



The Governance Institute's 2019 Hospital and Health System Governance Survey

The Governance Institute is committed to improving the effectiveness of hospital and health system boards, and one of the primary ways we accomplish this is through researching what boards are doing nationally, and how this directly affects organizational performance. Continuing this research and finding new connections between governance and organizational performance is key to sustaining a high-quality healthcare system.

Please complete this survey and help us continue the ascendance of better boards across the country. Please be assured that your responses are confidential, and that data will be shared in aggregate form only. We need your response in order to guarantee a statistically valid response rate. **Survey participants will also receive a free conference pass for use in 2019 or 2020 and a complimentary copy of the biennial survey report.**

This survey is divided into three specific components:

Component:	Content:	Who should complete?
Component A: Board Profile and Structure	Describes the governance structure, size, and composition of the board	The CEO or a person responsible for administrative support to the board, with answers reviewed by the CEO
Component B: Board Culture & Governance Trends	Your perspectives on the board's culture and overall effectiveness in holding management accountable for achieving goals, and changes in board structure and practices reflecting new directions in the industry	The CEO
Component C: Governance Practices	Your rating of the board's fulfillment of fiduciary and oversight responsibilities through adoption of recommended practices, and overall effectiveness in carrying out oversight responsibilities	The CEO

We are in the final stages of survey gathering and still need your response! We cannot accept responses after May 30th.

Thank you in advance for your participation!

Please complete this survey by May 30, 2019. For questions regarding this survey, please call Kathryn Peisert, Managing Editor, (877) 712-8778.

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Component A: Board Profile and Structure

1. Which one of the following options **most appropriately** describes your organization? *(Please select only one answer.)*
 - a. Freestanding hospital or single-hospital system *(Please respond to this survey for the hospital board.)*
 - b. Hospital that is part of a multi-hospital system *(Please respond to this survey for the hospital board.)*
 - c. Freestanding multi-hospital system *(Please respond to this survey for the system board.)*
 - d. Multi-hospital system that is a division of a larger parent system *(Please respond to this survey for **your** system board.)*
 - e. Multi-system system *(Please respond to this survey for the parent system board.)*

2. Does your board (for which you are responding to this survey) have fiduciary duties and decision-making authority?
 - a. Yes, for all board activities
 - b. Yes, for some board activities
 - c. No, our board makes recommendations to another fiduciary body/is considered an advisory board
 - d. Don't know

3. How is your board selected?
 - a. Elected by the public
 - b. Appointed by a government body
 - c. Appointed by a parent/system
 - d. Self-perpetuating
 - e. Other (please specify): _____

Board Composition

4. Please indicate the number of seated, **voting** board members that fit into each of the following categories: *(Note: "seated" means actually on the board vs. authorized in the bylaws; please **include** vacant positions for which you currently are recruiting.)*

____ Number of independent/outside voting board members
____ Number of voting management board members (non-clinician board members who hold full-time administrative positions in the organization)
____ Chief Medical Officer *(do not enter a number here if CMO is a non-voting board member)*
____ Number of voting physician board members **other than the CMO** who are active members of the medical staff but are **not** employed by the hospital
____ Number of voting physician board members **other than the CMO** who are employed by the hospital
____ Chief Nursing Officer *(do not enter a number here if CNO is a non-voting board member)*

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- ____ Number of voting board members who are nurses from the organization's nursing staff **other than the CNO**
- ____ Number of voting board members who represent a faith-based institution that is affiliated with or sponsors your organization
- ____ Other (please specify): _____
- _____
- =
- ____ Total number of voting board members

5. Of the independent, voting board members indicated above, how many are physicians (from outside the organization/not on the medical staff)?

6. Of the independent, voting board members indicated above, how many are nurses (from outside the organization)?

7. If you do not have a nurse serving as a voting board member currently, do you have plans to add one in the future?

- a. Yes
- b. No
- c. N/A

8. How many voting board members are female? _____

9. How many voting board members are from an ethnic minority? _____

10. If your bylaws specify defined terms for the length of elected service, how long is one term (in years)?

- a. Yes, our bylaws specify defined terms of [INSERT NUMBER: _____] years.
- b. No, our bylaws do not specify defined terms for the length of elected service.

11. If your bylaws **limit** the number of consecutive terms, what is the **maximum** number of consecutive terms?

- a. Yes, our bylaws limit the number of consecutive terms to a maximum of [INSERT NUMBER: _____] terms.
- b. No, our bylaws do not limit the number of consecutive terms.

12. If your board has an age limit, what is it?

- a. Yes, our board has an age limit of [INSERT NUMBER: _____] years old.
- b. No, our board does not limit the age of board members.

