

All Quality Is Local

By Michael D. Pugh, M.P.H., President, Mdp Associates, LLC

Former Speaker of the House Tip O'Neill was fond of saying, "All politics is local." His point: what motivates voters are the changes that impact their daily lives. There is a parallel for health system leadership and governing boards with respect to quality and safety. While collecting and reporting quality measures is required and important, what matters to patients and caregivers is how quality management impacts their daily lives.

Most health systems have logical structures of interlocking quality governance responsibility. At the hospital or business unit level there is usually a quality committee and/or local advisory board that is responsible for local quality and safety governance. At the system level, the board normally also has a quality committee that reviews "rolled up" system-wide metrics and the comparative performance of the individual hospitals and business units across the system. While logical in design because it reflects the system's organizational structure

Key Board Takeaways

System boards must ensure that quality governance is more than simply reviewing comparative reports of quality measures. Further, the quality management departments that support governance need to evolve beyond routine review and comparison of business unit operational and process quality measures. Suggestions for accelerating changes in this regard include:

Focus on outcomes and create expectations for performance:

- The system board should view a simple dashboard of a few high-level outcome measures that can be rolled up to reflect overall system performance and the system's quality strategy.
- The measures and targets should reflect the important dimensions of quality/safety and can be used to create organizational alignment to achieve system-wide performance goals.
- Local governance review should start with a comparison of local performance to system outcome aims and expectations.

Create context for measures and scorecards:

- Management can create context for the measures reported by organizing them differently.
- Instead of a single long report or scorecard, measures should be organized and grouped to tell specific stories.

as well as the daily work and structure of the quality management department, from a governance perspective it may be missing the mark. Quality governance

should be more than simply reviewing comparative reports of quality measures, many of which are being reported simply because they have been collected and are externally reported.

For a moment, think about system-level financial governance. There would not be much value in a system-level finance committee routinely reviewing and comparing supply expenses in the operating rooms across the system. Time likely would be better spent setting

While collecting and reporting quality measures is required and important, what matters to patients and caregivers is how quality management impacts their daily lives.

expectations for overall financial performance and reviewing the indicators of that performance like revenue growth, EBITDA, capital investment, bond agency ratings, and investment portfolio performance. A silly example perhaps, but many of the measures being collected and reported to quality committees are the quality measurement equivalents of operating room supply expense. Financial governance has evolved from the old-time hospital finance committee that spent much of the meeting having the CFO walk line-by-line through the financials and reviewing operating expenses and budget variances. Likewise, quality governance and the quality management departments that support governance also need to evolve beyond routine review and comparison of business unit operational and process quality measures. It is time to “get out of the weeds” and begin to focus attention on what really matters. Here are two suggestions for accelerating that change.

Focus on Outcomes and Create Expectations for Performance

Health system quality and safety governance should primarily focus on setting expectations for system-wide performance and reviewing strategic progress against those expectations. There is generally not a need to re-review the detailed quality and safety process-level measures that are being collected and reviewed at the local levels. A simple dashboard of a few outcome measures that can be rolled up to reflect overall system performance and the system’s quality strategy should suffice. The key is to identify a handful of high-level outcome measures and targets that reflect the important dimensions of quality and safety and can be used to create organizational alignment to achieve system-wide

performance goals. How those expectations are set should be a governance and leadership process that considers both current levels of performance as well as comparative performance. Once governance expectations for system-wide quality and safety performance have been translated into specific aims and measures, governance focus can shift to reviewing progress and engaging in discussions with senior leadership about strategies and resource investments required to achieve desired levels of quality and safety performance.

At the hospital or business unit level, the local governance review should start with a comparison of local performance to system outcome aims and expectations. In a multi-layered quality governance and management system, the level of detail reviewed should increase as you move closer to the actual care delivery. For example, the system board might have determined that reducing infections across the system is a strategic quality aim and chosen a system-wide infection measure and target level of performance. At the individual hospital or business unit level, that same measure would be reviewed comparing local performance to system aims, but the focus would shift to understanding what is contributing to the local infection rate and prioritizing

process and care improvements to eliminate or reduce specific types of infections. Hospital A may need to focus on CLASBI while Hospital B is focusing on reducing UTIs and ambulatory care business units may need to focus on reducing surgical site or procedure site related infections. At an individual department or functional level, the aim of reducing a specific type of infection might be translated into to a series of initiatives like handwashing compliance, timeliness of antibiotics, adherence to protocols or other process improvements that are measured and managed at the functional level. This approach begins to get at “what matters” by shifting quality activity from a reporting function to active engagement on issues specific to the work of the microsystem yet aligned to the overall system aim.

Create Context for Measures and Scorecards

There has been an explosion of internal and externally reported quality data. Quality management leaders are struggling with what and how to report to the governance quality committees. Often, there is lots of data, but little insight or information conveyed. Management can create context for the measures reported by organizing them differently. Instead of a single long report or scorecard, measures

Once governance expectations for system-wide quality and safety performance have been translated into specific aims and measures, governance focus can shift to reviewing progress and engaging in discussions with senior leadership about strategies and resource investments required to achieve desired levels of quality and safety performance.

should be organized and grouped to tell specific stories. One grouping (or scorecard) should be the outcome measures aligned with the system goals and aims. Another grouping might include a scorecard of quality control measures or externally reported measures that are simply being monitored with no actions planned. Sort of like a consent agenda for quality measures—we are reporting them FYI, but no action or discussion is required. A third context building approach is to organize measures by specific themes like patient safety, infection control, clinical effectiveness, or patient experience. Rather than present measures, present stories.

To paraphrase Mr. O’Neill, “All quality is local.”

The Governance Institute thanks Michael Pugh, M.P.H., President, MdP Associates, LLC, for contributing this article. He can be reached at michael@mdpassociates.com.

