

BoardBrief

Knowledge Resources for Health Care Governing Effectiveness

Raising the Leadership Bar

Using Your Board of Trustees Self-Assessment to Improve Leadership Effectiveness

Trustees are accountable for ensuring that continuous quality improvement processes are in place throughout their organization. An effective board ensures that every hospital department has quality processes, systems and structures in place. But how do trustees ensure their own continuous quality improvement? How do they determine when they are under-performing as a leadership team? How can boards of trustees hold themselves to the same level of accountability for quality improvement to which they hold their hospitals?

Governing performance self-assessment is an important preventive measure boards can take to ensure continual improvement in governing health and wellness. And it's one of the most reliable ways to identify and correct trouble spots before they get out of control.

A board self-assessment is an organized evaluation of board members' satisfaction with all aspects of board performance in fulfilling the board's governance responsibilities. Self-assessments generally use a combination of quantitative and qualitative measurements of board, committee and individual performance.

Successful self-assessments enable boards to identify "leadership gaps," or areas in which the board has the greatest potential for improvement. The board self-assessment process identifies these gaps, and facilitates the development and implementation of initiatives and strategies to improve leadership performance.

Through an effective, well-developed board self-assessment process growth opportunities can be realized, education can be pinpointed to unique governance needs, recruitment of new trustees can be undertaken with increased confidence, and long-range planning can be conducted within a consensus-based framework with everybody on the same page.

Using the Self-Assessment to Improve Governance

A successful board self-assessment engages the board in a wide-ranging evaluation of its overall leadership performance.

At the same time, it provides trustees with an opportunity to rate their personal performance as vital contributing members of the board of trustees. An excellent board self-assessment process will achieve several key outcomes:

- Define the board's most critical governance success factors;
- Secure anonymous, broad-based and insightful trustee input on the critical fundamentals of successful governing leadership;
- Create an opportunity to address major issues and ideas in a non-threatening, collaborative manner;
- Clearly demonstrate where the board is both in and out of alignment on leadership fundamentals and issues;
- Objectively assess the degree of common trustee understanding, expectations and direction for the board;
- Assess the deficiencies that may impact the board's ability to fulfill its fiduciary responsibilities;
- Identify opportunities for meaningful leadership improvement; and
- Help administration better understand and respond to the board's leadership education and development needs.

Many hospital boards conduct a self-assessment prior to their annual retreat, at which they have ample time to discuss the assessment results and explore ways to improve leadership performance.

Some boards have the internal resources and knowledge to successfully design and conduct the self-assessment, compile and analyze the results and present the findings in a way that facilitates discussion and governance action planning. Others rely on outside consultants with experience using tested and proven tools, techniques and processes.

Conducting the Board Self-Assessment

The board self-assessment may be conducted using a printed survey, an online survey, individual interviews, a facilitated, full board discussion, or some combination of these methods. In addition, a board may choose to utilize electronic keypads to conduct a “real-time” self-assessment at a board meeting or retreat, with results instantly available for evaluation and discussion.

The board self-assessment should include specific, precise and well-articulated criteria that relate to the hospital’s unique board and leadership challenges. These criteria should be developed by a board development committee, or a special self-assessment task force, and should be reviewed and endorsed by the full board as leadership accountabilities they embrace.

Four main areas addressed in many self-assessments include: 1) Assessment of overall board performance in several areas of leadership accountability; 2) Assessment of committee performance; 3) Identification of issues and priorities facing the board; and 4) Assessment of individual trustee performance, including a peer evaluation.

A meaningful rating scale must be developed that ensures clear and concise input that results in an effective scoring of the board’s performance. A good scale to use is one that rates board performance on a scale of level 5 – level 1, including a clear definition of what each rating level represents. Below is an example of a “Level 5 – Level 1” rating scale:

- **Level 5:** I strongly agree with this statement. We always practice this as a part of our governance. Our performance in this area is outstanding.
- **Level 4:** I generally agree with this statement. We usually practice this as a part of our governance, but not always. We perform well in this area.
- **Level 3:** I somewhat agree with this statement. We often practice this in our governance, but we are not consistent. We perform fairly well in this area.
- **Level 2:** I somewhat disagree with this statement. We inconsistently practice this as a part of our governance. We do not perform well in this area.

