



Best Practices for the Board Quality Committee—A Checklist

1. Are the committee's responsibilities clearly defined?
2. Are committee members carefully chosen to bring the skills needed for effective work on quality issues? Look for:
 - Individuals who aren't intimidated by clinical issues and can frame probing, constructive questions and understand the answers
 - Physician members who can play a dual role: to educate other members on how to interpret clinical issues and to support a proactive role for the committee.
 - Members who bring a quality-related background from industry or education and can help the board exercise leadership on quality matters.
3. Has the committee or the board adopted and promulgated a quality policy or vision throughout the organization?
4. Has the chairperson of the board quality committee developed a candid, collaborative working relationship with the primary staff person for the committee, such as the chief medical officer (CMO) or chief quality officer (CQO)?
 - Is the committee chairperson fully informed about major medical errors and problems involving clinical quality, patient safety, and customer service?
 - Does the committee chairperson play an active role in setting the agenda of the committee?
5. Does the committee avoid getting bogged down in details, focusing instead on a few high-priority improvement goal areas each year, such as reducing medication errors or increasing patient satisfaction?
6. Is the committee used as a forum for education and discussion about the organization's performance, improvement initiatives, and cutting-edge issues? Do discussions enhance board-medical staff-management communications and solidarity around quality goals?
7. Does the committee use a quality dashboard or balanced scorecard to track key indicators?
 - Does the dashboard include measures that reflect the most important parameters of organizational performance?
 - Is the dashboard comprehensive, including measures of clinical outcomes, compliance with best practices, customer satisfaction, and patient safety/risk management?
 - Does the dashboard show current performance and trends in comparison to benchmark data from high-performance, comparable institutions?
 - Are variations from the organization's quality targets highlighted so the committee can quickly identify them?
8. Does the committee raise constructive questions about performance reports, particularly:
 - What are the root causes of significant variances from quality targets?
 - What are we doing to improve performance?
 - How will the board know that problems have been resolved and performance has improved?
9. Does the committee periodically conduct an "audit" of key processes that it oversees, such as physician credentialing and patient safety?
10. Does the committee encourage the organization to "set the bar high," establishing stretch goals to achieve its full potential?

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9685 Via Excelencia • Suite 100 • San Diego, CA 92126

Toll Free (877) 712-8778 • Fax (858) 909-0813

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11. Before approving the organization's annual performance improvement plan, does the committee thoroughly review the past year's performance and next year's plan to see that top priority areas are targeted?
12. Are quality, financial, and strategic planning integrated?
13. Do the committee and the board periodically apply a "policy governance approach" to objectively address a difficult and controversial issue with quality ramifications? For example, many hospitals have taken this approach before establishing an intensivist or hospitalist program.
14. Does the board reward quality? For example, are quality goals included in the formulas for incentive compensation for senior executives?

Source: Elements of Governance®: *The Board's Role in Quality*, The Governance Institute, 2006.