

# Local Board Focus

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The Governance Institute

## Improving Quality as Part of a System: University of Michigan Health-West

*An excerpt from a January 2024 Leadership Conference session  
in Naples, FL, facilitated by Michael D. Pugh, President, MdP  
Associates, LLP*

Panelists:

Ronald G. Grifka, M.D., FAAP, FACC, FSCAI, CEO

Cynthia McCurren, Ph.D., RN, FAAN, Chair, Board Quality and Safety Committee  
*University of Michigan Health-West*

While improving quality in hospitals and health systems has been an industry focus for more than 20 years, progress has been slow but relatively steady. One of the primary goals of consolidating hospitals into health systems over the past decade has been to standardize care processes and protocols as a means to advancing efficiency, access, and outcomes. We have yet to see significant impacts of this consolidation in improving quality of care.

The consolidation of hospitals into local, regional, and national health systems will likely continue across most healthcare markets, especially given challenges that were exacerbated by the COVID-19 pandemic. The benefits of system membership and consolidation translate to potentially greater access to capital, ability to consolidate overhead and support functions, access to payer contracts, and improved or stabilized financial performance. While the financial benefits of system development and consolidation have been clearly demonstrated, the promise of improved quality across health systems has lagged.

Because of this, The Governance Institute wanted to find out how health systems that are able to perform highly across multiple care sites work to ensure and improve quality,

and who are the key leaders within these systems making an impact. Starting in 2021, we commenced research in partnership with Michael Pugh comparing CMS Value-Based Purchasing datasets with NRC Health’s Market Insights consumer perception data to identify systems that demonstrate high scores system-wide.<sup>1</sup> This quantitative research helped us to identify the organizations that would move on to the qualitative stage of interviews and case studies so that we could learn directly from quality leaders, practitioners, and board members from these high-performing systems.

As part of this ongoing research, in January 2024 we learned from leaders at University of Michigan Health-West how they maintain high quality as a regional organization within a larger system.

**University of Michigan Health-West** is a non-profit, multi-specialty medical provider advancing health to serve West Michigan as part of the state’s top-ranked health system. Founded in Grand Rapids in 1942, the organization serves more than 250,000 patients annually at 30 locations across four counties including a 208-bed teaching hospital in Wyoming, MI.

In the past two years, University of Michigan Health and Michigan Medicine have done a lot of integration. However, the system set out with a desire to learn from its new partners as well as enabling the new partners to learn from the system. As such, communication flows bi-directionally.

Prior to the affiliation, University of Michigan Health-West was a community hospital that did not provide a lot of specialty care. Since the affiliation, 25 new programs were added to create a full-service hospital. Along with that came the need to hire more physicians and nurses, bring in new patients, and a host of new quality metrics to monitor. While this work was done at the regional level, the system provided support and guidance so that the quality program could be set up in alignment with how quality is measured and monitored across other regions in the system.

## Board Oversight

“The quality and safety committee is where we get down to the grassroots of the efforts—the intentionality—of the work we do, helping us to focus on the major points to convey to the whole board,” said committee chair Cynthia McCurren, Ph.D., RN, FAAN. Committee meetings provide an opportunity to ask questions, dig deeper, and clarify what the metrics mean, so the committee can serve as a resource to the full board. A nurse who is the chief safety officer sits on the committee and has deep understanding and knowledge across the variables they are tracking. The committee includes several other

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1 For more information on this research and methodology, see [“The Governance Institute Health System Quality Honor Roll 2022.”](#)

individuals in the organization who help make sure the improvement efforts are taken down to the staff levels. (This committee meets every other month.)

When the board hears about errors and unfortunate outcomes, they ask very pertinent questions and feel a sense of accountability for their role in the root-cause analysis. “This brings the best results—it makes it real to them,” said McCurren. The other powerful experience is listening to patient stories, both positive stories and stories about overcoming an error or process issue.

There is some discernment about what is brought to the board. “I also sit on the audit and compliance committee so that gives me another perspective when it comes to quality and safety,” said McCurren. “The more the board talks about it; it increases our sense of accountability. Transparency is important too—the root-cause analyses also help the board know that we are doing everything we can.”

