**Hospital Self-Assessment Update Form – Years 2 and 3**

Note: This form is to be completed in the two Fiscal Years following the hospital’s completion of its triennial Community Health Needs Assessment

**I. Community Benefits Process:**

* Has there been any change in composition or leadership of the Community Benefits Advisory Committee in the past year? [ ]  Yes [ ]  No
	+ If so, please list updates:
	Click or tap here to enter text.

**II. Community Engagement:**

1. If there have been any updates to the key partners with whom the hospital collaborates, please indicate in the table below. Please feel free to add rows as needed.

|  |  |  |  |
| --- | --- | --- | --- |
| **Organization** | **Name and Title of Key Contact** | **Organization Focus Area** | **Brief Description of Engagement**  |
|
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |
| Click or tap here to enter text. | Click or tap here to enter text. | Choose an item. | Click or tap here to enter text. |

1. Please use the spectrum below from the Massachusetts Department of Public Health[[1]](#footnote-1) to assess the hospital’s level of engagement with the community in implementing its plan to address the significant needs documented in its CHNA, and the effectiveness of its community engagement process.



|  |  |  |  |
| --- | --- | --- | --- |
| **Category** | **Level of Engagement** | **Did Engagement Meet Hospital’s Goals?** | **Goal(s) for Engagement in Upcoming Year(s)** |
| Overall engagement in developing and implementing filer’s plan to address significant needs documented in CHNA  | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Determining allocation of hospital Community Benefits resources/selecting Community Benefits programs | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Implementing Community Benefits programs | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Evaluating progress in executing Implementation Strategy | Choose an item. | Click or tap here to enter text. | Choose an item. |
| Updating Implementation Strategy annually | Choose an item. | Click or tap here to enter text. | Choose an item. |

* For categories where community engagement did not meet the hospital’s goal(s), please provide specific examples of planned improvement for next year:

Click or tap here to enter text.

1. Did the hospital hold a meeting open to the public (either independently or in conjunction with its CBAC or a community partner) at least once in the last year to solicit community feedback on its Community Benefits programs? If so, please provide the date and location of the event. If not, please explain why not.

Click or tap here to enter text.

**III. Updates on Regional Collaboration:**

1. If the hospital reported on a collaboration in its **Year 1 Hospital Self-Assessment**, please briefly describe any updates to that collaboration, including any progress made and/or challenges encountered in achieving the goals of the collaboration.

Click or tap here to enter text.

1. If the hospital entered a regional collaboration in the past year, please provide the information requested of regional collaborations on p. 5 in the **Year 1 Hospital Self-Assessment Form.**

 Click or tap here to enter text.

1. “Community Engagement Standards for Community Health Planning Guideline,” Massachusetts Department of Public Health, *available at*: http://www.mass.gov/eohhs/docs/dph/quality/don/guidelines-community-engagement.pdf. For a full description of the community engagement spectrum, see page 11 of the Attorney General’s Community Benefits Guidelines for Non-profit Hospitals. [↑](#footnote-ref-1)