

# Annual Governing Board Review Checklist

Center: _____	
Med Executive Committee Date: _____	
Governing Board Review Date: _____	
<input checked="" type="checkbox"/> all items reviewed	
<b>PROGRAM SUMMARIES</b>	
Review and Approval of annual program summaries/plans and previous year's goals	
<input type="checkbox"/>	Quality Assurance Performance Improvement Program (QAPI)
<input type="checkbox"/>	Infection Control Plan: Annual Infection Control Risk Assessment; TB risk assessment
<input type="checkbox"/>	Adoption of Infection Control Guidelines: CDC, Hand Hygiene and Safe Injection Practices
<input type="checkbox"/>	Annual Physician and Anesthesia Training- IC, Life Safety, Risk Management, QAPI
<input type="checkbox"/>	Risk Management Plan Training
<input type="checkbox"/>	Emergency Operations Plan Training
<input type="checkbox"/>	Internal Benchmarking
<input type="checkbox"/>	External Benchmarking
<input type="checkbox"/>	QI Report and Studies
<input type="checkbox"/>	Patient Satisfaction Program
<input type="checkbox"/>	Governing Body records in minute's at least annual review of accreditation body requirements
<b>GOVERNANCE</b>	
<input type="checkbox"/>	Review of Governing Board Bylaws
<input type="checkbox"/>	Review of Medical Staff Bylaws
<input type="checkbox"/>	Annual Disaster Preparedness Plan
<input type="checkbox"/>	Review and Approval of all Contracted Services with evaluation of service
<input type="checkbox"/>	Review of current hospital transfer agreement or all providers have admitting privileges
<input type="checkbox"/>	Patient Rights and Responsibilities approved
<input type="checkbox"/>	All Provider credentialing up to date
<b>ORGANIZATIONAL</b>	
<input type="checkbox"/>	Review and Approval of Mission/Goals
<input type="checkbox"/>	Review and Approval of Organizational Chart
<input type="checkbox"/>	Review and Approval of Facility Scope of Services
<input type="checkbox"/>	Review and Approval of Facility Procedure List
<input type="checkbox"/>	Review of Job Descriptions
<b>POLCIES &amp; PROCEDURES</b>	
<input type="checkbox"/>	Review and Approval of Polices and Procedures
<input type="checkbox"/>	Review and Approval of Formulary
<b>FINANCIAL</b>	
<input type="checkbox"/>	Review and Approval of Operating and Capital Budgets
<input type="checkbox"/>	Review of Fee schedule and payor contracts
<input type="checkbox"/>	Review of financial system controls
<b>STAFF &amp; PROVIDER TRAINING</b>	
<input type="checkbox"/>	Confirmation that 100% of employees complete annual HIPAA, Code of Conduct and other required training/testing
<b>OTHER</b>	
<input type="checkbox"/>	Annual Peer Review Requirements
<input type="checkbox"/>	Attached list of all current privileges/credential staff appointments/reappointments

# Annual Governing Board Review Checklist

Appoint/ Approve Members and Delegation of Authority	
	Physician Board Members:
	Board Members:
	Medical Director
	Director of Anesthesia:
	QAPI Chairperson
	Delegation of Authority for Nursing Services:
	Infection Control Professional:
	Risk Manager:
	Custodian of Medical Records:
	Safety Officer:
	IT Security (if applicable)
	Privacy Officer:
	Pharmacy Supervision:
<b>REVIEW EACH OF THE FOLLOWING:</b>	
<b>Evidence is Present that, at minimum, the governing body review the following at least annually and makes revisions as needed:</b>	
	Rights of patients
	Delegated administrative responsibilities
	The quality management and improvement program
	The organization's policies and procedures
	The appointment/reappointment process
	The infection prevention and control program
	The patient safety program
	The scope of procedures performed, and/or services provided by the organization

\_\_\_\_\_  
Chairman of Governing Board

\_\_\_\_\_  
Date