

ACHE Governance Improvement Plan

ACHE Board of Governors

June 2011



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Background

- The 2010 Governance Task Force was appointed by the Board of Governors (November 2009) to conduct a review of ACHE's governance system and make recommendations.
- The task force held its initial meeting and conducted extensive interviews, focus groups and other listening processes with Chairman Officers, Governors, Regents and chapter leaders to identify key issues and opportunities for improvement of the ACHE governance system (February-April 2010).
- The task force met to consider the input from stakeholders and identified five key issue areas for further study and possible recommendations (May 2010):
 - Regent – Chapter Alignment and Collaboration;
 - Engaging and Communicating with Chapters;
 - Role of the Geographic and Federal Sector Regents;
 - Role of the Regent-at-Large; and
 - The Pathway to ACHE Leadership.
- The task force met to consider information and alternatives in each of these issue areas and recommended actions that the Board of Governors could take to improve the ACHE governance system (September, October 2010)
- The Board of Governors adopted the initial recommendations of the task force on a preliminary basis and, at the recommendation of the task force, asked Regents and chapter leaders to provide written comments on the task force recommendations (November 2010).
- The *Report and Recommendations of the 2010 Governance Task Force* was mailed to all Regents, Regents-elect, Chapter Presidents and Chapter Presidents-elect and the review and comment period began. Web conferences were conducted to present the report and answer questions. These were recorded and made available on **ache.org**. The task force report was also publicized in the monthly *Report to Regents* and the *Chapter Leaders Update* where links to the published report and recorded web conferences were provided, as well as mechanisms for written comments (January – March 2011).
- The task force report was discussed in district meetings by Regents (March 2011) and discussion notes were compiled.
- The formal written comment period ended with written comments from 12 leaders of 5 chapters and 7 Regents (March 2011).
- The task force met to consider the written comments and the discussion notes from the district meetings. Based on this information, the task force revised its original recommendations for consideration by the Board of Governors (May 2011).
- The Board of Governors considered the revised recommendations of the task force at its meeting on June 26, 2011. The board modified one recommendation of the task force and approved all of the remaining recommendations.

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Core Findings

- ACHE is a successful association that has demonstrated consistent performance over time in member satisfaction, as well as membership growth, advancement, education participation, career services and financial stability.
- The Board of Governors is an effective governing body that is ably advised by the Council of Regents and its appointed committees.
- The development of chapters has been a successful strategy that has demonstrably increased value for affiliates by delivering programs at the local level and the chapter network has become more capable as it has matured.

The Governance Improvement Plan builds upon these strengths to increase value for affiliates by continuing to refine the relationship with ACHE chapters, fine tune the roles and responsibilities of Regents and provide a clearer pathway for potential leaders of the association.

The comments of stakeholders regarding the initial report of the task force were used to further improve the initial recommendations of the task force. We are indebted to all of those who took the time to provide their thoughts and suggestions.

Issue One: Regent – Chapter Alignment and Collaboration

Commentary: The relationship between the Regent and the chapter president(s) is an important opportunity to align the strategic priorities and direction of ACHE and the activities of the chapter(s). As such, it has great potential for collaborations that effectively leverage the different responsibilities of Regents and chapter presidents.

It has also been, in the past, a source of frustration because of a lack of clarity in the respective roles. To clarify the respective roles, the Board of Governors has concluded that the Regent role in chapter relations should be advisory and facilitative with the exception of serving on the chapter board of directors and nominating committee. This chapter relations role is clearly delineated, along with other Regent responsibilities, in the sample geographic Regent position description contained in Appendix 1.

In most chapters, the chapter president is the chief executive of the chapter with line authority to operate within an annual budget and plan approved by the chapter board of directors. This authority varies widely in practice and the actual operating authority of chapter presidents is not standardized. Generally, the chapter president is considered to be responsible for directing and facilitating the activities of chapter volunteers (and some contracted administrators) to meet the contractual requirements of ACHE, as well as the formal and informal expectations of the chapter board.

The relationship between the Regent and the chapter president is most effective when a single channel of communication exists between the chapter and ACHE through the Regent. Regents who have this responsibility for multiple chapters need focused staff assistance to help them manage the increased workload and to be more effective. Finally, collaboration between the Regent and the chapter is enhanced with a clear division of responsibilities.

1. ACHE will adopt, by March 2012, and sustain a flexible configuration of Regent jurisdictions that recognizes the boundaries of assigned chapter territories and which

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seeks, to the extent possible, to provide a single clear link between the chapter and ACHE through the Regent. *The Board of Governors will consider a number of factors in developing this configuration including the traditional geographic jurisdictions¹, the number of voting affiliates in these jurisdictions² according to the December 31, 2011 Census, geography, historical/cultural precedents and the assigned territories of chapters that cross the boundaries of the traditional geographic jurisdictions. A sample configuration, based on these factors and the December 31, 2010 Census, is contained in Appendix 2. Changes in the Regent configuration will be implemented by attrition and the configuration of multiple Regent jurisdictions and chapter assignments within a geographic jurisdiction will be developed in consultation with Regents.*

2. ACHE will, beginning on April 1, 2012, support the greater workload of Regents whose affiliates are served by multiple chapters by providing focused staff support and tools to assist with planning and communications with their chapters. Regents with multiple chapter assignments will be expected to establish and meet regularly with chapter coordinating councils comprised of, at least, the chapter presidents in the Regent's jurisdiction (*See Appendix 1*). *In addition, Regents with multiple chapter relationships will continue to be able to appoint affiliates, including senior healthcare executives, to a Regent's Advisory Council to assist with the performance of other Regent responsibilities.*
3. ACHE will, beginning on April 1, 2012, facilitate geographic Regents and chapter presidents in developing annual collaboration plans that specify a clear division of responsibilities between the Regent and the chapter president. *The division of responsibilities will clearly reflect the defined role of the Regent as described in the geographic Regent position description (See Appendix 1).*

Issue Two: Engaging and Communicating with Chapters

4. ACHE will clarify, beginning in the *2012-2013 Regent Operating Manual*, that Regents are the primary ongoing channel for communicating affiliate and chapter needs and interests as advisors to the Board of Governors. (*See Appendix 1*).
 - a. ACHE will continue to seek chapter leader engagement on ACHE strategy and policy issues in order to broaden the perspectives considered in ACHE's planning and decision-making processes and will adopt a Board policy to guide this process in November 2011.
 - b. ACHE will continue to engage chapter leaders in direct feedback and comment processes related to strategic or policy issues in which chapters have legitimate interest, particularly when these decisions are implemented through the chapters and will adopt a Board policy to guide this process in November 2011.

