



***Building Governance Gain***

# **Governance Practices Assessment Organizer**



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# Overview

## Introduction

A governance practices assessment is an organized, quantitative and qualitative evaluation of the board's satisfaction with all aspects of its performance in fulfilling its governance responsibilities. It combines ratings of various positive statements about the board's environment and processes, as well as board, committee and individual trustee focus and performance, with trustee recommendations for change to improve leadership performance. Done correctly and consistently, a governance practices assessment *process* (a combination of the assessment and the action plans created from it) 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.

On the following pages is a list of potential governance practices assessment criteria listed in four key areas: 1) overall board performance, grouped into ten key leadership areas; 2) evaluation of board committees; 3) and 3) issues and priorities; and 4) an assessment of all trustees and a personal performance assessment. To ensure that the governance practices assessment meets your unique governance analysis needs, please review each of the criteria, and check the boxes with the statements you would like your board to use in the evaluation. At the end of each leadership responsibility area you may also add additional criteria you would like to include in your assessment in the space provided. *After selecting the criteria you would like to include in your governance practices assessment, create your customized governance practices assessment questionnaire by using the Microsoft Word® template included on the Governance Practices Assessment Toolkit, or through an online survey tool of your choice.*

## Draft Assessment Criteria

Potential assessment performance categories and individual performance rating points appear on the following pages. The criteria have been divided into four sections:

- Board performance;
- Committee performance;
- Issues and priorities; and
- Personal performance assessment.

Below each set of criteria is an open-ended question that asks trustees to articulate actions the board may take to improve its performance in the overall performance category being rated.

## Recommended 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.

# Section 1: Board Performance Assessment

# Board Performance Assessment

## 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.

## Leadership Responsibility 1: Mission, Values and Vision

- ☐ The hospital has a clear, focused and relevant written mission
- ☐ The hospital has a clear, focused and relevant written vision
- ☐ The hospital has clear, focused and relevant written values
- ☐ The mission, values and vision drive decision making at all board meetings
- ☐ The mission, values and vision drive hospital strategies, objectives and action plans over the next five years
- ☐ The board uses the mission, values and vision when making policy and strategic decisions in the best long-term interests of our hospital and the people we serve
- ☐ The board tests all policy and strategy decisions by asking how/if they will strengthen our ability to achieve the mission and vision
- ☐ The board regularly reviews the status of strategies and objectives to ensure fit with the mission and vision
- ☐ Trustees fulfill their leadership role in ensuring achievement of the mission, values and vision
- ☐ The board's governing leadership supports and strengthens our ability to achieve our mission, values and vision
- ☐ (Open-ended question) How can the Board of Trustees improve its leadership in this area?

## **Additional Board Performance Criteria to be Included in Your Assessment:**

*Please list any additional criteria you would like to include in your overall assessment of board performance.*

1. \_\_\_\_\_  
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## Leadership Responsibility 2: Strategic Direction

### ***The Strategic Planning Process***

- ☐ The board's collective understanding of the evolving health care environment (local regional and national) ensures effective strategic decision making
- ☐ The hospital's strategic objectives are clearly communicated to the board, employees and other stakeholder individuals and organizations
- ☐ Trustees understand strategic issues the hospital is facing, and the factors most critical to organizational success and performance
- ☐ The board is well-familiar with the planning data and assumptions that form as the foundation for the strategic plan
- ☐ Strategic information provided to the board enables a clear understanding of issues and challenges, and facilitates decision making
- ☐ The hospital has a flexible, responsive strategic planning process
- ☐ The board focuses the majority of its time on strategic thinking and strategic leadership rather than strategic plans
- ☐ The board responds to new challenges with knowledge-based ideas and directions

### ***Community and Stakeholder Perspectives***

- ☐ The board ensures that stakeholders' and constituents' needs, interests and viewpoints are assessed in developing goals and strategies
- ☐ Trustees understand critical community health needs and challenges
- ☐ Governance decisions are principally based on meeting community health needs

### ***Monitoring Progress***

- ☐ The board regularly monitors progress toward the achievement of our strategic objectives, using board-approved key performance indicators that define organizational success
- ☐ The board takes timely corrective actions if/when objectives are not being met
- ☐ The board monitors the performance of hospital services to evaluate how they are meeting previously established goals
- ☐ Criteria is in place for evaluating new service feasibility and value in fulfilling the mission and vision
- ☐ The board annually reviews the strengths and weaknesses of major service lines and programs, and their role and value in mission and vision fulfillment
- ☐ (Open-ended question) How can the Board of Trustees improve its leadership in this area?

