

Board Excellence in Safety and Quality

A Governance Institute Webinar

presented by

Beth Daley Ullem, M.B.A.

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Maulik Joshi, Dr.P.H.

COO and Executive Vice President of Integrated Care Delivery
Anne Arundel Health System

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Today's Presenters



Beth Daley Ullem, M.B.A. is a nationally-recognized governance expert and patient advocate for safety and quality. Ms. Daley Ullem works with hospital leadership teams, boards, and healthcare industry leaders to develop programs that improve the quality of patient care and better enable boards to provide oversight of quality and safety. As a patient advocate, she works to advance patient-centric care and make care outcomes transparent and accessible to consumers.

Ms. Daley Ullem led the effort for the Lucian Leape Institute/IHI to educate and engage boards in quality and safety creating best practices to be shared with all hospital across the nation. Ms. Daley Ullem also served on the Culture of Safety Round Table whose efforts created *Leading a Culture of Safety: A Blueprint for Success*, which is widely used by U.S. hospitals. She currently serves on the boards of the Center for Health Care Value (now known as Catalysis) and Solutions for Patient Safety, a 100+ hospital pediatric network.



Maulik Joshi, Dr.P.H. is the COO and EVP of the Anne Arundel Health System, serving a region of 1.2 million people. Maulik comes from the American Hospital Association, where he served as Associate Executive Vice President and President of the Health Research & Educational Trust.

Previously, Maulik served as senior advisor at the Agency for Healthcare Research and Quality (AHRQ). Maulik has a Doctorate in Public Health and a Master's degree in Health Services Administration from the University of Michigan. He was Editor-in-Chief for the *Journal for Healthcare Quality*. He also co-edited *The Healthcare Quality Book: Vision, Strategy and Tools* (4th edition published in April 2019) and coauthored *Healthcare Transformation: A Guide for the Hospital Board Member* and *Leading Healthcare Transformation: A Primer for Clinical Leaders*. Maulik is adjunct faculty at the University of Michigan School of Public Health in the Department of Health Management & Policy. He has served on the board of trustees for Anne Arundel Medical Center and the board quality and patient safety committee for Mercy Health System, among others.



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Learning Objectives & Continuing Education

After viewing this Webinar, participants will be able to:

- Identify the challenges for governance of quality.
- Learn the new framework and tools for governance of quality.
- Evaluate opportunities within your organization to improve governance of quality.

Continuing Education Credits Available:

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The Governance Institute designates this live activity for a maximum of **1 AMA PRA Category 1 Credit(s)**[™]. Physicians should claim only the credit commensurate with the extent of their participation in the activity.



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Continuing Education (continued)

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Program level: Overview
No advanced preparation required
Field of Study: Business Management and Organization
Delivery method: Live Internet
Maximum potential CPE credits: 1.0

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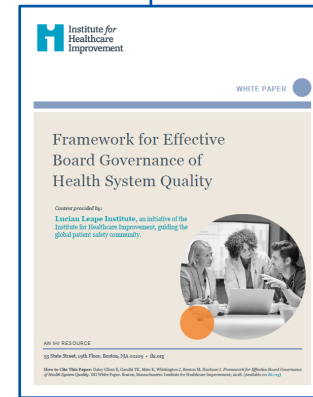
Agenda

- Overview of IHI innovation process and development of new framework
- Findings in the IHI white paper, *Framework for Effective Board Governance of Health System Quality*
- Anne Arundel Health System's perspective on sharing and implementing this new framework with their board
- Support resources in the white paper, Governance Institute, and additional resources

Framework for Effective Governance of Health System Quality

Authors:

- Elizabeth Daley Ullem, M.B.A., Faculty Lead, IHI; President, Quality and Safety First
- Tejal K. Gandhi, M.D., M.P.H., CPPS, Chief Clinical and Safety Officer, IHI; President, IHI Lucian Leape Institute
- Kedar Mate, M.D., Chief Innovation and Education Officer, IHI
- John Whittington, M.D., Senior Fellow, IHI
- Marina Renton, Research Assistant, IHI
- Joellen Huebner, Senior Project Manager, IHI



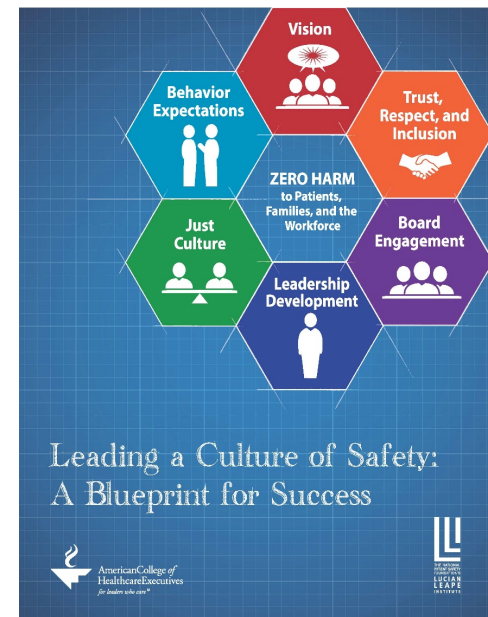
Acknowledgments:

