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**Ministry Of Health**

 **Addis Ababa**

**Hospital Governing Board and CEO Evaluation Tool**

1. **Introduction**

Hospitals are key actors in national health systems, and invariably account for a large share of spending. Consequently, governments, health professionals, communities, and other stakeholders are deeply concerned about how hospitals are governed and how they perform.

**Health governance –** one of the pillars of a health system – has received appreciable attention from the Ethiopian health sector over the past decade. To make facilities responsive to local needs and mitigate administrative complexities, the government initiated health facility governance reform by introducing boards for hospitals.

Health ***governance*** is defined as the process of competently directing health system resources, performance, and stakeholder participation toward the goal of saving lives and doing so in ways that is open, transparent, accountable, equitable, and responsive to the needs of the people. Governance is a serious fiduciary responsibility requiring that directors come to meetings prepared, actively engage in questions and discussion.

Governance in the context of the Ethiopian health sector presupposes how the development and implementation of the health sector plan is organized, managed, and communicated in hospitals. To achieve this, facility-level governance structures were introduced to deepen the decentralization process and ensure that service delivery points respond to clients’ needs.

In Ethiopia almost all regions have endorsed the legal frameworks to introduce hospital boards and health center governing bodies/management committees. As per the regional laws, hospital boards are accountable to RHBs or zonal health offices, depending on the level of the hospital. The establishments of Hospital governing Board shall carry out its duties in a manner that will enable it to achieve the following objectives:

* + assist hospitals to develop efficient, motivated and effective system of administration;
	+ create conditions enabling hospitals organize themselves to gradually create adequate resources that will help them operate sustainably towards recognized high quality health services;
	+ put in place incentive and control mechanisms that will help hospital staff render improved services.
	+ enhance the ownership of the community through active engagement in Health service delivery

Board evaluation can be done bi-annually/annually and should be put on the board’s annual plan of activities. This tool is designed to be used as a board self-evaluation tool and a method for improving governance Practice in the hospitals. It seeks to help a board answer the question like: *what are we as a board now doing well and what can be do better*.

1. **Rational for the evaluation tool of Governing Board**

Since 1995 Ethiopia has been decentralizing functions, resources, and authority to the local level. A more decentralized health care system has been part of this movement. Even under decentralization, health care facilities, hospitals in particular, were directly accountable to the RHBs, and no mechanism existed to make the hospitals responsive to the needs of their local communities/administrative issues. To make facilities responsive to local needs and mitigate administrative complexities, the government initiated health facility governance reform by introducing boards for hospitals and governing bodies/management committees for health centers. Boards are now well established in most health facilities.

 This evaluation tool for boards is to utilize and to ask themselves how well they are prepared to meet challenges of today’s Hospital services and how they are effective in their duties. The tool can help show a board where its strengths lie as well as where improvement may be needed.

1. **Objective**

**General objective**

*To create system that allows hospital governing boards to examine their own performance and improve the way they carry out their duties.*

 **Specific objective**

* *To identify the areas of board performance that are strongest and those that need improvement*
* *To identify priority areas for the board to focus on over the next 1 or 2 years*
* *Assist in assessing individual governing board members skill and performances*

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1. **Guidelines for Effective Boards**

The role of a hospital governing board is to ensure that the hospital provides ***high quality, affordable care,*** which meets community, and area needs. To carry out this role, governing boards need to effectively deal with several responsibilities, including:

1. Establish a mission, vision, approving goals, objectives and issue directives with a system for monitoring their implementation.
2. oversee and supervise the activities of the hospital;
3. approve strategic/ annual plans, examine the budget proposal and refer the same for approval;
4. receive and decide upon monthly, quarterly, semi-annual and annual reports of the hospital;
5. devise ways and means by which the revenue of the hospital may be improved and shall ensure that such revenues are efficiently collected and deposited;
6. Assuring that the organization is effectively managed through: Recruitment, selection and retention of the best possible CEO and approve the employment and promotion of heads of departments of the hospital;
7. in accordance with the directive issued by the Ministry determine non-clinical services that may be outsourced and approve the establishment of private wing;
8. ensure that the activities of the hospital are carried out with transparency and accountability by Establishing and maintaining an effective system for quality control;
9. ensure that all directives issued by the Minister are properly implemented in the hospital;
10. Examine and decide upon all matters that are presented to it by the CEO
11. Ensuring adequacy of funding both for current operations and future needs.
12. An effective communications program where hospital/system policy and operations are understood by the citizens, community leaders and local government. The board should represent the organization to its communities and recognize the need to influence the broader political and economic environment in which the organization operates.
13. Ensuring the effective function of the board through:
* Working together as a board by addressing issues using established policies and procedures.
* Comprehensive orientation for new members;
* A planned program of continuing education for all board members;
* Self-assessment to determine strengths and weaknesses.
* Board succession planning
1. **How to Use These Materials?**

Self-assessment should become a **recurring process** with a formal assessment performed at least once a year. Boards should review the goals, mission statement and strategic plan of the hospital prior to beginning the self-assessment. The value of this self-assessment depends to a large degree on the ability and willingness of the participants to be open and realistic as they answer the questions. Boards should be prepared to take a hard look at their past performance, and based on what they see, be prepared to take steps to change their procedures, structure or composition to improve performance.

Following completion of the questionnaire by each board member, the questionnaire should be returned to the board chair, CEO, board or outside consultant for tabulation and preparation of a report to the board at its next meeting. The meeting agenda should provide time for discussion and analysis of the results and preparation of plans to address areas that indicate need for improved performance. Future action may well include educational programs addressing needs identified.