- **Level 1:** I disagree with this statement. We never practice this as a part of our governance. We perform very poorly in this area.
- **N/S:** Not sure. I do not have enough information to make a determination about our performance in this area.

Assessment of overall board performance should be divided into several leadership responsibility areas, such as:

- Mission, values and vision;
- Strategic direction;
- Leadership structure and governance processes;
- Quality and patient safety;
- Community relationships;
- Relationship with the CEO;
- Relationships with the Medical Staff;
- Financial leadership; and
- Community benefit and health.

Goals of a Board Self-Assessment	
1	Set measurable objectives for improving hospital performance
2	Gather information to assess board effectiveness in improving hospital performance
3	Use pre-established, objective process criteria to assess board effectiveness in improving hospital performance
4	Draw conclusions based on findings, and develop and implement improvement in governance activities
5	Evaluate board performance to support sustained improvement

Rating Committee Performance. The committee performance evaluation asks trustees to rate criteria specific to the charter and goals of each committee. The committee evaluation **may also ask** trustees to provide additional ideas for ways each committee can improve its leadership performance.

Below are some examples of areas to be rated for various committees. These are limited examples, and are not intended to be all-inclusive:

Finance Committee

- Reviews and refines the annual operating and capital development budget prepared by management

- Monitors the implementation of major initiatives that impact strategic and financial objectives, making appropriate recommendations to the board on an as-needed basis
- Reviews monthly financial statements
- Recommends hospital investment policies and monitors the hospital's investments

Quality Committee

- Oversees the development, implementation and reporting of a hospital-wide program that measures quality, risk management and clinical resource utilization
- Reviews results of regulatory and accrediting body review of the hospital's performance
- Reviews quality and patient safety indicators
- Periodically reviews trend reports that reflect the overall performance of the hospital in providing quality care in a customer-focused, cost-effective manner

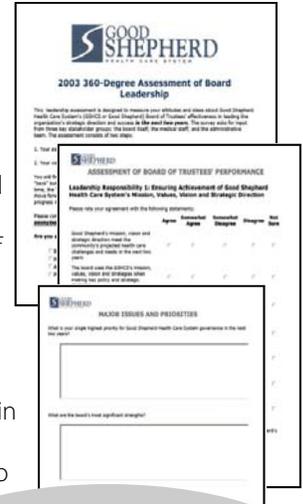
Compensation Committee

- Evaluates the CEO's performance at least one a year in light of the established performance goals and objectives, using the evaluation to set the CEO's annual compensation, including salary, bonus, incentive and equity compensation
- Ensures that the CEO's performance evaluation is based on pre-determined and clearly communicated performance criteria

- Recommends the CEO's annual compensation package
- Ensures that the CEO's compensation package is tied to performance and is comparable to CEO salaries of health care organizations similar in size and scope

Audit Committee

- Assists the board of directors in fulfilling its oversight responsibilities with respect to the independent auditors' qualifications and independence
- Is financially literate and possess a general understanding of basic finance and accounting practices
- Has at least one member that is determined to be an "audit committee financial expert," possessing accounting or related financial management expertise



Your board self-assessment may use a printed survey or be conducted online using the Internet.

Major Governance Issues and Priorities. When done correctly and consistently, a board self-assessment process enables the board to identify critical "leadership gaps," and achieve and maintain the level of governing excellence required for success in today's challenging health care environment.

In addition to rating the board's performance in the important areas outlined earlier, the self-assessment should also provide trustees with an opportunity to answer several open-ended questions, such as:

- What is your single highest priority for the board in the next year?
- What are the governance strengths that must be maximized in order to ensure leadership success in the next year?
- What are the governance weaknesses that must be overcome in order to ensure the hospital's success in the next year?
- What do you see as the most significant health care trends that the hospital's leadership must be able to understand and deal with in the next year? In the next five years?

