Appendix C: Reference for Chapter 3

CHECKLIST FOR HOSPITAL POLICIES AND PRACTICES

Use this checklist of yes or no questions to assess whether organizational policies support the community benefit program and encourage commitment to access. This checklist can also be downloaded from the CHA website at www.chausa.org/guideresources.

Mission and values statements:

☐ 1. Do our mission and values statements explicitly reference commitment to access, community health and fulfilling needs of low-income and vulnerable persons?

☐ 2. Are these statements used as criteria for making strategic planning decisions?

☐ 3. Are they used in making long-range planning decisions?

☐ 4. Are new leaders, staff, and board members oriented to and kept informed about the organization’s community benefit mission?

☐ 5. Are physicians oriented to and kept informed about the organization’s community benefit mission?

Governing board and executive leadership policies:

☐ 1. Are processes in place to obtain board review and approval of the following: community health need assessment, prioritization of community health needs, and implementation strategy?

☐ 2. Does board orientation include education on the mission and legal aspects of community benefit and what it means to be a charitable organization?

☐ 3. Are commitment to access and community health part of the criteria for selecting executive leaders and board members?
4. Is community benefit or community health improvement specified in the responsibilities of senior leaders?

5. Are outcomes related to community involvement and community benefit part of executive leader performance evaluations?

**Administrative policies:**

1. Is community benefit explicit in the organization’s strategic/organizational plan and budget?

2. Does the overall community benefit program have adequate human and financial resources?

3. Does the organization assign staff knowledgeable about public health to be responsible for planning and implementing the community benefit program?

**Financial assistance, billing and collection policies:**

1. Are our emergency medical care, financial assistance, billing and collection policies in line with related federal and state rules and regulations?

2. Are these policies approved by the hospital’s governing body?

3. Are our policies widely publicized within the facility and in our community?

4. Does our financial assistance policy describe all required documentation and include contact information patients can use for assistance?

5. Does our policy regarding emergency care specify that the hospital provides care for emergency medical care regardless of ability to pay?

6. Do our policies specify what action the hospital and any contractors may take in the event of nonpayment?

7. Have the billing/collection staff and/or any agency contracted to conduct billing and collections actions on behalf of the hospital been instructed to treat all persons they contact with respect?

8. Does the organization monitor collection practices?
Physician involvement policies:

1. Do our medical staff bylaws or other policies require or encourage physicians to:
   - Take emergency calls? 
   - Provide a minimum amount of service to Medicaid and uninsured patients?

2. Do medical staff organizations or individual physicians participate in:
   - Assessing community needs?
   - Reviewing community benefit plans and reports?
   - Developing services to improve access to health care?
   - Developing services to improve community health?

3. Are physicians, medical students, and residents oriented to our community benefit mission?

4. Do we publicly recognize the voluntary community service of physicians?

5. Do we make efforts to recruit physicians committed to access and physicians who reflect the demographic makeup of our community?

Employee policies:

1. Are all employees oriented to the organization’s mission of service and commitment to access and community health?

2. Are all employees, especially those involved with admissions, billing and collections, aware of the organization’s historical and continuing concern for low-income and other vulnerable persons?

3. Are staff members offered time off (paid or unpaid) for staff volunteer activities?

4. Do we recognize and celebrate community service contributions of staff members?

5. Are managers and staff assigned or encouraged to participate in collaborative activities with other community organizations?
Advocacy policies:

1. Do we advocate for access to health care for all persons?

2. Do we advocate for responsible policies for financing the care of low-income persons, including preserving Medicaid for those most in need?

3. Do we advocate for policies that will improve health in our communities (such as environmental improvement, tobacco control and nutrition programs and public-safety measures)?

4. Do we advocate for policies that will improve the well-being of our community, especially for persons who are low-income and vulnerable in other ways (in areas of transportation, environmental improvement, economic development, and housing)?

5. Do we participate in community coalitions for advocacy?

Environmental responsibility policies:

1. Do we have policies regarding energy conservation, energy efficiency, renewable energy and reducing greenhouse gas emissions?

2. Do we have policies regarding waste management, including minimizing medical waste and mechanical device reprocessing?

3. Do we have policies regarding re-use, recycling and minimizing the use of disposable products?

4. Do we use environmental-friendly, non-toxic and safe materials, including cleaners and pest control products?

5. Do we follow CHA’s guidance from Responsible Redistribution of Medical Supplies & Equipment: Leading Practices for Hospitals & Health Systems when donating surplus?

6. Do we use seasonal, local and/or organic produce, dairy products and meat in food for patients, staff and visitors?

7. Do we buy local food and products when available?
Community benefit program policies:

☐ ☐ 1. Have we made a formal commitment to a community benefit program through our mission statement, staff assignments, job descriptions, or board responsibilities?

☐ ☐ 2. Does the community benefit program meet all legal requirements?

3. Does the scope of the program include projects to:
   ☐ ☐ a. Improve health in the community?
   ☐ ☐ b. Address health problems of medically underserved persons?
   ☐ ☐ c. Address the social and environmental determinants of health?
   ☐ ☐ d. Reduce emergency department use?
   ☐ ☐ e. Advance knowledge?

☐ ☐ 4. Does the program consult with public health experts?

☐ ☐ 5. Is there community involvement in the community benefit program?

☐ ☐ 6. Are persons who reflect the racial, ethnic and economic diversity of the community involved in the assessment and community benefit planning process?

☐ ☐ 7. Do programs designed to serve the broad community include outreach to those with low incomes and other persons with unmet needs?

☐ ☐ 8. Do program activities build on identified community assets when possible?

☐ ☐ 9. Do all activities include a monitoring/evaluation strategy?

10. Does the community benefit program include collaborations with:
   ☐ ☐ a. Local health departments?
   ☐ ☐ b. Other public agencies?
   ☐ ☐ c. Community organizations?
   ☐ ☐ d. Vulnerable populations?

☐ ☐ 11. Is there a policy that programs should be evidence-based, if possible?

☐ ☐ 12. Does the organization prepare a community benefit report and make it available to the public?