**Table 1 Self-Assessment Checklist for Hospitals Governing Board performances**

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| **S.No** | **List of self- performance indictors/parameters**  | **Evaluation question**  | **Evaluation Method** | **remark** |
|  1   | Establishment of governing boards, selection and composition of members    | Has governing Board established and get approval from the respective authority?*Source: - RHB/FMoH approval letter* | Yes/No  If yes, provide copies of approval letter available: Describe:  |   |
| Are the number and composition of elected/appointed GB members are based on their respective RHB or FMOH Directive?*Source: RHB/FMOH Directives and minutes* | Yes/No  If yes, show the documentations: Describe: |   |
| Did Governing board members meet the minimum selection criteria set on the regulation? *Source: Profile of GB members* | Yes/No  If yes, show the documentations: Describe: |   |
| 2 | Well-functioning governing board  | Did the GB members define Terms of Reference /Mandate?*Source: Check TOR* | Yes/No  If yes TOR defined, show the documentations: Describe |  |
| Does the Governing board have annual work plan?*Source: GB work plan* | Yes/No  If yes, show the documentations: Describe |  |
| Does the Governing board oriented Hospital staff on Hospital statement of Vision, Mission, and Values? *Source: Vision, Mission, and Values statement and # of orientation* | Yes/No  If yes, show the documentations: Describe |  |
| Did the Governing board held regular meetings monthly/ quarterly based on their respective RHB or FMOH Directive? *Source: Check minute document* | Yes/No  If yes, show the minutes: Verify excepted meeting in a year  |   |
| Did the GB members fully attended and actively participated on regular and emergency meetings? *Source: meeting attendance* | Yes/No  If yes, show the minutes: Verify average number of members attended per meeting  Describe;  |  |
| Does the Governing board have kept minutes of meetings properly?*Source: Minute document* | Yes/No  If yes, check Minute documents: Describe |   |
| Did the meeting schedules and agenda of discussions for the governing board members disseminated prior to a meeting date?*Source: See meeting schedules and agenda distributed* | Yes/No  If yes, check Minute documents: Describe |   |
| Did the governing board approved strategic plan, annual work plan, and budget of the hospital (0.3) *Source: Check strategic plan and budget document, Report document, Minute document* | Yes/No  If yes, *Check the approval for strategic plan and budget document,*  |   |
| Is there a planned orientation program on hospitals KPI, EHRIG, HCF and other reforms for the all members and updates whenever new Governing board members assigned? *Source: Orientation/ training report/ attendances*  | Yes/No  If yes, check if all members received adequate Orientation/ training |   |
| Does the Governing board review quarterly and annual hospital performance based on available data and give written feedback?*Source: Quarterly/annual report document and Evaluation Report/feedback document* | Yes/No  If yes, Check for availability of Evaluation and feedback documentsIf no describe why? |   |
| Is the Governing board regular meetings located in the hospital venue?*Source:* *Minute document* | Yes/No  If yes, *Check the minute document,*  |   |
| Does the GB conduct meeting with all hospital staff?*Source:* *Minute document* | Yes/No  If yes, *Check the minute document,*  |  |
| Does the GB conduct integrated supervision with hospital SMT? *Source: Evaluation Report/feedback document* | Yes/No  If yes, Check for availability of Evaluation and feedback documents If no describe why? |  |
| Does the Gb have a training or development plan for the its members | Yes/No  If yes, *Check plan document,*  |  |
|  3       | Responsive and Accountable governing board    | Does the Governing board make timely decision to correct issues rose from stakeholders/CEO by designing action plan and brings improvements? *Source: Report document and action plans* | Yes/No  If yes, Check for availability of action plan documentsIf no describe why? |  |
| Does the Governing board emplaced systems and reviewed clients and staff complaints and gave appropriate feedback after analysis?*Source: See suggestion box/ book and/or other doc* | Yes/No  If yes, Check for availability of written documentsIf no describe why? |  |
| Does the Governing board evaluate the performance of individual members and the board as a team according to the standard procedures? *Source:* *Self-evaluation report* | Yes/No  If yes, Check for availability of Self-evaluation repor*t* documentsIf no describe why? |  |
| Did the Governing board submitted regular performance reports to regional health bureau/FMOH? *Source: Report document* | Yes/No  If yes, Check for availability of report documentsIf no describe why? |  |
| Does the governing board communicated with community to discuss on hospital services and get feedbacks?*Source:* *Meeting* *minutes and # of town hall meeting* | Yes/No  If yes, Check for number of town hall meeting per year If no describe why? |  |
| Does the governing board designed a code of conduct that governs the team (avoid conflict of interest, corporate obedience – solidarity, board speaks with one voice – confidentiality, loyalty)?*Source: Code of conduct / rule* | Yes/No  If yes, Check for availability of code of conduct document If no describe why? |   |
| Did the Governing board gets external /internal audit report? *Source:* *Check audit report* | Yes/No If yes, Check for availability of audit report documentsIf no describe why? |   |
| How Board exercises a governance role in the following areas?• Oversight of management (CEO)• Quality and risk identification and management• Financial oversight/ Fundraise for the hospital• Board Governance including board size and composition, subcommittee mandates and composition, Officers, meeting effectivenessEnsures the well-functioning of HDA of hospital and other reforms implemented by governments | Describe  |  |
| 4 | Board Committees | Does the GB have an executive committee (defined as a group that acts on behalf of the full governing board and is responsible for reporting to the full governing board)?  | Yes/NoIf yes, provide copies of letter for committee assignment ,TOR |  |
| Do all Committees have written mandates/TORs  | Yes/NoIf yes, provide copies |  |
| Are Committee mandates/TORs reviewed periodically?  | Yes/NoIf yes, Describe |  |
| How are Committees established?  | Yes/NoIf yes Describe: |  |
| How are Committee reports dealt with by the Board?  | Yes/NoIf yes Describe: |  |
| Is the Audit Committee comprised of independent directors?  | Yes/NoIf yes Describe: |  |
| Is there an Executive Committee? What is its role? Describe decision making role.  | Yes/NoIf Yes describe |  |
|  5     | Established Hospital Management [Chief Executive Officer /CEO/ and Senior Management Team /SMT/]      | Does The CEO have signed a job description that outlines her/his duties and responsibilities to lead hospital? *Source: Signed job description*  | Yes/No  If yes, Check for availability ofSigned job description documentsIf no describe why? |  |
| Does the CEO have evaluated every 6 month whether s/he performed outlined duties and responsibilities to lead hospital. *Source: Evaluation report.*  | Yes/No If yes, Check for availability ofEvaluation report and minutes. If no describe why? |  |
| SMT has been established and Members of the SMT has been approved by the Governing board. *Source: Minute and GB approval letter* | Yes/No  If yes, Check for availability of minute and GB approval letterIf no describe why? |  |

