

Checklist for Hospital Policies and Practices



Use this checklist to assess how organizational policies support the community benefit program and encourage commitment to access. While this checklist is set up for yes or no responses, there may be policies and practices that, while “yes”, may have opportunities for further engagement. It can be helpful to make note of opportunities.

Mission and Values Statements:

- ☐ Y ☐ N 1. Do our mission and values statements explicitly reference a commitment to access, community health, and fulfilling the needs of people experiencing poverty and vulnerable populations?
- ☐ Y ☐ N 2. Are these statements used as criteria for making strategic planning decisions?
- ☐ Y ☐ N 3. Are they used in making long-range planning decisions?
- ☐ Y ☐ N 4. Are new leaders, staff and board members oriented to and kept informed about the organization's community benefit mission?
- ☐ Y ☐ N 5. Are physicians oriented to and kept informed about the organization's community benefit mission?
- ☐ Y ☐ N 6. Do we commit to achieving optimal health for all?

Governing Board and Executive Leadership Policies:

- ☐ Y ☐ N 1. Are processes in place to obtain board review and approval of the CHNA, the prioritization of health needs, and the implementation strategy?
- ☐ Y ☐ N 2. Does board orientation include education on the mission and legal aspects of community benefit and what it means to be a charitable organization?
- ☐ Y ☐ N 3. Is a commitment to access and community health part of the criteria for selecting executive leaders and board members?
- ☐ Y ☐ N 4. Is community benefit or community health improvement specified in the responsibilities of senior leaders?

- ☐ Y ☐ N 5. Are outcomes related to community involvement and community benefit part of executive leader performance evaluations?
- ☐ Y ☐ N 6. Do the executive staff, board and advisory committees reflect the diverse members of your community?

Administrative Policies:

- ☐ Y ☐ N 1. Is community benefit explicit in the organization's strategic/organizational plan and budget?
- ☐ Y ☐ N 2. Does the overall community benefit program have adequate human and financial resources?
- ☐ Y ☐ N 3. Does the organization assign staff knowledgeable about public health and community engagement to be responsible for planning and implementing the community benefit program?

Financial Assistance, Billing and Collections Policies:

- ☐ Y ☐ N 1. Are our emergency medical care, financial assistance, billing and collection policies in line with related federal and state rules and regulations?
- ☐ Y ☐ N 2. Has the hospital's governing body approved these policies?
- ☐ Y ☐ N 3. Are our policies widely publicized within the facility and in our community?
- ☐ Y ☐ N 4. Do we reach out to the members of the community who might need financial assistance with information about eligibility requirements and how to apply for assistance?
- ☐ Y ☐ N 5. Does our financial assistance policy describe all required documentation and include contact information patients can use for assistance?
- ☐ Y ☐ N 6. Does our policy regarding emergency care specify that the hospital provides emergency medical care regardless of ability to pay?
- ☐ Y ☐ N 7. Do our policies specify what action the hospital and any contractors may take in the event of nonpayment?
- ☐ Y ☐ N 8. Has the billing and collections staff 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?
- ☐ Y ☐ N 9. Does the organization monitor collection practices?
- ☐ Y ☐ N 10. Are our policies written in compliance with IRC 501(r) and at the 6th-8th grade reading level?
Are policies translated into the languages of all significant populations within your community, to assist limited-English populations, as defined in IRC 501(r)?

- ☐ Y ☐ N 11. Is there a mechanism for identifying patients who may be Medicaid eligible but who are not currently enrolled?

Physician Involvement Policies:

1. Do our medical staff bylaws or other policies require or encourage physicians to:
 - ☐ Y ☐ N a. Take emergency calls?
 - ☐ Y ☐ N b. Provide a minimum amount of service to Medicaid and uninsured patients?
2. Do medical staff organizations or individual physicians participate in:
 - ☐ Y ☐ N a. Assessing community needs?
 - ☐ Y ☐ N b. Reviewing community benefit plans and reports?
 - ☐ Y ☐ N c. Developing services to improve access to health care?
 - ☐ Y ☐ N d. Developing services to improve community health?
- ☐ Y ☐ N 3. Are physicians, medical students and residents oriented to our community benefit mission?
- ☐ Y ☐ N 4. Do we publicly recognize the voluntary community service of physicians?
- ☐ Y ☐ N 5. Do we make efforts to recruit physicians committed to access and physicians who reflect the demographic makeup of our community?

Employee Policies:

- ☐ Y ☐ N 1. Are all employees oriented to the organization's mission of service and commitment to access and community health?
- ☐ Y ☐ N 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?
- ☐ Y ☐ N 3. Are staff members offered time off (paid or unpaid) for staff volunteer activities?
- ☐ Y ☐ N 4. Do we recognize and celebrate the community service contributions of staff members?
- ☐ Y ☐ N 5. Are managers and staff assigned or encouraged to participate in collaborative activities with other community organizations?

