

# Elevating Quality in the Board Room

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## Session Objectives



Help you understand the bigger picture of quality and safety in healthcare.



Help you develop strategies for shifting Board focus to outcomes.



Identify useful ideas for improving quality and safety governance.

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## Governance and Quality: Is your Board...



- **Having difficulty seeing the seeing the forest instead of the trees?**
  - *Lots of data but little understanding of the Big Picture*
- **Simply approving reports?**
  - *Few real questions by Board members*
- **Strategically thinking about quality?**
  - *Part of the plan but rarely discussed as strategic*
- **Asking the right questions?**
  - *Discussions focus on “what” rather than “how” or “why”*
- **Spending equal time and attention to quality?**
  - *Board spends much more time on financial issues*

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## Governance Quality and Safety Responsibilities

Accepting	Accepting their fiduciary responsibility for the quality of care and safety of patients
Setting	Setting the right expectations for quality and safety performance
Monitoring	Monitoring Performance
Creating	Creating accountability and shaping culture

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## Quality and Safety: Two Sides of the Same Coin



**Quality: Deliver everything that will help, and only what will help. The goal is 100%**

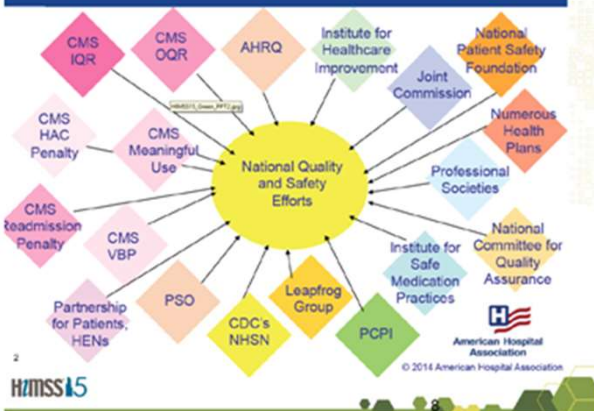
**Safety: Do no harm. The goal is 0 Events**

MdP 2018

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## Observation about Board Quality Committees in 2020

### National Measurement Burden for Hospitals

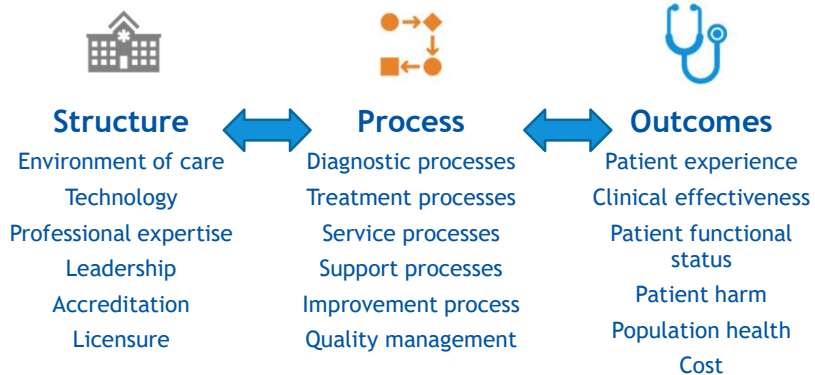


- The Board Quality Committee function has become in many organizations a static committee.
  - Scorecards of process measures being collected for various purposes
  - Reports of measures being collected and reported externally
  - Too much detail
  - Little differentiation and highlighting of types or relative importance of measures
  - Little discussion of improvement strategy
  - Little focus on desired organizational outcomes
  - Focus on clinical or research interests
  - Reporting often reflects what the quality management department is doing in their daily work
  - More about management activities as opposed to actual governance
- Mirrors the approach of some Board Finance Committees with detailed review of financial statements and budget variance as opposed to real discussion of strategies to improve financial performance

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## Thinking Differently: Donabedian Framework

Boards  
Need to  
Understand  
the Big  
Picture of  
Quality in  
Healthcare



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## Thinking Differently: See the forest, not just the trees

- **Many Board Quality Committees are focusing on Process measures rather than Outcomes and Structure.**
  - *Quality reports tend to be reports on process measures*
  - *Board Quality committees need to “get out of the weeds” and focus on high level outcomes and strategy to deliver those outcomes*
- **A comprehensive Board view of quality and safety also requires periodic review of key Structure elements**
  - *Staff clinical competency, accreditation compliance and issues, regulatory compliance, credentialing process, technology use, risk management, cost of poor quality*



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## Help the Board Understand the Big Picture of Quality

### Suggestions

- Broaden the charter/scope of the Quality Committee.
- Educate the Board on how Structure enables reliability and supports care delivery and outcomes.
- Create a rhythm of annual review of structural elements as part of the Quality Committee function.
- Work on closing the gap between discussions about quality and patient safety.