(Continued on page 6)

Questions to Consider About Your Board Self-Assessment Process	
<input type="checkbox"/>	Do you conduct a board self-assessment annually?
<input type="checkbox"/>	Does your full board participate in the board self-assessment process?
<input type="checkbox"/>	Is your self-assessment anonymous, allowing trustees to freely and candidly express their opinions and ideas for governance change?
<input type="checkbox"/>	Does the full board review the results of the self-assessment, discuss their interpretation of the findings, and determine potential areas for necessary board improvement?
<input type="checkbox"/>	Do you use the self-assessment results to develop actionable and measurable plans for governance improvement?
<input type="checkbox"/>	Do you communicate the results of the self-assessment and the board's governance improvement plan to hospital employees? To the local community?

Measuring Board Performance: Key Leadership Responsibilities

The assessment process should be unique and reflective of the board's leadership challenges, issues and needs. Here are some broad leadership areas and assessment criteria ideas. **These are not actual rating criteria, but are instead thought starters for the development of potential criteria.** When developing your actual criteria, you should state them in the form of a positive statement, and then have trustees rate their level of agreement with board performance in the area:

Leadership Responsibility 1: Effectively Carrying Out the Hospital's Mission, Values, Vision and Strategic Direction

- Appropriateness for community health leadership role
- Periodic review of mission, values and vision
- Policy and strategic decisions support the mission, values and vision
- Measurement of progress toward goals and objectives
- Evaluation of hospital programs and services for fit with mission, values and vision
- Governance workplan
- Skills necessary to enable the board to achieve its objectives

Leadership Responsibility 2: Ensuring Appropriate Board Structure and Processes for Building Optimum Service and Value

- Adherence to board procedures
- Board understanding of environment
- Range of qualities on board
- Meeting agendas
- Committee structure
- Information provided by management
- Director orientation and education
- Review of structure, committee practices, tenure and bylaws
- Meeting frequency, length and attendance
- Board problem solving skills
- Team building
- Adequacy of time for discussing significant issues
- Clarity of board, management and medical staff leadership roles
- Corporate compliance plan
- Quality improvement program
- Physician representation

Leadership Responsibility 3: Developing Strong Community Relationships

- Understanding of community needs and issues
- Consultation with community leadership
- Assertive leadership in the community
- Development of positive image for the hospital
- Board success in local political advocacy

Leadership Responsibility 4: Providing Strong, Focused and Effective Board Leadership

- Representation of community's health needs
- Appropriate direction in support of mission, values, vision and strategic objectives
- Encouragement of group participation

- Understanding of others' roles in achieving mission, values, vision and strategic objectives
- Development of group and individual decision-making skills
- Criteria for board member selection
- "Conflict of interest" policy and resolution plans

Leadership Responsibility 5: Effective Board Planning for Long Term Success

- Board involvement in strategic planning
- Operational plans to meet strategic objectives
- Board awareness of factors that affect services and programs
- Medical staff leadership involvement in strategic planning
- Mission, values, vision and strategic plan use in policy and strategic decisions
- Regular measurement of progress toward vision and strategic initiatives

Leadership Responsibility 6: Ensuring Effective And Collaborative Board/CEO Relationships

- Communication
- Climate of trust, respect and support
- Board support of CEO in implementing policy
- Annual evaluation of CEO using predetermined targets
- Ensuring that CEO is fairly compensated
- Quality and timeliness of information provided by CEO
- Executive succession plan

Leadership Responsibility 7: Ensuring Effective And Collaborative Board/Medical Staff Relationships

- Regular review of medical staff organization and bylaws
- Process of approving appointments and reappointments
- Effective communication between board and medical staff
- Physician participation in decision-making processes

Leadership Responsibility 8: Ensuring that New Services Meet the Needs of the Market

- Policies on new services
- Process for evaluating potential services
- Ensuring new services fit with mission, values, vision and goals
- Monitoring new services to ensure that they meet goals

Leadership Responsibility 9: Ensuring Strong Financial Focus and Leadership

- Oversight of fiscal resources
- Financial reports

- Annual budget and performance monitoring
- Review and adoption of capital expenditures budget
- Approving targets for debt, liquidity, ROI, profitability, etc.