Advocacy Policies:

- ☐ Y ☐ N 1. Do we advocate for access to health care for all persons?
- ☐ Y ☐ N 2. Do we advocate for responsible policies for financing the care of people with low incomes, including preserving Medicaid for those most in need?
- ☐ Y ☐ N 3. Do we advocate for policies that will improve health in our communities (such as environmental improvement, tobacco control, nutrition programs and public-safety measures)?
- ☐ Y ☐ N 4. Do we advocate for policies that will improve the well-being of our community, especially for persons who have low incomes and are vulnerable in other ways (in areas of transportation, environmental improvement, economic development and housing)?
- ☐ Y ☐ N 5. Do we participate in community coalitions for advocacy?
- ☐ Y ☐ N 6. Do we advocate for increased public and private investment in communities where there is the greatest need to improve the health and well-being of residents?

Environmental Responsibility Policies:

- ☐ Y ☐ N 1. Do we have policies regarding energy conservation, energy efficiency, renewable energy and reducing greenhouse gas emissions consistent with what the best available science indicates is required to mitigate our organization's impact on the environment?
- ☐ Y ☐ N 2. Do we have policies regarding waste management, including minimizing medical waste and mechanical device reprocessing?
- ☐ Y ☐ N 3. Do we have policies regarding reusing, recycling and minimizing the use of disposable products?
- ☐ Y ☐ N 4. Do we use environmentally friendly, non-toxic and safe materials, including cleaners and pest control products?
- ☐ Y ☐ N 5. Do we follow CHA's guidance from *Developing a Roadmap for Responsible Medical Donations* when donating surplus? This resource is available at <https://www.chausa.org/focus-areas/global-health/resources>
- ☐ Y ☐ N 6. Do we use seasonal, local and/or organic produce; dairy products; and meat in food for patients, staff and visitors?
- ☐ Y ☐ N 7. Do we buy local food and products when available?
- ☐ Y ☐ N 8. Do we address environmental issues that are part of the root causes of health problems in our needs assessment and implementation strategies?

Community Benefit Program Policies:

- ☐ Y ☐ N 1. Have we made a formal commitment to a community benefit program through our mission statement, staff assignments, job descriptions or board responsibilities?
- ☐ Y ☐ N 2. Does the community benefit program meet all legal requirements?
3. Does the scope of the program include projects to:
- ☐ Y ☐ N a. Improve health in the community?
- ☐ Y ☐ N b. Address the health problems of medically underserved persons?
- ☐ Y ☐ N c. Address the social, structural and environmental determinants of health?
- ☐ Y ☐ N d. Reduce emergency department use?
- ☐ Y ☐ N e. Advance knowledge?
- ☐ Y ☐ N 4. Does the program consult with public health experts?
- ☐ Y ☐ N 5. Is there community involvement in the community benefit program?
- ☐ Y ☐ N 6. Are persons who reflect the diversity of the community involved in the assessment and community benefit planning process?
- ☐ Y ☐ N 7. Do programs designed to serve the broad community include outreach to those with low incomes and other persons with unmet needs?
- ☐ Y ☐ N 8. Does the CHNA process include data review by subpopulations and geography to discern areas of greatest need?
- ☐ Y ☐ N 9. Does the CHNA look at the root causes of health problems?
- ☐ Y ☐ N 10. Do program activities build on identified community assets?
- ☐ Y ☐ N 11. Do all activities include a monitoring and evaluation strategy?
12. Does the community benefit program include collaborations with:
- ☐ Y ☐ N a. Local health departments?
- ☐ Y ☐ N b. Other public agencies?
- ☐ Y ☐ N c. Community organizations?
- ☐ Y ☐ N d. Vulnerable populations?
- ☐ Y ☐ N 13. Is there a policy that programs should be evidence-based, when possible?
- ☐ Y ☐ N 14. Does the organization prepare a community benefit report and make it available to the public?

Community Benefit + A Mission to Care: A Commitment to Community



About The Catholic Health Association of the United States (CHA)

For over 35 years, CHA has been the leading source of information and tools for planning and reporting hospital community benefit. In 2008, CHA's accounting system for reporting community benefit was used in the development of the IRS Form 990 Schedule H.

CHA represents more than 650 hospitals and 1,600 long-term care and other health facilities in all fifty states. Our hospitals were established to address health needs in their communities and that tradition continues today. Catholic hospitals are a critical source of care and services in their communities. This includes community-based services that address significant health and health-related needs reported as community benefit.

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