The authors are grateful to the IHI Lucian Leape Institute members, whose leadership identified the need for support for trustees and health system leaders in governance of quality. We also thank the experts interviewed for this work and the in-depth contributions of the expert group that developed and revised the framework and assessment tool, including Kathryn C. Peisert, Managing Editor, The Governance Institute. This work was created through collaboration with many leading health care and governance organizations, including the American Hospital Association, The Governance Institute, and the American College of Healthcare Executives. Finally, the authors thank Jane Roessner and Val Weber of IHI for their thoughtful editorial review of this white paper and the IHI thought leaders who, over the years, have advanced board commitment to quality.

The Lucian Leape Institute is an initiative of IHI. This paper was generously funded by an unrestricted educational grant from Medtronic, Inaugural Funder of the IHI Lucian Leape Institute. Medtronic had no control or influence over the selection of experts, the content, or the views expressed in this paper.

Genesis of the White Paper

- In 2016, LLI and ACHE led an effort to identify the key elements to build a successful culture of safety.
 - One of the critical elements identified was board engagement, an area where LLI/IHI leadership felt deserved updated study and guidance.
 - As a result, LLI/IHI initiated a research effort to evaluate the current state of board governance of quality.
 - The research identified significant variability in what boards were doing and being guided to do to oversee quality, presenting a need for a framework to guide governance of quality.



Source: Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J. *Framework for Effective Board Governance of Health System Quality*. IHI White Paper. Boston, MA: Institute for Healthcare Improvement, 2018. Available at www.ihl.org/BoardQuality.

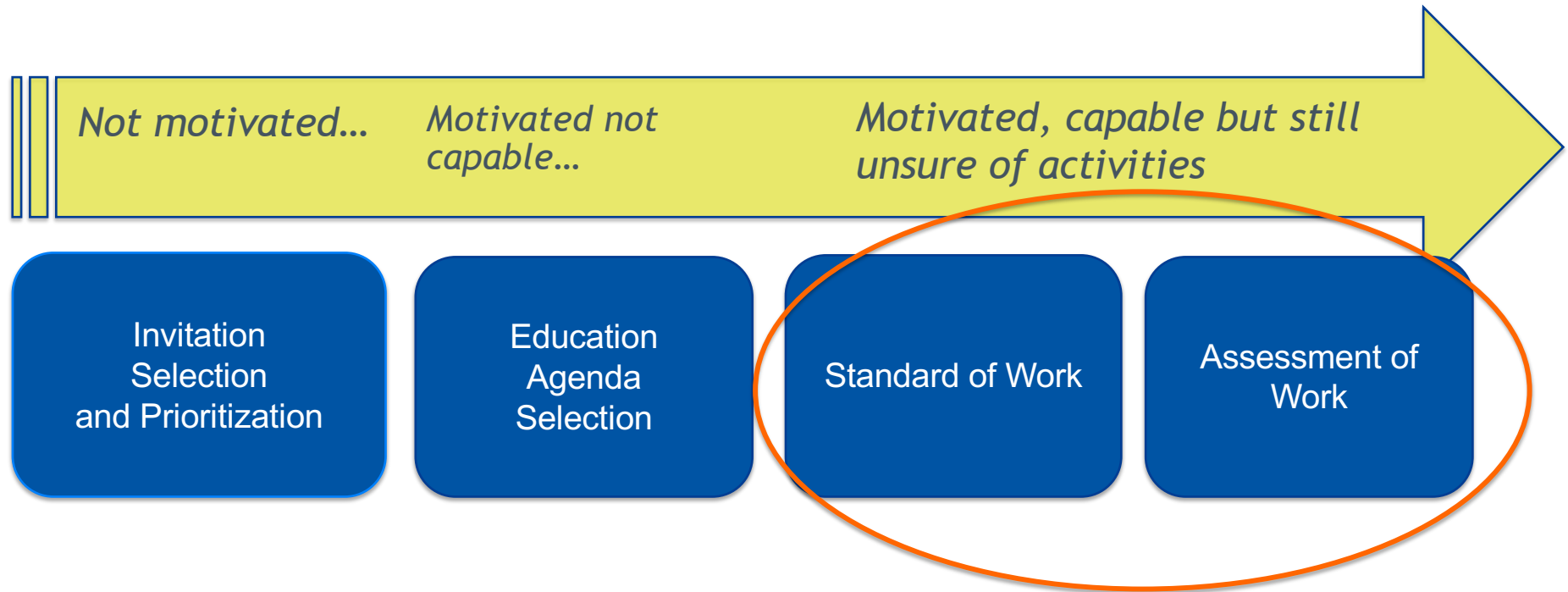
Developing the Framework: IHI R&D Methods

