

# PolicyWORKS™

## Governance Policy Toolkit



Healthcare Trustees  
of New York State

Healthcare Trustees of New York State is pleased to offer a new resource from The Walker Company that will help ensure your board has the policies and procedures of an accountable, effectively governed organization.

The Walker Company's **PolicyWORKS™** Governance Policy Toolkit includes sample governance policies and procedures that contain everything you need to develop a comprehensive policy manual for your hospital.

**PolicyWORKS™** includes:

- A CD containing an overview of key policy information, including:
  - why policies and procedures are essential to effective governance;
- a guide to key components of sound policy documents; and
- a list of Internal Revenue Service Form 990 policies your board should have, and where the policies are referenced in Form 990.
- Samples of 12 IRS Form 990 policies.
- Samples of 14 additional policies and/or procedures.
- A ready-to-print template for the manual's index tabs.
- Ready-to-print full color artwork for the cover and spine of your manual.
- A hard copy of all materials in a three-ring binder, to assist you in custom-tailoring the **PolicyWORKS™** manual to meet your hospital's needs.

### HOW TO ORDER

- ✓ Print out and complete the order form.
- ✓ Send it to Sheila Taylor, Executive Assistant, at HTNYS  
**BY MAIL** at One Empire Drive, Rensselaer, NY 12144  
*or*  
**FAX** it to her attention at (518) 431-7812.

### QUESTIONS?

If you have any questions, please contact HTNYS at (800) 360-7211 or e-mail Sheila Taylor at [staylor@hany.org](mailto:staylor@hany.org).

### ORDER FORM: **PolicyWORKS™** Governance Policy Toolkit

Quantity	Unit Price	Total
	\$595	

#### Payment Methods *(check one):*

- Check Enclosed** in the amount of \$ \_\_\_\_\_  
Please send payments to: Healthcare Trustees of New York State, One Empire Drive, Rensselaer, NY 12144
- Credit Card**  
Please charge my *(circle one)*: VISA® MC® AmExpress® Discover®  
The total amount to be charged to my card is \$ \_\_\_\_\_  
Card # \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Print Cardholder's Name \_\_\_\_\_  
*(as it appears on your card)*  
Billing Address of Cardholder \_\_\_\_\_  
City/State/ZIP *(must be included)* \_\_\_\_\_  
CVV# *(3-4 digits on the back of the card)* \_\_\_\_\_
- I authorize HTNYS to charge the above credit card for this purchase.  
Signature \_\_\_\_\_