- Understanding of community needs and issues
- Resources for community initiatives
- Definition and measurement of community health improvement
- Collaborative partnerships for improving community health

Leadership Responsibility 10: Ensuring Community Health Improvement

- Commitment to building a healthier community
- Involvement in initiatives to improve community health

Peer-To-Peer Leadership Assessment Criteria

In addition to the full board self-assessment, the peer-to-peer leadership assessment enables trustees to rate one another individually, providing trustees with unique insights into their leadership attributes and needs from the perspective of their trustee colleagues. Trustees should rate themselves and their colleagues in two areas: 1) governing attributes, the factors that define their performance in fulfilling their governance duties; and 2) personal attributes, the factors that describe their personal strengths and abilities to be effective trustees. Below are some potential rating criteria:

Governing Attributes

- Demonstrates understanding of the hospital's mission and vision through his/her governance participation
- Builds a strong working relationships with other board members
- Builds a strong working relationship with the CEO
- Understands key issues and challenges facing the hospital
- Understands the trends shaping the future requirements of hospital trusteeship
- Focuses attention on long-term policy issues rather than administrative/operational issues
- Prepares for and participates in board and committee meetings
- Makes unique skills available to the hospital
- Understands the relevance and value of the hospital's programs and services
- Prepares for active and informed participation in board meetings
- Asks probing and insightful questions intended to further the hospital's progress and performance
- Has a high level of commitment and interest in the organization
- Represents the hospital as required in local professional, civic and service organizations
- Comes to meetings prepared to engage in meaningful discussion and thoughtful decision-making

- Asks for and listens to one another's ideas and input
- Maintains confidentiality when required
- Is effective in presenting ideas
- Effectively communicates with and relates to others
- Handles ambiguous situations well
- Continually seeks to improve his or her leadership performance

Open-Ended Question: What suggestions do you have for ways this trustee colleague can improve his or her governing performance?

Personal Attributes

- Is able to discuss controversial topics effectively
- Works easily with other board members and administration
- Keeps an open mind on issues
- Willing and enthusiastic promoter of the hospital
- Meets time commitments
- Thinks quickly and assimilates ideas well

The image displays three overlapping screenshots of the 'Peer-to-Peer Governing Effectiveness Assessment' form. The top screenshot is the title page for Anyman Community Hospital, featuring an introduction and instructions for the assessment. The middle screenshot shows the 'Governing Attributes' section, which includes a table with columns for 'Trustee Name: Carl Miller' and rows for various attributes like 'Demonstrates understanding of the hospital's mission and vision' and 'Builds a strong working relationship with the CEO'. The bottom screenshot shows the 'Personal Attributes' section, including a table for rating peers and an open-ended question: 'What suggestions do you have for ways this trustee colleague can improve his or her governing performance?'

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- What challenges or issues are most critical to be addressed if the board is to be most successful in leading strategic change in the next year?

Individual and Peer-to-Peer Performance Assessment. A critical piece of a quality board self-assessment process is the individual performance assessment. Trustees may have one view of the overall board's performance, and have an entirely different view of their own individual performance. A personal, introspective look at individual leadership enables trustees to focus on the essentials of good leadership and their personal impressions of their individual performance.

A good way to evaluate personal governing performance is through a "peer-to-peer" assessment. This enables trustees to personally evaluate their performance, and the performance of each of their board colleagues, using a short list of relevant criteria (see page 5 for ideas).

Trustees should rate themselves and their colleagues in two areas: 1) governing attributes, the factors that define their performance in fulfilling their governance duties; and 2) personal attributes, the factors that describe the personal strengths and abilities required for effective trusteeship.

In addition, each trustee should answer one simple question after rating each individual board member: "What suggestions do you have for ways this trustee colleague can improve his or her governing performance?"

The process provides trustees with unique insights into their leadership attributes and needs from the informed perspective of their trustee colleagues.

Compiling and Analyzing Self-Assessment Results

There are a variety of ways to compile and analyze the results of your board self-assessment, from simply tallying responses by hand to using customized self-assessment software applications. Although every organization may approach the process differently, it is critical that the results are reported in an easy-to-understand format that sparks meaningful dialogue about the findings.

The five steps below outline one potential process for analyzing self-assessment results:

- Compile the results in a database, such as Microsoft Excel, that allows the creation of graphs using a variety of combinations or sorting.

- Develop "stacked bar" graphs that display the ratings for each of the self-assessment areas, ordered from highest to lowest scores, and that depict the number of trustees assigning each rating to the criteria.
- Develop a written report or PowerPoint presentation that includes summary graphs of the criteria in all of the rating areas, as well as key themes from trustees' open-ended comments.
- Present and discuss the results at a special board meeting or board retreat, allowing ample time for trustees to discuss their interpretation of the findings as well as develop "governance gain" action plans to address low-performing areas.
- If a peer-to-peer evaluation is conducted, each trustee should receive a report that includes his or her personal rating of their performance and their colleagues' ratings of their performance, using the same criteria. Each trustee's unique report should be then reviewed in a one-on-one meeting of the individual trustee and the board chair.

The report should include a summary of trustee performance ratings, in graph form, to enable quick analysis of the degree of consensus on important leadership criteria. It should also include analysis of the ratings, highlights for board discussion, a summary and analysis of verbatim ideas and answers to questions, and recommendations for improving board performance in each rating area.

Putting Your Self-Assessment Results to Work

Conducting the board self-assessment is just the first step in improving governance leadership performance. The key to success of the full process is not simply the measurement of trustee viewpoints, but is instead the action that is taken as a result of a careful examination of trustee viewpoints.

The self-assessment results should be a catalyst to engage trustees in a wide-ranging discussion of findings that highlight performance gaps and areas where trustees lack consensus about the board's performance.

A full review of trustees' viewpoints should stimulate the board to discuss their opinions and ideas for improving board success, and result in the development of a governance improvement action plan with clearly defined responsibilities, time frames and projected outcomes (see page 8 for more information). Boards should then monitor their progress to ensure that projected outcomes are achieved, and revise the governance improvement action plan when necessary.

Communication with Employees and the Community

The practice of using board self-assessment results to not only achieve a higher level of board and organizational performance, but also strengthen employee and community trust, is often an overlooked advantage. The most important element of the self-assessment process is what happens after the assessment is complete.

In addition to using the results of self-assessment to develop specific governance improvement goals and action plans, the board should communicate its process and general results to hospital employees and the community at-large. This communication will help employees, the medical staff and others to understand the challenges the hospital faces and recognize the board’s efforts in addressing those challenges. Support from employees and the local public is vital to hospital success in the face of increasing public scrutiny from lawmakers, regulators, community groups and the media.

Communicating with key stakeholders will deepen understanding of the board’s commitment to the hospital and the community, raise awareness of the depth and range of challenges the board faces, and demonstrate the high standards the board holds itself accountable for.

