 10** on the next page). (See the **Appendix** for a breakdown by organization type and size.)

We have seen a significant increase over the years in respondents with an owned or affiliated medical group or physician enterprise (45% in 2017 and 48% in 2015, up from 33% in 2013 and 26% in 2011; 64% of systems have a physician group this year). Of those, 22% have a representative from this group as a voting member of the board.

Of those organizations that are sponsored by a religious entity (12% of respondents), 63% have a representative from the religious sponsor as a voting member of the board.

Exhibit 9. Participation on the Board *(All Respondents)*
(Includes only organizations where specific job titles apply.)



Board Meetings

Summary of Findings

- Most boards (59%) meet 10–12 times a year (91% of government-sponsored hospital boards meet 10–12 times per year).
- 57% of responding organizations' board meetings are two to four hours; 36% are less than two hours.
- 77% of responding organizations use a consent agenda at board meetings (up from 75% in 2015 and 71% in 2013).
- 74% have scheduled executive sessions (up from 65% in 2015); of these, 62% said executive sessions are scheduled for all or alternating board meetings.
- 89% said the CEO attends scheduled executive sessions always or most of the time; 44% said physician/clinician board members attend scheduled executive sessions always or most of the time (compared with 41% in 2015).
- On average, 66% of board meeting time is devoted to hearing reports from management and committees and reviewing financial and quality/safety reports; 24% to discussing strategic issues/policy (down from 26% in 2015 and 33% in 2013); and 12% to board education (up from 11% in 2015, but down from 17% in 2013).
- 46% of responding organizations have annual board retreats; more than three-quarters of respondents invite the CEO, CNO, CFO, and other C-suite executives to attend. Over half invite the CMO and just under half invite the medical staff physicians to attend board retreats.

Board Meeting Frequency and Duration

Most boards continue to meet from 10 to 12 times per year (59%, down from 62% in 2015). (See **Exhibit 10** on the next page.) Meeting duration is around the same this year; it tends to be concentrated in the two- to four-hour range (57%, down slightly from 63% in 2015) and the next largest group meets for less than two hours (36%).

Exhibit 9a. Chief Executive Is a Voting Board Member 2017 vs. 2015

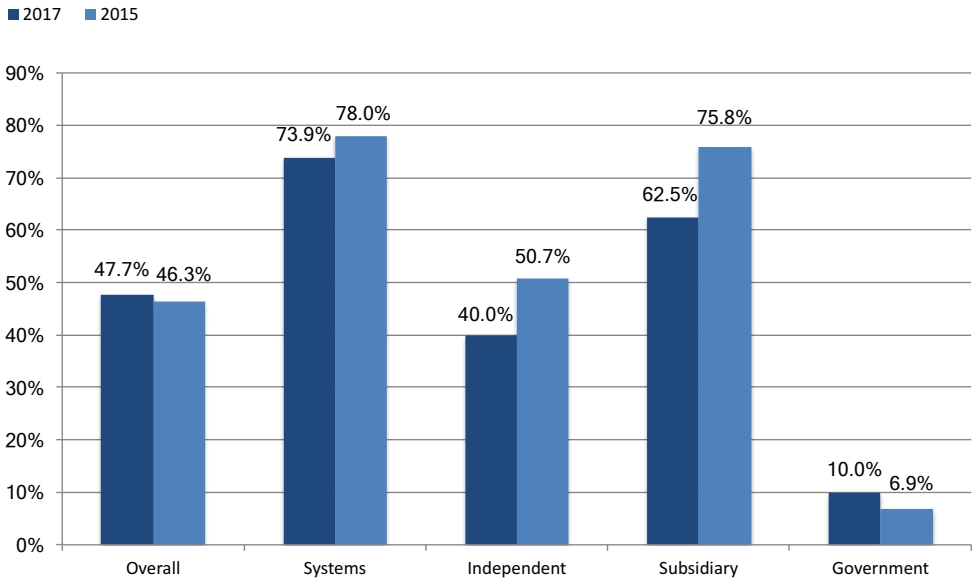


Table 10. Frequency of Position and Board Participation 2017 vs. 2015

	% of respondents **with this position**		% of respondents **noting presence in boardroom**		% of respondents **noting board member (voting and non-voting)**	
	2017	**2015**	**2017**	**2015**	**2017**	**2015**
CFO	**98.8%**	96.9%	97.8%	96.2%	**11.9%**	9.3%
CNO	**94.9%**	92.1%	84.4%	84.4%	**10.2%**	8.9%
Compliance Officer	**90.8%**	88.9%	41.5%	43.2%	**4.3%**	1.6%
Legal Counsel	66.4%	73.7%	72.0%	65.9%	**7.6%**	5.7%
CIO	70.5%	72.9%	36.0%	35.6%	**4.5%**	2.7%
VPMA/CMO	**69.4%**	65.0%	89.1%	89.1%	**19.9%**	13.4%
COO	56.3%	59.9%	97.0%	93.4%	11.6%	11.3%

(See the **Appendix** for detail on meeting frequency and duration.)

Some differences by organization type include:

- 34% of system boards and 32% of subsidiary boards meet quarterly.
- 61% of government-sponsored boards meet monthly.
- 40% of independent boards and 39% of government-sponsored boards meet less than 2 hours.
- 15% of system boards meet four to six hours.

Consent Agenda and Executive Session

Three-quarters of respondents said the board uses a consent agenda (77%, which has risen steadily from 62% in 2007). (See **Exhibit 11** on page 18.) The percentage of respondents with scheduled executive sessions has risen from 65% to 74%. (See **Exhibit 12** on page 18.) Since 2009, most respondents continue to schedule executive sessions after or before every board meeting.

This year's analysis shows that there is a relationship between using a consent agenda and boards that generally spend more than half of meeting time discussing strategic issues.

We asked who typically attends scheduled executive sessions. Eighty-nine percent (89%) of respondents with scheduled executive sessions said the CEO attends always or most of the time (up from 84% in 2015); 44% said clinician board members attend always or most of the time (up from 41% in 2015, but down from 58% in 2013); and 35% said legal counsel attends always or most of the time (about the same as 2015). (See **Exhibit 13** on page 19.)

Board Meeting Content

Boards continue to devote more than half of their meeting time to hearing reports from management and board committees. This percentage increased from 63% in 2015 to 66% in 2017). (The breakdown this year is 24% of board meeting time receiving reports from management, committees, and subsidiaries; 20% reviewing financial performance; 21% reviewing quality of care/patient safety metrics; 24% discussing strategy and setting policy; and 12% on board member education).

However, meeting time spent discussing strategy/setting policy has gone down overall (24% vs. 26% in 2015 and 33% in 2013). Also, just as in 2015, time spent on board member education is down from 17% in 2013. (See **Exhibit 14** on page 19.)

Percentage of meeting time spent in these categories was fairly consistent this year across organization type. System boards spend the most amount of time on strategy and policy (31%), and subsidiary hospitals spend the most amount of meeting time on board member education (15%).

Overall, it appears that boards still have a ways to go to bring about the recommended shift in board meeting content as there has not been significant movement in this area since 2005, and in fact the data is showing a decline in the amount of board meeting time spent on strategy this year, with 90% of the responding organizations spending *40% or less* of the time during their board meetings on strategy, compared with 86% in 2015 and 74% in 2013 (see **Exhibit 15** on page 19). We emphasize this because our previous research has shown a significant positive correlation for all organization types between spending more than half of the board meeting time (over 50%) discussing strategic issues and respondents rating overall board performance as "excellent."

We recommend that boards spend more than half of their meeting time on strategic discussions due to the continued statistical relationship the data shows between the amount of time devoted to strategic discussion and overall board performance. For boards that indicate they generally spend more than half of meeting time discussing strategic issues, there is a greater tendency to indicate that overall board performance is excellent. "Strategic discussions" include issues around finance and quality (and other mission-critical issues) that require decision making of a strategic nature.

Board Retreats

This year we asked how often organizations schedule board retreats and who typically attends them (other than board members). Across all organization types, most respondents have an annual board retreat. The CEO and other C-suite executives (not including the CMO) are most likely to attend in addition to board members. Health systems are more likely than other types of organizations to invite the CMO and governance support staff. (See the **Appendix** for more detail.)

Exhibit 10. Number of Board Meetings Per Year

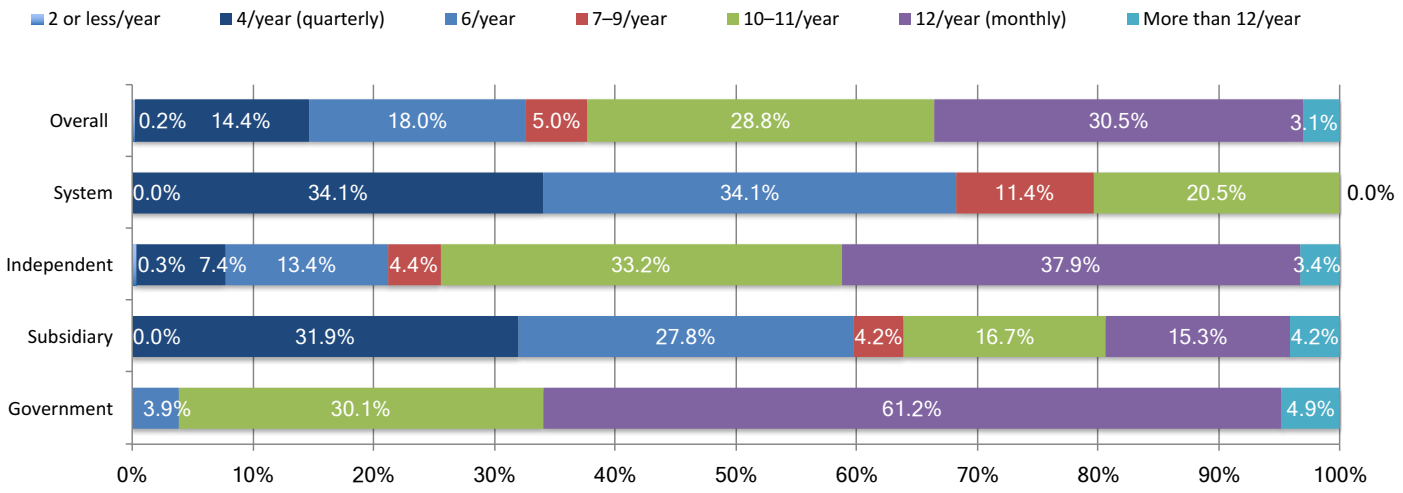


Exhibit 11. Use of Consent Agendas since 2009

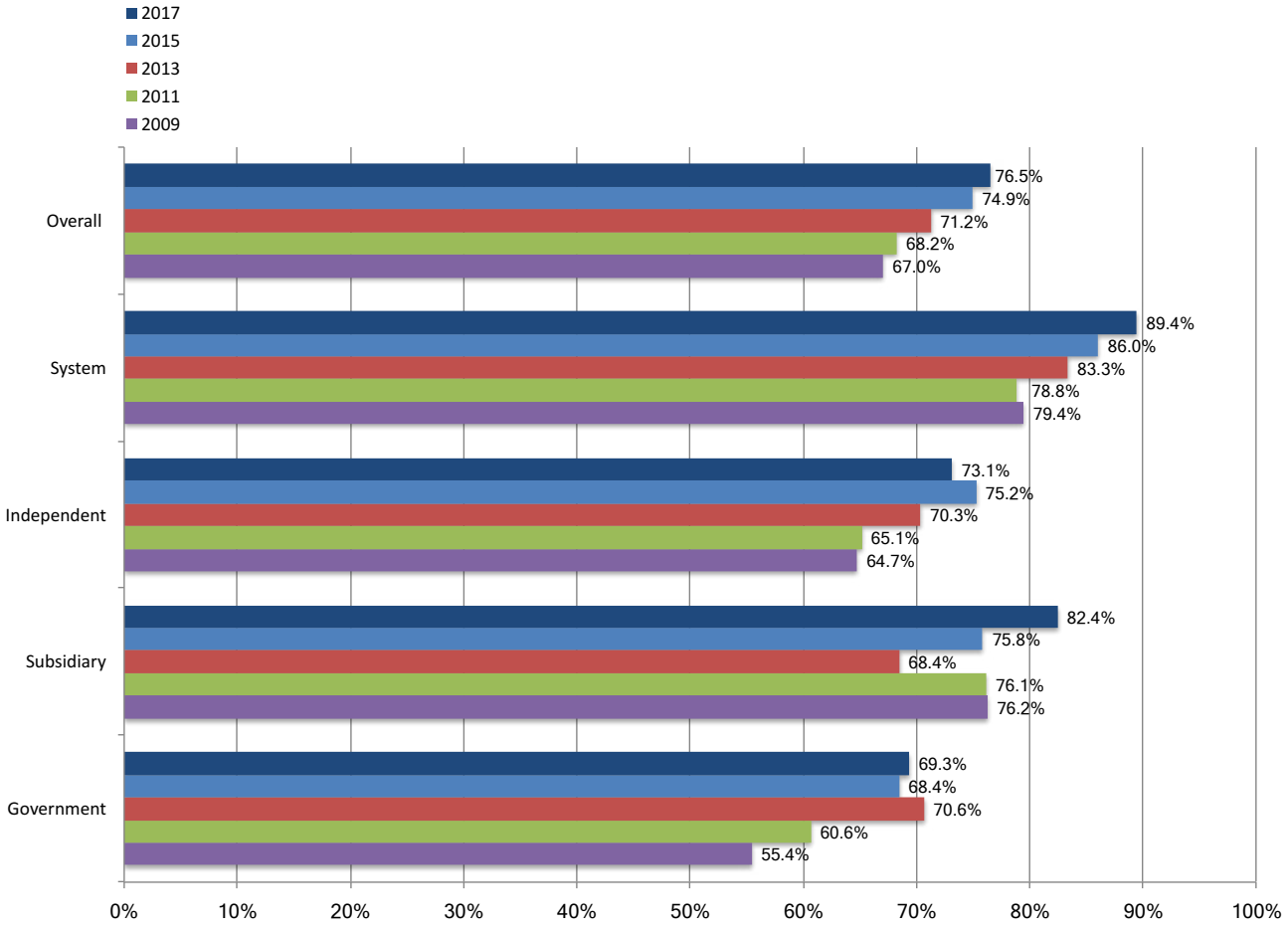


Exhibit 12. Scheduled Executive Sessions Since 2009

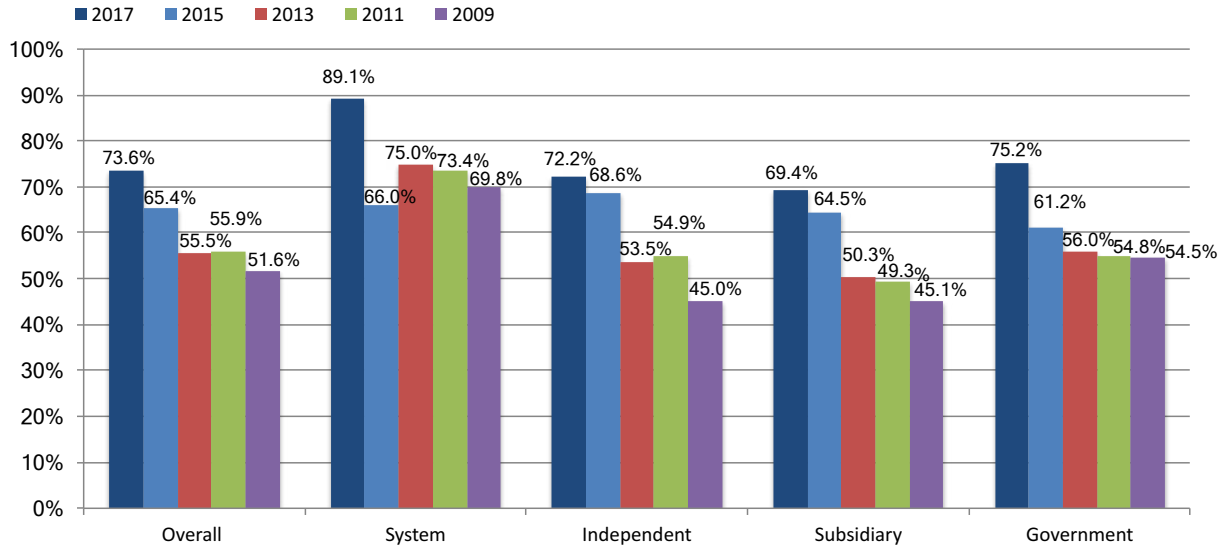


Exhibit 13. Who Attends Scheduled Executive Sessions *(Always and Most of the Time)*

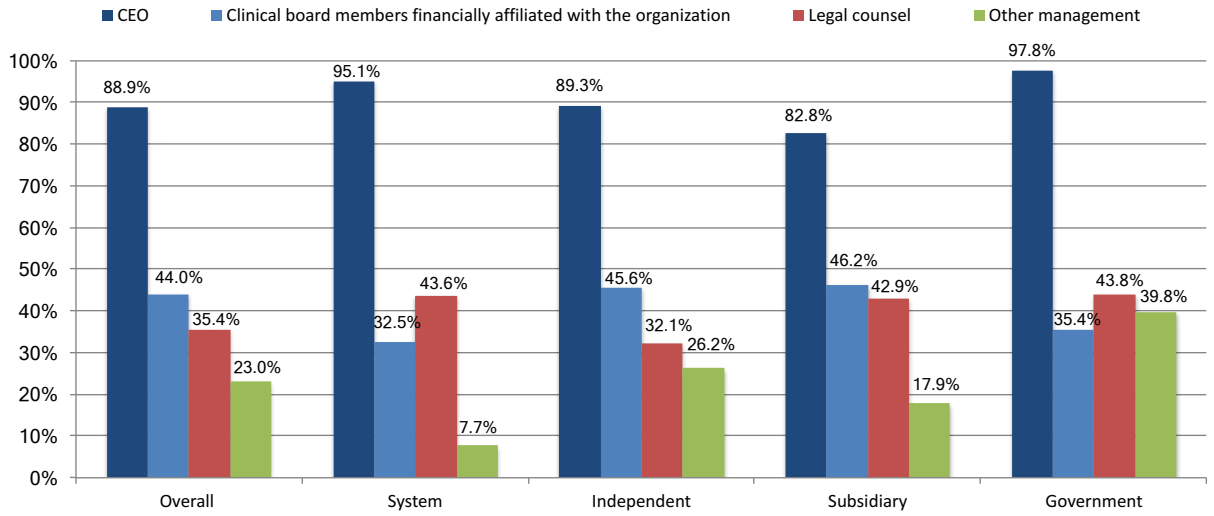


Exhibit 14. Average Percentage of Board Meeting Time Devoted to Reports, Strategy, and Education

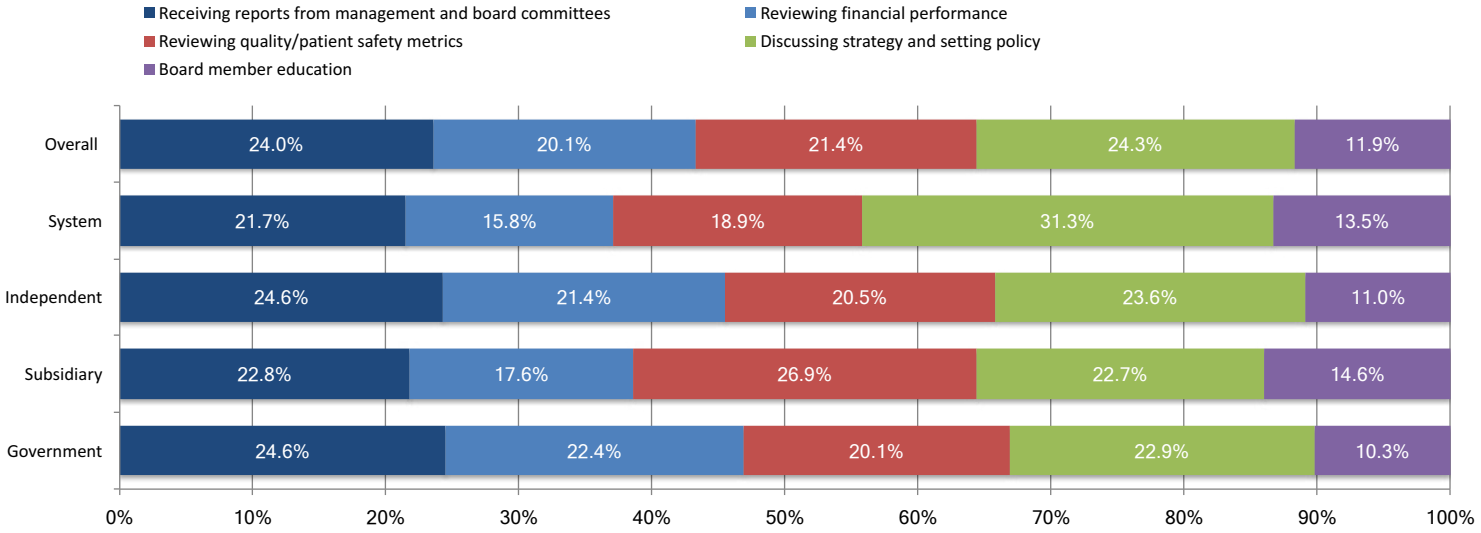
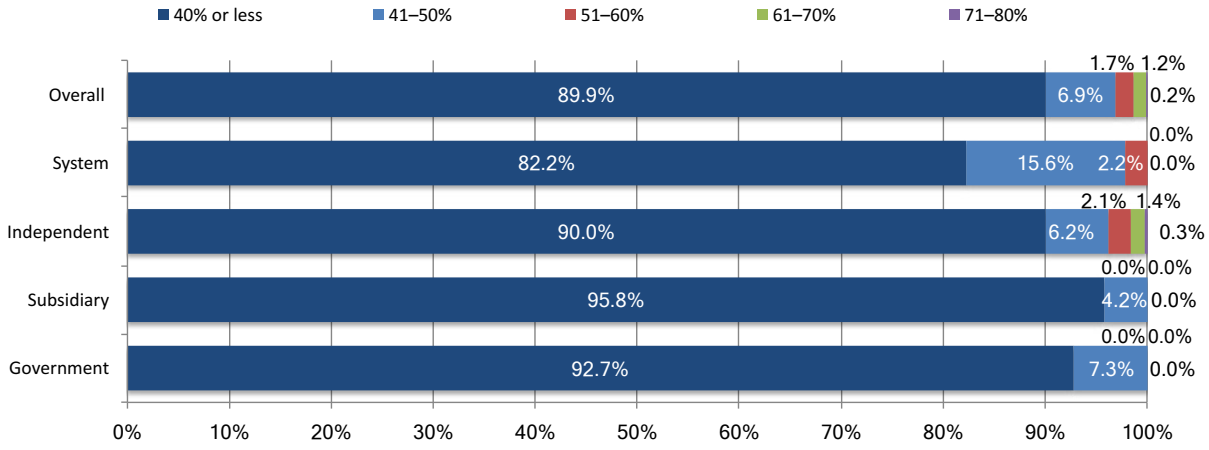


Exhibit 15. Percentage of Board Meeting Time Spent on Strategy/Policy



The Essence of Good Governance: Setting and Monitoring Effective Strategy and Policy

Guy M. Masters, M.P.A., Principal, Strategic Advisory Services, Premier, Inc.

Special Commentary

HOW MUCH MEETING TIME DOES your board spend discussing strategy and policy issues? Is this amount of time too little, too much, or about right for your organization? The Governance Institute has long advised that a board should spend 50% or more of its discussion time on strategy and policy-setting matters. (One Governance Institute Advisor recently suggested in a conference presentation that the ideal standard in today's environment should be 80%!) Is a 50% benchmark unrealistic to expect from a board, given the demands of so many pressing agenda issues?

Why a Board Should Spend More Time Discussing Strategy and Policy Issues

Are there potential benefits that your board would realize if the amount of time spent on strategic and policy-setting issues could be increased by 5, 10, 15% or more? Are these benefits worth the effort required to consider changing the format, structure, agendas, topics, reports by committees and management that could result in more effective use of board meeting time? Previous research by The Governance Institute has shown a significant positive correlation for all organization types between spending more than half of the board meeting time discussing strategic issues and respondents rating overall board performance as "excellent."

In this area the analysis shows what may seem like counterintuitive results. This year, most survey respondents (90%) admit to spending 40% or less time during board meetings on strategy and policy issues. In fact, meeting time spent on these areas has gone down overall to 24% average among all respondents.

A surprising aspect about this data is the trend line. In the 2013 survey respondents reported spending 33% of meeting time on strategy and policy; in 2015 the number dropped to 26%, with a further decline to the 24% mark in 2017. Does this seem counterintuitive?

In times of turmoil, disruption, uncertainty, and industry change, it would seem that discussion about future direction, impacts of market shifts, reimbursement decline, alternative payment models, mergers and affiliations, regulatory changes, disruptive innovation, and many other factors would lead boards to spend significantly more time discussing the strategic and policy implications for the organization. Again, are there incremental marginal benefits to a board's effectiveness and positive impact on the organization from making changes to devote greater focus and time in these essential areas?

Finding Time for Strategic Board Discussions

An interesting correlation surfaced in this year's analysis regarding the value of spending more time on strategic and policy issues. Boards that do spend more than half of meeting time on these issues use consent agendas. If your board is using consent agendas but does not approach a 50% strategic discussion level, examine the number of reports that are made during a typical meeting. Are the reports concise, focused, succinct summaries of information, with clear "actions required" that can be addressed and acted on? Are they delivered by management (usually preferred), by a board member, or a mix? Which have you found to be most efficient and effective?

Board Committees: To Be, or Not to Be

Certainly the work of the board is accomplished through the work that is done in committees. We recommend that a regular (annual) assessment be made of board committees and sub-committees to determine if there is a significant value to each one's continuing, or be considered for elimination. Helpful questions in the assessment of board committees include:

- How many board committees and sub-committees are there?
- What subject areas are covered, and what is the specific rationale for having a committee for these subject areas?
- When was the last time a committee was eliminated or even considered for such an action?
- Does each committee provide an annual assessment and overview of past-year activities and accomplishments toward achieving the organization's mission and strategic plan?
- Does the board provide to each committee an annual refreshed and refocused outline of performance expectations for the next year?
- Is the committee appropriately focused on governance issues versus operations and management related responsibilities?

Some organizations have revisited their approach to a standing strategic planning committee. A few approaches we've seen are to combine finance and strategy committees into a single group. Others have eliminated the strategic planning committee and brought its responsibilities and activities up to the board level so that all board members are directly involved in strategic discussions. Some organizations activate an ad hoc strategic planning committee when it is time to once again begin their formal strategic plan update or development process. Whatever model you choose, it is important to periodically assess the structure to ensure that sufficient time and attention are being placed on strategy and strategic-level discussions at most board meetings.

"The goal of strategic discussions during board meetings and retreats is to create a generative dialogue among board members for a sustainable, successful future in support of the organization's mission, and then creating a dynamic strategic plan with which to hold the management team accountable to achieve it."

—Guy M. Masters, M.P.A.

Finding Time in Other Places

Board Size: Many organizations are transforming elements of their governance model in order to streamline and fine-tune their board structure and processes. Smaller boards are being considered to be more efficient, effective, and decisive. Boards are also revisiting and updating their approaches to recruiting directors based on specific competencies that are now (and will be) required for future success, sustainability, and resiliency. Is your board addressing evolving future competency and talent needs for director positions?

Board Agendas: In order to increase time spent on important strategy and policy-related discussions, evaluate and update your board agendas to make sure they support and drive toward efficiency, economy, accountability, fiduciary oversight, and visionary strategic thinking in support of the organization's mission. Can reports be further streamlined, ensuring generative discussions around strategic implications of recommended actions and decisions?

Strategic Discussions: Finance, Quality, and Mission-Critical Issues

Strategic conversations that board members should be having on an ongoing basis are sometimes deferred to an annual planning retreat. (As a reader of this report, you may have already seen the data showing that only 46% of reporting organizations hold an annual board retreat.) Strategic and policy-related discussions are essential to have embedded in regular board meeting agendas as well as at retreats. This does not mean that the strategic plan needs to be reviewed at every board meeting; what it does mean is boards should be having deep, generative discussions regarding strategy, finance, quality, and other mission-critical issues at every board meeting, rather than spending most of the meeting time listening to reports from management. Some topics that we've seen discussed include:

- "What keeps you up at night?" discussion by the CEO.
- Implications of national, state, and local changes, regulations, payment methods, care models, economic events, alliances, new providers, consumerism, etc.
- Potential market changes and their impact (e.g., competitor activities, alliances/mergers, payer activities, employer activities, retail, other).
- How the environmental changes listed above may impact the strategic plan and if changes should be made as a result.
- As implementation of a strategic plan progresses, assessing actual financial performance relative to budget and return on investment for new initiatives as well as important service lines.
- Disruptive technologies and innovations and their economic and strategic implications.
- Scenario planning ("What if…" discussions).
- Five-year financial plan (sensitivity modeling of strategies and scenarios).
- Seven- to 10-year visioning exercises (impacts for governance, infrastructure, workforce, partnerships, other).

The goal of strategic discussions during board meetings and retreats is to create a generative dialogue among board members for a sustainable, successful future in support of the organization's mission, and then creating a dynamic strategic plan with which to hold the management team accountable to achieve it.

Board Committees

Summary of Findings

- 4.9% of the respondents do not have board committees (slightly less than 2015).
- Average number of committees is 7.13 (lower than 2015 but more than 2013).
- Median: 7
- Most prevalent committees (more than 50% of respondents): finance (81%), quality/safety (77%, up from 74% in 2015), executive (75%), executive compensation (60%), governance/nominating (59%), and strategic planning (52%). Audit/compliance was on this list in 2015 with 51% of respondents having this committee; this year only 38% reported having this committee.
- The compliance committee shows the most dramatic increase in prevalence (48% this year vs. 28% in 2015).
- This year we added a population health/community health improvement committee (separate from community benefit) to discern to what degree organizations are treating this as a priority at the board level. 18% of respondents overall have this committee; 9% of health systems and 20% of subsidiary hospitals have such a committee. Over time we anticipate that organizations will combine community benefit with population health/community health improvement into one committee, and will track that movement in future surveys.

Most respondents (95%) noted their board has one or more committees. Health systems, independent hospitals, and subsidiary hospitals have the most committees (median of 7) but the number of committees is basically the same across organization types, in contrast with 2015. (See **Exhibit 16** on the next page.)

Overall, there has been little change in the prevalence of specific types of board committees; however, we do see a significant increase in the prevalence of the compliance committee, and a steady increase in the prevalence of the quality/safety committee.

In 2015 there seemed to be some board committee movement away from subsidiary hospitals and towards health systems. In comparison, this year there are some differences depending upon committee. Examples include:

- 67% of systems have an executive committee, compared with 82% of subsidiaries (these frequencies are almost reverse from 2015).
- 87% of systems have a finance committee vs. 71% of subsidiaries (similar to 2015).
- 28% of systems have an audit/compliance committee vs. 41% of subsidiaries (in 2015 systems were more likely to have this committee compared with subsidiaries).
- In contrast, 71% of systems have a compliance committee this year vs. 37% of subsidiaries.
- 68% of systems have an executive compensation committee vs. 47% of subsidiaries.
- 4% of systems have a physician relations committee vs. 15% of subsidiaries.
- 51% of systems have an investment committee vs. 30% of subsidiaries.
- 18% of systems have a community benefit committee vs. 29% of subsidiaries.

Both systems and subsidiaries were significantly less likely than independent and government-sponsored hospitals to have a facilities/infrastructure/maintenance committee.

Table 11 on the next page shows the prevalence of board committees since 2011 (most prevalent committees for 2017 listed first). For detail by organization type and size (both committee prevalence and meeting frequency), refer to the **Appendix**.

The Quality Committee

The quality committee is the only committee for which we consider it a best practice for all organizations to have a standing committee of the board, regardless of organization type or size (primarily due to the amount of work involved in measuring and reporting on quality, and also holding management accountable for implementing actions to improve it). The number of organizations reporting a board-level quality/safety committee is higher in 2017, and especially for subsidiaries and government-sponsored hospitals. Comparisons by organization type can be found in **Table 12** on the next page.

Quality committees continue to meet primarily monthly (for 46% of respondents); 19% meet bimonthly and 30% meet quarterly (very similar to 2015). Subsidiary quality committees meet either monthly (39%) or quarterly (36%).

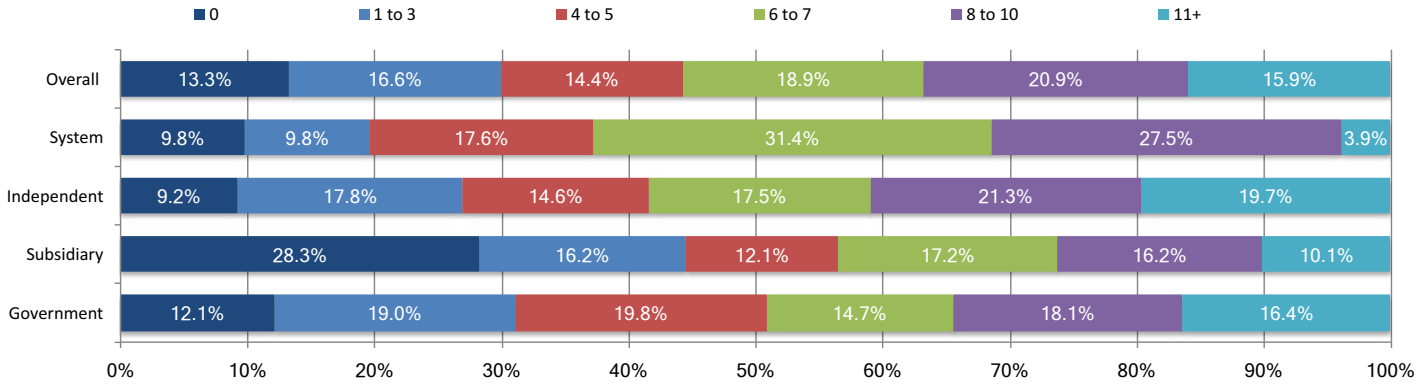
The Executive Committee

Seventy-five percent (75%) of respondents said their board has an executive committee (up from 72% in 2015), and this committee meets "as needed" for 45% of those respondents (down from 53% in 2015). For more than half of those with an executive committee, responsibilities include emergency decision making (60%), decision-making authority between full board meetings (59%), and advising the CEO (58%). (For detail, see the **Appendix**.)