**Table 2 Self-assessment tool to the individual Board Members**

**Rankings go from 1 = very Low/strongly Disagree up to 5 = very High/strongly Agree**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  **Evaluation points** | **LOW**  |  |  |  | **HIGH**  |
| **(1)** | **(2)** | **(3)** | **(4)** | **(5)**  |
| 1. Understand the organization’s mission
 |  |  |  |  |  |
| 1. I am aware of what is expected of me as a board member
 |  |  |  |  |  |
| 1. I read the minutes, reports and other materials in advance of our board meetings
 |  |  |  |  |  |
| 1. I have a positive working relationship with other board members and with the CEO
 |  |  |  |  |  |
| 1. I have knowledgeable about the organization’s major programs and services
 |  |  |  |  |  |
| 1. Understand the organization’s budget process and are knowledgeable about how funds are spent?
 |  |  |  |  |  |
| 1. Prepare for, attend and participate at board meetings, as well as other activities of the organization
 |  |  |  |  |  |
| 1. Take advantage of opportunities to enhance the organization’s public image by periodically speaking to leaders in the community about the work of the organization?
 |  |  |  |  |  |
| 1. Suggest agenda items for future board meetings
 |  |  |  |  |  |
| 1. Advise and assist the organization when your help is requested
 |  |  |  |  |  |
| 1. Participate in outside educational opportunities to remain current on changing health care issues and trends?
 |  |  |  |  |  |
| 1. Understand the confidential nature of board deliberations and maintain privacy regarding issues and information discussed in board meetings?
 |  |  |  |  |  |
| 1. Find serving on the board to be a satisfying and rewarding experience?
 |  |  |  |  |  |
| 1. Avoid in fact conflicts of interest.
 |  |  |  |  |  |
| 14. Understand the function, role and responsibilities of being a board member.  |  |  |  |  |  |
| 1. maintain the confidentiality of all board decisions
 |  |  |  |  |  |
| 1. I stay informed about issues relevant to our mission and bring information to the attention of the board.
 |  |  |  |  |  |

Section two

Hospital CEO Evaluation tool

1. **Introduction**

A CEO (General Manager) who is appointee by the Governing Board or appointing authority following the processes set out in Federal or Regional Directives should manage each hospital. The CEO is the highest-ranking management officer in the hospital and as such, directs and administers the activities of the Hospital in accordance with instructions and plans developed by the Governing Board. The CEO is accountable to the Hospital Governing Board, and is the only staff member under the direct supervision of the Board. The Board or appointing authority should conduct evaluations of the CEOs performance bi-annually

According to Ethiopian hospital reform guideline, one of the important functions or responsibilities of the Governing Board are to assure the organization has effective executive management. This includes hiring the chief executive officer, setting expectations as defined in the employment contract, job description and the annual goals and objectives of the organization, and evaluating the performance of the CEO.

The board establishes policies of the organization and delegate’s authority and responsibility to manage and run the organization to the CEO. Given today’s challenges and ongoing changes taking place in health care, a formal evaluation process should be established for the purpose of assuring that governing boards and CEOs have a clear consensus of the organization’s goals, job expectations and performance measures. This guide provides information on how CEO evaluation conducted regularly.

The evaluation tool has prepared by the FMOH/MSD to assist governing board in fulfilling their role and responsibilities so that they can systematically maintain accountability for the performance of CEO.

1. **Rational for CEO Evaluation**

Through evaluation, governing boards can systematically maintain accountability for the actions of the CEO. The evaluation process should be a regular and formal process to avoid or reduce subjective judgments of performance. By using a formal evaluation process, performance expectations made clear for both the board and CEO. Use of a formal evaluation strengthens the comparison between the mission, goals and objectives of the organization and those of the CEO performances. Evaluation of the CEO may include a “360-degree” approach that seeks feedback on overall performance from the board, medical staff leaders, senior management team and the CEO.

The evaluation is conduct to facilitate CEO improvement and results of the CEO evaluation should be tie to CEO future career advancements.