“We really stress that the board ask questions—why did it happen, how did it happen, how are you fixing it so it doesn’t happen again?” explained Dr. Ronald Grifka, CEO. “All of the details are presented in the board packet. [Board members] might bring something up that we overlooked that could be more important from the patient/community perspective.”

The board and quality committee are now looking more at outpatient performance, “so we are making sure all of those entities are being evaluated and presented to the board too,” said Dr. Grifka. “Our Blue Cross collaborative includes data from every participating hospital in our state. It’s a great way to see how you stack up.” In addition, over the last year and a half, the board has been more involved in how to improve staff safety. The board is aware of increasing workplace violence and that is now an important aspect of the quality conversation, because this issue directly impacts the staff’s ability to provide safe, quality care to patients.

## Education and Innovation

Leaders at University of Michigan Health-West want their medical and nursing students to have an intimate knowledge about quality and safety in the organization and the systems and processes in place to ensure and sustain quality. “As a nurse educator on the board and on this committee, I have become aware that we need to be much more intentional about hardwiring safety/quality in education for all health professions,” said McCurren. “[Hospitals] started this work around 2000 with the IOM reports. We haven’t moved the needle enough. There should be more focus on showing student learners

what needs to be done so they can be the ones who execute quality and safety at every point of care.”

The University of Michigan Health-West CNO will be teaching quality and safety at the nursing school, to bring the reality of day-to-day work to the theory and methodology. Student learners will be engaged in quality improvement projects that are evidence based. “So much work can go deeper and move faster when students are working on projects like that—they engage in design thinking and they like to dig in and solve problems. Then they will become better providers,” said McCurren.

In addition to looking at educational programs in a new light, they are now piloting a program that enables physicians to record patient interactions via a secure smartphone app that automatically transcribes them into the EHR. When physicians spend less time looking at a computer, they are seeing improved, direct interaction with patients, and physicians are able to capture more accurate information at a deeper level of detail.

## Key Drivers of Quality in Health Systems

- **The CEO** must make quality the top priority, with board support/buy-in.
- A **culture of quality/safety** must be an everyday focus and become second nature; this includes transparency and communication.
- The board must spend as much time on **outpatient** quality metrics as it does on inpatient quality.
- **Employees** must feel safe and supported as well in order to provide the level of care required.
- All clinical **educational programs** must focus more on quality and safety and what needs to be done to improve it in complex healthcare systems.
- Subsidiary/regional entities need support from the system in the form of **alignment on how quality is measured and monitored**, how targets are set, and how they are reported up to the system.

## Quality and Finance

Dr. Grifka helps the leadership and the board look at quality and finance as linear and connected. When quality is better, “length of stay is shorter, outcomes are better, experience is better, which results in positive attributes throughout the system,” said Dr. Grifka. “It’s not easy, but the finances will fall into place if you really focus on the patient and the quality of their care.”

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—Dr. Ronald Grifka, CEO

McCurren added the staffing perspective. “When you create an environment where you feel like you are giving excellent care and you feel rewarded by that point of care work, that is [also] a financial savings because you don’t have staff turnover and are spending less investment in recruiting.”

## Culture

To embed quality and safety into the organizational culture, administrative leaders round with nurses and physicians regularly. “They [show that they] care; they can answer questions directly. This improves organizational culture which also impacts patient experience,” said Dr. Grifka. “Then patients talk to their friends and colleagues about their great experience, which translates into patient loyalty and financial performance.”

Dr. Grifka closed by emphasizing that all staff need to feel invested in quality and safety, no matter who they are, so that everyone feels they can bring up any issue that arises.

*To learn more about other systems’ quality drivers as part of our ongoing research, see [St. Luke’s Health System: Setting the Foundation for Continuous Quality Improvement](#), [Cedars-Sinai: A Shared Vision for Systemwide Quality](#), and [Main Line Health: Achieving Top Quality Performance Requires Equity for Every Patient](#).*