This committee is more likely to have full authority than in 2015 (40% of respondents this year indicated the committee has full authority to act on behalf of the board on all issues, up from 36%). A few distinctions by organization type include:

- System boards have the highest percentage of respondents indicating full authority of the executive committee (52%).
- Executive committees of government-sponsored hospitals have the least amount of authority (22% have full authority; 49% said all executive committee decisions must be ratified by the full board, and only 34% have decision-making authority between full board meetings).

Exhibit 16. Number of Board Committees



Committee Meeting Frequency

This year, there were fewer similarities regarding meeting frequency for the major committees. Table 13 shows the most common meeting frequencies (50% of respondents or higher). *(Please note that for some of the less prevalent committees—all those in the table except for finance, the sample sizes are very low, as indicated in the Appendix.)* For the other committees, meeting frequency varies more randomly.

For detail on committee meeting frequency overall, by organization type, size, and AHA designation, see the Appendix.

Table 11. Prevalence of Board Committees *(All Respondents)*

Committee	2017	2015	2013	2011
Finance	81%	84%	76%	76%
Quality and/or Safety	77%	74%	77%	72%
Executive	75%	72%	77%	78%
Executive Compensation	60%	66%	60%	56%
Governance/Nominating	59%	72%	77%	73%
Strategic Planning	52%	57%	57%	56%
Compliance	48%	28%	33%	31%
Investment	44%	40%	35%	36%
Audit/Compliance	38%	51%	34%	30%
Audit	38%	33%	32%	32%
Joint Conference	34%	35%	40%	39%
Facilities/Infrastructure/Maintenance	27%	23%	25%	25%
Community Benefit	24%	26%	18%	20%
Human Resources	25%	22%	20%	22%
Physician Relations	22%	21%	19%	17%
Construction	17%	17%	9%	16%
Population health/community health investment	18%	NA	NA	NA
Government Relations/Advocacy	14%	13%	9%	11%

Table 12. Organizations with a Board Quality Committee

	2017	2015	2013	2011	2009
Overall	77%	74%	77%	72%	70%
Systems	82%	84%	85%	74%	78%
Independent Hospitals	72%	80%	80%	74%	74%
Subsidiary Hospitals	87%	81%	86%	77%	76%
Government-Sponsored Hospitals	66%	58%	60%	62%	53%

Exhibit 17. Responsibilities of the Executive Committee *(All Respondents)*

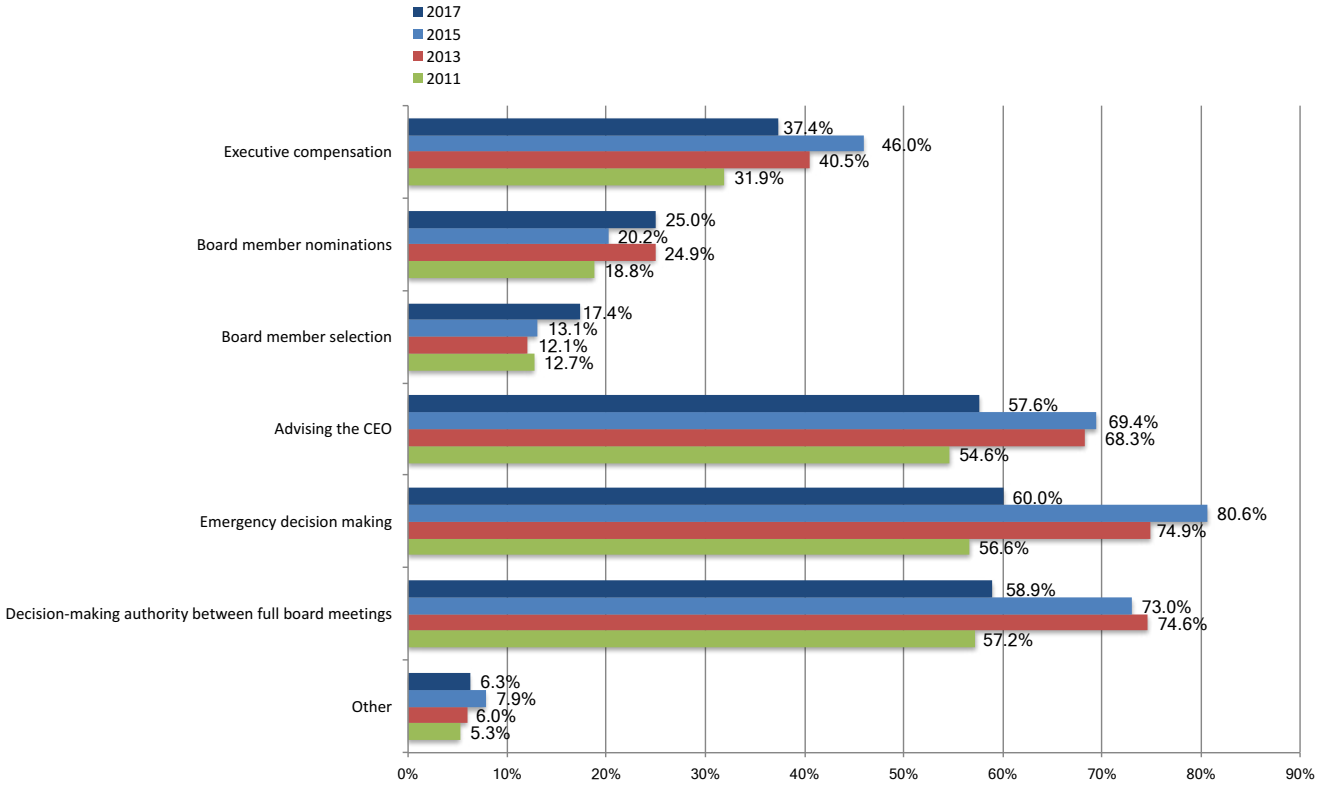


Exhibit 18. Level of Authority of the Executive Committee

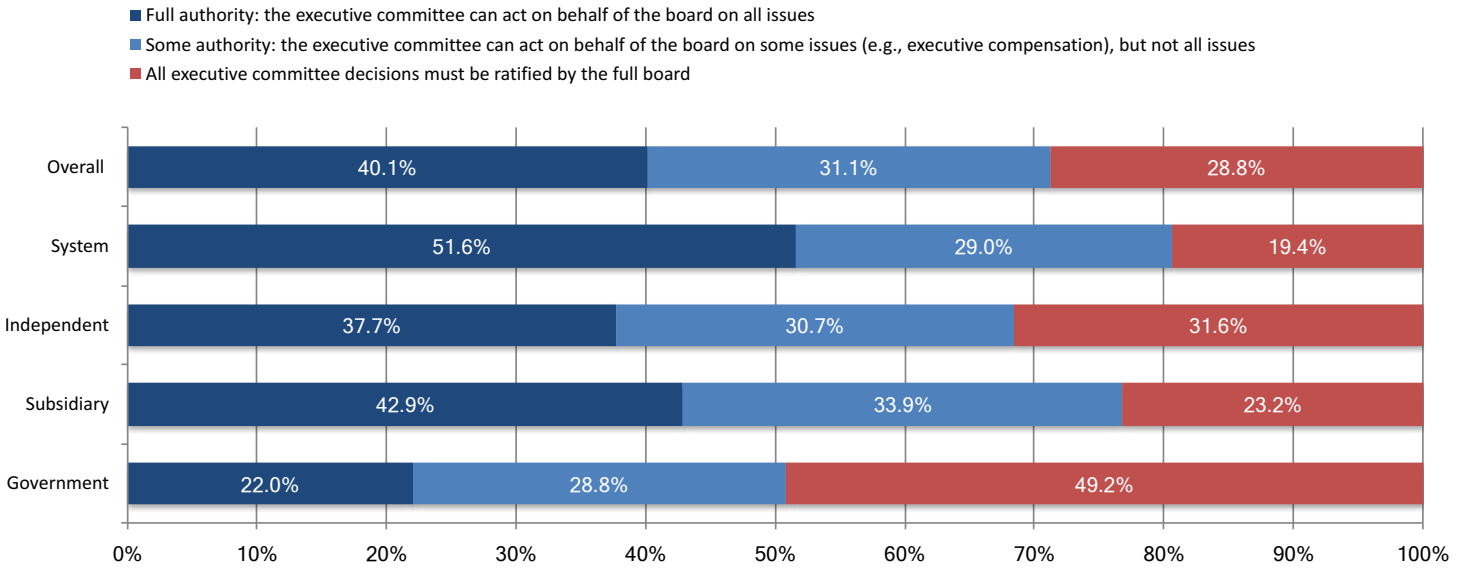


Table 13. Most Common Committee Meeting Frequencies

Committee	Meeting Frequency (% of all respondents)	Highest Percentage of Meeting Frequency by Organization Type
Government Relations/Advocacy	As needed (84%)	Government (94% as needed)
Construction	As needed (82%)	Government (88% as needed)
Joint Conference	As needed (63%)	Subsidiaries (75% as needed)
Physician Relations	As needed (55%)	Subsidiaries (70% as needed)
Finance	Monthly (54%)	Government (68% monthly)
Facilities/Infrastructure/Maintenance	As needed (54%)	Subsidiaries (83% as needed)

Board Member Compensation

Summary of Findings

- 12% of respondents said their board chair is compensated (up one percentage point from 2015), and 62% of these said compensation is less than $5,000, which has remained level.
- 11% compensate other board officers, and 8% compensate board committee chairs, but the vast majority compensate these positions for less than $5,000.
- 11% said other board members are compensated, not including committee chairs and other officers (remaining steady from 2015), and 63% of these said compensation is less than $5,000 (again remaining steady).
- There was a significant decrease in the percentage of systems that compensate board members (9% in 2017 compared with 18% in 2015; however there were fewer of the largest systems—2000+ beds—responding to this year's survey).
- Government-sponsored hospitals are more likely to compensate board members than other types of organizations.

Overall, the trend shows that board member compensation remains flat and the amount of compensation remains low (less than $5,000). There was a decrease in the percentage of systems that compensate board members and an increase in the percentage of independent hospitals that compensate board members this year. (See **Exhibit 19**.) Compensation for the board chair has essentially remained constant since 2011 (11–12%). Government-sponsored hospitals are the most likely to compensate the board chair, although this percentage has been stable or lower than in previous years (see **Table 14**).

A significant majority (79%) of respondents said board chair compensation is less than $10,000 per year; compensation for other board members is generally less than $5,000. We also asked whether boards compensate board officers (11%, about the same as 2013 and 2015) and board committee chairs (7.7%, down from 8.6%). Compensation for board officers was less than $5,000, and compensation for committee chairs was also primarily less than $5,000. (For detail, see the **Appendix**.)

Annual Expenditure for Board Member Education

Summary of Findings

- 27% of respondents spend $30,000 or more annually for board education (down from 31% in 2015).
- 6% said they don't spend any money on board education (up from 2.6% in 2015).
- Health systems generally spend more for board education than other types of organizations (36% of systems spend $50,000 or more; 29% spend over $75,000).
- Again this year, government-sponsored hospitals spend the lowest dollar amount for board education (54% spend under $10,000).
- Board education is most often delivered during board meetings; publications are the second most common delivery method (for all types of organizations; this has remained the same as in 2015).
- The most popular internal board education topics remain legal/regulatory, quality/safety, and industry trends and implications.

This year, the data analysis showed that for boards spending $30,000 or greater on board education, there is a greater tendency to indicate strong agreement to the questions in the board culture section of the survey. (In 2015 there was also a relationship between spending $30,000 or greater on board education and the tendency to indicate board performance of the fiduciary duties and core responsibilities as "excellent.") Thus it is promising to see that boards are spending more on education compared with previous years; however there is still room for improvement, especially for government and subsidiary hospitals, which tend to spend the least amount compared to systems and independent hospitals.

Exhibit 19. Percentage of Organizations that Compensate Other Board Members
(Excluding chair, other officers, and committee chairs.)

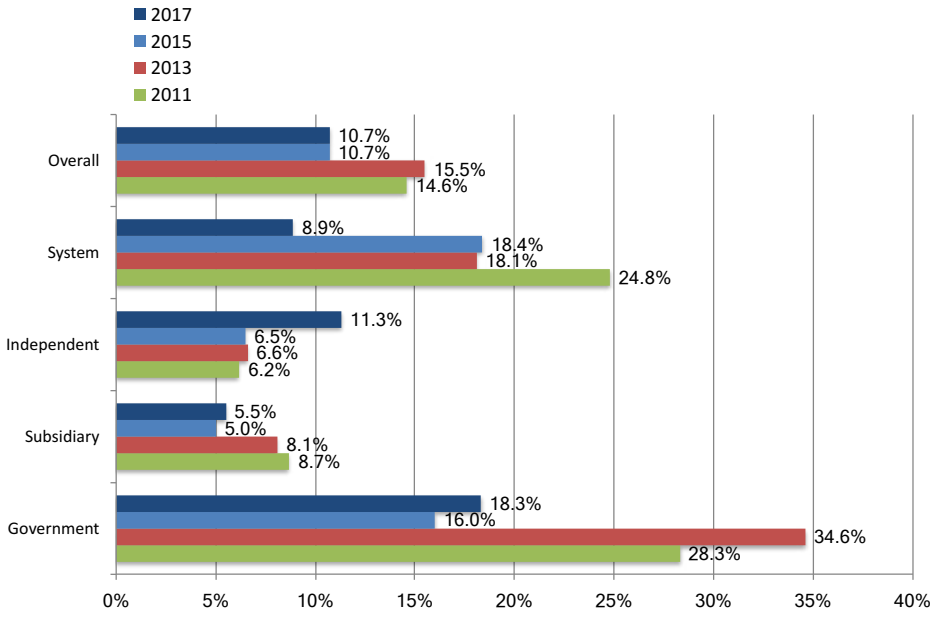


Table 14. Percentage of Organizations that Compensate the Board Chair

	2017	2015	2013	2011	2009
Overall	**12.2%**	**11.1%**	**11.8%**	**12.0%**	**9.6%**
Systems	10.6%	18.0%	17.5%	21.3%	12.7%
Independent Hospitals	12.8%	6.5%	5.8%	5.2%	4.7%
Subsidiary Hospitals	6.6%	4.9%	6.2%	7.1%	5.3%
Government-Sponsored Hospitals	18.3%	17.8%	23.5%	22.9%	19.1%

Exhibit 20. Approximate Total Annual Expenditure for Board Education

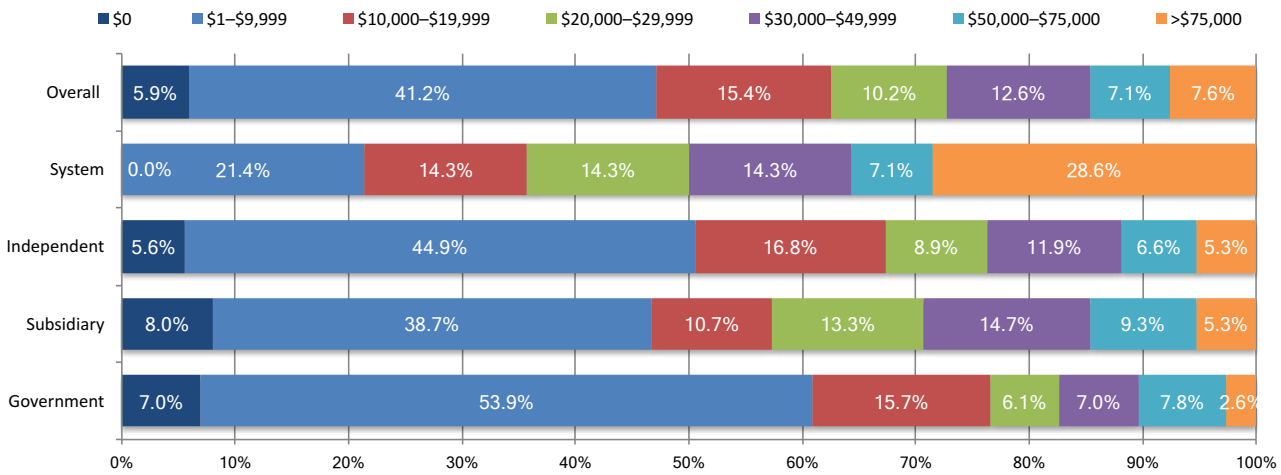


Exhibit 21. Delivery of Board Education

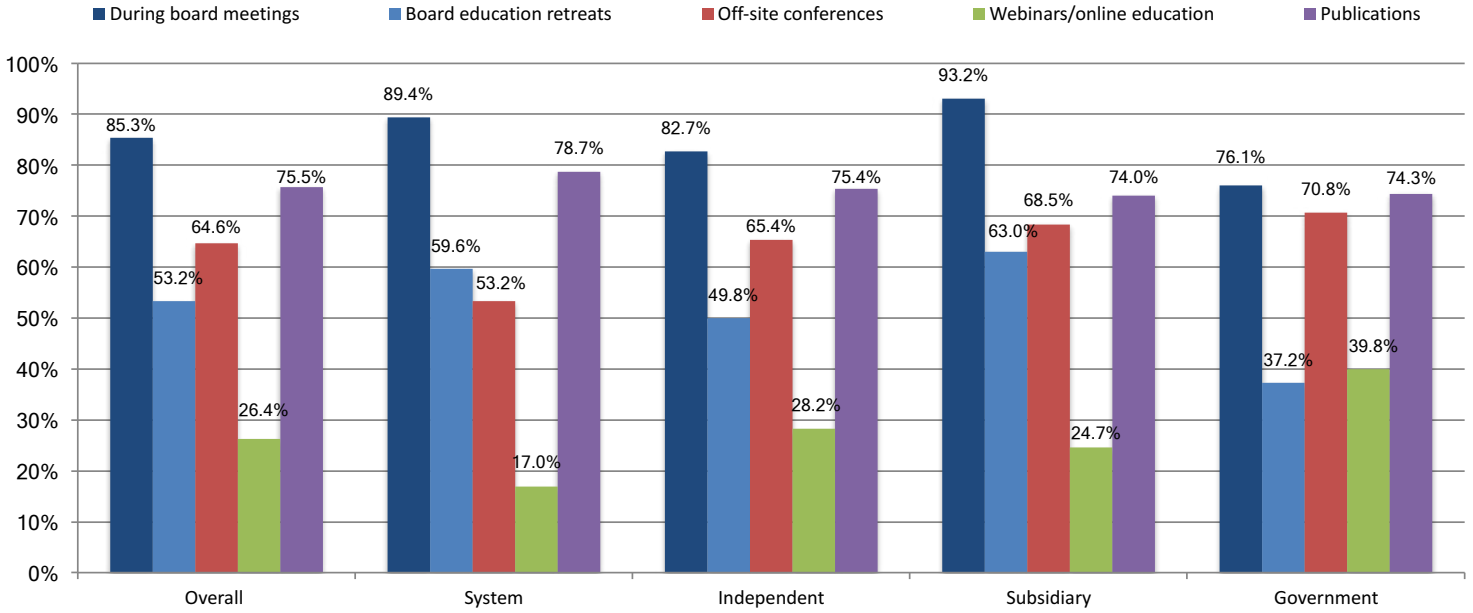
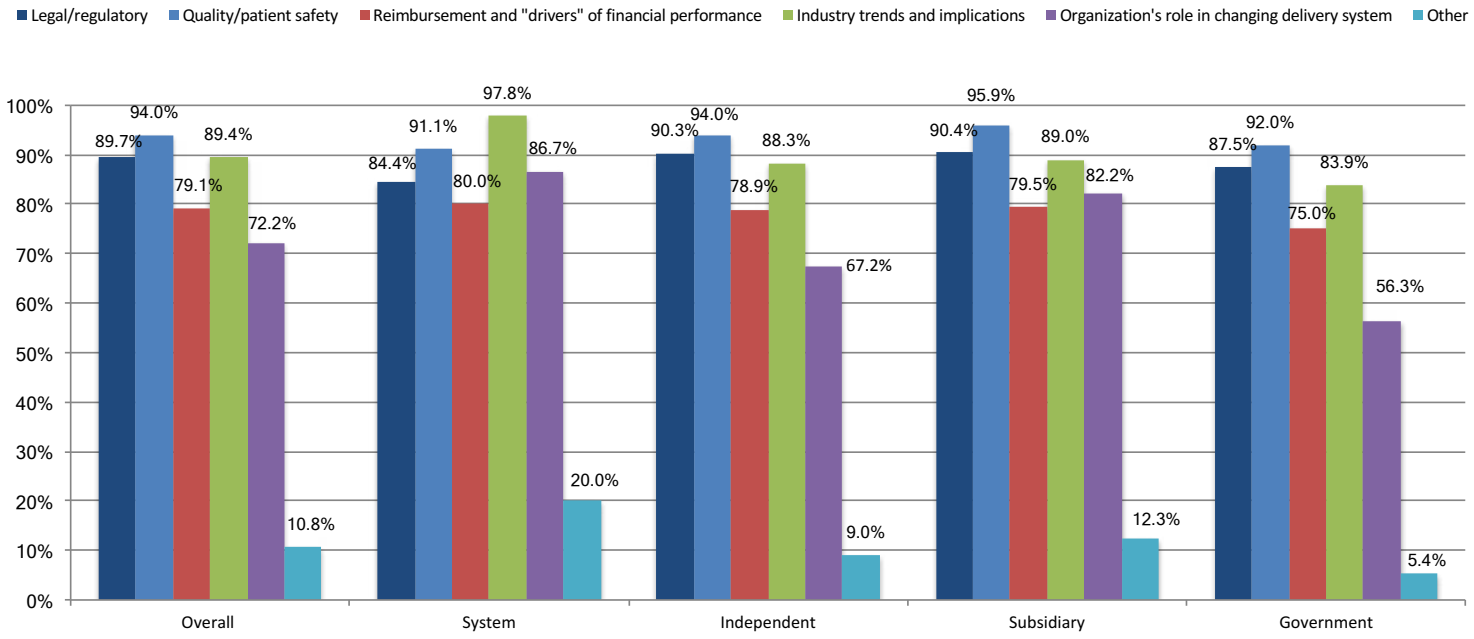


Exhibit 22. Topics Covered for Internal Board Education

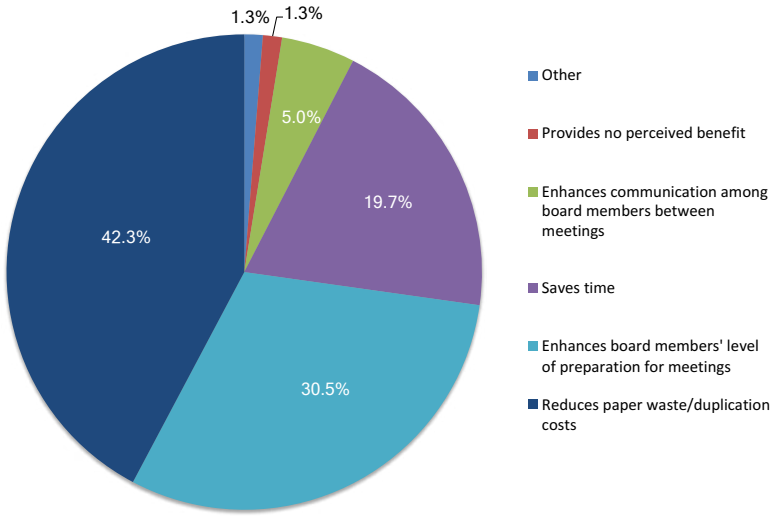


Use of Board Portal or Similar Online Tool

Summary of Findings

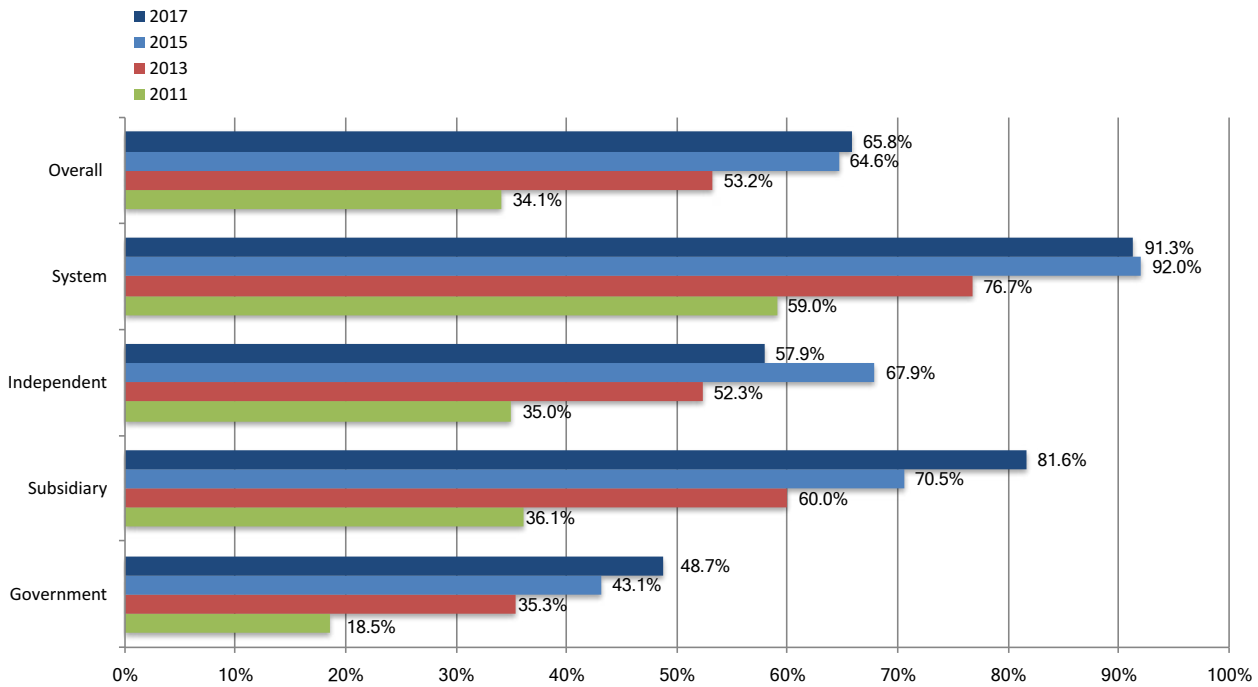
- 73% of respondents use a board portal or are in the process of implementing a board portal or similar online tool for board members to access board materials and for board member communication (about the same as in 2015). Specifically, 66% of respondents in 2017 already use a board portal, and another 7% are in the process of implementing a portal.
- 98% of health systems are using or in the process of implementing a board portal; and 88% of subsidiary hospitals are in this category (the two types of organizations most likely to use a board portal).
- 42% said the most important benefit of using a board portal is the reduction of paper waste and duplication costs. Thirty-one percent (31%) said the most important benefit is that it enhances board members' level of preparation for meetings.
- 66% of respondents provide board members with laptops or iPads to access online board materials, which has trended steadily up from 30% in 2011.

Exhibit 23. Most Important Benefit of Board Portal or Similar Online Tool



This year's analysis shows that 75% of all respondents that use a board portal strongly agree or agree with the questions in the board culture section of the survey.

Exhibit 24. Use of Board Portal or Similar Online Tool Since 2011



Accountable Care Organizations

Summary of Findings

- 55% of respondents are participating in an ACO or similarly structured clinically integrated network (up from 47% in 2015).
- Health systems and subsidiary hospitals are more likely than others to be participating in an ACO (79% and 63% respectively).
- Most respondent ACOs are health-system owned (44% overall; 76% for health systems, 63% for subsidiaries, 33% for independent hospitals, and 28% for government-sponsored hospitals).
- There was a significant increase in government-sponsored hospitals participating in an ACO (38% of respondents, up from 27% in 2015).

This is the second year we are reporting on ACO (or other similarly structured clinically integrated network) participation, size, and ownership type. As in 2015, we did not require respondents to specify whether they were participating specifically in a Medicare ACO, but any type of arrangement with public or private payers that would be considered an ACO or similar model.

More than half (55%) of the respondents are participating in an ACO model of some type. The majority of ACOs are health system owned (44%); the second largest percentage overall is a joint venture between two or more entities (18%). A few are hospital-owned or an independent entity (11% and 8% respectively); only 0.6% are owned by an insurance company (down from 2.6% in 2015) and 3.6% are owned by a physician group. (See **Exhibit 25**.) The size of the covered patient population is generally large (more than 50,000 people) for all types of organizations; however, a sizeable percentage of respondents cover 20,000 or fewer in their ACO. (See **Exhibit 26**.)

Exhibit 25. ACO Ownership Structure *(N=168)*

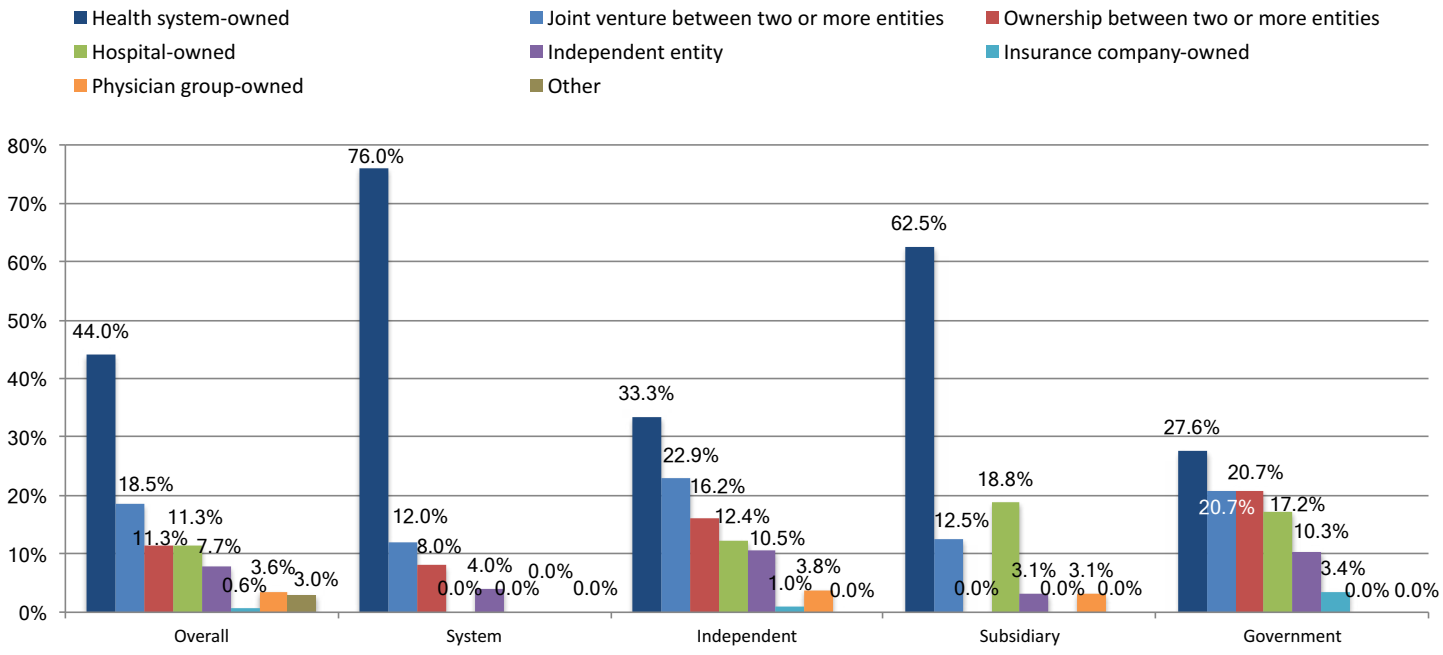
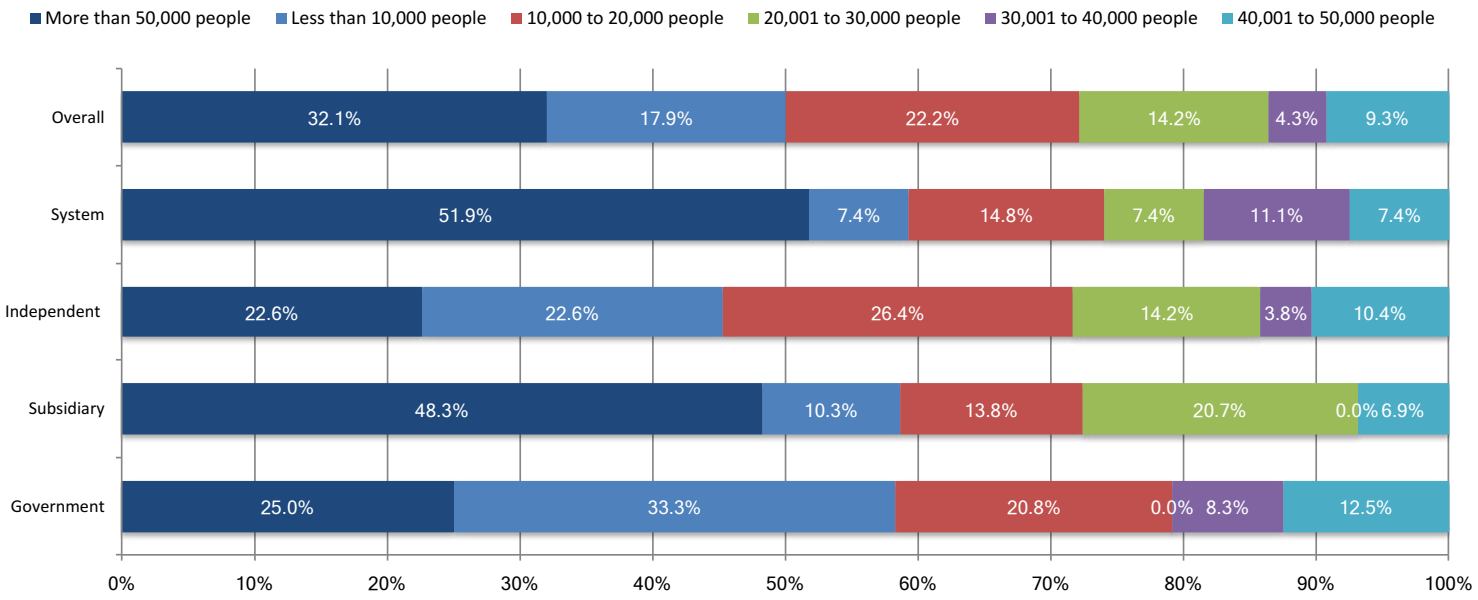


Exhibit 26. Size of Covered Patient Population under the ACO *(N=162)*



Board Culture

This is the third reporting year in which we asked questions related to how well the board communicates (both among its own board members and with others), its relationship with the CEO, effectiveness in measuring goals and holding those responsible accountable for reaching goals, and other aspects of board culture—essentially attempting to determine how well the board is functioning in areas or aspects that help contribute to overall board performance of their fiduciary duties and core responsibilities. We asked respondents to state how strongly they agreed with a list of 13 board culture-related statements.

