



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.



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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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.	I am confident in raising difficult issues during governing body meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.	I can get the information I need to make informed decisions at governing body meetings.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.	I fully understand the organization's mission, vision, and values.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.	I have a clear understanding of what quality means for the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.	I can monitor the organization's actions to improve the quality of care and services for patients/residents/clients.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
7.	I was provided with comprehensive new member orientation when I joined this governing body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>



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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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
9. The importance of the cultural safety in the organization's approach to addressing Indigenous-specific systemic racism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
10. How to interpret quality and patient/resident/client safety performance information.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
11. How to be an effective member of this governing body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
12. How the organization takes a people-centered care approach to providing care and services.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
13. Have you received constructive feedback from the chair on your contributions as a governing body member in the past 12 months ?			Not Applicable	Don't Know
	Yes	No		
	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15.	At our meetings, governing body members show respect to each other.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
16.	We ensure that all governing body members participate in decision making.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
17.	We have an effective quality sub-committee.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
19.	We actively engage internal stakeholders in reviewing the organization's performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
20.	We actively engage external stakeholders in reviewing the organization's performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
22.	We support the organization's executive leader(s) to develop a strategy for improving cultural safety for Indigenous patients/clients/residents.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
23.	We support the organization's executive leader(s) on a strategy to address Indigenous-specific racism.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
24.	We support the organization's executive leader(s) to publicly review the organization's quality and safety performance annually.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
25.	We support the organization to reduce its carbon footprint.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
26.	We regularly review data documenting the experiences of patients/residents/clients and their families.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
28.	We regularly review data showing the organization's performance.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
29.	We regularly evaluate how we can improve our effectiveness as a governing body.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
30.	We do not become directly involved in the day-to-day operations of the organization.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
31.	We have a collaborative relationship with the organization's senior leaders.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
32.	We have a collaborative relationship with the organization's clinical management.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
36. Improving patient/resident/client safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
37. Improving occupational health and safety?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
38. Addressing systemic racism in the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
39. Addressing Indigenous-specific systemic racism in the organization?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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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?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
41.	Improving the sharing of patient/resident/client information with them and their care providers?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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 3-5 years
 1-2 years More than 5 years

43. What is your gender?

- Male Neither applies to me
 Female Prefer not to answer

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

- Yes Prefer not to answer (Skip to 45)
 No (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 Don't Know
 Inuk/Inuit Prefer not to answer
 Métis



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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

Prefer not to answer

No

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)

South Asian (South Asian descent e.g., Bangladeshi, Indian, Indo-Caribbean, Pakistani, Sri Lankan)

East Asian (Chinese, Japanese, Korean, Taiwanese descent)

Southeast Asian (Cambodian, Filipino, Indonesian, Thai, Vietnamese, or other Southeast Asian descent)

Indigenous (First Nations, Inuk/Inuit, Métis descent)

Other Visible Minority Group
Please specify here. _____

Latin American (Hispanic or Latin American descent)

Don't know

Middle Eastern (Arab, Persian, West Asian descent e.g., Afghan, Egyptian, Iranian, Kurdish, Lebanese, Turkish)

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.



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