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13. What is the average age of your board members (approximately)? [INSERT NUMBER: _____]

14. For each of the following positions, please indicate which category best describes participation on the board. (Please select one response for each position. Select “not applicable” if you don’t have this position in your organization.)

Position	Voting board member	Non-voting board member	Non-board member; regularly attends meetings	Non-board member; does not regularly attend meetings	N/A (We don’t have this position)
a. President/CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Chief of Staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. VP Medical Affairs/Chief Medical Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Chief Operating Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Chief Financial Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Chief Nursing Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Chief Information Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Legal Counsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Compliance Officer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Past president of medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. President-elect of medical staff	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Representative of an owned or affiliated medical group or physician enterprise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Representative of an affiliated philanthropic foundation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Representative of a religious sponsor	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

15. What is the background of your organization’s CEO? (Please select all that apply.)

- a. Physician
- b. Nurse
- c. Other clinical expertise (please specify): _____
- d. Management or finance in the for-profit sector
- e. Management or finance in the not-for-profit sector
- f. Other non-clinical/non-healthcare (please specify): _____

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16. What is the background of your board chairperson? *(Please select all that apply.)*
- a. Physician
 - b. Nurse
 - c. Other clinical expertise *(please specify)*: _____

 - d. Management or finance in the for-profit sector
 - e. Management or finance in the not-for-profit sector
 - f. Other non-clinical/non-healthcare *(please specify)*: _____

17. What are the top three essential core competencies you are currently or will be seeking in the next 1–3 years for new board members? *(Please select only three.)*
- a. Finance/business acumen
 - b. Strategic planning and visioning
 - c. Quality and patient safety
 - d. Previous non-profit healthcare board experience
 - e. Change management
 - f. Conflict management
 - g. Clinical practice experience
 - h. Legal
 - i. Actuarial/health insurance/managed care experience
 - j. IT and social media expertise
 - k. Digital/mobile health technology expertise
 - l. Medical/science technology expertise
 - m. Consumer-facing business expertise
 - n. Innovation/disruption expertise
 - o. Fundraising
 - p. Other *(please specify)*: _____

Board Meetings

18. Approximately how many board meetings are regularly scheduled each year?
- a. Less than 2 per year
 - b. 2 per year
 - c. 4 per year
 - d. 6 per year
 - e. 7–9 per year
 - f. 10–11 per year
 - g. 12 per year
 - h. More than 12 per year
19. What is the duration (scheduled) of a typical board meeting?
- a. Less than 2 hours
 - b. Between 2 and 4 hours
 - c. Between 4 and 6 hours
 - d. Between 6 and 8 hours
 - e. More than 8 hours
20. Does your board use a consent agenda?
- a. Yes
 - b. No

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21. In a typical board meeting, what percentage of time is spent on the following? *(Please indicate a percentage for each item. These percentages should add to 100%.)*

- _____ Meeting time spent in active discussion, deliberation, and debate about strategic priorities of the organization
- _____ Reviewing financial performance
- _____ Reviewing quality of care/patient safety metrics
- _____ Reviewing other reports from management, board committees, and subsidiaries (not including financial and quality/safety reports)
- _____ Meeting time devoted to board member education

22. If your board has *scheduled* executive sessions, how often are they held?

- a. N/A; our board does not have scheduled executive sessions
- b. After or before every board meeting
- c. After or before every other board meeting
- d. Quarterly
- e. Twice a year
- f. Once a year
- g. Less often than once a year
- h. Other *(please specify)*: _____

23. How often do the following people attend *scheduled* executive sessions?

Scheduled Executive Sessions	Always	Most of the time	Sometimes	Rarely
a. The CEO	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Physician or nurse board members who are on the staff, employed, or financially affiliated with the organization in some other way	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Legal counsel	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other management	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

24. What topics are typically discussed in executive sessions? *(Please select all that apply.)*

- a. Executive performance/evaluation
- b. Executive compensation
- c. Miscellaneous governance issues
- d. General strategic planning/issues
- e. M&A strategy
- f. Financial performance
- g. Clinical or quality performance/measures
- h. Board recruitment and selection
- i. Executive succession planning

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- j. Board performance and evaluation
- k. Government relations
- l. Other (please specify): _____

25. How often does your board hold scheduled board retreats?

- a. Quarterly
- b. Twice a year
- c. Once a year
- d. Less often than once a year
- e. Other (please specify): _____

26. Who typically attends board retreats, other than board members? (Please select all that apply.)

- a. CEO
- b. CMO
- c. CNO
- d. CFO
- e. Other C-suite executives/senior leaders
- f. Governance support staff
- g. Medical staff physicians
- h. Nurses
- i. Other (please specify): _____

Board Committees

27. Which standing committees does your board have, and how often do they meet?

(Please indicate the frequency of the committee meetings. Do **not** select those that are temporary committees such as ad hoc committees or task forces/working groups; do **not** select those where the function is performed within a committee of a different name.)

