



MEDICAL RESEARCH INSTITUTE
ALEXANDRIA UNIVERSITY

Hospital Governance

Assessment Guide

Based on the
Egyptian Accreditation Standards for Hospitals

2018



Hospital Governance

Assessment Guide

2018



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PREFACE

The release of the first edition of the Hospital Governance Guide by the Health Governance Unit, Medical Research Institute, Alexandria University is a contribution towards the establishment of well led healthcare organizations. The guide is based on the Egyptian Accreditation Standards for Hospitals and aims at supporting hospitals towards accreditation and facilitating a better understanding of board governance within hospitals.



This guide benefits from the practical experience gained by the Health Governance Unit staff over the years and their work with the various healthcare sectors' hospitals in Alexandria. The guide aims at presenting the rationale behind each standard and how to assess the degree of standard implementation within your hospital. The guide can also be used for a stepped approach that puts things right regarding governance within your hospital.

The guide is formatted and written in a manner that is suitable for healthcare professionals, hospital management and hospital board members. On behalf of the Medical Research Institute, Alexandria University I hope that this guide will facilitate capacity building in relation to governance within our hospitals.

Professor Amal Ghanem
Dean
Medical Research Institute
Alexandria University

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The production of this guide was achieved with support and help from many. We would like to thank in particular our colleague Professor Wafa Wahib, Professor of Public Health, High Institute of Public Health, Alexandria University for the review and appraisal of the guide. Special thanks goes to Mostafa Dessouki for designing the guide front page and guide layout and to Amr Shokry and Rabab Salah for their secretarial support and their dedication in carrying out the required modification with each draft during the production time of this guide.

AUTHORS

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As a former Dean of the Medical Research Institute, Alexandria University he has been exposed to the challenges of institutional management that led him to actively participate in the launching and implementation of the Health Governance Program which encompasses clinical governance, institutional governance and health system governance and within such context this work has been carried out.



As Director of the Health Governance Program he has led much work on governance education and training culminating in the development of the Health Governance Diploma. His work on governance also led him to the promotion of the Egyptian Accreditation Standards for Hospitals through the design and implementation of rigorous exercises of assessments which led to the production of this guide.

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Since 2014, a full-time researcher at the Health Governance Unit, Medical Research Institute, Alexandria University, has dedicated a large part of her work to the development and testing of governance practice assessment tools related to the Egyptian Accreditation Standards for Hospitals. She also participates as a lecturer and facilitator in several governance workshops and the Health Governance Diploma Program.



Hospital Governance

1. Purpose of The Guide

This guide is based on the 2013 Egyptian Healthcare Accreditation Program, Standard for Hospitals, issued by the Accreditation Executive Committee of the Ministry of Health, its aim is to provide hospital staff and leadership a clear understanding of the governance standards and to guide improvement teams in the assessment of the current governance practices as a first step for any hospital improvement initiative. The guide facilitates the assessment activity through elaborating on the rationale of each governance standard with its related assessment process.

It has been developed through the experience gathered by the Health Governance Unit, Medical Research Institute, Alexandria University in the recent years through its health governance educational and training activities.

The Health Governance Unit team, which includes among its members surveyors internationally certified, has carried out orientation activity for public, university and private hospitals and had the chance to carry out assessments in some of these hospitals with the tools and methodology presented in this guide.

2. Governance

The Oxford Dictionary defines “governance” as the action or manner of governing a state, organization, etc. It also defines “govern” as to conduct policy, actions, and affairs of a state, organization or people with authority. The origins of the word governance in Latin *gubernare* and Greek *kubernan* mean “to steer”. So, governance in simple terms means how we run or direct our affairs.

Governance has always been associated with politics as political governance. However, nowadays, governance is associated with all forms of activity and services. We have educational governance, financial governance, research governance, information governance, health governance, etc. Governance is here to ensure that systems, organizations or people are working towards the benefit of their owners and wider community.

Governance is different from management in that it sets direction and monitors performance while management is responsible for implementing the various activities that will lead to the achievement of the desired ends. Governance is also responsible for ensuring that activities are implemented within the boundaries of

law and work ethics. Simply, governance makes sure that we are achieving the right ends without doing wrong things.

3. Governance of Healthcare Organizations

Healthcare organizations, whether hospitals, primary healthcare centers, specialized care centers, all need a governing body to ensure that these organizations are fulfilling their intended purpose towards their communities. The Oxford Dictionary defines a “governing body” as a group of people who formulate the policy and direct the affairs of an institution in partnership with the managers. The 2013 Egyptian Healthcare Accreditation Program, Standard for Hospitals, issued by the Accreditation Executive Committee of the Ministry of Health defines a governing body as the individuals, group, or agency that has ultimate authority, responsibility, and accountability for the overall strategic direction, methods of operations (management and planning), establishment of policies, and maintenance of the quality of care of the organization.

Governing bodies, in the form of a board, committee, or council, guided by the organization’s purpose as stated in its mandate or bylaws, develop the strategic direction and related policies that management should follow to achieve the organization’s purpose. Furthermore, governing bodies have a monitoring function over management to make sure that progress is being achieved and that law and regulations are not breached. In other words, governing bodies are responsible for the performance and conformance of the organizations they govern.

As management is accountable to governance, governing bodies are also accountable and in this case to either the bodies that have put them in this position or to the wider community and its regulatory mechanisms.

4. Principles of Good Governance

Governing bodies in fulfilling their responsibilities and roles are guided by a set of principles of good governance:

Participation: All decisions taken should entail a process of engagement of all stakeholders especially those who are directly affected by them. The degree of engagement can vary from informing or consulting up to full involvement and empowerment. In the health governance special emphasis is put on patient and public engagement.

Rule of law: Under no circumstances are the decisions to breach the boundaries of law. Furthermore, in its foresight role governance ensures that others have also not crossed the limitations put down by law.

Accountability: A central point of governance is accountability which comes after accepting responsibility. Responsible individuals and organizations should be clear to whom they are accountable to and work towards their service. Accountability in many situations is towards our patients and wider community.

Transparency: To ensure widest understanding all decision making processes should be clear and declared. Such understanding increases acceptance of decisions that are necessary but might have a negative impact.

Equity and Inclusiveness: Decision makers should all the time make sure that individuals who have limited capacity regardless of its nature are given the chance to express their views and that decisions taken are not putting them in a weaker position.

Effectiveness and Efficiency: The central objective of governance is to ensure effectiveness of services offered by individuals or organizations. Once established efforts should be directed towards efficiency by saving on unnecessary costs.

Consensus orientation: Majority ruling although accepted as one of the forms used to reach a decision; it sometimes leaves individuals or organizations in a state of frustration. Reaching a decision through mutual consensus from all parties involved may have better sustainable outcomes . This of course requires that all parties involved are ready to compromise for the benefit of all.

Responsive: To ensure relevance of decisions taken, responsible individuals, should respond to stakeholders needs in a timely manner. In doing so, they also fulfill their accountability towards them and the wider community.

5. Hospital Governance Standards

Reference	Statement
A-OM.1	The organization's governance structure is defined.
A-OM.2	The organization structure indicates clear lines of authority.
A-OM.3	Governance responsibilities and accountabilities are defined.
A-OM.4	Those responsible for governing and managing are identified by title and name.
A-OM.5	The organization has a mission statement developed and approved by the governing body.
A-OM.6	The mission statement is visible in a public area(s).
A-OM.7	The organization's strategic plan and budget are approved by the governing body.
B-OM.8	The governing body supports and promotes performance improvement, patient safety and risk management efforts.
C-OM.9	The governing body supports and promotes involvement with the community and other identified customers to assess and meet the community's healthcare need.
A-OM.10	The community and other identified customers are informed of the results of performance improvement activities and current accreditation status.
C-OM.11	Processes provide communication and cooperation between governance and management.
C-OM.12	The governing body allocates the resources required to meet the organization's mission.
C-OM.13	The governing board performs an annual objective review of achieved goals and learning needs.

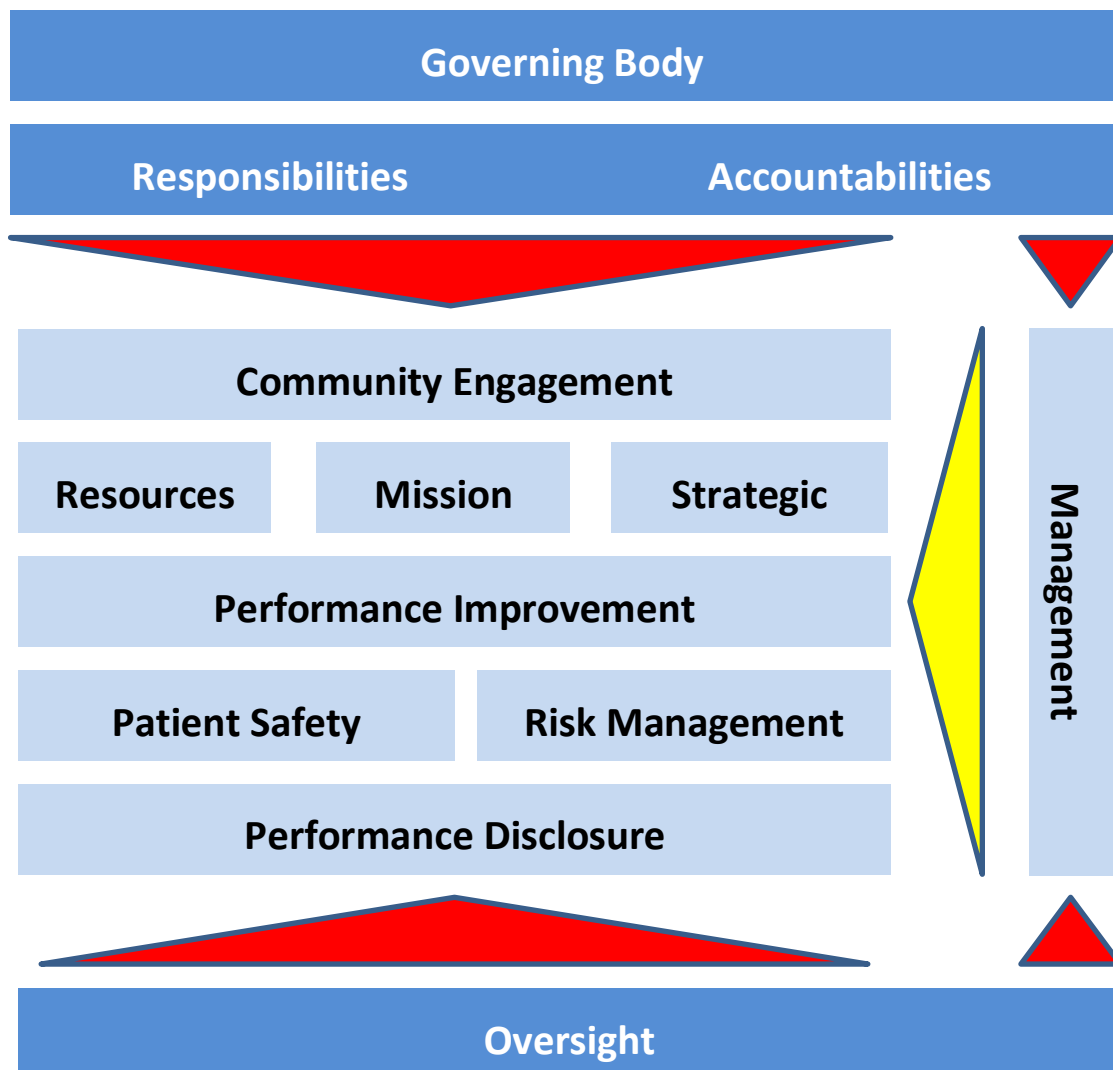
**As stated in the Egyptian Healthcare Accreditation Program,
Standards for Hospitals, Second Edition, 2013**

6. Hospital Governance Framework

We present here a hospital governance framework based on the governance standards as stated in the Egyptian Healthcare Accreditation Program, Standards for Hospitals, Second Edition, 2013.

Each hospital has to have a governance and a management structure. Governance structure can be centralized or decentralized. In a centralized governance structure, each hospital or group of hospitals have a governing body that hospital management is accountable to. In a decentralized governance structure, each hospital has a governing body which in turn is accountable to a parent governing body. In either system, a governing body has to further define its structure regarding its composition (membership) and its governance committees.

Each governing body has to define its responsibilities and how it will execute them (role) and how it will cooperate with management in achieving the hospital mission. The governing body has to define the hospital key stakeholders and in what way is it accountable to them (how will they meet their expectation and needs).



The governing body is responsible to develop a hospital mission that reflects its purpose (bylaws) and the specific needs of the community it serves. It should request from management to develop a strategic plan that will help the hospital fulfill its mission with the available resources and make sure that they are allocated for that purpose.

Nowadays, performance improvement is a constant feature of any responsible individual, organization, or system. Therefore, each governing body has to make sure that hospital management has a performance improvement program and that performance improvement outcome data is regularly presented to the governing body in its meetings.

Patient safety and risk management present another constant feature of responsible governance and management. Each governing body has to actively support a hospital wide patient safety program that includes reporting of adverse events, analysis of adverse events, and endorsement of adverse event analysis recommendations. Furthermore, governing boards have to support a proactive approach to patient safety through risk management and the adoption of safe practice.

Good governance calls for transparency and disclosure. Governing bodies should actively make performance improvement outcome data known to all staff and make access to such information by key stakeholders unhindered.

An important role of governing bodies is oversight (monitoring) of mission achievement and institutional capacity building. This oversight function is achieved through the review of agreed upon reporting from management.

The framework stresses the separation of governance function from management. Responsibility of governance lies in setting the hospital direction and assuring its sound performance and progress.

7. Context

Assessment of governance and related practices can be considered a special type of audit. It can be performed by the hospital and in this case, it will be considered as a first party internal audit primarily aimed at organization level improvement. The assessment can also be performed by external bodies that have direct work with the hospital and in this case, it is considered a second party external audit primarily aimed at assuring parties that the organization is well-led. However, if performed by an accrediting agent it will then be considered as a third party external audit primarily aimed at obtaining accreditation.

Context of Assessment		
Internal	External	
First Party	Second Party	Third Party
Improvement	Contracting	Accreditation

Regardless of context, assessment of governance can be performed over one or more days depending on the human resources available. The assessment usually entails a briefing meeting with the governing body members and hospital leadership, an assessment process, a debriefing meeting, and lastly the generation of a report. The assessment process is performed through a series of document reviews, interviews, and observations when feasible.

In the context of internal audit, the assessment can be performed by an internal dedicated team aware of the principles of governance and related practices (standards) and trained on their evaluation.

8. Assessment Process

a) Assessment team:

- Establish an assessment team.
- A coordinator should be appointed to coordinate the assessment activities and assign the responsibilities for the team members.
- Assessment team should understand all related governance standards.
- The team should be trained on the assessment process.

b) Preparation for the assessment:

- The coordinator sets up a meeting with the hospital leaders to determine the assessment date and underline the purpose.
- A list is made of participants from the hospital staff, with assigned responsibilities, who will accompany the assessment team (hospital facilitators).
- A copy of the assessment agenda (Appendix 1) and governance standards (Appendix 2) and required documents (Appendix 3) are distributed to all concerned staff two weeks prior to the assessment date.
- Locate a defined space with tables, chairs, telephone and data show if available for the assessment team meeting and documents review.

c) Assessment day:

I. Opening meeting (Briefing)

Participants

- Governing body members.
- Hospital director.
- Nursing director.
- Assessment coordinator and team.
- Others, at the discretion of the hospital.
- Hospital facilitators.

Meeting activities:

The following issues are presented and explained:

- The purpose and the scope of the assessment.
- The learning spirit of the assessment.
- The assessment agenda (Appendix 1).
- The role of hospital staff in facilitating the assessment.
- The importance of attending the closing meeting.

II. Documents review

- The session objective is to review all documents as required by the standards survey process (Appendix 3). The review is performed in the presence of relevant hospital staff that are familiar with these documents.

III. Observation tour

- The relevant areas are to be visited to observe and review related governance standards (Appendix 5).

IV. Interviews

- Interview concerned governing body members and hospital staff to collect required information and to cross check information obtained through document review and observation tour. (Appendix 6)
- During interviews focus on the orientation and understanding of the interviewee with governance standards and related policies and procedures.

V. Team reflection meeting

- Assessment team review their findings together to ensure consistency.
- Each assessor should present a summary of her/his assessment emphasizing the positive findings and explaining reasons found for non-compliance with governance standards.

VI. Closing meeting (Debriefing)

- A 30 to 60-minute session for discussion among the assessment team, governing body members, hospital director, hospital leaders and hospital staff as determined by the hospital.
 - The following points are to be covered:
 - Summary of the assessment process activities.
 - Positive finding.
 - Significant issues resulting from the assessment.
 - Allow governing body members and hospital staff to provide clarifications and missed information.
 - Agree on next steps related to improvement and resolving of evolved issues.
-

9. Scoring process

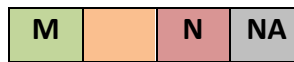
There are several methods for scoring standard compliance, however, the scoring process used in this guide follows the principles stated in the Egyptian Healthcare Accreditation Program, Standards for Hospitals, Second Edition, 2013.

The Egyptian Governance Standards are formed of thirteen standards classified into three levels (Level A, B, C). Level A are known as the essential structural standards and are expected to be fully present. Level B and level C are known as implementation standards presenting more advance complexity and are expected to be implemented with variation depending on the organizations state of development.

a) Standards A scoring:

Standards A are essential structure standards that **should be fully met** (cannot be partially met). They include plans, policies, committees, and bylaws.

Scoring box



M (Met): All standard's required elements should be present (totally present) in order to score the standard as as Met.

N (Not Met): If one element is missing (not totally present) score the standard as Not Met

NA (Not Applicable): If the standard is not relevant to the setting score as Not Applicable.

Scoring Principle for Standards A	
M (Met)	All standard requirements are present
N (Not Met)	If one or more elements are not present
NA (Not Applicable)	If the standard is not relevant to the setting

b) Standards B & C scoring:

Standards B & C are implementation standards and their score is based on the number of observation and documentation deficiencies or non- compliance with the standard.

Scoring box



M (Met): If there is no or a single observation and/or documentation deficiency the standard is scored as Met.

P (Partially Met): If there are 2 observations and/or documentation deficiencies the standard is scored as Partially Met.

N (Not Met): If there are 3 or more observations and/or documentation deficiencies the standard is scored as Not Met.

NA (Not Applicable): If the standard is not relevant to the setting score as Not Applicable.

Scoring Principle for Standards B and C

M (Met)	0 - 1 observations and/or documentation deficiency
P (Partially Met)	2 observations and/or documentation of deficiencies
N (Not Met)	3 or more observations and/or documentation of deficiencies
NA (Not Applicable)	If the standard is not relevant to the setting

10. Standards Assessment

A- OM.1	M		N	NA
Standard: The organization's governance structure is defined.				

Rationale:

Any organization needs a body that is responsible for ensuring the alignment of its activity with its purpose. Furthermore, such a body is responsible for monitoring its performance and future development. Therefore, defining the governing structure of an organization safeguards its function and helps in separating it from management which is responsible for implementing the activities that fulfil the organization purpose.

Survey Process:

Review the organization documents which should elaborate the following:

- Organization's governing body and its relation to the other components of the organization
- Governing body function
- Governing body size, leadership, and composition (internal versus external)
- Selection criteria for governing body members
- Required competencies among governing body members
- Governing body committees, if available, types and functions

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Mandate, bylaws, policies of the organization ▪ List of governing body members ▪ Organization chart 		

Score Process:

There should be a mandate stating the purpose of the organization and bylaws and policies defining the governing body, its functions, membership criteria and duration, related committees purpose and functions. If present score met, otherwise score as not met.

A- OM.2

M

N

NA

Standard:**The organization structure indicates clear lines of authority.****Rationale:**

In order to ensure the proper governance and efficient management of any organization its structure has to be well defined. The definition will indicate to its structure type (functional, divisional, matrix, combination) and to the nature of the working relation between its various components. Such relations, which are sometimes complex, can be illustrated through an organization chart with arrows denoting lines of authority. Ideally structure should be simple and follow function with minimum unnecessary layers and tailored to the organization purpose. Sometimes, parts of an organization will have a different structure to suite their special purpose.

Survey Process:

Review the organization documents which should elaborate the following:

- Structure type
- Organization components
- Hierarchical and working relation between its components
- Organization component functions and given authority

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Mandate, bylaws, policies of the organization ▪ Organization structure ▪ Components' functions ▪ Organization chart 		

Score Process:

There should be a document(s) describing the organization structure, function of its components, and given authority. An organization chart, if available, should fit with the details of the document(s). If present score met, otherwise score as not met.

A- OM.3	M	N	NA
Standard: Governance responsibilities and accountabilities are defined.			

Rationale:

Governance responsibilities are usually defined in the organization mandate, bylaws, or policies. Governance responsibilities are directed towards the organization principle stakeholders. Consequently, the governing body is accountable to them. Therefore, to establish an accountability statement governing bodies have to first identify their principle stakeholders and then define in what way they are accountable to them. In doing so, governing bodies ensure that the organization is fulfilling its purpose. In saying so, governing bodies are first responsible for the health and wealth of their organization and are thus accountable primarily for its sustainability.

Survey Process:

Review the organization documents which should elaborate the following:

- Governing body responsibilities
- Organization stakeholder map or list
- Organization accountability statement towards its stakeholders

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Mandate, bylaws, policies of the organization ▪ Governing body responsibilities ▪ Organization stakeholder map or list ▪ Organization accountability statement 		

Score Process:

There should be a document(s) describing the organization responsibilities. A stakeholder map or list should be available with a relevant accountability statement. If present score met, otherwise score as not met.

A- OM.4	M		N	NA
Standard: Those responsible for governing and managing are identified by title and name.				

Rationale:

Good governance dictates that individuals responsible for governance are not also responsible for management as separation of function minimizes conflict of interest. Therefore, it is NOT advisable that the head of the governing body is also the executive director of the organization in order to protect the governing function of the governing body. Furthermore, governing bodies should have a minority of members who hold executive positions in the organization.

Survey Process:

Review the governing body membership criteria and organization executive positions (both by titles and names) and check for dual positions and possibility for conflict of interest within the governing body. Note percentage of internal and executive positions within the governing body.

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Governing body membership criteria ▪ Titles and names of governing body members ▪ Titles and names of organization executives 		

Score Process:

If there is a clear list (titles and names) of individuals responsible for governance and a list of individuals holding executive positions in the organization score as fully met. Otherwise score as not met.

Comment:

A comment should be made on the number of executives on the governing board and the number of external members and whether they constitute a minority or majority, respectively. Furthermore, a special comment should be made on whether the individual responsible for the governing body is also the executive leader of the organization.

A- OM.5	M	N	NA
Standard: The organization has a mission statement developed and approved by the governing body.			

Rationale:

Defining the main purpose of the organization in the form of a mission is one of the fundamental roles of a governing body. A mission statement is the ground element for establishing the strategic direction of an organization leading to the formulation of its objectives and related strategies.

Survey Process:

Review the organization mission which should identify the following:

- Purpose of the organization
- Products or services offered
- Expected beneficiaries and their location
- Benefits to organization stakeholders
- Organization values
- Organization competitive edge
- Financial sustainability

Review the evidence of governing body involvement in its formulation (meetings and consultations) and approval by the governing body (meeting minutes)

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Mission statement ▪ Mission meetings minutes ▪ Governing body meeting minutes 		

Score Process:

If there is a mission with convincing evidence of governing body involvement in its formulation and approval score as met. Otherwise score as not met.

A- OM.6	M		N	NA
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Standard:

The mission statement is visible in a public area(s).

Rationale:

Visibility of the mission denotes leadership commitment and transparency towards the organization’s purpose, stakeholders, and beneficiaries. Visibility of the mission also enhances staff and public engagement in a spirit of shared responsibility in its fulfillment.

Survey Process:

Look for the organization mission posted in different public areas such as entrances, outpatients, waiting areas, meeting rooms, library, etc.

Documents	Interviews	Observations
		<ul style="list-style-type: none"> ▪ Mission statement posted in public areas

Score Process:

If there is mission posted around the organization public areas score as fully met. Otherwise, score as not met.

A- OM.7

M

N

NA

Standard:**The organization's strategic plan and budget are approved by the governing body.****Rationale:**

Governing bodies are responsible for defining its mission and objectives guided by the organization's mandate and bylaws. Management is responsible for defining the strategies that will help the organization achieve its objectives. This should be accompanied by a budget showing the resources necessary for its implementation.

Survey Process:

Review the organization strategic plan which should include at least the following:

- An internal study of the organization
- An external study of the environment
- A SWOT / TOWS analysis of the organization
- Mission statement
- Organization objectives
- Related strategies
- Related budget
- Implementation plan

Check for alignment of organization strategies to its mission and objectives.

Check for evidence of appropriate involvement of governing body and management in the development of the strategic plan.

Check for approval of the governing body of the strategic plan and its related budget.

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Strategic plan ▪ Strategic budget ▪ Planning meetings ▪ Governing body meeting minutes ▪ Governing body – management communication reports 		

Score Process:

If there is strategic plan and budget, with the minimum requirements, approved by the organization governing body score as fully met. Otherwise score, as not met

Comment:

A comment should be made on the degree of involvement of the governing body members in the formulation of the organization objectives.

B- OM.8	M		N	NA
Standard: The governing body supports and promotes performance improvement, patient safety and risk management efforts.				

Rationale:

Quality of care and safety of patients saves lives and sustains organizations. This requires a learning environment and a safety culture to which governing bodies are responsible and accountable for. Their role in this area is one of support, promotion, and monitoring. Governing bodies should develop policies that define quality and support management in their performance improvement attempts and patient safety programs. Governing bodies should regularly review performance improvement and patient safety activity within the organization and respond appropriately to their shortcomings.

Survey Process:

Review the governing body measurable definition of quality.

Review governing body policies towards performance improvement, patient safety and risk management.

Review identified set of processes selected for improvement and their monitoring measurements.

Review governance endorsed patient safety program.

Review governance endorsed risk management activities.

Review monitoring reports related to performance improvement, patient safety and risk management and check for governing body reflection, response, outcome.

Interview at least three governing body members to check their knowledge of the measurable definition of quality and their understanding of the governing body's role in performance improvement, patient safety and risk management.

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Adopted definition of quality ▪ Performance improvement, patient safety, risk management policies ▪ Selected processes for improvement ▪ Patient safety program ▪ Risk management activities ▪ Monitoring 	<ul style="list-style-type: none"> ▪ Three governing body members 	

measurements <ul style="list-style-type: none"> ▪ Monitoring reports including reflection, action, outcomes ▪ Related governing body meeting minutes 		
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Score Process:

If there is a declared definition of quality, policies promoting performance improvement, patient safety, and risk management, selected processes for improvement, patient safety program, risk management activities, defined monitoring measurements, monitoring reports and related response action, sustained for several months score as fully met. If previous requirements are deficient in one item or not sustained over time score as partially met. Otherwise, score as not met.

Related Standards:

Section	Standards
Performance improvement	PI.1 – PI.64
Patient safety	PS.1 – PS.33

C- OM.9

M

N

NA

Standard:

The governing body supports and promotes involvement with the community and other identified customers to assess and meet the community's healthcare need.

Rationale:

Healthcare organizations should align their services with community health needs. Such a process requires collaboration with specialized bodies that have the capacity to define community health needs. A community health needs assessment cycle should be followed by a community health improvement plan that is expressed in the organization strategic plan and through its services. Such an approach accomplishes the organization responsibility towards its community. However, to ensure an effect that is reasonable in magnitude and sustainable, frequently, several healthcare organizations work collaboratively on certain priority community health needs.

Survey Process:

Review the policy for community health needs assessment which should define the following:

- Definition of the community
- Sources of community information (demographics and health matrices)
- Collaborating specialized organizations (partners: public health and special groups)
- Community health needs assessment cycle (resources, purpose and scope, data to collect, priority criteria, communicating results, action planning and monitoring)

Review previous community health needs assessment exercise including the following:

- List of partners
- Purpose and scope
- Data collected, their sources, their analysis and interpretation
- Priority setting criteria and exercise
- Prioritized list of community health needs and its communication to governing body
- Community health improvement integration and implementation plan

Review current integration of community health improvement activities into organization services

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Community health needs assessment and improvement policy ▪ Previous community 		<ul style="list-style-type: none"> ▪ Integration of community health improvement plan into organization services

health needs assessment ▪ Current community health improvement plan		
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Score Process:

If there is a community health needs assessment policy, previous health needs assessment, integration of community health improvement into organization services score as fully as fully met. If there is a policy and previous assessment but no implementation or integration score as partially met. Otherwise, score as not met.

C- OM.10

M

N

NA

Standard:

The community and other identified customers are informed of the results of performance improvement activities and current accreditation status.

Rationale:

Patients have the right to know the performance of the hospitals they are going to be treated in. The same applies to communities as they hold future patients. Disclosure of performance is one way of organizations realizing their accountability towards their customers.

Survey Process:

Review the policy of performance and accreditation disclosure.

Review performance dashboard reported to the public (check website if available)

Review past attempts at accreditation and current status. (check website if available)

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Performance and accreditation disclosure policy ▪ Performance dashboard 		<ul style="list-style-type: none"> ▪ Observe performance dashboard on screens, boards, or website

Score Process:

If there is policy of performance and accreditation disclosure, performance dashboard, and evidence of public access score as fully met. If there are is policy and performance dashboard score as partially met. Otherwise, score as not met.

C- OM.11

M

N

NA

Standard:

Processes provide communication and cooperation between governance and management.

Rationale:

Uncontrolled communication between governance (governing body members) on one-hand and organization management and staff on the other-hand can lead to misinterpretation and confusion. A clear two-way communication process between governance and management, usually between the head of the governing body and the organization director, enhances the organization well-being. It ensures the governing body's understanding of the organization's performance and associated risks that can hinder the achievement of its goals. In addition, it provides the organization manager the opportunity to report and receive feedback on the organization performance especially those that are problematic. Furthermore, defining the nature of the relation between governance and management through a compact ensures sustained cooperation and sustained organization well-being.

Survey Process:

Review the organizational policy on communication between governance and management.

Review the governing body statement of expectations from the organization management and vice versa (Compact).

Interview the head of the governing body, three members of the governing body and the organization manager to check their understanding and implementation of the communication process.

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Governance – Management communication policy ▪ Governance – Management mutual expectation (Compact) 	<ul style="list-style-type: none"> ▪ Head pf the governing body ▪ Three members of the governing body ▪ Organization manager 	

Score Process:

If there is communication policy, expectation document (Compact) that the interviewed are aware of, and is implemented score as fully met. If there are the documents but the interviewed is not aware of or the policy is not implemented score as partially met. Otherwise, score as not met.

C- OM.12

M

N

NA

Standard:

The governing body allocates the resources required to meet the organization's mission.

Rationale:

Resources include financial, human resources, technology (facilities and equipment), information systems. The typical scenario is one of abundance of plans and shortage of resources. Therefore, governing bodies should develop policies for resource allocation. Such policies should make the process transparent and the use of resources efficient. Activities that aim at achieving mission-related objectives should be legible for resource allocation. This process of selection is followed by a process of prioritization among selected activities. Prioritization criteria should be known to all to ensure a fair and transparent resource allocation process.

Survey Process:

Review governing body policy for resource allocation which should define the following:

- Definition of available resources
- Process of developing legibility criteria
- Legibility criteria for resource allocation
- Process for developing prioritization criteria
- Prioritization criteria for resource allocation
- Process for minimizing risk to selected projects

Review the legibility tool for resource allocation.

Review the prioritization tool for resource allocation.

Review documented evidence of previous implementation of a resource allocation process.

Review the resource allocation plan approved by the governing body for money, human resources, space, services and all capabilities.

Interview three governing body members to assess their orientation of the resources allocation process.

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Resource allocation policy ▪ Resource legibility tool ▪ Resource prioritization tool ▪ Resource allocation reports ▪ Resource allocation plan 	<ul style="list-style-type: none"> ▪ Three governing body members 	

Score Process:

If there is a policy for resource allocation, resource allocation legibility and priority evaluation tool(s) with evidence of governing body involvement in their development (interview), resource allocation reports, resource allocation plan score as fully met. If documents available but no evidence of implementation score as as partially met. Otherwise, score as not met.

C- OM.13

M

N

NA

Standard:

The governing board performs an annual objective review of achieved goals and learning needs.

Rationale:

One key role of any governing body is oversight of the organization performance in reaching its goals. Governing bodies do that by monitoring the effectiveness of the management strategies set to achieve these goals. In this process of oversight, certain deficiencies are realized that should be alleviated through new or revised strategies. Data presented for review should be in a format that facilitates comparison; internally with set targets or over time and externally with other similar organizations or established standards.

Survey Process:

Review hospital policy on annual oversight which should define the following:

- Governing body and hospital management (director) responsibilities
- Method of communication between governing body and management
- Items to be included in the oversight process (communication)
- Frequency and format of communication for each item
- Management reflection on achievements and deficiencies
- Governing body response (decision) to communication

Review the organization list of the specific, quantifiable, goals (derived from strategic plan - performance improvement, patient safety, risk management support - previous annual reviews).

Review list of selected indicators for each goal with its predefined standard of achievement (number should be reasonable to handle by governance and management).

Review the management communication reports (with graphical illustration) of the goal related indicators against the defined standard to the governing body.

Review the management communication reports (reflection) on the effectiveness of the strategies followed to achieve the organization's goals.

Review the evidence of its review by the governing body (meetings minutes) and their response to identified deficiencies.

Interview three governing body members to ensure their orientation of the monitoring process and achievement of the organization annual goals.

Documents	Interviews	Observations
<ul style="list-style-type: none"> ▪ Organization oversight policy ▪ Organization list of goals 	<ul style="list-style-type: none"> ▪ Three governing body members 	

- Set of selected indicators related to organization goals
- Oversight communication reports
- Governing body meeting minutes

Score Process:

If there are governing policy for oversight, list of goals, list of related indicators, communication reports with management reflection and governing body response with evidence of governing body members orientation (interview) score as fully met. If policy, goals and indicators only available score as partially met. Otherwise, score as not met.

11. Assessment Report

It is essential to document the results of the assessment in a manner that can ensure that all professionals when reading the report understand the current situation, the positive findings, the negative findings, and what needs to be done. Furthermore, documentation has to facilitate comparison over time when the assessment is repeated after developing and implementing relevant improvement plans. The report should also facilitate benchmarking if several hospitals are engaged in a collaborative effort to improve their governance practices.

We recommend a report that presents findings in several formats thus enabling a quick overview of results for the busy professional and a detailed review of results for the dedicated professional. Thus, the report can have a visual and a numerical section for quick review and a narrative section for detailed review. These sections are to be followed by a recommendation section that covers the necessary steps to overcome shortcomings identified by the assessment.

a) Visual report

In this section the assessment results of all hospital governance standards are presented as scored in a color-coded fashion allowing for a quick identification of their current implementation status.

Best Hospital Governance Assessment

Standard	Score			
	M	P	N	NA
A-OM.1				
A-OM.2				
A-OM.3				
A-OM.4				
A-OM.5				
A-OM.6				
A-OM.7				
B-OM.8				
C-OM.9				
A-OM.10				
C-OM.11				
C-OM.12				
C-OM.13				

b) Numerical report

In this section the assessment results of all hospital governance standards are presented numerically as a percentage of the ideal score.

Best Hospital Governance Assessment

Standards	Number of standards	Ideal score	Assessment Score				Actual score	Percent
			M	P	N	NA		
			2	1	0	-		
Hospital Governance Standards	13	26	7	2	4		16	61.5%

c) Narrative report

The results in this section are presented in a text format. The achieved components of each standard are grouped under strengths while the unachieved components are grouped under weaknesses.

Extract from Best Hospital Governance Practices Assessment

A- OM.1

Standard:

The organization's governance structure is defined.

Strengths

There is a document that defines the hospital governing body structure that shows its relation to hospital management.

Weaknesses

However, the document does not define the governing body composition nor the principles of committee formation, function, and termination.

C- OM.9

Standard:

The governing body supports and promotes involvement with the community and other identified customers to assess and meet the community's healthcare need.

Strengths

There is a current policy for community health needs assessment. There is also a document related to a previous health need assessment performed in year

Weaknesses

The identified health needs are not integrated in the hospital strategic plan.

d) Recommendations

This section of the report contains the assessment team recommendations for correcting identified deficiencies relevant to the assessed standards. They should not be regarded as otherwise.

Extract from Best Hospital Patient Governance Practices Assessment

A- OM.1

Standard:

The organization's governance structure is defined.

Recommendation(s):

Review your current governing body structure to elaborate on its composition and principles regulating committee development, functions, and termination.

C- OM.9

Standard:

The governing body supports and promotes involvement with the community and other identified customers to assess and meet the community's healthcare need.

Recommendation(s):

Review hospital strategic plan when possible and incorporate the identified community health needs into it.

12. Putting it Right

Assessment is not an end by itself but a means for getting things right. We present here a simple stepped approach to putting things right regarding hospital governance:

- 1- Review the hospital bylaws to define hospital purpose.
 - 2- Define hospital governing body and hospital management responsibilities in a manner that their responsibilities do not overlap.
 - 3- Define how will they collaborate and communicate.
 - 4- Perform a stakeholder analysis.
 - 5- Develop an accountability statement for each key stakeholder.
 - 6- Develop a community health needs assessment with the help of available community data and specialized entities.
 - 7- Develop the hospital mission or review current hospital mission.
 - 8- Supervise the development of a strategic plan that will help the hospital achieve its mission.
 - 9- Develop criteria for resource allocation towards the achievement of the hospital mission.
 - 10- In collaboration with management, select the performance improvement method to be used by the hospital and develop prioritization criteria for selecting areas for improvement.
 - 11- Establish a patient safety program with hospital management.
 - 12- Build up hospital capacity in relation to risk management.
 - 13- Develop with management an oversight dashboard that is easy to read and understand by the non-specialist.
 - 14- Agree with management how will performance related data and information be announced and distributed.
-

13. Appendices

Appendix 1: Assessment Agenda

Time	Activity	Individuals
08:00 am – 08:30 am	Opening meeting	Head, Hospital governing body Hospital governing body members Hospital director Nursing director Healthcare quality coordinator Hospital facilitators
08:30 am – 11:30 am	Document review	Hospital governing body representative The governing body secretary Hospital facilitators
11:30 am – 03:00 pm	Observation tour	Hospital facilitators
11:30 am – 03:00 pm	Interviews	Head, Hospital governing body Hospital governing body members Hospital director
03:00 pm – 03:30 pm	Individual reflection	Assessment team ONLY
03:30 pm – 04:00 pm	Team reflection meeting	Assessment team ONLY
04:00 pm – 04:30 pm	Closing meeting and debriefing	Head, Hospital governing body Hospital governing body members Hospital director Nursing director Healthcare quality coordinator Representatives of hospital staff as determined by the hospital Hospital facilitators

Example agenda for a one-day assessment

Appendix 2: Survey Checklist:

GOVERNANCE STANDARDS FOR HOSPITALS

A – OM.1

M

N

NA

Standard:

The organization's governance structure is defined.

Comments:

A – OM.2

M

N

NA

Standard:

The organization structure indicates clear lines of authority.

Comments:

A – OM.3

M

N

NA

Standard:

Governance responsibilities and accountabilities are defined.

Comments:

A – OM.4

M

N

NA

Standard:

Those responsible for governing and managing are identified by title and name.

Comments:

A – OM.5

M

N

NA

Standard:

The organization has a mission statement developed and approved by the governing body.

Comments:

A – OM.6

M

N

NA

Standard:

The mission statement is visible in a public area(s).

Comments:**A – OM.7**

M

N

NA

Standard:

The organization's strategic plan and budget are approved by the governing body.

Comments:**B – OM.8**

M

P

N

NA

Standard:

The governing body supports and promotes performance improvement, patient safety and risk management efforts.

Comments:**C – OM.9**

M

P

N

NA

Standard:

The governing body supports and promotes involvement with the community and other identified customers to assess and meet the community's healthcare need.

Comments:**C – OM.10**

M

P

N

NA

Standard:

The community and other identified customers are informed of the results of performance improvement activities and current accreditation status.

Comments:

C – OM.11

M

P

N

NA

Standard:

Processes provide communication and cooperation between governance and management.

Comments:**C – OM.12**

M

P

N

NA

Standard:

The governing body allocates the resources required to meet the organization's mission.

Comments:**C – OM.13**

M

P

N

NA

Standard:

The governing board performs an annual objective review of achieved goals and learning needs.

Comments:

General Comments

Appendix 3: List of Documents

Documents	Standard
Assessments	
▪ Community health needs assessment (most recent)	C-OM.9
Budget	
▪ Strategic budget	A-OM.7
Charts	
▪ Organization chart	A-OM.1 A-OM.2
▪ Organization structure	A-OM.2
Lists	
▪ Titles and names of governing body members	A-OM.1 A-OM.4
▪ Organization stakeholder map or list	A-OM.3
▪ Titles and names of organization executives	A-OM.4
▪ Organization list of goals	C-OM.13
Mandate, bylaws, policies	
▪ Mandate, bylaws, policies of the organization	A-OM.1 A-OM.2 A-OM.3
Measurements	
▪ Monitoring measurements	B-OM.8
▪ Selected processes for improvement	B-OM.8
▪ Performance dashboard	C-OM.10
▪ Set of selected indicators related to organization goals	C-OM.13
Meetings minutes	
▪ Mission meetings minutes	A-OM.5
▪ Strategic planning meetings minutes	A-OM.7
▪ Governing body meeting minutes	A-OM.5 A-OM.7 B-OM.8 C-OM.13
Plans	
▪ Strategic plan	A-OM.7
▪ Community health improvement plan	C-OM.9
▪ Resource allocation plan	C-OM.12
Policies	
Mandate, bylaws, policies of the organization	A-OM.1 A-OM.2 A-OM.3
Performance improvement, patient safety, risk management policies	B-OM.8
Community health needs assessment and improvement policy	A-OM.9
Performance and accreditation disclosure policy	C-OM.10
Governance – Management communication policy	C-OM.11
Resource allocation policy	C-OM.12

Organization foresight policy	C-OM.13
Programs	
▪ Patient safety program	B-OM.8
▪ Risk management activities / program	B-OM.8
Reports	
▪ Board – management communication reports	A-OM.7
▪ Monitoring reports including reflection, action, outcomes	B-OM.8
▪ Resource allocation reports	C-OM.12
▪ Oversight communication reports	C-OM.13
Responsibilities and roles	
Organization components' functions	A-OM.2
Governing body responsibilities	A-OM.3
Governance – Management mutual expectation (Compact)	C-OM.11
Statements	
▪ Accountability statement	A-OM.3
▪ Mission statement	A-OM.5
▪ Adopted definition of quality	B-OM.8
Term of reference	
▪ Governing body membership criteria	A-OM.4
Tools	
▪ Resource legibility tool	C-OM.12
▪ Resource prioritization tool	

Appendix 5: List of Observations

Observations	Standard
▪ Mission statement posted in public areas	A-OM.6
▪ Integration of community health needs into organization services	C-OM.9
▪ Observe performance dashboard on screens, boards, or website	C-OM.10

Appendix 6: List of Interviews

Interviews	Standard
▪ Governing body members (3)	B-OM.8 C-OM.11 C-OM.12 C-OM.13
▪ Head of the governing body	C-OM.11
▪ Organization manager	C-OM.11



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