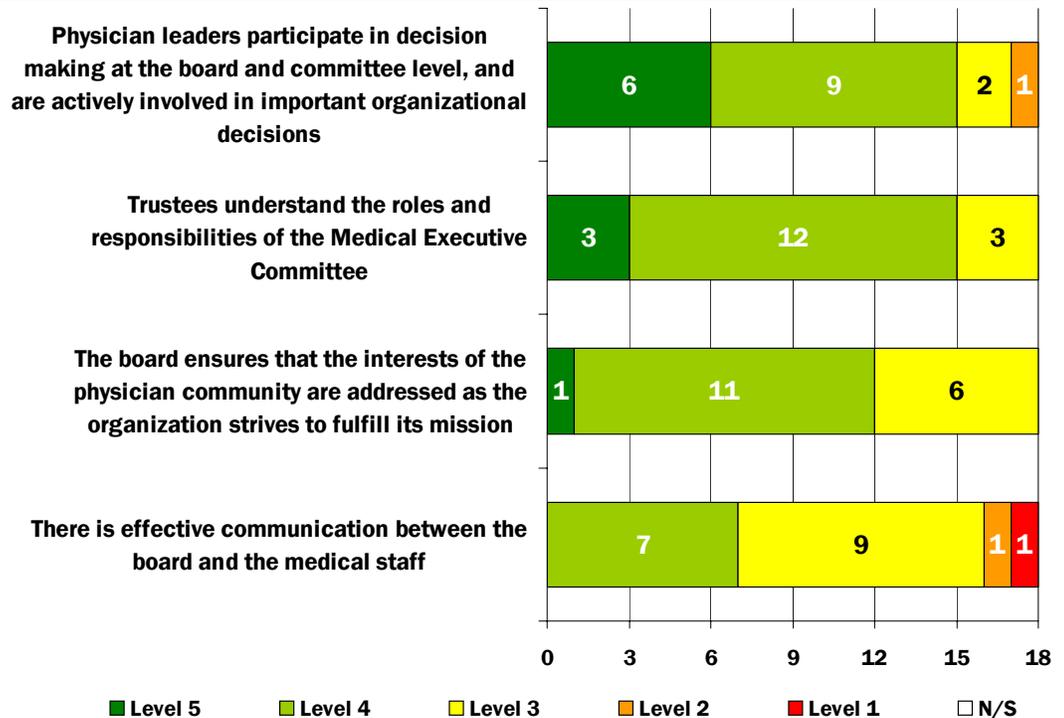
The results should be shared with hospital employees first; boards will build trust with employees by ensuring that they hear about the self-assessment first, before it is reported in the local media. The employee memo should include:

- An overview of the process, why it was conducted and how often it is conducted;
- High-level results;
- Board improvement opportunities identified; and
- Specific actions the board intends to take to create governance gain.

Boards should also tell employees that a news release is expected to be published in the local newspaper promoting the hospital’s emphasis on transparency and willingness to share its strengths, opportunities for improvement and challenges with the community. Following distribution of the employee memo, the news release should be provided to the local newspaper, and should include information similar to that in the employee update.

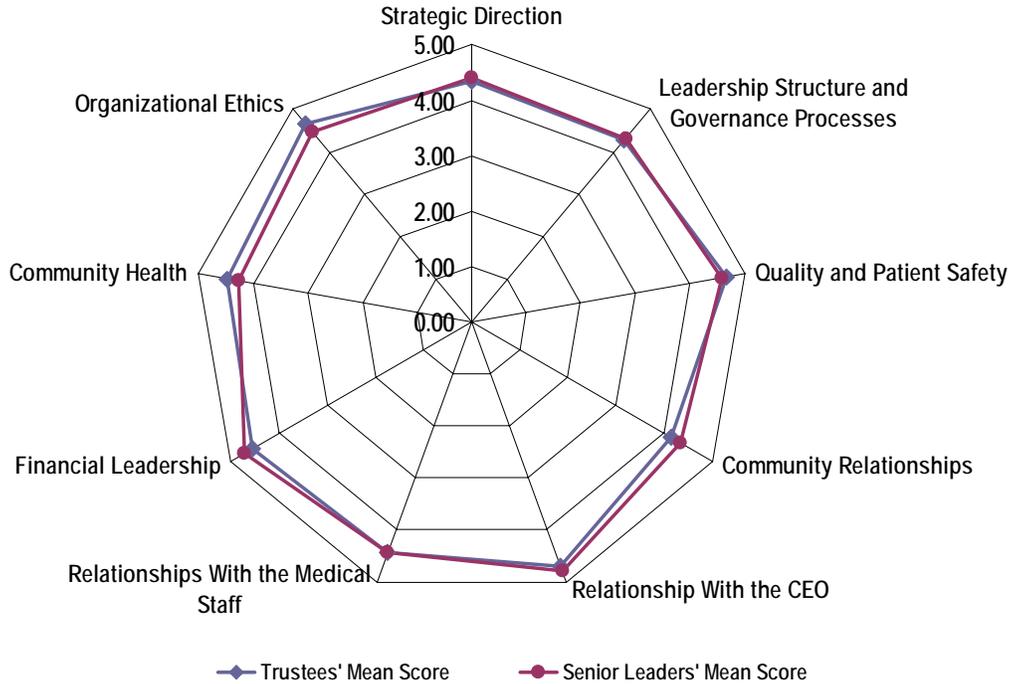
Sample Bar Graph: Shows Highest to Lowest Rated Criteria by Level

After self-assessment results are compiled the board should review the individual scores in each leadership responsibility area. The board should establish a “target zone” which defines desired performance ranges, and delve into the reasons why any area falls outside the zone.