- **Market scan**
 - Identify prominent governance education, assessment offerings (including in-person programs and online resources) that cover quality in sufficient depth
- **Expert interviews**
 - Conduct over 50 interviews with governance experts, hospital leaders, and trustees
- **Literature scan**
 - Review existing peer-reviewed research on governance of healthcare quality and the link between board practices and organizational quality outcomes
- **Expert meeting and survey to build a framework**
 - Convene healthcare and governance experts to provide insights and guidance using design thinking to build the framework and assessment tool for governance of quality
- **Draft white paper with recommendations**
 - Draft and disseminate white paper with findings and resources

Current State of Governance of Quality Summary Findings:

- Governance of quality is primarily focused on safety.
- Governance of quality is hospital-centric, with limited focus on population or community health or care outside of hospitals.
- Core processes for governance of quality are variable.
- A clear, consistent framework for governance of health system quality is needed.
- A call to action is needed to raise expectations and improve support for board governance of healthcare quality.

Variability Drivers for Boards (in Quality, Safety, and Equity)



Polling Question:

What is our biggest barrier to having a board culture committed to quality?

- Board members aren't motivated to spend time on quality
- Board/quality committee members care about quality but do not understand the concepts
- Board members are working on quality but not sure if their oversight work is effective
- All of the above

Moving from Variation to a Vision of Effective Governance of Quality



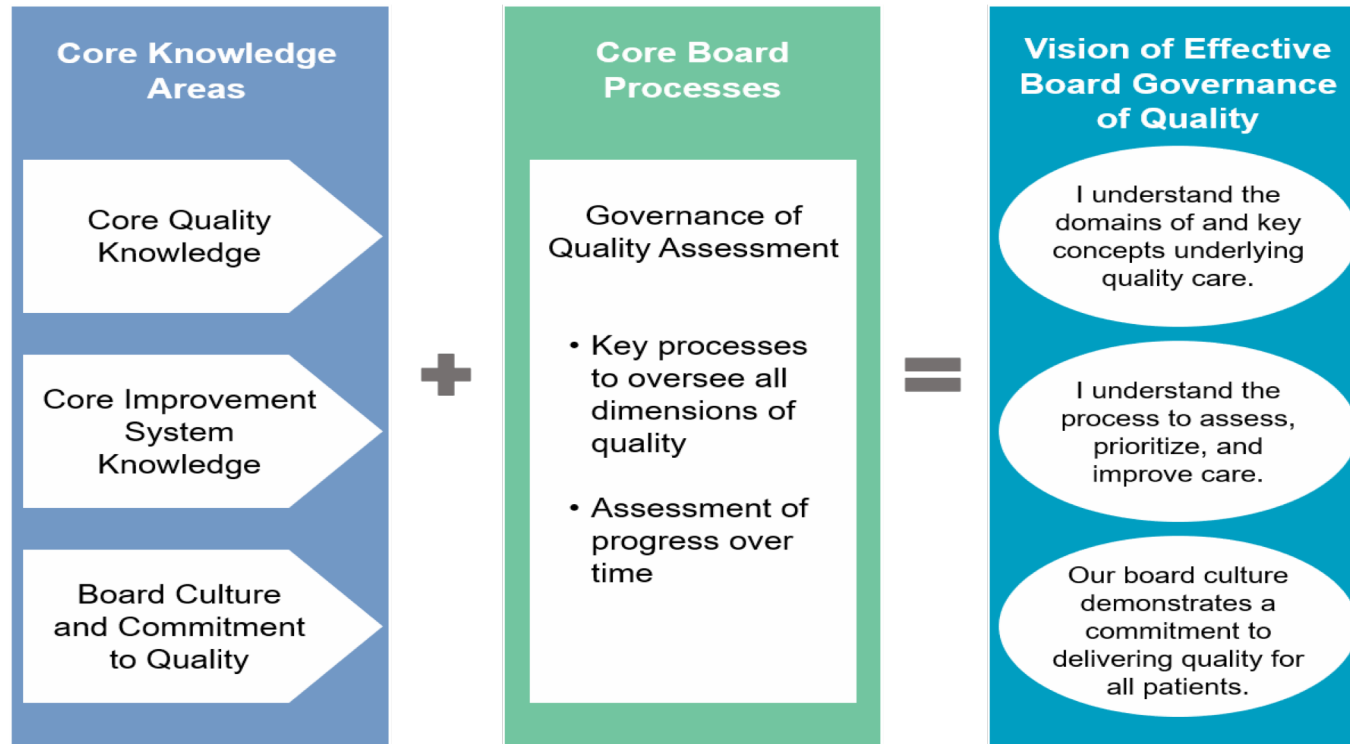
I understand the domains of and key concepts underlying quality care.

I understand the process to assess, prioritize, and improve care.

Our board culture demonstrates a commitment to delivering quality for all patients.