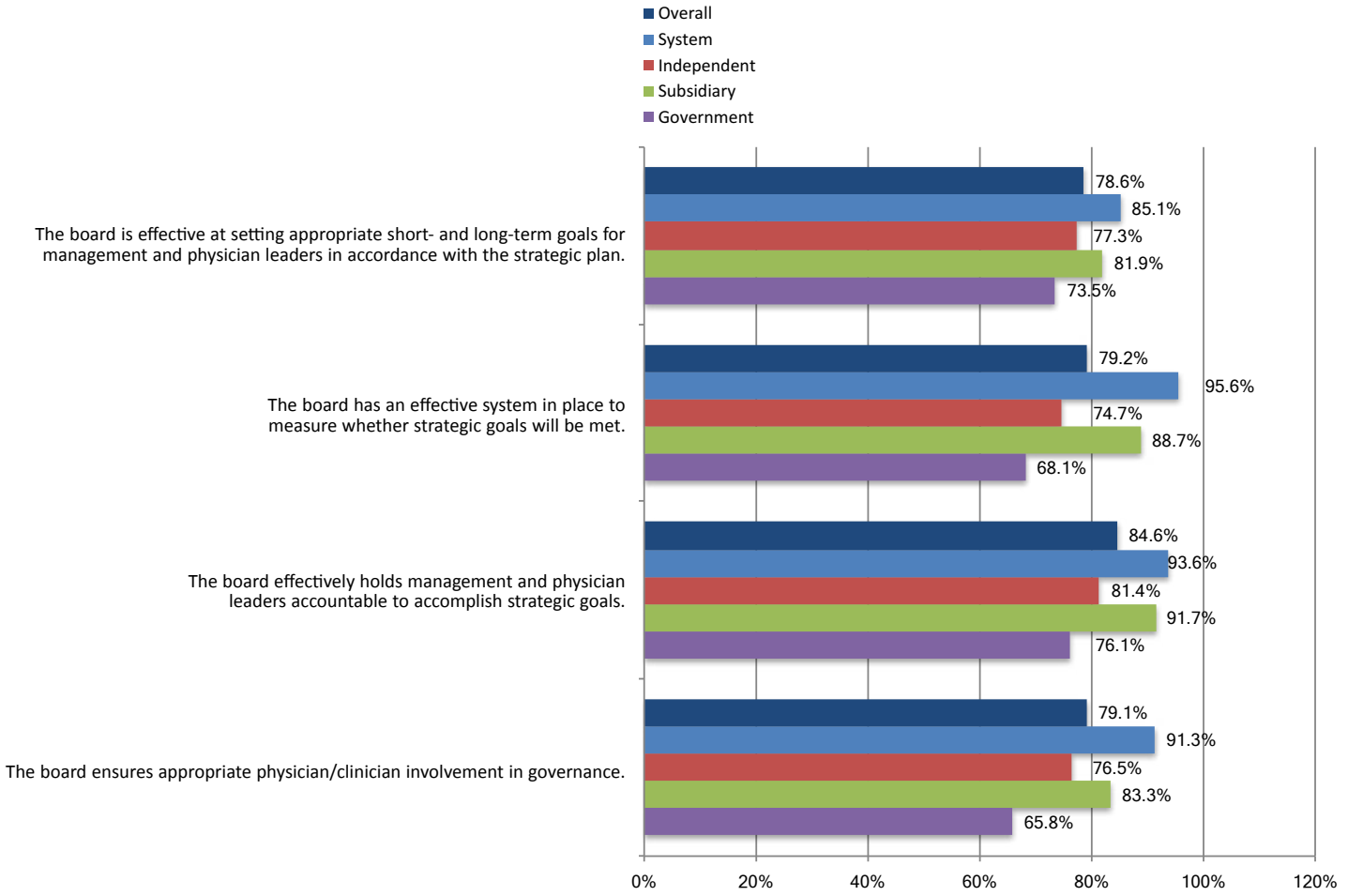
Exhibit 27 on the next page shows the level of agreement by organization type for the lowest scoring areas of board culture. (See the **Appendix** for all of the aspects of board culture we surveyed.)

Each individual statement regarding board culture is important, but not indicative of a healthy culture by themselves. As such, we looked at these statements taken together as a whole to use as a reliable indicator of a healthy board culture. To determine the degree of healthy board culture overall (all statements combined), we calculated an overall average "letter grade" for each type of organization, combining all board culture statements ("strongly agree" and "agree") into one score (showing there is room for improvement):

- Overall: 87% or a B+
- Health systems: 93% or an A
- Independent hospitals: 86% or a B
- Subsidiary hospitals: 91% or an A-
- Government hospitals: 80% or a B-

Only 31 respondents (6.7%) reported that they strongly agree with all 13 statements.

Exhibit 27. Board Culture: Percentage of Respondents Who "Strongly Agree" or "Agree" *(Lowest Scoring Areas)*



Governance Trends

Again this year we asked boards what types of structural changes to the board and board-related activities they are doing to prepare for population health management and value-based payments. To determine directional trends rather than reporting on overall activity without any parameters on timeframe, we asked respondents to indicate any governance-level changes *since 2015*. Thus the responses this year indicate whether any changes were made between the last reporting year and this year. We show comparisons for each reporting period since 2013, the first year we asked these questions.

Population Health Management

- 60% of respondents have added population health goals (e.g., IT infrastructure and physician integration) to the strategic plan since 2015. The same percentage reported such changes from 2013–2015 as well. This indicates that the majority of boards are continuing to add new population health goals to their strategic plan, rather than sticking to the initial goals reported in 2013.
- 45% of respondents have not made any changes to board structure since 2015 in regards to population health management. (47% indicated they had not made any changes from 2013–2015.)
- 20% of respondents have added physicians to the management team since 2015 to manage population health (a similar percentage reported adding physicians from 2013–2015, indicating that physicians are increasing in prevalence on management teams for this purpose).
- 11% of respondents have added physicians to the board to help with population health management, and 3.6% added nurses to the board for this purpose since 2015.
- Very few organizations have added board expertise in population health management, predictive modeling, and risk management.
- Health systems again have shown the most movement in adding physicians to the board (30%) and to the management team (43%). 74% of subsidiaries have added population health goals to the strategic plan. In contrast, government-sponsored hospitals are the least likely to have made any changes in this regard. We hope to see this trend increase as more government hospitals participate in ACOs and similar models.

Bucking Tradition to Propel Progress with Strong Board Culture

Mark Grube, Managing Director & National Strategy Leader, Kaufman, Hall & Associates, LLC

Special Commentary

TRADITION HAS A POWERFUL PULL. Especially in times of rapid change, we all feel the desire to double down on tradition, especially when historical practices have brought success. Governance practices are no exception. There is a reason that the phrase "if it ain't broke, don't fix it" is so popular. However, most industries are experiencing a prolonged period of significant disruption, healthcare very much included.

The core of disruption is to dismantle traditional structures, practices, and business models. Healthcare trustees and executives have a responsibility to be proactive in questioning current practices at a time when traditional healthcare revenues are under downward pressure, traditional competitors are being challenged by large new entrants, and technological advances are beginning to undermine traditional means of patient care delivery and engagement. In doing so, healthcare leaders should not lose sight of a critical component: tuning the engine that is driving the ship. Routinely assessing board culture and structures are equally as important as mapping out broader organizational objectives.

Steering the nation's hospitals and health systems in today's era of widespread industry disruption requires strong, effective, and efficient board leadership. In evaluating board culture as part of its biennial survey, The Governance Institute seeks to determine how well boards are functioning in areas or aspects that contribute to overall performance of their fiduciary duties and core responsibilities, such as preparedness, accountability, clinician involvement, and alignment with organizational mission and strategic goals.

An overall score on board culture of 87% in 2017 indicates that most boards are high functioning. A closer look at the results in comparison to previous years, however, belies justification for complacency. Survey results relative to board culture suggest some potential declines in functionality over the last several years. Such a course will need to be reversed if our nation's legacy healthcare organizations are to maintain relevance in an uncertain future.

Trends to Watch

The section of the survey focused on board culture encompasses 13 questions. Four questions within the section have consistently generated the lowest scores since the topic was first introduced in 2013, and scores on each of those have declined an average of 4.4 percentage points in just the last four years:

- On the question of the board's effectiveness in setting appropriate short- and long-term goals for management and physician leaders in accordance with the strategic plan, the overall score fell from 82.1% in 2013 to 78.6% in 2017.
- On whether the board has an effective system in place to measure progress on strategic goals, the overall score declined from 82.5% in 2013 to 79.2% in 2017.
- On the question of the board's effectiveness at holding management and physician leaders accountable to accomplish strategic goals, the score dropped from 88.8% in 2013 to 84.6% in 2017.
- Lastly, on whether the board ensures appropriate physician/clinician involvement in governance, the score fell 6.5 percentage points, from 85.6% to 79.1%.

While overall scores on board culture—including on these four specific indicators—remain high, it will be important to monitor performance over time to see if the trends persist. Each of these questions highlight important cultural components that are vital to robust governance.

"The degree of change in healthcare puts new demands on boards and executive teams. Attributes once highly valued in healthcare governance—such as stability, judiciousness, and incrementalism—are becoming increasingly obsolete. Today, effective healthcare boards must be agile, creative, and foreseeing. Each of these survey questions highlight important cultural components that are vital to robust governance."

—Mark Grube

The Need for Continuous Focus

To put the declines into some perspective, consider what has been happening in the U.S. healthcare industry since 2013: We have seen continued turmoil surrounding the Affordable Care Act and shifting federal healthcare policy; declining payment from commercial and government payers; increasing price sensitivities; mounting consumerism; evolving care delivery models; and the rapid-fire introduction and expansion of innovative competitors from Smart Choice MRI, with its guaranteed $600 scans, to CVS' MinuteClinic, offering convenient, low-cost primary care in locations within 10 miles of home for half of Americans.

Amid all of these forces, the survey results suggest potential early signs of weakening of core aspects of the country's hospital and health system boards, when they very much need to be headed in the opposite direction.

The key for healthcare leaders is never to lose sight of the need for continuous improvement in governance. Hospital and health system trustees and executives should maintain focus on building strong and cohesive board cultures. In doing so, they should work together to periodically assess and reevaluate the overall structure and functionality of their primary oversight bodies.

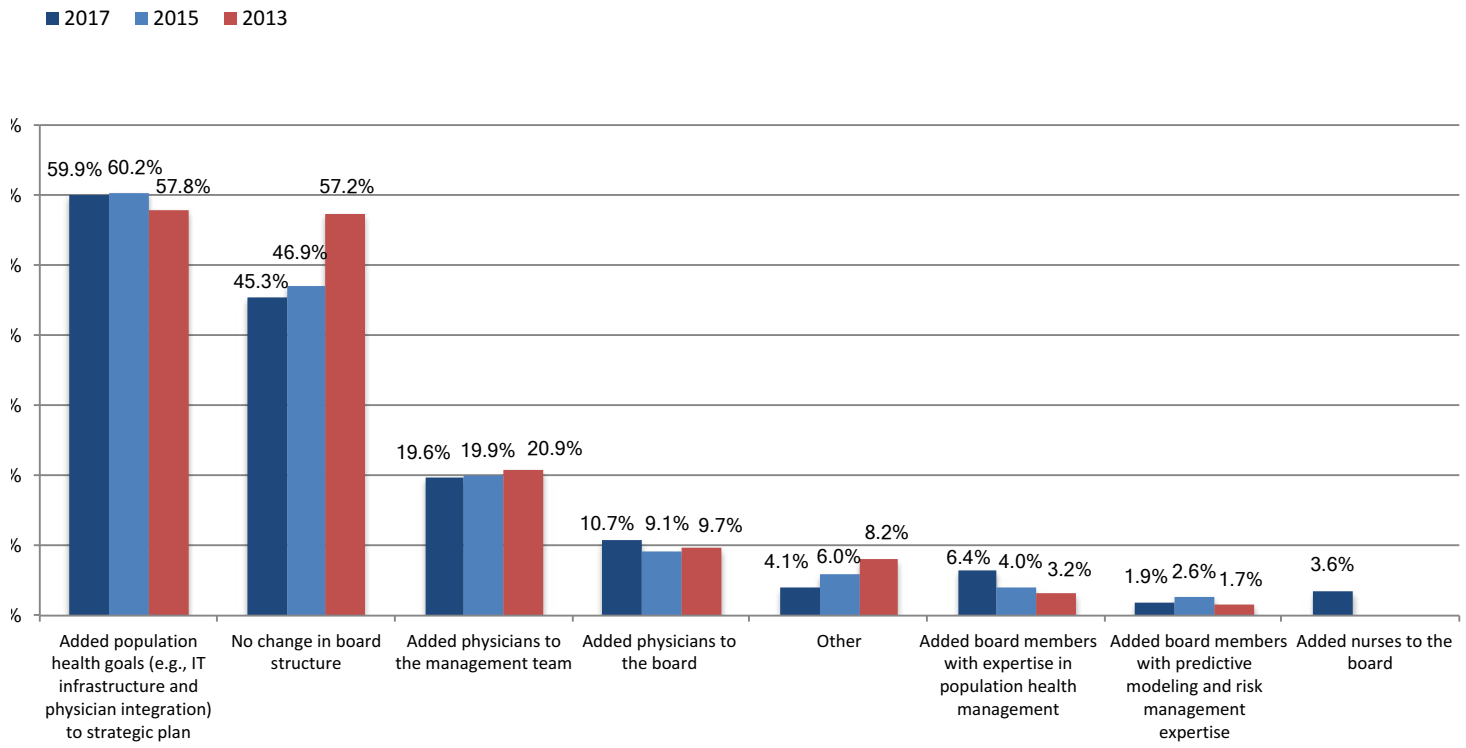
Forward-looking hospitals and health systems are assessing their organizational role, size, scope, structure, capabilities, and relationships. Organizations that historically have been slow to change will need to be nimble. They will need to foster innovation and build entirely new capabilities, all while completely rebuilding their cost structures.

This degree of change puts new demands on boards and executive teams. Attributes once highly valued in healthcare governance—such as stability, judiciousness, and incrementalism—are becoming increasingly obsolete. Today, effective healthcare boards must be agile, creative, and foreseeing.

They should be smaller, rather than larger, so that they can more efficiently communicate and deliberate key decisions. They should include strong physician/clinician leadership to ensure vital medical and care-delivery insights, and bolster medical staff buy-in. They should partner with executive teams in shaping organizational direction, rather than serving solely an oversight function in the strategic planning process. Perhaps most importantly, they should effectively monitor and hold management accountable for progress on strategic goals.

In summary, boards need to continuously optimize how they function. They need to serve as partners in propelling progress, rather than impediments to change. The nation's hospitals and health systems do not have the luxury of time—their evolution must begin now—and boards and executive teams must be primed to lead the way.

Exhibit 28. Changes in Board Structure Since 2013 in Regards to Population Health Management *(All Respondents)*
(Respondents selected more than one answer.)



Value-Based Payments

- 49% of respondents have not made any changes to the board or management team since 2015 to succeed with value-based payments (this is down from 54% from 2013–2015).
- 56% of respondents have added value-based payment goals to strategic and financial plans since 2015. (57% of respondents added such goals to their plans from 2013–2015, indicating that new goals continue to be added since the last reporting period.)
- 15% of respondents have added physicians to the management team to succeed with value-based payments (about the same as 2015).
- 9% of respondents have added physicians to the board, and 1.2% have added nurses to the board to help with value-based payments.
- 68% of health systems and 74% of subsidiaries have added value-based payment goals to strategic and financial plans; 23% of systems have added physicians to the board and 32% have added physicians to the management team for this purpose. 8.5% of systems have added nurses to the board. Again, government-sponsored hospitals are the least likely to have made any changes to the board or management with regard to value-based payments.

Exhibit 28a. Changes in Board Structure Since 2013 in Regards to Population Health Management by Organization Type

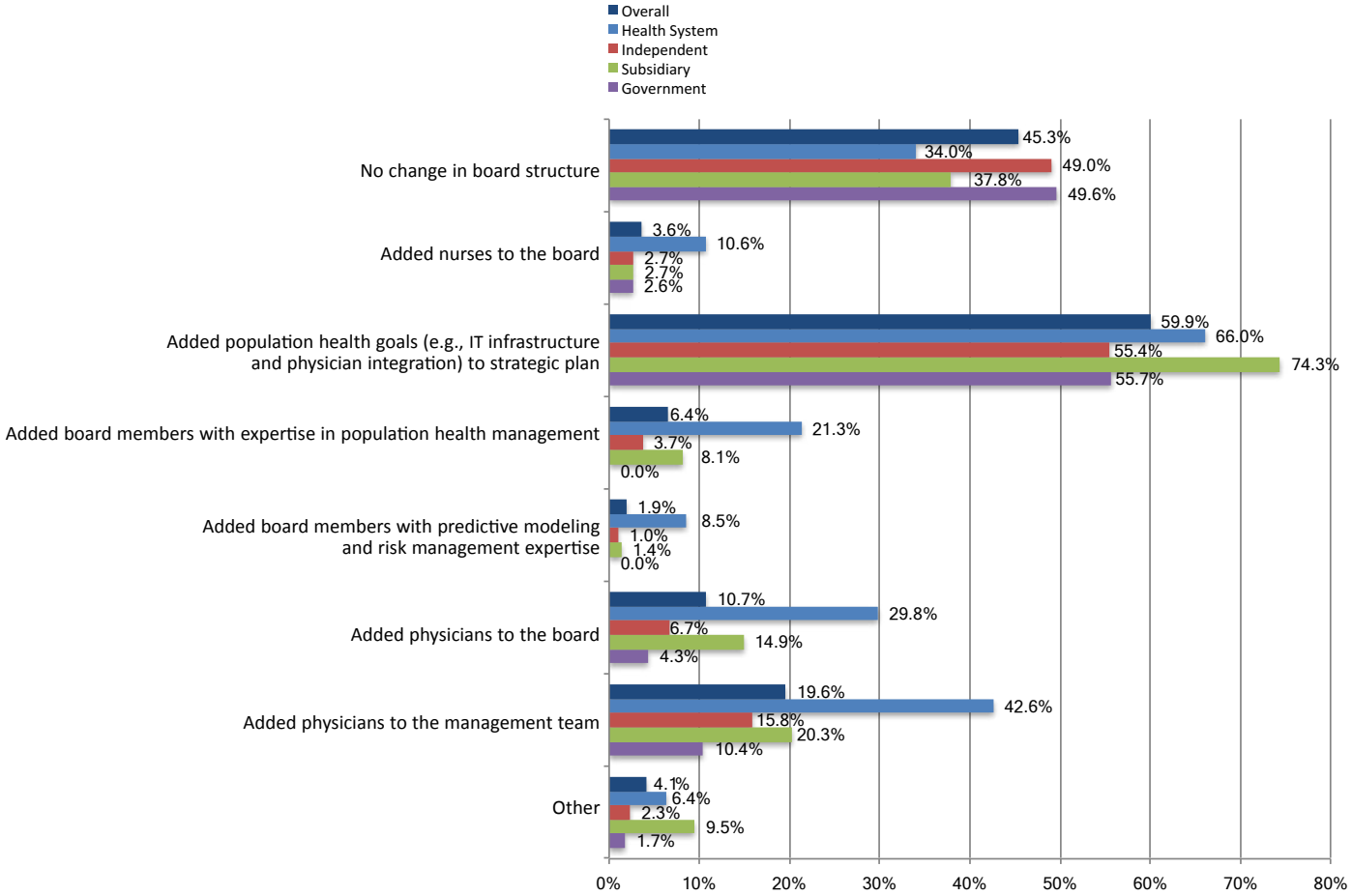


Exhibit 29. Changes in Board Structure Since 2013 to Succeed with Value-Based Payments *(All Respondents)*
(Respondents selected more than one answer.)

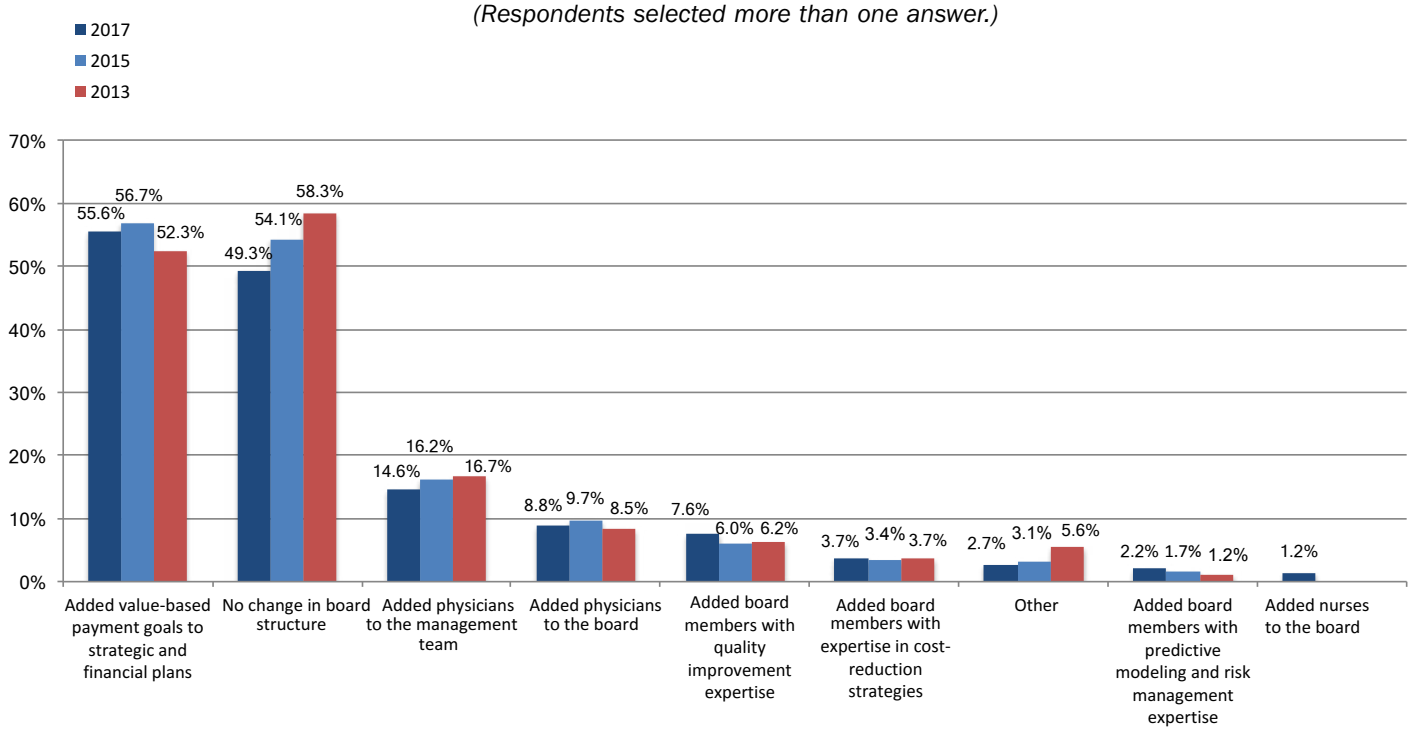
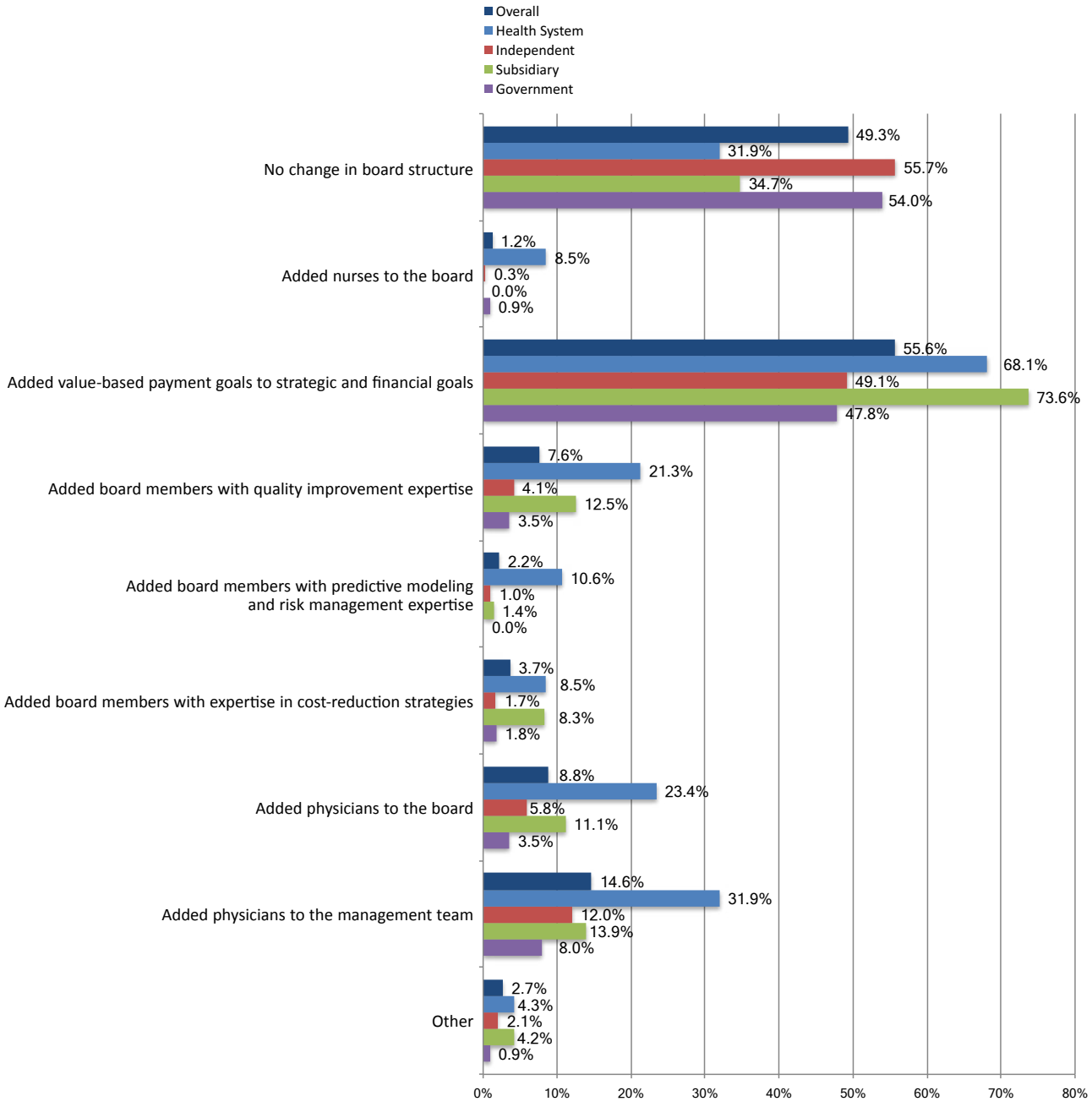


Exhibit 29a. Changes in Board Structure Since 2013 to Succeed with Value-Based Payments by Organization Type



Healthcare Organization Governance is Evolving Slowly in Response to a Transforming Business Model

Brian J. Silverstein, M.D., Managing Director, BDC Advisors

Special Commentary

THE JOURNEY FROM FEE-FOR-SERvice (FFS) to value in healthcare is proceeding incrementally. Rather than the tsunami-like change or "leap" predicted three to four years ago, most healthcare organizations are finding themselves uncomfortably "in the middle," with most of their revenue still driven by traditional FFS transactions, but with a substantial and incrementally growing segment of revenue subject to value incentives. Even what is considered value-based or population health related payment covers a wide spectrum, including:

- Fee-for-service payments with quality-based incentives
- Shared savings arrangements
- Patient panel based payments for primary care
- Physician fee schedules linked to quality measures
- Bundled payments for episodes of care
- Diagnosis Related Groups (DRGs) and readmission penalties
- Global budget or capitated payments
- Percent of premium arrangements
- Ownership of health plans

But the truth is that most healthcare providers are beyond the point where they can ignore the growing importance of the shift. While payments may continue to be administered on an FFS basis, the rate of payment, and retroactive "true-up" of incentives and penalties are affecting an increasing proportion of revenue.

"While the transformation from FFS to value and population health continues, and while most organizations report increasing participation in 'accountable' network arrangements, the survey indicates that there is still ample room for improvement in boards' preparedness for the evolving healthcare payment model."

—Brian J. Silverstein, M.D.

This shift is apparent across payer segments. Medicare, a significant payer for virtually all providers, is on a stated path to 50% of payments linked to value-based initiatives by 2018, and the proportion of Medicare beneficiaries now enrolled in Medicare Advantage plans is nearing one-third. All but three states have adopted alternatives to traditional fee-for-service for their Medicaid systems, with most now contracting with managed care organizations (MCOs). While payments between MCOs and providers are still largely FFS based, providers and payers are increasingly interested in providers assuming risk for quality and cost. In the commercial space, providers are increasingly recognizing that healthcare costs for their own employees are an important driver of overall cost and quality. And commercial health plans, in contracts with both physicians and hospitals, are increasingly incorporating quality and cost incentives, and are changing health plan benefit design to incent consumers to be more cost conscious in their use of services and selection of providers. While there remains continuing political uncertainty about the future of the

Affordable Care Act, it is important to note that virtually none of the repeal/replace/reform proposals considered this year have sought to change the provisions of the law that are driving the shift from FFS to value.

For healthcare boards, these changes can be daunting. The hospital and health system business model is becoming increasingly complex. Most healthcare organizations find themselves significantly committed to the physician business through the employment of physicians and sponsorship of accountable care organizations (ACOs) or clinically integrated networks (CINs). Clinical quality and patient satisfaction have long been important dimensions for board concern, but are now becoming increasingly important component in patient preference and network design. While in many circumstances, healthcare organizations are still rewarded for growing service volume, in other cases, reducing inappropriate utilization and cost can be a driver of profitability. And for a growing minority of boards, understanding the complex challenges of the insurance business has become an essential overlay to their traditional responsibility as providers. As healthcare organizations enter into arrangements with health plans to accept population-based risk, or in some cases even become owners of health plans, a completely new business model involving benefit design, actuarial risk, predictive modeling, network profiling, consumer engagement, and claims processing comes into play.

Most health systems (79%) and roughly half of independent hospitals (49%) report participation in an ACO or CIN, an increase since the last survey in 2015. Furthermore, in 2017, 52% of systems reported covered populations of over 50,000 people, up from 43% in 2015. The percentage of independent hospitals covering 50,000 lives or more fell from 35% in 2015 to 23% in 2017, a trend that may reflect some consolidation between systems and independent hospitals. An effective physician–hospital network is an essential requirement for successful participation in population health initiatives and is a key driver of the alignment necessary for success in value-based arrangements. Many organizations have made progress on this critical front, but there are still a significant number who have yet to do so.

While the transformation from FFS to value and population health continues, and while most organizations report increasing participation in "accountable" network arrangements, this year's survey indicates that there is still ample room for improvement in boards' preparedness for the evolving healthcare payment model. Most (roughly 80% of systems and 60% of independent hospitals) report that they are making changes to their board structure or practices to be successful in value-based and population health arrangements. Most often these changes involve updating of the strategic plan to included goals related to value-based payment and population health. But a substantial proportion of systems and independent hospitals report that they have not made changes to their board structure. Some are adding specialized expertise in quality improvement processes, predictive modeling, risk management, and/or population health, but these represent a relatively small proportion of organizations overall. The absence of expertise could become a growing obstacle to successful healthcare organization transformation as the business model evolves. The gap is particularly acute among independent hospitals and could become a further driver in a larger trend to consolidation.

System Governance Structure and Allocation of Responsibility

We asked system boards about the governance structure of the system overall, whether the system board approves a document or policy specifying allocation of responsibility and authority between system and local boards, and whether that association of responsibility and authority is widely understood and accepted by both local and system-level leaders.

In 2015, most systems (52%) had a system board as well as separate local/subsidiary boards with fiduciary responsibilities. In contrast, this year the systems responding are more evenly split with regards to governance structure:

- 33% have one system board with fiduciary oversight for the entire system
- 35% have a system board and subsidiary fiduciary boards
- 30% have a system board and subsidiary advisory boards

Association of Responsibility/ Authority Understood and Accepted

Overall, 74% of system respondents approve a document or policy specifying allocation of responsibility and authority between system and local boards. Sixty-one percent (61%) of system respondents said that the association of responsibility and authority is widely understood and accepted by both local and system-level leaders (down significantly from 86% in 2015). Only 25% of systems with 300–499 beds responding this year (N=10) approve a document or policy specifying system and local authority/ responsibility, and 29% of systems this size consider the assignment of responsibility/ authority to be widely understood and accepted by local and system leaders. (See Exhibits 31 and 32.)

