

The Governance Institute

Questions for Board Members to Ask the Quality Committee and Staff

High-Level and Strategy-Related Questions

1. What are we trying to accomplish? (The aim)
2. How will we know that a change is an improvement? (The measures or indicators)
3. What changes can we make that will result in improvement? (The action plan)
4. Is there a process in place so the board can assure itself that the outcomes and processes being measured for quality are the most relevant ones?
5. Can management and the medical staff adequately articulate the outcome and process improvement goals they are setting for themselves—and how these will be measured?
6. Is there a process in place so the board can determine over time whether the medical staff and management team are accomplishing their goals?

Metric-Related Questions

1. What is our mortality rate (and other clear-cut quality measures)?
2. How many patients received the wrong medication this month compared to last month, compared to a year ago?
3. How many surgical site infections have we had in the last year?
4. Are these numbers trending upward or downward?
5. What steps have we taken in the past year to reduce medication errors? What is being done about eliminating medical errors?
6. What systems do we have in place to reduce the risk of surgical site infections?
7. Why aren't we aiming for zero or 100 percent all of the time?
8. What makes achieving zero or 100 percent (or top decile) hard?
9. What percent of errors/undesired outcomes are preventable?
10. Do we know how our (local) competitors are doing?
11. Are our populations comparable? How do we know?

Process-Related Questions

1. Is there a written plan with appropriate goals, priorities, and resources?
2. Have processes been designed to improve quality in the specific area?
3. Are data collected and processes evaluated for effectiveness frequently (ideally, weekly)?
4. Is senior management engaged to a significant degree?
5. Is responsibility clearly assigned?
6. Are design failures adjusted immediately?
7. Are design successes monitored on a routine basis, with needed adjustments made?
8. How do we know that a recommended change has been adopted? How do we know that the recommended change is being sustained?
9. Have we involved patients or family members in our improvement initiatives?

10. Does staff have what they need to keep patients safe?
11. Do we know if and/or how staffing has affected (will affect) our outcomes (pertinent especially if budget issues or reductions are also being discussed with the board)?
12. Is the medical staff engaged in our quality improvement efforts?