¹The states and commonwealths of the United States, the District of Columbia, Puerto Rico, and Canada.

²The task force recommends a guideline of one Regent for up to 1,750 voting affiliates, an additional Regent for 1,751 to 3,500 voting affiliates and so forth.

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Issue Three: Role of the Geographic and Federal Sector Regents

5. ACHE will adopt revised position descriptions for geographic and federal sector Regents, in November 2011, that specify their responsibilities to achieve greater focus on the most important responsibilities. *Sample position descriptions are included in Appendices 1 and 3.*
 - a. ACHE will, in these revised position descriptions, eliminate membership on the local chapter board and nominating committee as a responsibility of federal sector Regents and direct federal sector Regents to encourage the active participation of federal sector affiliates in their local chapters. *(See Appendix 3).*
 - b. ACHE will add suggested knowledge, skills and experience to the revised position descriptions for geographic and federal sector Regents to aid with recruitment and preparation of future Regents. *(See Appendices 1 and 3).*
 - c. ACHE will eliminate the awarding of affiliate tuition waivers from the responsibilities of all ACHE elected leaders in favor of a centrally administered program of affiliate tuition waivers based on the economic/financial need of the affiliate or the affiliate's employer. *Regents will be asked to provide input into the development of policies and procedures to implement this program. The program will be structured to ensure standardization in waiver eligibility, equitable distribution of tuition waivers among jurisdictions and provide the option for Regent recommendations on affiliate requests.*

Special Note: *Recommendation 5(c) is not a criticism of current Regents in their decisions about the awarding of affiliate tuition waivers. The Board of Governors has concluded that the awarding of affiliate tuition waivers to address economic/financial need is not a governance function and that the paramount consideration should be consistent application of an association-wide policy.*

Issue Four: Role of the Regent-at-Large

6. ACHE will, in November 2011, revise the ACHE Bylaws to clarify the Regent-at-Large role in ACHE's governance system:
 - a. Specify the qualifications for the position as being a representative of diverse populations as defined by the *ACHE Statement on Diversity*; and
 - b. Change the Regent-at-Large selection process to appointment by the Board of Governors.
7. The Board of Governors will, in November 2011, adopt a board policy to govern the process for self-nomination and appointment of Regents-at-Large as follows:
 - a. The Board of Governors shall issue and publicize a call for nominations for Regent-at-Large positions that will become vacant by completion of terms (November).
 - i. The notice shall specify the District(s) in vacancies will occur and the general characteristics that are needed to achieve greater diversity on the Council of Regents.

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- b. Candidates shall submit self-nominations (July).
 - c. The Executive Committee shall review the self-nominations of all candidates for Regent-at-Large and recommend appointments to fill anticipated vacancies (November).
 - d. The Board of Governors shall consider the recommendation(s) of the Executive Committee and appoint Regents-at-Large to take office after the next Council of Regents meeting (March).
8. ACHE will, in November 2011, modify the Regent-at-Large position description to:
- a. Eliminate extraneous responsibilities that distract from the primary role of facilitating increased diversity, including membership on the local chapter board of directors and nominating committee;
 - b. Add suggested knowledge, skills and experience to the position descriptions to aid with recruitment and preparation of future Regents-at-Large (*See Appendix 4*).

Issue Five: The Pathway to ACHE Leadership

9. ACHE will, by November 2011, include suggested knowledge, skills and experience in all ACHE elected leader position descriptions, including Governor.
10. ACHE will solicit nominations from chapter presidents for ACHE committee appointments beginning in 2012.
11. ACHE will take steps, beginning in 2012, to increase awareness among Regents and chapter leaders about the nomination and election processes for Governor.
12. The Board of Governors will charge the 2012-2013 ACHE Chapters Committee with a project to better understand the leadership development practices of chapters and to recommend appropriate support services and guidance to increase chapter effectiveness in this area.

Appendices

1. Sample Geographic Regent Position Description
2. Sample Regent/Chapter Configuration
3. Sample Federal Sector Regent Position Description
4. Sample Regent-at-Large Position Description

Appendix 1 - Sample Geographic Regent Position Description

Summary:

The Geographic Regent is the ACHE leader within a specified geographic jurisdiction elected by the voting affiliates to represent the interests of affiliates in the governance of ACHE and its chapters. In this role, the Regent (Geographic) promotes the vision, mission and values of ACHE by:

- serving on the Council of Regents;
- advising the local ACHE chapter(s);
- reaching out to the local healthcare community; and
- facilitating communications between ACHE and the local healthcare community.

The Geographic Regent is expected to be well-informed about the policies, programs and services of ACHE through active participation in these activities and to be visible and active in the local healthcare community.

Duties and Expectations:

1. ACHE Governance

- 1.1. Serve on and attend meetings of the Council of Regents.
- 1.2. Provide advice and counsel to the Board of Governors, as requested.
- 1.3. Recommend affiliates to serve on ACHE committees and task forces, as requested.
- 1.4. Encourage and mentor potential candidates for Regent.

2. Chapter Relations

- 2.1. Serve as an ex-officio, voting member of the board and nominating committee of the ACHE chapter of which they are a member.
- 2.2. Advise the leaders of the ACHE chapter(s) regarding the strategic direction, programs and policies of ACHE, as requested.
- 2.3. Advise the Board of Governors and ACHE staff regarding the needs and requirements of ACHE chapters, as requested.
- 2.4. Regents with multiple chapters that serve the affiliates in their jurisdiction are expected to appoint, chair and meet with a chapter coordinating council consisting of at least the chapter president of each chapter for the purpose of aiding communications and coordinating the activities of the chapters within the Regent's jurisdiction.

3. Healthcare Community Outreach

- 3.1. Reach out to chief executive officers and other senior-level healthcare executives in the jurisdiction to encourage their participation in ACHE through affiliation, advancement and chapter participation.
 - 3.1.1. Conduct an annual campaign to increase ACHE membership among chief executive officers of hospitals and health systems.

- 3.2. Establish and maintain contact with the program directors of ACHE Higher Education Network participants within their jurisdiction and promote participation in the ACHE Higher Education Network.
 - 3.2.1. Speak, or arrange for a representative to speak, to healthcare administration students of schools enrolled in the ACHE Higher Education Network on the value of ACHE affiliation as a Student Associate and as a Member.
- 3.3. Establish and maintain contact with the state hospital association executive to plan ACHE events in conjunction with the state hospital association events.
 - 3.3.1. Host an ACHE event during the annual state or metropolitan/regional hospital association meeting (or hold an alternative event at an event with similar exposure).

4. Communication and Visibility

- 4.1. Solicit and encourage input from affiliates and chapter leaders regarding the ACHE strategic plan and policies and programs that affect them.
- 4.2. Write and supply to ACHE, for editing, a quarterly “*Message from the Regent*” to be published by ACHE and/or in the local ACHE chapter newsletter(s).
- 4.3. Sign and mail welcome/congratulatory letters to new Members, Fellows, and recertified Fellows (Letters provided in monthly Report to Regents mailing).
- 4.4. Serve as a reference and/or interviewer for Members in the process of advancement to Fellow status.
- 4.5. Present up to the authorized number of Regent’s Awards each year.

5. Attendance and Participation

- 5.1. Register and attend ACHE’s Congress on Healthcare Leadership.
 - 5.1.1. Governance-related functions include a District Meeting, the Regents Leadership Conference, Council of Regents Meeting, Annual Membership Meeting, Regents Recognition Dinner, and Convocation Ceremony.
 - 5.1.2. Congress functions include attendance at educational sessions, luncheons, and various receptions (tuition is waived).
- 5.2. Attend the Fall District Meeting, the Chapter Leaders Conference and two District teleconferences each year.
- 5.3. Attend ACHE events held in conjunction within the state and metropolitan healthcare association meetings.
- 5.4. Attend an ACHE conference or seminar each year (tuition is waived).
- 5.5. Attend local meetings of the chapter(s) within their jurisdiction at least once per year, as feasible.
- 5.6. Serve as an example to ACHE affiliates by making a meaningful annual tax-deductible contribution to the ACHE Foundation’s *Fund for Innovation in Healthcare Leadership*.

Financial Support:

Regents of ACHE will be reimbursed for reasonable, actual expenses incurred when traveling to the Fall District Meeting and will be given an allocation at the beginning of the year to cover additional expenses incurred while conducting official ACHE business.

Eligibility Criteria:

Fellow of ACHE in good standing, eligible to vote in the jurisdiction they represent.

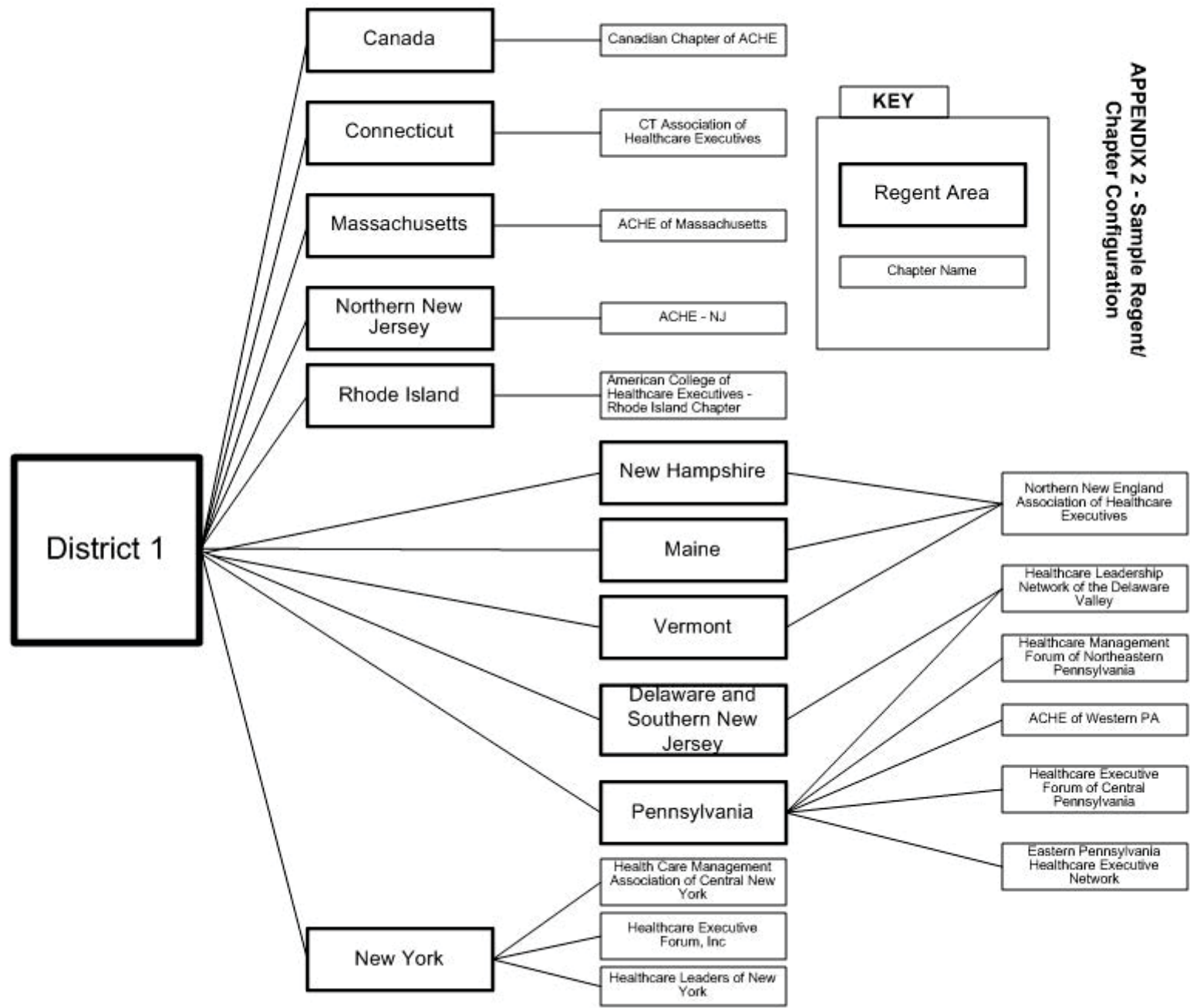
Recommended Knowledge, Skills and Experience

- Knowledge of the programs, products and services of ACHE and the local chapter(s);
- Knowledge of the local healthcare community including senior-level healthcare executives, higher education programs in health administration and state and regional healthcare associations;
- Negotiation, influencing and policy decision/analysis skills;
- Personal organizational and planning skills; and
- Experience with the operations of ACHE and the local chapter(s).

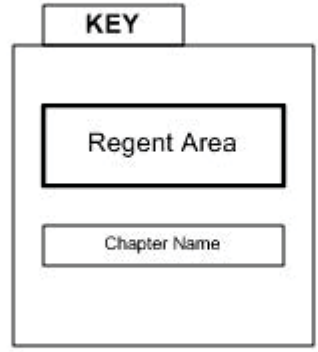
Term:

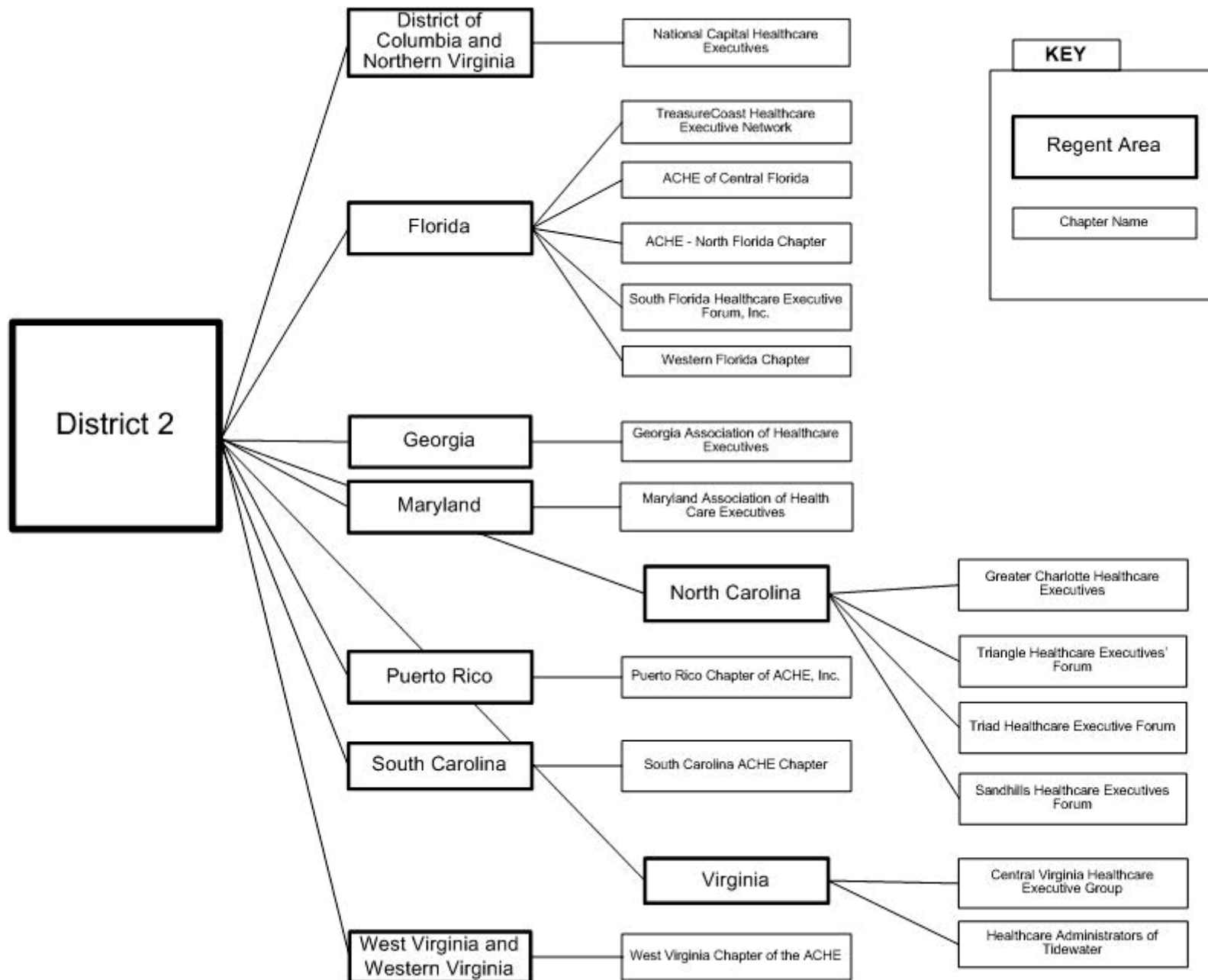
Three years

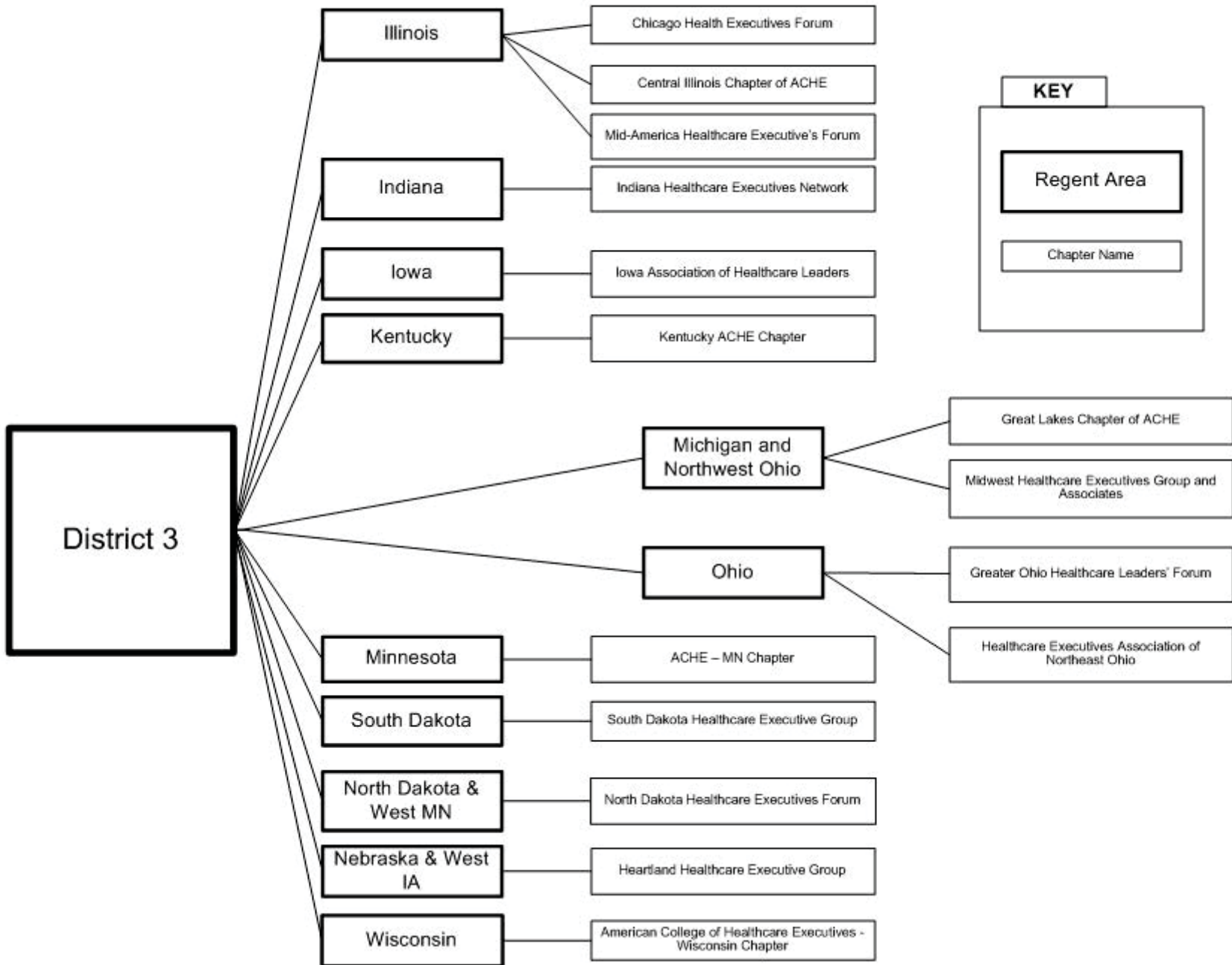
No Regent shall be elected to a consecutive term, except a Regent who fills a vacancy for less than two years. He/she shall be eligible for election to an immediately succeeding full term.