	N/A (We don't have this committee)	Monthly	Bi- monthly	Quarterly	Semi- annually	Annually	As needed
a. Executive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Finance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Audit only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Compliance only	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Audit/compliance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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f. Quality (or quality and safety)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Governance/board development	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Executive compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Strategic planning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Physician relations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Investment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Joint conference	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Facilities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Construction (separate from facilities)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Government relations/advocacy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Human resources	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
q. Community benefit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
r. Population health/community health improvement	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

28. Please select the authorities/responsibilities of the **executive committee** from the list below (*please select all that apply*):

- a. N/A; we don't have this committee
- b. Executive compensation
- c. Board member nominations
- d. Board member selection
- e. Advising the CEO
- f. Emergency decision making
- g. Decision-making authority between full board meetings
- h. Other (*please describe*): _____

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29. What level of authority does the **executive committee** have?
- a. N/A; we don’t have this committee
 - b. Full authority: the executive committee can act on behalf of the board on all issues; committee decisions do not require full-board ratification.
 - c. Some authority: the executive committee can act on behalf of the board on some issues (e.g., executive compensation), but not all issues.
 - d. All executive committee decisions must be approved/ratified by the full board.
30. Please identify the number and types of positions on the **quality committee**:
- a. N/A; we don’t have this committee
 - b. Number of voting board members who are physicians: [INSERT NUMBER: _____]
 - c. Number of voting board members who are nurses: [INSERT NUMBER: _____]
 - d. Number of voting board members who are not physicians or nurses: [INSERT NUMBER: _____]
 - e. Number of non-board physicians from the medical staff/employed: [INSERT NUMBER: _____]
 - f. Number of non-board nurses from the nursing staff: [INSERT NUMBER: _____]
 - g. Number of community members at-large: [INSERT NUMBER: _____]
 - h. Other (please specify): [INSERT NUMBER: _____; specify type: _____]

Board Member Education

31. What is your approximate total annual expenditure for board education (including memberships, conferences, retreats, and travel)?
- a. \$0
 - b. \$1–\$9,999
 - c. \$10,000–\$19,999
 - d. \$20,000–\$29,999
 - e. \$30,000–\$49,999
 - f. \$50,000–\$75,000
 - g. \$75,000
32. What topics are covered for internal board development/education? (Please select all that apply.)
- a. Legal/regulatory
 - b. Quality/patient safety
 - c. Reimbursement and “drivers” of financial performance
 - d. Industry trends and the associated implications (e.g., value-based purchasing, population health management, health insurance exchanges, expansion of Medicaid, market disruptors, etc.)
 - e. The role of your organization in a changing delivery system
 - f. Other (please specify): _____
-

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33. How is board education delivered? *(Please select all that apply.)*

- a. During regularly scheduled board meetings
- b. Periodic board education retreats
- c. Attendance at off-site conferences
- d. Webinars/online education
- e. Publications, articles, other reading materials

34. Approximately how many hours per month **combined** do your C-suite executives spend on governance/board related matters (e.g., phone calls with board members, preparing board reports, presenting during meetings, etc.)?

- a. 10 hours or less per month
- b. 10–20 hours per month
- c. 20–40 hours per month
- d. 40–60 hours per month
- e. More than 60 hours per month

35. How many FTEs are devoted to governance (i.e., board support staff)?

- a. < 1 or the job is combined with another position
- b. 1–2
- c. 3–4
- d. 5–6
- e. More than 6

Board Member Compensation

36. Please indicate the annual average compensation for each of the following types of board members (excluding reimbursement for out-of-pocket expenses). *(If you do NOT compensate any board members, please select “No compensation” for each category below.)*

	No compensation	< \$5,000	\$5,000–\$9,999	\$10,000–\$14,999	\$15,000–\$19,999	\$20,000–\$29,999	\$30,000–\$39,999	\$40,000–\$49,999	\$50,000 +
a. Board chair	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Other board officers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Board committee chairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Other board members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Board Portal

37. Does your board use a board portal or similar online tool to communicate and access board materials?
- a. Yes
 - b. No, but we are in the process of implementing
 - c. No
38. What is the **most important** benefit to the board in using a board portal or online tool? *(Please select only one.)*
- a. Saves time
 - b. Enhances board members' level of preparation for meetings
 - c. Reduces paper waste/duplication costs
 - d. Enhances communication among board members between meetings
 - e. Provides no perceived benefit
 - f. Other *(please specify)*: _____
39. Do you provide your board with hardware (laptops, iPads, etc.) to enable them to access online board materials?
- a. Yes
 - b. No, but we **are** considering it at this time
 - c. No, and we **are not** considering it at this time

Subsidiary Boards Only

[THIS SECTION SHOULD BE ANSWERED ONLY BY RESPONDENTS WHO SELECTED THE FOLLOWING ANSWER IN Q1:]

b. Hospital that is part of a multi-hospital system (Please respond to this survey for the hospital board.)