Exhibit 30. System Governance Structure by Organization Size *(# of Beds)*

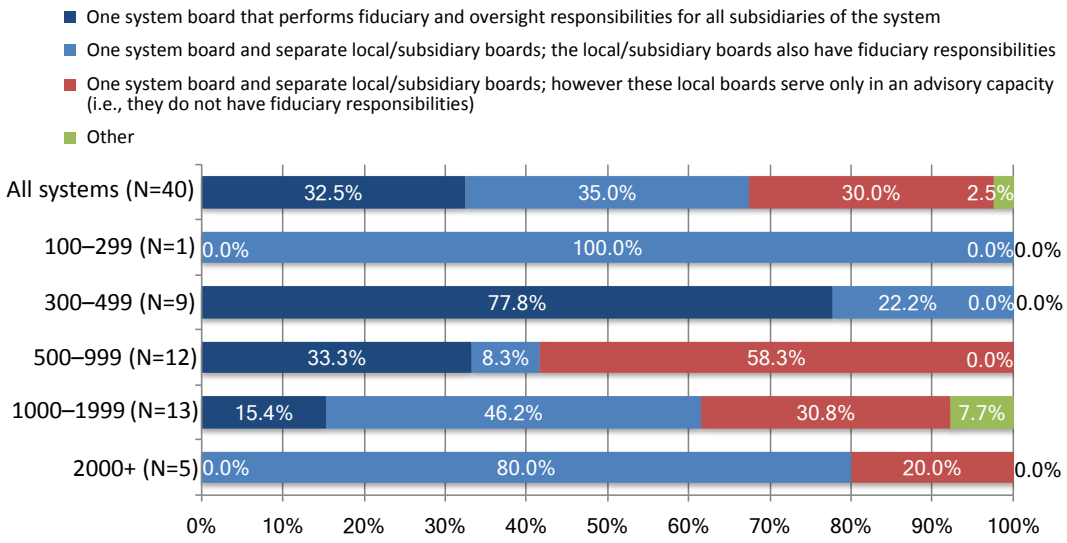


Exhibit 31. System Board Approves a Document/Policy Specifying Allocation of Responsibility and Authority between System and Local Boards *(By Organization Size)*

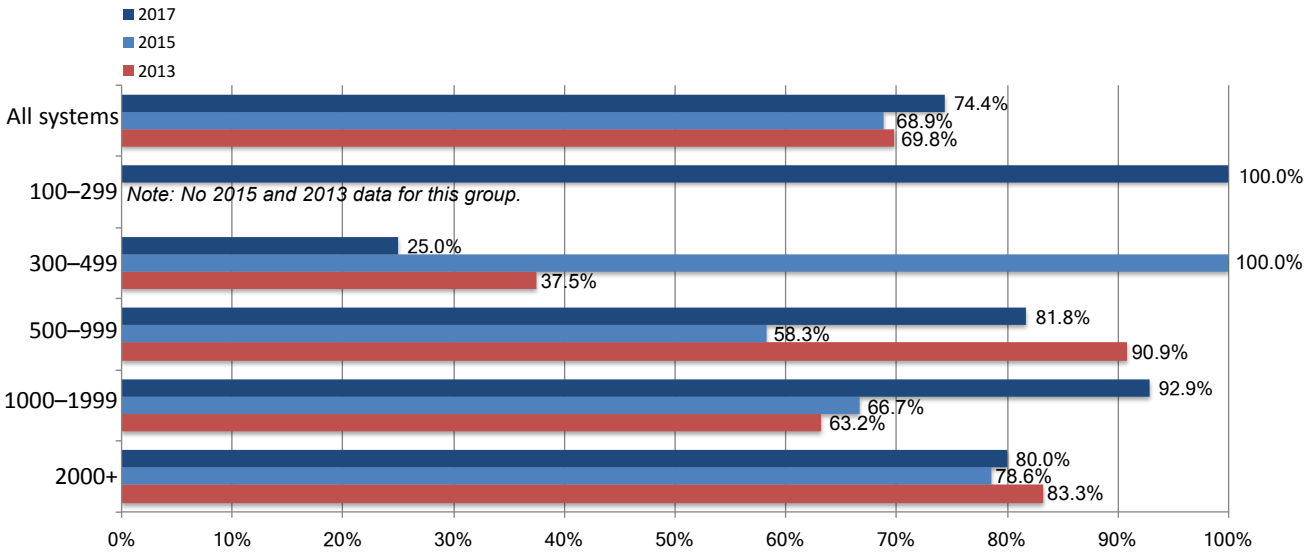


Exhibit 32. Assignment of Responsibility and Authority Widely Understood and Accepted by Both Local and System-Level Leaders *(By Organization Size)*

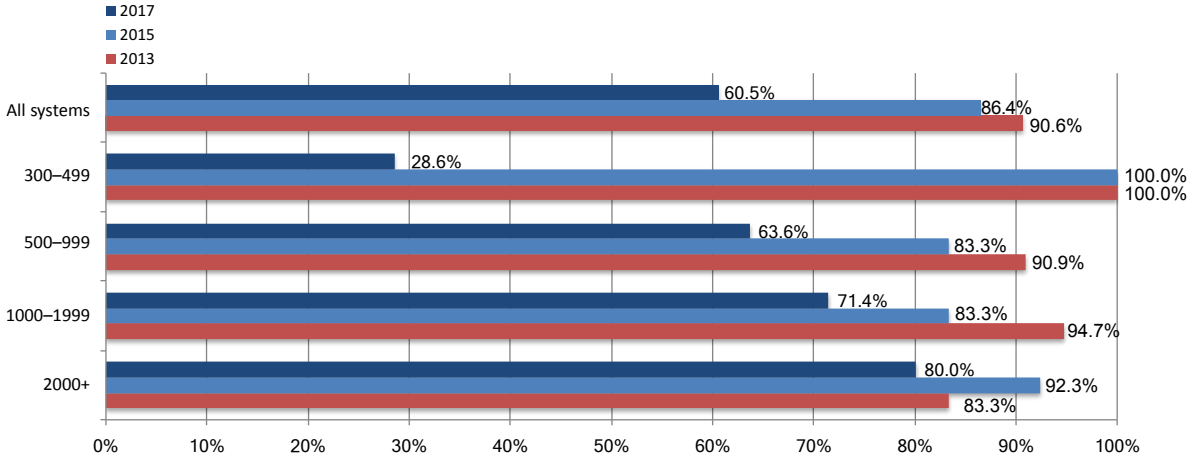
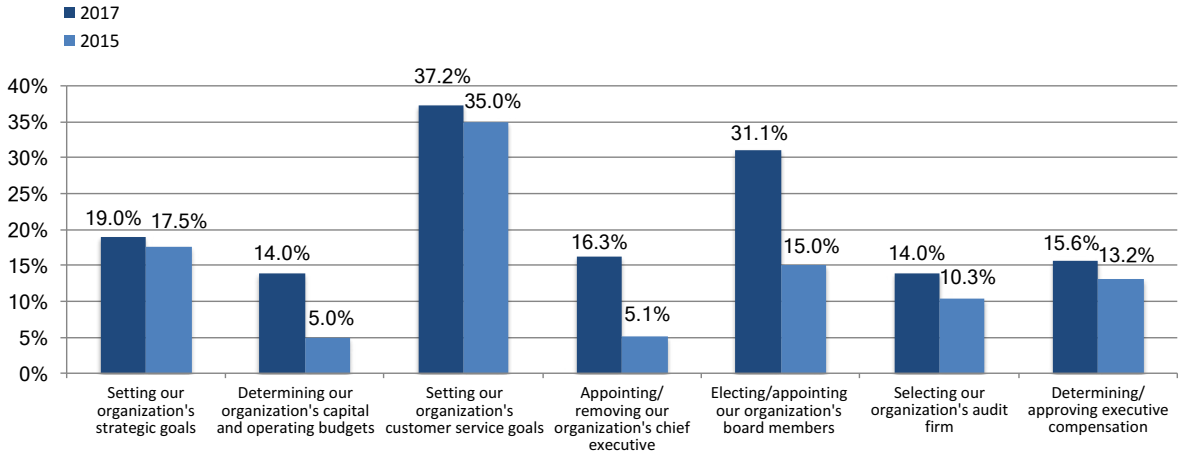


Exhibit 33. Board Issues Showing Increase in System-Level Responsibility



Subsidiary Hospitals: Allocation of Decision-Making Authority

Each year we ask subsidiary hospitals to tell us whether they retain full responsibility, share responsibility, or whether their higher authority (usually the system board) retains responsibility for various board responsibilities. In 2013 most of the movement was seen towards shared responsibility (fewer subsidiaries have full responsibility at the local level, and more system boards share this responsibility), indicating a slight movement away from the traditional "holding company" system model. In 2015 system boards were more likely than in 2013 to retain authority on certain issues that could be considered "system-level," such as quality, executive compensation, and compliance, and subsidiary boards retained authority on approving medical staff appointments and establishing board education and orientation programs, which are usually considered to be "local" issues. This year, there are several board issues that seem to be moving towards system-level responsibility, as well as a few issues that are moving more towards the subsidiary boards retaining sole responsibility (essentially polarization or movement away from shared responsibility, which might suggest that sharing responsibility can create complexities or lack of clarity around which board is responsible for which tasks related to the particular issue). The most significant movement in each of these directions we see this year are:

- While there is an increase in systems retaining responsibility for determining subsidiary capital and operating budgets, there is also an increase in subsidiary boards retaining responsibility (less "shared" responsibility).
- There is greater shared responsibility regarding setting quality and safety goals, and a corresponding decrease in subsidiary boards having sole responsibility for this.
- More systems are getting involved in appointing/removing and evaluating the subsidiary chief executive.
- There is polarization regarding electing/appointing subsidiary board members: this year, more subsidiary boards retain sole responsibility and conversely, more systems retain responsibility, while there is significantly less shared responsibility.
- Community benefit is a key area where we are seeing systems more involved at the subsidiary level, with more systems retaining responsibility for calculating and measuring subsidiary community benefit, and also setting community benefit goals for subsidiaries.
- More systems are establishing board education and orientation programs for their subsidiaries.

See **Exhibit 33** for a comparison focusing on the issues where there has been most movement towards system responsibility since 2015. **Table 15** shows a comparison of 2017 and 2015 results (please note that the sample size of subsidiaries responding to this portion of the survey is relatively small).

Table 15. Allocation of Decision-Making Authority 2017 vs. 2015

	By Organization Size (# of beds)									
	All Subsidiary Hospitals		<100		100–299		300–499		500+	
	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015
Total number of respondents in each category	64	40	26	14	22	14	15	6	1	6
To whom is your board accountable?										
Total responding to this question (some selected more than one answer)	*43*	*39*	*14*	*13*	*14*	*14*	*14*	*6*	*1*	*6*
Board of a parent/health system	100%	97.4%	100%	100%	100%	92.9%	100%	100%	100%	100%
Board or council of a religious order or organization	7.0%	7.7%	7.1%	0.0%	7.1%	14.3%	7.1%	0.0%	0.0%	16.7%
ROLE OF THE HIGHER BOARD OR AUTHORITY IN THE FOLLOWING DECISIONS FOR YOUR ORGANIZATION										
Setting our organization's strategic goals										
Total responding to this question	*42*	*40*	*13*	*14*	*15*	*14*	*13*	*6*	*1*	*6*
Our board retains responsibility	19.0%	17.5%	15.4%	21.4%	20.0%	14.3%	23.1%	33.3%	0.0%	0.0%
Our board shares responsibility	64.3%	70.0%	69.2%	64.3%	60.0%	85.7%	61.5%	50.0%	100%	66.7%
System board retains responsibility	16.7%	12.5%	15.4%	14.3%	20.0%	0.0%	15.4%	16.7%	0.0%	33.3%
Determining our organization's capital and operating budgets										
Total responding to this question	*43*	*40*	*13*	*14*	*15*	*14*	*14*	*6*	*1*	*6*
Our board retains responsibility	14.0%	5.0%	7.7%	14.3%	26.7%	0.0%	7.1%	0.0%	0.0%	0.0%
Our board shares responsibility	58.1%	72.5%	61.5%	71.4%	53.3%	64.3%	57.1%	100%	100%	66.7%
System board retains responsibility	27.9%	22.5%	30.8%	14.3%	20.0%	35.7%	35.7%	0.0%	0.0%	33.3%
Setting our organization's quality and safety goals										
Total responding to this question	*43*	*40*	*13*	*14*	*15*	*14*	*14*	*6*	*1*	*6*
Our board retains responsibility	20.9%	27.5%	23.1%	21.4%	13.3%	28.6%	28.6%	33.3%	0.0%	33.3%
Our board shares responsibility	60.5%	55.0%	69.2%	64.3%	66.7%	50.0%	42.9%	50.0%	100%	50.0%
System board retains responsibility	18.6%	17.5%	7.7%	14.3%	20.0%	21.4%	28.6%	16.7%	0.0%	16.7%
Setting our organization's customer service goals										
Total responding to this question	*42*	*40*	*13*	*14*	*14*	*14*	*14*	*6*	*1*	*6*
Our board retains responsibility	38.1%	35.0%	38.5%	28.6%	35.7%	35.7%	42.9%	50.0%	0.0%	33.3%
Our board shares responsibility	47.6%	50.0%	53.8%	57.1%	42.9%	50.0%	42.9%	33.3%	100%	50.0%
System board retains responsibility	14.3%	15.0%	7.7%	14.3%	21.4%	14.3%	14.3%	16.7%	0.0%	16.7%
Approving our organization's medical staff appointments										
Total responding to this question	*43*	*40*	*13*	*14*	*15*	*14*	*14*	*6*	*1*	*6*
Our board retains responsibility	88.4%	87.5%	92.3%	71.4%	86.7%	92.9%	92.9%	100%	0.0%	100%
Our board shares responsibility	7.0%	12.5%	7.7%	28.6%	0.0%	7.1%	7.1%	0.0%	100%	0.0%
System board retains responsibility	4.7%	0.0%	0.0%	0.0%	13.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Appointing/removing our organization's chief executive										
Total responding to this question	*41*	*39*	*12*	*14*	*15*	*13*	*13*	*6*	*1*	*6*
Our board retains responsibility	17.1%	5.1%	8.3%	7.1%	33.3%	0.0%	7.7%	0.0%	0.0%	16.7%
Our board shares responsibility	51.2%	74.4%	50.0%	78.6%	46.7%	84.6%	53.8%	66.7%	100%	50.0%
System board retains responsibility	31.7%	20.5%	41.7%	14.3%	20.0%	15.4%	38.5%	33.3%	0.0%	33.3%
Evaluating our organization's chief executive										
Total responding to this question	*45*	*40*	*15*	*14*	*15*	*14*	*14*	*6*	*1*	*6*
Our board retains responsibility	26.7%	32.5%	20.0%	35.7%	33.3%	28.6%	28.6%	0.0%	0.0%	66.7%
Our board shares responsibility	57.8%	57.5%	53.3%	50.0%	53.3%	57.1%	64.3%	100%	100%	33.3%
System board retains responsibility	15.6%	10.0%	26.7%	14.3%	13.3%	14.3%	7.1%	0.0%	0.0%	0.0%

	By Organization Size (# of beds)									
	All Subsidiary Hospitals		<100		100–299		300–499		500+	
	2017	2015	2017	2015	2017	2015	2017	2015	2017	2015
Total number of respondents in each category	64	40	26	14	22	14	15	6	1	6
Determining/approving executive compensation										
Total responding to this question	*42*	*38*	*15*	*13*	*14*	*14*	*13*	*6*	*0*	*5*
Our board retains responsibility	16.7%	13.2%	0.0%	7.7%	28.6%	7.1%	23.1%	16.7%	0.0%	40.0%
Our board shares responsibility	28.6%	34.2%	40.0%	46.2%	21.4%	35.7%	23.1%	33.3%	0.0%	0.0%
System board retains responsibility	54.8%	52.6%	60.0%	46.2%	50.0%	57.1%	53.8%	50.0%	0.0%	60.0%
Electing/appointing our organization's board members										
Total responding to this question	*45*	*40*	*15*	*14*	*15*	*14*	*14*	*6*	*1*	*6*
Our board retains responsibility	31.1%	15.0%	26.7%	14.3%	40.0%	14.3%	21.4%	33.3%	100%	0.0%
Our board shares responsibility	37.8%	60.0%	40.0%	71.4%	26.7%	57.1%	50.0%	66.7%	0.0%	33.3%
System board retains responsibility	31.1%	25.0%	33.3%	14.3%	33.3%	28.6%	28.6%	0.0%	0.0%	66.7%
Selecting our organization's audit firm										
Total responding to this question	*40*	*39*	*15*	*14*	*14*	*13*	*11*	*6*	*0*	*6*
Our board retains responsibility	15.0%	10.3%	13.3%	14.3%	21.4%	7.7%	9.1%	16.7%	0.0%	0.0%
Our board shares responsibility	10.0%	7.7%	6.7%	7.1%	7.1%	7.7%	18.2%	33.3%	0.0%	16.7%
System board retains responsibility	75.0%	82.1%	80.0%	78.6%	71.4%	84.6%	72.7%	16.7%	0.0%	83.3%
Establishing our organization's corporate compliance program										
Total responding to this question	*44*	*40*	*15*	*14*	*14*	*14*	*14*	*6*	*1*	*6*
Our board retains responsibility	4.5%	12.5%	0.0%	14.3%	14.3%	7.1%	0.0%	16.7%	0.0%	16.7%
Our board shares responsibility	31.8%	27.5%	20.0%	42.9%	28.6%	21.4%	50.0%	33.3%	0.0%	0.0%
System board retains responsibility	63.6%	60.0%	80.0%	42.9%	57.1%	71.4%	50.0%	50.0%	100%	83.3%
Calculating/measuring our organization's community benefit										
Total responding to this question	*45*	*40*	*15*	*14*	*15*	*14*	*14*	*6*	*1*	*6*
Our board retains responsibility	35.6%	35.0%	33.3%	28.6%	40.0%	35.7%	35.7%	50.0%	0.0%	33.3%
Our board shares responsibility	37.8%	45.0%	33.3%	42.9%	26.7%	50.0%	50.0%	33.3%	100%	50.0%
System board retains responsibility	26.7%	20.0%	33.3%	28.6%	33.3%	14.3%	14.3%	16.7%	0.0%	16.7%
Setting community benefit goals										
Total responding to this question	*44*	*40*	*15*	*14*	*14*	*14*	*14*	*6*	*1*	*6*
Our board retains responsibility	36.4%	42.5%	40.0%	28.6%	35.7%	42.9%	35.7%	50.0%	0.0%	66.7%
Our board shares responsibility	40.9%	45.0%	40.0%	57.1%	35.7%	42.9%	50.0%	33.3%	0.0%	33.3%
System board retains responsibility	22.7%	12.5%	20.0%	14.3%	28.6%	14.3%	14.3%	16.7%	100%	0.0%
Establishing our board education and orientation programs										
Total responding to this question	*44*	*39*	*15*	*14*	*15*	*14*	*13*	*6*	*1*	*5*
Our board retains responsibility	50.0%	61.5%	46.7%	42.9%	60.0%	78.6%	46.2%	66.7%	0.0%	60.0%
Our board shares responsibility	31.8%	33.3%	40.0%	50.0%	20.0%	21.4%	38.5%	33.3%	0.0%	20.0%
System board retains responsibility	18.2%	5.1%	13.3%	7.1%	20.0%	0.0%	15.4%	0.0%	100%	20.0%
Setting population health improvement goals										
Total responding to this question	44	N/A	15	N/A	14	N/A	14	N/A	1	N/A
Our board retains responsibility	34.1%		40.0%		35.7%		28.6%		0.0%	
Our board shares responsibility	40.9%		40.0%		35.7%		50.0%		0.0%	
System board retains responsibility	25.0%		20.0%		28.6%		21.4%		100%	

Concluding Remarks

We consider the governance imperatives for today's boards to be:

Diversity, in both background/expertise as well as ethnic and gender diversity. The role of the board is changing, and issues facing healthcare organizations are more strategic in nature, and we expect this trend to continue. Thus, having the right expertise on the board is ever more paramount. Nurses play a huge role in patient outcomes and experience. They hold the keys to uncovering systemic issues affecting quality and patient safety. These have major strategic and governance implications and the nurse perspective is essential in the boardroom. Ethnic and gender diversity is even more important as well, as healthcare organizations continue their journey in managing population health and finding that addressing social determinants of health is a key factor in successful population health and community benefit programs.

Effective board meetings that focus on **strategic-level discussions**. Listening to reports from management is an ineffective use of valuable board meeting time. Board members should read reports prior to meetings, and management should be present to answer questions and provide interpretations of reports as needed, but the majority of board meeting time should be opened up to deep, root-cause, generative discussions of a strategic nature on mission-critical issues that require board action.

For systems, **clarity of roles and responsibilities** at the system vs. local level is critical. We expect to see more systems reporting in the future that allocation of responsibilities across the system is widely understood and accepted by leaders and boards at all levels of the system (and more importantly, that the allocation of such responsibilities fits appropriately within the structure of the system). The larger the organization becomes the more unwieldy it can be, and thus a streamlined leadership and governance structure with very clear delineation of roles is essential for highest efficiency.

A strong **board culture** is the foundation upon which boards can begin to build nimble and responsive organizations. A large majority of respondents should be able to indicate strong agreement with all aspects of board culture included in this survey. When that is the case, those boards will succeed in transforming their organizations to the value-based business model, and actually change the curve in healthcare spending against outcomes.

As a nation, we are still struggling to come to terms with the fact that our healthcare system underperforms and still costs much more than other countries. This issue exacerbates the increasing divide between the poor, the wealthy, and the struggling middle class as wages remain stagnant and families are scraping by as healthcare costs continue to increase. Hospital and health system boards are at the top of the care provider leadership hierarchy, and therefore positioned to lead the charge in turning the industry around. Over the past several years, research and pilot programs have revealed areas of opportunity to increase high-value care and access and eliminate low-value care and waste. We argue that all types of organizations, big and small, independent or part of a system, urban or rural, have options and opportunities to transform. As fee-for-service gives way to payment for outcomes, there may be a sense of urgency to compete and capture market share, but we believe there is equal need for working together and sharing best practices. We know what needs to be done. Now is the time to act.

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Indepen-dent	Subsidiary	Govern-ment	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Total number of seated, voting board members (includes vacant positions for which you currently are recruiting)																				
Total responding in each category	405	45	289	71	106	40	7	11	42	41	226	7	1	36	211	98	49	26	16	5
1–7	22.0%	6.7%	25.6%	16.9%	56.6%	65.0%	57.1%	18.2%	64.3%	2.4%	11.9%	0.0%	0.0%	5.6%	35.5%	7.1%	4.1%	11.5%	12.5%	0.0%
8–10	17.5%	2.2%	20.8%	14.1%	24.5%	25.0%	14.3%	45.5%	21.4%	2.4%	19.5%	14.3%	0.0%	0.0%	23.2%	18.4%	4.1%	3.8%	0.0%	20.0%
11–15	32.8%	42.2%	31.5%	32.4%	14.2%	7.5%	28.6%	36.4%	9.5%	53.7%	36.7%	57.1%	0.0%	41.7%	29.4%	37.8%	34.7%	30.8%	43.8%	40.0%
16–22	22.2%	42.2%	18.0%	26.8%	2.8%	2.5%	0.0%	0.0%	0.0%	29.3%	26.1%	28.6%	0.0%	47.2%	10.0%	31.6%	38.8%	46.2%	37.5%	20.0%
23–30	2.7%	2.2%	2.4%	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%	4.9%	3.5%	0.0%	0.0%	2.8%	0.0%	4.1%	10.2%	3.8%	6.3%	0.0%
31 +	2.7%	4.4%	1.7%	5.6%	1.9%	0.0%	0.0%	0.0%	4.8%	7.3%	2.2%	0.0%	100.0%	2.8%	1.9%	1.0%	8.2%	3.8%	0.0%	20.0%
Average	12.87	16.27	11.91	14.62	9.07	7.48	8.71	10.36	9.62	16.17	13.45	12.71	36.00	16.67	10.27	14.49	17.94	15.58	14.63	21.40
Median	12	15	11	14	7	7	7	10	7	14	13	12	36	16	9	13	17	16	15	13
Range	1 to 72	2 to 54	1 to 72	4 to 42	2 to 72	2 to 16	5 to 14	7 to 15	5 to 72	7 to 42	1 to 38	8 to 17	36 to 36	2 to 54	1 to 45	4 to 72	1 to 42	2 to 36	2 to 28	8 to 54
Number of independent voting board members (per IRS definition of independent director)																				
Total responding in each category	405	45	289	71	106	40	7	11	42	41	226	7	1	36	211	98	49	26	16	5
0–2	5.2%	2.2%	5.9%	4.2%	5.7%	7.5%	0.0%	9.1%	4.8%	2.4%	5.8%	0.0%	0.0%	2.8%	57.1%	14.3%	14.3%	9.5%	4.8%	0.0%
3–4	3.7%	0.0%	4.5%	2.8%	5.7%	5.0%	0.0%	0.0%	7.1%	0.0%	4.0%	0.0%	0.0%	0.0%	80.0%	20.0%	0.0%	0.0%	0.0%	0.0%
5–6	15.3%	8.9%	17.0%	12.7%	32.1%	27.5%	14.3%	9.1%	50.0%	19.5%	7.5%	14.3%	0.0%	8.3%	69.4%	21.0%	1.6%	4.8%	3.2%	0.0%
7 +	75.8%	88.9%	72.7%	80.3%	56.6%	60.0%	85.7%	81.8%	38.1%	78.0%	82.7%	85.7%	100.0%	88.9%	46.9%	25.7%	14.7%	6.8%	4.2%	1.6%
Average	9.20	10.44	8.92	9.58	7.48	6.45	7.43	7.91	7.71	9.44	9.77	9.00	15.00	10.69	7.80	10.42	12.20	9.85	9.38	11.40
Median	9	11	8	9	7	7	7	8	5	8	9	8	15	11	7	10	11	10	9	11
Range	0 to 70	0 to 22	0 to 70	0 to 23	0 to 70	0 to 13	5 to 12	0 to 13	0 to 70	2 to 21	0 to 32	6 to 13	15 to 15	0 to 2	0 to 32	0 to 70	0 to 27	0 to 19	0 to 22	7 to 16
Number of voting management board members																				
Total responding in each category	405	45	289	71	106	40	7	11	42	41	226	7	1	36	211	98	49	26	16	5
0	53.6%	28.9%	60.9%	39.4%	91.5%	90.0%	100.0%	72.7%	97.6%	22.0%	46.0%	14.3%	0.0%	30.6%	71.4%	17.1%	6.0%	3.2%	1.8%	0.5%
1	34.6%	64.4%	30.1%	33.8%	1.9%	2.5%	0.0%	9.1%	0.0%	61.0%	40.3%	85.7%	100.0%	61.1%	24.3%	33.6%	21.4%	11.4%	7.9%	1.4%
2	5.9%	6.7%	3.5%	15.5%	2.8%	5.0%	0.0%	9.1%	0.0%	12.2%	5.8%	0.0%	0.0%	8.3%	29.2%	29.2%	25.0%	4.2%	4.2%	8.3%
3	4.2%	0.0%	4.2%	7.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.9%	6.6%	0.0%	0.0%	0.0%	64.7%	23.5%	0.0%	11.8%	0.0%	0.0%
4 +	0.0%	0.0%	1.4%	4.2%	3.8%	2.5%	0.0%	9.1%	2.4%	0.0%	1.3%	0.0%	0.0%	0.0%	57.1%	42.9%	0.0%	0.0 %	0.0%	0.0%
Average	0.68	0.78	0.57	1.08	0.29	0.30	0.00	0.91	0.12	1.00	0.78	0.86	1.00	0.78	0.50	0.88	0.86	0.92	0.81	1.20
Median	0	1	0	1	0	0	0	0	0	1	1	1	1	1	0	1	1	1	1	1
Range	0 to 7	0 to 2	0 to 7	0 to 7	0 to 7	0 to 7	0 to 0	0 to 7	0 to 5	0 to 3	0 to 5	0 to 1	1 to 1	0 to 2	0 to 7	0 to 5	0 to 2	0 to 3	0 to 2	0 to 2

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Number of voting Chief Medical Officer board members																				
Total responding in each category	405	45	289	71	106	40	7	11	42	41	226	7	1	36	211	98	49	26	16	5
0	87.7%	86.7%	88.9%	83.1%	94.3%	95.0%	100.0%	90.9%	92.9%	85.4%	85.4%	100.0%	0.0%	86.1%	51.3%	25.1%	11.8%	6.5%	3.9%	1.4%
1	12.1%	13.3%	11.1%	15.5%	5.7%	5.0%	0.0%	9.1%	7.1%	12.2%	14.6%	0.0%	100.0%	13.9%	59.2%	18.4%	12.2%	6.1%	4.1%	0.0%
2 +	0.2%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%
Average	0.13	0.13	0.11	0.21	0.06	0.05	0.00	0.09	0.07	0.22	0.15	0.00	1.00	0.14	0.14	0.09	0.20	0.12	0.13	0.00
Median	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0	0
Range	0 to 4	0 to 1	0 to 1	0 to 4	0 to 1	0 to 1	0 to 0	0 to 1	0 to 1	0 to 4	0 to 1	0 to 0	1 to 1	0 to 1	0 to 1	0 to 1	0 to 4	0 to 1	0 to 1	0 to 0
Number of voting physician board members aside from the CMO who are active members of the medical staff but are not employed by the hospital																				
Total responding in each category	405	45	289	71	106	40	7	11	42	41	226	7	1	36	211	98	49	26	16	5
0	44.4%	33.3%	49.1%	32.4%	69.8%	75.0%	71.4%	45.5%	71.4%	36.6%	37.2%	71.4%	0.0%	25.0%	70.0%	13.9%	7.2%	3.9%	3.9%	1.1%
1	22.7%	22.2%	20.8%	31.0%	22.6%	25.0%	0.0%	36.4%	21.4%	26.8%	22.1%	28.6%	0.0%	22.2%	54.3%	25.0%	9.8%	7.6%	3.3%	0.0%
2	14.3%	11.1%	14.5%	15.5%	5.7%	0.0%	14.3%	9.1%	7.1%	19.5%	17.7%	0.0%	0.0%	13.9%	41.4%	34.5%	10.3%	6.9%	3.4%	3.4%
3	7.9%	11.1%	6.6%	11.3%	1.9%	0.0%	14.3%	9.1%	0.0%	4.9%	10.2%	0.0%	0.0%	13.9%	28.1%	40.6%	15.6%	9.4%	6.3%	0.0%
4 +	10.6%	22.2%	9.0%	9.9%	0.0%	0.0%	0.0%	0.0%	0.0%	12.2%	12.8%	0.0%	100.0%	25.0%	4.7%	39.5%	37.2%	11.6%	4.7%	2.3%
Average	1.33	2.51	1.12	1.44	0.40	0.25	0.71	0.82	0.36	1.49	1.49	0.29	8.00	2.86	0.64	1.83	2.27	2.00	1.56	7.40
Median	1	1	1	1	0	0	0	1	0	1	1	0	8	2	0	2	2	1	1	2
Range	0 to 33	0 to 33	0 to 6	0 to 6	0 to 3	0 to 1	0 to 3	0 to 3	0 to 2	0 to 8	0 to 6	0 to 1	8 to 8	0 to 33	0 to 6	0 to 6	0 to 6	0 to 8	0 to 8	0 to 33
Number of voting physician board members aside from the CMO who are employed by the hospital																				
Total responding in each category	405	45	289	71	106	40	7	11	42	41	226	7	1	36	211	98	49	26	16	5
0	66.9%	53.3%	70.9%	59.2%	88.7%	95.0%	85.7%	54.5%	92.9%	58.5%	61.9%	85.7%	100.0%	44.4%	56.8%	22.5%	10.3%	5.5%	3.7%	1.1%
1	16.8%	24.4%	13.5%	25.4%	7.5%	5.0%	0.0%	36.4%	4.8%	24.4%	17.7%	14.3%	0.0%	27.8%	47.1%	22.1%	17.6%	8.8%	2.9%	1.5%
2	8.4%	6.7%	9.7%	4.2%	1.9%	0.0%	0.0%	9.1%	2.4%	9.8%	11.1%	0.0%	0.0%	8.3%	47.1%	32.4%	8.8%	5.9%	5.9%	0.0%
3	4.2%	6.7%	3.1%	7.0%	0.9%	0.0%	0.0%	0.0%	0.0%	4.9%	5.3%	0.0%	0.0%	8.3%	23.5%	41.2%	23.5%	5.9%	0.0%	5.9%
4 +	3.7%	8.9%	2.8%	4.2%	0.9%	0.0%	14.3%	0.0%	0.0%	2.4%	4.0%	0.0%	0.0%	11.1%	33.3%	26.7%	13.3%	13.3%	13.3%	0.0%
Average	0.62	0.96	0.54	0.75	0.18	0.05	0.57	0.55	0.10	0.68	0.73	0.14	0.00	1.17	0.46	0.77	0.82	0.81	0.88	0.80
Median	0	0	0	0	0	0	0	0	0	0	0	0	0	1	0	0	0	0	0	0
Range	0 to 5	0 to 5	0 to 5	0 to 5	0 to 4	0 to 1	0 to 4	0 to 2	0 to 2	0 to 4	0 to 5	0 to 1	0 to 0	0 to 5	0 to 5	0 to 5	0 to 5	0 to 4	0 to 4	0 to 3