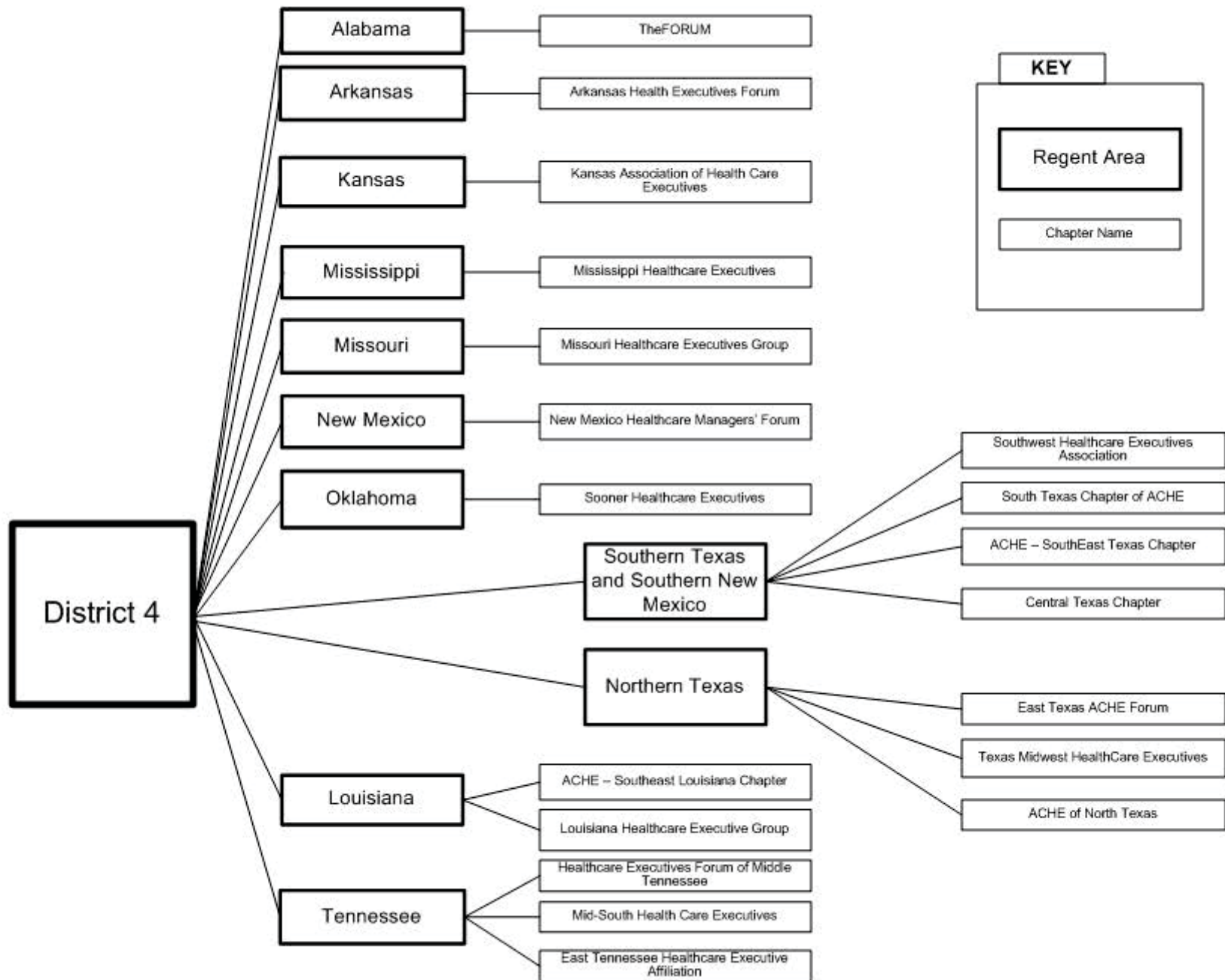


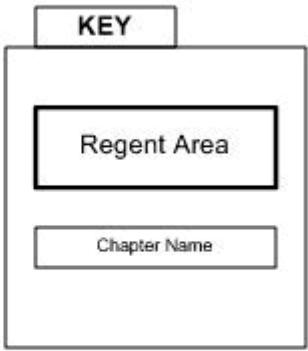
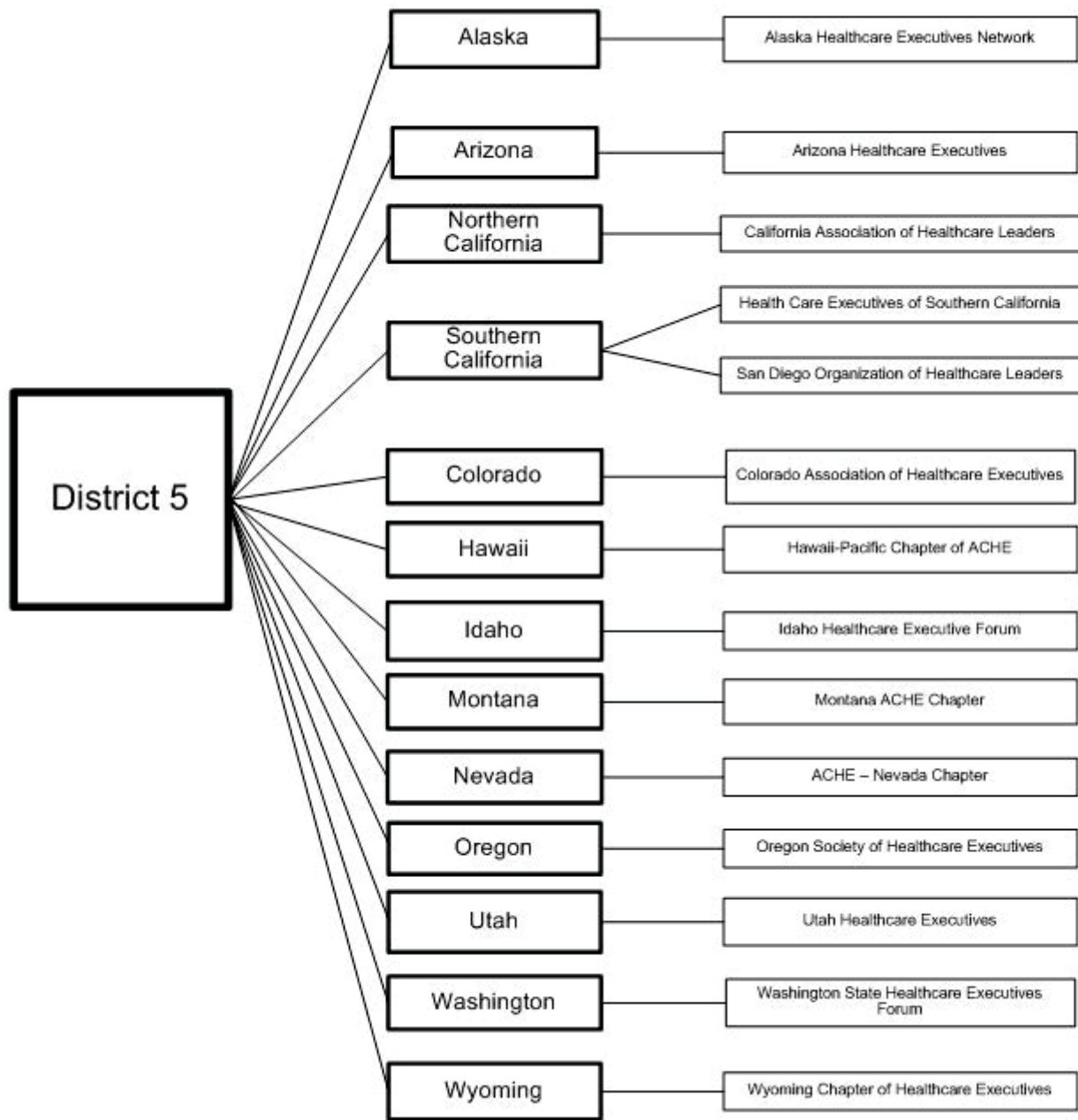
**APPENDIX 2 - Sample Regent/
Chapter Configuration**