40. Hospital boards that are accountable to a parent/system board are sometimes delegated decision-making/fiduciary responsibilities, or share these responsibilities with the parent/system. In some cases, the parent/system board has full responsibility, also known as “reserved powers.” Please indicate the role of your **subsidiary hospital board** in the following decisions for your organization.

	Our board has fiduciary responsibility	Our board has advisory capacity	Our board has shared responsibility with the parent/system board	N/A
a. Setting our organization's strategic goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Determining our organization's capital and operating budgets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Setting our organization's quality and safety goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Setting our organization's customer service goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Approving our organization's medical staff credentialing/appointments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Appointing/removing our organization's chief executive	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Determining/approving executive compensation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. Selecting our organization's audit firm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. Approving our organization's audit	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j. Establishing our organization's corporate compliance program	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k. Identifying our organization's community health needs through the community health needs assessment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l. Setting our organization's community health goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m. Setting population health improvement goals	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
n. Addressing social determinants of health for our organization's community	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
o. Electing/appointing our organization's board members	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
p. Establishing our board education and orientation programs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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Multi-Hospital System Boards Only

[THIS SECTION SHOULD BE ANSWERED ONLY BY RESPONDENTS WHO SELECTED THE FOLLOWING ANSWERS IN Q1:

- d. Freestanding multi-hospital system (*Please respond to this survey for the system board.*)**
- e. Multi-hospital system that is a division of a larger parent system (*Please respond to this survey for your system board.*)**
- f. Multi-system system (*Please respond to this survey for the parent system board.*)**

41. Which of the following best describes the general makeup of your governance structure (*please select only one answer*):

- a. We have one system board that performs fiduciary and oversight responsibilities for all subsidiaries of the system.
- b. We have one system board and separate local/subsidiary boards; the local/subsidiary boards also have fiduciary responsibilities.
- c. We have one system board and separate local/subsidiary boards; however, these local boards serve only in an advisory capacity (i.e., they do not have fiduciary responsibilities).
- d. Other (please describe): _____

42. Is participation on the board of a subsidiary considered to be a development step towards nomination to the parent board?

- a. Yes
- b. No

43. Does the system board have a written policy, bylaw, and/or matrix that specifies the responsibilities and authority of the local/subsidiary boards?

- a. Yes
- b. No

44. Is the assignment of responsibility and authority widely understood and accepted both by local and system-level leaders?

- a. Yes
- b. Somewhat, but this is an area that needs improvement
- c. No

ACO Boards Only

*We are interested in responses from all organizations that are, **or are affiliated with**, a clinically integrated population health organization, which includes accountable care organizations, those that are participating with CMS/Medicare shared savings programs, and other types of accountable care arrangements.*

45. Does your organization participate in (via ownership or affiliation) an accountable care organization or similarly structured clinically integrated network?
- a. Yes
 - b. No (*skip to Component B*)

46. Please select the answer that best describes the ownership structure of the ACO: (*Please select only one.*)

- a. Independent entity
- b. Physician group-owned
- c. Hospital-owned
- d. Health system-owned
- e. Insurance company-owned
- f. Joint venture between two or more entities
- g. Ownership between two or more entities
- h. Other (*please specify*): _____

47. If your ACO is owned between two or more entities, please specify the types of ownership entities and how many seats each entity occupies on the ACO board:

- a. Owner/entity type: _____ – Number of seats on board: _____
- b. Owner/entity type: _____ – Number of seats on board: _____
- c. Owner/entity type: _____ – Number of seats on board: _____
- d. Owner/entity type: _____ – Number of seats on board: _____

48. Roughly how large is the covered patient population under the ACO?

- a. Less than 10,000 people
- b. 10,000–20,000 people
- c. 20,001–30,000 people
- d. 30,001–40,000 people
- e. 40,001–50,000 people
- f. More than 50,000 people

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49. If the owner entity or entities of the ACO also has a board(s), please indicate the answer below that *best* describes the nature of the relationship between the ACO board and the entity board.
- a. The ACO board is independent and does not have a relationship with the entity board.
 - b. The ACO board is considered a subsidiary of the entity board, and the entity board has decision-making authority over some aspects of the ACO.
 - c. The ACO board reports progress to the entity board but retains all decision-making authority regarding the ACO.
 - d. Other (please describe): _____

Please complete this survey by May 30, 2019. For questions regarding this survey, please call Kathryn Peisert, Managing Editor, (877) 712-8778.

