Accreditation Governance Tracer
November 13, 2025

Standard 3.1.9 – Stakeholder Engagement
1. How does the Board engage internal stakeholders such as staff and physicians? 2. What mechanisms are used to gather feedback from external stakeholders? 3. How is stakeholder input incorporated into Board decisions?
• Internal engagement through Medical Advisory Committee (MAC) minutes, physician representatives at Board meetings, staff presentations, and participation in strategic planning retreats. • Annual staff and physician surveys reviewed by the Board; informal engagement through events (e.g., barbecues, holiday activities). • External feedback gathered via community engagement sessions, patient/family advisory council (PFAC), strategic planning surveys, annual meeting, complaints process, and patient satisfaction surveys. • Input informs strategic priorities, resource allocation, and policy development (e.g., capital project adjustments based on patient feedback).
Standard 3.1.10 – Communication and Transparency
1. How does the Board ensure transparency in its governance activities? 2. What communication tools are used to share decisions with the public? 3. How does the Board respond to public inquiries or concerns?
• Transparency through open Board meetings, posting meeting minutes, annual reports, and audit results on the hospital website. • Communication tools include website, social media, media releases, community meetings, and patient guides. • Public inquiries handled via Board Chair or CEO, following a policy for timely response (3–5 business days).
Standard 3.1.11 – Ethical Governance
1. What ethical frameworks guide the Board's decision-making? 2. How does the Board ensure ethical oversight in resource allocation?
• Guided by the IDEA Ethical Framework, Board Code of Conduct, and access to an ethicist for complex decisions. • Resource allocation decisions reviewed through Finance Committee and, when necessary, Ethics Committee (e.g., spring session on resource allocation using ethical principles).
Standard 3.1.13 – Board Member Competency and Development
1. How does the Board identify and address competency gaps among its members? 2. What is the process for onboarding new Board members? 3. How does the Board plan for succession and leadership continuity?

- Competency gaps identified via skills matrix, annual self-assessments, and Board evaluations.
- Onboarding includes policy-driven recruitment process, interviews, orientation sessions, and mentorship.
- Succession planning through Policy 318, term limits, annual elections, mentorship of Vice Chair by Chair, and nominating committee oversight.
- Ongoing development supported by education opportunities.

Standard 3.1.15 – Emergency Preparedness and Business Continuity

1. What role does the Board play in emergency preparedness planning?
2. How does the Board ensure business continuity during crises?
3. Can you describe how the Board was involved in recent emergency response efforts?

- Board ensures Emergency Preparedness Plan, IMS structure, and business continuity policies are in place and monitored.
- During crises (e.g., COVID), Board maintained operations via virtual meetings, continuous communication, and prioritization of services.
- Past involvement includes bomb threat evacuation, Code Orange (Mennonite accident), and COVID response (e.g., PPE supply decisions, surge planning).
- Board receives real-time updates and may convene emergency meetings for critical decisions.

Additional Notes from Discussion

- **Conflict Resolution:** Managed through Board Chair and Vice Chair intervention, Code of Conduct, and legal advice if necessary.
- **Fiscal Responsibility:** Deficit budgets approved with healthy reserves, scenario planning, and Finance Committee oversight; aligned with sector realities and patient care priorities.
- **Governance vs. Operations:** Reinforced during interviews, orientation, and ongoing Board discussions; principle of “nose in, fingers out” emphasized.