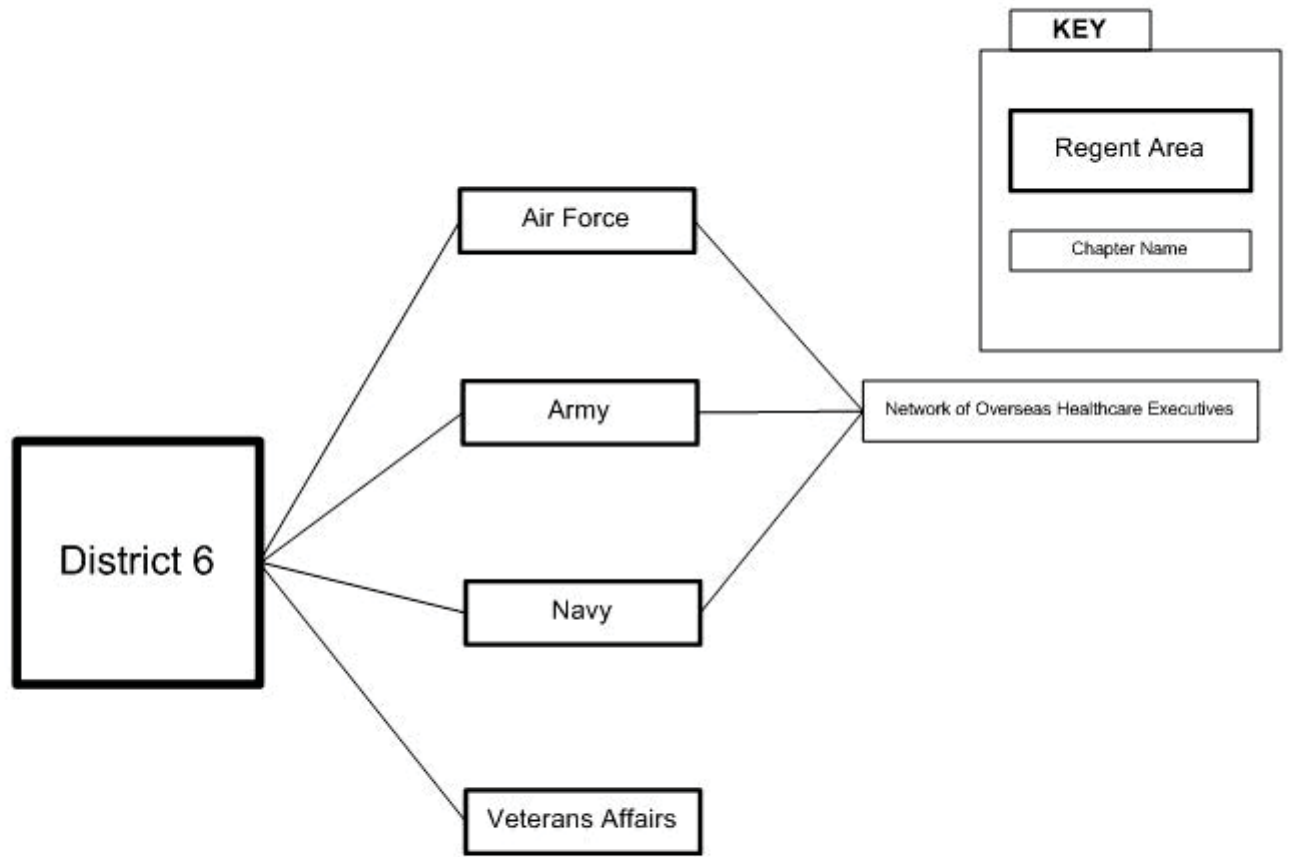












Appendix 3 – Sample Federal Sector Regent Position Description

Summary:

The Federal Sector Regent is the ACHE leader within a specified federal healthcare sector (Air Force, Army, Navy, Veterans Affairs) jurisdiction elected by the voting affiliates to represent the interests of affiliates in the governance of ACHE. In this role, the Federal Sector Regent promotes the vision, mission and values of ACHE by serving on the Council of Regents and fostering the participation and active involvement of federal sector affiliates in the programs, products and services of ACHE.

The Regent (Federal Sector) is expected to be well-informed about the policies, programs and services of ACHE through active participation in these activities and to be visible and active in the federal sector healthcare community represented by their jurisdiction.

Duties and Expectations:

1. ACHE Governance

- 1.1. Serve on and attend meetings of the Council of Regents.
- 1.2. Provide advice and counsel to the Board of Governors, as requested.
- 1.3. Recommend affiliates to serve on ACHE committees and task forces, as requested.
- 1.4. Encourage and mentor potential candidates for Regent.

2. Healthcare Community Outreach

- 2.1. Reach out to chief executive officers/commanding officers and other senior-level healthcare executives in the jurisdiction to encourage their participation in ACHE through affiliation, advancement and chapter participation.
 - 2.1.1. Conduct an annual campaign to increase ACHE membership among chief executive officers/commanding officers of federal hospitals and health systems.
- 2.2. Establish and maintain contact with the program directors of ACHE Higher Education Network participants within their jurisdiction and promote participation in the ACHE Higher Education Network.
 - 2.2.1. Speak, or arrange for a representative to speak, to healthcare administration students of schools enrolled in the ACHE Higher Education Network on the value of ACHE affiliation as a Student Associate and as a Member.
- 2.3. Establish and maintain contact, through a Regent's Advisory Council, with the leadership of federal sector healthcare elements (bases, medical centers, clinics, etc.) to facilitate cooperation and collaboration with ACHE and the ACHE chapter that serves those elements.¹

¹ Regents representing the uniformed services jurisdictions have a unique relationship with the Network of Overseas Healthcare Executives that is very much like the relationship of geographic Regents to their local chapter. ACHE does not intend to change this relationship.