Source: Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J. *Framework for Effective Board Governance of Health System Quality*. IHI White Paper. Boston, MA: Institute for Healthcare Improvement, 2018. Available at www.ihl.org/BoardQuality.

Framework for Effective Governance of Health System Quality



Source: Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J. *Framework for Effective Board Governance of Health System Quality*. IHI White Paper. Boston, MA: Institute for Healthcare Improvement, 2018. Available at www.ihl.org/BoardQuality.

Patient-Centric Board Engagement in Quality

View care through the lens of a patient



Motivate-Engage

Translate the quality oversight duties of the board into how the patient sees care



The Core Elements of Quality through a Patient Lens

*IOM STEEP
dimensions of quality:
Safe, Timely, Effective, Efficient,
Equitable, and Patient-
Centered



Source: Adapted from Brill R, Allen S, Davis JT.
Revising the Quality Chasm. *Pediatrics*.
2014; 133 (5): 763-765.

Polling Question:

Please indicate your level of agreement with the following statement:

The quality measures we use are comprehensive in nature (e.g., they cover multiple areas of quality: safe, timely, effective, efficient, equitable, patient-centered).

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

From Board Knowledge to Core Oversight Processes



I understand the concepts but...

What exactly should I do? What are the core processes of oversight?

How do I know if we are reviewing the right areas?

What am I missing?

The Governance of Quality Online Assessment Tool (GQA)

**New online tool to
assess the current
oversight of
healthcare quality**



● <https://gqaonlinetool.questionpro.com>

The Governance of Quality Assessment

What is it?

- 6 categories, 30 questions
- Scoring scale of 0 (no activity), 1 (infrequent practice), 2 (board priority)

Why is it different?

- Specific quality oversight processes (versus effort)
- Covers continuum of care (goes beyond the hospital)
- Incorporates value, all six quality dimensions, population health
- Structure reflects the patient voice
- Built collaboratively with leading governance organizations

Case Example: Anne Arundel Medical Center



- Multi-facility health system serving a region of 1.2 million people
- Tori Bayless, President and CEO
- 5,000 employees, 1,000 medical staff, 700+ volunteers
- 5,500+ deliveries a year
- 24,000+ surgeries a year
- 100,000+ ER visits a year
- 1,000,000+ ambulatory visits a year

VISION 2020 Strategic Goal Areas		Our Vision: Living healthier together. Our Mission: To enhance the health of the people we serve. Our Values: Compassion • Trust • Dedication • Innovation Quality • Diversity • Collaboration
QUALITY	Q'd Up	We are nationally recognized as a model for quality.
COMMUNITY	Better Together	We are a patient-centered system of care.
WORKFORCE	A-Team	We are engaged, healthy and diverse.
GROWTH	Think Big	We are expanding access and services across the region.
FINANCE	Smart Money	We invest and innovate for long-term financial strength.



Practical Things We Do

- **Patient and Family Engagement**

- Two Patient Family Advisors from the PFAC serve as members of our board quality committee
- There are two annual patient- and family-centered aims from the PFAC

- **Self-Assess and Reflect**

- Self-assess governance performance every two years
- Review the board quality committee charter annually

- **Quality Aims**

- Key measures representing the six IOM aims
- Increased focus on health equity
- Board Health Equity Task Force
- Annual Health Equity Report

- **Workforce Aims**

Impact of the new white paper and framework

- **Incorporation of Community Aims**
- **More consideration of non-hospital measures**
- **Board committee chair and leadership took online self-assessment and reviewed**

AAMC's Patient- and Family-Centered Care Dashboard (FY19 - Q3)

PFA's YTD	New PFA's this quarter	Standing Committees	PFA Consultations	PFA hours
95	3	25	60+	165.10+

PFCC AIMS	Progress
1. Demonstrate an increased knowledge of PFCC among staff.	Professional Power Hour (staff rated understanding of how they can provide PFCC a 2.9 before session, 4.1 after session)
2. Support "What Matters" system wide education in multiple ways, including storytelling.	PFA's educate staff on What Matters during PFA events; PFA participates as a Technical Expert in panel sponsored by the IHI
PFAC GOALS	
1. Expand the Patient Family Advisors group, and specifically PFAC, to include diversity that represents patients served by the healthcare system.	Partnership with Generation NOW; sharing electronic fliers with staff, in community and on social media; addition of one PFAC member in younger age demographic.
2. Increase staff knowledge of PFCC, including "What Matters" and storytelling.	Media coverage of PFA receiving Beryl award; Traveling Coffee Cart, Professional Power Hour,

Major Accomplishments

PFA Earl Shellner recognized for international PFA Innovation award by the Beryl Institute.

PFA authored the two most-read blog articles on the Nursing Blog for the year 2018.






PFA's participated in AAMC's Vision 2030 strategic planning session.

Over 300 new staff learned about PFCC from a PFA during new employee orientations.