### Structural Elements Include:

- Accreditation status and preparedness
- Staff Competency Assessments
- Medical Staff credentialing
- Safety culture assessments
- Technology assessments
- Risk management reports
- Plant and Operations safety reports
- Licensure survey reports
- Cost of Poor Quality Assessments
- Employee Engagement Surveys
- Disaster Preparedness Reports

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## Think Differently: These are not the same



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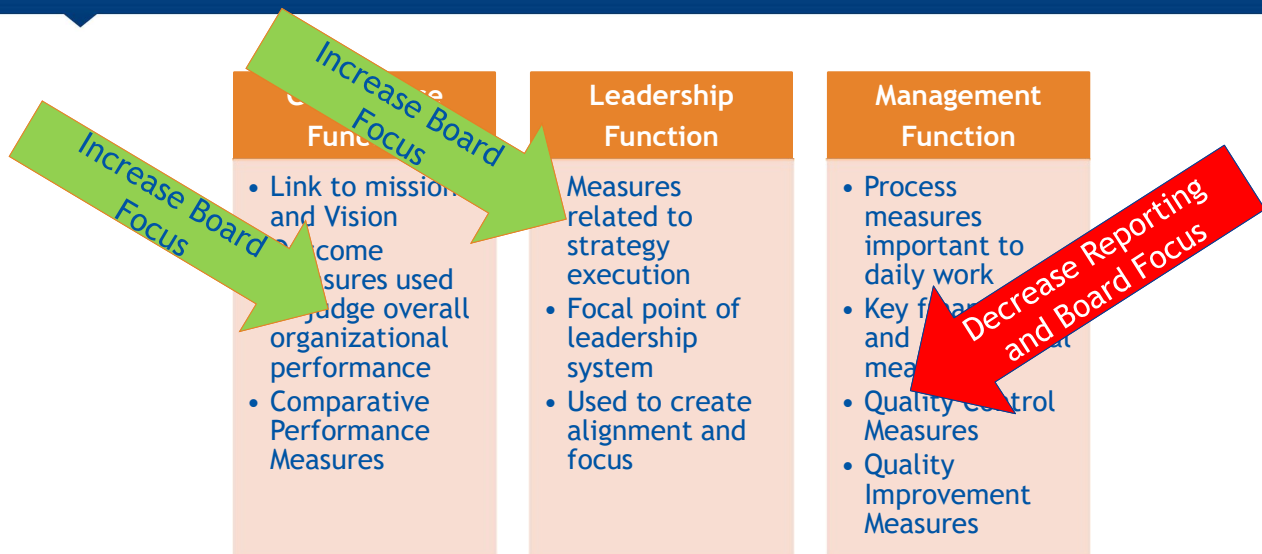
# Shift the Governance Focus to Outcomes

- Rethink your quality scorecard and measure presentations
  - Why are you reporting these measures?
  - Simplify
- Re-organize your Quality data presentations:
  - Strategic Quality/Organizational Outcomes
    - A few high-level measures of patient experience, mortality, clinical effectiveness, safety
  - Quality Control Measures—
    - process measures that are being monitored and/or reported externally
  - Improvement Measures
    - Specific quality improvement efforts actively being pursued

Main Street Hospital FY 2018 Board Performance Scorecard		Exceeds Target	Meeting Target	Below Target			
	3 Year Goal	FY Target Range	Prior Year	FY 18 QTR 1	FY 18 QTR 2	FY 18 QTR 3	FY 18 QTR 4
<b>CULTURE</b>							
Employee Turnover Rate (Unplanned)	3% per quarter	5.5-6% per quarter	7.50%	2.41%	2.84%	4.00%	2.80%
Employee Satisfaction (% Recommend as Place to Work)	90%	60-70%	47%	75%	78%	80%	73%
<b>PREVENTING HARM (Safety)</b>							
Falls with injury (Quarterly)	0	2-4 per Quarter	22 (FY)	6	4	3	4
Number of Patients Harmed from ADE	0	5-10 per Quarter	102 (FY)	32	18	7	3
# of Central Line Infections	0	0	9 (FY)	5	5	3	0
# of Ventilator Associated Pneumonia	0	0	6 (FY)	4	2	3	0
# of Pressure Ulcers	0	8-12 per Quarter	72 (FY)	40	39	18	12
<b>CLINICAL QUALITY</b>							
<b>EVIDENCE-BASED CARE % OF PATIENTS RECEIVING ALL REQUIRED ELEMENTS</b>							
Acute MI	100%	90-95%	88%	96%	98%	90	97
Pneumonia	100%	80-90%	75%	86%	88%	88%	83%
Congestive Heart Failure	100%	90-95%	85%	90%	98%	95	92
Hospital Infection Rate (Per State Reporting Criteria)	5%	9-11%	14%	11.6%	14.7%	12.6%	10.9%
Unplanned Readmission Rate	0%	4-5.5%	8%	5.0%	5.2%	4.5	4.5%
# of Inpatient Deaths (unplanned, non-comfort care mortality)	0	3.5 quarter	28 (FY)	8	14	5	5
<b>FINANCIAL HEALTH</b>							
Contribution Margin %	8%	2.5 to 4%	1.50%	2.50%	3%	3%	2.5%
Days Cash On Hand	180 days	80-90	65	66	86	87	81