 **3) Objectives**

**General objective**

*To create system that allows hospital governing boards to examine the performance of CEO (Chief Executive Officers) and improve the way he carry out his duties.*

 **Specific objective**

* *Providing a mechanism to assess how effectively and efficiently the CEO has implemented national and regional reforms*
* Focusing the CEOs activities on the organization's mission and strategic plan
* *Enable the board to retain, provide constructive feedback and if necessary, appropriately terminate the CEOs*
* *Communicating board expectations, policies and decisions to the CEO*
* *Providing an objective basis for recognizing and rewarding excellent performance*

1. **Conducting a CEO Evaluation**

A standardized process for CEO performance evaluation should be developed and adopted by the board. The evaluation can be conducted in a variety of ways, but the opportunity for input from each board member is important. Both the board and the CEO should develop all standards in advance prior to the evaluation.

An interview should be arranged at a location that is private and free from interruptions. The interview has the purpose of collecting and assessing information relative to standards of performance and also to discuss future actions where the goals and objectives of the institution may need adjustment or what future directions the board and the CEO should be taking. The CEO has much to contribute to the evaluation process as a peer and a colleague.

After the interview, the committee should complete the written evaluation, including observations and reasons for any recommended actions. The final report should be presented to the all board members and included in the CEO’s confidential file.

1. **Results of CEO Evaluation**

Hospitals need boards that have positive relationships with hospital management. By virtue of the collective experience, boards need to evaluate top management periodically and recommend new ideas to further enhancement the operation of the organization. The outcome of effective CEO evaluation will benefit both the CEO and the Board of Trustees. The CEO will receive appropriate recognition and compensation and the board will benefit in seeing the goals of institution realized. The key to effective performance appraisal is the development of a mutually agreed upon format and a process for evaluation that is objective and timely. If both the board and CEO agree on the performance standards to be used, the evaluation can be a positive force in developing and meeting the goals and objectives of the institution.

1. **CEO Evaluation (Section I)**

**Dimensions/Characteristics of Performance**

Using the following definitions of levels of performance, please indicate below your perceptions and evaluations of your CEO’s work performance. Mark only those categories in which you feel able to evaluate his/her performance. Additional written comments may be given.

**Excellent**

* Performance is clearly outstanding.
* Performance is superior it far exceeds standards or expectations.
* Performance is exceptional on a continuous basis.

**Good**

* Performance generally meets or exceeds standards or expectations.
* Attains all or nearly all of position objectives

**Satisfactory**

* Performance is adequate it meets standards or expectations, and is developing within the position.