Overall Patient Satisfaction Score: xx

QUALITY AIMS	IOM	FY19 Result	FY20 Goal	Best in Class	Major Quality Initiatives
Reduce Mortality	Safe	4.21% (Jan- Mar 2019)	3.78%	3.04% (Benchmark Performance for HSCRC Rate Year 2021)	FY20 Goal: Achieve 90th Percentile performance in key quality indicators across all 6 Institute of Medicine aims (safe, timely, efficient, effective, equitable and patient centered)
Decrease Harm / Improve MHAC	Safe	39 (Jul 18- Feb 19) 0.72 (Jan- Mar 2019)	0 0.81	Harms= N/A MHAC=0.90 (Top state performance HSCRC data FY2020)	
Reduce Hospital-Acquired Infections	Safe	CAUTI cases = 12; Rate = 1.15 C. diff cases = 63; Rate = 0.55 (Jul 18- Feb19) SSI Colon =9; Rate = 3.73 (Jul 18- Jan19) SSI Spine = 0; Rate = 2.54 (Jul- Dec 18)	CAUTI =0; Rate =1.00 C diff =0; Rate = 0.60 SSI Colon =0; Rate = 2.48 SSI Spine =0; Rate = 2.00	CAUTI =0; Rate= 1.09 Cdiff =0; Rate= 0.94 SSI Colon =0; Rate= 2.29 SSI Spine=0; Rate= 1.06 (NHSN 2017 summary reports)	FY20 Strategic Initiatives: 1.1 Reliably implement and integrate best practices across the continuum of care. 1.1.1 Reduce unnecessary clinical variation across the continuum. 1.1.2 Implement interventions to eliminate disparities in outcomes. 1.1.3 Achieve measurable health outcomes improvement in the inpatient and ambulatory setting, including the Collaborative Care Network. 1.2 Enhance research, innovation and teaching. 1.2.1 Prepare OB-GYN and Internal Medicine Residency programs for FY 21 start and assess the next fellowship and residency programs 1.2.2 Initiate Rapid Implementation of Strategic Experiments (RISE)
Decrease ED Core Measure Minutes/Hospital Diversion	Timely	ED-1b = 450 mins OP-18b =189 mins Diversion = 12.1% (Jul 18- Mar 19)	ED-1b = 335 mins OP-18b=177 mins Diversion = 5.8%	ED-1b = 90 th %tile = 251 mins 75 th %tile = 301 mins OP-18b = 90 th %tile = 130 mins 75 th %tile = 167 mins (Emergency Department Benchmarking Alliance) Diversion = 2.69% (Top state performance from MIEMSS)	
Increase Inpatient and Organizational (Composite) Patient Satisfaction	Patient Centered	Inpatient= 78% Composite =98.6% (FYTD 19)	Inpatient=78.5% Composite= 100%	Inpatient= 83% (Top decile nationally of all hospitals) Composite = N/A	
Decrease Readmissions	Efficient	11.61% (CY 18)	11.12%	8.95% (Top state performance from preliminary HSCRC data)	
Eliminate C-Section Disparity	Equitable	White = 21% Black/African American = 35% Disparity = 14% (July 18- Mar19)	Disparity= 10%	Overall C section rate= 14.29% (Top decile nationally of all hospitals from ORYX) Disparity= N/A	
Improve Diabetes Control	Effective	HgA1c >9%= 41% (Jun- Nov 18)	HgA1c >9%= 25%	Hb A1c> 9%= 15.73% (Top decile from the CMS Quality Payment Program)	

Board Health Equity Task Force

Priority and Actions	To-Date Actions
 Data Collection and Analysis	1. Tie patient demographic data to patient outcomes Health Equity Report and action plans
 Education and Training	1. Provide training to all executives, directors, managers and supervisors on how to manage a diverse workforce, including LGBTQ 2. Develop enhanced cultural competency education for all staff and clinicians 3. Provide training to all executives, directors, managers and supervisors on “Unconscious Bias” 4. Provide training on “Workplace Bullying”; Conduct follow-up survey and focus groups targeted at RNs Educational Classes
 Communication and Awareness	1. Approach culture in a broad and inclusive basis of race, ethnicity, religion, economic status 2. ONGOING: Provide language translation/access support Educational Classes Business Resource Groups
 Engagement of Stakeholders	1. Include patient family advisors; include the patient’s voice in identifying health and social issues Patient & Family Advisors and their representation in all groups
 Leadership Commitment	1. Create an ombudsman position within Human Resources 2. Implement hiring practices to support leadership diversity True North workforce metric Diversity and Inclusion Manager

