IHA Hospital Board Certification Program

Basic Certification Group Form

Hospital Information

Hospital ________________________________________________________________

Hospital Address ________________________________________________________

City ____________________________  State _______  Zip ________________

Telephone (_______)__________________________  Fax (_______)__________________________

How many members are on your board? __________

How many of your board members do you anticipate participating in the IHA Hospital Board Certification Program? __________

Applicant Information

☐ The following individuals would like to enroll in the Iowa Hospital Association Board Certification program. By submitting this form to IHA, they are confirming their intention to obtain Iowa Hospital Board Certification.

Applicant 1

Name ________________________________

Email (required) __________________________

Applicant 2

Name ________________________________

Email (required) __________________________

Applicant 3

Name ________________________________

Email (required) __________________________

Applicant 4

Name ________________________________

Email (required) __________________________

Education hours earned within the current and previous calendar year are eligible for this program.
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This standards certification form was designed to be both user-friendly and informative and is available for download on the IHA website www.ihaonline.org. It is divided into eight areas with basic criteria listed for Individual Trustee Certification.

Hospital Information

Hospital ______________________________________________________________________________________________

Hospital Address _______________________________________________________________________________________

City __________________________ State _____________ Zip _______________________

Telephone (________)________________________________ Fax (________)__________________________________

How many members are on your board? ____________

How many of your board members do you anticipate participating in the IHA Hospital Board Certification Program? __________

Prepare for and Participate in Board and Committee Meetings

- Participate in new member board orientation
- Demonstrate basic knowledge of: Hospital’s services
- Hospital mission, vision and values
- Hospital bylaws
- Attend 75 percent of regularly scheduled board meetings (or more if required by hospital bylaws)
- Attend board retreats and participate in strategic planning sessions
- Review all board materials distributed prior to and at board meetings
- Demonstrate knowledge of issues presented before the board

Commitment to Fiduciary Duties of Care, Loyalty and Obedience and Understand Governance Obligations to Bylaws

- Periodically review hospital bylaws
- Sign conflict of interest policy at intervals required by hospital bylaws
- Comply with conflict of interest policy and abstain from voting when appropriate
- Act at all times in the best interest of the hospital
- Maintain strict confidentiality in compliance with hospital bylaws/policies

Commitment to Fiduciary Duties of Care, Loyalty and Obedience and Understand Governance Obligations to Bylaws

- Periodically review hospital bylaws
<table>
<thead>
<tr>
<th>Commitment to Safety and Quality of Patient Care</th>
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<tbody>
<tr>
<td>Review state and national quality and patient safety improvement efforts and understand hospital-specific quality results</td>
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<tr>
<td>Know the hospital's quality and patient safety indicators</td>
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<tr>
<td>Act on medical staff credentialing recommendations</td>
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<tr>
<td>Monitor key indicators, review periodic reports and ensure the hospital has specific aims in place to improve the following areas:</td>
</tr>
<tr>
<td>Quality improvement</td>
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<tr>
<td>Patient safety</td>
</tr>
<tr>
<td>Patient satisfaction</td>
</tr>
<tr>
<td>Demonstrate familiarity with performance reports, both internal quality and safety dashboards and external reports, such as Centers For Medicare &amp; Medicaid Services (Hospital Compare) and IHA/IHC (Iowa Report, Partnership For Patients Hospital Engagement Network, etc.)</td>
</tr>
<tr>
<td>Demonstrate an understanding of the mechanism for patient and family input/involvement in quality and safety activities, such as Patient and Family Advisory Council, Patient Advisor Board member, etc.</td>
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<table>
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<tr>
<th>Commitment to the Organization's Financial Health</th>
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<tbody>
<tr>
<td>Review and approve annual operating and capital budgets</td>
</tr>
<tr>
<td>Ensure an audit is performed</td>
</tr>
<tr>
<td>Review the organization's financial position on a regular basis, including financial statements and performance metrics</td>
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<tr>
<th>Commitment to Community</th>
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<tr>
<td>Demonstrate effort to assure diversity of age, gender, race and ethnicity at all levels of the organization from the board to management to frontline staff that reflect the community</td>
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<tr>
<td>Review annual IHA community benefits and IHA hospital economic impact reports</td>
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<tr>
<td>Understand and endorse the Iowa Hospital Principles for Transparency</td>
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<tr>
<th>Commitment to Continuing Board Education</th>
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<tbody>
<tr>
<td>Participate in board education when offered</td>
</tr>
<tr>
<td>Regularly read health care and governance periodicals (i.e., IHA Trustee Minutes, AHA Trustee magazine)</td>
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<tr>
<td>Report to the board on individual continuing board education activities</td>
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</tbody>
</table>
Complete 12 hours of trustee education over a two year period with four hours in face-to-face education programming. **Education hours completed must be submitted annually.**

