

# Intentional Governance Boards and Quality

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## Session Objectives



Describe the appropriate role of Governance in quality and safety.

Identify five useful ideas for improving governance oversight of quality and safety.

Learn to ask better questions about their organization's quality and safety performance.

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## Governance and Quality: Finding the Right Balance



- **Are you stuck in the weeds?**
  - *Lots of data, little information*
- **Are you setting expectations or simply approving reports?**
  - *Few real questions by Board members*
- **Is quality strategic?**
  - *Part of the plan but rarely discussed as strategic*
- **Are you asking why?**
  - *Discussions focus on “what” rather than “how” or “why”*
- **Equal time and attention?**
  - *Board spends much more time on financial issues*

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## Five Ideas to Improve Governance of Quality and Safety



1. Think differently.
2. Ask better questions.
3. Know how you compare.
4. Focus on desired outcomes.
5. Have real strategies.

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## Idea 1: Think Differently

From who's perspective?

- Patient
- Family
- Provider
- Employee
- Leadership
- Board
- Payer
- Regulator

## What is Quality?

How do we describe it?

- Multidimensional
- Objective and Subjective
- Classic and Romantic (Zen and the Art of Motorcycle Maintenance)
- Patient Experience and Clinical values
- Safe and Effective
- High Tech and High Touch
- Highly Reliable and Innovative
- Evidence and Art

How we think (Mental Models) defines what we do....

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## Think Differently: What Matters to Patients

**Don't hurt me  
Help me  
Be Nice to Me**



Don Berwick, MD

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## Think Differently: These are not the same



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## Think Differently: 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**



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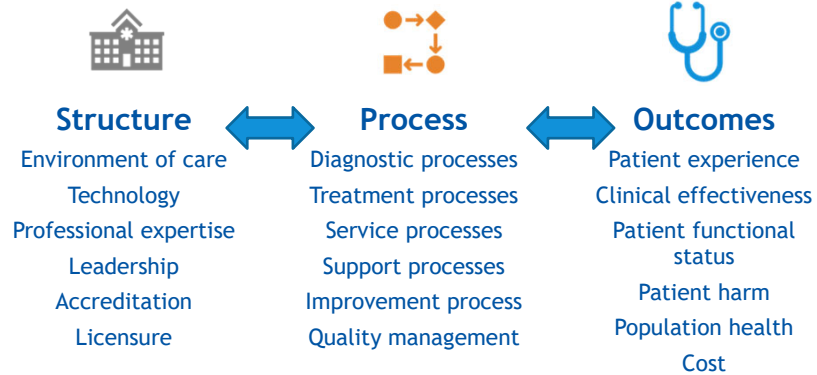
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## Think Differently: Donabedian Framework

### Understand the Big Picture

(they all work together to deliver quality care and experience)



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

- **Most 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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## IDEA 2: Ask Better Questions

Four common types of questions in Board rooms:

1. Clarification/educational
2. Inquiry/expectation
3. Information/accountability
4. Power/political



Questions are the most powerful tool that board members possess



What you ask signals importance



How you ask shapes board culture

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## Ask Better Questions

### Inquiry Questions

- How will this improve patient care?
- How does this fit into our strategic plan?
- What resources are we committing to solving this problem?
- How will this impact financial performance?
- When will we be able to show measurable results?
- What support from the board do you need?

### Attack Questions

- Why haven't you fixed this problem?
- Why didn't you bring this to the board earlier?
- Why aren't you doing something about those doctors?
- Where is your financial justification for this?
- Who is responsible for this disaster?

Board Culture is shaped by the way that Board Members ask Questions

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## 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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## Idea 3: Know 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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# Know how you compare: Skepticism is sometimes warranted

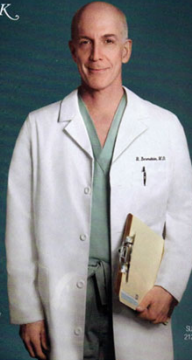
Doctors chosen for *New York* magazine's "Best Doctors" issues were selected by Castle Connolly Medical Ltd., the nation's leading provider of information on top doctors.