3. Communication and Visibility

- 3.1. Solicit and encourage input from federal sector affiliates regarding the ACHE strategic plan and policies and programs that affect them.
- 3.2. Write and supply to ACHE, for editing, a quarterly Regent newsletter to be published by ACHE.
- 3.3. Sign and mail welcome/congratulatory letters to new Members, Fellows, and recertified Fellows (Letters provided in monthly Report to Regents mailing).
- 3.4. Serve as a reference and/or interviewer for Members in the process of advancement to Fellow status.
- 3.5. Present up to the authorized number of Regent's Awards each year.

4. Attendance and Participation

- 4.1. Register and attend ACHE's Congress on Healthcare Leadership.
 - 4.1.1. Governance-related functions include a District Meeting, the Regents Leadership Conference, Council of Regents Meeting, Annual Membership Meeting, Regents Recognition Dinner, and Convocation Ceremony.
 - 4.1.2. Additional Congress functions include attendance at educational sessions, luncheons, various receptions and a Corps Chiefs Meeting (tuition is waived).
- 4.2. Attend the Fall District Meeting, the Chapter Leaders Conference and two District teleconferences each year.
- 4.3. Attend an ACHE conference or seminar each year (tuition is waived).
- 4.4. Serve as an example to ACHE affiliates by making a meaningful annual tax-deductible contribution to the ACHE Foundation's *Fund for Innovation in Healthcare Leadership*.

Financial Support:

Regents of ACHE will be reimbursed for reasonable, actual expenses incurred when traveling to the Fall District Meeting and will be given an allocation at the beginning of the year to cover additional expenses incurred while conducting official ACHE business.

Eligibility Criteria:

Fellow of ACHE in good standing, eligible to vote in the jurisdiction they represent.

Recommended Knowledge, Skills and Experience

- Knowledge of the programs, products and services of ACHE;
- Knowledge of the programs and initiatives of the federal sector agencies that affect the affiliates of the jurisdiction;
- Negotiation, influencing and policy decision/analysis skills;
- Personal organizational and planning skills; and
- Experience with the operations of ACHE.

Term:

Three years

No Regent shall be elected to a consecutive term, except a Regent who fills a vacancy for less than two years. He/she shall be eligible for election to an immediately succeeding full term.

Appendix 4 – Sample Regent-at-Large Position Description

Summary:

The purpose of the Regents-at-Large is to promote diversity in the governance of ACHE with respect to race, ethnicity, gender, religion, age, sexual orientation, or disability. In this role, the Regent-at-Large promotes the vision, mission and values of ACHE by fostering the diversity of ACHE's leadership through programs developed to assist Regents (both Geographic and Federal Sector) increase the diversity of chapter and ACHE leadership and volunteer corps and by being a visible and diverse voice in the ACHE governance structure.

The Regent-at-Large is expected to be well-informed about the policies, programs and services of ACHE through active participation in these activities and to be visible and active in the healthcare community.

Duties and Expectations:

1. ACHE Governance

- 1.1. Serve on and attend meetings of the Council of Regents.
- 1.2. Provide advice and counsel to the Board of Governors, as requested.
- 1.3. Recommend affiliates to serve on ACHE committees and task forces, as requested.
- 1.4. Encourage and mentor potential candidates for Regent-at-Large.

2. Diversity Leadership

- 2.1. Serve as an advisor to the Regents of his/her assigned District in fostering greater diversity in chapter and ACHE leadership by:
 - 2.1.1. Reaching out to the Regents in his/her assigned District to identify ways that greater diversity in ACHE membership and leadership could be achieved;
 - 2.1.2. Working with other Regents-at-Large, the Regents in his/her assigned District and ACHE staff to develop and implement programs to facilitate greater diversity; and
 - 2.1.3. Assessing the impact of these programs for possible replication.

3. Communication and Visibility

- 3.1. Be available, on an individual basis, to affiliates and volunteer leaders for consultation and advice regarding diversity in healthcare management, as requested.
- 3.2. Present up to the authorized number of Regent's Awards each year.

4. Attendance and Participation

- 4.1. Register and attend ACHE's Congress on Healthcare Leadership.
 - 4.1.1. Governance-related functions include a District Meeting, the Regents Leadership Conference, Council of Regents Meeting, Annual Membership Meeting, Regents

Recognition Dinner, Convocation Ceremony and a Regent-at-Large Planning Session.

- 4.1.2. Congress functions include attendance at educational sessions, luncheons, and various receptions (tuition is waived).
- 4.2. Attend the Fall District Meeting, Chapter Leaders Conference and two District teleconferences each year.
- 4.3. Attend up to two teleconference meetings of the Regents-at-Large each year.
- 4.4. Attend an ACHE conference or seminar each year (tuition is waived).
- 4.5. Serve as an example to ACHE affiliates by making a meaningful annual tax-deductible contribution to the ACHE Foundation's *Fund for Innovation in Healthcare Leadership*.

Financial Support:

Regents-at-Large of ACHE will be reimbursed for reasonable, actual expenses incurred when traveling to the Fall District Meeting and will be given an allocation at the beginning of the year to cover additional expenses incurred while conducting official ACHE business.

Eligibility Criteria:

Fellow of ACHE in good standing who is diverse with respect to race, ethnicity, gender, religion, age, sexual orientation, or disability.

Recommended Knowledge, Skills and Experience

- Knowledge of the programs, products and services of ACHE, the programs of the Institute for Diversity in Health Management and the diversity affinity organizations;
- Knowledge of and experience with the development and/or operation of diversity management and leadership development programs;
- Negotiation, influencing and policy decision/analysis skills; and
- Personal organizational and planning skills.

Term:

Three years

No Regent-at-Large shall be appointed to a consecutive term, except a Regent-at-Large who fills a vacancy for less than two years. He/she shall be eligible for appointment to an immediately succeeding full term.