### Participate in Performance Evaluation of Self, the Board and the CEO

- Participate in assessment of board annually (i.e., IHA Board Assessment)
- Conduct self-assessment annually (i.e., IHA Board Self-Assessment)
- Participate in annual CEO evaluation (if applicable)

### Participate in advocacy efforts on behalf of your hospital and the health care industry

- Sign up and join the Iowa Hospital Action Network
- Be a personal advocate for your hospital in your community as appropriate
- Introduce yourself to your State Representative and Senator as a board member of your hospital and contact them as requested by hospital CEO or when appropriate (This can be met through face-to-face meetings, phone calls, emails or letters)
- Introduce yourself to your US Congressman and Iowa’s two US Senators as a board member of your hospital and contact them as requested by the hospital/health system CEO or when appropriate (This can be met through face-to-face meetings, phone calls, emails or letters)

**How to submit this form**

Please send completed form(s) and supporting documentation to:

**Email:** ihahospitalboardcertification@ihaonline.org

**Fax:** 515-698-5163 • Attn: IHA Hospital Board Certification Program

**Mail:** Iowa Hospital Association • 100 E Grand Ave, Ste 100 • Des Moines, IA 50309

Attn: IHA Hospital Board Certification Program

Attach any explanation of exceptions as necessary and attach any additional documentation in support of meeting the standards. Supporting documentation can include:

- Personally signed statements
- Attendance records
- Records of offices held
- Education conference certificates of attendance
- Letters or statements from your hospital CEO or board chair
- Copies of board agenda / board meeting minutes

By my signature, I indicate that the information provided on this form is accurate to the best of my knowledge.

**Applicant #1**

Signature ______________________________ Date ______________________________

**Applicant #2**

Signature ______________________________ Date ______________________________

**Applicant #3**

Signature ______________________________ Date ______________________________

**Applicant #4**

Signature ______________________________ Date ______________________________

Form submitted by:

Name __________________________________________ Email _____________________________
Q. How many education hours am I required to complete for new certification?
A. A total of 12 hours of continuing board education are required for initial certification. The education hours must be earned within the current and previous calendar year.

Q. How do I maintain my certification?
A. Maintaining your certification requires completing a total of 12 hours of continuing board education every two years. Education hours completed must be submitted annually.

Q. Which forms do I need to submit and when?
A. The Basic Certification Form or Advanced Certification Form and Continuing Board Education log need to be submitted. As a best practice, please submit your forms as early as possible. All forms are due December 31 of the current year.

Q. How can I find out what forms have already been submitted and how many hours have been submitted?
A. To find out what forms and how many hours of education were submitted, please contact Ellen Waller via email at iahospitalboardcertification@ihaonline.org or by phone at 515-283-9363.

Q. What is the deadline for submitting hours of education and all supporting documents?
A. All hours of education and supporting documents are due by December 31 of the current year.

For questions or comments please contact Ellen Waller via one of the methods below:

Email: iahospitalboardcertification@ihaonline.org
Phone: 515-283-9363
Fax: 515-698-5163
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