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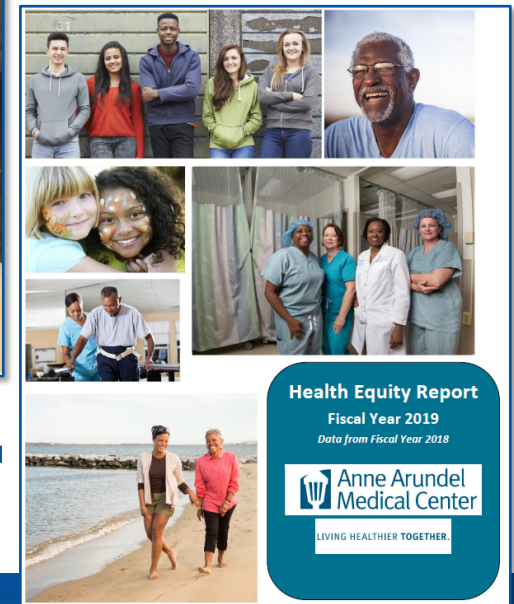
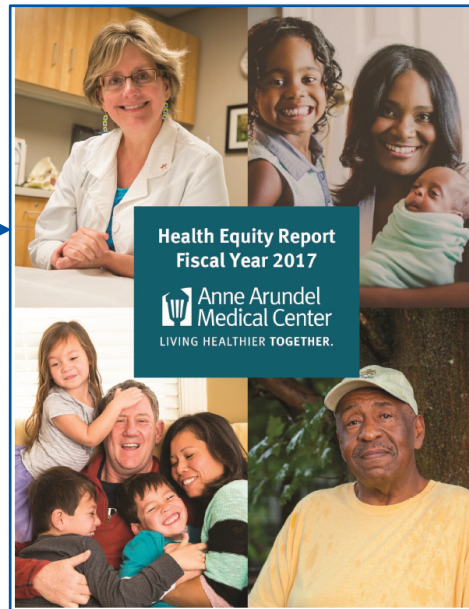
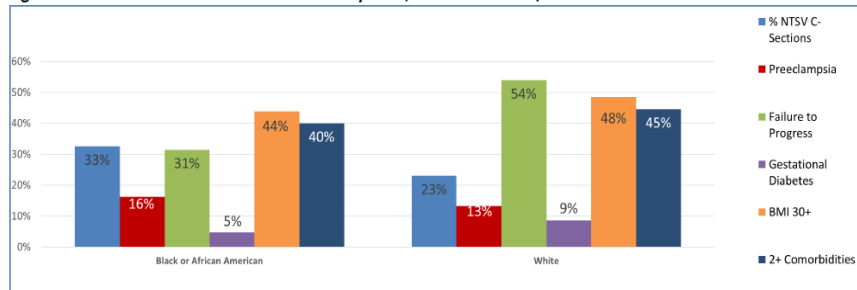


Figure 6a: NTSV C-Section and Comorbidities by Race, White and Black/African American



Source: AAMG FY18 Internal Data

WORKFORCE AIMS	Wellbeing Framework	FY 19 Result	FY 20 Goal	Best in Class	Major Workforce Initiatives
Reduce First Year Turnover	Purpose Wellbeing Social Wellbeing	25.8%	21%	TBD Available in June	<p>Strategic Objective: The Workforce Aims are designed to support the Wellbeing and Engagement initiatives and where appropriate link to True North.</p> <p>FY20 Strategic Initiatives:</p> <p>3.2 Use the Wellbeing Framework to improve employee, medical staff and Auxiliary wellbeing, creating high engagement and low turnover across the organization.</p> <p>3.2.1 Increase the utilization of the Wellbeing+ portal by 50% and increase the number of employees achieving a premium reduction by 25%.</p> <p>3.3 Support and enhance the Health Equity work and improve the cultural competency of the workforce. 3.3.1 Develop and implement retention strategies to decrease the turnover of newly hired diverse leaders. 3.3.2 Develop and implement strategies designed to reduce the disparity of terminations between diverse and non-diverse employees.</p> <p>3.4 Create a safe and secure environment for employees/physicians/auxiliaries, patients and visitors. 3.4.1 Implement strategies to improve workplace safety score above 4.10.</p>
Increase Great Place to Work Score	Purpose Wellbeing	4.13	4.18	Internal Measurement	
Ensure Diverse Candidates for Leadership Positions	Purpose Wellbeing Community Wellbeing Social Wellbeing	100%	90%	Internal Measurement	
Improve Workplace Safety Score: I believe workplace safety for employees, patients and visitors is a priority at AAMC.	Purpose Wellbeing Social Wellbeing Physical Wellbeing	4.37	4.4	Internal Measurement	
Improve score for patient safety question: Whenever pressure builds up, my supervisor supports me so I can provide patient care without taking shortcuts.	Purpose Wellbeing	73%	83%	87% - AHRQ	
Achieve Zero Harm/Decrease Rate of Employee Injuries from Combative Patients*	Physical Wellbeing	.58	.53	Internal Measurement	
Increase Number of Diverse RNs	Purpose Wellbeing	20%	23%	35%	
Increase Sales of Healthy Foods in Cafeterias	Physical Wellbeing	68%	75%	75%	

Polling Question:

How frequently do your board's quality oversight activities include workforce safety?