[www.TheTopPhysicians.com](http://www.TheTopPhysicians.com)

THESE DOCTORS ARE AMONG

## THE BEST DOCTORS IN NEW YORK

Each doctor has been included in a "Best Doctors" issue of *New York*



Dr. Robert H. Bernstein  
Hair Transplantation

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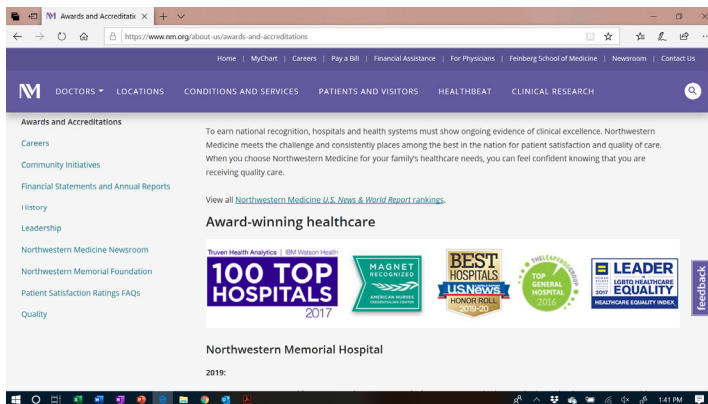
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# Know how you compare: When the rankings and ratings are good...



The screenshot shows the 'Awards and Accreditations' section of the Northwestern Memorial Hospital website. It features several award logos including '100 TOP HOSPITALS 2017', 'MAGNET RECOGNIZED', 'BEST HOSPITALS USNEWS HONORABLE MENTION 2018', 'TOP GENERAL HOSPITAL 2018', and 'LEADER IN LABO HEALTHCARE EQUALITY HEALTHCARE EQUALITY INDEX'. The text describes the hospital's commitment to clinical excellence and patient satisfaction.

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<p><b>UCHealth has been widely recognized for high-quality care.</b></p> <p>U.S. News and World Report Best in Category Three Star Top, Silver Top 10% University of Colorado Hospital Rocky Mountain Medical Center of the Rockies</p>	<p><b>High Hospital Survival Rates</b></p> <p><b>27.3%</b> higher survival rate results in <b>323 lives</b> saved annually compared to other U.S. hospitals.</p>	<p><b>Centered Around You</b></p> <p><b>1) Top 25%</b> in patient satisfaction scores. For you, that means better care, better care means health, happiness and peace of mind. We're committed to you.</p>
<p><b>A Safe Place</b></p> <p><b>Top 7%</b> of hospitals in the country in keeping you safe, according to patient feedback on safety, infection and bed sores.</p>	<p><b>Numbers You Like</b></p> <p><b>72%</b> of hospitals in the country report <b>992 less</b> days in hospital compared to other hospitals.</p>	<p><b>More You Time</b></p> <p><b>11.6%</b> shorter amount of time in the hospital than expected. <b>38,141</b> more days outside of the hospital compared to other hospitals.</p>
<p><b>Bone Marrow Transplants</b> Exceeding national expectations. Raising yours.</p>		
<p><b>22%</b> higher survival rate than expected for allogeneic bone marrow transplants.</p>	<p><b>TOP 10%</b> in the country.</p>	<p><b>1 of only 5</b> centers in the country to exceed expectations for 4 straight years.</p>

**What does this mean to you?**

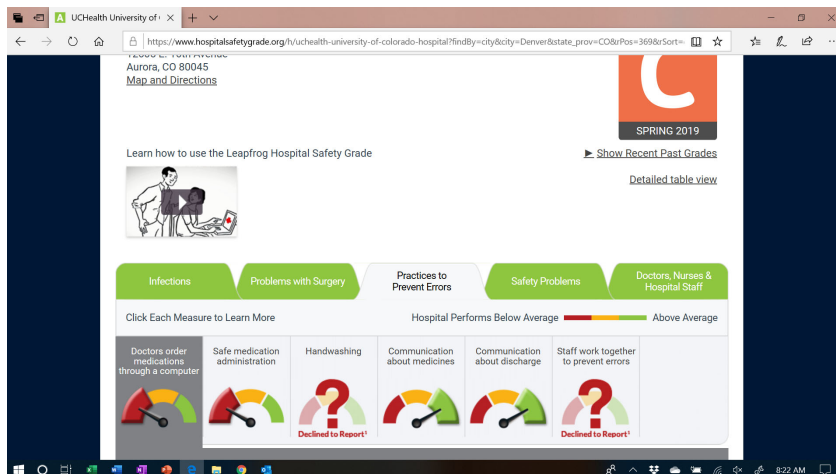
At UCHealth, our focus is on you. We provide you with the safest environment, the best experience and the best outcomes so you can live your extraordinary life.