Component B: Board Culture & Governance Trends

Board Culture

50. Please indicate your level of agreement with the following statements:

	Strongly agree	Agree	Neutral (neither agree nor disagree)	Disagree	Strongly disagree
a. Board members demonstrate a clear understanding of the board’s roles and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Meetings are held at the right frequency for the board to fulfill its duties and responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The board’s culture allows for active participation, candid communication, and rigorous decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The board engages in constructive dialogue with management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Board members respect the distinction between the role of the board vs. management and avoid getting into operational matters.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Board members voice opinions/concerns regardless of how sensitive the matter may be.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The board sets appropriate short- and long-term goals for management and clinical leaders in order to successfully implement the strategic plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The board is able to inform and engage all stakeholders to gain buy-in and sustain organizational change/transformation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The board, management, medical staff, and nursing staff are aligned in pursuing the organization’s strategic goals and vision.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Governance Trends

2017 was the last year we reported on the questions below. To avoid reporting duplicate data, we are looking for responses indicating *recent* changes in order to prepare the organization for addressing these trends. Please answer the questions in this section based on any changes your organization has made *since 2017*.

51. How has your board structure/practices changed *since 2017* in regards to population health management? (Please select all that apply.)

- a. N/A; we are not currently making plans to manage population health.
- b. We have not changed our board structure to prepare for population health management.
- c. We have updated the strategic plan to include goals regarding population health management, including building IT infrastructure and physician integration.
- d. We have added board members with expertise in population health management to help us achieve this goal.
- e. We have added board members with predictive modeling and risk management expertise to help us achieve this goal.
- f. We have added physicians to the board to help us achieve this goal.
- g. We have added nurses to the board to help us achieve this goal.
- h. We have added physicians to the management team to help us achieve this goal.
- i. We have added nurses to the management team to help us achieve this goal.
- j. We have added population health-related metrics to our board quality/finance dashboard reports.
- k. Other (please describe): _____

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52. How has your board structure/practices changed *since 2017* in order to be successful with value-based payments? *(Please select all that apply.)*
- a. N/A; we are not currently making plans to prepare for value-based payments.
 - b. We have not changed our board structure to prepare for value-based payments.
 - c. We have updated the strategic and financial plans to include goals regarding value-based payments.
 - d. We have added board members with expertise in quality improvement processes to help us achieve this goal.
 - e. We have added board members with predictive modeling and risk management expertise to help us achieve this goal.
 - f. We have added board members with expertise in cost reduction strategies to help us achieve this goal.
 - g. We have added physicians to the board to help us achieve this goal.
 - h. We have added nurses to the board to help us achieve this goal.
 - i. We have added physicians to the management team to help us achieve this goal.
 - j. We have added nurses to the management team to help us achieve this goal.
 - k. We have added value-based care metrics to our board quality/finance dashboard reports.
 - l. Other *(please describe)*:

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Component C: Governance Practices

Under the laws of most states, directors of not-for-profit corporations are responsible for the management of the business and affairs of the corporation. Directors must direct the organization’s officers and govern the organization’s efforts in carrying out its mission. In carrying out their responsibilities, the law imposes on the directors the fundamental duty of oversight. The duties of care, loyalty, and obedience describe the manner in which the directors are required to carry out their fundamental duty of oversight.

The following section contains a comprehensive list of recommended practices that fall under the board’s legally mandated fiduciary duties and core oversight responsibilities. Most boards delegate these responsibilities to committees and/or the management team to free up time for discussion and decision making around key strategic and quality of care issues. However, the board is ultimately responsible for ensuring that these practices are in place and carried out effectively. *For each practice, please answer whether the board oversees or ensures that a given practice is in place, regardless of whether the board carries out the practice itself or whether it has delegated the responsibility to a committee or management.*

DUTY OF CARE: Requires board members to have knowledge of all reasonably available and pertinent information before taking action. The board member must act in good faith, with the care of an ordinarily prudent businessperson in similar circumstances, and in a manner he or she reasonably believes to be in the best interest of the organization.