- Consistently
- Occasionally
- Rarely
- Never

DRAFT FY20 COMMUNITY AIMS	FY19 Result	FY20 Goal	FY20 Actual	AOP Initiatives
Increase % patients whose end of life wishes are known	Determine baseline of patients 55+ with Advanced Directives of MOLST	Increase by 10%		<p>FY20 Goals: Increase number of patients with advanced directives, MOLST and other end-of-life documents in EPIC by 10% over FY19 baseline.</p> <p>2.1 Expand care and chronic disease management in support of population health. 2.1.1. Explore the implementation of programs targeted to “home based” care, such as hospital at home. 2.1.2. Further the use of technology to enable a frictionless consumer experience and improve access to care. 2.1.3. Expand care redesign and new payment programs such as the MPC program in support of managing total cost of care. 2.2 Expand the Institute for Healthy Aging 2.2.1. Implement age friendly best practices across the health system 2.3 Address community health needs 2.3.1. Execute Community Health Implementation Plan based on FY19-21 CHNA and establish annual community benefit target. 2.3.2. Participate in a public-private partnership with AACPS. 2.3.3. Pursue a partnership with Anne Arundel County and Annapolis City emergency medical services to develop a mobile integrated community health program. 2.3.4. Measure social determinants of health (SDOH) in all patients and develop resources to address the most prevalent SDOH needs that are identified.</p>
Reduce disparity in patient satisfaction with follow up test results	79% Whites 70% Blacks/ AA FY18	<= 4% difference between Whites and Blacks/ African Americans		
Increase the % of patients assessed for Social Determinants of Health	NA	30%		
Decrease ED Diversion rate	March 12%	5.8%		
Increase the % of Medicare beneficiaries on Eastern Shore with a Wellness Visit	Determine Baseline	Goal TBD		
Increase the % of patients identified at risk for depression who are screened for access to firearms	Determine Baseline	Goal TBD		

Polling Question:

Please indicate your level of agreement with the following statement:

Our board routinely reviews measures about the health of our population.

- Strongly agree
- Agree
- Neutral
- Disagree
- Strongly disagree

Lessons Learned/White Paper Themes

1. Ongoing knowledge sharing and dialogue is fundamental
2. Deeply aligned to your strategic plan
3. Use a framework to measure and monitor performance
4. Patient- and family-centered
5. Population/community health focus is essential

Governance of Quality Support Guides

Three short documents with concrete guidance

1. Core Quality Knowledge

- Outlines the quality concepts in which directors should be versed
- Includes key questions for directors to answer and concepts to be taught

2. Core Improvement System Knowledge

- Outlines what directors should know about how their organization approaches improvement

3. Board Culture and Commitment

- Outlines attributes of a board culture that supports quality care and continuous improvement

Governance of Quality


LLI / IHI New White Paper and Research Summary

IHI Institute for Healthcare Improvement

WHITE PAPER

Framework for Effective Board Governance of Health System Quality

Content provided by:
Lucian Leape Institute, an initiative of the Institute for Healthcare Improvement, guiding the global patient safety community.



AN IHI RESOURCE
53 State Street, 19th Floor, Boston, MA 02109 • ihi.org

How to Cite This Paper: Daley Ullem E, Gaudin TK, Mate K, Whittington J, Roston M, Huchner J. Framework for Effective Board Governance of Health System Quality. IHI White Paper. Boston, Massachusetts: Institute for Healthcare Improvement; 2018. (Available on ihi.org)

IHI Institute for Healthcare Improvement

Research Summary: Effective Board Governance of Health System Quality

Content provided by:
Lucian Leape Institute, an initiative of the Institute for Healthcare Improvement, guiding the global patient safety community.



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Additional Resources

Six Videos to Connect Directors to Quality Oversight Concepts

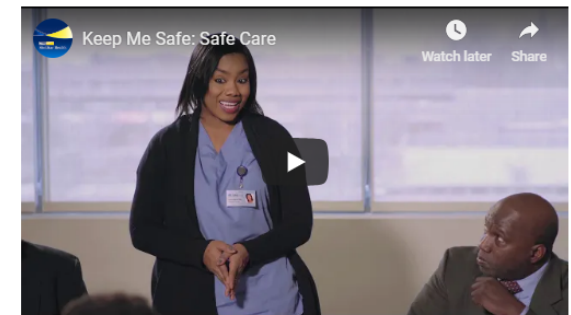
Center for Healthcare Narratives at Medstar

<https://bit.ly/2D50teO>

- 5-8 min per video
- Video scenarios based on real boardroom quality issues
- Videos organized along the six framework dimensions



Prioritizing Quality-Board Quality Culture and Commitment to Quality



Keep me Safe: Safe Care



Governance Institute Resources

Visit https://www.governanceinstitute.com/page/KT_Quality

E-Briefings

Volume 14, No. 3, May 2017

The Criteria for Systemic Cost and Quality Enhancement
By Robert F. Shroy, Ph.D., FAHA, and Wade Doonan, M.D., MHA