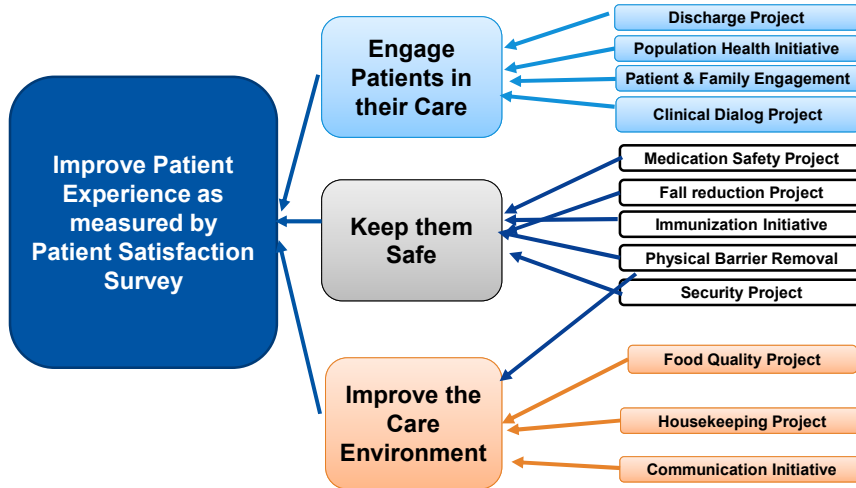
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# Measures and Scorecards Should Be Aligned to Function



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## Be Strategic: Link Quality and Safety Efforts to Strategy



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## Be Transparent: Show the Board how you compare

- **Public rating and ranking systems are here to stay**
  - Used by payers, regulators and patients to make judgements
  - Patient experience feedback on social media becoming common.
  - Becoming part of payment systems—Fee for Value
- **They are imperfect, but...**
  - Utilize data supplied by the hospitals directly or reported to CMS and regulators
  - When good, it goes on the website
  - When bad...not much transparency
    - Few CEOs enjoy sharing information that suggest performance is poor or average
- **They can be useful**
  - Composite picture of quality and safety performance
  - Can be a reality check
  - External view of performance



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## Be Transparent: Show the Board how you compare

- CMS Hospital Compare
- CMS Value Based Purchasing
- HealthGrades.com
- Leapfrog
- Healthcare6
- Yelp
- US News and World Report
- CalHospital Compare
- Carechex
- Health Insight
- Truven/IBM
- RateMDs
- Whynotthebest.org
- RateMDs.com
- Vitals.com
- Healthcare Reviews
- America's Top Doctors
- SurgeonRatings.org
- Lown.org

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## Know how you compare: Warning signals for Management and Boards



Ratings are generally average/below average across multiple rating systems

You have a "D" or "F" from Leapfrog  
You are "1 Star" on CMS



Ratings do not appear to be improving over time

Efforts to improve quality and performance may not be yielding results



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## Help Boards Ask Better Questions: Setting expectations



What are the important quality and safety results we should be monitoring?

How good do we want to be?

Where is our performance now?

Where should our performance be?

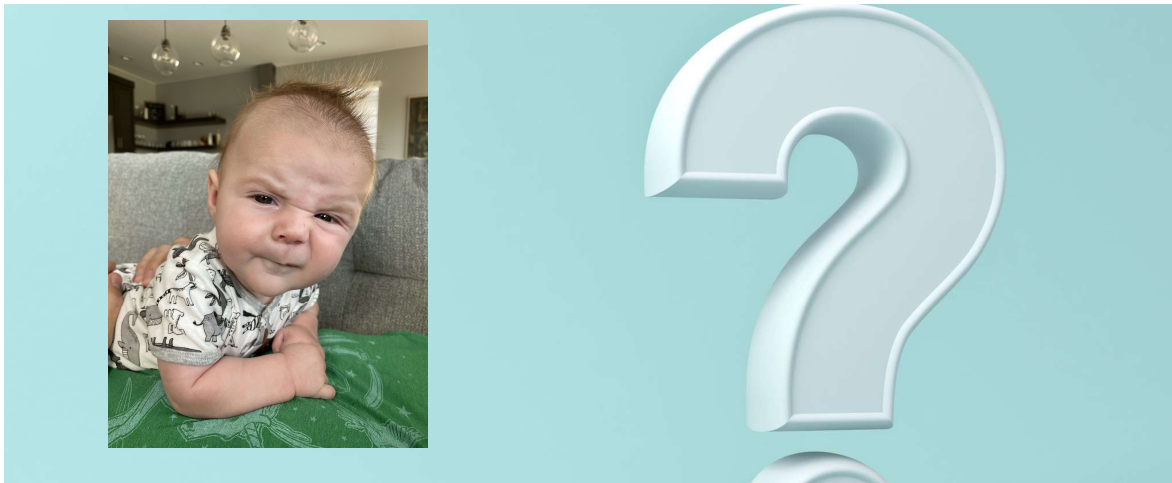
When should we expect results?

How does our strategy move this measure?

What resources are we committing to this effort?

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## Questions?



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## Contact Information



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