53. Please indicate whether your board follows each duty of care practice below.

	Yes	No, but considering it and/or working on it	No, and not considering it	Not applicable for our board
a. The board requires that board members receive education on their fiduciary duties.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The board reviews and updates, if needed, policies that specify the board’s major oversight responsibilities at least every two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Board members receive necessary background materials and well-developed agendas within sufficient time to prepare for meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The board assesses its governance model including structure, policies, processes, and board expectations at least every three years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The board reviews its committee structure and charters at least every two years to assure the necessary committees are in place, independence of committee members where necessary, and continued utility of committee charters/clear delegation of responsibilities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The board secures expert, professional advice before making major financial and/or strategic decisions (e.g., financial, legal, facility, clinical, other consultants, etc.).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The board requires management to provide the rationale for their recommendations, including options they considered.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

54. Please evaluate your board’s overall performance in fulfilling its duty of care.

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

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Duty of Loyalty: Requires board members to discharge their duties unselfishly, in a manner designed to benefit only the corporate enterprise and not board members personally. It incorporates the duty to disclose situations that may present a potential for conflict with the corporation’s mission, as well as protection of confidential information.

55. Please indicate whether your board follows each duty of loyalty practice below.

	Yes	No, but considering it and/or working on it	No, and not considering it	Not applicable for our board
a. The board uniformly and consistently enforces a conflict-of-interest policy that, at a minimum, complies with the most recent IRS definition of conflict of interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Board members complete a full conflict-of-interest disclosure statement annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The board has a specific process by which disclosed potential conflicts are reviewed by independent, non-conflicted board members with staff support from the general counsel.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The board enforces a written policy that states that deliberate violations of conflict of interest will require disciplinary action or potential removal from board service.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The board follows a specific definition, with measurable standards, of an “independent director” that, at a minimum, complies with the most recent IRS definition and takes into consideration any applicable state law.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The board enforces a written policy on confidentiality that requires board members to refrain from disclosing confidential board information to non-board members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The board has a written policy outlining the organization’s approach to physician competition/conflict of interest.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The board assesses the adequacy of its conflict-of-interest policy as well as the sufficiency of its conflicts review process at least every two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The board reviews and ensures that the Federal Form 990 information filed with the IRS meets the highest standards for completeness and accuracy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

56. Please evaluate your board’s overall performance in fulfilling its duty of loyalty.

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

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Duty of Obedience: Requires board members to ensure that the organization’s decisions and activities adhere to its fundamental corporate purpose and charitable mission as stated in its articles of incorporation and bylaws.

57. Please indicate whether your board follows each practice below.

	Yes	No, but considering it and/or working on it	No, and not considering it	Not applicable for our board
a. The board adopts and periodically reviews the organization’s written mission statement to ensure that it correctly articulates its fundamental purpose.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The board considers how major decisions will impact the organization’s mission before approving them, and rejects proposals that put the organization’s mission at risk.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The board establishes a risk profile for the organization and holds management accountable to performance consistent with that risk profile.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. When considering major projects, the board discusses what the organization is forgoing by undertaking the project, the risks and tradeoffs, and approaches to mitigating risks associated with the project.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The board annually reviews and approves an updated enterprise risk management assessment and improvement plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The board regularly reviews information provided by the chief information security officer (or top executive responsible for cybersecurity) to assess the organization’s risk profile for cyber attacks and the sufficiency of management’s handling of data storage, security protocols, and response to cyber attacks.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The board ensures that management treats data privacy and security as a top priority for the organization and appropriately holds management accountable for meeting this responsibility.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The board has approved a “code of conduct” policies/procedures document that provides ethical requirements for board members, employees, and practicing physicians.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The board has delegated its executive compensation oversight function to a group (committee, ad hoc group, task force, etc.) that is composed solely of independent directors of the board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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j. The board has established policies regarding executive and physician compensation that include consideration of IRS mandates of “fair market value,” “reasonableness of compensation,” and industry benchmarks when determining compensation.

k. The board ensures that the annual compliance plan is properly updated, implemented, and effective (e.g., systems for detecting, reporting, and addressing potential violations of law or payment regulations; new legislation; updates to current regulations; etc.).

l. The board has established a direct reporting relationship with general counsel.

m. The board has approved a “whistleblower” policy that specifies the manner in which the organization handles employee complaints and allows employees to report in confidence any suspected misappropriation of charitable assets.

n. The board follows a written external audit policy that makes the board responsible for approving the auditor as well as approving the process for audit oversight.

o. The board has created a separate audit committee (or audit and compliance committee, or other committee or subcommittee specific to audit oversight) to oversee external and internal audit functions that is composed entirely of independent persons who have appropriate qualifications to serve in such role.

p. Board members responsible for audit oversight meet with external auditors, without management, at least annually.