Most healthcare leaders have felt something like Exhibit 1, with various quality measurement tactics and initiatives coming through their doors. Today's healthcare industry there is more pressure to perform than ever before. While wanting to do the right thing, many are at the country, healthcare, health systems, and physician groups are now treated for their role in driving quality. For years, the healthcare industry has been focused on how to improve quality. But healthcare organizations have not seen enough that argument and lightly support both innovation and

This complex deal cost-effectively challenge drives governing boards and executives who to look for back track and even failure. Like a physician who cannot perform, the industry is being held to a standard without considering the possibility of risks, administrative capabilities, or the ability to sustain. However, as it does not always address the overall of patients' choices or create sustainable solutions. However, as it does not always address the overall of patients' choices or create sustainable solutions. However, as it does not always address the overall of patients' choices or create sustainable solutions.

Exhibit 1: The Process to Perform

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Workforce Engagement
Six Sigma
Leaffrog

Source: All the exhibits in this article were adapted from the Bridge Framework available at www.qualityandpatientexperience.com/bridge-framework

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The Criteria for Systemic Cost and Quality Enhancement

E-Briefings

Volume 13, No. 5, September 2016

The Best Directors Ask the Hardest Questions
By James L. Reinherden, M.D., The President & CEO

In Conway, former Executive Vice President and CEO of the Dana-Farber Cancer Institute, Reinherden, who has been a board member for several years, offers a board or committee meeting script. "Great presentation, Jim! The board didn't ask a single question!" The view of a "good board meeting"—strong presentations by staff that consume 90 percent of the allotted time, leaving no opportunity for staff questions, dissent, and productive disagreement—seems to prevail in all too many boardrooms, especially for those portions of the board agendas that deal with topics on which the board members have not been involved. In fact, in some of these boardrooms, the board members do not even know what the topics are. When decisions are made in the boardroom, the doctors are surprised by the results.

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For the measure, if you're not asking the right questions, you're not doing it right. The board is responsible for setting goals, organizations, creating the right environment, and ensuring that the board is doing it right. How does your board spend its time? How does your board spend its time? How does your board spend its time? How does your board spend its time? How does your board spend its time?

Smart Questions Around Quality and Safety

Has everyone read the quality report in the packet? You should see alignment with the PowerPoint presentation of what's in the report? The board must know what to do with the information. The board must know what to do with the information. The board must know what to do with the information. The board must know what to do with the information.

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The Best Directors Ask the Hardest Questions

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Special Section: Strategic Quality Oversight by the Hospital/Health System Board of Directors
BY ROBERT LOCKE KAGELZ, PH.D. & JACQUELINE A. HENNING, M.D.

In today's healthcare climate, quality drives success. A hospital or health system board of directors that lacks an overriding commitment to quality and a high level of quality literacy cannot expect to have its system thrive and flourish in the healthcare marketplace.

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Special Section: Strategic Quality Oversight by the Hospital/Health System Board of Directors

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Special Section: The Board's Role in Quality and Patient Safety Performance Measurement
BY DENNIS M. MURPHY, DR. M.P.H., CAC, FAHA, AND LINDA L. HENNING, M.D.

Healthcare organizations are under increasing pressure to improve their quality and patient safety performance. Whether your organization has a balanced scorecard that incorporates QIP metrics or a dashboard focused on quality and patient safety (QPS), you need to have a clear understanding of the measures and improvement activities that will drive the organization to the desired level of performance. This article discusses the role of the board of directors in setting the vision, strategy, and goals for the organization's QIP program, and provides a framework for the board to monitor and evaluate the program's progress.

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Special Section: The Board's Role in Quality and Patient Safety Performance Measurement

The Governance Institute's BoardCompass®

Assessments & Evaluations

- Member Resources
- Assessments & Evaluations

BoardCompass® gives board members the opportunity to critically assess their overall performance. Members use this tool to gauge the board's performance against The Governance Institute's comparative database of hospitals and health systems. The assessment process provides a basis for board education and planning and is the first step toward optimal board performance.

- Full board assessment includes The Governance Institute's quality oversight best practices
- Quality committee assessment dives deeper

Visit https://www.governanceinstitute.com/page/Assessments_Evaluations#hide2

Governance Next Steps

1. Share knowledge

- Disseminate the white paper and support resources with your senior quality leadership and quality chair/committee

2. Take a quality assessment (GQA or TGI BoardCompass) - foster discussion

- Encourage senior leaders and board members to take the assessment together to facilitate discussion of gaps and opportunities and evaluate agenda and oversight

3. Renew education and commitment

- New framework creates an opportunity for renewal of trustee commitment to quality education and fresh content for learning

4. Upcoming education opportunity

- Attend The Governance Institute's October 2019 Leadership Conference special board member bootcamp to learn more about governance of quality
- Details and register at www.governanceinstitute.com/events



Questions & Discussion

Contact Us...



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