

Common Board and CEO Frustrations

Board	CEO
<ol style="list-style-type: none"> 1. Board members who don't show up, show up late, or are unprepared. 2. Waffling on support of difficult and controversial decisions PREVIOUSLY made. 3. Trustees who believe healthcare is just like any other business and should be managed with an eye ONLY on financial benchmarks without regard to mission and values. 4. Board members who have direct or indirect conflicts of interest – and expecting the CEO to enforce board policies in this regard. 5. Board members who don't resist contacts by staff who engage them on important issues – and/or who don't inform the CEO of such contacts. 6. Board members who allow physicians to use social or family relationships to lobby for specific decisions or actions. 7. Failure of the board to bring new members to the board with the complement of skills and diversity to complete the work – or those who cannot be objective. 8. Board members unwilling to devote time needed to learn about health care – or who don't keep up on governance, health care, and financing changes. 9. Board members who pressure the CEO to work with vendors who are not competitive on price or service elements. 10. Board chair who does not establish priorities, set agendas, or require accountability for committees to do their work. 	<ol style="list-style-type: none"> 1. Surprises at board meetings (e.g., large capital project put on the table suddenly – with no or little time to make decisions). 2. CEOs who give speeches at board meetings or leave little time for quality discussion of future oriented issues. 3. CEOs who overwhelm board members with management detail; too little information and/or not presented in an easy-to-read format. 4. CEOs who treat board members like figureheads, and not as valuable and respected colleagues from whom to invite counsel about strategy and community relationships. 5. CEOs who don't seek the counsel of board members until a problem has reached a crisis stage. 6. CEOs who are at odds with physicians too much of the time. 7. Management that gets mired too much in process before acting. 8. Lack of clear performance criteria with which to measure CEO outcomes. 9. Weak orientation; lack of ongoing education about the complexities of balancing finance with mission, values, and the changing health care climate. 10. Lack of clear expectations of board members regarding their role as a board member and no communication about how board members are doing – good or bad. (Being ignored)

Some Dos and Don'ts of a Good System of Partnership Appraisal

Do	Don't
<ol style="list-style-type: none"> 1. Make the appraisal process an ongoing process, not just an annual event. (Consider quarterly updates toward goal completion, for example.) 2. Focus on things the CEO can actually do something about. 3. Involve the CEO in the process. 4. Make sure the criteria of performance measurement are agreed upon by the board and the CEO. 5. Pay attention to the CEO's leadership and management style in addition to substance when building performance measures. 6. Focus on things that make a difference to the organization. 	<ol style="list-style-type: none"> 1. Make the CEO evaluation a popularity contest. 2. Use an "off the shelf" system; build a system that is suited for your environment. 3. Base performance on anything other than mission, goals, organization, and talent development. 4. Avoid setting critical expectations JUST because they are difficult to measure. 5. Commission another group to do the assessment – own it. 6. Neglect the work of putting evaluation criteria in place ahead of time. 7. Use the appraisal process JUST to determine next year's salary. 8. Ask the staff or public what they think about the CEO's performance. (If you want input – set up a fair and balanced system to gather it.)

Top 10 Hints to Make the Performance Planning and Appraisal Process Better

1. Focus MORE on the future than on the past.
2. Measure MORE than just financial performance.
3. Add stretch goals that are bigger than just the health system –consider community health promotion, relationships and integration with the more broad picture of health care delivery.
4. Use benchmarks for comparison (other systems or national measures).
5. Seek the CEO to contribute to development of measures.
6. Include measures of leadership – the role as the champion for your system locally, statewide, nationally.
7. No surprises – for the CEO or for any board member. Agreement must happen ahead of execution.
8. Make it ongoing – quarterly check-ins – mentoring as needed.
9. If realities change mid-year, change performance targets accordingly.
10. Consider occasionally bringing in a consultant or performance expert to do a 360 degree evaluation.
11. BONUS – pair the CEO appraisal process with the Board assessment process.