58. Please evaluate your board’s overall performance in fulfilling its duty of obedience.

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

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Duty of Oversight Core Responsibilities: A governing board, whether a hospital board or a health system board, must fulfill certain core or fundamental responsibilities in overseeing the efforts of the organization. These responsibilities cluster around six major areas: quality, finance, strategy, self-evaluation/development, management performance, and community benefit/advocacy.

Quality Oversight

Note: The board’s responsibility for quality oversight includes outcomes, safety, experience, and value. When the word “quality” is included in a practice below, it encompasses all of these items.

59. Please indicate whether your board follows each practice below.

	Yes	No, but considering it and/or working on it	No, and not considering it	Not applicable for our board
a. The board approves long-term and annual quality performance criteria based upon industry-wide and evidence-based practices in order for the organization to reach and sustain the highest performance possible.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The board requires all hospital clinical programs or services to meet quality-related performance criteria.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The board annually approves and at least quarterly reviews quality performance measures <i>for all care settings, including population health and value-based care metrics</i> (using dashboards, balanced scorecards, or some other standard mechanism for board-level reporting) to identify needs for corrective action.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The board includes objective measures for the achievement of clinical improvement and/or patient safety goals as part of the CEO’s performance evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The board devotes a significant amount of time on its board meeting agenda to quality issues/discussion (at most board meetings).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The board has a standing quality committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The board annually approves and regularly monitors employee engagement/satisfaction metrics, including issues of concern regarding physician burnout.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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h.	The board, in consultation with the medical executive committee, participates in the development of and/or approval of explicit criteria for medical staff recommendations for physician appointments, reappointments, and clinical privileges, and conducts periodic audits of the credentialing and peer review process to ensure that it is being implemented effectively.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	The board is willing to challenge recommendations of the medical executive committee(s) regarding physician appointment or reappointment to the medical staff.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	The board allocates sufficient resources to developing physician leaders and assessing their performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	The board ensures consistency in quality reporting, standards, policies, and interventions such as corrective action with practitioners across the entire organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

60. Please evaluate your board’s overall performance in fulfilling its responsibility for quality oversight.

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Financial Oversight

61. Please indicate whether your board follows each practice below.

	Yes	No, but considering it and/or working on it	No, and not considering it	Not applicable for our board
a.	The board is sufficiently informed and discusses the multi-year strategic/financial plan before approving it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The board is sufficiently informed and discusses the organization’s annual capital and operating budget before approving it.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c.	The board annually reviews and approves the investment policy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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- | | | | | | |
|----|---|--------------------------|--------------------------|--------------------------|--------------------------|
| d. | The board reviews financial feasibility of major projects before approving them. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| e. | The board monitors financial performance against targets established by the board related to liquidity ratios, profitability, activity, and debt, and demands corrective action in response to under-performance. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| f. | The board ensures that the finance and quality committees work together to improve quality while reducing costs and sets value-based performance goals for senior management and physician leaders. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

62. Please evaluate your board’s overall performance in fulfilling its responsibility for financial oversight.
1. Excellent
 2. Very Good
 3. Good
 4. Fair
 5. Poor

Strategic Direction

63. Please indicate whether your board follows each practice below.

	Yes	No, but considering it and/or working on it	No, and not considering it	Not applicable for our board
a.	The full board actively participates in establishing the organization’s strategic direction including creating a longer-range vision and approving the strategic plan.			
b.	The board ensures that a strategy is in place for aligning the clinical and economic goals of the hospital(s) and physicians.			
c.	The board requires that all plans in the organization (e.g., financial, capital, operational, quality improvement) be aligned with the organization’s overall strategic plan/direction.			
d.	The board evaluates proposed new programs or services on factors such as mission compatibility, financial feasibility, market potential, and impact on quality and patient safety, community health needs, and adherence to the strategic plan before approving them.			

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e.	The board incorporates the perspectives of all key stakeholders when setting strategic direction for the organization (i.e., patients, physicians, employees, and the community).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	The board holds management accountable for accomplishing the strategic plan by requiring that major strategic projects specify both measurable criteria for success and those responsible for implementation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	The board spends more than half of its meeting time during most board meetings discussing strategic issues as opposed to hearing reports.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	The board follows board-adopted policies and procedures that define how strategic plans are developed and updated (e.g., who is to be involved, timeframes, and the role of the board, management, physicians, and staff).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	The board requires management to have an up-to-date medical staff development plan that identifies the organization's needs for ongoing physician availability.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	The board works with management to gain awareness of, and prepare to respond to, matters of business disruption.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64. Please evaluate your board's overall performance in fulfilling its responsibility for setting strategic direction.