***(Leadership Responsibility 2 continued on next page)***

*(Leadership Responsibility 2 continued from previous page)*

**Additional Board Performance Criteria to be Included in Your Assessment:**

*Please list any additional criteria you would like to include in your overall assessment of board performance.*

1.

2.

3.

4.

### Leadership Responsibility 3: Leadership Structure and Governance Processes

#### **Board Roles and Responsibilities**

- ☐ The board's roles and responsibilities are clearly defined in a written document
- ☐ The board's role and responsibilities are consistently adhered to
- ☐ Decision protocols and procedures have been established
- ☐ Trustees consistently follow our decision protocols and procedures
- ☐ Directors' and officers liability insurance provides the protection needed to reassure trustees that a "safe" governance environment exists

#### **Board Structure and Composition**

- ☐ The leadership qualities required for effective governance are in place
- ☐ A process for identifying and recruiting new trustees is used to build the board team
- ☐ The trustee recruitment strategy looks forward at least five years
- ☐ Clearly defined criteria for identification, screening, interviewing, evaluating and recruiting new trustees ensures needed leadership assets are available when needed
- ☐ The board matches present skills against current and emerging trends, challenges and issues, ensuring that skills are/will be in place to successfully deal with the future
- ☐ The board has a trustee expertise "portfolio" that outlines the experience, expertise and personal characteristics required of trustees
- ☐ The board assesses environmental and organizational changes on the horizon, and determines new governance skills required to forcefully and effectively lead throughout the change process
- ☐ The board fosters leaders who understand how to encourage innovation and welcome organizational change
- ☐ The board encourages change and creativity in leveraging change for strategic advantage
- ☐ The organization of the board encourages critical dialogue

#### **Committees and Task Forces**

- ☐ The board's committee structure is effectively tailored to the strategic issues important to the hospital
- ☐ The board committee structure ensures flexibility and responsiveness to evolving challenges and opportunities
- ☐ Committees have specific charters, well-qualified members, and efficient operating rules that advance understanding, improve decision-making, and contribute to strategic success
- ☐ Highly focused and accountable committees and task forces free the full board for high-level strategic discussion
- ☐ Strategically-oriented committee and task force reports enable a continual focus on strategic issues

***(Leadership Responsibility 3 continued on next page)***



***(Leadership Responsibility 3 continued from previous page)***

## ***Trustee Performance***

- ☐ The board has a process for determining when a trustee is not performing to the board's standards or requirements
- ☐ The board has a process for improving individual trustee effectiveness when non-performance becomes a governance process
- ☐ The board has a process for removing a trustee from the board for non-performance

## ***Strategic Focus***

- ☐ The board adheres to its policy-making function, and does not engage in operational thinking or decision making
- ☐ At least 75 percent of the board's meeting time is spent focusing on strategic issues
- ☐ The board engages in productive policy-making and strategic discussion
- ☐ The board resolves problems effectively, even when the solutions are uncomfortable to implement

## ***Board Meetings***

- ☐ The frequency of our board meetings ensures timely decisions
- ☐ Board meeting attendance meets the hospital's need for broad-based and inclusive dialogue, and consensus-based decision making
- ☐ Meeting agendas provide adequate time to discuss and act on significant strategic issues
- ☐ Agendas reflect our strategic issues and priorities, and focus on specific outcomes the board wants to achieve at the meeting
- ☐ The board chair keeps a tight rein on digressions, members' side discussions, and issues that have already been addressed
- ☐ The board chair is well-skilled in the dynamics of effective meeting management and leadership, and keeps meetings well-organized and tightly constructed
- ☐ Trustees' time is respected and used efficiently, and trustee involvement and participation are enhanced as a result
- ☐ The board saves critical time for important discussions by utilizing a consent agenda covering the routine actions that require approval

