

## Report on 2007-08 Chapter Performance Checklist and Performance Indicators

### Governors Committee on Chapter Activities (GCCA)

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**Background:** Since 2002, the Governors Committee on Chapter Activities (GCCA) has conducted a survey entitled, Chapter Performance Checklist. The Checklist was created because the GCCA believed that some of the College's Chapter's may be "underperforming," and if this could be documented, College resources could be specially targeted to assist certain Chapters. In addition, a secondary goal of the Checklist was to identify "successful" Chapters, with a view of using these Chapters as "models" for all of the College's Chapters. Finally, the GGCA also sought to determine if "large" Chapters performed better than "small" Chapters.

In 2005-06, the Checklist was revamped, and the Chapter Performance Indicators (PIs) were created.\* In all, there are four PIs:

1. Enthusiastic Member Involvement
2. Supportive Administrative Structure
3. Sustainable Leadership
4. Worthwhile Member Services

Each PI is composed of various Chapter activities, services, and programs. For example, the Enthusiastic Member Involvement PI includes the following types of activities

- Provided an education program for Residents
- Included Residents' participation in CME program
- Included Residents' competition and/or awards

The components of each PI for the College's Chapters are listed in Attachment 1.

**Chapters' Performances:** As can be seen in Attachment 1, the Chapters perform relatively similarly across most of the PIs, but there are exceptions. For example, on page 1, in the Enthusiastic Member Involvement PI, the responses indicate that larger Chapters are more likely to maintain a membership market share of 76 percent or greater; of the 28 large Chapters, 13 reported having this market share percentage. Of the 16 medium Chapters, only 1 reported this market share percentage, and of the 18 small Chapters, 3 reported this market share percentage.

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\* The Performance Indicators were developed by Peggy Hoffman, president, Mariner Management & Marketing, LLC, Laurel, Maryland, an association management company. For a copy of the research article, contact Rhonda Peebles at [rpeebles@facs.org](mailto:rpeebles@facs.org).

Another noticeable discrepancy among the three sizes of Chapters relates to the use of/involvement with advocacy services and activities. Under the Supportive Administrative Structure PI (also on page 1), there are three items related to advocacy:

- Created or maintained a Chapter Committee on Advocacy (or another name) to be responsible for developing and carrying out the Chapter's advocacy agenda
- Hired a lobbyist to help carry out the Chapter's advocacy agenda
- Considered and/or implemented a statewide Political Action Committee (PAC)

For these three items, the responses indicate that large Chapters are much more likely to have a committee (or some type of group) that is responsible for developing and carrying out the Chapter's advocacy agenda. Among the medium Chapters, only 3 of 16 reported having a committee, and 4 small Chapters (of 18) have an advocacy committee. With regard to hiring a lobbyist, 4 large and 2 small Chapters reportedly do so, but none of the medium-sized Chapters hired a lobbyist.

The other PI where differences were noticeable was Worthwhile Member Services (on page 2), with the items related to membership communications. The responses indicate that, again, large Chapters are more likely distribute 1-3 newsletters via regular mail (14 of 28) or e-mail (22 of 28), when compared to medium and small Chapters. Similarly, large Chapters were much more likely to maintain a Web site (26 of 28), compared to medium Chapters (7 of 16) and small Chapters (7 of 18).

**Performance Indicators and Scatter Grams:** Also attached (Attachment 2) are scatter grams for each PI. In addition to plotting each Chapter's score on the chart, the scatter grams also include the mean (average) score for each group of Chapters, i.e., large, medium, and small. The scatter grams are a useful way to view all of the Chapters' scores on the four PIs.

**Conclusions and Recommendations:** To help "equalize" Chapters' performances across the four PIs, the following could be considered:

- Assist medium and small Chapters with developing committees on advocacy; this activity helps to reinforce the importance of advocacy and also provides opportunities for more volunteers to get involved with the Chapters
- Increase staff assistance to enhance Chapters' utilization of the on-line state advocacy action center
- Develop 6-10 membership marketing templates that could be customized by the Chapters and used to implement membership marketing campaigns
- Provide 2-3 conference calls (or web conferences) to help enhance Chapter Execs' abilities to increase their Chapter's membership market shares
- Consider the development of a grant program or the implementation of a new program/service aimed at helping the Chapters with their web sites and with their membership communications
- Consider merging small and/or medium Chapters, which could help to improve low PI scores

**State Advocacy Note:** The Division of Advocacy and Health Policy is pursuing the approval of an Action Plan developed through the Strategic Assessment Committee process (an ACS initiative to review College programs) in order to enhance state legislative affairs activity. Formal action on this proposal is expected during the 2008 Clinical Congress.