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Board Development

65. Please indicate whether your board follows each practice below.

	Yes	No, but considering it and/or working on it	No, and not considering it	Not applicable for our board	
a.	The board sets annual goals for board and committee performance that support the organization's strategic plan/direction.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b.	The board uses the results from a formal self-assessment process to establish board performance improvement goals at least every two years.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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c.	The board reviews its committee performance at least every two years to ensure charter fulfillment and that coordination between committees and the board and reporting to the full board are effective.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d.	The board uses a formal orientation program for new board members that includes education on their fiduciary duties and information on the industry and its regulatory and competitive landscape.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e.	The board has a “mentoring” program for new board members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f.	Board members participate at least annually in education regarding its responsibilities to fulfill the organization’s mission, vision, and strategic goals.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g.	The board has job descriptions for the full board, individual board members, officers, and committee chairs that outline duties, responsibilities, and expectations, and are signed by every board member.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h.	The board selects new director candidates from a pool that reflects a broad range of diversity and competencies (e.g., race, gender, background, skills, and experience).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i.	The board enforces a policy on board member term limits and retirement age.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
j.	The board enforces minimum meeting preparation and attendance requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
k.	The board uses a formal process to evaluate the performance of individual board members.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
l.	The board uses agreed-upon performance requirements for board member and officer reappointment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
m.	The board uses an explicit process of board leadership succession planning to recruit, develop, and choose future board officers and committee chairs.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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66. Please evaluate your board's overall performance in fulfilling its responsibility for its own performance and development.

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Management Oversight

67. Please indicate whether your board follows each practice below.

	Yes	No, but considering it and/or working on it	No, and not considering it	Not applicable for our board
a. The board follows a formal, objective process for evaluating the CEO's performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The board and CEO mutually agree on the CEO's written performance goals prior to the evaluation (in the first quarter of the year).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The board requires that the CEO's compensation package be based, in part, on the CEO's performance evaluation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The board seeks independent (i.e., 3rd party) expert advice/information on industry comparables before approving executive compensation.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The board reviews and approves all elements of executive compensation to ensure compliance with statutory/regulatory requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The board recognizes that CEO (and other senior executive) succession and search planning is a critical responsibility of the board.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The board maintains a written, current CEO and senior executive succession plan.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The board convenes executive sessions periodically without the CEO in attendance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

68. Please evaluate your board's overall performance in fulfilling its responsibility for management oversight.

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Please complete this survey by May 30, 2019. For questions regarding this survey, please call Kathryn Peisert, Managing Editor, (877) 712-8778.

Community Benefit & Advocacy

69. Please indicate whether your board follows each practice below.

	Yes	No, but considering it and/or working on it	No, and not considering it	Not applicable for our board
a. The board has adopted a policy or policies on community benefit that includes all of the following characteristics: a statement of its commitment, a process for board oversight, a definition of community benefit, a methodology for measuring community benefit, and measurable goals for the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. The board has adopted a policy on financial assistance for the poor and uninsured that adheres to the mission and complies with federal and state requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. The board ensures that the organization effectively addresses social determinants of health (e.g., housing, access to healthy food, employment, financial strain, behavioral health, personal safety) in the context of its community benefit activities.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. The board provides oversight with respect to organizational compliance with IRS tax-exemption requirements concerning community benefit and related requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. The board holds management accountable for implementing strategies to meet the needs of the community, as identified through the community health needs assessment.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. The board assists the organization in communicating with key external stakeholders (e.g., community leaders, potential donors).	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. The board has a written policy establishing the board's role in fund development and/or philanthropy.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h. The board works closely with general counsel to assure all advocacy efforts are consistent with tax-exemption requirements.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i. The board has adopted a policy regarding information transparency, explaining to the public in understandable terms its performance on measures of quality, safety, pricing, customer service, and community benefit.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Please complete this survey by May 30, 2019. For questions regarding this survey, please call Kathryn Peisert, Managing Editor, (877) 712-8778.

The Governance Institute's Biennial Survey of Hospitals/Health Systems 2019

70. Please evaluate your board's overall performance in fulfilling its responsibility for community benefit and advocacy.

1. Excellent
2. Very Good
3. Good
4. Fair
5. Poor

Survey was completed by:

1. Name _____
2. Title _____
3. Organization _____
4. Telephone _____
5. E-mail _____

To help us improve future surveys, please tell us the reason(s) you completed this survey (*please select all that apply*):

1. Overall interest in the topic
2. Copy of the final report
3. Conference pass
4. Other (*please specify*): _____

Please complete this survey by May 30, 2019. For questions regarding this survey, please call Kathryn Peisert, Managing Editor, (877) 712-8778.