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Indepen-dent	Subsidiary	Govern-ment	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Number of voting Chief Nursing Officer board members																				
Total responding in each category	405	45	289	71	106	40	7	11	42	41	226	7	1	36	211	98	49	26	16	5
0	96.8%	97.8%	96.5%	97.2%	97.2%	97.5%	100.0%	90.9%	97.6%	95.1%	96.9%	100.0%	100.0%	97.2%	52.3%	24.0%	12.2%	6.1%	4.1%	1.3%
1	3.0%	2.2%	3.1%	2.8%	1.9%	2.5%	0.0%	9.1%	0.0%	4.9%	3.1%	0.0%	0.0%	2.8%	41.7%	33.3%	8.3%	16.7%	0.0%	0.0%
2 +	0.2%	0.0%	0.3%	0.0%	0.9%	0.0%	0.0%	0.0%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	100.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Average	0.03	0.02	0.04	0.03	0.04	0.03	0.00	0.09	0.05	0.05	0.03	0.00	0.00	0.03	0.03	0.04	0.02	0.08	0.00	0.00
Median	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Range	0 to 2	0 to 1	0 to 2	0 to 1	0 to 2	0 to 1	0 to 0	0 to 1	0 to 2	0 to 1	0 to 1	0 to 0	0 to 0	0 to 1	0 to 2	0 to 1	0 to 1	0 to 1	0 to 0	0 to 0
Number of voting board members who are nurses from the organization's nursing staff aside from the CNO																				
Total responding in each category	405	45	289	71	106	40	7	11	42	41	226	7	1	36	211	98	49	26	16	5
0	98.5%	97.8%	99.3%	95.8%	99.1%	97.5%	100.0%	100.0%	100.0%	95.1%	98.7%	85.7%	100.0%	0.0%	52.6%	24.1%	11.8%	6.3%	4.0%	1.3%
1	1.0%	0.0%	0.7%	2.8%	0.9%	2.5%	0.0%	0.0%	0.0%	0.0%	1.3%	0.0%	0.0%	0.0%	25.0%	50.0%	25.0%	0.0%	0.0%	0.0%
2	0.5%	2.2%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	4.9%	0.0%	14.3%	0.0%	0.0%	0.0%	0.0%	50.0%	50.0%	0.0%	0.0%
3	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4 +	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Average	0.02	0.04	0.01	0.06	0.01	0.03	0.00	0.00	0.00	0.10	0.01	0.29	0.00	0.00	0.00	0.02	0.06	0.08	0.00	0.00
Median	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Range	0 to 2	0 to 2	0 to 1	0 to 2	0 to 1	0 to 1	0 to 0	0 to 0	0 to 0	0 to 2	0 to 1	0 to 2	0 to 0	0 to 0	0 to 1	0 to 1	0 to 2	0 to 2	0 to 0	0 to 0
Number of voting board members who represent a faith-based institution that is affiliatied with or sponsors your organization																				
Total responding in each category	405	45	289	71	106	40	7	11	42	41	226	7	1	36	211	98	49	26	16	5
0	85.7%	71.1%	91.3%	71.8%	100.0%	100.0%	100.0%	100.0%	100.0%	22.0%	91.2%	14.3%	100.0%	83.3%	55.6%	24.5%	11.0%	4.9%	2.9%	1.2%
1	4.7%	8.9%	2.8%	9.9%	0.0%	0.0%	0.0%	0.0%	0.0%	12.2%	4.4%	57.1%	0.0%	11.1%	26.3%	26.3%	26.3%	10.5%	10.5%	0.0%
2	6.7%	11.1%	3.5%	16.9%	0.0%	0.0%	0.0%	0.0%	0.0%	46.3%	3.1%	14.3%	0.0%	2.8%	37.0%	25.9%	14.8%	11.1%	7.4%	3.7%
3	0.5%	2.2%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.9%	0.0%	0.0%	0.0%	0.0%	0.0%	50.0%	0.0%	50.0%	0.0%	0.0%
4 +	2.5%	6.7%	2.1%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	14.6%	1.3%	14.3%	0.0%	2.8%	30.0%	0.0%	20.0%	30.0%	20.0%	0.0%
Average	0.35	0.84	0.21	0.59	0.00	0.00	0.00	0.00	0.00	2.20	0.17	2.14	11.00	0.33	0.18	0.22	0.63	1.15	1.00	0.40
Median	0	0	0	0	0	0	0	0	0	2	0	2	11	0	0	0	0	0	0	0
Range	0 to 11	0 to 11	0 to 7	0 to 11	0 to 0	0 to 0	0 to 0	0 to 0	0 to 0	0 to 11	0 to 6	0 to 4	11 to 11	0 to 6	0 to 6	0 to 3	0 to 11	0 to 11	0 to 6	0 to 2

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Number of other types of voting board members																				
Total responding in each category	405	45	289	71	106	40	7	11	42	41	226	7	1	36	211	98	49	26	16	5
0	90.1%	82.2%	91.7%	88.7%	93.4%	92.5%	100.0%	100.0%	92.9%	90.2%	90.3%	100.0%	100.0%	77.8%	52.9%	25.2%	11.8%	5.5%	3.6%	1.1%
1	4.0%	6.7%	3.1%	5.6%	1.9%	2.5%	0.0%	0.0%	0.0%	2.4%	4.9%	0.0%	0.0%	8.3%	43.8%	12.5%	18.8%	18.8%	0.0%	6.3%
2	1.0%	6.7%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	0.0%	8.3%	25.0%	0.0%	0.0%	25.0%	50.0%	0.0%
3	0.7%	0.0%	1.0%	0.0%	0.9%	0.0%	0.0%	0.0%	2.4%	0.0%	0.9%	0.0%	0.0%	0.0%	66.7%	33.3%	0.0%	0.0%	0.0%	0.0%
4 +	4.2%	4.4%	3.8%	5.6%	3.8%	5.0%	0.0%	0.0%	4.8%	7.3%	3.5%	0.0%	0.0%	5.6%	47.1%	17.6%	17.6%	11.8%	5.9%	0.0%
Average	0.50	0.53	0.40	0.89	0.61	0.33	0.00	0.00	1.21	1.00	0.33	0.00	0.00	0.67	0.51	0.22	0.88	0.58	0.88	0.20
Median	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
Range	0 to 40	0 to 10	0 to 40	0 to 21	0 to 40	0 to 6	0 to 0	0 to 0	0 to 40	0 to 21	0 to 19	0 to 0	0 to 0	0 to 10	0 to 40	0 to 7	0 to 21	0 to 5	0 to 10	0 to 1
Number of "outside"/non-affiliated physicians among the independent, voting board members																				
Total responding in each category	371	41	267	63	100	39	6	10	39	35	202	4	0	32	194	89	47	24	12	5
0	56.6%	51.2%	59.2%	49.2%	67.0%	71.8%	100.0%	50.0%	64.1%	45.7%	54.0%	25.0%	N/A	62.5%	64.4%	51.7%	44.7%	50.0%	41.7%	20.0%
1	21.8%	26.8%	21.3%	20.6%	23.0%	25.6%	0.0%	40.0%	20.5%	25.7%	21.3%	0.0%	N/A	25.0%	21.6%	19.1%	21.3%	25.0%	41.7%	20.0%
2	12.1%	17.1%	11.6%	11.1%	9.0%	2.6%	0.0%	10.0%	15.4%	22.9%	12.9%	75.0%	N/A	6.3%	12.4%	11.2%	6.4%	16.7%	16.7%	40.0%
3	4.6%	2.4%	3.4%	11.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.0%	0.0%	N/A	3.1%	0.5%	7.9%	17.0%	0.0%	0.0%	20.0%
4 +	4.9%	2.4%	4.5%	7.9%	1.0%	0.0%	0.0%	0.0%	0.0%	5.7%	6.9%	0.0%	N/A	3.1%	1.0%	10.1%	10.6%	8.3%	0.0%	0.0%
Average	0.82	0.78	0.76	1.11	0.55	0.38	0.43	0.82	0.66	1.11	0.94	1.29	N/A	0.59	0.52	1.10	1.36	1.00	0.75	1.60
Median	0	0	0	1	0	0	0	1	0	1	0	1	N/A	0	0	0	1	1	1	2
Range	0 to 6	0 to 4	0 to 6	0 to 6	0 to 4	0 to 3	0 to 3	0 to 3	0 to 4	0 to 6	0 to 6	0 to 2	N/A	0 to 4	0 to 4	0 to 6	0 to 6	0 to 6	0 to 2	0 to 3
Number of female voting board members																				
Total responding in each category	407	46	284	70	108	43	5	10	41	38	227	3	0	37	215	97	49	25	16	5
0	2.0%	0.0%	0.0%	1.4%	3.7%	4.7%	0.0%	0.0%	4.9%	0.0%	1.3%	0.0%	N/A	0.0%	2.8%	2.1%	0.0%	0.0%	0.0%	0.0%
1	13.8%	0.0%	14.8%	20.0%	27.8%	34.9%	20.0%	0.0%	31.7%	0.0%	11.5%	0.0%	N/A	0.0%	20.5%	10.3%	4.1%	0.0%	0.0%	0.0%
2	21.4%	23.9%	23.9%	11.4%	28.7%	25.6%	20.0%	50.0%	34.1%	13.2%	18.5%	0.0%	N/A	27.0%	23.7%	16.5%	14.3%	28.0%	31.3%	20.0%
3	20.9%	19.6%	22.2%	18.6%	23.1%	25.6%	40.0%	30.0%	17.1%	13.2%	21.6%	0.0%	N/A	21.6%	22.3%	20.6%	16.3%	12.0%	12.5%	80.0%
4	16.2%	19.6%	16.5%	14.3%	8.3%	7.0%	20.0%	0.0%	12.2%	26.3%	18.1%	0.0%	N/A	16.2%	13.5%	22.7%	12.2%	28.0%	12.5%	0.0%
5	12.0%	8.7%	14.1%	7.1%	3.7%	0.0%	0.0%	20.0%	0.0%	21.1%	15.0%	0.0%	N/A	8.1%	9.8%	13.4%	20.4%	12.0%	12.5%	0.0%
6 +	13.8%	28.3%	8.5%	27.1%	4.6%	2.3%	0.0%	0.0%	0.0%	26.3%	14.1%	100.0%	N/A	27.0%	7.4%	14.4%	32.7%	20.0%	31.3%	0.0%
Average	3.40	4.17	3.15	3.91	2.40	2.05	3.29	2.73	2.10	4.41	3.59	4.71	N/A	4.11	2.90	3.61	4.65	3.96	4.31	2.80
Median	3	4	3	0	2	2	3	2	2	4	3	4	N/A	4	3	4	5	4	4	3
Range	0 to 13	2 to 8	0 to 9	0 to 13	0 to 9	0 to 6	1 to 5	1 to 5	0 to 6	0 to 8	0 to 13	3 to 6	N/A	2 to 8	0 to 9	0 to 9	1 to 13	2 to 8	2 to 8	2 to 3

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Number of voting board members from an ethnic minority																				
Total responding in each category	393	45	280	66	98	38	6	8	39	32	220	7	0	36	201	95	45	25	16	5
0	48.3%	28.9%	55.7%	31.8%	66.3%	81.6%	83.3%	75.0%	59.0%	40.6%	45.5%	14.3%	N/A	33.3%	71.1%	30.5%	24.4%	16.0%	18.8%	0.0%
1	22.4%	26.7%	21.1%	25.8%	15.3%	2.6%	0.0%	0.0%	28.2%	28.1%	25.0%	14.3%	N/A	27.8%	18.9%	26.3%	26.7%	24.0%	37.5%	20.0%
2	13.2%	20.0%	10.7%	19.7%	11.2%	7.9%	16.7%	25.0%	10.3%	12.5%	14.1%	28.6%	N/A	19.4%	5.5%	21.1%	22.2%	20.0%	25.0%	40.0%
3	6.1%	13.3%	5.0%	6.1%	3.1%	5.3%	0.0%	0.0%	2.6%	15.6%	5.9%	42.9%	N/A	8.3%	1.5%	8.4%	8.9%	20.0%	18.8%	20.0%
4	3.6%	4.4%	1.8%	10.6%	1.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.6%	0.0%	N/A	5.6%	1.0%	4.2%	8.9%	12.0%	0.0%	20.0%
5	3.1%	0.0%	3.6%	0.0%	3.1%	2.6%	0.0%	0.0%	0.0%	3.1%	3.6%	0.0%	N/A	0.0%	2.0%	3.2%	0.0%	4.0%	0.0%	0.0%
6 +	3.3%	6.7%	2.1%	6.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.3%	0.0%	N/A	5.6%	0.0%	6.3%	8.9%	4.0%	0.0%	0.0%
Average	1.26	1.80	0.99	1.99	1.04	0.62	1.43	1.18	0.78	1.92	1.25	2.00	N/A	1.47	0.62	1.74	2.18	2.44	1.44	2.40
Median	1	1	0	1	0	0	0	0	0	1	1	2	N/A	1	0	1	2	2	1	2
Range	0 to 15	0 to 13	0 to 11	0 to 15	0 to 15	0 to 6	0 to 8	0 to 7	0 to 5	0 to 13	0 to 14	0 to 3	N/A	0 to 6	0 to 15	0 to 11	0 to 8	0 to 13	0 to 3	1 to 4

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/City	District/Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
If you employ physicians in your organization, have there been any changes in governance membership since you have begun employing physicians?																				
Total responding in each category	363	40	257	63	90	38	5	8	31	36	205	7	0	31	189	93	37	21	15	5
Our physician representation on the board is now entirely made up of employed physicians	5.0%	2.5%	6.2%	1.6%	2.2%	0.0%	20.0%	0.0%	0.0%	8.3%	5.9%	0.0%	N/A	3.2%	5.8%	5.4%	2.7%	0.0%	6.7%	0.0%
There has been a positive correlation (i.e., the number of employed physicians on the board corresponds with the percentage of employed physicians on our medical staff)	2.5%	0.0%	2.3%	0.0%	1.1%	2.6%	0.0%	0.0%	0.0%	0.0%	2.0%	0.0%	N/A	0.0%	1.6%	3.2%	0.0%	0.0%	0.0%	0.0%
There has been no change in our board membership as a result of employing physicians	53.4%	40.0%	56.4%	52.4%	62.2%	65.8%	60.0%	75.0%	64.5%	41.7%	54.6%	28.6%	N/A	41.9%	61.4%	46.2%	54.1%	19.0%	53.3%	60.0%
We do not allow employed physicians to serve on the board	14.9%	10.0%	16.0%	14.3%	16.7%	18.4%	20.0%	0.0%	16.1%	19.4%	15.1%	42.9%	N/A	3.2%	14.8%	16.1%	13.5%	19.0%	6.7%	20.0%
We do not distinguish between employed physicians vs. independent members of the medical staff when selecting physicians to serve on the board	17.6%	32.5%	13.2%	27.0%	10.0%	13.2%	0.0%	25.0%	6.5%	19.4%	18.0%	28.6%	N/A	35.5%	12.2%	21.5%	21.6%	47.6%	20.0%	0.0%
Other	6.6%	15.0%	5.8%	4.8%	7.8%	0.0%	0.0%	0.0%	12.9%	11.1%	4.4%	0.0%	N/A	16.1%	4.2%	7.5%	8.1%	14.3%	13.3%	20.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Do your bylaws specify defined terms for the length of elected service?																				
Total responding in each category	402	44	287	71	106	43	7	10	41	40	225	7	0	35	211	96	49	24	17	5
Yes	91.5%	100.0%	90.2%	91.5%	86.8%	90.7%	100.0%	80.0%	85.4%	97.5%	91.6%	100.0%	N/A	100.0%	86.3%	95.8%	98.0%	100.0%	100.0%	100.0%
No	8.5%	0.0%	9.8%	8.5%	13.2%	9.3%	0.0%	20.0%	14.6%	2.5%	8.4%	0.0%	N/A	0.0%	13.7%	4.2%	2.0%	0.0%	0.0%	0.0%
Length of term (in years) (median)	3	3	3	3	4	5	4	3	4	3	3	3	N/A	3	3	3	3	3	3	3
Do your bylaws limit the number of consecutive terms? ("term limits")																				
Total responding in each category	409	46	293	70	111	45	7	11	43	40	225	7	0	37	215	98	48	26	17	5
Yes	55.7%	82.6%	49.1%	65.7%	23.4%	24.4%	14.3%	27.3%	18.6%	85.0%	62.7%	100.0%	N/A	78.4%	40.5%	69.4%	68.8%	80.8%	88.2%	80.0%
No	44.3%	17.4%	50.9%	34.3%	76.6%	75.6%	85.7%	72.7%	81.4%	15.0%	37.3%	0.0%	N/A	21.6%	59.5%	30.6%	31.3%	19.2%	11.8%	20.0%
Maximum number of terms (median)	3	3	3	3	3	2.5	3	3	2	3	3	3	N/A	3	3	3	3	3	3	3
Maximum age for serving on the board ("age limit")																				
Total responding in each category	416	47	296	73	111	45	7	11	43	43	228	7	0	38	216	100	52	26	17	5
Yes	4.6%	10.6%	4.4%	1.4%	1.8%	2.2%	0.0%	9.1%	0.0%	0.0%	5.3%	0.0%	N/A	13.2%	3.2%	5.0%	3.8%	7.7%	11.8%	20.0%
No	95.4%	89.4%	95.6%	98.6%	98.2%	97.8%	100.0%	90.9%	100.0%	100.0%	94.7%	100.0%	N/A	86.8%	96.8%	95.0%	96.2%	92.3%	88.2%	80.0%
Average Age Limit	67.74	72.20	65.85	70.00	45.50	N/A	N/A	N/A	N/A	N/A	69.58	N/A	N/A	72.20	60.71	71.80	71.00	73.50	71.00	72.00
Median Age Limit	72	72	72	70	N/A	N/A	N/A	N/A	N/A	N/A	72	N/A	N/A	72	75	72	71	74	71	72
Range Age Limit	21 to 85	70 to 75	21 to 85	70 to 70	21 to 70	N/A	N/A	N/A	N/A	N/A	21 to 85	N/A	N/A	70 to 75	21 to 85	70 to 75	70 to 72	72 to 75	70 to 72	72 to 72
Average board member age (approximate)																				
Total responding in each category	326	42	233	51	84	33	5	8	34	27	184	6	0	35	169	77	37	22	16	5
Average	57.80	59.20	57.76	57.03	58.45	59.45	57.57	57.33	58.56	57.36	57.35	61.00	N/A	58.83	57.25	57.54	58.96	58.50	60.69	61.20
Median	58	60	58	58	59	60	60	58	59	60	58	60	N/A	60	57	60	60	60	60	62
Range	35 to 76	48 to 68	35 to 76	40 to 70	40 to 76	47 to 76	50 to 65	40 to 75	45 to 73	40 to 68	35 to 74	50 to 68	N/A	48 to 67	40 to 76	35 to 75	50 to 70	48 to 67	50 to 68	54 to 67

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Participation on the board (N/A not included)																				
President/CEO																				
Total responding in each category	413	46	295	72	110	44	7	8	43	41	229	6	0	37	214	100	51	26	17	5
Voting board member	47.7%	73.9%	40.0%	62.5%	10.0%	11.4%	0.0%	0.0%	2.3%	75.6%	56.3%	100.0%	N/A	73.0%	28.0%	63.0%	72.5%	73.1%	82.4%	80.0%
Non-voting board member	18.2%	8.7%	20.3%	15.3%	20.0%	13.6%	42.9%	12.5%	25.6%	12.2%	19.7%	0.0%	N/A	10.8%	22.0%	16.0%	15.7%	11.5%	0.0%	20.0%
Non-board member; regularly attends meetings	34.1%	17.4%	39.7%	22.2%	70.0%	75.0%	57.1%	87.5%	72.1%	12.2%	24.0%	0.0%	N/A	16.2%	50.0%	21.0%	11.8%	15.4%	17.6%	0.0%
Non-board member; does not regularly attend meetings	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Respondents with this position	99.8%	100.0%	99.7%	100.0%	100.0%	100.0%	100.0%	72.7%	100.0%	100.0%	99.6%	85.7%	N/A	100.0%	99.5%	100.0%	100.0%	100.0%	100.0%	100.0%
Chief Operating Officer																				
Total responding in each category	233	37	149	43	50	15	5	2	21	25	125	5	0	30	86	64	37	24	12	4
Voting board member	2.6%	0.0%	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-voting board member	9.0%	5.4%	10.7%	7.0%	6.0%	0.0%	0.0%	0.0%	9.5%	8.0%	11.2%	0.0%	N/A	6.7%	11.6%	7.8%	5.4%	12.5%	8.3%	0.0%
Non-board member; regularly attends meetings	85.4%	94.6%	84.6%	88.4%	90.0%	100.0%	80.0%	100.0%	90.5%	84.0%	87.2%	100.0%	N/A	93.3%	84.9%	90.6%	91.9%	79.2%	91.7%	100.0%
Non-board member; does not regularly attend meetings	3.0%	0.0%	2.0%	4.7%	4.0%	0.0%	20.0%	0.0%	0.0%	4.0%	1.6%	0.0%	N/A	0.0%	3.5%	1.6%	2.7%	8.3%	0.0%	0.0%
Respondents with this position	56.3%	78.7%	50.5%	59.7%	45.9%	34.1%	71.4%	20.0%	48.8%	58.1%	54.8%	71.4%	N/A	78.9%	39.8%	64.6%	72.5%	92.3%	70.6%	80.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/City	District/Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Chief Financial Officer																				
Total responding in each category	412	47	292	70	107	43	7	8	41	41	227	7	0	38	205	101	51	26	16	5
Voting board member	2.2%	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.6%	0.0%	N/A	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%
Non-voting board member	9.7%	4.3%	11.3%	7.1%	9.3%	0.0%	14.3%	0.0%	19.5%	9.8%	10.6%	0.0%	N/A	5.3%	11.2%	11.9%	3.9%	7.7%	6.3%	0.0%
Non-board member; regularly attends meetings	85.9%	93.6%	84.2%	91.4%	86.9%	95.3%	85.7%	100.0%	80.5%	90.2%	85.0%	100.0%	N/A	92.1%	86.3%	83.2%	96.1%	92.3%	93.8%	100.0%
Non-board member; does not regularly attend meetings	2.2%	2.1%	2.4%	1.4%	3.7%	4.7%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	N/A	2.6%	2.4%	3.0%	0.0%	0.0%	0.0%	0.0%
Respondents with this position	98.8%	100.0%	98.6%	94.6%	97.3%	95.6%	100.0%	80.0%	95.3%	95.3%	98.7%	100.0%	N/A	100.0%	94.5%	100.0%	100.0%	100.0%	94.1%	100.0%
VP Medical Affairs/Chief Medical Officer																				
Total responding in each category	286	43	181	59	50	18	3	4	13	36	166	5	0	36	100	90	50	24	14	5
Voting board member	9.4%	0.0%	9.9%	10.2%	2.0%	0.0%	0.0%	0.0%	0.0%	11.1%	12.0%	0.0%	N/A	0.0%	14.0%	6.7%	8.0%	0.0%	0.0%	0.0%
Non-voting board member	10.5%	4.7%	13.3%	6.8%	10.0%	0.0%	0.0%	0.0%	15.4%	11.1%	11.4%	0.0%	N/A	5.6%	15.0%	10.0%	6.0%	12.5%	0.0%	0.0%
Non-board member; regularly attends meetings	69.2%	81.4%	66.3%	72.9%	74.0%	88.9%	100.0%	100.0%	84.6%	66.7%	66.3%	100.0%	N/A	83.3%	56.0%	76.7%	80.0%	70.8%	92.9%	60.0%
Non-board member; does not regularly attend meetings	10.8%	14.0%	10.5%	10.2%	14.0%	11.1%	0.0%	0.0%	0.0%	11.1%	10.2%	0.0%	N/A	11.1%	15.0%	6.7%	6.0%	16.7%	7.1%	40.0%
Respondents with this position	69.4%	91.5%	61.8%	81.9%	45.9%	40.9%	42.9%	40.0%	30.2%	87.8%	72.8%	71.4%	N/A	94.7%	46.7%	90.9%	98.0%	92.3%	82.4%	100.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Chief of Staff																				
Total responding in each category	349	25	260	64	103	41	7	9	41	29	197	2	0	23	189	92	40	17	9	1
Voting board member	33.0%	24.0%	30.8%	45.3%	10.7%	9.8%	0.0%	33.3%	7.3%	37.9%	44.2%	0.0%	N/A	26.1%	27.0%	45.7%	35.0%	41.2%	11.1%	0.0%
Non-voting board member	15.2%	12.0%	15.4%	15.6%	15.5%	14.6%	42.9%	0.0%	17.1%	24.1%	13.7%	0.0%	N/A	13.0%	14.8%	13.0%	22.5%	17.6%	11.1%	0.0%
Non-board member; regularly attends meetings	36.1%	48.0%	36.2%	31.3%	51.5%	53.7%	42.9%	66.7%	48.8%	34.5%	27.9%	100.0%	N/A	43.5%	37.0%	33.7%	30.0%	35.3%	66.7%	100.0%
Non-board member; does not regularly attend meetings	15.8%	16.0%	17.7%	7.8%	22.3%	22.0%	14.3%	0.0%	26.8%	3.4%	14.2%	0.0%	N/A	17.4%	21.2%	7.6%	12.5%	5.9%	11.1%	0.0%
Respondents with this position	86.2%	55.6%	90.3%	88.9%	93.6%	91.1%	100.0%	90.0%	95.3%	67.4%	89.5%	28.6%	N/A	63.9%	90.0%	94.8%	78.4%	68.0%	52.9%	20.0%
Chief Nursing Officer																				
Total responding in each category	391	38	277	70	105	44	7	7	40	37	219	5	0	31	201	99	44	23	13	4
Voting board member	2.3%	0.0%	0.0%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.7%	0.0%	N/A	0.0%	0.0%	3.0%	0.0%	4.3%	0.0%	0.0%
Non-voting board member	7.9%	7.9%	9.4%	2.9%	7.6%	0.0%	14.3%	0.0%	12.5%	5.4%	8.2%	0.0%	N/A	9.7%	9.0%	8.1%	0.0%	8.7%	7.7%	0.0%
Non-board member; regularly attends meetings	74.2%	76.3%	73.3%	82.9%	79.0%	84.1%	57.1%	100.0%	77.5%	75.7%	72.6%	80.0%	N/A	77.4%	73.6%	79.8%	84.1%	60.9%	61.5%	100.0%
Non-board member; does not regularly attend meetings	15.6%	15.8%	17.3%	10.0%	13.3%	15.9%	28.6%	0.0%	10.0%	18.9%	16.4%	20.0%	N/A	12.9%	17.4%	9.1%	15.9%	26.1%	30.8%	0.0%
Respondents with this position	94.9%	82.6%	94.2%	97.2%	96.3%	97.8%	100.0%	70.0%	95.2%	88.1%	96.1%	71.4%	N/A	83.8%	93.5%	98.0%	88.0%	95.8%	76.5%	80.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Chief Information Officer																				
Total responding in each category	289	43	197	44	59	23	2	6	21	32	164	7	0	35	116	80	46	23	15	5
Voting board member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-voting board member	4.5%	0.0%	4.1%	0.0%	6.8%	0.0%	0.0%	0.0%	9.5%	0.0%	3.7%	0.0%	N/A	0.0%	3.4%	6.3%	0.0%	0.0%	0.0%	0.0%
Non-board member; regularly attends meetings	31.5%	37.2%	31.0%	31.8%	32.2%	30.4%	50.0%	50.0%	28.6%	21.9%	31.1%	0.0%	N/A	42.9%	25.0%	35.0%	41.3%	30.4%	40.0%	40.0%
Non-board member; does not regularly attend meetings	64.0%	62.8%	65.0%	68.2%	61.0%	69.6%	50.0%	50.0%	61.9%	78.1%	65.2%	100.0%	N/A	57.1%	71.6%	58.8%	58.7%	69.6%	60.0%	60.0%
Respondents with this position	70.5%	91.5%	67.9%	60.3%	55.1%	53.5%	28.6%	60.0%	50.0%	74.4%	72.6%	100.0%	N/A	92.1%	54.5%	80.8%	92.0%	88.5%	88.2%	100.0%
Legal Counsel																				
Total responding in each category	275	45	174	54	76	28	4	7	29	29	137	7	0	36	101	79	44	24	17	5
Voting board member	1.8%	0.0%	1.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.9%	0.0%	N/A	0.0%	0.0%	3.8%	0.0%	0.0%	0.0%	0.0%
Non-voting board member	5.8%	2.2%	8.0%	1.9%	7.9%	0.0%	0.0%	0.0%	10.3%	10.3%	4.4%	0.0%	N/A	2.8%	5.9%	8.9%	0.0%	0.0%	0.0%	0.0%
Non-board member; regularly attends meetings	64.4%	91.1%	56.9%	68.5%	61.8%	60.7%	25.0%	100.0%	58.6%	72.4%	58.4%	100.0%	N/A	91.7%	45.5%	65.8%	86.4%	91.7%	82.4%	100.0%
Non-board member; does not regularly attend meetings	28.0%	6.7%	33.3%	29.6%	30.3%	39.3%	75.0%	0.0%	31.0%	17.2%	34.3%	0.0%	N/A	5.6%	48.5%	21.5%	13.6%	8.3%	17.6%	0.0%
Respondents with this position	66.4%	95.7%	59.2%	74.0%	70.4%	63.6%	57.1%	70.0%	69.0%	67.4%	59.8%	100.0%	N/A	94.7%	47.2%	78.2%	86.3%	92.3%	100.0%	100.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Indepen-dent	Subsidiary	Govern-ment	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Compliance Officer																				
Total responding in each category	374	44	252	65	94	39	6	7	36	35	210	4	0	36	182	97	48	23	15	5
Voting board member	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-voting board member	4.3%	0.0%	0.0%	4.6%	4.3%	2.6%	0.0%	0.0%	5.6%	0.0%	4.3%	0.0%	N/A	0.0%	3.8%	5.2%	0.0%	0.0%	0.0%	0.0%
Non-board member; regu-larly attends meetings	37.2%	38.6%	40.1%	32.3%	45.7%	38.5%	33.3%	71.4%	52.8%	34.3%	34.8%	0.0%	N/A	36.1%	41.2%	34.0%	29.2%	34.8%	40.0%	60.0%
Non-board member; does not regularly attend meetings	58.6%	61.4%	59.9%	63.1%	50.0%	59.0%	66.7%	28.6%	41.7%	65.7%	61.0%	100.0%	N/A	63.9%	54.9%	60.8%	70.8%	65.2%	60.0%	40.0%
Respondents with this position	90.8%	95.7%	85.7%	90.3%	87.0%	90.7%	85.7%	70.0%	83.7%	85.4%	91.7%	57.1%	N/A	94.7%	84.7%	97.0%	96.0%	88.5%	93.8%	100.0%
Past president of medical staff																				
Total responding in each category	275	45	174	54	76	28	4	7	29	29	137	7	0	36	101	79	44	24	17	5
Voting board member	7.7%	3.6%	8.0%	8.5%	2.6%	6.7%	0.0%	0.0%	0.0%	10.7%	10.0%	0.0%	N/A	4.0%	6.7%	8.8%	8.9%	10.0%	0.0%	0.0%
Non-voting board member	2.4%	0.0%	2.5%	1.7%	3.9%	0.0%	0.0%	0.0%	6.9%	0.0%	1.9%	0.0%	N/A	0.0%	2.2%	1.3%	4.4%	5.0%	0.0%	0.0%
Non-board member; regu-larly attends meetings	3.8%	0.0%	4.5%	3.4%	6.5%	10.0%	0.0%	14.3%	3.4%	0.0%	3.8%	0.0%	N/A	0.0%	2.2%	8.8%	2.2%	0.0%	0.0%	0.0%
Non-board member; does not regularly attend meetings	86.1%	96.4%	84.9%	86.4%	87.0%	83.3%	100.0%	85.7%	89.7%	89.3%	84.4%	0.0%	N/A	96.0%	88.8%	81.3%	84.4%	85.0%	100.0%	100.0%
Respondents with this position	69.8%	59.6%	68.6%	79.7%	71.3%	69.8%	71.4%	70.0%	67.4%	66.7%	70.5%	0.0%	N/A	65.8%	62.6%	81.6%	88.2%	76.9%	41.2%	20.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
President-elect of medical staff																				
Total responding in each category	296	30	207	59	75	27	4	6	29	28	170	0	0	27	143	81	43	20	8	1
Voting board member	11.5%	0.0%	13.5%	10.2%	2.7%	0.0%	0.0%	0.0%	0.0%	7.1%	17.6%	N/A	N/A	0.0%	11.2%	13.6%	14.0%	5.0%	0.0%	0.0%
Non-voting board member	7.1%	6.7%	7.7%	5.1%	5.3%	0.0%	0.0%	0.0%	6.9%	0.0%	8.8%	N/A	N/A	7.4%	5.6%	7.4%	7.0%	20.0%	0.0%	0.0%
Non-board member; regularly attends meetings	15.9%	16.7%	15.0%	18.6%	18.7%	22.2%	0.0%	33.3%	17.2%	17.9%	14.1%	N/A	N/A	18.5%	11.2%	23.5%	18.6%	15.0%	12.5%	0.0%
Non-board member; does not regularly attend meetings	65.5%	76.7%	63.8%	66.1%	73.3%	77.8%	100.0%	66.7%	75.9%	75.0%	59.4%	N/A	N/A	74.1%	72.0%	55.6%	60.5%	60.0%	87.5%	100.0%
Respondents with this position	72.2%	65.2%	71.1%	80.8%	69.4%	62.8%	57.1%	60.0%	67.4%	66.7%	74.9%	N/A	N/A	73.0%	66.2%	83.5%	86.0%	80.0%	47.1%	20.0%
Representative of an owned or affiliated medical group or physician enterprise																				
Total responding in each category	186	30	110	37	37	11	2	5	12	24	95	0	0	27	65	60	28	16	10	3
Voting board member	22.0%	26.7%	23.6%	18.9%	16.2%	18.2%	0.0%	40.0%	0.0%	29.2%	22.1%	N/A	N/A	29.6%	20.0%	25.0%	25.0%	12.5%	20.0%	66.7%
Non-voting board member	7.0%	3.3%	0.0%	8.1%	10.8%	9.1%	0.0%	0.0%	16.7%	12.5%	0.0%	N/A	N/A	3.7%	7.7%	6.7%	0.0%	0.0%	0.0%	0.0%
Non-board member; regularly attends meetings	14.0%	23.3%	12.7%	13.5%	8.1%	9.1%	0.0%	0.0%	8.3%	20.8%	11.6%	N/A	N/A	25.9%	10.8%	11.7%	17.9%	12.5%	50.0%	0.0%
Non-board member; does not regularly attend meetings	57.0%	46.7%	63.6%	59.5%	64.9%	63.6%	100.0%	60.0%	75.0%	37.5%	66.3%	N/A	N/A	40.7%	61.5%	56.7%	57.1%	75.0%	30.0%	33.3%
Respondents with this position	45.1%	63.8%	37.7%	50.7%	34.3%	25.6%	28.6%	50.0%	27.9%	55.8%	41.9%	N/A	N/A	71.1%	30.1%	61.2%	56.0%	61.5%	58.8%	60.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/City	District/Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Representative of an affiliated philanthropic foundation																				
Total responding in each category	217	28	145	42	49	15	3	2	17	31	113	4	0	23	86	65	33	21	11	1
Voting board member	16.6%	10.7%	15.9%	23.8%	8.2%	6.7%	0.0%	0.0%	0.0%	16.1%	21.2%	0.0%	N/A	13.0%	17.4%	13.8%	21.2%	14.3%	18.2%	0.0%
Non-voting board member	4.6%	0.0%	5.5%	0.0%	8.2%	0.0%	0.0%	0.0%	11.8%	3.2%	2.7%	0.0%	N/A	0.0%	3.5%	1.5%	15.2%	4.8%	0.0%	0.0%
Non-board member; regularly attends meetings	30.4%	25.0%	33.1%	26.2%	44.9%	46.7%	0.0%	0.0%	58.8%	32.3%	25.7%	0.0%	N/A	26.1%	31.4%	35.4%	27.3%	23.8%	18.2%	0.0%
Non-board member; does not regularly attend meetings	48.4%	64.3%	45.5%	50.0%	38.8%	46.7%	100.0%	100.0%	29.4%	48.4%	50.4%	100.0%	N/A	60.9%	47.7%	49.2%	36.4%	57.1%	63.6%	100.0%
Respondents with this position	52.5%	59.6%	49.3%	58.3%	45.0%	34.1%	42.9%	20.0%	39.5%	73.8%	49.6%	57.1%	N/A	60.5%	39.8%	65.7%	66.0%	80.8%	64.7%	20.0%
Representative of a religious sponsor																				
Total responding in each category	93	17	45	29	11	4	0	1	4	37	34	6	0	8	34	25	14	11	7	1
Voting board member	63.4%	82.4%	48.9%	79.3%	0.0%	0.0%	N/A	0.0%	0.0%	100.0%	41.2%	100.0%	N/A	87.5%	50.0%	52.0%	85.7%	90.9%	85.7%	100.0%
Non-voting board member	2.2%	0.0%	0.0%	0.0%	18.2%	0.0%	N/A	0.0%	25.0%	0.0%	0.0%	0.0%	N/A	0.0%	5.9%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-board member; regularly attends meetings	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Non-board member; does not regularly attend meetings	34.4%	17.6%	51.1%	20.7%	81.8%	100.0%	N/A	100.0%	75.0%	0.0%	58.8%	0.0%	N/A	12.5%	44.1%	48.0%	14.3%	9.1%	14.3%	0.0%
Respondents with this position	22.6%	36.2%	15.4%	40.3%	10.2%	9.3%	N/A	10.0%	9.3%	86.0%	15.0%	85.7%	N/A	21.1%	15.8%	25.3%	28.6%	42.3%	41.2%	20.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Background of the organization's CEO																				
Total responding in each category	419	47	298	74	111	45	7	11	43	43	231	7	0	38	219	100	52	26	17	5
Physician	8.1%	25.5%	5.0%	9.5%	5.4%	0.0%	14.3%	0.0%	0.0%	7.0%	7.4%	0.0%	N/A	26.3%	2.3%	10.0%	17.3%	19.2%	23.5%	20.0%
Nurse	15.5%	12.8%	16.8%	12.2%	15.3%	8.9%	28.6%	27.3%	16.3%	18.6%	16.0%	0.0%	N/A	10.5%	17.4%	15.0%	11.5%	7.7%	17.6%	0.0%
Other clinical expertise	10.5%	6.4%	10.7%	12.2%	14.4%	22.2%	14.3%	0.0%	9.3%	14.0%	9.1%	28.6%	N/A	2.6%	15.1%	4.0%	7.7%	7.7%	0.0%	0.0%
Business/ finance (for-profit)	16.2%	12.8%	17.8%	12.2%	25.2%	20.0%	14.3%	27.3%	34.9%	16.3%	13.0%	28.6%	N/A	10.5%	19.2%	13.0%	11.5%	23.1%	5.9%	0.0%
Non-profit/ not-for-profit	67.3%	61.7%	68.1%	67.6%	59.5%	62.2%	28.6%	36.4%	69.8%	67.4%	71.4%	71.4%	N/A	63.2%	67.6%	71.0%	59.6%	65.4%	64.7%	80.0%
Other non-clinical/ non-healthcare	5.0%	4.3%	5.0%	5.4%	7.2%	11.1%	0.0%	0.0%	2.3%	7.0%	3.5%	0.0%	N/A	5.3%	3.7%	7.0%	5.8%	7.7%	5.9%	0.0%
Background of the organization's board chairperson																				
Total responding in each category	419	47	298	74	111	45	7	11	43	43	231	7	0	38	219	100	52	26	17	5
Physician	7.2%	6.4%	7.4%	6.8%	11.7%	8.9%	0.0%	0.0%	14.0%	2.3%	6.5%	0.0%	N/A	5.3%	6.4%	8.0%	5.8%	11.5%	0.0%	40.0%
Nurse	3.1%	0.0%	4.0%	1.4%	3.6%	4.4%	0.0%	0.0%	4.7%	0.0%	3.5%	0.0%	N/A	0.0%	3.7%	3.0%	0.0%	3.8%	0.0%	0.0%
Other clinical expertise	4.1%	2.1%	3.7%	6.8%	5.4%	4.4%	0.0%	0.0%	4.7%	4.7%	3.9%	0.0%	N/A	2.6%	5.0%	3.0%	3.8%	0.0%	0.0%	0.0%
Business/ finance (for-profit)	51.1%	61.7%	49.3%	51.4%	41.4%	42.2%	57.1%	45.5%	34.9%	41.9%	54.5%	28.6%	N/A	71.1%	42.5%	60.0%	69.2%	42.3%	58.8%	80.0%
Non-profit/ not-for-profit	6.4%	10.6%	5.0%	9.5%	5.4%	4.4%	28.6%	0.0%	2.3%	14.0%	5.6%	14.3%	N/A	10.5%	6.8%	5.0%	5.8%	7.7%	11.8%	0.0%
Other non-clinical/ non-healthcare	32.2%	29.8%	33.6%	28.4%	37.8%	42.2%	0.0%	36.4%	44.2%	41.9%	29.4%	57.1%	N/A	21.1%	37.9%	27.0%	17.3%	38.5%	29.4%	20.0%
Regularly scheduled board meetings per year																				
Total responding in each category	417	44	298	72	103	44	6	6	43	41	232	4	0	35	218	98	52	26	17	5
Less than 2 per year	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
2 per year	0.2%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
4 per year (quarterly)	14.4%	34.1%	7.4%	31.9%	0.0%	0.0%	0.0%	0.0%	0.0%	39.0%	13.4%	100.0%	N/A	28.6%	6.4%	18.4%	23.1%	26.9%	35.3%	60.0%
6 per year	18.0%	34.1%	13.4%	27.8%	3.9%	0.0%	0.0%	0.0%	4.7%	43.9%	17.7%	0.0%	N/A	34.3%	9.6%	22.4%	32.7%	26.9%	41.2%	20.0%
7 to 9 per year	5.0%	11.4%	4.4%	4.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.6%	0.0%	N/A	14.3%	2.3%	6.1%	9.6%	11.5%	11.8%	0.0%
10 to 11 per year	28.8%	20.5%	33.2%	16.7%	30.1%	36.4%	33.3%	66.7%	18.6%	9.8%	34.1%	0.0%	N/A	22.9%	30.7%	32.7%	25.0%	19.2%	11.8%	20.0%
12 per year (monthly)	30.5%	0.0%	37.9%	15.3%	61.2%	59.1%	66.7%	33.3%	72.1%	7.3%	25.4%	0.0%	N/A	0.0%	46.8%	16.3%	9.6%	15.4%	0.0%	0.0%
More than 12 per year	3.1%	0.0%	3.4%	4.2%	4.9%	4.5%	0.0%	0.0%	4.7%	0.0%	3.4%	0.0%	N/A	0.0%	4.1%	4.1%	0.0%	0.0%	0.0%	0.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Indepen-dent	Subsidiary	Govern-ment	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Approximate duration (scheduled) of a typical board meeting																				
Total responding in each category	424	46	303	74	114	47	7	11	42	42	232	4	0	37	223	100	51	27	10	5
Less than 2 hours	36.1%	13.0%	40.3%	33.8%	38.6%	36.2%	42.9%	54.5%	40.5%	16.7%	41.4%	0.0%	N/A	16.2%	47.1%	31.0%	23.5%	14.8%	0.0%	20.0%
2 to 4 hours	56.6%	58.7%	55.1%	62.2%	56.1%	57.4%	57.1%	45.5%	59.5%	66.7%	55.6%	75.0%	N/A	62.2%	49.8%	65.0%	68.6%	66.7%	90.0%	40.0%
4 to 6 hours	5.4%	15.2%	4.3%	4.1%	5.3%	6.4%	0.0%	0.0%	0.0%	9.5%	3.0%	25.0%	N/A	16.2%	2.7%	4.0%	7.8%	14.8%	0.0%	20.0%
6 to 8 hours	1.2%	8.7%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	0.0%	N/A	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%
More than 8 hours	0.7%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	2.7%	0.4%	0.0%	0.0%	3.7%	10.0%	0.0%
The board uses a consent agenda																				
Total responding in each category	422	47	301	74	114	47	7	11	43	43	231	7	0	38	221	100	52	27	17	5
Yes	76.5%	89.4%	73.1%	82.4%	69.3%	57.4%	71.4%	90.9%	72.1%	93.0%	75.3%	100.0%	N/A	86.8%	67.9%	85.0%	90.4%	81.5%	82.4%	100.0%
No	23.5%	10.6%	26.9%	17.6%	30.7%	42.6%	28.6%	9.1%	27.9%	7.0%	24.7%	0.0%	N/A	13.2%	32.1%	15.0%	9.6%	18.5%	17.6%	0.0%
Board meeting content: average and median percent of meeting time spent:																				
Receiving reports from management, board committees, and subsidiaries (not including financial and quality/safety reports)																				
Average	23.95	21.73	24.57	22.79	24.56	23.64	26.43	23.36	25.37	22.67	24.21	22.14	N/A	21.61	25.70	22.18	21.63	21.33	23.47	21.00
Median	20	20	20	20	20	23	30	20	20	20	20	25	N/A	20	20	20	20	20	20	25
Discussing strategy and setting policy																				
Average	24.33	31.26	23.63	22.68	22.93	22.33	22.14	26.09	22.91	25.71	23.66	32.86	N/A	30.89	22.00	24.84	27.80	30.58	29.25	31.00
Median	20	30	20	20	20	20	20	25	20	20	20	30	N/A	30	20	20	25	28	25	30
Reviewing financial performance																				
Average	20.13	15.84	21.41	17.61	22.41	24.11	19.71	18.82	22.51	16.93	20.29	13.57	N/A	15.64	22.48	18.63	16.48	15.81	15.47	19.00
Median	20	15	20	20	20	20	20	20	25	15	20	15	N/A	15	20	20	15	10	15	20
Reviewing quality of care/patient safety metrics																				
Average	21.43	18.89	20.47	26.92	20.07	19.11	21.71	22.45	20.33	23.00	22.10	16.43	N/A	19.86	21.39	22.17	21.94	19.92	18.80	19.00
Median	20	20	20	20	20	20	20	20	20	20	20	20	N/A	20	20	20	20	20	15	25
Board member education																				
Average	11.94	13.52	11.01	14.64	10.28	11.16	12.00	10.20	8.51	12.20	12.45	15.00	N/A	13.57	11.08	12.93	12.40	13.08	15.00	10.00
Median	10	10	10	10	10	10	10	10	10	10	10	15	N/A	10	10	10	10	13	10	10