As envisioned, this would include among many things the hiring of additional staff in State Affairs serving as regional state legislative coordinators, and developing regional advocacy conferences focused on state legislative advocacy with an anticipated two-year rollout. Working with Chapters to help them develop their advocacy involvement in their state legislatures would be an important focus for these additional staff, as would carrying forward the Board of Governors-endorsed state advocacy initiative to pass the Uniform Emergency Volunteer Health Practitioners Act in state legislatures (potentially 17 states have been identified for 2009). Of course, State Affairs would continue to address other issues as well, including medical liability reform, trauma system funding and development, repeal of alcohol exclusion laws, and others as they arise.

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**How the 2007-08 Chapter Performance Checklist Was Conducted:** Chapter Executives were contacted via e-mail and directed to a special Web site. If a Chapter did not have an Exec, the elected Secretary (or Governor) was contacted. This year, only three Chapters declined to participate: Bronx (NY), Eastern Long Island (NY), and Northwest Pennsylvania. (*Staff note: It should be noted, that beginning in 2008, efforts have been underway to re-organize the Bronx Chapter.*)

## 2007-08 Chapter Performance Indicators

Performance Indicators--Descriptions	Chapter Size					
Performance Indicator: Enthusiastic Member Involvement						
	Large (N=28)		Medium (N=16)		Small (N=18)	
	Number	Percent	Number	Percent	Number	Percent
Provided education program for Residents	21	75	9	56	10	56
Included Residents' participation in CME program	27	96	14	88	12	67
Included Residents' competition and/or awards	23	82	14	88	10	56
Included a "jeopardy game" for Residents and/or Medical Students	5	18	2	13	2	11
Included Medical Students as presenters and/or attendees	20	71	9	56	10	56
Included an exhibit of scientific/clinical posters	14	50	5	31	4	22
Contacted new Initiates within 4 weeks of Congress	26	93	8	50	10	56
Utilized quarterly address change lists to contact FACS moving into your Chapter's area	24	86	13	81	13	72
<b>Percentage of eligible FACS who are Chapter members</b>						
Market share 25-50%	1	4	6	38	5	28
Market share 51-75%	11	39	7	44	8	44
Market share 76% +	13	46	1	6	3	17
<b>Performance Indicator: Supportive Administrative Structure</b>						
<b>Advocacy</b>						
Created or maintained a Chapter Committee on Advocacy (or another name) to be responsible for developing and carrying out the Chapter's advocacy agenda	14	50	3	19	4	22
Hired a lobbyist to help carry out the Chapter's advocacy agenda	4	14	0	0	2	11
Considered and/or implemented a statewide Political Action Committee (PAC)	4	14	1	6	3	17
<b>Other</b>						
<b>Council Meetings</b>						
Once per year	3	11	6	38	4	22
Two-three per year	17	61	6	38	9	50
More than three	8	29	3	19	3	17
<b>Conference Calls</b>						
Once per year	11	39	3	19	4	22
Two-three per year	8	29	2	13	2	11
More than three	4	14	2	13	0	0
Utilized e-mail and/or fax for official council business	27	96	13	81	16	89
Reviewed bylaws within last 3 years, but not revised	20	71	11	69	7	39
Bylaws contain gender-neutral language	22	79	10	63	12	67
	<b>Large (N=28)</b>		<b>Medium (N=16)</b>		<b>Small (N=18)</b>	