## ***Trustee Knowledge***

- ☐ Each trustee is provided with background information and intelligence resources required for active participation in board dialogue
- ☐ Trustees receive well thought-out strategic options and alternatives from management prior to defining a strategic course of action
- ☐ A continual flow of new information and assumptions are presented at board meetings, and trustees use the information to modify strategic direction as necessary
- ☐ Trustees have a clear and comprehensive understanding of the changing health care environment (local, regional and national) and its effects on the hospital
- ☐ A regular environmental assessment is conducted, ensuring board understanding of the changes taking place in the health care environment, and their implications on the hospital, its physicians, and local health care consumers

***(Leadership Responsibility 3 continued on next page)***

*(Leadership Responsibility 3 continued from previous page)*

## **Governance Development**

- ☐ A governance development process is in place that identifies governance issues, determines educational needs, and manages the governance practices assessment process
- ☐ The board develops and implements an annual governance improvement plan
- ☐ The board has an education development plan that assures trustee understanding of issues essential to effective governance, including education and orientation at every board meeting, and annually at the board retreat
- ☐ Board orientation and education broadens trustees' perspectives about the challenges the hospital will face in the future

## **Meeting Materials**

- ☐ Board members receive agendas and meeting materials at least one week in advance of board, committee and task force meetings
- ☐ Our meeting materials promote meaningful dialogue and critical decision-making
- ☐ Board materials are presented in an "executive summary" format for ease of understanding
- ☐ The information the board receives is relevant, timely, understandable and actionable, and facilitates board decision making

## **Board Relationships and Communication**

- ☐ Working relationships among trustees are good
- ☐ The board has an environment where trustees engage in vibrant dialogue that challenges conventional thinking
- ☐ Board dialogue creates consensus and positive new directions
- ☐ The board takes time to discuss difficult issues
- ☐ Trustees are open about their thoughts and feelings
- ☐ The board's decision-making culture includes active involvement, questioning, probing, challenging and stimulating discussion and dialogue on meaningful issues
- ☐ The governance culture is open to alternative views, and constructively challenges "conventional wisdom"
- ☐ The board's decision pathways ensure that all critical decisions include the proper mix of background, discussion of alternatives, potential outcomes and preferred choice
- ☐ Every trustee has a voice in our governance decisions
- ☐ Opportunities for individual participation strengthen decision-making, enrich discussion, build understanding and prepare individual trustees for future leadership challenges
- ☐ The board has conflict of interest policy
- ☐ The board has a conflict resolution process
- ☐ Trustees annually declare conflicts that may inhibit their ability to provide unbiased, independent thinking and decision-making
- ☐ (Open-ended question) How can the Board of Trustees improve its leadership in this area?

*(Leadership Responsibility 3 continued on next page)*

*(Leadership Responsibility 3 continued from previous page)*

**Additional Board Performance Criteria to be Included in Your Assessment:**

*Please list any additional criteria you would like to include in your overall assessment of board performance.*

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## Leadership Responsibility 4: Quality and Patient Safety

### *Defining and Understanding Quality and Patient Safety Issues*

<input type="checkbox"/>	The hospital has a board approved definition of quality
<input type="checkbox"/>	The board's definition of quality encompasses community health, wellness and prevention
<input type="checkbox"/>	The hospital has a board approved definition of patient safety
<input type="checkbox"/>	The hospital has a board-approved, hospital-wide plan with objectives for improving patient safety and reducing medical errors
<input type="checkbox"/>	The board-approved plan ensures compliance with applicable state, federal and local regulatory and statutory requirements
<input type="checkbox"/>	The board has discussed and adheres to JCAHO leadership-related accreditation standards
<input type="checkbox"/>	The board, leadership team and medical staff meet the Joint Commission's quality standards
<input type="checkbox"/>	The hospital achieves the Joint Commission's national patient safety goals
<input type="checkbox"/>	The board has discussed and understands the Medicare Conditions of Participation
<input type="checkbox"/>	The board has approved a Patients' Bill of Rights
<input type="checkbox"/>	Quality improvement is a core organizational strategy
<input type="checkbox"/>	The board has a policy to ensure that ethnic and/or racial diversity is not a barrier to access to care
<input type="checkbox"/>	The hospital has approved quality measures for patient services provided through contractual arrangements by other organizations on the hospital's behalf
<input type="checkbox"/>	The board supports investment in system improvements that will improve safety

### *Monitoring Quality and Patient Safety*

<input type="checkbox"/>	The board consistently evaluates attainment of targets to ensure achievement of the board's quality and patient safety improvement plan
<input type="checkbox"/>	The hospital has a board-approved process for identifying and reporting adverse events impacting patients, and ensures actions to prevent recurrence
<input type="checkbox"/>	The hospital has a quality improvement process that continuously defines, measures and improves quality at all levels, including clinical, service and organizational development
<input type="checkbox"/>	The board uses the results of patient perception studies to ensure improvement in the patient experience
<input type="checkbox"/>	The board monitors compliance with applicable state, federal and local regulatory and statutory requirements
<input type="checkbox"/>	The CEO's performance objectives are based on measurable and achievable quality goals
<input type="checkbox"/>	The board effectively carries out its responsibility for ensuring high quality, safe patient care
<input type="checkbox"/>	Quality and patient safety performance and issues are reviewed at every board meeting
<input type="checkbox"/>	The board approves the written performance improvement or quality assessment plan
<input type="checkbox"/>	The board has established clearly-defined and measurable quality improvement targets

***(Leadership Responsibility 4 continued on next page)***

*(Leadership Responsibility 4 continued from previous page)*

**Ensuring a Workforce that Provides High Quality and Safe Care**

<input type="checkbox"/>	The board's process of approving appointments and reappointments to the medical staff meets its quality and legal responsibilities
<input type="checkbox"/>	The board ensures that appropriate resources are in place to assure a competent, high-quality patient care workforce
<input type="checkbox"/>	(Open-ended question) How can the Board of Trustees improve its leadership in this area?

**Additional Board Performance Criteria to be Included in Your Assessment:**  
*Please list any additional criteria you would like to include in your overall assessment of board performance.*

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Leadership Responsibility 5: Community Relationships

Ensuring Public Trust and Confidence

- ☐ The hospital identifies important community constituencies, and designs a plan for trustee involvement that advances the hospital's image, reputation and market awareness levels
- ☐ The hospital regularly measures the public's perceptions of the hospital's programs and services, community contribution, perceived trust, economic impact and overall value as a community health asset
- ☐ The board understands the implications of public perceptions on future success
- ☐ The board enjoys a high level of public trust and confidence
- ☐ The board's actions contribute to building and sustaining a positive image for the organization

Ensuring Community Communication and Feedback

- ☐ The board has established a process for eliciting community input and viewpoints about future service needs and opportunities
- ☐ The board ensures that the hospital's plans and priorities are well-communicated to our community stakeholders
- ☐ The board utilizes trustees as community "ambassadors" to communicate with stakeholders on important health care issues
- ☐ The board works with others in the community to develop collaborative partnerships in building a healthier community
- ☐ The board's role in local, regional and state political advocacy advances the hospital's standing with political leaders
- ☐ (Open-ended question) How can the Board of Trustees improve its leadership in this area?

Additional Board Performance Criteria to be Included in Your Assessment:

Please list any additional criteria you would like to include in your overall assessment of board performance.

- 1.
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## Leadership Responsibility 6: Relationship With the CEO

### ***Board and CEO Roles***

- 
- ☐ The board and CEO have clear, mutually agreed-upon roles
  - ☐ The board's strategic/policy responsibilities vs. the CEO's operational responsibilities are followed
  - ☐ The board and CEO have clear, mutually agreed-upon expectations of one another
  - ☐ Trustees adhere to the governing board's policy-making role and do not interfere in the CEO's operations management role
- 

### ***Communication, Support and Shared Goals***

- 
- ☐ The board consistently supports the CEO in the pursuit and implementation of board-approved objectives
  - ☐ Mutual trust and respect exist between trustees and the CEO
  - ☐ The board and CEO work together with a sense of purpose
  - ☐ The board always hears from the CEO in advance of a difficult or potentially problematic hospital issue
  - ☐ The chairman-CEO relationship sets a positive, constructive framework for the overall board-CEO relationship
  - ☐ The board uses executive sessions to promote open communication between the board and CEO
- 

### ***CEO Evaluation***

- 
- ☐ The board evaluates and compensates the CEO using pre-defined expectations and defined performance targets tied to achievement of the mission, vision and strategic objectives
  - ☐ The board evaluates the CEO's performance annually based on pre-defined expectations and targets
  - ☐ The CEO's compensation is linked to strategic performance
  - ☐ The board ensures that the CEO's compensation package stimulates and rewards excellent performance
  - ☐ The board regularly reviews the CEO's compensation to ensure that it is reflective of compensation trends among other hospitals of similar size, and that it reflects the magnitude of challenges and issues facing the administration and the hospital
  - ☐ (Open-ended question) How can the Board of Trustees improve its leadership in this area?
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***(Leadership Responsibility 6 continued on next page)***

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***Additional Board Performance Criteria to be Included in Your Assessment:***

*Please list any additional criteria you would like to include in your overall assessment of board performance.*

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Leadership Responsibility 7: Relationships With the Medical Staff

Physician Involvement in Decision Making

- ☐ The board ensures physician participation in the development of the hospital's mission, values and vision
- ☐ Physician leaders participate in decision making processes at the board and committee level, and are actively involved in important hospital decisions
- ☐ Members of the medical staff offer advice and counsel on strategic issues in order to help improve outcomes

Shared Understanding

- ☐ The board and medical staff develop and share common goals
- ☐ Trustees understand the roles and responsibilities of the medical executive committee
- ☐ The board ensures that the interests of the physician community are addressed as the organization strives to fulfill its mission

Communication and Interaction

- ☐ There is effective communication between the board and the medical staff
- ☐ There is an effective method for communicating board decisions that impact physicians, their practices and their patients
- ☐ The board builds trust with physicians through collaborative and productive working relationships
- ☐ The board regularly assesses physician attitudes and needs
- ☐ (Open-ended question) How can the Board of Trustees improve its leadership in this area?

Additional Board Performance Criteria to be Included in Your Assessment:

Please list any additional criteria you would like to include in your overall assessment of board performance.

- 1.
- 2.
- 3.
- 4.

Leadership Responsibility 8: Financial Leadership

The Fiduciary Responsibility

- ☐ The board successfully carries out its fiduciary responsibility for the oversight of financial resources and direction
- ☐ The board uses the annual budget process to define the most effective allocation of the hospital's limited resources
- ☐ The board leads the development of long-range and short-range financial planning
- ☐ The board measures performance against the plans
- ☐ Regular financial reports made to the board are understandable and meaningful
- ☐ The board annually adopts a long-term capital expenditure budget, with expenditures prioritized based on greatest value
- ☐ The board ensures that adequate capital is available for the hospital's investment strategies
- ☐ The board directs the conduct of an annual audit, and thoroughly discusses all recommendations from the independent auditor's report and management letter
- ☐ Board members are comfortable asking questions about financial issues during board meetings

Monitoring Progress

- ☐ The board identifies and approves targets for important measures of financial and operational performance needed by the board to monitor organizational performance and make timely, informed decisions
- ☐ Performance targets are discussed at least quarterly
- ☐ Financial reports are presented in a format that is easy to understand, highlights major trends and stimulates creative discussion that enables timely and effective decision making
- ☐ The board uses financial performance reports to modify assumptions and shift resources, as necessary
- ☐ (Open-ended question) How can the Board of Trustees improve its leadership in this area?

Additional Board Performance Criteria to be Included in Your Assessment:

Please list any additional criteria you would like to include in your overall assessment of board performance.

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Leadership Responsibility 9: Community Health

Development and Support of Community Health Initiatives

- ☐ The hospital has defined what constitutes our "community"
- ☐ There is a board-wide understanding of and commitment to building a healthier community
- ☐ The board understands the strategic importance of initiatives designed to improve the health of the community
- ☐ The hospital promotes and supports specific initiatives whose sole purpose is improving community health, regardless of financial gain
- ☐ CEO performance objectives include a focus on improving community health
- ☐ The hospital jointly advocates with other community organizations for legislation, regulation and other actions to address community health and socioeconomic issues
- ☐ The hospital conducts an annual or semi-annual community needs assessment that defines and measures improvement in the community's health
- ☐ The board has a clear and consensus-driven understanding of the most important community health needs and issues

Community Involvement and Communication

- ☐ The hospital, in conjunction with its community partners, regularly assesses the value and impact of our joint community health improvement efforts using specific measures of health status, health outcomes and services provided
- ☐ The hospital has a process to secure and evaluate community feedback on the value of our programs and services
- ☐ The hospital uses feedback from the community to enhance responsiveness to its community health improvement opportunities
- ☐ The hospital establishes community partnerships to leverage services and resources to maximize community benefit and carry out our community health improvement agenda
- ☐ The hospital and its community partners disseminate the results of their shared improvement efforts to the community and interested stakeholders
- ☐ (Open-ended question) How can the Board of Trustees improve its leadership in this area?

Additional Board Performance Criteria to be Included in Your Assessment:

Please list any additional criteria you would like to include in your overall assessment of board performance.

- 1.
- 2.
- 3.
- 4.

## Leadership Responsibility 10: Organizational Ethics

### ***Ensuring Development and Implementation of Organizational Ethics***

- ☐ The board has adopted a statement of values and ethical principles for the hospital
- ☐ The board has adopted a statement of values and ethical principles for the governing board
- ☐ The board ensures that procedures and training are in place to ensure that our values and principles are consistently applied to governance decision making processes, business practices and delivery of patient care
- ☐ The board ensures that the hospital not conduct business with suppliers and vendors who do not comply with our ethical principles and values
- ☐ The board ensures compliance with applicable state, federal and local regulatory and statutory requirements
- ☐ The board's credentialing process ensures that compliance with our ethical values and principles is a factor in our process of selecting, retaining and extending privileges to physicians

### ***Ensuring Development and Implementation of Organizational Ethics***

- ☐ The board's workforce development policy ensures that compliance with our ethical values and principles is a component of employee evaluations
- ☐ The board ensures that there are applicable sanctions for employees, volunteers and others affiliated with the hospital who violate our ethical principles and values

### ***Awareness of Ethical Issues***

- ☐ The board ensures that our ethical principles and values are provided to all individuals who are employed by, volunteer with, or are formally affiliated with the hospital
- ☐ The board ensures that our ethical principles and values are provided to patients and their families
- ☐ The board ensures a process to allow patients to confidentially bring concerns about ethical issues to the attention of management
- ☐ The board ensures a process to allow employees to confidentially bring concerns about ethical issues to the attention of management
- ☐ The board ensures a process to allow physicians to confidentially bring concerns about ethical issues to the attention of management
- ☐ (Open-ended question) How can the Board of Trustees improve its leadership in this area?

***(Leadership Responsibility 10 continued on next page)***

*(Leadership Responsibility 10 continued from previous page)*

***Additional Board Performance Criteria to be Included in Your Assessment:***

*Please list any additional criteria you would like to include in your overall assessment of board performance.*

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## Section 2: Committee Evaluation

# Committee Evaluation

**Rating Scale:**

- Level 5: This committee's performance is *outstanding*. It's work and contribution is vital to our governance effectiveness and success.
- Level 4: This committee *performs well*. It makes a good contribution to our governance effectiveness and success.
- Level 3: This committee performs *fairly well*. It could play a more significant role in our governance effectiveness and success.
- Level 2: This committee *does not perform well*. It's contribution to our governance effectiveness and success is minimal.
- Level 1: This committee performs *very poorly*. It's purpose and performance are questionable, and it does not play any meaningful role in our governance effectiveness and success.
- N/S: Not sure. I do not have enough information to make a determination about this committee's performance.

**Board Committees**

<input type="checkbox"/>	Executive Committee
<input type="checkbox"/>	Finance Committee
<input type="checkbox"/>	Audit Committee
<input type="checkbox"/>	Strategic Planning Committee
<input type="checkbox"/>	Nominating Committee
<input type="checkbox"/>	Board Development Committee
<input type="checkbox"/>	Quality Assurance Committee
<input type="checkbox"/>	Compliance Committee
<input type="checkbox"/>	Compensation Committee
<input type="checkbox"/>	Community Relations Committee
<input type="checkbox"/>	Ethics Committee

**Other Board Committees (please list):**

<input type="checkbox"/>	
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<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	
<input type="checkbox"/>	

## Section 3: Issues and Priorities



# Issues and Priorities

***(Open-ended questions):***

<input type="checkbox"/>	What is your single highest priority for the board in the next year?
<input type="checkbox"/>	What are the board's most significant strengths?
<input type="checkbox"/>	What are the board's most significant weaknesses?
<input type="checkbox"/>	What key issues should occupy the board's time and attention in the next year?
<input type="checkbox"/>	What do you see as the most significant trends that the board must be able to understand and deal with in the next year?
<input type="checkbox"/>	What factors are most critical to be addressed if the hospital is to successfully achieve its goals?

***Please list any other opened-ended questions you would like to include in your assessment.***

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2.	<div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div>
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## **Section 4: Personal Performance Assessment**

# Personal Performance Assessment

**Rating Scale:**

- Level 5: I *strongly agree* with this statement. I *always* demonstrate this as a part of my trusteeship. My performance in this area is *outstanding*.
- Level 4: I *generally agree* with this statement. I *usually* practice this as a part of my trusteeship, but not always. I perform *well* in this area.
- Level 3: I *somewhat agree* with this statement. I *often* practice this as a part of my trusteeship, but I am not consistent. I perform *fairly well* in this area.
- Level 2: I *somewhat disagree* with this statement. I *inconsistently* demonstrate this as a part of my trusteeship. I *do not perform very well* in this area.
- Level 1: I *disagree* with this statement. I *do not* practice this in my trusteeship. I perform *poorly* in this area.

**Governing Attributes**

<input type="checkbox"/>	I consistently and effectively participate in the governance process
<input type="checkbox"/>	I build good working relationships with my trustee colleagues
<input type="checkbox"/>	I have an effective working relationship with the CEO
<input type="checkbox"/>	I understand the key issues and challenges facing the hospital
<input type="checkbox"/>	I focus attention on long-term policy issues rather than administrative and operational issues
<input type="checkbox"/>	I actively participate in board and committee meetings
<input type="checkbox"/>	I offer unique skills that broaden board perspectives and inform decision making
<input type="checkbox"/>	I ask probing and insightful questions that contribute to effective dialogue and discussions
<input type="checkbox"/>	I demonstrate a high level of commitment to and interest in the hospital
<input type="checkbox"/>	I communicate the hospital's interests to professional, civic and service organizations
<input type="checkbox"/>	I come to meetings prepared to engage in meaningful discussion and thoughtful decision-making
<input type="checkbox"/>	(Open-ended question) How can you improve your leadership in this area?

**Additional Performance Criteria to be Included in Your Assessment:**

Please list any additional criteria you would like to include in your assessment of individual trustee governing attributes.

1.

2.

3.

**Personal Attributes**

<input type="checkbox"/>	I keep an open mind on controversial issues
<input type="checkbox"/>	I discuss controversial topics effectively
<input type="checkbox"/>	I am a willing and enthusiastic promoter of the hospital's interests
<input type="checkbox"/>	I meet my time commitments
<input type="checkbox"/>	I think quickly and assimilate ideas well
<input type="checkbox"/>	I ask for and listen to others' ideas and input
<input type="checkbox"/>	I maintain confidentiality when required
<input type="checkbox"/>	I am effective in presenting ideas
<input type="checkbox"/>	I deal well in ambiguous and unstructured situations
<input type="checkbox"/>	I exercise constructive skepticism
<input type="checkbox"/>	I ask incisive, probing questions
<input type="checkbox"/>	I continually seek to improve my leadership performance
<input type="checkbox"/>	(Open-ended question) How can you improve your leadership in this area?

**Additional Performance Criteria to be Included in Your Assessment:**

*Please list any additional criteria you would like to include in your assessment of individual trustee personal attributes.*

1.	<div></div> <div></div> <div></div>
2.	<div></div> <div></div> <div></div>
3.	<div></div> <div></div> <div></div>
4.	<div></div> <div></div> <div></div>