



Post-Pandemic Governance for Quality

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Since the landmark 2001 report *To Err Is Human*, the U.S. healthcare system has placed a strong emphasis on improving healthcare quality and patient safety.¹ While it is clear that progress has been made, a number of significant quality improvement opportunities remain.

Twenty years later, healthcare organizations have been keenly focused on addressing the COVID-19 pandemic, bringing another element to consider in the governance and leadership of quality and patient safety. Fortunately, as COVID-19 vaccinations continue, hospitals and health systems are preparing to move beyond the pandemic. In doing so, the board of directors will need to reinvigorate its organization's overall focus on quality and patient safety. This is not to say that we have lost sight of healthcare quality and safety, but that the pandemic has caused disruptions in the reporting of standard quality measures and the implementation of quality-related programs and services. As we move into this post-pandemic world, to meet their fiduciary duty and diligence, boards must ask a few key questions to shepherd quality to the next level of performance.

To start, organizations should continue to reflect on their pandemic response. Regarding COVID-19 specifically, boards should be asking, **"How are we performing with respect to COVID-19 metrics?"** As the pandemic increased in intensity, healthcare organizations moved rapidly to build COVID-19 testing infrastructure, develop new supply chains to source PPE to protect frontline workers, create telemedicine clinics, learn how to care for COVID-19 patients, and vaccinate communities. In just a year, it is remarkable how much has been accomplished. We must continue to measure how those efforts at the

1 Institute of Medicine, Committee on Quality of Health Care in America, Linda T. Kohn, Janet Corrigan, and Molla S. Donaldson, *To Err Is Human: Building a Safer Health System*, Washington, D.C.: National Academies Press, 2000.

organizational level compare to statewide and national statistics and trends. Some metrics of interest that have been tracked throughout the country are the number of COVID-19 tests performed, COVID-19 mortality rates, readmission rates, and vaccination rates. Understanding how an organization performed in comparison to others offers a chance to learn from this difficult time period.

More broadly, it is important for organizations to also ask, **“How did we perform with respect to standard quality metrics during the pandemic?”** Because of the breadth of changes the pandemic triggered, it is likely that some ongoing quality and patient safety initiatives may have fallen by the wayside. Now, it’s important to assess how the pandemic impacted standard quality measures like patient harm, patient experience, and readmission rates, to name a few. It’s likely that all of these standard quality metrics have been impacted tremendously by the pandemic, and the value of their results with COVID-19 as a major confounder is suspect. Regardless, boards should still look at these measures. At the same time, leaders should not necessarily be held accountable for the performance on these standard quality metrics since COVID-19 became everyone’s top priority. With all this in mind, boards may still be able to learn from the past year by reviewing these performance metrics.

Perhaps most importantly, the COVID-19 pandemic has continued to highlight the pervasiveness of health disparities in the United States. COVID-19 health disparities are stark—Black and Latino individuals are nearly four times as likely to be hospitalized with COVID-19 and more likely to die from COVID-19 than White individuals.² There are a number of well-studied social determinants of health that have likely contributed to this inequity, including limited access to healthcare, disproportionate representation of Black and Latino people in the essential workforce, and crowded living situations due to unstable housing, among others. To play their part in achieving health equity, organizations must ask, **“Across race and ethnicity, how did we perform with respect to COVID-19 and standard quality metrics?”** While it is clearly important to ask this question in relation to COVID-19 specifically, it is also the perfect opportunity to investigate or revisit disparities that may exist in standard quality metrics as well.

The first three questions outlined above can help organizations start to consider how to operate in a post-pandemic world. However, data alone is not enough to create sustainable change. After investigating the previously described questions,

2 Centers for Disease Control and Prevention, [“COVID-19 Racial and Ethnic Health Disparities,”](#) Updated December 10, 2020.

organizations should ask, **“What pandemic lessons have we learned related to quality, patient safety, and health disparities?”** In every organization, some aspects of their pandemic response will have gone better than others. It is important to learn from all of these experiences and to deeply understand what may have contributed to both the successes and flaws identified. That way, certain positive cultural practices can be celebrated and continued after the pandemic, while less helpful practices can be addressed and abandoned.

To take the final step of turning the knowledge we have gained into sustainable change, organizations need to ask, **“In our ‘new normal,’ how will we ensure that the lessons we learned are translated into action?”** Answering this question may be the most critical, but challenging task for organizations to manage. Rapid and decisive steps were urgently taken across healthcare organizations as the pandemic worsened. Doing so allowed them to meet the needs of their communities. Moving forward, leaders will need to continue to boldly act to improve healthcare quality, patient safety, and health disparities within their organizations. The eventual end of the pandemic will present an inflection point during which cultural and practical changes in an organization may

→ Key Board Takeaways
Five Questions to Ask in the Post-Pandemic World

Time Period

Key Questions

During the COVID-19 Pandemic

- How are we performing with respect to COVID-19 metrics (number of tests, hospitalizations, mortality rate, and vaccination rates)?
- How did we perform with respect to standard quality metrics during the pandemic (patient harm, patient experience, readmissions, etc.)?
- Across race and ethnicity, how did we perform with respect to COVID-19 and standard quality metrics?

Post-Pandemic

- What pandemic lessons have we learned related to quality, patient safety, and health disparities?
- In our “new normal,” how will we ensure that the lessons we have learned are translated into action?

be easier to navigate and implement. Those who do not prepare for that time now risk missing an opportunity to create positive change and may instead return to the pre-pandemic status quo.

Altogether, these questions alone will not provide solutions to the challenges discovered by asking them; however, they do provide an important place to start. As always, the board's role is to ask leaders these questions so that the organization can learn, be transparent, and remain accountable as we continue on our journey to better quality and safety. The post-pandemic period is the perfect time for organizations to build learning health systems to impact quality, patient safety, and health inequity, but doing so will require governance structures to be more data-driven and committed to continuous learning and improvement. Patients will always remain at the heart of what we do—we owe it to them to learn from this difficult experience and take action that will benefit them in the future.

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