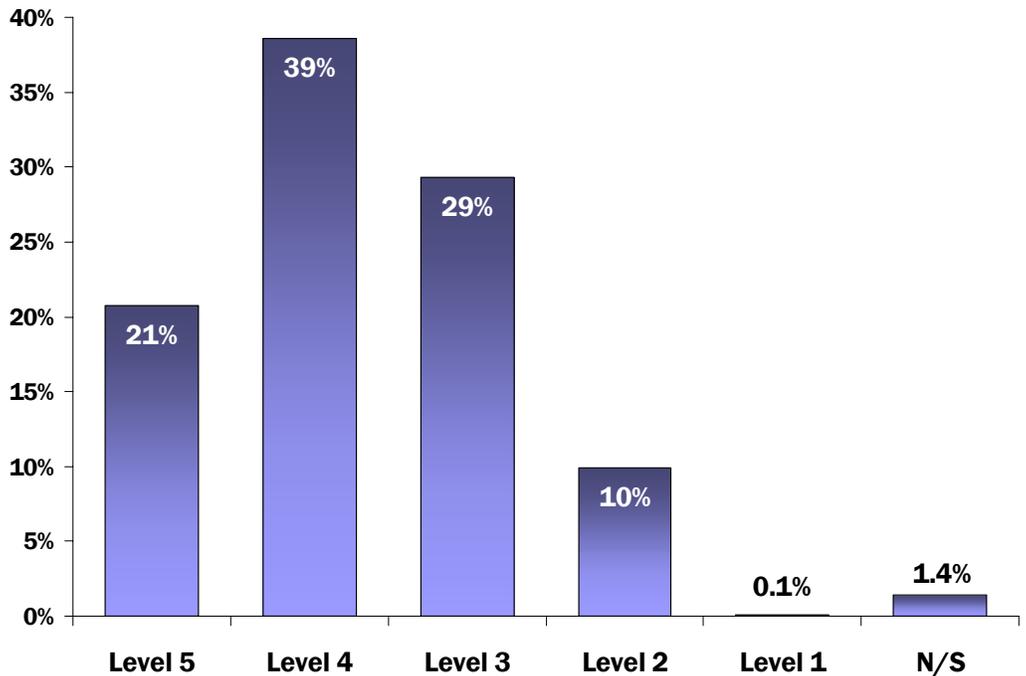
Sample Spider Graph: Overall Self-Assessment Score

Displaying overall board scores in key areas of trustee leadership accountability is an easy way to identify areas with performance gaps. Several criteria within a broad leadership competency may be scored on a Level 5 - Level 1 rating scale (see recommended rating scale on page 2), and combined together to provide a mean score snapshot of leadership perspectives.



Sample Distribution Graph: Shows Degree of Consensus Among Trustees on all of the Statements About the Hospital's Performance

The degree of consensus among trustees reveals much about common understanding, teamwork and unanimity. Once this knowledge is gained the board can discuss the reasons behind the differences, and explore potential solutions.