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Percent of meeting time spent discussing strategy and setting policy																				
Total responding in each category	406	45	289	71	109	43	6	10	43	40	222	6	0	36	213	97	48	26	15	5
0–10%	20.0%	6.7%	21.5%	22.5%	24.8%	23.3%	50.0%	0.0%	27.9%	12.5%	21.2%	0.0%	N/A	8.3%	28.2%	16.5%	4.2%	3.8%	13.3%	0.0%
11–20%	35.2%	28.9%	36.3%	35.2%	29.4%	34.9%	33.3%	30.0%	25.6%	47.5%	37.8%	50.0%	N/A	25.0%	32.9%	37.1%	43.8%	38.5%	33.3%	20.0%
21–30%	24.4%	26.7%	23.5%	26.8%	30.3%	27.9%	16.7%	50.0%	25.6%	17.5%	22.1%	16.7%	N/A	30.6%	22.5%	27.8%	29.2%	15.4%	20.0%	60.0%
31–40%	10.3%	20.0%	8.7%	11.3%	8.3%	4.7%	0.0%	10.0%	14.0%	10.0%	9.9%	0.0%	N/A	22.2%	8.9%	7.2%	10.4%	26.9%	26.7%	0.0%
41–50%	6.9%	15.6%	6.2%	4.2%	7.3%	9.3%	0.0%	10.0%	7.0%	12.5%	5.0%	33.3%	N/A	11.1%	6.1%	6.2%	8.3%	11.5%	0.0%	20.0%
51–60%	1.7%	2.2%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	N/A	2.8%	0.5%	2.1%	4.2%	3.8%	6.7%	0.0%
61–70%	1.2%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	N/A	0.0%	0.9%	2.1%	0.0%	0.0%	0.0%	0.0%
71–80%	0.2%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	N/A	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%
81% +	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Frequency of scheduled executive sessions (N/A excluded)																				
Total responding in each category	307	37	216	50	83	29	3	9	30	31	162	5	0	30	145	75	47	22	12	5
After or before every board meeting	55.0%	86.5%	55.1%	36.0%	61.4%	75.9%	33.3%	55.6%	66.7%	61.3%	48.1%	100.0%	N/A	83.3%	49.7%	52.0%	57.4%	63.6%	100.0%	100.0%
After or before every other board meeting	6.5%	5.4%	6.9%	6.0%	4.8%	6.9%	0.0%	0.0%	3.3%	9.7%	6.8%	0.0%	N/A	6.7%	7.6%	5.3%	8.5%	4.5%	0.0%	0.0%
Quarterly	6.5%	0.0%	6.0%	12.0%	6.0%	3.4%	33.3%	22.2%	0.0%	6.5%	7.4%	0.0%	N/A	0.0%	6.9%	6.7%	10.6%	0.0%	0.0%	0.0%
Twice a year	7.5%	0.0%	7.4%	10.0%	6.0%	10.3%	33.3%	0.0%	3.3%	3.2%	9.3%	0.0%	N/A	0.0%	10.3%	8.0%	0.0%	9.1%	0.0%	0.0%
Once a year	9.1%	2.7%	9.7%	12.0%	3.6%	3.4%	0.0%	0.0%	6.7%	3.2%	14.2%	0.0%	N/A	3.3%	9.0%	10.7%	8.5%	13.6%	0.0%	0.0%
Less often than once a year	2.0%	0.0%	1.4%	4.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	1.9%	0.0%	N/A	0.0%	1.4%	4.0%	0.0%	0.0%	0.0%	0.0%
Other	13.4%	5.4%	13.4%	20.0%	18.1%	0.0%	0.0%	22.2%	20.0%	12.9%	12.3%	0.0%	N/A	6.7%	15.2%	13.3%	14.9%	9.1%	0.0%	0.0%
The CEO attends scheduled executive sessions																				
Total responding in each category	332	41	233	58	90	40	5	9	32	33	178	6	0	33	164	81	47	23	11	5
Always	64.8%	58.5%	64.4%	70.7%	75.6%	75.0%	100.0%	77.8%	75.0%	75.8%	59.0%	66.7%	N/A	57.6%	67.7%	64.2%	61.7%	47.8%	63.6%	100.0%
Most of the time	24.1%	36.6%	24.9%	12.1%	22.2%	20.0%	0.0%	22.2%	25.0%	15.2%	25.3%	33.3%	N/A	36.4%	22.6%	22.2%	25.5%	39.1%	36.4%	0.0%
Sometimes	4.8%	2.4%	4.3%	8.6%	2.2%	5.0%	0.0%	0.0%	0.0%	3.0%	6.7%	0.0%	N/A	3.0%	6.1%	4.9%	2.1%	0.0%	0.0%	0.0%
Rarely	6.3%	2.4%	6.4%	8.6%	0.0%	0.0%	0.0%	0.0%	0.0%	6.1%	9.0%	0.0%	N/A	3.0%	3.7%	8.6%	10.6%	13.0%	0.0%	0.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Clinical board members financially affiliated with the organization attend scheduled executive seessions																				
Total responding in each category	309	40	217	52	82	37	4	10	27	32	166	5	0	33	151	74	45	23	11	5
Always	31.1%	25.0%	32.7%	28.8%	19.5%	16.2%	25.0%	50.0%	7.4%	34.4%	36.7%	0.0%	N/A	27.3%	25.8%	39.2%	37.8%	30.4%	18.2%	40.0%
Most of the time	12.9%	7.5%	12.9%	17.3%	15.9%	16.2%	0.0%	20.0%	18.5%	12.5%	12.0%	0.0%	N/A	9.1%	11.9%	14.9%	13.3%	17.4%	9.1%	0.0%
Sometimes	16.2%	10.0%	17.5%	15.4%	22.0%	24.3%	25.0%	10.0%	22.2%	3.1%	16.9%	0.0%	N/A	12.1%	17.9%	20.3%	13.3%	8.7%	0.0%	0.0%
Rarely	39.8%	57.5%	36.9%	38.5%	42.7%	43.2%	50.0%	20.0%	51.9%	50.0%	34.3%	100.0%	N/A	51.5%	44.4%	25.7%	35.6%	43.5%	72.7%	60.0%
Legal counsel attends scheduled executive sessions																				
Total responding in each category	316	39	221	56	89	38	3	9	31	32	168	6	0	31	153	77	46	23	12	5
Always	25.9%	25.6%	25.3%	28.6%	31.5%	23.7%	33.3%	44.4%	38.7%	21.9%	23.8%	0.0%	N/A	29.0%	17.0%	37.7%	39.1%	21.7%	16.7%	40.0%
Most of the time	9.5%	17.9%	6.8%	14.3%	12.4%	13.2%	0.0%	33.3%	6.5%	18.8%	6.0%	16.7%	N/A	16.1%	4.6%	11.7%	10.9%	21.7%	25.0%	20.0%
Sometimes	19.0%	20.5%	18.1%	21.4%	16.9%	13.2%	0.0%	0.0%	19.4%	25.0%	19.0%	50.0%	N/A	16.1%	19.6%	15.6%	23.9%	17.4%	8.3%	40.0%
Rarely	45.6%	35.9%	49.8%	35.7%	39.3%	50.0%	66.7%	22.2%	35.5%	34.4%	51.2%	33.3%	N/A	38.7%	58.8%	35.1%	26.1%	39.1%	50.0%	0.0%
Other management attends scheduled executive sessions																				
Total responding in each category	322	39	225	56	88	38	1	10	32	30	173	6	0	31	158	78	46	23	12	4
Always	11.5%	0.0%	13.3%	8.9%	19.3%	21.1%	0.0%	30.0%	15.6%	0.0%	9.8%	0.0%	N/A	0.0%	13.9%	14.1%	4.3%	4.3%	0.0%	0.0%
Most of the time	11.5%	7.7%	12.9%	8.9%	20.5%	15.8%	0.0%	40.0%	25.0%	3.3%	9.8%	0.0%	N/A	6.5%	15.2%	6.4%	10.9%	13.0%	0.0%	0.0%
Sometimes	27.0%	35.9%	24.4%	32.1%	27.3%	31.6%	100.0%	20.0%	25.0%	43.3%	23.7%	50.0%	N/A	32.3%	27.8%	21.8%	28.3%	26.1%	41.7%	50.0%
Rarely	50.0%	56.4%	49.3%	50.0%	33.0%	31.6%	0.0%	10.0%	34.4%	53.3%	56.6%	50.0%	N/A	61.3%	43.0%	57.7%	56.5%	56.5%	58.3%	50.0%
Frequency of scheduled board retreats																				
Total responding in each category	419	46	299	74	112	45	7	10	43	43	231	6	0	37	219	100	52	27	16	4
Quarterly	0.5%	0.0%	0.3%	1.4%	1.8%	0.0%	0.0%	10.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	2.0%	0.0%	0.0%	0.0%	0.0%
Twice a year	8.8%	19.6%	8.0%	5.4%	7.1%	4.4%	0.0%	10.0%	9.3%	4.7%	8.7%	0.0%	N/A	24.3%	4.6%	11.0%	11.5%	18.5%	18.8%	50.0%
Once a year	45.8%	50.0%	46.2%	41.9%	38.4%	26.7%	57.1%	50.0%	44.2%	58.1%	47.2%	100.0%	N/A	43.2%	40.2%	55.0%	42.3%	59.3%	62.5%	25.0%
Less often than once a year	33.4%	19.6%	32.8%	44.6%	38.4%	48.9%	42.9%	30.0%	32.6%	30.2%	32.9%	0.0%	N/A	24.3%	42.9%	22.0%	34.6%	11.1%	12.5%	25.0%
Other	11.5%	10.9%	12.7%	6.8%	14.3%	20.0%	0.0%	0.0%	14.0%	7.0%	11.3%	0.0%	N/A	8.1%	12.3%	10.0%	11.5%	11.1%	6.3%	0.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Who typically attends board retreats, other than board members?																				
Total responding in each category	409	44	293	72	110	45	7	11	41	43	225	7	0	35	215	98	50	27	16	3
CEO	91.0%	90.9%	92.5%	84.7%	89.1%	86.7%	100.0%	100.0%	85.4%	93.0%	91.1%	85.7%	N/A	94.3%	91.2%	92.9%	88.0%	85.2%	93.8%	100.0%
CMO	61.4%	84.1%	56.7%	66.7%	39.1%	46.7%	57.1%	54.5%	22.0%	79.1%	65.3%	100.0%	N/A	85.7%	42.8%	81.6%	84.0%	77.8%	81.3%	100.0%
CNO	74.6%	65.9%	75.8%	75.0%	67.3%	66.7%	85.7%	72.7%	65.9%	81.4%	77.8%	71.4%	N/A	68.6%	71.6%	85.7%	78.0%	66.7%	50.0%	66.7%
CFO	84.4%	95.5%	83.6%	80.6%	77.3%	68.9%	85.7%	90.9%	78.0%	93.0%	84.4%	100.0%	N/A	94.3%	80.0%	89.8%	84.0%	92.6%	93.8%	100.0%
Other C-suite executives/ senior leaders	76.8%	95.5%	72.4%	83.3%	61.8%	57.8%	85.7%	81.8%	51.2%	86.0%	79.1%	100.0%	N/A	97.1%	65.6%	88.8%	88.0%	85.2%	100.0%	100.0%
Governance support staff	41.3%	79.5%	33.4%	50.0%	25.5%	17.8%	28.6%	54.5%	19.5%	74.4%	36.9%	57.1%	N/A	85.7%	28.8%	44.9%	58.0%	74.1%	68.8%	100.0%
Medical staff physicians	45.5%	40.9%	45.7%	47.2%	41.8%	44.4%	57.1%	45.5%	39.0%	58.1%	44.4%	28.6%	N/A	45.7%	46.0%	51.0%	38.0%	48.1%	25.0%	33.3%
Nurses	6.6%	18.2%	4.4%	8.3%	1.8%	2.2%	0.0%	0.0%	2.4%	16.3%	4.9%	0.0%	N/A	20.0%	3.3%	9.2%	10.0%	18.5%	0.0%	0.0%
Other	18.3%	15.9%	19.8%	13.9%	23.6%	22.2%	28.6%	18.2%	26.8%	16.3%	16.9%	0.0%	N/A	11.4%	22.3%	15.3%	8.0%	18.5%	12.5%	33.3%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Standing committees: meeting frequency (N/A excluded)																				
Executive																				
Total responding in each category	311	31	221	59	64	29	3	8	16	33	188	5	0	23	156	83	38	20	11	3
Monthly	27.0%	16.1%	30.3%	20.3%	32.8%	44.8%	0.0%	37.5%	25.0%	12.1%	28.7%	0.0%	N/A	21.7%	25.6%	34.9%	26.3%	10.0%	18.2%	33.3%
Bi-monthly	14.5%	19.4%	12.7%	18.6%	3.1%	0.0%	0.0%	0.0%	6.3%	39.4%	13.3%	0.0%	N/A	21.7%	9.0%	19.3%	23.7%	15.0%	27.3%	0.0%
Quarterly	8.0%	16.1%	6.3%	10.2%	9.4%	3.4%	33.3%	12.5%	0.0%	0.0%	6.4%	20.0%	N/A	17.4%	7.1%	6.0%	5.3%	30.0%	9.1%	0.0%
Semi-annually	3.2%	0.0%	4.1%	1.7%	1.6%	0.0%	0.0%	0.0%	0.0%	3.0%	4.3%	0.0%	N/A	0.0%	2.6%	3.6%	7.9%	0.0%	0.0%	0.0%
Annually	2.3%	0.0%	2.3%	3.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	0.0%	N/A	0.0%	3.2%	2.4%	0.0%	0.0%	0.0%	0.0%
As needed	45.0%	48.4%	44.3%	45.8%	53.1%	51.7%	66.7%	50.0%	68.8%	45.5%	44.1%	80.0%	N/A	39.1%	52.6%	33.7%	36.8%	45.0%	45.5%	66.7%
Respondents with this committee	75.3%	67.4%	74.9%	81.9%	56.1%	61.7%	42.9%	72.7%	37.2%	80.5%	83.6%	71.4%	N/A	62.2%	72.2%	83.0%	76.0%	76.9%	68.8%	60.0%
Finance																				
Total responding in each category	338	39	246	51	90	29	5	7	35	29	191	4	0	31	170	85	40	24	13	3
Monthly	53.8%	35.9%	58.1%	49.0%	67.8%	89.7%	60.0%	42.9%	77.1%	20.7%	54.5%	0.0%	N/A	45.2%	58.8%	60.0%	50.0%	33.3%	15.4%	33.3%
Bi-monthly	14.8%	25.6%	11.8%	21.6%	3.3%	3.4%	0.0%	0.0%	0.0%	34.5%	15.7%	0.0%	N/A	22.6%	9.4%	16.5%	20.0%	29.2%	30.8%	33.3%
Quarterly	19.2%	38.5%	15.4%	23.5%	7.8%	0.0%	0.0%	28.6%	8.6%	41.4%	19.4%	100.0%	N/A	32.3%	11.8%	18.8%	30.0%	37.5%	53.8%	33.3%
Semi-annually	1.2%	0.0%	0.8%	0.0%	1.1%	0.0%	0.0%	14.3%	0.0%	0.0%	1.0%	0.0%	N/A	0.0%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%
Annually	1.5%	0.0%	2.0%	0.0%	5.6%	6.9%	0.0%	14.3%	5.7%	0.0%	0.0%	0.0%	N/A	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%
As needed	9.5%	0.0%	11.8%	5.9%	14.4%	0.0%	40.0%	0.0%	8.6%	3.4%	9.4%	0.0%	N/A	0.0%	15.3%	4.7%	0.0%	0.0%	0.0%	0.0%
Respondents with this committee	81.4%	86.7%	82.6%	70.8%	79.6%	63.0%	71.4%	63.6%	81.4%	69.0%	83.8%	57.1%	N/A	86.1%	78.7%	84.2%	80.0%	88.9%	81.3%	60.0%
Audit																				
Total responding in each category	148	10	109	19	38	17	2	3	12	5	87	0	0	8	82	33	18	4	2	1
Monthly	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	3.0%	0.0%	0.0%	0.0%	0.0%
Bi-monthly	3.4%	0.0%	0.9%	21.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.6%	N/A	N/A	0.0%	3.7%	3.0%	0.0%	0.0%	0.0%	0.0%
Quarterly	23.0%	50.0%	22.0%	26.3%	18.4%	23.5%	0.0%	66.7%	0.0%	60.0%	24.1%	N/A	N/A	37.5%	6.1%	39.4%	55.6%	100.0%	50.0%	100.0%
Semi-annually	11.5%	40.0%	8.3%	0.0%	7.9%	0.0%	50.0%	0.0%	16.7%	20.0%	10.3%	N/A	N/A	50.0%	4.9%	18.2%	27.8%	0.0%	50.0%	0.0%
Annually	38.5%	10.0%	45.9%	31.6%	52.6%	47.1%	50.0%	0.0%	66.7%	20.0%	40.2%	N/A	N/A	12.5%	53.7%	33.3%	11.1%	0.0%	0.0%	0.0%
As needed	20.9%	0.0%	22.9%	21.1%	21.1%	29.4%	0.0%	33.3%	16.7%	0.0%	20.7%	N/A	N/A	0.0%	31.7%	3.0%	5.6%	0.0%	0.0%	0.0%
Respondents with this committee	38.3%	23.3%	39.4%	28.8%	33.9%	37.8%	28.6%	27.3%	27.9%	13.9%	42.0%	N/A	N/A	22.9%	40.2%	36.7%	38.3%	16.7%	12.5%	20.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Indepen-dent	Subsidiary	Govern-ment	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Audit/compliance																				
Total responding in each category	143	12	104	26	38	17	0	3	15	9	84	0	0	10	80	31	11	9	1	0
Monthly	9.8%	16.7%	11.5%	0.0%	15.8%	5.9%	N/A	0.0%	26.7%	0.0%	7.1%	N/A	N/A	20.0%	10.0%	9.7%	0.0%	0.0%	0.0%	N/A
Bi-monthly	8.4%	25.0%	6.7%	7.7%	2.6%	0.0%	N/A	0.0%	6.7%	0.0%	9.5%	N/A	N/A	30.0%	10.0%	3.2%	18.2%	11.1%	0.0%	N/A
Quarterly	42.0%	41.7%	35.6%	69.2%	42.1%	47.1%	N/A	33.3%	46.7%	77.8%	39.3%	N/A	N/A	40.0%	32.5%	67.7%	54.5%	66.7%	100.0%	N/A
Semi-annually	4.2%	0.0%	5.8%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	7.1%	N/A	N/A	0.0%	6.3%	3.2%	0.0%	0.0%	0.0%	N/A
Annually	6.3%	0.0%	5.8%	7.7%	2.6%	5.9%	N/A	0.0%	0.0%	0.0%	7.1%	N/A	N/A	0.0%	0.0%	3.2%	0.0%	0.0%	0.0%	N/A
As needed	29.4%	16.7%	34.6%	15.4%	36.8%	41.2%	N/A	66.7%	20.0%	22.2%	29.8%	N/A	N/A	10.0%	41.3%	12.9%	27.3%	22.2%	0.0%	N/A
Respondents with this committee	37.8%	27.9%	38.4%	40.6%	34.2%	37.8%	N/A	27.3%	34.9%	25.0%	41.8%	N/A	N/A	29.4%	39.4%	36.0%	25.0%	36.0%	6.7%	N/A
Compliance																				
Total responding in each category	187	31	129	25	36	17	3	2	11	14	106	1	0	28	71	53	33	14	10	4
Monthly	6.4%	9.7%	5.4%	8.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	4.7%	0.0%	N/A	10.7%	7.0%	5.7%	6.1%	14.3%	0.0%	0.0%
Bi-monthly	10.2%	19.4%	7.0%	16.0%	2.8%	5.9%	0.0%	0.0%	0.0%	28.6%	9.4%	0.0%	N/A	14.3%	4.2%	9.4%	9.1%	28.6%	40.0%	0.0%
Quarterly	46.0%	54.8%	42.6%	56.0%	44.4%	52.9%	33.3%	50.0%	27.3%	64.3%	44.3%	100.0%	N/A	57.1%	23.9%	58.5%	69.7%	42.9%	50.0%	100.0%
Semi-annually	7.0%	3.2%	7.8%	0.0%	5.6%	0.0%	0.0%	0.0%	9.1%	0.0%	9.4%	0.0%	N/A	3.6%	4.2%	11.3%	9.1%	0.0%	10.0%	0.0%
Annually	10.7%	6.5%	12.4%	8.0%	13.9%	11.8%	0.0%	0.0%	27.3%	7.1%	11.3%	0.0%	N/A	7.1%	19.7%	5.7%	6.1%	0.0%	0.0%	0.0%
As needed	19.8%	6.5%	24.8%	12.0%	33.3%	29.4%	66.7%	50.0%	36.4%	0.0%	20.8%	0.0%	N/A	7.1%	40.8%	9.4%	0.0%	14.3%	0.0%	0.0%
Respondents with this committee	48.3%	70.5%	46.7%	37.3%	33.3%	41.5%	42.9%	18.2%	25.6%	38.9%	50.2%	16.7%	N/A	77.8%	35.7%	57.0%	67.3%	53.8%	66.7%	80.0%
Quality (or quality and safety)																				
Total responding in each category	317	37	210	64	75	30	6	8	26	36	177	2	0	31	150	81	46	23	11	2
Monthly	45.7%	54.1%	47.6%	39.1%	49.3%	60.0%	33.3%	37.5%	50.0%	27.8%	46.3%	0.0%	N/A	61.3%	40.7%	51.9%	63.0%	47.8%	9.1%	50.0%
Bi-monthly	18.9%	16.2%	19.5%	20.3%	13.3%	13.3%	50.0%	0.0%	11.5%	33.3%	19.2%	0.0%	N/A	12.9%	14.7%	23.5%	19.6%	21.7%	36.4%	50.0%
Quarterly	29.7%	29.7%	28.6%	35.9%	26.7%	20.0%	0.0%	50.0%	26.9%	38.9%	29.9%	100.0%	N/A	25.8%	36.0%	23.5%	17.4%	30.4%	54.5%	0.0%
Semi-annually	1.3%	0.0%	0.0%	0.0%	2.7%	0.0%	0.0%	12.5%	0.0%	0.0%	0.6%	0.0%	N/A	0.0%	0.0%	1.2%	0.0%	0.0%	0.0%	0.0%
Annually	0.6%	0.0%	0.0%	0.0%	2.7%	0.0%	0.0%	0.0%	7.7%	0.0%	0.0%	0.0%	N/A	0.0%	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%
As needed	3.8%	0.0%	4.3%	4.7%	5.3%	6.7%	16.7%	0.0%	3.8%	0.0%	4.0%	0.0%	N/A	0.0%	7.3%	0.0%	0.0%	0.0%	0.0%	0.0%
Respondents with this committee	77.1%	82.2%	71.9%	86.5%	66.4%	63.8%	85.7%	72.7%	61.9%	85.7%	79.0%	28.6%	N/A	86.1%	69.4%	83.5%	90.2%	85.2%	73.3%	40.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Indepen-dent	Subsidiary	Govern-ment	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Development/governance/nominating																				
Total responding in each category	240	34	160	46	37	10	3	6	8	25	140	2	0	30	95	72	39	18	13	1
Monthly	8.8%	2.9%	11.3%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.1%	0.0%	N/A	3.3%	14.7%	5.6%	2.6%	11.1%	0.0%	0.0%
Bi-monthly	7.9%	11.8%	7.5%	6.5%	8.1%	0.0%	0.0%	0.0%	0.0%	12.0%	7.9%	0.0%	N/A	10.0%	8.4%	5.6%	7.7%	5.6%	7.7%	0.0%
Quarterly	28.8%	50.0%	22.5%	34.8%	13.5%	0.0%	0.0%	0.0%	0.0%	44.0%	27.1%	100.0%	N/A	50.0%	13.7%	26.4%	59.0%	38.9%	53.8%	0.0%
Semi-annually	11.3%	11.8%	11.3%	10.9%	5.4%	0.0%	0.0%	16.7%	0.0%	12.0%	12.9%	0.0%	N/A	13.3%	10.5%	12.5%	7.7%	16.7%	15.4%	0.0%
Annually	7.9%	0.0%	8.8%	10.9%	8.1%	10.0%	0.0%	16.7%	12.5%	12.0%	9.3%	0.0%	N/A	0.0%	11.6%	6.9%	5.1%	5.6%	0.0%	0.0%
As needed	35.4%	23.5%	38.8%	32.6%	64.9%	90.0%	100.0%	66.7%	87.5%	20.0%	35.7%	0.0%	N/A	23.3%	41.1%	43.1%	17.9%	22.2%	23.1%	100.0%
Respondents with this committee	58.5%	73.9%	54.8%	63.9%	33.0%	21.7%	42.9%	60.0%	18.6%	62.5%	62.2%	28.6%	N/A	81.1%	44.8%	72.7%	76.5%	66.7%	81.3%	20.0%
Executive compensation																				
Total responding in each category	242	30	180	32	47	13	6	5	15	13	157	2	0	27	106	68	39	14	10	3
Monthly	1.7%	0.0%	2.2%	0.0%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	1.9%	0.0%	N/A	0.0%	0.9%	0.0%	0.0%	21.4%	0.0%	0.0%
Bi-monthly	1.7%	0.0%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.5%	0.0%	N/A	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%	0.0%
Quarterly	14.5%	50.0%	8.3%	15.6%	8.5%	0.0%	0.0%	0.0%	0.0%	38.5%	9.6%	100.0%	N/A	44.4%	3.8%	7.4%	25.6%	64.3%	40.0%	100.0%
Semi-annually	14.5%	10.0%	15.0%	15.6%	10.6%	7.7%	0.0%	0.0%	20.0%	7.7%	16.6%	0.0%	N/A	11.1%	5.7%	22.1%	30.8%	7.1%	10.0%	0.0%
Annually	37.6%	16.7%	38.3%	53.1%	44.7%	46.2%	83.3%	40.0%	46.7%	30.8%	38.9%	0.0%	N/A	18.5%	50.9%	41.2%	17.9%	0.0%	20.0%	0.0%
As needed	30.2%	23.3%	33.9%	15.6%	34.0%	46.2%	16.7%	60.0%	33.3%	23.1%	30.6%	0.0%	N/A	25.9%	38.7%	26.5%	25.6%	7.1%	30.0%	0.0%
Respondents with this committee	59.8%	68.2%	61.4%	47.1%	42.0%	28.3%	85.7%	45.5%	35.7%	35.1%	70.1%	33.3%	N/A	75.0%	50.2%	68.7%	78.0%	56.0%	66.7%	60.0%
Strategic planning																				
Total responding in each category	210	16	157	37	54	23	5	3	17	18	126	1	0	14	112	53	29	10	4	2
Monthly	11.4%	18.8%	10.8%	10.8%	18.5%	17.4%	0.0%	0.0%	29.4%	0.0%	9.5%	0.0%	N/A	21.4%	8.0%	17.0%	13.8%	20.0%	0.0%	0.0%
Bi-monthly	7.6%	31.3%	5.7%	5.4%	3.7%	0.0%	0.0%	0.0%	5.9%	16.7%	6.3%	0.0%	N/A	28.6%	3.6%	1.9%	24.1%	10.0%	25.0%	100.0%
Quarterly	21.0%	37.5%	17.2%	29.7%	16.7%	8.7%	60.0%	0.0%	0.0%	38.9%	18.3%	100.0%	N/A	35.7%	16.1%	22.6%	20.7%	60.0%	50.0%	0.0%
Semi-annually	7.6%	0.0%	8.9%	5.4%	7.4%	8.7%	0.0%	0.0%	11.8%	5.6%	8.7%	0.0%	N/A	0.0%	7.1%	13.2%	3.4%	0.0%	0.0%	0.0%
Annually	18.6%	6.3%	20.4%	16.2%	25.9%	30.4%	20.0%	33.3%	29.4%	11.1%	17.5%	0.0%	N/A	7.1%	29.5%	7.5%	3.4%	0.0%	25.0%	0.0%
As needed	33.8%	6.3%	36.9%	32.4%	27.8%	34.8%	20.0%	66.7%	23.5%	27.8%	39.7%	0.0%	N/A	7.1%	35.7%	37.7%	34.5%	10.0%	0.0%	0.0%
Respondents with this committee	52.0%	34.8%	54.3%	53.6%	47.4%	48.9%	71.4%	27.3%	39.5%	43.9%	58.3%	14.3%	N/A	37.8%	53.1%	55.8%	58.0%	37.0%	25.0%	40.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Physician relations																				
Total responding in each category	85	2	70	10	20	8	0	0	9	4	56	0	0	2	59	16	6	1	1	0
Monthly	22.4%	50.0%	21.4%	0.0%	30.0%	0.0%	N/A	N/A	44.4%	0.0%	21.4%	N/A	N/A	50.0%	18.6%	43.8%	16.7%	0.0%	0.0%	N/A
Bi-monthly	7.1%	0.0%	7.1%	10.0%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	7.1%	N/A	N/A	0.0%	8.5%	6.3%	0.0%	0.0%	0.0%	N/A
Quarterly	8.2%	0.0%	7.1%	20.0%	5.0%	12.5%	N/A	N/A	0.0%	0.0%	10.7%	N/A	N/A	0.0%	5.1%	12.5%	33.3%	0.0%	0.0%	N/A
Semi-annually	4.7%	0.0%	5.7%	0.0%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	5.4%	N/A	N/A	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	N/A
Annually	2.4%	0.0%	2.9%	0.0%	5.0%	0.0%	N/A	N/A	0.0%	0.0%	1.8%	N/A	N/A	0.0%	3.4%	0.0%	0.0%	0.0%	0.0%	N/A
As needed	55.3%	50.0%	55.7%	70.0%	60.0%	87.5%	N/A	N/A	55.6%	100.0%	53.6%	N/A	N/A	50.0%	61.0%	37.5%	50.0%	100.0%	100.0%	N/A
Respondents with this committee	21.7%	4.4%	24.9%	15.4%	17.9%	17.8%	N/A	N/A	20.9%	11.1%	26.7%	N/A	N/A	5.4%	28.8%	17.2%	12.8%	4.0%	6.3%	N/A
Investment																				
Total responding in each category	175	23	131	20	30	12	0	2	13	7	115	2	0	20	77	47	28	11	8	2
Monthly	8.0%	0.0%	9.9%	5.0%	10.0%	0.0%	N/A	0.0%	23.1%	28.6%	7.8%	0.0%	N/A	0.0%	7.8%	12.8%	3.6%	9.1%	0.0%	0.0%
Bi-monthly	6.9%	4.3%	6.9%	10.0%	6.7%	16.7%	N/A	0.0%	0.0%	0.0%	7.8%	0.0%	N/A	5.0%	6.5%	6.4%	7.1%	18.2%	0.0%	0.0%
Quarterly	48.6%	87.0%	41.2%	55.0%	36.7%	33.3%	N/A	100.0%	30.8%	57.1%	47.0%	100.0%	N/A	85.0%	24.7%	57.4%	82.1%	63.6%	87.5%	100.0%
Semi-annually	9.7%	8.7%	9.2%	15.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	9.6%	0.0%	N/A	10.0%	10.4%	12.8%	0.0%	0.0%	12.5%	0.0%
Annually	4.6%	0.0%	5.3%	0.0%	13.3%	0.0%	N/A	0.0%	15.4%	0.0%	3.5%	0.0%	N/A	0.0%	7.8%	4.3%	0.0%	0.0%	0.0%	0.0%
As needed	22.3%	0.0%	27.5%	15.0%	33.3%	50.0%	N/A	0.0%	30.8%	14.3%	24.3%	0.0%	N/A	0.0%	42.9%	6.4%	7.1%	9.1%	0.0%	0.0%
Respondents with this committee	44.0%	51.1%	45.6%	30.3%	26.8%	26.7%	N/A	18.2%	30.2%	19.4%	53.0%	33.3%	N/A	54.1%	37.2%	50.0%	56.0%	42.3%	50.0%	40.0%
Joint conference																				
Total responding in each category	135	3	112	16	43	16	1	5	18	7	82	0	0	3	73	41	14	1	0	0
Monthly	10.4%	33.3%	9.8%	12.5%	7.0%	12.5%	0.0%	20.0%	0.0%	0.0%	12.2%	N/A	N/A	33.3%	6.8%	19.5%	0.0%	0.0%	N/A	N/A
Bi-monthly	3.7%	0.0%	4.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	6.1%	N/A	N/A	0.0%	0.0%	4.9%	0.0%	0.0%	N/A	N/A
Quarterly	13.3%	33.3%	13.4%	12.5%	20.9%	25.0%	100.0%	0.0%	22.2%	14.3%	9.8%	N/A	N/A	33.3%	13.7%	9.8%	14.3%	0.0%	N/A	N/A
Semi-annually	4.4%	0.0%	5.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	7.3%	N/A	N/A	0.0%	6.8%	2.4%	0.0%	0.0%	N/A	N/A
Annually	5.2%	0.0%	2.7%	0.0%	9.3%	12.5%	0.0%	0.0%	0.0%	0.0%	2.4%	N/A	N/A	0.0%	8.2%	2.4%	0.0%	0.0%	N/A	N/A
As needed	63.0%	33.3%	64.3%	75.0%	62.8%	50.0%	0.0%	80.0%	77.8%	85.7%	62.2%	N/A	N/A	33.3%	64.4%	61.0%	85.7%	100.0%	N/A	N/A
Respondents with this committee	34.3%	6.7%	39.9%	23.5%	38.4%	34.8%	14.3%	45.5%	42.9%	18.4%	38.9%	N/A	N/A	8.1%	35.6%	43.2%	29.2%	4.0%	N/A	N/A