**Needs Improvement**

* Fails to meet one or a few job expectations

**Unacceptable**

* Performance is below accepted levels
* Fails to meet most job expectations

**No Basis for Judgment**

* Have not observed this skill or activity

 **Table 3. Checklist for the Hospital CEO evaluation**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  | **Dimensions** | **EXCELLENT** | **GOOD** | **SATISFACTORY** | **NEEDS****IMPROVEMENT** | **UNACCEPTABLE** | **NO BASIS FOR****JUDGEMENT** |
| **1** | **Leadership & Managerial Qualities** |
| 1 | Functions as a self-starter, try new approaches or methods |  |  |  |  |  |  |
| 2 | Functions as an effective member of a team, gaining the respect and cooperation of others |  |  |  |  |  |  |
| 3 | Provides effective leadership and direction to hospital staff |  |  |  |  |  |  |
| 4 | Performs functions within the scope of responsibility and refers unrelated matters appropriately. |  |  |  |  |  |  |
| 5 | Maintains a work style, which is open to constructive suggestions. |  |  |  |  |  |  |
| 6 | Demonstrates the leadership, initiative and persistence needed to accomplish goals and objectives |  |  |  |  |  |  |
| 7 | Creates a feeling of unity and enthusiasm among those in contact with him |  |  |  |  |  |  |
| 8 | Establishes clear vision and direction for organization |  |  |  |  |  |  |
| 9 | Creates an organizational culture that is needed to carry out the mission, strategic directions and organizational goals |  |  |  |  |  |  |
| 10 | Uses creative, innovative problem-solving strategiesfor adapting to uncertainties and complexities |  |  |  |  |  |  |
| 11 | Monitors finance, budget and operational data to assure continued success of the organization |  |  |  |  |  |  |
| 12 | Communicates appropriately matters of importance to staff |  |  |  |  |  |  |
| **2** | **Personal Qualities** |
| 1 |  Demonstrates integrity. |  |  |  |  |  |  |
| 2 | Demonstrates appropriate grooming and dressing |  |  |  |  |  |  |
| 3 | Possesses sufficient technical skills to successfully perform job responsibilities  |  |  |  |  |  |  |
| **3** | **Decisions making ability**  |
| 1 | Affirms the unique contributions of all persons recognizing their diverse backgrounds and varying needs in the workplace |  |  |  |  |  |  |
| 2 | Challenges, motivates, evaluates and rewards employees and managers toward the achievement of goals and objectives |  |  |  |  |  |  |
| 4 | Makes sound and timely decisions |  |  |  |  |  |  |
| **4** | **Knowledge and Skills** |
| 1 | Demonstrates thorough knowledge and understanding of hospital management and operations |  |  |  |  |  |  |
| 2 | Is a careful overseer of physical and financial resources in month-to-month operations |  |  |  |  |  |  |
| 3 | Assures that facilities and equipment are suitable for the institution’s immediate and long-range goals |  |  |  |  |  |  |
| 4 | Assures that the hospital’s quality assurance mechanisms are in place and reviewed as necessary on an annual basis |  |  |  |  |  |  |
| 5 | Assures the hospital is in accordance with applicable standards, codes, laws and regulations |  |  |  |  |  |  |
| **5** | **Board Relations** |
| 1 | Works closely with governing board in developing the mission and long-and short-range plans |  |  |  |  |  |  |
| 2 | Communicates well with the governing board, providing appropriate information at and between meetings |  |  |  |  |  |  |
| 6 | Assesses the hospital financial condition, providing complete reports including private wing to the governing board on a monthly basis |  |  |  |  |  |  |
| 7 | Appraises the results of KPI and HMIS report’s findings on a regular basis to the board  |  |  |  |  |  |  |
| **6** | **Clinical Staff Relations** |
| 1 | Has good relationship with the Clinical staff. |  |  |  |  |  |  |
| 2 | Communicates with and works closely with the Clinical staff members on matters of mutual concern |  |  |  |  |  |  |
| 3 |  Implements recruitment and retention of qualified staff and assures board involvement and approval |  |  |  |  |  |  |
| 4 | Is an effective liaison between the board and clinical staff? |  |  |  |  |  |  |
| **7** | **Community Relations/Political Effectiveness** |
| 1 | Develops programs promoting a positive image of hospital, and creates awareness of available services to local community. |  |  |  |  |  |  |
| 2 | Represents the hospital in community activities |  |  |  |  |  |  |
| 3 | Works closely with community leaders in determining local health care needs |  |  |  |  |  |  |
| 4 | Effectively communicates activities of the hospital to the residents of the hospital service area. |  |  |  |  |  |  |

**CEO Evaluation (Section II)**

Strengths and Development needs

Based on the responses in Section I

 What are the CEO’s major strengths *(List 2 or 3)*.

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 What are the areas that need further development? *(List 2 or 3)*

1.\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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 What assistance or resources are needed to address developmental needs?

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 **CEO Evaluation (Section III) Overall Performance**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Excellent** | **Good** | **Acceptable** | **Needs****Improvement** | **Unacceptable** |  |

**CEO Evaluation (Attachment I)**

The board chair/evaluation committee in conjunction with the CEO should list and discuss CEO

(Personal) and hospital goals for the coming year and they should reflect all important aspect of national priorities and organizations missions visions and strategic objectives. Performance goal should include both qualitative and quantitative area.

|  |  |  |
| --- | --- | --- |
| ***Major personal Goals*** | % | ***Status*** |
| Goal one -------- |  |  |
| Goal two ------- |  |  |
| Goal three ------- |  |  |
| ***Major hospital Goals*** |  |  |
| Goal one --------- |  |  |
| Goal two --------- |  |  |
| Goal three ----------- |  |  |