Assessment Legend	
5	Strongly Agree
4	Agree
3	Disagree
2	Strongly Disagree
1	No Opinion
0	Does Not Apply

Note:

Some of the questions do not apply to all hospital boards due to statutory requirements. In those instances, please mark "**Does Not Apply**".

While a "yes" or "no" could answer some of these questions, we believe it is important to ascertain the feeling of the board on these subjects. Therefore, we ask that you use the scale provided. The scale definitions are provided at the top of the page.

The Board's Fiduciary Role

5	4	3	2	1	0	
○	○	○	○	○	○	1. Board members are expected to attend board meetings in order to conduct business and make informed decisions.
○	○	○	○	○	○	2. Board members receive meeting notices, written agendas, minutes and other appropriate materials well in advance of meetings.
○	○	○	○	○	○	3. The roles, responsibilities and authorities of the board members and officers, the CEO and the medical staff are stated in written documents.
○	○	○	○	○	○	4. Per Board procedure, Board members are required to disclose possible conflicts of interest.
○	○	○	○	○	○	5. The legal responsibilities and the potential liabilities of governance are clearly communicated to board members.
○	○	○	○	○	○	6. Board members are protected against the potential liabilities of governance through indemnity arrangements, insurance and other measures.

The board oversees a compliance plan that ensures policies and procedures are in place in the following areas:

○	○	○	○	○	○	7.1. Governance (i.e., operating in accordance with the organization's purpose, conflict of interest disclosures, code of conduct including confidentiality).

The Board's Fiduciary Role

5	4	3	2	1	0	
○	○	○	○	○	○	7.2. Human Resources (i.e., nondiscrimination, harassment, ADA, FMLA).
○	○	○	○	○	○	7.3. Fraud and Abuse (i.e., Stark Law, Anti-kickback Statute, False Claims Act).
○	○	○	○	○	○	7.4. If applicable, tax exempt status (i.e., audit procedures, review of 990, review of executive compensation).
○	○	○	○	○	○	7.5. If applicable, public hospital statutes (i.e., open meetings, open records, conflicts of interest).
○	○	○	○	○	○	8. Custom Question #1 TBFR
○	○	○	○	○	○	9. Custom Question #2 TBFR
○	○	○	○	○	○	10. Custom Question #3 TBFR

Comments:

Mission, Strategy & Stakeholders

5	4	3	2	1	0	
○	○	○	○	○	○	11. The board effectively fulfills its responsibility for establishing and maintaining the organization's long-range or strategic plan.

Mission, Strategy & Stakeholders

5	4	3	2	1	0		
○	○	○	○	○	○	12.	The hospital/system reviews (at least once every two years) and revises as appropriate the hospital's/system's direction and role (i.e., mission, vision, values, statements).
○	○	○	○	○	○	13.	Board membership is reflective of the community being served with needed professional skills/talents and reflective of our patient demographics (race, gender and age mix).
○	○	○	○	○	○	14.	The board seeks opportunities to communicate with the community regarding hospital/system services and programs and to inform and seek input to determine unmet health care needs.
○	○	○	○	○	○	15.	Board members understand their role in advocating for the hospital/system with elected officials.
○	○	○	○	○	○	16.	The board actively supports the fund-raising and development programs of the hospital and/or foundation.
○	○	○	○	○	○	17.	Custom Question #1 MSS
○	○	○	○	○	○	18.	Custom Question #2 MSS
○	○	○	○	○	○	19.	Custom Question #3 MSS

Comments:

Governance & Leadership Effectiveness

5	4	3	2	1	0	
○	○	○	○	○	○	20. Recognizing statutory requirements, the board periodically assesses the size of the board to effectively govern the organization.
○	○	○	○	○	○	21. If legally permissible, board members are appointed for a specified period of time with provision for reappointment and with a limit on the number of terms.
○	○	○	○	○	○	22. Prospective board members and board leadership are identified through an organized succession planning process.
○	○	○	○	○	○	23. The board has a written set of bylaws that are periodically reviewed (at least once every two years).
○	○	○	○	○	○	24. The board regularly evaluates the effectiveness of its board meetings, including frequency, length and content.
○	○	○	○	○	○	25. Standing and ad hoc committees report regularly to the full board.
○	○	○	○	○	○	26. Committees are reviewed regularly (at least once every two years) with regard to composition, goals, responsibilities and performance.
○	○	○	○	○	○	27. The board chair effectively and efficiently leads the board meetings, including working with the CEO to develop the agenda.
○	○	○	○	○	○	28. Board members are encouraged to ask questions and deliberate in a thoughtful and objective manner.
○	○	○	○	○	○	29. Board members are encouraged to identify education needs.

The board provides opportunities for development through:

Governance & Leadership Effectiveness

5	4	3	2	1	0	
○	○	○	○	○	○	30.1. A formally established program to orientate new board members.
○	○	○	○	○	○	30.2. Continuing education sessions for all board members, including discussions of local and national hospital issues and trends.
○	○	○	○	○	○	30.3. Reimbursement of expenses for local, state and national conferences and seminar attendance.
○	○	○	○	○	○	30.4. Resources on health care management and good governance practices.
○	○	○	○	○	○	30.5. Trustee education certification.
○	○	○	○	○	○	31. Custom Question #1 GLE
○	○	○	○	○	○	32. Custom Question #2 GLE
○	○	○	○	○	○	33. Custom Question #3 GLE

Comments:

The Board's Role in Finance

5	4	3	2	1	0	
○	○	○	○	○	○	34. The board annually approves a budget and ensures an audit is performed.
○	○	○	○	○	○	35. The board reviews the organization's financial position on a regular basis, including financial statements and performance metrics.
○	○	○	○	○	○	36. The board has established spending guidelines for the CEO.
○	○	○	○	○	○	37. Custom Question #1 TBRIF
○	○	○	○	○	○	38. Custom Question #2 TBRIF
○	○	○	○	○	○	39. Custom Question #3 TBRIF

Comments:

The Board's Role in Quality and Patient Safety

5	4	3	2	1	0	
○	○	○	○	○	○	40. The board effectively monitors and evaluates all areas of performance, including quality of care.
○	○	○	○	○	○	41. The board reviews quality performance metrics and benchmarks.

The Board's Role in Quality and Patient Safety

5	4	3	2	1	0	
○	○	○	○	○	○	42. The board has a quality committee that regularly reviews patient satisfaction and safety data, including analysis of risk events.
○	○	○	○	○	○	43. The board and its committees are dedicating the necessary time to have meaningful discussion on quality and patient safety issues.
○	○	○	○	○	○	44. The CEO (or designee), in conjunction with the board, set specific aim(s) each year to improve quality and patient safety.
○	○	○	○	○	○	45. The board has interaction with the medical staff on quality and patient safety strategy.
○	○	○	○	○	○	46. Custom Question #1 TBRIQAP
○	○	○	○	○	○	47. Custom Question #2 TBRIQAP
○	○	○	○	○	○	48. Custom Question #3 TBRIQAP

Comments:

The Board-CEO Relationship

5	4	3	2	1	0	
○	○	○	○	○	○	49. A performance evaluation of the CEO is done annually and is aligned with organization performance goals.

The Board-CEO Relationship

5	4	3	2	1	0	
○	○	○	○	○	○	50. The board makes informed decisions on medical staff appointments, reappointments and clinical privileges and fulfills its responsibility for a properly functioning medical staff.
○	○	○	○	○	○	51. The board refrains from making decisions related to the implementation of policy that should be made by the CEO and management staff.
○	○	○	○	○	○	52. The board refrains from making decisions related to the implementation of policy that should be made by the medical staff.
○	○	○	○	○	○	53. The board regularly assesses succession planning for CEO and senior leadership to ensure continuity for the organization.
○	○	○	○	○	○	54. Custom Question #1 TBCR
○	○	○	○	○	○	55. Custom Question #2 TBCR
○	○	○	○	○	○	56. Custom Question #3 TBCR

Comments: