# BOARD POLICY MANUAL

| Policy & Procedure: 4-D-3 Evaluation of Board(s), Committees and Individual Director Performance | |
|---|---|
| **Developed By:** Governance Committee | **Number:** 4-D-3 |
| **Last Reviewed or Revised:** January 13, 2026 | |
| **Category:** Board and Board Member Development | |
| **Approved By:** JEC/Board February 24, 2026 | |

**Purpose**
Evaluation of the Board and committee performance provides a means to:

- Ensure the organization is effectively and efficiently governed
- Take action to improve Board and committees' performance
- Be guided by best practice
- Identify continuing education and development needs
- Support the ongoing governance development of individual Directors

**Policy**
The Governance Committee will establish and conduct the processes for evaluation.

The evaluation methods will address the structure and processes of the Board as a whole, its committees, leaders, Directors and committee members.

The evaluation process will include:

- Key indicators and evaluation tools through which Board and committee effectiveness and performance may be measured
- Tools and processes for individual assessment and for identifying future Board leadership candidates
- Reports from the Governance Committee to the Board on the results of evaluation, key issues and recommended action for improvement
- External resources as appropriate to ensure an effective process
- Peer feedback to individuals to recognize their contribution and opportunities for improvement
- Confidential and respectful communication by the Board Chair or Vice Chair in giving feedback to individuals
- Periodic review of evaluation tools and revision as required ensuring ongoing effectiveness and utility and alignment with the Board's goals and objectives

Assessments that may be conducted by the Governance Committee or committee Chairs are summarized in Table 1: Tools for Board Evaluation.

| **Policy and Procedure: Evaluation of Board, Committees and Individual Performance** | **Number: 4-D-3** |
|---|---|

| Type of Evaluation | Purpose | Frequency of Completion | Action | Responsibility |
|---|---|---|---|---|
| **Orientation** (Appendix A) | To plan effective orientation for new Directors and committee members | Survey completed after orientation is complete | Review and recommendation<br>Senior staff-incorporation of changes<br>Mentors-review results and discuss. | Governance committee |
| **Meeting Huddle** (Appendix B) | To improve the effectiveness of Board, committee meetings in real time for rapid improvement | At the end of each meeting | Review any opportunities to make rapid improvements<br>Prioritize improvement implementation with Senior team | Chairs |
| **Board Education** (Appendix C) | To improve educational sessions | At the end of each education session, | The results are taken into consideration for future sessions. | Governance committee |
| **Future Intentions of the Board and Committee Preferences** (Appendix D) | To plan for recruitment for the Board and committees<br>To plan for the leadership positions on the Board and committee preferences | Annual – January | Reviewed to make informed decisions and recommendations taken into consideration. | Nominating Committee |
| **Self-Assessment of Individual Director Committee Member** (Appendix E) | To identify the need for a collective response, such as an education session on a specific topic<br>Provide insight to develop resources such as coaching and mentoring to the individual whose | Annual – March/April | For Directors, the results of the individual and peer assessments are reviewed by the Board Chairs or Vice Chairs. The results are shared with the Director in a meeting annually.<br>The Board Chairs reports results to Governance | |

| **Policy and Procedure: Evaluation of Board, Committees and Individual Performance** | **Number: 4-D-3** |
|---|---|

| Type of Evaluation | Purpose | Frequency of Completion | Action | Responsibility |
|---|---|---|---|---|
| | evaluation indicates an opportunity<br>When considering renewal terms for incumbent directors, the results of the individual director evaluations should be taken into account | | Committee and Nominating Committee (particularly in cases where the director is being considered for a renewal term.)<br><br>. | |
| **Peer Assessment of Board and Non-Director Committee Member** (Appendix F) | To identify the need for a collective response, such as an education session on a specific topic<br>Provide insight to develop resources such as coaching and mentoring to the individual whose evaluation indicates an opportunity<br>When considering renewal terms for incumbent directors, the results of the individual director evaluations should be taken into account | Annual – March/April | As above. Directors will evaluate all peer Directors with whom they share a committee assignment. | |
| **Board Chair, and Committee Chairs Evaluations; and** | Self-improvement; renewal of chair term<br><br>Self-improvement; renewal of chair term.<br>_____ | Annual – April<br><br>Annual – April (Note: mid-year feedback reviews may be completed at the call of the chair.) | Chair of Governance Committee reviews and discuss with Board Chair.<br><br>Chair of Governance Committee or Board Chair reviews and discusses with the Committee Chair, considers results in reappointing. | |

| **Policy and Procedure: Evaluation of Board, Committees and Individual Performance** | **Number: 4-D-3** |
|---|---|

| Type of Evaluation | Purpose | Frequency of Completion | Action | Responsibility |
|---|---|---|---|---|
| **Board and Committee Effectiveness Evaluations**<br><br>Appendix G | To improve Board Performance<br><br>To improve committee performance | Annual – May<br><br>Annual - May | Report to Nominating Committee.<br><br>Individual results are shared with each Chair.<br><br>The Board and Governance Committee review and makes recommendations for improvement. *(In closed session.)*<br><br>The relevant committee and Governance Committee review and make recommendations. | |
| **Governing Body Assessment**<br>Appendix H | Benchmark Board's performance against national standards. | Full survey every 4 years | Governance Committee reviews and makes recommendations to the Boards.<br>Provide Accreditation Canada with action plan on red flagged items. | |

## Related Information

**Hospital Documents:**

- Board Policy 4-C-1 Director Succession Planning Process
- Board Policy 4-C-2 Director Recruitment and Selection Process
- Board Policy 4-D-1 Board Orientation
- Board Policy 4-D-2 Continuing Education

| **Policy and Procedure: Evaluation of Board, Committees and Individual Performance** | **Number: 4-D-3** |
|---|---|

**Other Documents:**

- OHA Form 7.11 Guideline on Creating a Board Self-Assessment Survey
- OHA Form 7.12 Sample Committee Self-Assessment Survey

**Related Links:**

| **REVISION HISTORY** | |
|---|---|
| Original Issue Date | June 8, 2021 |
| Reviewed/Revised Dates | March 20, 2024, January 13, 2026 |

APPENDIX A

# Board Orientation Evaluation - 2025

**Thank you for attending the WHCA Board Orientation session on Sept. 4th.**

We would appreciate your feedback about what was helpful, how the orientation may be improved next year, and what additional resources may be helpful at this time.

## Pre-session

1. I received adequate notice to plan to attend the session.

- ◯ Yes
- ◯ No

2. Were your questions answered at orientation or by your mentor?

- ◯ Extremely effective
- ◯ Very effective
- ◯ Somewhat effective
- ◯ Not so effective
- ◯ Not at all effective

## Content of the Orientation Session

3. How helpful was the presentation and discussion about the WHCA's current priorities?

- [ ] Very helpful
- [ ] Somewhat helpful
- [ ] Neither helpful nor unhelpful
- [ ] Somewhat unhelpful
- [ ] Very unhelpful
- [ ] Other

4. How helpful was the presentation and discussion about how the JEC/Board/Committee gets its work done?

- [ ] Very helpful
- [ ] Somewhat helpful
- [ ] Neither helpful nor unhelpful
- [ ] Somewhat unhelpful
- [ ] Very unhelpful
- [ ] Other

5. How helpful was the presentation and discussion about the responsibilities/expectations of Directors and non-Director committee members?

- [ ] Very helpful
- [ ] Somewhat helpful
- [ ] Neither helpful nor unhelpful
- [ ] Somewhat unhelpful
- [ ] Very unhelpful
- [ ] Other

6. How helpful was the presentation and discussion about general information?

- [ ] Very helpful
- [ ] Somewhat helpful
- [ ] Neither helpful nor unhelpful
- [ ] Somewhat unhelpful
- [ ] Very unhelpful
- [ ] Other

## Orientation Session

7. Did you have enough time to ask questions during the orientation session?

- ◯ Yes
- ◯ If no, please explain

8. If you answered No to question 7, please explain.

9. Have you thought of any additional questions since attending the orientation session?

- ◯ No
- ◯ If yes, please explain.

10. If you answered Yes to question 9, please explain.

11. The orientation session had 2 main goals. Please indicate to what degree you were satisfied that the goal to educate Board and committee members as to their roles and responsibilities were met during the session.

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Neither satisfied or dissatisfied
- ◯ Dissatisfied
- ◯ Very dissatisfied

12. The orientation session had 2 main goals. Please indicate to what degree you were satisfied that the goal to help the Board and committee members gain an understanding of the hospital operations and governance processes were met during the session.

- ◯ Very satisfied
- ◯ Satisfied
- ◯ Neither satisfied or dissatisfied
- ◯ Dissatisfied
- ◯ Very dissatisfied

13. Overall, how helpful was the orientation in preparing you for your role on the Board or Board committee?

- ◯ Not at all helpful
- ◯ Somewhat helpful
- ◯ Helpful
- ◯ Very helpful

## Advice for Next Time

14. For the next time, I recommend more time be spent on...

15. For the next time, I recommend less time be spent on...

16. Do you have any other suggestions for future orientation or education sessions?

## Personal Development

17. Please note any information, discussion or other help you would like as you develop in your role as a Director or committee member.

18. Please indicate if you are a Board member or a community member on a Board committee

- ◯ Board member
- ◯ Community member on Board committee

19. Final Comments

20. Name

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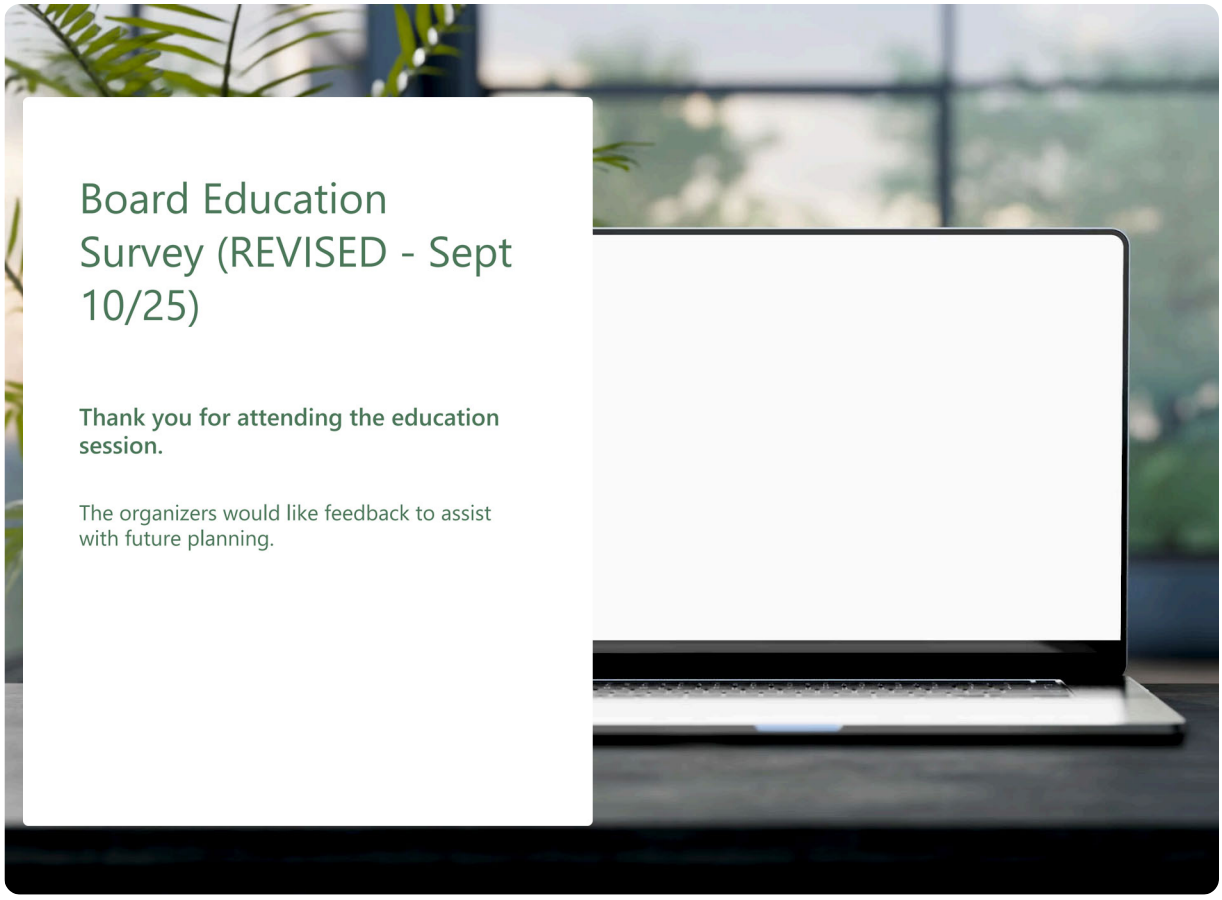
## Meeting Evaluation Questions

## (verbal evaluation at the end of each meeting)

1. What resonated with you from this meeting?

2. What is something that we/you can do differently?

APPENDIX C




* Required

1. The session content was consistent with the agenda description. *

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Neutral
- ◯ N/A - not applicable/unable to assess

2. The session information will help me be more effective in my governance role. *

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Neutral
- ◯ N/A - not applicable/unable to assess

3. I can use the information I learned right away. *

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Neutral
- ◯ N/A - not applicable/unable to assess

4. Overall, the speakers for the session(s) demonstrated the knowledge the skills of the subject matter. *

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Neutral
- ◯ Other

5. Overall, the speakers for the session(s) were engaging. *

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Neutral
- ◯ Other

6. The session(s) met or exceeded my expections. *

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Neutral
- ◯ N/A - not applicable/unable to assess

7. The topics covered were relevant, interesting and timely. *

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Neutral
- ◯ N/A - not applicable/unable to assess

8. The goals established for the session(s) were effectively achieved. *

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Neutral
- ◯ N/A - not applicable/unable to assess

9. The session(s) were appropriately interactive with meaningful audience participation. *

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Neutral
- ◯ N/A - not applicable/unable to assess

10. The pre-reading material was useful. *

- ◯ Strongly agree
- ◯ Agree
- ◯ Disagree
- ◯ Strongly disagree
- ◯ Neutral
- ◯ N/A - not applicable/unable to assess

11. The handouts distributed at the session(s) were useful. *

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Neutral
- N/A - not applicable/unable to assess

12. Audio-visual aids were used effectively. *

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Neutral
- N/A - not applicable/unable to assess

13. The session length was appropriate. *

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- Neutral
- N/A - not applicable/unable to assess
- Other

14. What in particular about the session(s) did you like and why? *

15. How would the session have been improved for you? *

16. What further activities should WHCA consider that will enhance/extend your own governance learning? *

17. Any other comments or suggestions?

18. Please enter your name here:

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APPENDIX D

# 2026/2027 Future Leadership and Committee Intentions

The survey will take approximately 5 minutes to complete.

Introduction:

As part of the nominating process, the Nominating Committee is beginning its planning for Board and Committee member recruitment and leadership for the upcoming Board year and future years.

The information you provide will also help determine memberships for the Board and committees.

Thank you for your participation in this process.

* Required

1. Please enter your name. *

2. Indicate which Board of Directors: *

- ◯ GMCH Board
- ◯ NWHC Board

3. Are you planning to remain as a Director/Community Member for next year, June 2026 to June 2027? *

- ◯ Yes, as a Director
- ◯ Yes, as a Community Member
- ◯ If no, go to Question 4 and elaborate.

4. If you answered No to Question 3, please provide explanation.

5. What is your interest in serving as an Officer of the Board for the upcoming year 2026-2027? Please select all of the options you would consider. *

- [ ] Chair
- [ ] Vice Chair
- [ ] Treasurer
- [ ] I am not presently interested in either of these positions.
- [ ] Other

6. What is your interest in serving as a chair of a Board committee for the upcoming Board year 2026-2027? Please indicate all of the options that you would consider. *

- [ ] Governance/Nominating
- [ ] Safety, Quality and Performance Improvement (SQPI)
- [ ] Resources
- [ ] I am not interested in a chair position at this time.

7. What is your interest in serving as an Officer of the Board, in subsequent future years (2027-2028 and beyond)? Please indicate all of the options that you would consider. *

- [ ] Chair
- [ ] Vice Chair
- [ ] Treasurer
- [ ] I am presently not interested in one of these positions in subsequent years.
- [ ] Other

8. What is your interest in serving as chair of the Board committee in subsequent future years (2027-2028 and beyond)? Please indicate all of the options that you would consider. *

- [ ] Governance/Nominating
- [ ] Safety, Quality and Performance Improvement (SQPI)
- [ ] Resources
- [ ] I am presently not interested in one of these positions in subsequent years.

## Board Committee Preference

In order of preference, with 1 (one) being your first choice and 5 (five) being your last choice, which Board committee would you like to serve on for 2026-2027?

9. Governance/Nominating Committee: *

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

10. Resources Committee: *

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

11. Safety, Quality and Performance Improvement (SQPI) Committee: *

| 1 | 2 | 3 | 4 | 5 |
|---|---|---|---|---|

12. If you are a GMCH Director, there is also an opportunity to be a GMCH delegate on a Board of the GMCH Foundation. Please indicate your interest in these positions for next year 2026-2027. *

- ◯ GMCH Foundation Board
- ◯ No, I am not interested

13. If you are a NWHC Director, there is also an opportunity to be a NWHC delegate on a Board of the PDH or LMH Foundations. Please indicate your interest in these positions for next year 2026-2027. *

- ◯ LMH Foundation
- ◯ PDH Foundation
- ◯ No, I am not interested

14. Based on the skills and attributes required to lead the Board, which member(s) would you recommend as **Chair** of the Board for the upcoming Board year (2026-2027)? You may enter more than one name. *

15. Based on the skills and attributes required to lead the Board, which member(s) would you recommend as **Vice Chair** of the Board for the upcoming Board year (2026-2027)? You may enter more than one name. *

16. Based on the skills and attributes required to lead the Board, which member(s) would you recommend as **Treasurer** of the Board for the upcoming Board year (2026-2027)? You may enter more than one name. *

17. At this stage, we do not know how many directors we will be recruiting for the 2026-2027 Board. That said, to the best of your abilities, please identify the top 5 skills/competencies, you feel we need to recruit onto the 2026-2027 Board. *

- [ ] Financial Management
- [ ] People Management & Labour Relations
- [ ] Risk Management
- [ ] Conflict Management/Consensus Building
- [ ] IT
- [ ] Governance (Not-for-profit)
- [ ] Project Management
- [ ] Construction Management
- [ ] Legal & Contract Management
- [ ] Ethics
- [ ] Public/Community Engagement
- [ ] Clinical Services & Patient Advocacy
- [ ] Quality Improvement
- [ ] Strategic Planning

18. Are new skills/competencies needed for the Board? If so, please describe what additional skills/competencies are needed on the Board for 2026-2027. *

19. Is there a person in the community that you would recommend as a suitable candidate for a Director or Community Member position? Please list name(s) and contact information.

## Board Education

20. Any suggestions for Board education topics for 2026/2027?

## End of Survey

Thank you for taking the time to complete this survey.

***The Nominating Committee***

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APPENDIX E

# 2025-26 Director Self-Assessment - FINAL

Please answer the questions below. An annual assessment is recommended by the OHA's Guide to Good Governance

## Director Self Assessment Survey

1. Name:

2. Self-Assessment

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| I have clear understanding of my role on the governing body | ○ | ○ | ○ | ○ | ○ |
| I am confident in raising difficult issues during governing body meetings | ○ | ○ | ○ | ○ | ○ |
| I can get the information I need to make informed decisions at governing body meetings | ○ | ○ | ○ | ○ | ○ |
| I receive education on how to be an effective member of the governing body | ○ | ○ | ○ | ○ | ○ |
| I have received constructive feedback from the chair on my contributions as a governing body members in the past 12 months | ○ | ○ | ○ | ○ | ○ |

3. Any additional comments?

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APPENDIX F

# 2025-26 Peer Assessments - Jocelyn Alves

* Required

## PEER ASSESSMENTS

The directors listed below are fellow committee members.

1. ARNOTT, TED (G) *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| Director makes constructive contributions to discussion | ◯ | ◯ | ◯ | ◯ | ◯ |
| Demonstrates commitment to learning about their role | ◯ | ◯ | ◯ | ◯ | ◯ |
| Demonstrates commitment to learning about matters considered by the board | ◯ | ◯ | ◯ | ◯ | ◯ |

2. Comment

APPENDIX G

# 2026-27 Board, Committee & Chair Evaluations - FINAL

Everyone is asked to complete the **BOARD FUNCTION AND BOARD CHAIR EVALUATIONS** and then click on the **"SUBMIT"** button. Next - click on the **"SUBMIT ANOTHER RESPONSE"** and choose the committee you currently are a member (Governance/Resources/SQPI/Nominating) and evaluate committee's function and chair. Once you have evaluated all your committees - close out of the survey.

* Required

1. Choose Board/Committee *

- ◯ Board (everyone must complete)
- ◯ Governance
- ◯ Nominating
- ◯ Resources
- ◯ SQPI

2. Board Function *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The Board's role and responsibilities are clear and appropriate. | ◯ | ◯ | ◯ | ◯ | ◯ |
| The Board is receiving the support from management that it requires to fulfill its responsibilities. | ◯ | ◯ | ◯ | ◯ | ◯ |
| The Board chair encourages participation and manages discussion. | ◯ | ◯ | ◯ | ◯ | ◯ |

3. Comment

SAMPLE

We'd love your feedback.
We have two questions for you.

4. I am the Board Chair *

- ◯ NO
- ◯ YES

5. Board Chair Function - {insert name of Board Chair} *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The Chair conducts the meeting in a way that moves the business of the board forward. | ◯ | ◯ | ◯ | ◯ | ◯ |
| The chair ensures various perspectives are heard on each issue. | ◯ | ◯ | ◯ | ◯ | ◯ |

6. Comments

7. Governance Committee Function *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The committee's role and responsibilities are clear and appropriate | ◯ | ◯ | ◯ | ◯ | ◯ |
| The committee is receiving the support from management that it requires to fulfill its responsibilities | ◯ | ◯ | ◯ | ◯ | ◯ |
| The committee chair encourages participation and manages discussion | ◯ | ◯ | ◯ | ◯ | ◯ |

SAMPLE

8. Comment

9. I'm the Governance Committee Chair - Tom Barlow *

- NO
- YES

10. Governance Chair Function - Tom Barlow *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The chair conducts the meeting in a way that moves the business of the board forward | | | | | |
| The chair ensures various perspectives are heard on each issue | | | | | |

11. Comments

SAMPLE

12. Resources Committee Function *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The committee's role and responsibilities are clear and appropriate | ◯ | ◯ | ◯ | ◯ | ◯ |
| The committee is receiving the support from management that it requires to fulfill its responsibilities | ◯ | ◯ | ◯ | ◯ | ◯ |
| The committee chair encourages participation and manages discussion | ◯ | ◯ | ◯ | ◯ | ◯ |

13. Comment

14. I'm the Resources Committee Chair - Brian Milne *

◯ NO

◯ YES

15. Resources Chair Function - Brian Milne *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The chair conducts the meeting in a way that moves the business of the board forward | ◯ | ◯ | ◯ | ◯ | ◯ |
| The chair ensures various perspectives are heard on each issue | ◯ | ◯ | ◯ | ◯ | ◯ |

SAMPLE

16. Comments

17. SQPI Committee Function *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The committee's role and responsibilities are clear and appropriate | ◯ | ◯ | ◯ | ◯ | ◯ |
| The committee is receiving the support from management that it requires to fulfill its responsibilities | ◯ | ◯ | ◯ | ◯ | ◯ |
| The committee chair encourages participation and manages discussion | ◯ | ◯ | ◯ | ◯ | ◯ |

SAMPLE

18. Comment

19. I'm the SQPI Committee Co-Chair - Jocelyn Alves *

◯ NO

◯ YES

20. SQPI Chair Function - Jocelyn Alves *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The chair conducts the meeting in a way that moves the business of the board forward | ◯ | ◯ | ◯ | ◯ | ◯ |
| The chair ensures various perspectives are heard on each issue | ◯ | ◯ | ◯ | ◯ | ◯ |

21. Comment

22. I'm the SQPI Committee Co-Chair - Amy Shields *

◯ NO

◯ YES

23. SQPI Chair Function - Amy Shields *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The chair conducts the meeting in a way that moves the business of the board forward | ◯ | ◯ | ◯ | ◯ | ◯ |
| The chair ensures various perspectives are heard on each issue | ◯ | ◯ | ◯ | ◯ | ◯ |

24. Comments

SAMPLE

25. Nominating Committee Function *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The committee's role and responsibilities are clear and appropriate | ◯ | ◯ | ◯ | ◯ | ◯ |
| The committee is receiving the support from management that it requires to fulfill its responsibilities | ◯ | ◯ | ◯ | ◯ | ◯ |
| The committee chair encourages participation and manages discussion | ◯ | ◯ | ◯ | ◯ | ◯ |

26. Comment

27. I'm the Nominating Committee Chair - Gilles Madore *

◯ NO

◯ YES

28. Nominating Chair Function - Gilles Madore *

| | Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|
| The chair conducts the meeting in a way that moves the business of the board forward | ◯ | ◯ | ◯ | ◯ | ◯ |
| The chair ensures various perspectives are heard on each issue | ◯ | ◯ | ◯ | ◯ | ◯ |

SAMPLE

29. Comments

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SAMPLE

APPENDIX H

# HSO Governing Body Assessment

Welcome to the HSO Governing Body Assessment

Health Standards Organization (HSO) has designed this 45-item survey instrument for governing bodies of organizations to evaluate the performance of the governing body and identify areas for improvement. The survey instrument will be used as part of Accreditation Canada's Qmentum program, primarily for the benefit of the organization that invited you to participate.

The HSO Governing Body Assessment allows individual members of governing bodies of health and social service organizations the opportunity to assess and reflect upon their own effectiveness, as well as that of the entire governing body, in enabling the organization to provide safe, high-quality care, and services for patients/residents/clients. The data collected will yield actionable results, which can enhance their role in the organization's governance.

**Who will complete the HSO Governing Body Assessment?**

The HSO Governing Body Assessment reflects the requirements of the CAN/HSO 1001:2022 (E) Governance standard and the associated required organizational practice, HSO 5000:2021 Accountability for Quality of Care.

Criteria 4.2.1 in the Standard states: "The governing body conducts regular (e.g., annual) evaluations of its effectiveness and that of its committees. The governing body may use Health Standards Organization's Governance Functioning Tool, along with other tools, to evaluate its effectiveness." Please note that at the time of publication of this Standard, the HSO Governing Body Assessment was the HSO Governance Functioning Tool.

The HSO Governing Body Assessment is designed to be completed by each member of an organization's governing body. HSO defines a governing body as:

*The legitimate body that holds authority, ultimate decision-making power, and accountability for an organization and its services. This may be a board of directors, a council, a Chief and Council, or another decision-making body. Governing bodies may work independently or with government in jurisdictions where government is responsible for one or more governance functions.*

The HSO Governing Body Assessment does not assess all criteria set out in the Governance Standard. The HSO Governing Body Assessment items measure governing body performance on 47 Governance Standard criteria. A single item in the HSO Governing Body Assessment can correspond to multiple criteria within the standard. The other criteria focus on governing body oversight and operational issues, which governing bodies should examine in their initial self-assessment, conducted prior to administering the HSO Governing Body Assessment. The HSO Governing Body Assessment will help assess the governing body's compliance with the Governance Standard.

The HSO Governing Body Assessment should take you about 15 minutes to complete, and while you may exit the survey and come back later, it is recommended that you complete the survey in one sitting.

# HSO Governing Body Assessment

**Who collects and uses your Survey responses?**

**HSO**

HSO conducts the Survey and receives your responses. Neither HSO nor your organization receive your personal identifiers (e.g. name, address, email, title, etc.) in association with your survey response. Access to individual level survey results is available only to authorized HSO staff, who are strictly prohibited from linking or attempting to link survey responses to any identifiable individual.

**Your Organization**

HSO will report survey results to your organization. HSO does not make individual level survey results available to your organization and only reports results where there are other respondents who share demographic characteristics.

Please do not include any personal information or identifiers in your responses to open text questions, such as names, job titles, or details about unique situations or experiences that could identify you, someone you work with or patients. Unless you include personal information or identifiers, your responses to the survey cannot be used by your organization to directly identify you.

HSO and your organization will be entitled to use and disclose survey results in limited circumstances, and always in compliance with HSO's Privacy Notice and Terms of Use applicable to our survey instruments platform.

**Applicable Terms and Policies**

Before completing the Survey, you must review and agree to the HSO Terms of Use and Privacy Notice associated with our survey instruments platform.

☐ I have read and accept HSO's Terms of Use and Privacy Notice. I hereby authorize HSO and my organization to collect, use, disclose, reproduce and publish my survey responses in compliance with and for the purposes described above and in the Terms of Use and Privacy Notice.

## HSO Governing Body Assessment

### Section A: Your Role

How much do you agree or disagree with the following statements about **your role** on the governing body?

| | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree |
|---|---|---|---|---|---|---|
| 1. | I have a clear understanding of my role on the governing body. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 2. | I am confident in raising difficult issues during governing body meetings. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 3. | I can get the information I need to make informed decisions at governing body meetings. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 4. | I fully understand the organization's mission, vision, and values. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 5. | I have a clear understanding of what quality means for the organization. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 6. | I can monitor the organization's actions to improve the quality of care and services for patients/residents/ clients. | ☐ | ☐ | ☐ | ☐ | ☐ |
| 7. | I was provided with comprehensive new member orientation when I joined this governing body. | ☐ | ☐ | ☐ | ☐ | ☐ |

## Section B: Education and Feedback

In the past **12 months** have you received education or participated in continuous learning on any of the following topics as a member of this governing body? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

| | | Yes | No | N/A | Don't Know |
|---|---|---|---|---|---|
| 8. | How this organization is addressing systemic racism. | ☐ | ☐ | ☐ | ☐ |
| 9. | The importance of the cultural safety in the organization's approach to addressing Indigenous-specific systemic racism. | ☐ | ☐ | ☐ | ☐ |
| 10. | How to interpret quality and patient/resident/client safety performance information. | ☐ | ☐ | ☐ | ☐ |
| 11. | How to be an effective member of this governing body. | ☐ | ☐ | ☐ | ☐ |
| 12. | How the organization takes a people-centered care approach to providing care and services. | ☐ | ☐ | ☐ | ☐ |

13. Have you received constructive feedback from the chair on your contributions as a governing body member in the **past 12 months**?

| Yes | No | Not Applicable | Don't Know |
|---|---|---|---|
| ☐ | ☐ | ☐ | ☐ |

## Section C: Your Organization and Its Governing Body

How much do you agree or disagree with the following statements about the organization and the governing body you participate on? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

| | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | N/A | Don't Know |
|---|---|---|---|---|---|---|---|---|
| 14. | Our meetings are conducted in the spirit of open, constructive discussions. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. | At our meetings, governing body members show respect to each other. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. | We ensure that all governing body members participate in decision making. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. | We have an effective quality sub-committee. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. | We ensure that the organization's executive leader(s) who report to the governing body have accountability for the quality of care in their performance objectives. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19. | We actively engage **internal** stakeholders in reviewing the organization's performance. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. | We actively engage **external** stakeholders in reviewing the organization's performance. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Section C: Your Organization and Its Governing Body Continued

How much do you agree or disagree with the following statements about the organization and the governing body you participate on? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

| | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | N/A | Don't Know |
|---|---|---|---|---|---|---|---|---|
| 21. | We ensure that the organization's quality-of-care action plan is co-developed with internal and external stakeholders. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22. | We support the organization's executive leader(s) to develop a strategy for improving cultural safety for Indigenous patients/clients/residents. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23. | We support the organization's executive leader(s) on a strategy to address Indigenous-specific racism. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24. | We support the organization's executive leader(s) to publicly review the organization's quality and safety performance annually. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 25. | We support the organization to reduce its carbon footprint. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 26. | We regularly review data documenting the experiences of patients/residents/clients and their families. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Section C: Your Organization and Its Governing Body Continued

How much do you agree or disagree with the following statements about the organization and the governing body you participate on? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

| | | Strongly Disagree | Disagree | Neither Agree nor Disagree | Agree | Strongly Agree | N/A | Don't Know |
|---|---|---|---|---|---|---|---|---|
| 27. | We regularly review data from the organization's workforce documenting their health, safety, and overall work experiences. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 28. | We regularly review data showing the organization's performance. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 29. | We regularly evaluate how we can improve our effectiveness as a governing body. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 30. | We do not become directly involved in the day-to-day operations of the organization. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 31. | We have a collaborative relationship with the organization's senior leaders. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 32. | We have a collaborative relationship with the organization's clinical management. | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Section D: Your Governing Body

These questions ask for your assessment of the governing body's focus on the organization's quality performance over the past **12 months**. If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

| | | Never | In a few meetings | In most meetings | In every meeting | N/A | Don't Know |
|---|---|---|---|---|---|---|---|
| 33. | How frequently was the organization's quality performance on the governing body's agenda? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

| | | <10% | 10-20% | 21-30% | 31-40% | >40% | N/A | Don't Know |
|---|---|---|---|---|---|---|---|---|
| 34. | Approximately what percentage of the governing body's meeting time was spent on the organization's quality performance? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Section E: Overall Assessment

How would you rate the governing body's impact on the following? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

| | | Poor | Fair | Good | Very Good | Excellent | N/A | Don't Know |
|---|---|---|---|---|---|---|---|---|
| 35. | Improving the quality of care? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 36. | Improving patient/resident/ client safety? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 37. | Improving occupational health and safety? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 38. | Addressing systemic racism in the organization? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 39. | Addressing Indigenous-specific systemic racism in the organization? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Section E: Overall Assessment Continued

How would you rate the governing body's impact on the following? If a statement does not apply to you select 'Not Applicable (N/A)' or 'Don't Know'.

| | | Poor | Fair | Good | Very Good | Excellent | N/A | Don't Know |
|---|---|---|---|---|---|---|---|---|
| 40. | Ensuring the security of the organization's information management systems? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |
| 41. | Improving the sharing of patient/resident/client information with them and their care providers? | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ | ☐ |

## Section F: Demographics

Please provide the following information about yourself. We will aggregate results for all organizations using the HSO Governing Body Assessment, comparing the experiences of different groups of governing body members. Demographic breakdowns will not be provided for specific organizations.

42. How long have you been a member of this organization's governing body?

- ☐ Less than 1 year
- ☐ 1-2 years
- ☐ 3-5 years
- ☐ More than 5 years

43. What is your gender?

- ☐ Male
- ☐ Female
- ☐ Neither applies to me
- ☐ Prefer not to answer

44. Do you identify as an Indigenous Person (First Nations, Inuk/Inuit and/or Métis?)

- ☐ Yes
- ☐ No (Skip to 45)
- ☐ Prefer not to answer (Skip to 45)

If you identified as an Indigenous Person and you wish to provide details, please select the box(es) that apply to you. (Check all that apply)

- ☐ First Nations
- ☐ Inuk/Inuit
- ☐ Métis
- ☐ Don't Know
- ☐ Prefer not to answer

## Section F: Demographics Continued

Please provide the following information about yourself. We will aggregate results for all organizations using the HSO Governing Body Assessment, comparing the experiences of different groups of governing body members. Demographic breakdowns will not be provided for specific organizations.

45. Do you identify as a member of a visible minority group?

- ☐ Yes
- ☐ No
- ☐ Prefer not to answer

If you identified as a member of a visible minority group and you wish to provide details, please select the box(es) that apply to you. (Check all that apply)

- ☐ Black (African, African Canadian, Afro-Caribbean descent)
- ☐ East Asian (Chinese, Japanese, Korean, Taiwanese descent)
- ☐ Indigenous (First Nations, Inuk/Inuit, Métis descent)
- ☐ Latin American (Hispanic or Latin American descent)
- ☐ Middle Eastern (Arab, Persian, West Asian descent e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish)
- ☐ South Asian (South Asian descent e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan)
- ☐ Southeast Asian (Cambodian, Filipino, Indonesian, Thai, Vietnamese, or other Southeast Asian descent)
- ☐ Other Visible Minority Group
  Please specify here. _____
- ☐ Don't know
- ☐ Prefer not to answer

**Thank You!**

Thank you for completing the survey. We greatly appreciate you sharing your opinions on your role in your organization's governing body.

Should you have any questions, or if you have any difficulty accessing HSO's policies, please email **support@healthstandards.org** or call **1-866-333-3346** or **1-613-247-3056** Monday-Friday 8:30 a.m. to 4:30 p.m. ET.

HSO

ACCREDITATION AGRÉMENT CANADA

ACCREDITATION CANADA

QMENTUM PROGRAM STANDARDS

# Governance

Released: October 2022

IEEA International Society for Quality in Health Care External Evaluation Association
Accredited Standards 2019-2023

POWERED BY HSO

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How can we improve this standard? Please send your feedback to publications@healthstandards.org

ICS CODE: 11.020.10 03.100.02

# Preface

Health Standards Organization (HSO) develops evidence-based health and social services standards, assessment programs, and quality improvement solutions. Recognized as a Standards Development Organization by the Standards Council of Canada, we work with leading experts and people with lived experience from around the world, using a rigorous public engagement process, to co-design standards that are people-centered, integrated and promote safe and reliable care. For more information visit www.healthstandards.org

## HSO's People-Centred Care Philosophy and Approach

People-centered care (PCC) is an integral component of HSO's philosophy and approach. PCC is defined by the World Health Organization as: “An approach to care that consciously adopts the perspectives of individuals, families and communities, and sees them as participants as well as beneficiaries of trusted health systems that respond to their needs and preferences in humane and holistic ways. People-centred care requires that people have the education and support they need to make decisions and participate in their own care. It is organized around the health needs and expectations of people rather than diseases” (World Health Organization, 2016). This definition is inclusive of all individuals – patients, residents, clients, families, caregivers, and diverse communities.

As such, PCC guides both what HSO does and how HSO does it. PCC calls for a renewed focus on the interaction and collaboration between people, leading to stronger teamwork, higher morale, and improved co-ordination of care (Frampton et al., 2017). This ensures people receive the appropriate type of care in the right care environment.

With a mission to inspire people, in Canada and around the world, to make positive change that improves the quality of health and social services for all, HSO has developed the following guiding PCC principles:

***1. Integrity and relevance:*** *Upholding the expertise of people in their lived experiences of care; Planning and delivering care through processes that make space for mutual understanding of needs /perspectives and allow for outcomes that have been influenced by the expertise of all.*
***2. Communication and trust:*** *Communicating and sharing complete and unbiased information in ways that are affirming and useful; Providing timely, complete, and accurate information to effectively participate in care and decision making.*
***3. Inclusion and preparation:*** *Ensuring that people from diverse backgrounds and contexts have fair access to care and opportunities to plan and evaluate services; Encouraging and supporting people to participate in care and decision making to the extent that they wish.*

***4. Humility and learning:*** *Encouraging people to share problems and concerns in order to promote continuous learning and quality improvement; Promoting a just culture and system improvement over blame and judgement.*

## About Our Standards

HSO standards are the foundation on which leading-edge accreditation programs and great public policy are built. Standards create a strong health care structure that the public, providers and policy makers can rely on, assuring high quality health services where it matters most.

HSO's standards are formatted using the following structure.

- **Subsection Title:** A section of the standard that relates to a specific topic.
- **Clause:** A thematic statement that introduces a set of criteria.
- **Criteria:** Requirements based on evidence, that describe what is needed by people to achieve a particular activity. Each criterion outlines the intent, action, and accountability.
- **Guidelines:** Provide additional information and evidence to support the implementation of each criterion.

This particular standard is intended to be used as part of a conformity assessment.

# Disclaimer

HSO standards are not intended to replace clinical, management, or best practice guidelines or to contravene existing jurisdictional regulations.

**Patents/trademarks:**

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# Introduction

Effective governance of health and social service organizations plays a vital role in the delivery of safe, reliable, integrated, and people-centred services (Baker & Axler, 2015). Organizational governance may be defined as the processes that are in place to steer the organization and ensure that decisions about its goals, priorities, and resources are made in a manner that upholds accountability, transparency, integrity, inclusion and collectivity, participation, integration, efficiency, stewardship, and the capacity of the organization to perform and achieve its goals (Greer et al., 2016; Kickbusch & Gleicher, 2014; Smith et al., 2012).

While governance functions can be incorporated at various levels throughout and external to an organization, governing bodies provide a formal mechanism of corporate governance (Brown et al., 2018). A governing body has formal oversight of the activities of the organization that are critical for its success, which may include legal and constitutional responsibilities (Governance Institute of Australia, 2016). This standard recognizes that different health and social service organizations have different types of governing bodies. For example, organizations may have boards of directors and/or supervisory boards that carry out the governance activities; they may also have owners, shareholders, and/or senior leaders who are directly involved in governance activities.

Regardless of their type, governing bodies ensure that the goals, objectives, and operations of their organizations are integrated with the policies and objectives of the jurisdictional health system (Saltman et al., 2011). Governing bodies of health and social service organizations ensure that the organizations provide services that address community and population health needs and maximize client experience, satisfaction, and outcomes while managing financial, human, and other resources responsibly (Institute for Healthcare Improvement, 2019). This includes ensuring that organizations manage the health and safety of their human resources effectively (Saltman et al., 2011; Stapenhurst & O'Brien, n.d.).

Governing bodies provide direction and oversight to, and require accountability from, senior leaders regarding organizational decisions and actions, while not being directly involved in carrying them out. By maintaining a separation from management and operational functions, governing bodies can provide an independent accountability mechanism for their organizations. Therefore, even when senior leaders are involved in governance activities, there should be a clear separation between their roles as leaders and as governors, reinforced by effective conflict of interest management mechanisms, to maintain independent governance.

This standard is intended to guide governing bodies of health and social service organizations to establish effective governance practices and strong accountability mechanisms in complex and ever-changing health systems.

The standard emphasizes the importance of reflecting diverse perspectives on the governing body, including the perspectives of clients and families who regularly use the organization's services. It outlines the broad range of the governing body's accountabilities and how it should function. The standard acknowledges that the approach a governing body takes to address its accountabilities varies according to the organization's size, structure, mandate, and required compliance with relevant laws, regulations, and contractual obligations. The requirements in this standard are intended for all types of governing bodies of public and private health and social service organizations across the continuum of care.

In some jurisdictions, government may be accountable for one or more governance activities. In such cases, the governing body is responsible for working with government to inform and contribute to the governance activities, and this standard may be used as a shared standard for the governing body and the government.

# Scope

## Purpose

This standard specifies the accountabilities of health and social service organizations' governing bodies, including the governing bodies' committees, to establish effective governance practices and strong accountability mechanisms for their organizations. Good governance intends to ensure that the organization's activities and decisions maximize value for its stakeholders, including its workforce, clients, families, and the community, and are aligned with the goals and objectives of the health system.

The standard outlines governing bodies' accountabilities to effectively oversee and steer the activities and decisions of the organization and hold the organization accountable for its delivery of safe, reliable, integrated, and people-centred care, in compliance with relevant laws, regulations, and contractual obligations. In jurisdictions where government carries out one or more of the governance accountabilities, the governing body is required to work with government to inform and contribute to the fulfillment of the given governance accountability.

## Applicability

This standard is intended to be used by governing bodies of public or private health and social service organizations across the continuum of care. The standard may be used by organizations with all types of governing bodies, including organizations where governance activities are carried out by boards of directors and/or supervisory boards; where senior leaders, organizational owners, and/or shareholders may be directly involved in governance activities; where governing body oversees multiple sites that may be located across different jurisdictions; and/or where governing bodies work with government in jurisdictions where government carries out one or more of the governance activities.

# Terms and Definitions

## Standard Specific Definitions

**Accountability:** Having responsibility for and being able to answer to a person or group regarding assigned obligations (Mihalicz, 2017).

**Bylaws:** “The rules and regulations enacted by an association or a corporation [or a governing body] to provide a framework for its operation and management. Bylaws may specify the qualifications, rights, and liabilities of membership, and the powers, duties, and grounds for the dissolution of an organization” (West's Encyclopedia of American Law, n.d.).

**Client experience:** “The sum of all interactions, shaped by an organization's culture, that influence [client] perceptions across the continuum of care” (Wolf, 2010). This includes client perceptions of the clinical services they receive and participate in. (Verma, n.d.).

**Client satisfaction:** The degree to which services provided met the client's expectations. Clients who have similar care experiences may still have different levels of satisfaction, as they may have different expectations of how care should be provided (Agency for Healthcare Research and Quality, 2017).

**Clinical service providers:** The organization's clinical workforce, i.e., everyone providing clinical (health and social) services in or on behalf of the organization including those who are salaried and hourly paid, in temporary, term of contract positions. Clinical service providers include nurses, physicians, and all other regulated and unregulated health and social service providers.

**Code of conduct:** Rules of acceptable and unacceptable behaviours for everyone working in or on behalf of the organization, including the governing body members. It includes behaviours related to conflict of interest, the protection and use of the organization's assets, confidentiality of information, compliance with relevant laws, regulations, and contractual obligations, and the obligation to report a breach of the code of conduct or illegal or unethical behaviour as per the organization's policies and procedures. The organization's code of conduct aligns with its ethics and values.

**Community:** All groups of people that an organization is responsible for serving as part of its mandate. Each group contributes to the diversity of the community and its cultures. Each group may have different intersecting identity factors, different access, and functional needs, and may require different types and levels of services and support. Therefore, when engaging with its community, the organization identifies and works with all populations including underserved populations, Indigenous peoples, cultural groups, minority populations, and people and populations at a greater risk of having harmful experiences and/or outcomes. Further, the organization identifies and works with populations

of all ages, abilities, genders and gender identities, races, colours, ethnicities, languages, locations, cultures, beliefs, histories, colonial legacies, migration statuses, employment statuses, income and social statuses, literacy levels, housing statuses, and health statuses in its community.

**Competency:** A behaviour or set of behaviours that demonstrate that a person and/or organization has acquired the knowledge, skills, or attitudes needed to perform a given task.

**Competency matrix:** A map of the competencies that are required or desired by a team. A competency matrix may be presented in a grid format to help users visualize the competencies, perspectives, and expertise that a team requires. It is also a way to identify which competencies are met and which are missing and need to be obtained through hiring or training (The Academy to Innovate HR, 2019).

**Conflict of interest:** An instance where an individual has a business or personal interest that may affect their ability to objectively execute their responsibilities (McDonald, n.d.). A conflict of interest may be potential, perceived, or real (Alberta Health Services, 2013).

**Contractual obligations:** Commitments and responsibilities outlined in formal arrangements between governments, jurisdictions, organizations, and/or other stakeholders that aim to strengthen working relationships, and are based on mutual trust, recognition, and respect for all people's human rights and the right to self-determination. Such arrangements acknowledge and respect established and evolving jurisdictional and fiduciary relationships, and the need to remove barriers to progress by establishing effective working relationships (Province of British Columbia et al., n.d.).

**Cultural competency:** The ability to know and behave in a way that respects and honours the beliefs of others (Canadian Foundation for Healthcare Improvement et al., n.d.).

**Cultural safety:** An outcome of respectful engagement that is based on recognizing and working to address inherent power imbalances in the health system. It results in an environment free of racism and discrimination, where people feel safe when receiving and providing care, and when interacting with the health system (First Nations Health Authority, n.d.).

**Disaster:** A situation that causes great damage, destruction, and human suffering. It causes serious disruption to the functioning of a community or society, thereby overwhelming their capacity, and creating need for national or international assistance. Though often caused by nature, disasters can have human origins (Centre for Research on the Epidemiology of Disasters, n.d.; United Nations Office for Disaster Risk Reduction, 2017).

**Distinction-based approach:** An approach to working with Indigenous peoples in Canada that acknowledges three recognized groups of Indigenous peoples: First Nations, Inuit, and Métis. This approach recognizes that collaborations with First Nations, Inuit, and Métis peoples must occur from the onset when developing legislation, standards, policies, or programs in order to ensure that services are inclusive and respect and meet the diverse priorities of each group (Assembly of First Nations,

2021; Government of Canada & Indigenous Services Canada, 2021; National Association of Friendship Centres, 2020).

**Emergency:** See *Emergency* in HSO 0400 – *HSO Terms and Definitions*: https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf.

**Engagement:** The process of working with stakeholders and facilitating their active participation in decision making in a range of activities (e.g., planning, evaluation, care, research, training, recruitment). Stakeholders may be engaged in a variety of ways depending on the intended level of participation. Types of engagement may range from keeping stakeholders informed to partnering with them to co-design solutions (International Association for Public Participation, n.d.).

**Environment:** Surrounding objects, conditions, or circumstances. Depending on the context, the environment may refer to the natural, physical, psychosocial, cultural, economic, political, operational, or other surroundings (Merriam-Webster, n.d.).

**Environmental scan:** The process of gathering information about events and changes occurring within (internal environment) and outside (external environment) the organization that may have an impact on the organization in the short and long terms. Environmental scanning includes identifying and considering factors that may signify changes, opportunities, challenges, and risks that might affect the organization and its ability to achieve its goals and objectives (e.g., changes or challenges in stakeholder needs, organizational health and safety, government policies, geopolitics, regulations and economics, climate change impacts, emergencies and disasters, costs of goods and services, population growth, population age, size and skills of the workforce, availability of technology, automation of processes, and more). Environmental scanning has no set start or end point. It is an ongoing process as events may occur unexpectedly that require organizations to be responsive.

**Environmental stewardship:** Efforts to protect the environment and identify and mitigate the potential environmental repercussions of an organization's activities. The goal of environmental stewardship is for organizations to limit the negative environmental impacts of their operations and, in some cases, to even create positive ones (Government of Canada, 2019).

**Ethics:** In the context of health care, the consideration of autonomy, beneficence, nonmaleficence, and justice in decision-making (Vermont Ethics Network, n.d). Ethical issues may arise in relation to organizational ethics, business ethics, research ethics, clinical ethics, or bioethics. An organization's ethics help to make decisions related to conflicts of interest, confidentiality breaches, ethical implications of resource allocation decisions, informed consent, balancing client and staff safety, withdrawing life-sustaining treatment, and issues arising during emergency and disaster situations such as medication shortages, equipment shortages, and infection control.

**Evidence-informed:** An approach that involves the consideration of findings from scientific research and published literature paired with consideration for local context and community preferences. (National Collaborating Centre for Methods and Tools, n.d.). Inclusive of best practices based on

expert opinion, contextualized data, knowledge gained from testing assumptions and evaluating lived experience, and cultural knowledge.

**Executive leader:** The senior-most leader of the organization (e.g., the chief executive officer) and head of the senior leaders. The executive leader reports to the governing body.

**Equity, diversity, and inclusion (EDI) approach**: The intentional identification and elimination of systemic barriers and biases so that everyone can exercise their human rights to belonging, dignity, and justice (Davis, 2021). An EDI approach strives to create an environment where everyone can feel included, welcomed, valued, and respected. It aims to create fair access to resources and opportunities; improve communication and participation that is representative of the diversity of the community; and eliminate discrimination based on factors such as; age, ability, gender and gender identity, race, ethnicity, language, geography, culture, beliefs, history, colonial legacies, migration status, employment status, income and social status, literacy level, housing status, or health status (The Centre for Global Inclusions, n.d.).

**Governance:** Processes to steer the organization and ensure that decisions about its goals, priorities, and resources are made in a manner that upholds accountability, transparency, integrity, inclusion and collectivity, participation, integration, efficiency, stewardship, and the capacity of the organization to perform and achieve its goals (Greer et al.,2016; Kickbusch & Gleicher, 2014; Smith et al., 2012).

**Governing body:** The legitimate body that holds authority, ultimate decision-making power, and accountability for an organization and its services. This may be a board of directors, a council, a Chief and Council, or another decision-making body. Governing bodies may work independently or with government in jurisdictions where government is responsible for one or more governance functions.

**Health system(s):** The organizations, institutions (including governments), resources, and people whose primary purpose is to improve health. This includes efforts to influence social determinants of health as well as more direct health-improvement activities. Health systems deliver preventive, promotive, curative, and rehabilitative interventions. The actions of the health system should be responsive and financially fair while treating people with respect. A health system needs a workforce, funds, information, supplies, transport, communications, and overall guidance and direction to function. Strengthening health systems means addressing key constraints in each of these areas (World Health Organization, 2010). Health systems may also be referred to as *health and social service systems*.

**Human resources strategy:** The organization's approach to managing its human resources to maximize alignment with its strategy, goals, and operations (The Academy to Innovate HR, n.d.). The strategy includes recruitment and retention, health and safety, and talent management including performance management, competency development, and succession planning.

**Humility:** A process of self-reflection to understand personal and systemic biases and to develop and maintain respectful processes and relationships based on mutual trust. Cultural humility involves humbly acknowledging oneself as a learner when it comes to understanding another's experience (First Nations Health Authority, 2016).

**Indigenous-specific racism:** Ongoing, systemic, and race-based discrimination experienced by First Nations, Inuit and Métis peoples and communities that maintains unequal treatment rooted in colonial practices and policies (Turpel-Lafond, 2020). This form of racism is unique because the biases, stereotypes, and prejudices are rooted in colonialism. Examples of Indigenous-specific racism at the systemic level include chronic underfunding of health services in rural and remote Indigenous communities, the exclusion of Indigenous content from settler-imposed elementary and secondary school curricula, and the exclusion or dismissal of Indigenous approaches to health and health care in the mainstream health care system. This last example can also be interpreted as a form of epistemic racism (Provincial Health Services Authority, 2019).

**Integrated quality improvement plan:** A documented commitment to stakeholders to achieve specific improvements in quality and the actions that will be taken to do so (Health Quality Ontario, n.d.). The plan may be developed as one plan or a combination of plans. In either case, the plan ensures that an organization's actions to improve quality are cohesive and coordinated across the organization. Integrated quality improvement planning aligns quality improvement with risk management, client safety management, resource utilization management, and performance measurement as they are all interrelated and need to be coordinated.

**Jurisdiction:** The legislative authority over a designated geographical area that develops policies and legislation related to funding, planning, coordination, delivery, and/or evaluation of health and social services for a specific population (Jackman, 2000).

**Leaders or organizational leaders:** Individuals in an organization who work in a formal or informal management capacity to guide, manage, or improve their team, unit, organization, or system (Dickson & Tholl, 2014). Leaders include executive and senior leaders.

**Mandate:** The activities and services that an organization or group is committed or obligated to perform, provide, or fulfill (Literacy Basics, 2013). In some jurisdictions that mandate is a legal requirement within which the organization must operate.

**Mission:** See *Vision, mission, and values.*

**Organizational culture:** Encompasses the values, behaviours, attitudes, and feelings that contribute to the unique social and psychological environment of an organization (Australian HR Institute, n.d.; Business Development Bank, n.d.).

**Organizational health and safety:** A key responsibility shared by the organization and everyone in it (clients, families, visitors, workforce, and volunteers) to prevent harm to themselves and others around them; and to ensure each other's physical, psychological, and cultural safety and wellness. Organizational health and safety is about creating a mutually respectful, safe, and healthy environment for everyone in the organization who is participating in providing, receiving, and supporting care. Organizational health and safety encompasses requirements related to client and workforce health and safety that the organization must comply with, recognizing that they are interrelated.

**People and populations at greater risk:** Individuals and groups of people who have a disproportionate or higher risk than other groups in the community of harmful health experiences and outcomes and of not reaching their full health potential. This may be due to one or more risk factors that prevent their access to the care and resources needed to address health needs. Risk factors may include lack of power or social and economic status; current or historical oppression, abuse, stigma, racism, and discrimination; high-risk working or living conditions; isolation or lack of accessible information and provisions; and factors related to age or health status (Government of Canada, 2020; Winnipeg Regional Health Authority, n.d.). They are sometimes referred to as *vulnerable populations*.

**Privileges:** See *Privileges* in HSO 0400 – *HSO Terms and Definitions*: https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf.

**Racism:** A belief that racialized groups are inferior to their non-racialized counterparts because of their race, religion, culture, or spirituality. The outcome of racism can include discriminatory behaviours and policies that endorse the notion of racialized groups being “less than” in comparison to their non-racialized counterparts (Turpel-Lafond, 2020).

**Regularly:** Carried out in consistent time intervals. The governing body defines the appropriate time intervals for various activities based on best available knowledge and adheres to those schedules. Modified from *Timely/regularly* in HSO 0400 – *HSO Terms and Definitions*: https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf.

**Senior leaders:** Leaders who are in the senior-most positions in an organization. They are accountable at the highest levels for the management and smooth working of the organization. Senior leaders include the executive leader.

**Stakeholder:** A person, group, or organization with an interest in or concern for the organization and its services. Stakeholders may be internal or external. An organization's internal stakeholders include clients, families, workforce, leaders, and the governing body; external stakeholders include community members, partner organizations, governmental and non-governmental organizations, unions, funders, shareholders, and others. Modified from *Stakeholder* in HSO 0400 – *HSO Terms and Definitions*: https://healthstandards.org/files/HSO-MasterGlossaryList-2018E.pdf.

**Systemic racism:** A form of racism that is embedded into societal structures, institutions, and systems (e.g., practices, policies, legislation) and results in perpetuating inequities such as profiling, stereotyping, social exclusion, and discrimination for racial groups (Turpel-Lafond, 2020; Reading, 2013).

**Value:** The benefits that the organization's services are expected to bring to the organization's stakeholders. Value is forward-looking. It includes benefits to individual health outcomes and to the community's health outcomes, while also considering the benefits expected to organizational health and safety, cost effectiveness, and environmental stewardship. The organization defines value through engagement with clients, families, the community, and other stakeholders (Kandem, 2019; Kamal, Lindsay, & Eppler, 2018).

**Values:** See *Vision, mission, and values.*

**Vision, mission, and values:** The vision is what an organization aspires to be in the future. The mission is what an organization has committed to doing in the present to realize its vision. The values guide an organization's behaviour and decision making as it strives to fulfill its mission and realize its vision. All three must be clearly defined and aligned with each other to set the strategic direction of an organization.

**Workforce:** Everyone working in or on behalf of an organization on one or more teams, including those who are salaried and hourly paid, in temporary, term or contract positions, clinical and non-clinical roles, physicians, regulated and non-regulated health care professionals, and all support personnel who are involved in delivering services in the organization.

## Abbreviations

EDI: Equity, diversity, and inclusion

HSO: Health Standards Organization

PCC: People-centred care

### HSO Quality Dimensions

HSO Standards are based on eight-quality dimensions. Each dimension highlights themes of safety and high quality care in all health and social services sectors. Each criterion within the standard is defined by one of the eight quality dimensions.

**Population Focus:** Work with my community to anticipate and meet our needs

**Accessibility:** Give me timely and equitable services

**Safety:** Keep me safe

**Worklife:** Take care of those who take care of me

**Client-centred Services:** Partner with me and my family in our care

**Continuity of Services:** Coordinate my care across the continuum

**Appropriateness:** Do the right thing to achieve the best results

**Efficiency:** Make the best use of resources

## Criteria Types

- **Required Organizational Practices:** Required Organizational Practices (ROPs) are essential practices that an organization must have in place to enhance client safety and minimize risk.
- **High Priority Criteria**: High priority criteria are criteria related to safety, ethics, risk management, and quality improvement.
- **Normal Priority Criteria:** Normal priority criteria are criteria that are not high priority or ROPs.

## Assessment Methods

Assessment methods are used to assess an organization's conformity against criteria. The following assessment methods are used to support a progressive learning journey that is informed by both evidence and lived experience.

- **Attestation:** A formal procedure where an organization attests their conformity against identified assessment criteria. The criteria tagged with “attestation” means that an organization will be expected to review the identified assessment criteria and attest their conformity against the identified assessment criteria.
- **On-Site:** A third-party review conducted to assess an organization's conformity against identified assessment criteria. The criteria tagged with “on-site” means that the criteria will be assessed on-site by a third-party reviewer.

# 1 Defining a Clear Direction for the Organization

## 1.1 The governing body works with the organization to engage its stakeholders including clients, families, and the community in defining the direction for the organization.

1.1.1 The governing body ensures that the organization regularly engages with stakeholders to assess the organization's mandate and performance expectations.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The organization's mandate may be defined in law. Where it is not, the mandate may be determined through agreements with government, funders, and other stakeholders so there is a common understanding of what the organization is committed to or obligated to perform, provide, or fulfill.

The governing body ensures that the outcomes of regular consultations and discussions with stakeholders about the organization's mandate are documented. This includes performance or accountability agreements between the organization and its stakeholders. Stakeholders include workforce, volunteers, clients, families, the diverse community groups including community leaders, partner organizations, governmental and non-governmental organizations.

1.1.2 The governing body works with the organization to develop or regularly review the organization's vision, mission, and values with the organization's stakeholders.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **Attestation**

Guidelines

The governing body, facilitated by the organization, co-design the organization's vision, mission, and values with stakeholders (e.g., workforce, volunteers, clients, families, the diverse community groups including community leaders, partner organizations, governmental and non-governmental organizations). For this process, the governing

body and the organization strives to understand the role the organization plays within the larger health system, how its services interact with those of other organizations, and how it can best address the priorities of the community it serves to reduce health inequities and improve health outcomes. They use an equity, diversity, and inclusion (EDI) approach to meaningfully engage with stakeholders.

The governing body reviews information about the organization and the jurisdiction (e.g., mandate; financial reports; current and long-term community needs assessments and competency requirements; relevant laws, regulations, and contractual obligations; health system goals and objectives) with stakeholders to make evidence-informed decisions regarding the organization's vision, mission, and values.

The governing body and the organization work together to ensure that the vision, mission, and values:

- Are consistent with providing safe, reliable, integrated, and people-centred care and protecting client rights
- Are compliant with relevant laws, regulations, and contractual obligations
- Are aligned with the jurisdictional health system vision, goals, and objectives to respond to community needs, promote positive and equitable health outcomes, provide care and ensure care continuity and coordination, and emphasize the benefits of cooperating with other organizations
- Reflect the organization's mandate and role in society, including to build healthier communities and create value, as defined by clients, families, and community groups, while considering organizational health and safety, and financial and environmental stewardship.

The governing body ensures that the organization's vision, mission, and values are publicly visible and available (e.g., in the reception or lobby, on the organization's website).

In some jurisdictions, developing and reviewing the vision, mission, and values may be the accountability of government. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.

### 1.1.3 The governing body works with the organization to develop or regularly review its strategic plan, including goals, and objectives in alignment with the organization's vision, mission, and values.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body oversees and guides the organization's strategic planning process to identify the organization's medium-term vision and priorities and its strategy to achieve them.

During the strategic planning process, the governing body works with the organization to engage stakeholders (e.g., workforce, volunteers, clients, families, diverse community groups including community leaders, partner organizations, and governmental and non-governmental organizations). The governing body also works with the organization to identify risks and opportunities using an integrated approach to managing risk in a cohesive, continuous, proactive, and systematic manner to integrate it into the organizational culture.

The governing body ensures that the organization's strategic plan:

- Reflects stakeholder input
- Addresses identified risks and opportunities
- Prioritizes the short-, medium-, and long-term needs of the diverse community groups to maximize public good, reduces health and social disparities, identifies unmet social determinants of health, promotes preventive approaches, and contributes to building healthy communities
- Enables the achievement of the organization's vision, mission, and values
- Has measurable goals and objectives

The governing body may also review the organization's operational plans to ensure they align with the strategic plan, goals, and objectives.

In some jurisdictions, strategic planning may be the accountability of government. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.

1.1.4 The governing body ensures that the organization engages in ongoing environmental scans to adjust the strategic plan as needed based on the results of the scans.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body ensures that the organization gathers information on an ongoing basis and remains aware of expected or unexpected events and changes in its internal and external environments that may have an impact on the organization in the short and long terms.

Examples include changes or challenges in stakeholder needs, organizational health and safety, government policies, geopolitics, regulations and economics, climate change impacts, emergencies and disasters, costs of goods and services, population growth, population age, size and skills of the workforce, information technology security, availability of technology, automation of processes, and more.

The governing body works with the organization in reviewing the results of the environmental scans to understand the potential short- and long-term impacts on the organization and guides the leaders to adjust the strategic plan in response, as needed.

Not every change in the organization's environment results in a change to the organization's strategic plan, goals, and objectives. The governing body works with the organization to set criteria to determine the conditions under which the plan should be changed, based on the potential impact to the organization.

In some jurisdictions, environmental scanning and/or strategic planning and related adjustments may be the accountability of government. In this case, the governing body and organization may draw information from government environmental scans and work with government to inform and contribute to adjusting the strategic plan, as needed.

### 1.1.5 The governing body ensures that the organization has defined accountabilities to execute the strategic plan.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The governing body ensures that the organization has clear accountabilities for the successful execution of its strategic plan and achievement of its strategic goals and objectives.

In some jurisdictions, executing the strategic plan may be the accountability of government. In this case, the governing body and the organization work with government to inform and contribute to the process and participate to the fullest extent possible.

1.1.6 The governing body works with the organization to embed a people-centred care approach throughout the organization and in its governance activities.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

Embedding a people-centred care approach, including culture and practices throughout the organization, requires creating an environment of equity, diversity, and inclusion where clients feel safe to engaged and participate as active partners in care and are co-producers of their health. Engaging clients and families as active partners in care improves client experience and is linked to improved individual and population health outcomes as a result of care being organized around the comprehensive needs of people.

The governing body ensures that its members are educated about the people-centred care approach and the principles that the approach is based on. It models the organization's commitment to people-centred care by involving clients and families in governance activities and decisions. The governing body establishes a variety of mechanisms to engage with, hear from, and incorporate feedback from clients and families on an ongoing basis into its oversight activities (e.g., by establishing diverse client and family advisory committees or creating links with existing ones in the organization or health system and receiving regular feedback from them, by inviting community health boards to present to the governing body, by hearing directly from clients and families about their experiences with the organization).

There are clear and two-way lines of communication and teamwork between the governing body and the organization's client and family committees, whereby the governing body receives direct feedback from and also reports back to the committees about the discussions and actions that resulted from their feedback.

The governing body receives and reviews regular updates from the organization about the effectiveness and progress of people-centred care priorities and initiatives throughout the organization (e.g., co-design of quality and safety improvements, team-based care delivery, cultural safety and humility training for providers). These priorities and initiatives aim to improve care by identifying and reducing barriers and improving engagement between clients and families, providers, and other members of the team and organization. The updates summarize a variety of information (e.g., client experience results, the number of teams that have implemented a people-centred care approach and how they have done so, the number and diversity of client and family members participating on organizational committees and initiatives).

1.1.7 The governing body ensures that the organization has effective mechanisms to address ethics in organizational decision making.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body supports the organization in the development of standardized mechanisms (e.g., an ethics framework) to define its ethics, to incorporate ethics into its values, processes, and decisions throughout the organization, and to manages its ethics issues. The governing body ensures that the organization is guided by its values and ethics in its decisions and manages its ethics issues in a manner that considers workforce, volunteer, client, and family perspectives, as well as providers' moral responsibilities. The governing body receives and reviews regular reports from the organization on ethical issues and trends faced by the organization. It guides the organization on analyzing and using this information to identify improvement opportunities.

## 1.2 The governing body works with the organization to develop and strengthen relationships with stakeholders.

1.2.1 The governing body works with the organization to ensure the organization has a comprehensive plan for stakeholder engagement that includes communication plans.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body ensures that the organization has a comprehensive plan for strengthening its engagement and communication with stakeholders. The plan includes the following:

- Purpose: Clear goals and objectives that the organization wants to achieve by working with and exchanging information with stakeholders.
- Target audiences: The stakeholders with whom the organization needs to engage to share and receive information (e.g., workforce, volunteers, clients, families, visitors, community members including community leaders, partner organizations, governmental and non-governmental organizations).
- Engagement strategies: The methods used to engage with stakeholders to understand what information they want to receive and provide, and how they want to receive and provide it.

- Communication strategies: How information is to be exchanged with stakeholders in accessible languages and formats (e.g., ensuring messages are clear and consistent and that there is open, two-way communication).
- Change management strategies: How engagement and communication methods are to be used to ensure stakeholders participate in organizational change.
- Key topics and messages: The topics and decisions that need to be informed by stakeholders, and information that needs to be shared with them (e.g., the strategic plan; organization goals and objectives; decisions that affect day-to-day operations or how services are delivered; changes in the external environment that impact the organization's services or create risks or opportunities; changes in the governing body's membership, structure, or operations).

1.2.2 The governing body works with the organization to be responsive to the diverse needs of its stakeholders including the community they serve.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The governing body works with the organization to identify the organization's stakeholders (e.g., workforce, volunteers, clients, families, the diverse community groups, partner organizations, governments, other funding authorities, foundations, unions, shareholders, partner or similar organizations, interest or volunteer groups, professional bodies and associations, contractors or contracting agencies, referral organizations). Stakeholders will vary depending on whether the organization is private or public, and the organization's role in society.

The governing body ensures the organization engages with and encourages feedback from all stakeholders, using an equity, diversity, and inclusion (EDI) approach to learn about their needs, including characteristics, priorities, interests, activities, and relationships with the organization.

For example, to understand the needs of the community as a stakeholder, the governing body ensures the organization takes a population health approach to learn about diversity in the community and the community's health and social needs, the social determinants of health, and the inequities that prevent populations in the community from realizing their equal right to the highest standard of health. This includes identifying and engaging with underserved populations, Indigenous peoples, cultural groups, minority populations, and populations at greater risk for harmful health experiences and/or outcomes. Further, it includes identifying and engaging with populations in the community of all ages, abilities, genders and gender identities, races, colours, ethnicities, languages, cultures, beliefs, histories, colonial legacies, migration statuses, locations,

income and social statuses, literacy levels, employment statuses, housing statuses, and health statuses.

The governing body and the organization may seek input on new or changing services from stakeholders through public forums, consultations, or at annual general meetings. The governing body and the organization may combine information about stakeholder needs with population health data; information on service use, client experience, wait times, access, equity of care, and other available health care options and services; and other information from environmental scans. This can provide a fuller picture of stakeholder needs and help anticipate evolving and longer-term needs based on projected changes in the population, demographics, and other factors.

Based on this information, the governing body ensures the organization will be well-positioned to respond to the diverse stakeholder needs in a timely manner by collaborating with stakeholders who share common objectives (e.g., to achieve health equity and reduce health disparities) and who provide supports and services to the same populations or client groups (e.g., other health and social service organizations, community leaders, alternative or traditional care providers). For example, the organization may work with partner organizations in the health system and other sectors to respond to needs related to sufficient care capacity, care coordination and integration, and the social determinants of health in the community.

The governing body has a mechanism to balance competing interests and priorities. This may include an explicit and transparent process for priority setting.

### 1.2.3 The governing body ensures the long-term sustainability of the organization.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

The long-term sustainability of the organization is determined by its ability to be resilient, forward looking, adaptive, and responsive to changing needs. The governing body can ensure the long-term sustainability of the organization by:

- Encouraging the organization to apply innovative approaches to understanding and addressing long-term needs and trends among the diverse community groups and in the health system
- Guiding the organization to sustain its long-term relevance by contributing to the health of the community
- Monitoring the organization's long-term viability from a quality of service, safety, financial, human resource, and reputational perspective

- Helping the organization build and maintain its societal status as a valued employer and community partner

1.2.4 The governing body works with the organization to promote the value of the organization's services to all stakeholders.

Priority: **Normal Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The governing body and the organization ensure that the community, government, partner organizations, and other stakeholders are aware of the organization's vision, mission, values, its services, its role in the community's health, and its role as an employer. The governing body and the organization promote the organization's value for clients, families, diverse community groups, and other stakeholders. The organization's communication, media relations, and public relations departments support the governing body's efforts to promote the organization's vision, mission, values, and services.

By creating awareness for the organization's vision, mission, values, and services, the governing body and the organization can increase the profile of and bring recognition to the organization. This can increase the organization's ability to advocate and encourage greater support for the organization's services and the community's needs.

In consultation with the organizational leaders, the governing body determines its level of involvement and the scope of its advocacy activities. These may include participating in community events (e.g., fundraisers, campaigns), supporting healthy public policy to address the determinants of health for the diverse community groups (e.g., smoking bans in public places, environmental health laws, policy initiatives to address harmful health effects of current and historical injustices, legal requirements for equitable, non-discriminatory, and timely access to health and social products, services, and supports to all people and populations who need them), communicating the results of quality improvement initiatives, demonstrating results in key areas, and raising community awareness about health issues and the value of healthy practices including cultural practices.

1.2.5 The governing body works with the organization to regularly share information about the organization's services, quality of care, and performance with all stakeholders including clients, families, the community, and the workforce.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

To facilitate transparency and trust with stakeholders and help them make informed decisions, the governing body and the organization share information about the organization's services; its quality of care; and indicators of current performance including progress toward organizational and health system goals and objectives, opportunities for improvement, and plans or initiatives to improve performance and quality, and the results of these initiatives.

The methods of sharing information may vary depending on the organization (e.g., through annual publicly available progress reports, annual general meetings).

# 2 Building and Maintaining an Effective Governing Body

## 2.1 The governing body's composition is defined in a transparent manner.

### 2.1.1 The governing body achieves its defined objectives regarding its composition.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

To define its objectives regarding its composition, the governing body considers factors such as its roles and responsibilities; its areas of decision making; the organization's strategic plan, goals, and objectives; and relevant laws, regulations, and contractual obligations.

To establish its composition, the governing body defines:

- Its membership size will depend on several factors, including the size of the organization; its risks and opportunities; the services offered; the size of the population served; and relevant laws, regulations, and contractual obligations.
- The mix of competencies (which may be defined in a competency matrix) required to carry out its governance responsibilities and support the organization's vision, mission, and values. The competency matrix may evolve in response to changes in the organization's environment or its vision, mission, and values. Competencies can include:
    - The attributes that members should possess, such as integrity, high ethical standards, sound judgment, empathy, effective interpersonal skills, cultural competency, and a strong commitment to the health of everyone in the community and to the success of the organization in serving the community's short- and long-term needs.
    - Subject-specific skills, knowledge, and experience in areas related to governance activities (e.g., quality and safety, law, finance, risk, technology, human resources, sustainability, lived experience and more).

- The diverse perspectives it wishes to reflect, including those of the organization's stakeholders (e.g., diverse populations and groups in the community, clients and families who regularly use the organization's services, clinical service providers, and other workforce or volunteer members).
- The balance required between adding new members who bring fresh perspectives and retaining experienced members who have the past organizational knowledge to support continuity.
- Its governing structure, including its mechanism to create committees under its oversight to provide in-depth expertise and advice on specific complex or technical decisions that fall under its governance responsibilities.

The governing body identifies strategies to achieve its composition objectives, even in challenging circumstances. For example, if the governing body membership is full before it achieves the required competencies and diversity, it identifies alternate ways to bring the missing perspectives and expertise to the discussions. This may include recruiting additional members in advisory positions, consulting with stakeholder advisory councils (e.g., one or more advisory councils of members or leaders from different community groups), or diversifying committee memberships.

In some jurisdictions, the composition of the governing body may be determined by government. In this case, the governing body works with government to inform and contribute to the process (e.g., provides input into the required competencies, diversity, perspectives, and structure for governance) and participates to the fullest extent possible.

### 2.1.2 The governing body follows transparent procedures based on an equity, diversity, and inclusion (EDI) approach to manage its membership, including the chair.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

Membership management includes the selection, appointment, renewal, and/or removal of the governing body members.

The governing body's procedures to select its members are shared openly with stakeholders. Stakeholders, including clients and families, are encouraged to seek membership on the governing body, including as the chair, in accordance with its composition objectives and membership size. This helps ensure the governing body's composition reflects diverse stakeholder perspectives and the diversity of the community (e.g., age, gender identity, race, ethnicity).

The governing body follows transparent procedures to renew members' terms as per established minimum and maximum term lengths, and ensures that memberships expire in an orderly manner.

The governing body shares its selection and renewal procedures with stakeholders to maintain transparency and help ensure it is not taken over by special interest groups, and is not biased in favour of or against a person, group, or attribute (e.g., age, gender identity, race, ethnicity). The governing body's selection and renewal procedures are aligned with the organization's vision, mission, and values and comply with relevant laws, regulations, and contractual obligations.

In some jurisdictions, government may be accountable for the selection and renewal of the governing body membership. In this case, the governing body works with government to inform and contribute to the process, support transparency, and participate to the fullest extent possible.

### 2.1.3 The governing body addresses conflicts of interest among its members.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

A conflict of interest can arise when governing body and/or committee members have competing business or personal interests that make it difficult for them to fulfill their governance duties in an independent manner. There may however be cases where a real or perceived conflict of interest is unavoidable (e.g., if the governing body member is the owner, a client, a family member, a workforce member, a volunteer, or a member of a partner organization).

In such cases, the governing body follows a transparent approach to identify, declare, and resolve or mitigate real and perceived conflicts of interest as needed and on an ongoing basis. The approach to managing conflicts of interest is aligned with the organization's code of conduct, ethics, and values. In this manner, the governing body safeguards against unbalanced interests and maintains its independence in carrying out its governance accountabilities.

### 2.1.4 The governing body creates subject-specific committees as needed to fulfill its accountabilities.

Priority: **Normal Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

When the governing body requires in-depth expertise and advice to make decisions on a specific, complex, or technical matter under its jurisdiction it may create a committee on that subject (e.g., quality, organizational health and safety, human resources, finance, audits, ethics, risk). This committee may be referred to as a subcommittee, advisory committee, task force, or working group.

The governing body determines the membership of each committee in line with its composition objectives (e.g., based on the committee's purpose and areas of decision making; relevant laws, regulations, and contractual obligations; the required mix of competencies and perspectives on the committee, including client and family perspectives). Governing body members may participate on a committee if they meet the committee's membership requirements; however, the governing body may also select committee members from outside the governing body to ensure their voice is heard in governance matters. The governing body varies the membership on its committees to ensure objectivity and that diverse perspectives are reflected in all governance activities.

The governing body ensures that each committee has a clear purpose, terms of reference, and defined reporting requirements, including to the governing body, in compliance with relevant laws and regulations. The governing body monitors the work of each committee to hold it accountable. It also regularly reviews the purpose of each committee to prevent the existence of unnecessary or stagnant committees. Depending on their purpose, committees may be standing (i.e., used on a continual basis), or ad-hoc (i.e., created when needed for a limited time).

In some jurisdictions, the committees of the governing body may be determined by government. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.

## 2.2 The operational conditions of the governing body are defined and documented.

### 2.2.1 The governing body defines its accountabilities in compliance with its jurisdictional obligations.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The governing body ensures that its accountabilities, including its roles and responsibilities, are defined in compliance with its obligations under relevant laws,

regulations, and contractual arrangements as per its jurisdiction. It ensures that its roles, responsibilities, and accountabilities are aligned with the organization's vision, mission, and values, and reflect the organization's role in society.

The governing body's role includes guiding the organization to achieve its vision, mission, and values. The governing body is responsible and accountable for steering and overseeing the functions of the organization, including the quality, safety, legal, financial, technological, marketing, fundraising, and sustainability functions. The governing body must stay informed about the organization and represent the organization's interests. The governing body acts in the best interests of the organization and its stakeholders, including a commitment to financial and environmental stewardship, organizational health and safety, client outcomes, and the short- and long-term health of the community. The governing body is also responsible for ensuring that relevant information flows in a timely, transparent, and coordinated manner between the governing body, its committees, the organizational leaders, and other stakeholders.

Additionally, the governing body is accountable to follow the organization's code of conduct; comply with the organization's confidentiality agreements; participate in orientation and ongoing education; participate in self-evaluation and evaluation of the governing body; and prepare for and attend meetings.

The governing body ensures that it clearly outlines the division of roles, responsibilities, and accountabilities between the governing body and the organizational leaders. It ensures that the information on its roles, responsibilities, and accountabilities is understood by its members, its committees, the organizational leaders, and other stakeholders.

In some jurisdictions, government may be accountable for defining and updating the roles, responsibilities, and accountabilities of the governing body. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.

### 2.2.2 The governing body defines the accountabilities of each of its members, including the chair.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The roles, responsibilities, and accountabilities of each member of the governing body include attendance requirements, term lengths, and limits. Term lengths may be determined by regulations; if they are not, they should be established and included in the bylaws.

Governing body members may or may not be financially compensated for their time. When compensation is provided, the governing body ensures it is done transparently and does not create real or perceived conflicts of interest or interfere with the independence of its members.

Each member may fill a different position on the governing body (e.g., chair, vice-chair, secretary, treasurer, committee chair). The governing body documents each position or member's roles, responsibilities, and accountabilities in its operational documents (e.g., in its terms of reference or individual position descriptions). It ensures that the position information is written using neutral language that is not biased in favour of or against a person, group, or attribute (e.g., age, gender identity, race, ethnicity).

In some jurisdictions, government may be accountable for defining, updating the roles, responsibilities, and accountabilities of governing body members, including the chair. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.

### 2.2.3 The governing body documents the required operational conditions by which it functions.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The governing body documents the operational conditions and requirements. These documents are often called the governing body bylaws, charter, or constitution. They include codes, policies, procedures, terms of reference, roles, responsibilities, and accountabilities, and other requirements that the governing body as a whole and individual members must follow to carry out its governance functions.

### 2.2.4 The governing body ensures that each member acknowledges their accountabilities.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The governing body requires its members to acknowledge their individual roles, responsibilities, and accountabilities, as well as those of the governing body overall. This acknowledgement may be in the form of a signed statement.

2.2.5 The governing body follows the organization's code of conduct that includes procedures to address breaches of the code.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The organization's code of conduct describes the minimum behaviour expectations of everyone working in or on behalf of the organization.

The governing body holds itself accountable to the same behaviour expectations as the organization's workforce. It also follows the organization's policies and procedures on addressing breaches of the code by its members including reporting, investigating, and resolving them. The governing body ensures that the organization shares the code of conduct with stakeholders.

2.2.6 The governing body follows its defined meeting schedule.

Priority: **Normal Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

The governing body defines how often it will meet each year, including the annual general meeting. It may schedule special meetings as required. The governing body also has related meeting attendance requirements for quorum, virtual attendance via audio and/or video conferencing, conducting votes, and more. It shares its meeting schedule with the organization and stakeholders.

2.2.7 The governing body ensures its members can access required information before meetings, with enough time for members to prepare for meetings and be ready to make informed decisions.

Priority: **Normal Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The governing body ensures that information required for meetings is written and distributed in a manner that is accessible to all members. This could include explaining abbreviations, making the information available in electronic and paper formats, and making it available in languages and at a literacy level that is accessible to all members.

In its operational documents (e.g., terms of reference), the governing body outlines the amount of time that is required of members to review the information before meetings so they can be prepared. The governing body ensures that this time requirement is met.

2.2.8 The governing body provides an up to date orientation for its new members.

Priority: **Normal Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

In the orientation, the governing body includes information about the following:

- The organization's type of governance, including how the governing body works with government and other stakeholders who may be responsible for one or more governance activities of the organization
- Relevant laws, regulations, and contractual obligations with which the governing body and organization are required to comply
- The governing body composition, the operational documents outlining its roles, responsibilities, accountabilities, terms of reference, bylaws, policies, and procedures, as well as meeting schedules and protocols (e.g., land acknowledgements, introductions)
- The organization's vision, mission, values, ethics, and code of conduct
- The organization's priorities, including those related to organizational health, safety; people-centred care; an equity, diversity, and inclusion approach; anti-racism and cultural safety; its strategic plan; and its current performance and progress toward achieving its strategic goals and objectives
- The organizational leaders, workforce, volunteers, clients, families, the diverse groups in the community, partner organizations, and other stakeholders
- The organization's internal and external operational environments

2.2.9 The governing body provides its members with continuing education related to governance.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

Guidelines

The governing body provides ongoing education to help its members maintain or improve their competencies and increase their understanding of the organization, its sector, and its governance practices. This helps members fulfill their roles, responsibilities, and accountabilities on the governing body.

Education may be targeted to individual members or the governing body as a whole. It may include education on topics such as;

- Overseeing quality and safety in clinical services
- Organizational health and safety (including the physical, psychological, and cultural safety of clients, workforce, volunteers, and others in the organization)
- Risk management
- Quality improvement
- Evidence-informed decision making
- The organization's vision, mission, values, and ethics
- The legal and financial responsibilities of the governing body
- People-centred care
- Anti-racism and cultural safety and humility
- Equity, diversity, and inclusion
- and other relevant topics

Governing body members are provided with relevant education on an ongoing basis. Education may take place as part of regular meetings through speakers or presentations from the organizational leaders; as part of annual retreats and team-building activities; or in separate educational sessions such as through conferences, courses, or certifications.

### 2.2.10 The governing body implements its governance decision making framework.

Priority: **Normal Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

The governing body's decision-making framework specifies the standardized approach and mechanisms (e.g., criteria, guidelines, plans, procedures) that the governing body should use to make decisions related to its governance responsibilities. The framework aligns with the organization's vision, mission, and values and promotes organizational success and sustainability in the short and long terms.

The framework may be developed by the governing body in collaboration with stakeholders or it may be adopted from existing frameworks. For example, in some jurisdictions, government may develop or recommend a governance decision-making framework that is specific to the local context and that complies with relevant laws, regulations, and contractual obligations.

The governing body's decision-making framework should:

- Be informed by its operational requirements (e.g., bylaws)
- Include defined mechanisms for priority setting

- Aim to maximize value for clients, families, the community, and other stakeholders
- Consider a variety of factors (e.g., client experience and outcomes, population health outcomes and health equity, organizational health and safety, environmental stewardship, cost-effectiveness)
- Be informed by evidence (i.e., research, expert opinion, lived experience, cultural knowledge, best practice) and principles of reflective learning, continuous quality improvement, and innovation
- Include defined steps to transparently reach decisions (e.g., if a process is based on consensus, a clear definition of consensus is developed and shared with stakeholders)
- Be equitable, just, and aligned with the organization's ethics and values
- Promote balanced participation and open and respectful sharing and discussion of diverse perspectives
- Include defined mechanisms to ensure the governing body is independent from the organization (e.g., policies to resolve conflicts of interest related to the governing body's legal, fiduciary, and social responsibilities)
- Ensure that members can access the information they need to inform their discussions and decisions

When making decisions collaboratively with stakeholders (e.g., government, funders, community groups, other health and social service organizations), the governing body ensures that everyone involved follows the ethical and transparent decision-making practices as per its governance decision making framework.

The governing body regularly evaluates the framework and updates it as needed.

# 3 Overseeing Organizational Activities and Outcomes

## 3.1 The governing body provides guidance and engages in oversight to ensure the organization achieves its mandate.

3.1.1 The governing body monitors the organizational functions it has identified as requiring its oversight.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body identifies and reviews which organizational functions require oversight from the governing body, based on its defined roles, responsibilities, and accountabilities, and relevant laws, regulations, and contractual obligations. The governing body may be required to oversee organizational functions such as quality and safety of care, which includes quality improvement; organizational health and safety; legal, regulatory, and contractual compliance; financial and risk management; information technology; human resource management; and sustainability of the organization.

The governing body monitors these organizational functions by, for example, discussing these topics regularly at meetings, and receiving regular updates on the organization's activities from the organizational leaders. These meetings also provide opportunities for the organization to seek guidance from the governing body, as needed.

Depending on the size and structure of the governing body, each organizational function may be overseen by the governing body as a whole or by one of its committees.

3.1.2 The governing body ensures that the organization has effective policies and procedures related to the functions and areas under the governing body's oversight.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

3.1.3 The governing body applies the organization's accountability framework to ensure the organization is well-managed and accountable to its stakeholders.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

An accountability framework specifies the evidence-informed approach and mechanisms (e.g., criteria, guidelines, plans, procedures) that the governing body can use to set expectations for strong organizational management practices and performance. The governing body uses the framework to oversee and guide the organization's achievement of its strategic goals and objectives and establish the organization's accountability to its stakeholders, including workforce, volunteers, clients, and families.

The framework aligns with the organization's ethics and values. It may be developed in collaboration with stakeholders or may be adopted from existing frameworks.

3.1.4 The governing body ensures that the organization has effective policies and procedures related to conducting research, including policies that promote client-oriented research practices.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

If the organization conducts or facilitates research, the governing body ensures that the organization has policies and procedures for its research activities. The policies and procedures align with people-centred care principles, the organization's ethics and values, and research ethics and principles that respect the rights of the client and community and comply with relevant laws, regulations, and contractual obligations.

Client-oriented research practices involve partnering with clients and families in research processes. The governing body ensures that the organization creates opportunities for clients and families to be involved in the continuum of research activities (e.g., designing research; determining research questions; developing surveys; deciding on data collection methods; and translating knowledge for the benefit of clients, families, and the community). The organization's research policies promote client-oriented research and provide guidance on how to achieve it.

The governing body ensures that the organization considers the risks associated with conducting research.

3.1.5 The governing body ensures that the organization maximizes value for its stakeholders, including clients, families, the community, and the workforce.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

The governing body ensures that the organization works with clients and families, the community, and other stakeholders to define what value means in terms of benefits to client experience and population health outcomes, while also considering benefits to organizational health and safety, cost effectiveness, and environmental stewardship perspectives. The definition of value will vary between organizations.

The governing body ensures that the organization maximizes value by monitoring indicators such as client-reported outcome measures; client-reported experience measures; client, volunteer, and workforce feedback and satisfaction measures; financial and human resource allocation measures; community health status measures including indicators specific to different groups in the community. This evidence enables the governing body to guide the organization in making decisions that maximize value for clients, families, the community, and other stakeholders.

3.1.6 The governing body regularly reviews organizational performance indicators including those related to quality and safety.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

The governing body and the organizational leaders select process and outcome indicators to review the organization's performance. Together, they ensure the selected indicators are relevant, appropriate, and linked to its strategic goals and objectives, including quality and safety. They ensure that the indicators align with the organizational as well as health system priorities and requirements, including those related to quality and safety which is defined to include physical, psychological, and cultural safety. The governing body has a clear understanding of how the selected indicators are developed, calculated, and used.

The governing body determines which indicators it will regularly review, based on organizational and health system priorities and requirements. It ensures that the number of indicators it chooses to review is feasible for the organization to regularly report on and for the governing body to monitor. The governing body and the organizational leaders define how and how often the indicators will be reviewed. For instance, the governing body may set up a committee that meets quarterly to review the indicators. The committee may use tools such as report cards (e.g., balanced scorecard) that aligns

organizational performance measures and quality improvement activities with strategic goals and objectives.

The governing body reviews organizational reports on the indicators including current performance data, comparisons to the organization's baseline performance and other organizations in the system, progress toward achieving the strategic goals and objectives, and identified performance gaps. It ensures that the organization identifies opportunities, priorities, and initiatives for quality improvement to close the performance gaps.

### 3.1.7 The governing body ensures that the organization uses client feedback to improve the quality of its services.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body ensures that the organization collects feedback on client experience and satisfaction to use it for evaluation and improvement of its services.

Client experience includes all the interactions a client and family have with the organization throughout the client journey, including the care provided and their interactions with service providers and as part of the care team. The governing body ensures that the organization seeks and encourages client and family feedback (that is diverse, and representative of the community served). Feedback is both positive and critical, about their experiences, to evaluate whether defined steps and processes occur at the right time and frequency. The organization also uses these data to set a baseline for future evaluations and identify strengths and opportunities for improvement.

Client satisfaction data measures whether client expectations were met. These data vary from client to client based on each client's expectations of care. The governing body ensures that the organization collects and uses client satisfaction data to evaluate the effectiveness of the organization's communication with clients and families throughout the client journey. Understanding client experience and client satisfaction is an important component of making care more people-centred. The governing body ensures that the organization uses its findings to inform its quality improvement planning.

### 3.1.8 The governing body regularly reviews the organization's progress towards the targets in its integrated quality improvement plan.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

An integrated quality improvement plan incorporates risk management; resource utilization management; performance measurement, including monitoring of strategic goals and objectives; people-centred care; client safety; organizational health and safety; environmental stewardship; and quality improvement. It recognizes that these activities are interrelated and need to be coordinated.

The governing body ensures that the organization engages with its workforce, volunteers, clients, and families to develop, implement, review, and update the integrated quality improvement plan and initiatives, and that the plan enables the implementation of innovative approaches to improve care and service delivery.

The governing body reviews information provided by the organization about progress on quality improvement initiatives through tools such as balanced scorecards that align organizational performance measures and quality improvement activities with strategic goals and objectives. The organization may also provide the governing body with quality and performance data on specific programs, services, and teams; internal systems and processes; and client, family, workforce, and volunteer experience and feedback. The governing body can use these tools to monitor progress toward performance and quality improvement targets throughout the organization.

### 3.1.9 The governing body ensures it is kept informed of organizational risks in a timely manner.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

The governing body may have specific requirements for the organization's risk reporting, to ensure it is informed about risks in a timely manner, and about risk mitigation and response plans. For example, the governing body may have specific requirements for which risks should be escalated to them; as well as how and how quickly they should be escalated. The governing body may require the organization to promptly report on risks that have a high likelihood of occurrence and/or high severity of impact, to ensure the governing body has timely oversight over how those risks are managed.

The governing body reviews organizational reports about real and potential risks facing the organization and guides the organization to apply an integrated approach in its risk management planning. The governing body ensures that the organization identifies and manages its operational and clinical risks from an organization-wide perspective and in a continuous, proactive, and systematic manner to minimize their impacts.

Operational risks may be related to resources; finances; budget; capital planning; property and physical infrastructure; reputation; credentialling; competition; liability and insurance protection; corporate governance; organizational health and safety; human and other resource management; contracted services; research and innovation; compliance with standards, policies, or laws; the political environment; information systems and security; data privacy and access management; data retention and destruction; contract management; and emergency and disaster management including pandemics. Clinical risks may be related to the provision of safe and quality care (e.g., clinical safety, medication reconciliation, medical devices and equipment, infection prevention and control, laboratory services).

3.1.10 The governing body ensures that the organization has a comprehensive strategy for business continuity to minimize service disruption.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

Business continuity is the organization's approach to prevention of and recovery from potentially disruptive circumstances to minimize service disruption and ensure the continuation of services. Business continuity planning is based on the results of evaluating the potential impact of interruptions on the organization's operations and services (which may be referred to as a business impact analysis). It identifies time-sensitive essential functions and applications, associated resource requirements, and interdependencies.

The governing body ensures that the organization has a strategy that addresses business continuity in various circumstances, including business continuity planning for emergencies and disasters, for long-term sustainability, for changing needs in the community, and for other significant organizational risks identified in its risk management planning. The strategy includes planning for access to and continuation of essential systems and utilities (i.e., critical infrastructure including water, electricity, key technology, and equipment). It also includes developing and maintaining relationships with other organizations and services in the community and jurisdiction to be able to collaboratively respond during disruptive circumstances. The strategy for business continuity is reviewed and updated as part of continuous learning and improvement processes.

Planning for how to keep its workforce and volunteers safe and able to work effectively in various circumstances is an important aspect of business continuity. Therefore, the governing body ensures that the organization's strategy for business continuity aligns with the organization's human resources strategy.

3.1.11 The governing body ensures that the organization has a comprehensive human resources strategy.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

Guidelines

The governing body ensures that the organization keeps it informed about human resource risks and opportunities facing the organization to ensure the risks and opportunities are well-managed for a safe and effective workforce.

The governing body ensures that the organization develops and regularly (at least annually) reviews its human resources strategy with the workforce. The governing body ensures that the organization has a human resources strategy that:

- Addresses recruitment of its workforce and volunteers
- Includes health and safety programs to manage the physical, psychological, and cultural health and safety of its workforce and volunteers
- Includes talent management systems to manage and improve staff performance, support professional development and build staff competencies, encourage staff retention, and support succession planning
- Reflects input from clients and families about the people-centred characteristics, competencies, and values that should be reflected throughout the organization's workforce
- Reflects an equity, diversity, and inclusion (EDI) approach. For example, it has equitable and evidence-informed recruitment and selection procedures that include steps to avoid unconscious bias in favour of or against a person, group, or attribute (e.g., age, gender identity, race, ethnicity) and to build an organizational workforce that reflects the diverse populations and groups that make up the organization's community
- Includes succession planning procedures to build capacity of diverse workforce members to fill critical and leadership roles through education, training, coaching, job rotation, and mentoring
- Ensures that the financial compensation model for its workforce, including senior leaders, is based on relevant laws, regulations, and contractual obligations. The compensation model is regularly reviewed and kept up to date, and takes into consideration job stresses and risks, pay equity, labour market, cost-of-living increases, bonuses, benefits, and allowances
- Includes continuous learning and improvement processes

The governing body ensures that the organization has an organizational structure in place that supports its human resources strategy. It ensures that the organization aligns its human resources strategy with the organization's planning for business continuity, whether in times of disruption or as part of long-term planning. Effective talent management contributes to business continuity by, for example, minimizing the impact of the departure of a senior leader or key operational workforce member by preparing internal candidates to step into the role.

3.1.12 The governing body demonstrates accountability for the quality of care provided by the organization.

**ROP**

Priority: **ROP** | Quality Dimension: **Safety** | Assessment Method: **On-site**

Guidelines

**Guideline 3.1.12.1:** The framework is adopted from existing jurisdictional or international frameworks such as the Canadian Quality and Patient Safety Framework. It includes a standardized approach that the governing body uses to address quality. The framework is tailored to the individuals and communities receiving services from the organization.

**Guideline 3.1.12.2:** The education and continuous learning helps governing body members understand the need for quality to be embedded in their service delivery.

There are different ways the education and continuous learning can be undertaken. The education and continuous learning approach can use a combination of didactic or online training, community engagement, and reflective practice to increase the knowledge and skills. The governing body leverages resources available to provide this education and continuous learning.

**Guideline 3.1.12.3:** The governing body sets and evaluates performance objectives for the organization's executive leader(s), who report directly to it. By doing so, the governing body can hold the executive leader(s) accountable for achieving the established quality of care goals and associated quality indicators. Monitoring the executive leader(s) performance objectives will be an on-going activity of the governing body in addition to providing constructive and actionable feedback on the leader's performance.

**Guideline 3.1.12.4:** The action plan is developed using a co-designed approach that includes recipients of care, community/system partners, the organization's workforce. The action plan identifies themes and priorities the organization wants to address, the activities, roles and responsibilities of those involved and how the organization will

measure change. A governing body action plan should include elements highlighted in the selected recognized framework.

**Guideline 3.1.12.5:** The governing body demonstrates a clear commitment to quality of care by having it as a standing agenda item for each regular meeting and ensuring that sufficient time is allotted to review and discuss the organization's action plan to address quality of care.

Discussions need to be supported with indicator data that includes feedback from multiple stakeholders, including clients, families, and communities. Key quality indicators that measure quality at the organization level (i.e., 'big-dot' indicators) will help answer the questions "what does quality of care look like and how do we know it is improving?".

Examples of big-dot indicators can include:

- number of clients who were harmed
- number of complaints from clients
- timely access to care
- quality of worklife reported by the workforce, including measures of job engagement, retention and satisfaction that can influence the organization's clinical human resource capabilities
- client exprience survey results

## Test(s) for Compliance

**3.1.12.1** The governing body applies a recognized framework for guiding the activities related to quality of care provided by the organization.

**3.1.12.2** The governing body provides its members with education and continuous learning on the topic of quality of care – quality frameworks, key quality principles, key quality indicators.

**3.1.12.3** The governing body ensures the organization's executive leader(s), who report directly to the governing body, have an accountability for quality of care in their performance objectives.

**3.1.12.4** The governing body ensures there is an organizational action plan to address quality of care.

**3.1.12.5** The governing body has quality of care as a standing agenda item in its regular meetings where it monitors the organization's action plan.

## 3.2 The governing body holds the organization's executive leader accountable.

3.2.1 The governing body ensures the recruitment and selection of the executive leader aligns with the organization's vision, mission, and values.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body recruits and selects or ensures that the recruitment and selection of the organization's executive leader aligns with the organization's vision, mission, and values and is consistent with the organization's human resources strategy including policies and procedures, as well as relevant laws, regulations, and contractual obligations. The governing body ensures that the recruitment and selection procedures are equitable, evidence-informed, and include procedures to avoid unconscious bias in favour of or against a person, group, or attribute (e.g., age, gender identity, race, ethnicity) when evaluating candidates.

The organization's human resources strategy, in alignment with its business continuity planning, may allow the governing body to appoint or ensure the appointment of an interim executive leader in emergencies, such as when the executive leader is taken ill. It may also include a longer-term plan to allow the governing body to prepare for a planned exit by the executive leader. The governing body and the executive leader should engage in regular (at least annually) formal discussions about continuity and succession planning for the executive leader role.

In some jurisdictions, the executive leader may be appointed by government. In this case, the governing body participates to the fullest extent possible in identifying potential candidates and in the screening, nomination, and selection process.

3.2.2 The governing body ensures that the accountabilities of the executive leader are defined.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The governing body ensures that the roles, responsibilities, and accountabilities of the executive leader are defined and kept up to date, in compliance with relevant laws, regulations, and contractual obligations. The governing body seeks input from the executive leader to inform the development and review of the roles, responsibilities, and accountabilities.

The governing body ensures that the roles, responsibilities, and accountabilities are described in an executive leader position description. It ensures that the position description is written using neutral language that is not biased in favour of or against a person, group, or attribute (e.g., age, gender identity, race, ethnicity).

The position description clarifies the division of roles, responsibilities, and accountabilities between the executive leader and the governing body. It includes the executive leader's accountabilities to the governing body and the organization's stakeholders (e.g., clients, families, workforce, volunteers, community groups, partner organizations) for the quality and safety of services provided by the organization; for advancing people-centred care in the organization and the health system; and for leading the workforce to achieve the organization's vision, mission, and values.

In some jurisdictions, the executive leader's roles, responsibilities, and accountabilities may be defined by government. In this case, the governing body provides input into defining, reviewing, and updating the roles, responsibilities, and accountabilities, and participates to the fullest extent possible.

### 3.2.3 The governing body regularly evaluates the executive leader's performance against set measurable performance objectives.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

To ensure that the executive leader carries out their defined roles and responsibilities, the governing body evaluates the executive leader's performance against the set performance objectives and holds the executive leader accountable for the organization's performance.

The governing body ensures that the executive leader's performance objectives are related to the organization's strategic goals and objectives and reflect the organization's mandate and role in the health system and society, including advancing people-centred care. The objectives comply with relevant laws, regulations, and contractual obligations.

The governing body sets the performance objectives in collaboration with the executive leader and reviews them regularly (e.g., annually). The governing body seeks input on the performance of the executive leader from the organizational leaders, including the executive leader, as well as from other stakeholders including clients, families, workforce members, volunteers, other senior leaders, community leaders, and partner organizations (e.g., through periodic 360-degree reviews).

If there are concerns about the executive leader's performance, or if the governing body deems it appropriate, it may conduct evaluations more frequently.

In some jurisdictions, the executive leader reports to government rather than the governing body. In this case, the governing body works closely with government officials to set the executive leader's performance objectives and conduct their performance evaluation.

3.2.4 The governing body supports and regularly reviews the executive leader's ongoing professional development plan.

Priority: **Normal Priority** | Quality Dimension: **Worklife** | Assessment Method: **Attestation**

Guidelines

The governing body supports the executive leader's professional development by supporting the executive leader to spend time on the activities outlined in their professional development plan and budgeting funds for this purpose. The governing body may make suggestions to the executive leader regarding professional development opportunities to address gaps in the executive leader's competencies (e.g., subject-specific knowledge, leadership competency, cultural competency) identified through performance evaluations.

## 3.3 The governing body ensures that the organization follows procedures for credentialing members of its workforce and for managing privileges of clinical service providers.

3.3.1 The governing body ensures that the organization establishes procedures to credential members of its workforce.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **Attestation**

Guidelines

Credentialing is the assessment and verification that members of the workforce have the necessary credentials to fulfill their roles, in alignment with the human resources strategy. For example, with clinical service providers, credentials should include the required clinical training and competencies, as well as competencies related to client partnership, conflict management, anti-racism, and cultural safety and humility, and upholding client rights to provide safe, reliable, integrated, and people-centred care.

In some jurisdictions, government may be accountable for credentialling. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.

3.3.2 The governing body ensures that the organization establishes procedures to manage privileges for the clinical service providers who require them to provide client care.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **Attestation**

Guidelines

Some clinical service providers who are not employees of an organization require permissions, called privileges, to conduct a specific scope and content of client care.

The governing body ensures that the organization defines and follows set procedures for managing privileges that includes granting, regularly reviewing, and renewal or removal of privileges.

Depending on the organization and jurisdiction, privileges may be granted by a committee (e.g., Medical Advisory Committee) or an individual (e.g., chief medical officer) in the organization, or by a jurisdictional body or government.

Regardless of where the authority to grant privileges lies, the governing body ensures that the organization follows its documented procedures to grant and manage privileges. These procedures outline the steps to be taken to assess the credentials of the clinical service provider and ensure that the privileges granted are appropriate, aligned with the organization's mandate and scope of services, and supported by the resources required to provide safe care. Privileges granted to clinical service providers may be generally applicable to their practice in the organization, specific to the service or procedure they offer, or specific to the context in which they provide services.

The governing body ensures that the organization's procedures to manage privileges outline conditions under which clinical service providers may apply to be granted additional privileges, and conditions under which a clinical service provider's privileges

may be cancelled or restricted (e.g., to maintain alignment with the organization's service delivery and resource allocation plans, or because of identified performance issues). The procedures include steps for the renewal, addition, or alteration of privileges, as required. The procedures also outline set timeframes for the review and renewal of privileges and are informed by the outcomes from performance reviews, as appropriate.

3.3.3 The governing body ensures that the organization establishes procedures to regularly evaluate the performance of clinical service providers who have been granted privileges and address any performance issues identified.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **Attestation**

Guidelines

The governing body ensures that the organization's procedures to evaluate the performance of clinical service providers who have been granted privileges are focused on setting the provider's performance and professional development goals and targets and monitoring the provider's progress toward them.

The performance evaluation procedures require clear performance targets to be set for each provider, so the provider is aware of what is expected of them and can make it part of their professional development goals.

The governing body ensures that the performance evaluations include measures of skills, behaviours, performance, and outcomes. The performance evaluation procedures include steps to address identified performance issues (e.g., restriction, suspension, or removal of privileges, or cancellation of the appointment by the relevant authority).

The performance evaluations play an important role in the organization's accountability to stakeholders and in advancing the organization towards its people-centred care and health and safety goals.

3.3.4 The governing body ensures that the organization establishes procedures to appeal decisions regarding privileges.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **Attestation**

Guidelines

The governing body ensures that the organization's procedures for appealing decisions related to privileges comply with jursidictional laws, regulations, and contractual obligations.

## 3.4 The governing body oversees organizational health and safety.

### 3.4.1 The governing body monitors the workforce's experiences in the workplace.

Priority: **High Priority** | Quality Dimension: **Worklife** | Assessment Method: **On-site**

Guidelines

The social and psychological environment of the organization should reflect the organization's values. The organization's workforce should feel physically, psychologically, and culturally safe, comfortable, and generally satisfied with their worklife and work environment when performing their duties. They should feel supported by their leaders and be relatively free from work-related stress or fatigue. In addition, staff should feel motivated to perform their duties well and improve systems. They should feel able to ask questions and get advice.

To monitor the workforce's experiences within the organization, the governing body may use mechanisms such as executive leader 360-degree evaluations, workforce satisfaction surveys, exit surveys, performance appraisals, complaints processes, and other similar tools that may identify opportunities to improve the experience of working within the organization.

### 3.4.2 The governing body ensures that the organization adopts a comprehensive approach to organizational health and safety.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

Guidelines

The governing body ensures that the organization defines health and safety more comprehensively than just the absence of disease or harm. The governing body ensures that the organization takes a comprehensive and equity, diversity, and inclusion (EDI) approach to develop a thorough understanding of the physical, psychological, and cultural safety and wellness risks and needs identified by clients, families, workforce, volunteers, and others associated with the organization when defining its organizational health and safety goals. The goals align with organizational priorities related to client experience and outcomes, population health, and financial and environmental stewardship. The goals also reflect the organization's commitment to anti-racism and non-discrimination.

The governing body works with the organization to define comprehensive measures of organizational health and safety that include measures of client safety as well as

workforce health and safety. The measures also look at the reliability of systems and processes to sustainably promote wellness and prevent errors and harm through continuous learning and improvement. The measures help to establish a baseline, understand current performance, identify areas for improvement, and track progress over time. It ensures that the organization dedicates resources toward activities to achieve its health and safety goals.

Some organizational health and safety goals, measures, and activities may be mandatory under relevant laws, regulations, and contractual obligations.

### 3.4.3 The governing body ensures that the organization facilitates the reporting of safety incidents or concerns.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

Guidelines

The governing body ensures that the organization has safety reporting mechanisms (e.g., standardized, easy-to-use safety reporting systems) that comply with relevant laws and regulations and are designed to encourage reporting of safety risks, errors, and incidents, as well as contributing factors.

Safety risk reporting is important to increase the proactive anticipation of problems before they occur. Safety incidents include near misses, no-harm incidents, and incidents resulting in harm. Harm includes harm resulting from racism and discrimination.

The governing body ensures that the organization informs its workforce, volunteers, clients, and families about the safety reporting mechanisms and how to report without fear of negative consequences.

The governing body ensures that the organizational leaders promote a just culture by creating an unbiased, fair, consistent, and supportive environment that encourages staff to learn from mistakes and safety incidents.

### 3.4.4 The governing body ensures it is kept informed of the organization's progress towards organizational health and safety goals.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **Attestation**

Guidelines

The governing body receives and reviews regular and timely reports from the organization about the organization's health and safety activities, challenges, and

accomplishments related to its health and safety goals. It also receives current data on the organizational health and safety measures monitored by the governing body.

For example, the governing body receives reports on safety incidents such as high-risk or severe incidents, adverse drug events, and medical device incidents, as per the governing body's requirements for reporting and issue escalation, and relevant laws and regulations. The reports summarize the actions taken to address the incidents and provide trend analyses and mitigation strategies to prevent future incidents. In determining its actions and mitigation strategies, the governing body encourages the organization to account for the clients' rights to self-determination and to make informed choices to live with risk in alignment with their holistic health and wellness needs and goals, and their cultures, beliefs, and traditions.

The governing body ensures that it is kept informed by the organization about organizational health and safety activities, to address health and safety risks and needs. The activities include engaging with stakeholders to develop, implement, and evaluate policies, procedures, programs, and initiatives; providing training, equipment, and other supports; and ensuring compliance with relevant laws, regulations, and contractual obligations.

The governing body ensures that the organizational health and safety activities adequately and effectively address:

- Public health risks
- Impairment and incapacity of anyone in the organization including workforce, volunteers, clients, families, and visitors
- Stigma, racism, and discrimination
- Client abuse and workplace violence, including all forms of harassment, bullying, intimidation, threats, assaults, robbery, and other similar behaviours originating from anyone in the organization
- Other key safety topics such as client identification, medication reconciliation, culturally safe care delivery, workforce stress, workload management, or other issues identified through trends in safety incident reporting

3.4.5 The governing body ensures that the organization has an effective policy and procedure for people to bring forward complaints or concerns without negative consequences.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

Guidelines

The governing body ensures that the organization has a policy (which may be referred to as a whistleblower policy) that explicitly protects those who come forward to provide information, raise concerns, or participate in an investigation about unsafe or inappropriate activities in the organization, including activities that are physically, psychologically, or culturally unsafe, or that are illegal or unethical. The policy protects those who come forward from negative consequences and contributes to an organizational culture of open discussion and the ability to raise issues without fear. The policy also protects their confidentiality while ensuring fair and just procedures are followed for everyone involved.

The governing body ensures that the organization informs its workforce, volunteers, clients, and families about the procedures they should follow to safely and confidentially file a complaint or raise a concern about unsafe or inappropriate activities that are related to the organization's delivery of services, their experience with the organization, or a violation of their rights.

### 3.4.6 The governing body ensures that the organization has effective policies and procedures to manage complaints in a timely and transparent manner.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body ensures that the organization's complaints management policies and procedures require the organization to provide those involved in the complaint (i.e., the person(s) bringing forward the complaint, the person(s) against whom the complaint is made, witnesses, and other associated parties) with informal and formal steps and timelines to review, mediate, investigate, and resolve the complaint. Once the complaint is resolved the policies and procedures require the organization to inform those involved in the complaint about the resolution and the changes that will be made to mitigate further similar complaints. The policies and procedures include steps to escalate complaints as needed, including reporting them to the governing body as per the governing body's reporting requirements.

The governing body ensures that the organization follows up with those involved in the complaints process about their experience, to review the effectiveness of the policies and procedures and identify areas for improvement. The governing body follows up when complaints have been escalated to it.

The governing body ensures that the organization's policies and procedures require the organization to analyze trends in complaints to identify indicators of broader issues or areas for improvement in the organization or health system (e.g., identifying safety

concerns that might lead to safety incidents). The governing body ensures that the organization shares information about trends identified from complaints, with the governing body and other stakeholders (e.g., workforce, volunteers clients, families, and partner organizations).

## 3.5 The governing body ensures that the organization operates responsibly.

### 3.5.1 The governing body ensures that the organization complies with its legal, regulatory, and contractual obligations.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The governing body stays informed about relevant laws, regulations, and contractual obligations with which the organization must comply, and regularly reviews up-to-date evidence of compliance (e.g., through semi-annual or annual reports from the organization).

When laws or regulations are at odds with the organization's vision, mission, and values, the governing body applies its decision-making framework to determine whether the governing body should play an advocacy role in seeking exemptions from or changes to the laws and regulations.

When there is a conflict of interest between the governing body's social responsibility and its legal and fiduciary responsibilities to the organization, the governing body has a responsibility to balance the two obligations, ensuring alignment with the organization's ethics and values while minimizing the organization's liability.

### 3.5.2 The governing body ensures that the organization allocates adequate resources to meet the forecasted level of demand for services.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The governing body reviews the organization's resource allocation plans for the different populations and geographic regions and across the continuum of services to ensure that resources are allocated in a manner that meets the forecasted level of demand for services to meet community needs.

The governing body ensures that it is kept informed by the organization when there are insufficient physical, human, information, or financial resources to meet the forecasted level of demand for the organization's services and to support partner organizations in the health system. The governing body guides organizational strategies to address resource gaps and advocates for additional funding as required.

### 3.5.3 The governing body approves the organization's capital and operating budgets.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The governing body reviews the organization's annual capital and operating budgets, including the budgets for technological and other investments.

Before approving the budgets, the governing body considers the impact of its decision on the organization's sustainability and ability to fulfil its mandate; achieve its strategic goals and objectives; and provide safe, reliable, integrated, and people-centred care. The governing body considers whether the organization's budget-related decisions reflect input from the workforce, volunteers, clients, families, and the community. It also considers the impact of the budget on the organization's partnerships and collaborations, performance, quality, safety, and sustainability initiatives. The governing body ensures that budget-related decisions comply with relevant laws, regulations, and contractual obligations.

Some degree of risk in an organization's budget is expected and even desirable. The governing body determines, with the organization, the level of risk tolerance to be built into the budget. In private, for-profit health and social service organizations, risks may also include potential market share and competition.

### 3.5.4 The governing body defines the organization's approval procedures for capital investments including major asset purchases.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The governing body defines the organization's procedures to review and approve capital investments and major purchases, including the organization's authority and the governing body's role in these procedures. The governing body's role will depend on relevant laws and regulations.

The governing body defines what qualifies as a major purchase.

The governing body ensures that the approval procedures consider the organization's risk management approach, its strategic plan, and its role in providing safe, reliable, integrated, and people-centred care. Where feasible, the approval process is supportive of investments in innovative technologies and other solutions to improve service delivery and quality of care.

The governing body reviews the approval process for capital investments and major asset purchases regularly (e.g., annually).

### 3.5.5 The governing body regularly reviews the organization's financial control system to ensure its integrity.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The governing body reviews and approves the financial management policies and standards to which the organization must adhere. It ensures that the policies and standards are up to date and comply with relevant laws, regulations, and contractual obligations.

The governing body ensures that the organization's financial control system and processes, including its financial resources, information management, and financial statements and reporting comply with the organization's financial management policies and standards and are reliable, appropriate, and complete.

### 3.5.6 The governing body regularly reviews the organization's financial performance.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The governing body reviews the organization's financial performance and potential risks in key areas against the strategic plan (e.g., resource use, operational efficiencies, quality of care, organizational health and safety).

The governing body's review goes beyond only looking for a balanced budget. It also looks for cost optimization in a manner that maximizes client experience and outcomes, population health, organizational health and safety, and environmental stewardship.

When reviewing the organization's financial performance, the governing body ensures that the organization's financial strategy considers the organization's future financial needs and potential risks (e.g., shifts or trends in human or financial resources, sudden changes in service needs, changes in insurance coverage needs), and ensures that the organization has strategies to address these in its risk management plans. Financial risk management strategies vary depending on whether the organization is publicly funded, not-for-profit, or private for-profit. The governing body ensures that the organization develops financial risk management strategies with input from stakeholders, including clients and families.

The governing body may guide the organization to explore sharing resources with partner and other organizations, negotiating with the funding authority to obtain additional resources, identifying services that may be contracted or referred to other providers or organizations, approving plans to raise additional resources through fundraising or donors, or exploring the costs of the organization's services and the impact of changing those costs to generate additional revenue. The governing body complies with relevant laws, regulations, and contractual obligations when reviewing and approving recommendations in financial reports.

### 3.5.7 The governing body ensures that the organization protects the privacy and confidentiality of all stakeholder information.

Priority: **High Priority** | Quality Dimension: **Safety** | Assessment Method: **On-site**

Guidelines

The governing body ensures that the organization's policies, procedures, and other protections related to privacy and confidentiality of information comply with relevant laws, regulations, and contractual obligations, including those related to the collection, use, storage, access, and disclosure of client, workforce, volunteer, and other stakeholder information. It also includes policies restricting client, workforce volunteer, and other stakeholders' use of personal information technology, the internet, and social media.

The policies, procedures, and other protections should address both normal operations and emergencies and disasters, and the management of privacy incidents including breaches.

The governing body ensures that it is kept informed by the organization about high-risk privacy issues like privacy breaches. The governing body ensures that the organization has measures to monitor the effectiveness of its privacy and confidentiality protections.

3.5.8 The governing body ensures that the organization has effective information management systems, including systems for information security.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body ensures that the organization has information systems, including information technology systems, to manage its paper and electronic information and data and keep it secure. The systems are based on the organization's current and evolving information needs, including respecting client rights as the owners of their health information, and individual privacy rights.

The governing body ensures that the organization's information management systems, including information security, policies, procedures, infrastructure, and protections, are comprehensive and comply with relevant laws, regulations, and contractual obligations. The policies and procedures address securely acquiring, organizing, storing, retrieving, sharing, maintaining, and disposing of information. They also address education, training, and supports on using the information systems.

The governing body ensures that the organization has measures to monitor the effectiveness of its information management policies, procedures, infrastructure, and protections in a reliable, secure, and user-friendly manner.

The governing body ensures that it is kept informed by the organization about high-risk information management issues such as information security breaches, including information technology security breaches (which may be referred to as cybersecurity breaches). It ensures that the organization has a thorough understanding of threats to information security and that there are policies and procedures to comprehensively address known threats.

3.5.9 The governing body ensures that the organization manages information flow and access in a manner that maximizes the quality of care for the client.

Priority: **High Priority** | Quality Dimension: **Client-centred Services** | Assessment Method: **On-site**

Guidelines

Clients are the owners of their health information and are partners in the process of documenting and accessing information in their records. Therefore, the governing body ensures that the organization, in compliance with relevant laws, regulations, and contractual obligations, provides clients with the ability to easily access, provide input

into, discuss, and ask questions about their health information. This facilitates a transparent and open relationship between clients and their care providers and helps improve client experience and satisfaction.

The governing body ensures that the organization facilitates the seamless sharing of client information among members of the client's care team, to improve the quality of care. The governing body also ensures that the organization's management of information sharing is done in compliance with the client's informed consent for access to their information as well as in compliance with relevant privacy and other laws, regulations, and contractual obligations. It ensures information is shared in an as-needed manner that is secure, appropriate, relevant, and useful to each audience, and has protections in place against misuse of information.

### 3.5.10 The governing body ensures that the organization promotes environmental stewardship in its operations.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body ensures, for example, that the organization collaborates with stakeholders to implement initiatives to protect the natural environment, reduce its carbon footprint, and improve climate resilience (i.e., its ability to adapt to and better prepare for, as well as reduce the impact of climate change).

The governing body encourages the organization to consider the environmental impact of decisions related to facility design and service delivery, along with safety, cost effectiveness, client experience and outcomes, and population health considerations.

The governing body encourages the organization to understand and be aware of the links between climate change and health. It encourages the organization to build systems that are better prepared to adapt to the increased health needs resulting from climate change, and to reduce contributions to climate change to prevent further negative health impacts in the future.

# 4 Being Accountable and Reflective

## 4.1 The governing body is accountable to the organization's stakeholders.

4.1.1 The governing body implements a policy on its public disclosure of information.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **On-site**

Guidelines

The governing body's policy on public disclosure supports its accountability to the organization's stakeholders. While disclosure expectations continue to evolve, examples of the types of information that most governing bodies are expected to disclose include:

- Current membership and size of the governing body
- Procedures to select new members
- Scope of authority, roles, responsibilities, and accountabilities of the governing body and each of its members, including the chair
- The governing body committees, including terms of reference and membership
- The orientation and education process for governing body members
- The mechanisms to communicate with and engage clients and families in governance activities
- The procedures to assess members' performance, their attendance records, and compensation if applicable
- The roles and responsibilities of the executive leader of the organization and the procedures to evaluate the leader's performance
- The organization's ethics and values, and the procedures to disclose conflicts of interest
- The organization's communication plan for public disclosure

4.1.2 The governing body maintains records of its activities and decisions.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The governing body keeps records of its activities and decisions, to maintain continuity and build corporate memory. This includes records of private and confidential governing body meetings.

The records may include a summary of discussions or minutes, rulings by the chair, motions, results of votes, and lists of documents referenced during meetings.

In some jurisdictions, the activities and decisions a governing body is required to record, and archive are specified in relevant laws, regulations, and contractual obligations.

4.1.3 The governing body ensures that information about its activities and decisions are available to the organization and the organization's stakeholders.

Priority: **High Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

In the spirit of transparency and accountability, the governing body communicates with the organization and stakeholders through the senior leaders of the organization. The governing body shares information about its relevant activities and decisions that take place during scheduled and unscheduled governing body meetings.

## 4.2 The governing body evaluates its effectiveness.

4.2.1 The governing body regularly evaluates its effectiveness, to make improvements as needed.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **On-site**

Guidelines

The governing body conducts regular (e.g., annual) evaluations of its effectiveness and that of its committees. The governing body may use Health Standards Organization's Governance Functioning Tool, along with other tools, to evaluate its effectiveness.

Evaluations may include formal or informal self-evaluations and/or external evaluations of:

- The role, structure, and composition of the governing body and its committees, and how they contribute to the overall effectiveness of the governing body
- The overall working culture of the governing body and its committees (e.g., reviewing membership turnover, members' satisfaction with feeling heard and the

use of their time and skills, members' confidence in presenting perspectives that are contrary to the majority to ensure open and honest discussions)

- The activities and procedures of the governing body and its committees (e.g., reviewing the governing body's use of valid, reliable, and relevant evidence to make decisions; reviewing its renewal and succession planning procedures to ensure the sustainability of the governing body)
- The performance of the governing body and its committees (e.g., reviewing outcomes of its activities and decisions)
- The mechanisms used by the governing body to promote an organizational culture of people-centred care and engage with clients and families in governance activities

The governing body's evaluation practices should foster transparency. This may be done by using defined standards for evaluation that are shared with stakeholders, and by seeking feedback from governing body members and the executive leader. The governing body's evaluation practices may also include a review of research and leading practices in governance to compare its performance against a benchmark.

The governing body members discuss the evaluation results and use the results to make improvements.

In some jurisdictions, government may be accountable for evaluating the governing body's performance. In this case, the governing body works with government to inform and contribute to the process and participates to the fullest extent possible.

4.2.2 The governing body regularly evaluates the performance of its chair to provide them with feedback based on the results.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The governing body regularly (e.g., annually) evaluates the performance of its chair using set evaluation criteria that include consideration of the chair's achievement of roles and responsibilities, adherence to the values and ethics of the organization and the governing body, attendance at and preparation for meetings; and follow through on leadership and other obligations during and between meetings. The evaluation may be formal or informal.

4.2.3 The governing body chair regularly reviews the contributions of its individual members to provide feedback to them based on the results.

Priority: **High Priority** | Quality Dimension: **Efficiency** | Assessment Method: **Attestation**

Guidelines

The governing body's review of its individual members includes consideration of the member's knowledge of the organization, its strategic direction, and its operational environment; adherence to the values and ethics framework of the organization and the governing body; attendance at, preparation for, and active participation in meetings; and follow through on obligations during and between meetings (e.g., participation in committee work). The review may be formal or informal.

4.2.4 The governing body shares an annual report of its achievements with stakeholders.

Priority: **Normal Priority** | Quality Dimension: **Appropriateness** | Assessment Method: **Attestation**

Guidelines

The governing body's annual report of its achievements is written in accessible language and is shared with the organizational leaders, workforce, volunteers, clients, families, the community, government, and other stakeholders. In sharing the report with stakeholders, the governing body welcomes the opportunity to receive input from and engage in dialogue with the stakeholders.

# 5 Addressing Systemic Racism

## 5.1 The governing body ensures the organization provides culturally competent and safe care, including addressing systemic racism within the organization.

5.1.1 The governing body uses a recognized framework for acknowledging systemic racism.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **Attestation**

Guidelines

The framework begins with an acknowledgement of systemic racism and takes a standardized approach to addressing systemic racism.

The framework is co-designed with community partners and can be adapted from existing jurisdictional or international frameworks. It is tailored to the culture and rights of the community served.

5.1.2 The governing body implements an action plan, in partnership with community partners, to address systemic racism in the organization.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The action plan is developed using the co-designed framework. It identifies themes and priorities the organization wants to address, the activities, roles and responsibilities of those involved, and how the organization will measure change. The action plan should include recognizing health care rights of all people, addressing holistic approaches to care including recognition of healing practices, cultural safety and humility, and anti-racism education and continuous learning.

5.1.3 The governing body provides its members with education and continuous learning on cultural safety and humility and systemic racism.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The education and continuous learning helps the governing body members understand issues related to systemic racism and the need for cultural safety and humility principles to be embedded in their service delivery.

The education and continuous learning can be undertaken in various ways. A combination of community-led didactic or online training, community engagement, and reflective practice to increase the cultural knowledge and skills. The governing body leverages resources available to provide this education and continuous learning (e.g., through community resources, other health authorities and jurisdictions, international resources).

Anti-racism and cultural safety and humility education and continuous learning includes, but is not limited to information about:

- The communities that the organization works with.
- The inter-related concepts of colonialism, power, privilege, racism, discrimination, prejudice, and bias within settler societies.
- How racism in the health care system reflects the lack of respect and implementation of the basic human rights of communities.
- Structures and systems that produce and perpetuate health inequities.
- Trauma and violence informed care, harm reduction and lateral kindness.
- What anti-racism and cultural safety and humility means, as well as strategies for applying the concepts in practice and everyday life.
- Co-design with communities and organizations.
- The ways in which stereotyping, and discrimination manifest themselves in health care and strategies for interrupting discrimination.
- Protocols for how whistleblowers can safely and confidentially report incidences of direct or indirect experiences of racism and discrimination associated with the organization, without fear of negative consequences.
- Key documents and resources (including relevant jurisdictional documents) that support the education and continuous learning goals.

5.1.4 The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the communities receiving services from the organization.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The policy should be co-designed, reviewed, and shared with communities to ensure the intent of the policy reflects their cultures and rights. If the organization's policies do not

take racism into account in a meaningful way, racism can remain invisible or can be deemed nonexistent and therefore may persist and potentially increase.

### 5.1.5 The governing body monitors its action plan for addressing systemic racism.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The governing body monitors progress against the action plan for addressing systemic racism in the organization, and shares its learnings with the workforce, communities, and other partners that are also addressing systemic racism.

# 6 Addressing Indigenous-Specific Systemic Racism

**6.1 The governing body ensures the organization provides culturally competent and safe care, including addressing Indigenous-specific systemic racism within the organization. Note: This subsection applies to organizations serving Indigenous communities and populations.**

6.1.1 The governing body uses a recognized framework for acknowledging Indigenous-specific systemic racism.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **Attestation**

Guidelines

The framework begins with an acknowledgement of Indigenous-specific systemic racism.

The framework is co-designed with Indigenous partners and can be adopted from existing jurisdictional or international frameworks. The framework is tailored to the culture and rights of the Indigenous communities receiving services from the organization.

6.1.2 The governing body implements an action plan, in partnership with Indigenous partners, to address Indigenous-specific systemic racism in the organization.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The action plan is developed using the co-designed framework. It identifies themes and priorities the organization wants to address, the activities, roles and responsibilities of those involved and how the organization will measure change. The action plan should include elements highlighted in the Truth and Reconciliation Calls to Action (e.g., Indigenous led response, recognizing health care rights of Indigenous people, addressing holistic approaches to care including recognition of healing practices, cultural safety and humility, and anti-racism education and continuous learning). The action plan needs to incorporate a distinction-based approach for the participation of First Nations, Inuit, and Métis peoples.

6.1.3 The governing body provides its members with education and continuous learning on cultural safety and humility and Indigenous-specific systemic racism.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The education and continuous learning helps the governing body members understand the related to Indigenous-specific systemic racism and the need for cultural safety and humility principles to be embedded in their service delivery.

The education and continuous learning can be undertaken in various ways. A combination of Indigenous-led didactic or online training, community engagement, and reflective practice to increase the cultural knowledge and skills. The governing body leverages resources available to provide this education and continuous learning (e.g., through First Nations, Inuit, and Métis community resources, other health authorities and jurisdictions, international resources).

Anti-racism and cultural safety and humility education and continuous learning includes, but is not limited to information about:

- The Indigenous peoples and communities that the organization works with.
- The inter-related concepts of colonialism, power, privilege, racism, discrimination, prejudice, and bias within settler societies in Canada from an Indigenous perspective.
- How racism in the health care system reflects the lack of respect and implementation of the basic human rights of Indigenous peoples and communities.
- Joyce's Principle (aiming to guarantee to all Indigenous people the right of equitable access, without any discrimination, to all social and health services, as well as the right to enjoy the best possible physical, mental, emotional and spiritual health.) and Jordan's Principles (aiming to eliminate service inequities and delays for First Nations children).
- Structures and systems that produce and perpetuate Indigenous health inequities.
- Trauma and violence informed care, harm reduction and lateral kindness.
- What anti-racism and cultural safety and humility means, as well as strategies for applying the concepts in practice and everyday life.
- Co-design with Indigenous peoples and communities and organizations.
- The ways in which stereotyping, and discrimination manifest themselves in health care and strategies for interrupting discrimination.
- Protocols for how whistleblowers can safely and confidentially report incidences of direct or indirect experiences of Indigenous-specific racism and discrimination associated with the organization, without fear of negative consequences.

- Key documents and resources (including relevant jurisdictional documents) that support the education and continuous learning goals. Examples include: United Nations Declaration on the Rights of Indigenous Peoples (UNDRIP), Truth and Reconciliation Committee's Calls to Action (TRC), National Inquiry into Missing and Murdered Indigenous Women and Girls report (MMIWG), In Plain Sight report, and other relevant jurisdictional documents such as BC Declaration on the Rights of Indigenous Peoples Act (DRIPA), BC's Métis history and the Indian Act (including its negative impacts) and others.

6.1.4 The governing body ensures the organization's policies reflect cultural safety and humility practices and encompass the culture and rights of the Indigenous peoples and communities receiving services from the organization.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The policy should be co-designed, reviewed, and shared with Indigenous partners and communities to ensure the intent of the policy reflects their culture and rights. If organization's policies do not take racism into account in a meaningful way, racism can remain invisible or can be deemed nonexistent and therefore may persist and potentially increase.

The organization's distinction-based approach incorporates the participation of First Nations, Inuit, and Métis peoples.

6.1.5 The governing body monitors its action plan for addressing Indigenous-specific systemic racism.

Priority: **High Priority** | Quality Dimension: **Population Focus** | Assessment Method: **On-site**

Guidelines

The governing body monitors the progress against the action plan for addressing Indigenous-specific systemic racism in the organization, and shares its learnings with the workforce, communities, and other partners that are also addressing Indigenous-specific systemic racism.

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