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Indepen-dent	Subsidiary	Govern-ment	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Facilities/infrastructure/maintenance																				
Total responding in each category	105	4	86	6	32	10	1	1	12	3	63	0	0	4	72	17	7	2	0	0
Monthly	21.9%	0.0%	23.3%	0.0%	28.1%	20.0%	0.0%	0.0%	33.3%	0.0%	20.6%	N/A	N/A	0.0%	20.8%	29.4%	0.0%	0.0%	N/A	N/A
Bi-monthly	7.6%	50.0%	7.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	7.9%	N/A	N/A	50.0%	6.9%	5.9%	14.3%	50.0%	N/A	N/A
Quarterly	8.6%	0.0%	9.3%	16.7%	6.3%	0.0%	0.0%	0.0%	0.0%	0.0%	11.1%	N/A	N/A	0.0%	9.7%	5.9%	0.0%	0.0%	N/A	N/A
Semi-annually	1.9%	0.0%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.2%	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A
Annually	5.7%	0.0%	0.0%	0.0%	12.5%	0.0%	0.0%	0.0%	8.3%	0.0%	0.0%	N/A	N/A	0.0%	6.9%	0.0%	0.0%	0.0%	N/A	N/A
As needed	54.3%	50.0%	58.1%	83.3%	53.1%	80.0%	100.0%	100.0%	58.3%	66.7%	57.1%	N/A	N/A	50.0%	55.6%	58.8%	85.7%	50.0%	N/A	N/A
Respondents with this committee	26.9%	8.9%	30.6%	9.2%	29.4%	22.7%	14.3%	9.1%	29.3%	8.3%	29.6%	N/A	N/A	10.8%	35.5%	17.9%	14.9%	8.0%	N/A	N/A
Construction (separate from facilities)																				
Total responding in each category	66	0	57	8	25	11	1	3	10	3	33	0	0	0	47	9	4	1	0	0
Monthly	10.6%	N/A	12.3%	0.0%	12.0%	9.1%	0.0%	0.0%	20.0%	0.0%	9.1%	N/A	N/A	N/A	10.6%	0.0%	0.0%	0.0%	N/A	N/A
Bi-monthly	4.5%	N/A	3.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A	N/A	2.1%	0.0%	0.0%	0.0%	N/A	N/A
Quarterly	3.0%	N/A	1.8%	12.5%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	N/A	N/A	N/A	0.0%	11.1%	0.0%	0.0%	N/A	N/A
Semi-annually	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	N/A	N/A
Annually	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A	N/A	0.0%	0.0%	0.0%	0.0%	N/A	N/A
As needed	81.8%	N/A	82.5%	87.5%	88.0%	90.9%	100.0%	100.0%	80.0%	100.0%	87.9%	N/A	N/A	N/A	87.2%	88.9%	100.0%	100.0%	N/A	N/A
Respondents with this committee	17.2%	N/A	20.9%	12.1%	22.7%	24.4%	14.3%	27.3%	24.4%	8.3%	16.1%	N/A	N/A	N/A	23.9%	9.7%	8.3%	4.0%	N/A	N/A
Government relations/advocacy																				
Total responding in each category	56	5	40	9	17	8	0	0	7	3	31	0	0	5	30	12	3	2	1	0
Monthly	3.6%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	3.2%	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
Bi-monthly	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
Quarterly	8.9%	40.0%	2.5%	22.2%	5.9%	0.0%	N/A	N/A	0.0%	0.0%	9.7%	N/A	N/A	40.0%	0.0%	8.3%	0.0%	0.0%	100.0%	N/A
Semi-annually	3.6%	0.0%	5.0%	0.0%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	3.2%	N/A	N/A	0.0%	0.0%	8.3%	0.0%	0.0%	0.0%	N/A
Annually	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A
As needed	83.9%	60.0%	92.5%	77.8%	94.1%	100.0%	N/A	N/A	100.0%	100.0%	83.9%	N/A	N/A	60.0%	100.0%	83.3%	100.0%	100.0%	0.0%	N/A
Respondents with this committee	14.4%	11.1%	14.3%	13.6%	15.2%	17.8%	N/A	N/A	16.3%	8.1%	14.9%	N/A	N/A	13.5%	14.7%	12.8%	6.5%	8.0%	6.3%	N/A

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Human resources																				
Total responding in each category	99	11	76	12	34	18	1	1	10	3	51	1	0	10	61	16	9	7	2	1
Monthly	14.1%	9.1%	15.8%	8.3%	20.6%	22.2%	0.0%	0.0%	20.0%	0.0%	13.7%	0.0%	N/A	10.0%	16.4%	12.5%	0.0%	28.6%	0.0%	0.0%
Bi-monthly	10.1%	9.1%	10.5%	8.3%	11.8%	11.1%	0.0%	0.0%	20.0%	0.0%	9.8%	0.0%	N/A	10.0%	9.8%	18.8%	11.1%	0.0%	0.0%	0.0%
Quarterly	26.3%	45.5%	25.0%	16.7%	14.7%	11.1%	0.0%	0.0%	10.0%	0.0%	29.4%	100.0%	N/A	40.0%	16.4%	31.3%	44.4%	57.1%	100.0%	100.0%
Semi-annually	3.0%	0.0%	3.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	33.3%	3.9%	0.0%	N/A	0.0%	0.0%	6.3%	0.0%	0.0%	0.0%	0.0%
Annually	5.1%	0.0%	3.9%	16.7%	8.8%	11.1%	0.0%	0.0%	0.0%	0.0%	3.9%	0.0%	N/A	0.0%	4.9%	12.5%	0.0%	0.0%	0.0%	0.0%
As needed	41.4%	36.4%	40.8%	50.0%	44.1%	44.4%	100.0%	100.0%	50.0%	66.7%	39.2%	0.0%	N/A	40.0%	52.5%	18.8%	44.4%	14.3%	0.0%	0.0%
Respondents with this committee	25.3%	24.4%	27.0%	18.5%	30.4%	40.0%	14.3%	9.1%	23.3%	8.3%	24.3%	16.7%	N/A	27.0%	29.9%	17.0%	19.1%	28.0%	12.5%	20.0%
Community benefit																				
Total responding in each category	95	8	65	20	25	10	0	0	9	12	53	0	0	7	52	19	12	5	3	1
Monthly	10.5%	0.0%	9.2%	10.0%	24.0%	0.0%	N/A	N/A	22.2%	16.7%	3.8%	N/A	N/A	0.0%	9.6%	10.5%	8.3%	40.0%	0.0%	0.0%
Bi-monthly	7.4%	25.0%	6.2%	5.0%	0.0%	0.0%	N/A	N/A	0.0%	16.7%	7.5%	N/A	N/A	14.3%	0.0%	5.3%	25.0%	0.0%	0.0%	0.0%
Quarterly	26.3%	62.5%	24.6%	20.0%	16.0%	20.0%	N/A	N/A	11.1%	25.0%	26.4%	N/A	N/A	71.4%	15.4%	47.4%	25.0%	40.0%	66.7%	100.0%
Semi-annually	6.3%	0.0%	6.2%	10.0%	4.0%	0.0%	N/A	N/A	11.1%	0.0%	9.4%	N/A	N/A	0.0%	7.7%	0.0%	16.7%	0.0%	0.0%	0.0%
Annually	11.6%	0.0%	13.8%	10.0%	4.0%	10.0%	N/A	N/A	0.0%	16.7%	15.1%	N/A	N/A	0.0%	13.5%	21.1%	0.0%	0.0%	0.0%	0.0%
As needed	37.9%	12.5%	40.0%	45.0%	52.0%	70.0%	N/A	N/A	55.6%	25.0%	37.7%	N/A	N/A	14.3%	53.8%	15.8%	25.0%	20.0%	33.3%	0.0%
Respondents with this committee	24.0%	17.8%	23.0%	29.4%	22.5%	22.2%	N/A	N/A	21.4%	31.6%	24.8%	N/A	N/A	18.9%	25.6%	19.8%	23.5%	20.0%	18.8%	20.0%
Population health/community health improvement																				
Total responding in each category	69	4	51	13	19	8	0	0	8	4	41	0	0	4	41	18	6	3	1	0
Monthly	10.1%	0.0%	7.8%	15.4%	10.5%	0.0%	N/A	N/A	0.0%	25.0%	7.3%	N/A	N/A	0.0%	9.8%	5.6%	16.7%	33.3%	0.0%	N/A
Bi-monthly	4.3%	25.0%	2.0%	7.7%	0.0%	0.0%	N/A	N/A	0.0%	0.0%	4.9%	N/A	N/A	25.0%	0.0%	11.1%	0.0%	33.3%	0.0%	N/A
Quarterly	29.0%	50.0%	31.4%	15.4%	36.8%	37.5%	N/A	N/A	50.0%	25.0%	24.4%	N/A	N/A	50.0%	26.8%	33.3%	33.3%	33.3%	0.0%	N/A
Semi-annually	5.8%	0.0%	2.0%	23.1%	5.3%	0.0%	N/A	N/A	0.0%	0.0%	7.3%	N/A	N/A	0.0%	4.9%	5.6%	16.7%	0.0%	0.0%	N/A
Annually	13.0%	0.0%	11.8%	23.1%	0.0%	0.0%	N/A	N/A	0.0%	25.0%	19.5%	N/A	N/A	0.0%	14.6%	5.6%	33.3%	0.0%	0.0%	N/A
As needed	37.7%	25.0%	45.1%	15.4%	47.4%	62.5%	N/A	N/A	50.0%	25.0%	36.6%	N/A	N/A	25.0%	43.9%	38.9%	0.0%	0.0%	100.0%	N/A
Respondents with this committee	17.9%	9.1%	18.3%	20.3%	17.1%	18.2%	N/A	N/A	18.6%	11.1%	19.8%	N/A	N/A	11.1%	20.3%	19.4%	13.0%	12.0%	6.7%	N/A

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Authorities/responsibilities of the executive committee																				
Total responding in each category	380	39	270	71	95	39	6	11	34	41	215	6	0	31	199	93	47	22	14	5
Executive compensation	37.4%	20.5%	39.6%	38.0%	34.7%	35.9%	66.7%	36.4%	29.4%	46.3%	40.0%	50.0%	N/A	12.9%	44.7%	37.6%	17.0%	22.7%	35.7%	0.0%
Board member nominations	25.0%	20.5%	24.8%	28.2%	15.8%	15.4%	50.0%	36.4%	5.9%	31.7%	28.4%	16.7%	N/A	19.4%	25.1%	29.0%	19.1%	18.2%	28.6%	20.0%
Board member selection	17.4%	12.8%	16.7%	22.5%	8.4%	10.3%	16.7%	0.0%	0.0%	24.4%	20.5%	0.0%	N/A	12.9%	16.1%	25.8%	10.6%	9.1%	21.4%	0.0%
Advising the CEO	57.6%	53.8%	58.9%	54.9%	41.1%	41.0%	50.0%	63.6%	29.4%	70.7%	62.3%	50.0%	N/A	54.8%	56.8%	68.8%	48.9%	54.5%	42.9%	20.0%
Emergency decision making	60.0%	56.4%	60.7%	59.2%	48.4%	51.3%	50.0%	54.5%	38.2%	63.4%	64.2%	50.0%	N/A	61.3%	59.8%	67.7%	53.2%	54.5%	50.0%	40.0%
Decision-making authority between full board meetings	58.9%	64.1%	57.8%	60.6%	33.7%	35.9%	50.0%	45.5%	20.6%	80.5%	66.5%	100.0%	N/A	54.8%	50.3%	72.0%	57.4%	77.3%	71.4%	60.0%
Other	6.3%	15.4%	4.8%	7.0%	6.3%	2.6%	0.0%	36.4%	2.9%	9.8%	4.2%	0.0%	N/A	16.1%	5.0%	6.5%	6.4%	9.1%	21.4%	0.0%
What level of authority does the executive committee have?																				
Total responding in each category	299	31	212	56	59	25	1	9	17	35	183	6	0	23	150	80	36	19	11	3
Full authority: the executive committee can act on behalf of the board on all issues; committee decisions do not require full-board ratification	40.1%	51.6%	37.7%	42.9%	22.0%	16.0%	0.0%	22.2%	17.6%	51.4%	43.2%	66.7%	N/A	47.8%	29.3%	48.8%	50.0%	63.2%	45.5%	66.7%
Some authority: the executive committee can act on behalf of the board on some issues (e.g., executive compensation), but not all issues	31.1%	29.0%	30.7%	33.9%	28.8%	32.0%	100.0%	22.2%	23.5%	25.7%	32.8%	16.7%	N/A	30.4%	34.7%	27.5%	27.8%	21.1%	36.4%	33.3%
All executive committee decisions must be approved/ratified by the full board	28.8%	19.4%	31.6%	23.2%	49.2%	52.0%	0.0%	55.6%	58.8%	22.9%	24.0%	16.7%	N/A	21.7%	36.0%	23.8%	22.2%	15.8%	18.2%	0.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/City	District/Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Approximate total annual expenditure for board education																				
Total responding in each category	422	42	303	75	115	47	5	10	40	37	233	5	0	33	223	101	51	22	12	4
$0	5.9%	0.0%	5.6%	8.0%	7.0%	6.4%	0.0%	0.0%	10.0%	0.0%	6.0%	0.0%	N/A	0.0%	7.6%	3.0%	5.9%	4.5%	0.0%	0.0%
$1–$9,999	41.2%	21.4%	44.9%	38.7%	53.9%	61.7%	80.0%	60.0%	55.0%	35.1%	39.9%	0.0%	N/A	21.2%	55.6%	26.7%	23.5%	22.7%	41.7%	25.0%
$10,000–$19,999	15.4%	14.3%	16.8%	10.7%	15.7%	17.0%	0.0%	10.0%	17.5%	21.6%	15.5%	40.0%	N/A	9.1%	17.9%	12.9%	13.7%	13.6%	16.7%	0.0%
$20,000–$29,999	10.2%	14.3%	8.9%	13.3%	6.1%	6.4%	0.0%	0.0%	7.5%	13.5%	11.2%	20.0%	N/A	15.2%	8.1%	13.9%	7.8%	18.2%	0.0%	0.0%
$30,000–$49,999	12.6%	14.3%	11.9%	14.7%	7.0%	4.3%	20.0%	0.0%	10.0%	13.5%	15.0%	20.0%	N/A	15.2%	5.8%	22.8%	23.5%	18.2%	8.3%	0.0%
$50,000–$75,000	7.1%	7.1%	6.6%	9.3%	7.8%	4.3%	0.0%	20.0%	0.0%	0.0%	6.9%	0.0%	N/A	6.1%	3.6%	13.9%	5.9%	0.0%	0.0%	0.0%
>$75,000	7.6%	28.6%	5.3%	5.3%	2.6%	0.0%	0.0%	10.0%	0.0%	16.2%	5.6%	20.0%	N/A	33.3%	1.3%	6.9%	19.6%	22.7%	33.3%	75.0%
Topics covered for internal board development/education																				
Total responding in each category	417	45	299	73	112	47	7	11	41	43	230	7	0	36	217	101	52	27	15	5
Legal/regulatory	89.7%	84.4%	90.3%	90.4%	87.5%	85.1%	85.7%	90.9%	87.8%	90.7%	91.3%	85.7%	N/A	86.1%	87.6%	94.1%	94.2%	96.3%	66.7%	80.0%
Quality/patient safety	94.0%	91.1%	94.0%	95.9%	92.0%	87.2%	85.7%	100.0%	95.1%	93.0%	95.2%	85.7%	N/A	94.4%	92.6%	96.0%	98.1%	100.0%	80.0%	80.0%
Reimbursement and "drivers" of financial performance	79.1%	80.0%	78.9%	79.5%	75.0%	83.0%	57.1%	81.8%	65.9%	79.1%	81.3%	71.4%	N/A	80.6%	75.1%	84.2%	88.5%	77.8%	73.3%	80.0%
Industry trends and the associated implications (e.g., value-based purchasing, population health management, health insurance exchanges, expansion of Medicaid, etc.)	89.4%	97.8%	88.3%	89.0%	83.9%	85.1%	85.7%	72.7%	85.4%	95.3%	90.0%	100.0%	N/A	97.2%	84.8%	92.1%	98.1%	96.3%	93.3%	100.0%
The role of your organization in a changing delivery system	72.2%	86.7%	67.6%	82.2%	56.3%	48.9%	71.4%	63.6%	58.5%	79.1%	76.5%	85.7%	N/A	86.1%	62.7%	79.2%	84.6%	88.9%	86.7%	80.0%
Other	10.8%	20.0%	9.0%	12.3%	5.4%	6.4%	0.0%	9.1%	0.0%	18.6%	11.7%	57.1%	N/A	13.9%	6.9%	15.8%	9.6%	18.5%	20.0%	20.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Delivery of board education																				
Total responding in each category	421	47	301	73	113	47	7	11	42	43	231	7	0	38	219	101	52	27	17	5
During regularly scheduled board meetings	85.3%	89.4%	82.7%	93.2%	76.1%	80.9%	71.4%	63.6%	71.4%	97.7%	87.4%	100.0%	N/A	86.8%	82.6%	86.1%	92.3%	85.2%	88.2%	100.0%
Periodic board education retreats	53.2%	59.6%	49.8%	63.0%	37.2%	29.8%	28.6%	54.5%	35.7%	67.4%	57.6%	57.1%	N/A	60.5%	39.7%	65.3%	73.1%	81.5%	47.1%	60.0%
Attendance at off-site conferences	64.6%	53.2%	65.4%	68.5%	70.8%	61.7%	71.4%	81.8%	78.6%	60.5%	64.1%	57.1%	N/A	52.6%	68.0%	68.3%	51.9%	63.0%	47.1%	40.0%
Webinars/online education	26.4%	17.0%	28.2%	24.7%	39.8%	36.2%	14.3%	36.4%	47.6%	11.6%	23.4%	0.0%	N/A	21.1%	32.0%	22.8%	21.2%	18.5%	11.8%	0.0%
Publications, articles, other reading materials	75.5%	78.7%	75.4%	74.0%	74.3%	63.8%	57.1%	90.9%	83.3%	72.1%	75.8%	71.4%	N/A	78.9%	75.3%	76.2%	65.4%	92.6%	76.5%	80.0%
Organizations the board uses for education resources																				
Total responding in each category	418	46	299	73	112	47	7	11	41	43	230	7	0	37	217	101	52	27	17	4
American Hospital Association	70.1%	76.1%	70.9%	63.0%	73.2%	0.0%	85.7%	0.0%	75.6%	67.4%	67.0%	71.4%	N/A	81.1%	73.3%	66.3%	61.5%	74.1%	70.6%	75.0%
BoardSource®	2.6%	0.0%	2.3%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	N/A	0.0%	1.8%	1.0%	0.0%	0.0%	0.0%	0.0%
Carver Policy Governance	0.2%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	N/A	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%
The Estes Park Institute	17.5%	26.1%	15.1%	21.9%	14.3%	8.5%	42.9%	9.1%	14.6%	16.3%	17.4%	0.0%	N/A	32.4%	11.5%	24.8%	23.1%	29.6%	17.6%	0.0%
The Governance Institute	53.8%	78.3%	48.5%	60.3%	39.3%	38.3%	85.7%	45.5%	29.3%	67.4%	54.8%	100.0%	N/A	75.7%	41.0%	65.3%	59.6%	92.6%	70.6%	50.0%
Health Care Advisory Board	37.6%	63.0%	31.8%	45.2%	21.4%	17.0%	42.9%	54.5%	12.2%	46.5%	38.3%	28.6%	N/A	73.0%	21.7%	49.5%	57.7%	70.4%	52.9%	50.0%
iProtean	2.4%	2.2%	2.7%	1.4%	1.8%	0.0%	0.0%	0.0%	0.0%	0.0%	3.0%	0.0%	N/A	2.7%	2.8%	3.0%	0.0%	3.7%	0.0%	0.0%
Sg2	15.6%	32.6%	10.0%	27.4%	9.8%	8.5%	0.0%	27.3%	4.9%	18.6%	14.3%	14.3%	N/A	37.8%	6.9%	21.8%	26.9%	29.6%	35.3%	0.0%
Independent consultants/ trainers	45.9%	65.2%	43.1%	45.2%	42.9%	38.3%	28.6%	72.7%	39.0%	32.6%	46.1%	42.9%	N/A	70.3%	38.2%	52.5%	55.8%	59.3%	52.9%	50.0%
State healthcare associations	71.3%	60.9%	75.3%	61.6%	76.8%	70.2%	100.0%	72.7%	80.5%	53.5%	72.2%	28.6%	N/A	70.3%	72.8%	75.2%	63.5%	70.4%	52.9%	75.0%
National healthcare associations	35.4%	39.1%	35.5%	32.9%	33.9%	36.2%	28.6%	27.3%	34.1%	39.5%	34.8%	28.6%	N/A	43.2%	33.6%	33.7%	34.6%	51.9%	35.3%	75.0%
Our system's educational material	36.8%	58.7%	29.1%	54.8%	25.9%	29.8%	0.0%	9.1%	24.4%	48.8%	35.7%	42.9%	N/A	64.9%	27.6%	44.6%	46.2%	48.1%	58.8%	50.0%
Our board's own educational material	26.3%	26.1%	25.4%	30.1%	20.5%	17.0%	14.3%	36.4%	19.5%	34.9%	27.8%	14.3%	N/A	27.0%	24.4%	25.7%	34.6%	29.6%	23.5%	25.0%
Other	12.4%	6.5%	13.0%	13.7%	13.4%	17.0%	0.0%	18.2%	12.2%	23.3%	11.3%	0.0%	N/A	2.7%	14.7%	12.9%	5.8%	0.0%	11.8%	25.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Annual average cash compensation for the board chair																				
Total responding in each category	427	47	303	74	106	43	7	9	42	42	232	6	0	37	223	102	52	21	17	4
No compensation	87.8%	89.4%	87.1%	93.2%	80.2%	76.7%	100.0%	100.0%	76.2%	100.0%	93.5%	100.0%	N/A	91.9%	86.5%	89.2%	96.2%	100.0%	94.1%	100.0%
< $5,000	7.5%	2.1%	9.2%	4.1%	19.8%	23.3%	0.0%	0.0%	23.8%	0.0%	3.9%	0.0%	N/A	2.7%	9.9%	5.9%	1.9%	0.0%	0.0%	0.0%
$5,000–$9,999	2.1%	2.1%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.7%	0.0%	N/A	0.0%	2.7%	2.0%	0.0%	0.0%	0.0%	0.0%
$10,000–$14,999	0.9%	0.0%	1.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.9%	2.0%	0.0%	0.0%	0.0%	0.0%
$15,000–$19,999	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$20,000–$29,999	1.2%	6.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	5.4%	0.0%	0.0%	0.0%	0.0%	5.9%	0.0%
$30,000–$39,999	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$40,000–$49,999	0.2%	0.0%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	N/A	0.0%	0.0%	0.0%	1.9%	0.0%	0.0%	0.0%
$50,000 +	0.2%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	N/A	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%
Respondents with compensation for this position	12.2%	10.6%	12.8%	6.6%	18.3%	21.3%	0.0%	0.0%	22.7%	0.0%	6.4%	0.0%	N/A	7.9%	13.4%	10.8%	3.8%	0.0%	5.9%	0.0%
Annual average cash compensation for other board officers																				
Total responding in each category	422	47	299	71	106	43	7	9	42	42	227	7	0	38	219	99	51	23	17	5
No compensation	88.9%	93.6%	88.0%	95.8%	81.1%	76.7%	100.0%	100.0%	78.6%	100.0%	94.3%	85.7%	N/A	94.7%	88.1%	89.9%	98.0%	95.7%	100.0%	80.0%
< $5,000	7.1%	0.0%	9.4%	2.8%	18.9%	23.3%	0.0%	0.0%	21.4%	0.0%	4.0%	0.0%	N/A	0.0%	9.1%	7.1%	2.0%	0.0%	0.0%	0.0%
$5,000–$9,999	2.4%	2.1%	2.7%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	N/A	2.6%	2.7%	3.0%	0.0%	0.0%	0.0%	0.0%
$10,000–$14,999	0.7%	2.1%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$15,000–$19,999	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$20,000–$29,999	0.9%	2.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	N/A	0.0%	0.0%	0.0%	0.0%	4.3%	0.0%	20.0%
$30,000–$39,999	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$40,000–$49,999	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$50,000 +	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Respondents with compensation for this position	11.1%	6.4%	11.9%	4.1%	17.5%	21.7%	0.0%	0.0%	20.5%	0.0%	5.6%	14.3%	N/A	5.3%	11.8%	9.9%	1.9%	3.7%	0.0%	20.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Annual average cash compensation for board committee chairs																				
Total responding in each category	412	43	294	71	106	43	7	10	41	41	227	6	0	35	217	98	49	23	15	4
No compensation	92.2%	93.0%	92.2%	97.2%	84.9%	83.7%	100.0%	100.0%	80.5%	100.0%	96.9%	100.0%	N/A	91.4%	90.8%	93.9%	100.0%	100.0%	100.0%	100.0%
< $5,000	5.3%	2.3%	6.5%	2.8%	15.1%	16.3%	0.0%	0.0%	19.5%	0.0%	1.8%	0.0%	N/A	2.9%	7.4%	5.1%	0.0%	0.0%	0.0%	0.0%
$5,000–$9,999	1.5%	2.3%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	N/A	2.9%	1.8%	1.0%	0.0%	0.0%	0.0%	0.0%
$10,000–$14,999	0.5%	2.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	2.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$15,000–$19,999	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$20,000–$29,999	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$30,000–$39,999	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$40,000–$49,999	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$50,000 +	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Respondents with compensation for this position	7.7%	6.7%	7.7%	2.7%	14.4%	15.6%	0.0%	0.0%	18.6%	0.0%	3.1%	0.0%	N/A	8.3%	9.2%	6.1%	0.0%	0.0%	0.0%	0.0%
Annual average cash compensation for other board members																				
Total responding in each category	412	45	291	73	104	43	7	9	40	41	225	7	0	36	216	97	48	23	16	5
No compensation	89.3%	91.1%	88.7%	94.5%	81.7%	79.1%	100.0%	100.0%	77.5%	100.0%	94.2%	85.7%	N/A	91.7%	88.0%	90.7%	100.0%	95.7%	100.0%	80.0%
< $5,000	7.0%	2.2%	8.6%	4.1%	18.3%	20.9%	0.0%	0.0%	22.5%	0.0%	3.6%	0.0%	N/A	2.8%	9.7%	6.2%	0.0%	0.0%	0.0%	0.0%
$5,000–$9,999	2.2%	2.2%	2.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	1.8%	0.0%	N/A	2.8%	2.3%	3.1%	0.0%	0.0%	0.0%	0.0%
$10,000–$14,999	0.7%	2.2%	0.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	2.8%	0.0%	0.0%	0.0%	4.3%	0.0%	0.0%
$15,000–$19,999	0.2%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$20,000–$29,999	0.5%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	14.3%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	20.0%
$30,000–$39,999	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$40,000–$49,999	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
$50,000 +	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Respondents with compensation for this position	10.7%	8.9%	11.3%	5.3%	17.1%	20.0%	0.0%	0.0%	21.4%	0.0%	5.7%	14.3%	N/A	8.3%	12.0%	9.1%	0.0%	3.7%	0.0%	20.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Use of board portal or similar online tool to communicate and access board materials																				
Total responding in each category	421	46	299	76	113	45	7	11	44	43	232	7	0	37	222	100	51	27	16	5
Yes	65.8%	91.3%	57.9%	81.6%	48.7%	37.8%	85.7%	54.5%	47.7%	88.4%	66.4%	100.0%	N/A	89.2%	46.4%	85.0%	86.3%	92.6%	93.8%	100.0%
No, but we are in the process of implementing	7.4%	6.5%	7.7%	6.6%	6.2%	8.9%	14.3%	0.0%	4.5%	4.7%	8.6%	0.0%	N/A	8.1%	9.9%	4.0%	5.9%	3.7%	6.3%	0.0%
No	26.8%	2.2%	34.4%	11.8%	45.1%	53.3%	0.0%	45.5%	47.7%	7.0%	25.0%	0.0%	N/A	2.7%	43.7%	11.0%	7.8%	3.7%	0.0%	0.0%
Most important benefit to the board in using a board portal or online tool																				
Total responding in each category	239	38	150	48	46	15	5	3	16	32	135	5	0	29	90	71	35	21	13	4
Saves time	19.7%	15.8%	22.0%	16.7%	13.0%	13.3%	20.0%	33.3%	12.5%	28.1%	20.7%	0.0%	N/A	13.8%	21.1%	21.1%	17.1%	19.0%	15.4%	25.0%
Enhances board members' level of preparation for meetings	30.5%	31.6%	30.7%	31.3%	39.1%	33.3%	20.0%	33.3%	50.0%	18.8%	30.4%	40.0%	N/A	34.5%	21.1%	42.3%	31.4%	28.6%	38.5%	50.0%
Reduces paper waste/duplication costs	42.3%	39.5%	42.0%	47.9%	41.3%	53.3%	60.0%	33.3%	37.5%	53.1%	40.7%	60.0%	N/A	34.5%	53.3%	29.6%	48.6%	38.1%	46.2%	25.0%
Enhances communication among board members between meetings	5.0%	10.5%	4.0%	4.2%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	5.2%	0.0%	N/A	13.8%	3.3%	5.6%	0.0%	14.3%	0.0%	0.0%
Provides no perceived benefit	1.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	2.2%	0.0%	N/A	0.0%	0.0%	0.0%	2.9%	0.0%	0.0%	0.0%
Other	1.3%	2.6%	1.3%	0.0%	4.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.7%	0.0%	N/A	3.4%	1.1%	1.4%	0.0%	0.0%	0.0%	0.0%
Board members are provided with hardware (laptops, iPads, etc.) to access online board materials																				
Total responding in each category	290	43	183	64	62	19	6	7	24	37	160	7	0	34	114	86	45	25	14	5
Yes	65.9%	69.8%	65.6%	64.1%	67.7%	47.4%	100.0%	57.1%	83.3%	81.1%	61.9%	100.0%	N/A	64.7%	61.4%	68.6%	66.7%	76.0%	78.6%	40.0%
No, but we are considering it at this time	6.6%	4.7%	5.5%	10.9%	11.3%	31.6%	0.0%	0.0%	4.2%	0.0%	6.3%	0.0%	N/A	5.9%	10.5%	4.7%	4.4%	0.0%	0.0%	0.0%
No, and we are not considering it at this time	27.6%	25.6%	29.0%	25.0%	21.0%	21.1%	0.0%	42.9%	12.5%	18.9%	31.9%	0.0%	N/A	29.4%	28.1%	26.7%	28.9%	24.0%	21.4%	60.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Indepen-dent	Subsidiary	Govern-ment	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Participation in an accountable care organization or similarly structured clinically integrated network																				
Total responding in each category	312	34	227	51	81	12	0	0	35	23	179	5	0	26	164	73	37	22	12	4
Yes	54.5%	79.4%	48.9%	62.7%	38.3%	100.0%	N/A	N/A	31.4%	100.0%	55.3%	100.0%	N/A	76.9%	43.3%	57.5%	70.3%	77.3%	83.3%	100.0%
No	45.5%	20.6%	51.1%	37.3%	61.7%	0.0%	N/A	N/A	68.6%	0.0%	44.7%	0.0%	N/A	23.1%	56.7%	42.5%	29.7%	22.7%	16.7%	0.0%
ACO ownership structure																				
Total responding in each category	168	25	105	32	29	12	0	1	6	23	98	5	0	18	70	40	26	17	10	2
Independent entity	7.7%	4.0%	10.5%	3.1%	10.3%	0.0%	N/A	0.0%	0.0%	0.0%	10.2%	0.0%	N/A	5.6%	15.7%	2.5%	0.0%	5.9%	0.0%	0.0%
Physician group-owned	3.6%	0.0%	3.8%	3.1%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	4.1%	0.0%	N/A	0.0%	1.4%	5.0%	7.7%	0.0%	0.0%	0.0%
Hospital-owned	11.3%	0.0%	12.4%	18.8%	17.2%	16.7%	N/A	0.0%	0.0%	4.3%	13.3%	0.0%	N/A	0.0%	11.4%	17.5%	15.4%	0.0%	0.0%	0.0%
Health system-owned	44.0%	76.0%	33.3%	62.5%	27.6%	41.7%	N/A	0.0%	0.0%	78.3%	37.8%	100.0%	N/A	72.2%	24.3%	52.5%	57.7%	64.7%	80.0%	100.0%
Insurance company-owned	0.6%	0.0%	1.0%	0.0%	3.4%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Joint venture between two or more entities	18.5%	12.0%	22.9%	12.5%	20.7%	25.0%	N/A	0.0%	50.0%	13.0%	20.4%	0.0%	N/A	11.1%	24.3%	15.0%	11.5%	17.6%	20.0%	0.0%
Ownership between two or more entities	11.3%	8.0%	16.2%	0.0%	20.7%	16.7%	N/A	100.0%	50.0%	4.3%	10.2%	0.0%	N/A	11.1%	20.0%	5.0%	7.7%	5.9%	0.0%	0.0%
Other	3.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	4.1%	0.0%	N/A	0.0%	2.9%	2.5%	0.0%	5.9%	0.0%	0.0%
Approximate size of covered patient population under the ACO																				
Total responding in each category	162	27	106	29	24	7	1	3	9	18	95	3	0	20	65	38	25	18	10	3
Less than 10,000 people	17.9%	7.4%	22.6%	10.3%	33.3%	42.9%	0.0%	66.7%	33.3%	11.1%	17.9%	0.0%	N/A	10.0%	24.6%	26.3%	4.0%	5.6%	10.0%	0.0%
10,000 to 20,000 people	22.2%	14.8%	26.4%	13.8%	20.8%	0.0%	0.0%	33.3%	44.4%	0.0%	28.4%	33.3%	N/A	15.0%	27.7%	18.4%	28.0%	16.7%	10.0%	0.0%
20,001 to 30,000 people	14.2%	7.4%	14.2%	20.7%	0.0%	0.0%	0.0%	0.0%	0.0%	27.8%	13.7%	33.3%	N/A	5.0%	12.3%	18.4%	16.0%	11.1%	20.0%	0.0%
30,001 to 40,000 people	4.3%	11.1%	3.8%	0.0%	8.3%	0.0%	0.0%	0.0%	0.0%	5.6%	2.1%	0.0%	N/A	10.0%	1.5%	5.3%	4.0%	5.6%	20.0%	0.0%
40,001 to 50,000 people	9.3%	7.4%	10.4%	6.9%	12.5%	14.3%	0.0%	0.0%	11.1%	0.0%	9.5%	0.0%	N/A	5.0%	13.8%	0.0%	0.0%	11.1%	0.0%	33.3%
More than 50,000 people	32.1%	51.9%	22.6%	48.3%	25.0%	42.9%	100.0%	0.0%	11.1%	55.6%	28.4%	33.3%	N/A	55.0%	20.0%	31.6%	48.0%	50.0%	40.0%	66.7%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Board culture/effectiveness: level of agreement with the following statements																				
The board is focused on the organization's mission and fundamental purpose, and develops the strategic plan/makes strategic decisions in accordance with this mission and purpose.																				
Total responding in each category	415	45	294	70	114	46	7	11	42	37	223	7	0	36	216	96	50	27	16	4
Strongly agree	66.0%	75.6%	65.6%	67.1%	51.8%	50.0%	57.1%	72.7%	45.2%	100.0%	69.5%	85.7%	N/A	72.2%	57.4%	75.0%	82.0%	77.8%	75.0%	100.0%
Agree	29.2%	20.0%	30.3%	32.9%	42.1%	41.3%	42.9%	27.3%	52.4%	0.0%	26.9%	14.3%	N/A	22.2%	37.0%	22.9%	18.0%	22.2%	25.0%	0.0%
Neither agree nor disagree	3.4%	4.4%	4.1%	0.0%	3.5%	6.5%	0.0%	0.0%	2.4%	0.0%	3.6%	0.0%	N/A	5.6%	5.6%	1.0%	0.0%	0.0%	0.0%	0.0%
Disagree	1.4%	0.0%	0.0%	0.0%	2.6%	2.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	1.0%	0.0%	0.0%	0.0%	0.0%
Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
The board engages in robust debate/discussions before making major decisions.																				
Total responding in each category	410	46	292	72	110	44	7	9	43	41	225	5	0	37	216	95	48	27	17	5
Strongly agree	46.1%	63.0%	43.2%	47.2%	43.6%	40.9%	57.1%	55.6%	44.2%	63.4%	42.2%	100.0%	N/A	59.5%	38.4%	48.4%	66.7%	59.3%	52.9%	60.0%
Agree	46.6%	34.8%	50.0%	40.3%	44.5%	47.7%	42.9%	44.4%	41.9%	36.6%	51.1%	0.0%	N/A	37.8%	51.4%	46.3%	33.3%	40.7%	41.2%	40.0%
Neither agree nor disagree	7.1%	2.2%	6.5%	12.5%	11.8%	11.4%	0.0%	0.0%	14.0%	0.0%	6.2%	0.0%	N/A	2.7%	9.7%	5.3%	0.0%	0.0%	5.9%	0.0%
Disagree	0.2%	0.0%	0.3%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	N/A	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
The board is effective at setting appropriate short- and long-term goals for management and physician leaders in accordance with the strategic plan.																				
Total responding in each category	416	47	295	72	113	46	6	11	42	41	226	7	0	38	218	97	50	27	17	5
Strongly agree	30.0%	38.3%	29.5%	27.8%	29.2%	26.1%	66.7%	45.5%	23.8%	43.9%	27.0%	28.6%	N/A	42.1%	23.9%	33.0%	42.0%	37.0%	29.4%	100.0%
Agree	48.6%	46.8%	47.8%	54.2%	44.2%	45.7%	33.3%	36.4%	47.6%	41.5%	52.7%	57.1%	N/A	42.1%	48.2%	52.6%	46.0%	59.3%	41.2%	0.0%
Neither agree nor disagree	15.9%	14.9%	15.9%	16.7%	16.8%	19.6%	0.0%	9.1%	16.7%	14.6%	15.9%	14.3%	N/A	15.8%	20.2%	10.3%	12.0%	3.7%	29.4%	0.0%
Disagree	5.0%	0.0%	6.8%	1.4%	8.8%	8.7%	0.0%	9.1%	11.9%	0.0%	4.4%	0.0%	N/A	0.0%	7.8%	4.1%	0.0%	0.0%	0.0%	0.0%
Strongly disagree	0.5%	0.0%	0.0%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
The board has an effective system in place to measure whether strategic goals will be met.																				
Total responding in each category	413	45	296	71	113	46	7	11	43	42	226	6	0	36	219	97	49	27	16	5
Strongly agree	33.7%	48.9%	29.4%	42.3%	20.4%	17.4%	28.6%	45.5%	14.0%	45.2%	35.8%	50.0%	N/A	52.8%	21.0%	44.3%	59.2%	40.7%	37.5%	80.0%
Agree	45.5%	46.7%	45.3%	46.5%	47.8%	39.1%	57.1%	54.5%	51.2%	47.6%	43.8%	50.0%	N/A	44.4%	49.3%	42.3%	30.6%	55.6%	50.0%	20.0%
Neither agree nor disagree	14.5%	2.2%	17.2%	11.3%	19.5%	21.7%	14.3%	0.0%	25.6%	4.8%	15.5%	0.0%	N/A	2.8%	19.2%	11.3%	10.2%	3.7%	6.3%	0.0%
Disagree	6.3%	2.2%	8.1%	0.0%	12.4%	21.7%	0.0%	0.0%	9.3%	2.4%	4.9%	0.0%	N/A	0.0%	10.5%	2.1%	0.0%	0.0%	6.3%	0.0%
Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Indepen-dent	Subsidiary	Govern-ment	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
The board effectively holds management and physician leaders accountable to accomplish strategic goals.																				
Total responding in each category	415	47	296	72	113	46	7	11	43	42	226	7	0	38	219	97	49	27	17	5
Strongly agree	37.3%	48.9%	34.1%	43.1%	31.0%	26.1%	42.9%	72.7%	23.3%	47.6%	37.2%	42.9%	N/A	50.0%	23.7%	49.5%	65.3%	40.7%	47.1%	80.0%
Agree	47.2%	44.7%	47.3%	48.6%	45.1%	43.5%	57.1%	27.3%	46.5%	47.6%	48.2%	57.1%	N/A	42.1%	51.1%	46.4%	30.6%	55.6%	47.1%	20.0%
Neither agree nor disagree	12.8%	4.3%	15.2%	8.3%	21.2%	23.9%	0.0%	0.0%	30.2%	4.8%	11.5%	0.0%	N/A	5.3%	20.5%	4.1%	4.1%	3.7%	5.9%	0.0%
Disagree	2.7%	2.1%	3.4%	0.0%	2.7%	6.5%	0.0%	0.0%	0.0%	0.0%	3.1%	0.0%	N/A	2.6%	4.6%	0.0%	0.0%	0.0%	0.0%	0.0%
Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
The board ensures appropriate physician/clinician involvement in governance.																				
Total responding in each category	412	46	293	72	111	46	6	11	41	41	226	7	0	37	217	96	49	25	17	5
Strongly agree	35.2%	45.7%	32.4%	40.3%	23.4%	21.7%	33.3%	54.5%	14.6%	46.3%	36.7%	14.3%	N/A	51.4%	23.0%	46.9%	59.2%	48.0%	35.3%	60.0%
Agree	43.9%	45.7%	44.0%	43.1%	42.3%	37.0%	33.3%	36.4%	53.7%	36.6%	46.0%	42.9%	N/A	45.9%	44.7%	44.8%	40.8%	36.0%	58.8%	40.0%
Neither agree nor disagree	15.8%	8.7%	18.4%	9.7%	26.1%	28.3%	33.3%	9.1%	26.8%	12.2%	13.3%	42.9%	N/A	2.7%	24.4%	7.3%	0.0%	16.0%	5.9%	0.0%
Disagree	5.1%	0.0%	5.1%	6.9%	8.1%	13.0%	0.0%	0.0%	4.9%	4.9%	4.0%	0.0%	N/A	0.0%	7.8%	1.0%	0.0%	0.0%	0.0%	0.0%
Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
The board engages in constructive dialogue with management.																				
Total responding in each category	416	46	297	73	114	46	7	11	43	41	227	6	0	38	220	97	51	26	17	5
Strongly agree	56.3%	73.9%	51.5%	64.4%	47.4%	47.8%	28.6%	81.8%	39.5%	78.0%	54.2%	66.7%	N/A	73.7%	45.9%	62.9%	78.4%	65.4%	58.8%	100.0%
Agree	36.8%	23.9%	39.7%	32.9%	41.2%	43.5%	28.6%	18.2%	48.8%	22.0%	39.2%	33.3%	N/A	23.7%	42.7%	35.1%	19.6%	34.6%	35.3%	0.0%
Neither agree nor disagree	6.7%	2.2%	8.4%	2.7%	10.5%	8.7%	42.9%	0.0%	11.6%	0.0%	6.6%	0.0%	N/A	2.6%	10.9%	2.1%	2.0%	0.0%	5.9%	0.0%
Disagree	0.2%	0.0%	0.3%	0.0%	0.9%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
There is solid agreement among board members and the CEO on the distinctions between the board chair's and CEO's roles.																				
Total responding in each category	418	47	298	71	114	46	6	10	42	42	228	6	0	38	220	97	52	27	17	5
Strongly agree	60.3%	74.5%	57.7%	63.4%	50.0%	50.0%	66.7%	70.0%	45.2%	76.2%	60.5%	83.3%	N/A	73.7%	53.2%	63.9%	71.2%	66.7%	76.5%	100.0%
Agree	27.3%	17.0%	28.9%	28.2%	31.6%	30.4%	33.3%	30.0%	35.7%	16.7%	28.1%	16.7%	N/A	18.4%	29.1%	30.9%	19.2%	25.9%	17.6%	0.0%
Neither agree nor disagree	8.6%	8.5%	8.7%	8.5%	10.5%	8.7%	0.0%	0.0%	16.7%	7.1%	8.3%	0.0%	N/A	7.9%	11.8%	4.1%	5.8%	7.4%	5.9%	0.0%
Disagree	2.4%	0.0%	3.4%	0.0%	3.5%	6.5%	0.0%	0.0%	2.4%	0.0%	2.6%	0.0%	N/A	0.0%	3.6%	1.0%	1.9%	0.0%	0.0%	0.0%
Strongly disagree	1.4%	0.0%	1.3%	0.0%	4.4%	4.3%	0.0%	0.0%	0.0%	0.0%	0.4%	0.0%	N/A	0.0%	2.3%	0.0%	1.9%	0.0%	0.0%	0.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
The working relationship between the board and the CEO is consistently excellent.																				
Total responding in each category	418	47	297	73	114	46	6	11	44	41	227	6	0	38	220	97	51	26	17	5
Strongly agree	67.7%	78.7%	64.3%	75.3%	60.5%	63.0%	66.7%	81.8%	52.3%	82.9%	66.5%	66.7%	N/A	84.2%	64.1%	67.0%	76.5%	73.1%	82.4%	100.0%
Agree	24.2%	12.8%	27.3%	19.2%	24.6%	21.7%	33.3%	18.2%	29.5%	17.1%	27.8%	33.3%	N/A	7.9%	25.0%	30.9%	15.7%	26.9%	5.9%	0.0%
Neither agree nor disagree	5.7%	8.5%	5.7%	4.1%	9.6%	4.3%	0.0%	0.0%	15.9%	0.0%	4.4%	0.0%	N/A	7.9%	7.7%	2.1%	3.9%	0.0%	11.8%	0.0%
Disagree	2.2%	0.0%	2.7%	1.4%	5.3%	10.9%	0.0%	0.0%	2.3%	0.0%	1.3%	0.0%	N/A	0.0%	3.2%	0.0%	3.9%	0.0%	0.0%	0.0%
Strongly disagree	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Board members are well prepared to address agenda items at board and committee meetings.																				
Total responding in each category	415	46	296	70	114	46	6	11	44	41	226	7	0	38	220	96	51	26	17	5
Strongly agree	35.2%	45.7%	31.8%	44.3%	30.7%	32.6%	50.0%	54.5%	18.2%	53.7%	33.2%	71.4%	N/A	42.1%	29.1%	36.5%	52.9%	38.5%	41.2%	60.0%
Agree	51.8%	47.8%	53.4%	50.0%	50.0%	50.0%	50.0%	36.4%	56.8%	46.3%	53.5%	28.6%	N/A	50.0%	54.1%	53.1%	37.3%	57.7%	52.9%	40.0%
Neither agree nor disagree	10.8%	6.5%	12.8%	5.7%	13.2%	15.2%	0.0%	0.0%	18.2%	0.0%	12.4%	0.0%	N/A	7.9%	14.5%	8.3%	5.9%	3.8%	5.9%	0.0%
Disagree	2.2%	0.0%	2.0%	0.0%	6.1%	2.2%	0.0%	9.1%	6.8%	0.0%	0.9%	0.0%	N/A	0.0%	2.3%	2.1%	3.9%	0.0%	0.0%	0.0%
Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
The board assures itself of the reasonableness of any reliance it makes on the advice of advisors/consultants.																				
Total responding in each category	414	47	294	72	113	46	7	11	43	42	224	6	0	38	219	97	50	26	17	5
Strongly agree	31.2%	48.9%	27.2%	36.1%	24.8%	26.1%	42.9%	36.4%	16.3%	47.6%	29.0%	66.7%	N/A	50.0%	20.1%	38.1%	54.0%	34.6%	47.1%	80.0%
Agree	55.1%	38.3%	58.5%	52.8%	54.0%	45.7%	57.1%	54.5%	65.1%	40.5%	60.7%	33.3%	N/A	36.8%	60.7%	53.6%	42.0%	50.0%	47.1%	20.0%
Neither agree nor disagree	13.5%	12.8%	14.3%	11.1%	21.2%	28.3%	0.0%	9.1%	18.6%	11.9%	10.3%	0.0%	N/A	13.2%	18.7%	8.2%	4.0%	15.4%	5.9%	0.0%
Disagree	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.5%	0.0%	0.0%	0.0%	0.0%	0.0%
Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/City	District/Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
Individual board members share with the rest of the board information that could reasonably be determined to be of relevance to board duties.																				
Total responding in each category	416	47	296	72	114	46	7	11	44	42	226	7	0	38	220	96	51	27	17	5
Strongly agree	34.6%	42.6%	31.8%	41.7%	31.6%	37.0%	28.6%	45.5%	25.0%	52.4%	31.9%	57.1%	N/A	42.1%	30.0%	40.6%	39.2%	33.3%	41.2%	60.0%
Agree	53.1%	48.9%	55.1%	48.6%	47.4%	41.3%	71.4%	54.5%	45.5%	45.2%	58.0%	42.9%	N/A	47.4%	54.5%	51.0%	49.0%	55.6%	58.8%	40.0%
Neither agree nor disagree	10.6%	6.4%	11.5%	9.7%	14.9%	17.4%	0.0%	0.0%	18.2%	2.4%	10.2%	0.0%	N/A	7.9%	12.7%	8.3%	11.8%	7.4%	0.0%	0.0%
Disagree	1.7%	2.1%	1.7%	0.0%	6.1%	4.3%	0.0%	0.0%	11.4%	0.0%	0.0%	0.0%	N/A	2.6%	2.7%	0.0%	0.0%	3.7%	0.0%	0.0%
Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%
Board members apply a level of diligence and attentiveness that is commensurate with the significance of the subject matter or circumstance.																				
Total responding in each category	417	47	297	72	114	46	6	11	41	41	227	7	0	38	220	97	51	27	17	5
Strongly agree	42.7%	59.6%	37.4%	54.2%	36.8%	43.5%	50.0%	45.5%	26.8%	61.0%	40.5%	71.4%	N/A	57.9%	33.6%	51.5%	54.9%	44.4%	58.8%	80.0%
Agree	46.8%	36.2%	50.5%	38.9%	41.2%	34.8%	50.0%	45.5%	51.2%	39.0%	52.0%	28.6%	N/A	36.8%	51.4%	42.3%	37.3%	51.9%	41.2%	20.0%
Neither agree nor disagree	9.4%	4.3%	10.8%	6.9%	19.3%	21.7%	0.0%	9.1%	22.0%	0.0%	6.6%	0.0%	N/A	5.3%	13.2%	6.2%	5.9%	3.7%	0.0%	0.0%
Disagree	1.2%	0.0%	1.3%	0.0%	2.6%	0.0%	0.0%	0.0%	0.0%	0.0%	0.9%	0.0%	N/A	0.0%	1.8%	0.0%	2.0%	0.0%	0.0%	0.0%
Strongly disagree	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	N/A	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
How has your board structure/practices changed since 2015 in regards to population health management?																				
Total responding in each category	419	47	298	74	115	47	7	11	44	42	228	7	0	38	220	98	52	27	17	5
N/A; we are not currently making plans to manage population health	10.0%	2.1%	11.7%	8.1%	13.0%	14.9%	28.6%	0.0%	11.4%	0.0%	11.4%	0.0%	N/A	2.6%	15.0%	5.1%	0.0%	0.0%	0.0%	0.0%
We have not changed our board structure to prepare for population health management	45.3%	34.0%	49.0%	37.8%	49.6%	55.3%	28.6%	27.3%	54.5%	33.3%	46.5%	28.6%	N/A	34.2%	51.4%	50.0%	25.0%	22.2%	41.2%	40.0%
We have updated the strategic plan to include goals regarding population health management, including building IT infrastructure and physician integration	59.9%	66.0%	55.4%	74.3%	55.7%	46.8%	71.4%	90.9%	50.0%	83.3%	57.0%	71.4%	N/A	68.4%	47.3%	72.4%	76.9%	77.8%	70.6%	60.0%
We have added board members with expertise in population health management to help us achieve this goal	6.4%	21.3%	3.7%	8.1%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	5.3%	42.9%	N/A	15.8%	2.7%	8.2%	9.6%	11.1%	0.0%	20.0%
We have added board members with predictive modeling and risk management expertise to help us achieve this goal	1.9%	8.5%	1.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	2.4%	0.9%	0.0%	N/A	10.5%	0.9%	1.0%	0.0%	3.7%	17.6%	20.0%
We have added physicians to the board to help us achieve this goal	10.7%	29.8%	6.7%	14.9%	4.3%	0.0%	0.0%	0.0%	0.0%	16.7%	11.0%	42.9%	N/A	26.3%	3.6%	17.3%	11.5%	22.2%	41.2%	20.0%
We have added nurses to the board	3.6%	10.6%	2.7%	2.7%	2.6%	2.1%	0.0%	9.1%	2.3%	7.1%	2.6%	0.0%	N/A	10.5%	2.7%	3.1%	3.8%	11.1%	5.9%	0.0%
We have added physicians to the management team to help us achieve this goal	19.6%	42.6%	15.8%	20.3%	10.4%	6.4%	0.0%	27.3%	9.1%	28.6%	19.3%	28.6%	N/A	44.7%	8.2%	27.6%	28.8%	40.7%	47.1%	60.0%
Other	4.1%	6.4%	2.3%	9.5%	1.7%	2.1%	0.0%	0.0%	0.0%	11.9%	3.5%	14.3%	N/A	5.3%	1.8%	5.1%	7.7%	7.4%	5.9%	20.0%
Respondents currently making changes to manage population health	65.2%	76.6%	60.4%	77.0%	59.1%	51.1%	71.4%	90.9%	52.3%	90.5%	62.3%	85.7%	N/A	76.3%	52.3%	78.6%	78.8%	81.5%	76.5%	100.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Independent	Subsidiary	Government	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
How has your board structure/practices changed since 2015 in order to be successful with value-based payments?																				
Total responding in each category	410	47	291	72	113	47	6	11	43	42	221	7	0	38	216	96	49	27	17	5
N/A; we are not currently making plans to prepare for value-based payments	8.3%	0.0%	8.9%	0.0%	13.3%	14.9%	33.3%	0.0%	11.6%	0.0%	7.7%	0.0%	N/A	0.0%	13.4%	2.1%	0.0%	0.0%	0.0%	0.0%
We have not changed our board structure to prepare for value-based payments	49.3%	31.9%	55.7%	34.7%	54.0%	59.6%	50.0%	27.3%	58.1%	40.5%	51.1%	42.9%	N/A	28.9%	56.0%	55.2%	30.6%	14.8%	41.2%	40.0%
We have updated the strategic and financial plans to include goals regarding value-based payments	55.6%	68.1%	49.1%	73.6%	47.8%	38.3%	66.7%	81.8%	41.9%	64.3%	55.2%	42.9%	N/A	76.3%	40.3%	71.9%	73.5%	81.5%	64.7%	60.0%
We have added board members with expertise in quality improvement processes to help us achieve this goal	7.6%	21.3%	4.1%	12.5%	3.5%	0.0%	0.0%	0.0%	0.0%	16.7%	6.8%	28.6%	N/A	18.4%	1.9%	13.5%	10.2%	14.8%	0.0%	20.0%
We have added board members with predictive modeling and risk management expertise to help us achieve this goal	2.2%	10.6%	1.0%	1.4%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.5%	0.0%	N/A	13.2%	0.9%	2.1%	2.0%	0.0%	0.0%	20.0%
We have added board members with expertise in cost reduction strategies to help us achieve this goal	3.7%	8.5%	1.7%	8.3%	1.8%	2.1%	0.0%	0.0%	0.0%	0.0%	3.6%	0.0%	N/A	7.9%	0.5%	5.2%	12.2%	3.7%	0.0%	20.0%

APPENDIX	Overall and by Organization Type					By AHA Control Code									By Organization Size (# of Beds)					
Total number of respondents in each category	**465**	**51**	**315**	**99**	**116**	**48**	**7**	**11**	**44**	**58**	**254**	**8**	**1**	**41**	**240**	**113**	**59**	**29**	**19**	**5**
2017 Biennial Survey Frequency Table	Overall	Health System	Indepen-dent	Subsidiary	Govern-ment	County	City	County/ City	District/ Authority	Church Hospital	Secular Hospital	Catholic System	Other Church System	Other System	<100	100–299	300–499	500–999	1000–1999	2000+
We have added physicians to the board to help us achieve this goal	8.8%	23.4%	5.8%	11.1%	3.5%	2.1%	0.0%	0.0%	0.0%	11.9%	9.0%	28.6%	N/A	21.1%	3.2%	13.5%	10.2%	18.5%	29.4%	20.0%
We have added nurses to the board	1.2%	8.5%	0.3%	0.0%	0.9%	2.1%	0.0%	0.0%	0.0%	2.4%	0.5%	0.0%	N/A	7.9%	0.0%	1.0%	2.0%	7.4%	5.9%	0.0%
We have added physicians to the management team to help us achieve this goal	14.6%	31.9%	12.0%	13.9%	8.0%	4.3%	0.0%	0.0%	9.3%	23.8%	13.6%	14.3%	N/A	34.2%	5.6%	20.8%	24.5%	33.3%	29.4%	40.0%
Other	2.7%	4.3%	2.1%	4.2%	0.9%	2.1%	0.0%	0.0%	0.0%	0.0%	2.3%	0.0%	N/A	0.0	1.9%	3.1%	2.0%	3.7%	5.9%	20.0%
Respondents currently making changes to be successful with value-based payments	60.7%	83.0%	53.3%	76.4%	50.4%	42.6%	66.7%	90.9%	41.9%	78.6%	59.3%	85.7%	N/A	84.2	44.4%	76.0%	77.6%	88.9%	76.5%	100.0%

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