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## Know how you compare: Leapfrog Hospital Safety Grades

Hospital Name	This Hospital's Grade
<b>Medical Center of Aurora</b> 1501 S. Polk Street Aurora, CO 80012-5499	<b>A</b> SPRING 2019
<b>UCHealth University of Colorado Hospital</b> 12605 E. 16th Avenue Aurora, CO 80045	<b>C</b> SPRING 2019
<b>Rose Medical Center</b> 4567 E. 9th Avenue Denver, CO 80220-3941	<b>A</b> SPRING 2019
<b>Presbyterian-St. Luke's Medical Center</b> 1719 E. 19th Avenue Denver, CO 80218-1281	<b>A</b> SPRING 2019
<b>Centura Health-Porter Adventist Hospital</b> 2525 S. Downing Street Denver, CO 80210-3676	<b>B</b> SPRING 2019
<b>Saint Joseph Hospital</b> 1375 East 19th Avenue Denver, CO 80218-1191	<b>A</b> SPRING 2019



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## Know 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

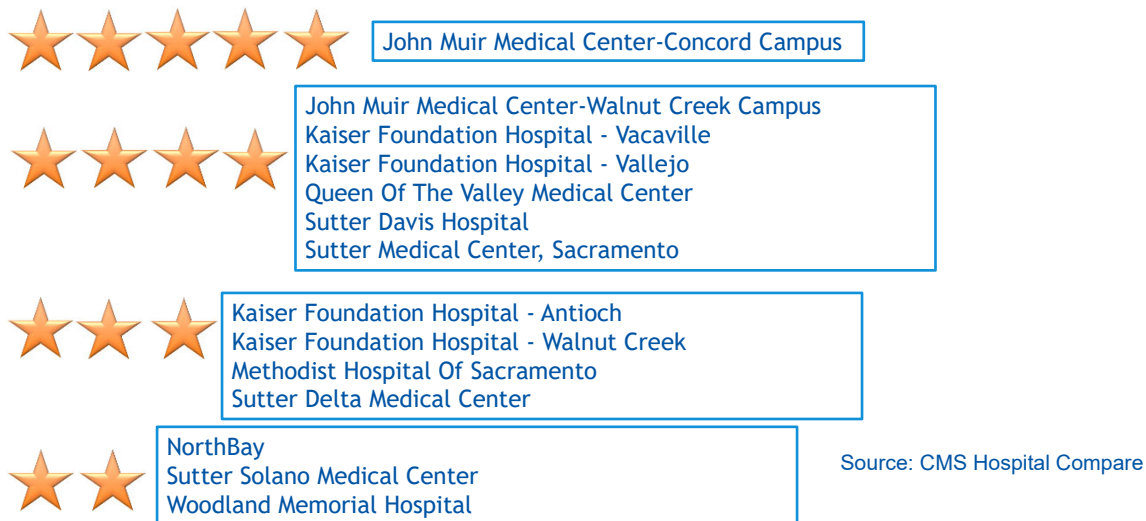
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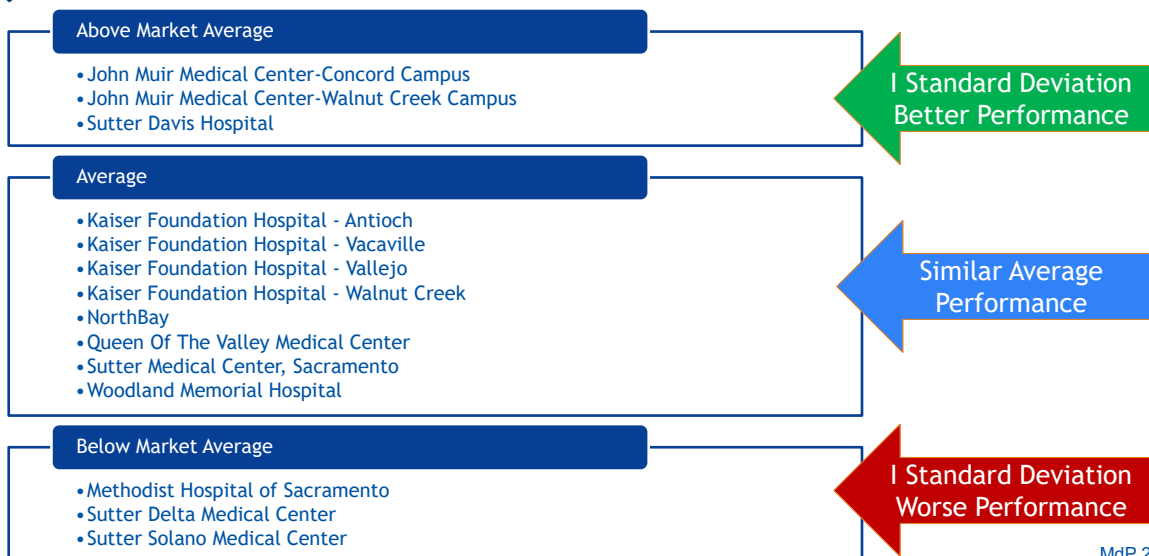
## Know how you compare: CMS Star Ratings 2018



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## Know how you compare: Composite Rating Systems Analysis

(2018)



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## Know how you compare: Flashing signals for 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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## Idea 4: Focus on Desired Outcomes