<b>Performance Indicator: Supportive Administrative Structure (con't)</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
<b>Number of representatives sent to annual Leadership Conference</b>						
One representative	7	25	3	19	8	44
Two representatives	7	25	4	25	3	17
Three or more representatives	9	32	3	19	0	0
<b>Number of Young Surgeon sent to annual Leadership Conference</b>						
One Young Surgeon	11	39	3	19	11	61
Two Young Surgeons	6	21	3	19	0	0
Three or more Young Surgeons	1	4	0	0	0	0
Send Chapter Admin. or Exec. Director to Leadership Conference	12	43	5	31	2	11
Select and send 1 or more representatives to the Resident-Associate Society Annual Meeting	7	25	3	19	1	6
Contributed to ACS endowment funds this past year	18	64	2	13	7	39
Achieved Life Membership in the ACS Fellows Leadership Society	9	32	1	6	0	0
Chapter has a succession plan for leadership (may be specified in the bylaws)	26	93	13	81	15	83
Conducted membership needs survey to assist with Chapter strategic planning and development	11	39	5	31	3	17
<b>Performance Indicator: Sustainable Leadership</b>						
<b>Council Representation</b>						
Young Surgeons (age 45 or less)	26	93	13	81	8	44
Resident (Resident-Associate Society)	12	43	11	69	18	100
Retired Surgeons	15	54	7	44	4	22
Colon-Rectal Surgery	15	54	7	44	13	72
Thoracic Surgery	23	82	13	81	14	78
Urology	7	25	6	38	16	89
Vascular Surgery	4	14	4	25	1	6
General Surgery	2	7	6	38	2	11
Neurological Surgery	6	21	5	31	3	17
Obstetrics-Gynecology	7	25	4	25	3	17
Ophthalmology	17	61	5	31	3	17
Otorhinolaryngology	14	50	6	38	5	28
Orthopaedic Surgery	16	57	10	63	5	28
Pediatric Surgery	12	43	5	31	4	22
Plastic Surgery	19	68	11	69	8	44
ACS Cancer Liaison Physician	27	96	15	94	15	83
ACS Committee on Trauma Representative	26	93	13	81	14	78
Surgical Department Chairs	18	64	10	63	7	39
ACS Governors-at Large	27	96	13	81	15	83
Diversity in gender	23	82	11	69	14	78
Diversity in ethnicity	22	79	9	56	10	56

	Large (N=28)		Medium (N=16)		Small (N=18)	
<b>Performance Indicator: Sustainable Leadership (con't)</b>	Number	Percent	Number	Percent	Number	Percent
<b>Other</b>						
<b>Chapter's reserves</b>						
One year's reserves	17	61	10	63	9	50
Two year's reserves	10	36	4	25	8	44
<b>Performance Indicator: Worthwhile Member Services</b>						
<b>Number of CME credit hours offered per year</b>						
One-eight hours/year	11	39	8	50	9	50
Eight-fifteen hours/year	14	50	6	38	6	33
More than fifteen hours/year	3	11	0	0	2	11
Provided 4-8 hours "hands-on" CME program	10	36	1	6	5	28
Included one or more socioeconomic speakers	24	86	14	88	13	72
Included surgical specialty participation	23	82	10	63	14	78
Distributed 1-3 newsletters via surface mail per year	14	50	4	25	4	22
Distributed 1 or more e-mail newsletters per year	22	79	6	38	7	39
Maintained an active Chapter Web site	26	93	7	44	7	39
Select and send at least 1 resident to Clinical Congress	9	32	6	38	4	22
Conducted at least one meeting for general membership	28	100	16	100	17	94
Provided Category 1 CME hours via an ACCME-accredited sponsor	27	96	11	69	13	72
Conducted more than one meeting for general membership	5	18	4	25	8	44
<b>Advocacy</b>						
Included information from ACS mailings in Chapter newsletters	19	68	6	38	4	22
Regularly communicated with Chapter membership regarding advocacy issues and initiatives	23	82	7	44	11	61
Participated in Washington DC Visit Program with DC Office staff	22	79	9	56	13	72
Encouraged Chapter leaders and members to utilize the on-line federal Legislative Action Center to send letters to members of Congress supporting ACS positions and issues	23	82	7	44	11	61
Sponsored an annual Day at the Capitol, either solely as a Chapter or in collaboration with other state specialty organizations	11	39	3	19	1	6
Participated in state medical society advocacy committees and/or other policymaking opportunities such as the state medical society House of Delegate	20	71	9	56	11	61

	Large (N=28)		Medium (N=16)		Small (N=18)	
<b>Performance Indicator: Worthwhile Member Services (con't)</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>	<b>Number</b>	<b>Percent</b>
Worked with College staff to utilize the on-line state action center to advocate on proposed legislation or regulation	8	29	2	13	2	11
Developed a Private Sector Advocacy Committee to help members deal with private insurer issues	1	4	0	0	0	0
Participated in Medicare carrier advisory activities	15	54	5	31	4	22