Using Your Board Self-Assessment Process for Governance Gain

After reviewing the results of your board self-assessment, developing a “Governance Gain Plan” will assist the board to create actionable, measurable next steps for improving leadership. The plan should include specific ideas for governance improvement in each area the board believes needs the most attention. Specific items to include for each governance improvement include:

- **Initiative Description.** A detailed description of the governance improvement initiative, effort, program or action to be taken that will result in governance gain.
- **Priority.** The initiative's priority on a scale of 1, 2 or 3, such as the following:
 - 1 = Critical to achieve- accomplishment is vital to governance and leadership success;
 - 2 = Very important to achieve- accomplishment is a major factor in governance and leadership success; and
 - 3 = Important to achieve- accomplishment is a significant factor in governance leadership success.
- **Projected Outcomes.** Specific goals and outcomes that will be achieved as a result of the completion of the governance improvement initiative.
- **Primary Responsibility.** The individual, group or committee primarily responsible for ensuring the governance improvement initiative is completed.
- **Resources Required.** The estimated cost of implementing the initiative.
- **Start Date.** The assigned date for work on the governance improvement initiative to begin.
- **End Date.** The target date for completion of work on the governance improvement initiative.

Governance Gain Examples

The items in your Governance Gain Planner will be unique to your board's self-assessment results. For example, if corrective action is needed in the area of “ensuring an appropriate board structure, and effective processes for building optimum hospital service and value,” your Governance Gain Planner may include some of the ideas below.

Education Initiatives

- Provide trustees with the background information and intelligence resources required for active participation in board dialogue
- Conduct a regular community healthcare environmental assessment; ensure trustee understanding of the changes taking place in the healthcare environment, and their implications on the hospital, its physicians, and local healthcare consumers
- Develop an education plan that ensures trustee understanding of the issues essential to effective governance; conduct education and orientation at every board meeting, and annually at the board retreat

Structural Initiatives

- Examine board composition, and match present skills against current and emerging trends, challenges and issues; ensure that skills are/will be in place to successfully deal with the future
- Clearly define board, medical staff leadership and management strategic planning roles and responsibilities
- Involve physicians in meaningful ways as key participants in governance decision making, including trusteeship, committee appointments, strategic task force involvement, etc.

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- Develop comprehensive and usable governance policies and procedures
- Develop a process for governance “renewal” to ensure that committees, policies, procedures and overall board structure and functions create a high-performance organization

Efficiency Initiatives

- Ensure that trustees receive agendas at least one week in advance of board, committee and task force meetings; provide background materials (articles, white papers, talking points, etc.) that ensure trustee understanding of critical governance-related issues
- Examine the board committee structure to ensure responsiveness to evolving challenges and opportunities. Consider establishing “strategic issues teams” to replace some traditional standing committees
- Evaluate the quality and quantity of information used by the board to make policy and strategic decisions; ensure that information is relevant, timely, understandable and actionable, and that it facilitates high-quality board decision making
- Examine the content of board meetings to ensure that the most significant and meaningful issues are being effectively addressed, that trustee time is respected and used efficiently, and that trustee involvement and participation are enhanced
- Examine the prior six board agendas; assess the ratio of time spent discussing issues and opportunities vs. time spent on approval of minutes, committee reports, and other more procedural issues; make discussion of strategic issues the centerpiece of every board meeting



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Larry has been a long-time governance leader, both as a consultant and a trustee. He served for six years as Chairman of the Board of Trustees of 107-bed Mt. Hood Medical Center, Gresham, Oregon. He has also been a trustee of Portland, Oregon's Legacy Health System and two of its predecessor organizations, Healthlink and Metropolitan Hospitals, with a combined 12 years of governing service to these three systems.

Larry serves as a special consultant to the American Hospital Association.



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GovernanceWORKS™ is a comprehensive governance development solution for hospital and health system boards of trustees. Through GovernanceWORKS™, The Walker Company serves as your dedicated governance development resource. We provide continuity, independent and informed outside viewpoints, and practical, organized and coordinated approaches to improving governance and leadership.

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- AssessmentWORKS™, a comprehensive board self-assessment
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Leadership workshops and retreats are a valuable tool to build understanding and teamwork, develop collaboration and consensus, and forge solutions and new directions. We custom-tailor our retreat planning and facilitation approach to achieve your critical objectives: Participation, interaction, creative thinking and results. Our services include:

- Pre-planning and preparation, including objectives and logistics
- Meeting materials, including agendas, name tents, case studies, background materials, retreat evaluations and other meeting support documents
- Meeting facilitation and management
- Development of a comprehensive, action-oriented summary retreat report
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