### Potential Categories

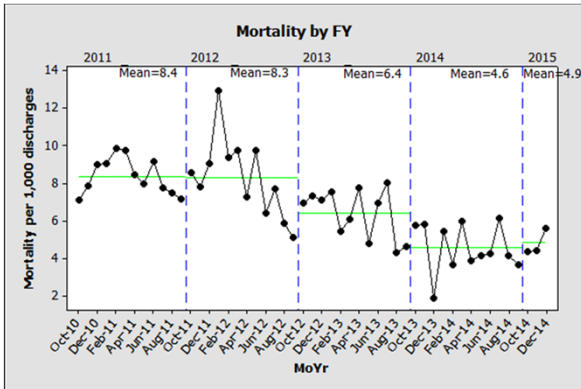
- Patient safety/harm reduction
- Clinical Care
- Patient Experience

### Possible Outcome Measures

- Patient Harm Index measured over time
- % of patients receiving "right care"
- Hospital Mortality Rate
- % of patients who rate "would recommend"

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## Focus on Desired Outcomes: Set Aggressive Aims



- Reduce overall mortality (excluding inevitable mortality) by 50% by 2015.

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## Focus on Desired Outcomes: Set Aggressive Aims



**Serious Safety Events per 10,000 Adj. Patient Days  
Rolling 12-Month Average**

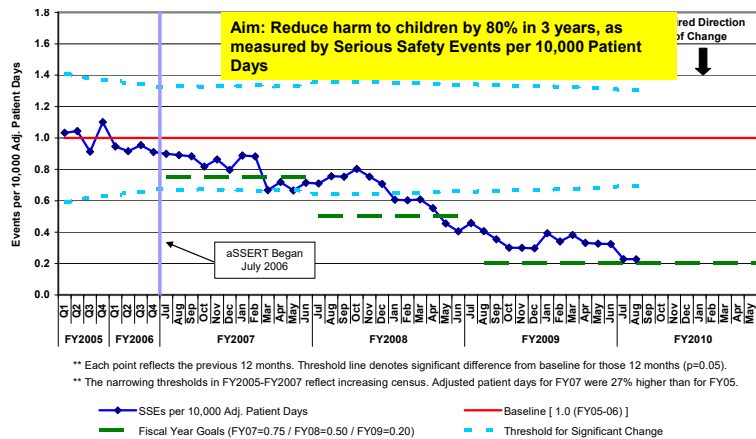
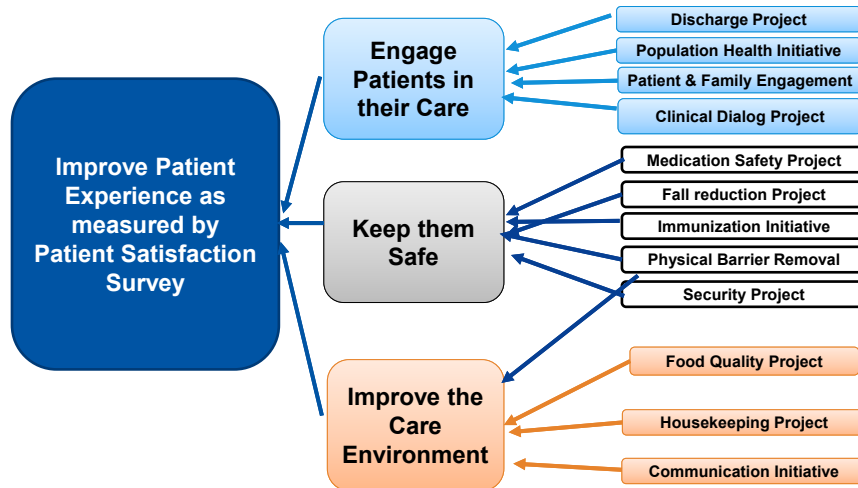


Chart Updated Through 31Aug09 by Art Wheeler, Legal Dept.  
Used with Permission IHI 2012

Source: Legal Dept.

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## Idea 5: Have real strategies



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## Have real strategies: Improvement Approach

- Ensure that there is an organization-wide methodology and approaches in place to support quality and safety improvement
  - Lean/Six Sigma
  - High Reliability Organization (HRO)
  - JC Robust Process Improvement
  - IHI Model for Improvement
  - Quality Management



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## Have real strategies: Link quality and financial strategies

### Five New Value Management Questions

1. How much does a routine hip\* replacement cost now?
2. If perfect care is provided, how much should a total hip cost?
3. How can we redesign the hip replacement care process to reliably deliver it at the target cost?
4. Once the new process is in place, how will we manage care variation?
5. Once we achieve a stable and reliable approach, how can we reduce the cost by at least 5% every year going forward?



\* Substitute any procedure or condition

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## Questions?



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## Contact Information



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