The Board's Role in Quality and Patient Safety Oversight

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Why is board oversight critical?

- Regulatory compliance
  - To whom funds are given much reporting is required
- Fiduciary Responsibility
  - Poor quality/safety is expensive
- Community Trust
  - Reputation is easier to lose than to regain
- Leadership drives culture…and culture drives the organization
  - Never assume

Formal research has found a definite link between higher-quality care and the prioritization of quality by healthcare boards

When Leadership Fails

Culture Shift: Prioritizing profit over safety

- The Fall of a Giant
  - Boeing 737 Max 8
    - Grounded worldwide between March 2019 – December 2020
    - 346 people killed in two crashes
      - Lion Air flight 610 on October 29, 2018 (Indonesia)
      - Ethiopian Airlines flight 302 on March 10, 2019 (Kenya)

- Normalized Deviance
  - Vanderbilt University Medical Center
    - Fatal medication error
    - Multiple contributing factors
    - Pattern of commonly accepted shortcuts

Culture Shift: Prioritizing expedience over safety

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"Downfall: The Case Against Boeing" (2022) Netflix

What is Quality?

According to the Institute of Medicine (IOM)…

"Quality is the degree to which health services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

What is Patient Safety?

According to the Leapfrog Group…

"Patient safety is how hospitals and other health care organizations protect their patients from errors, injuries, accidents, and infections."

What is “Oversight”?

According to the 2017 report, *Leading a Culture of Safety: A Blueprint for Success*…

“The board is responsible for making sure the **correct oversight is in place**, that quality and safety **data are systematically reviewed**, and that safety receives **appropriate attention** as a standing agenda item at all meetings.”

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Oversight In Action

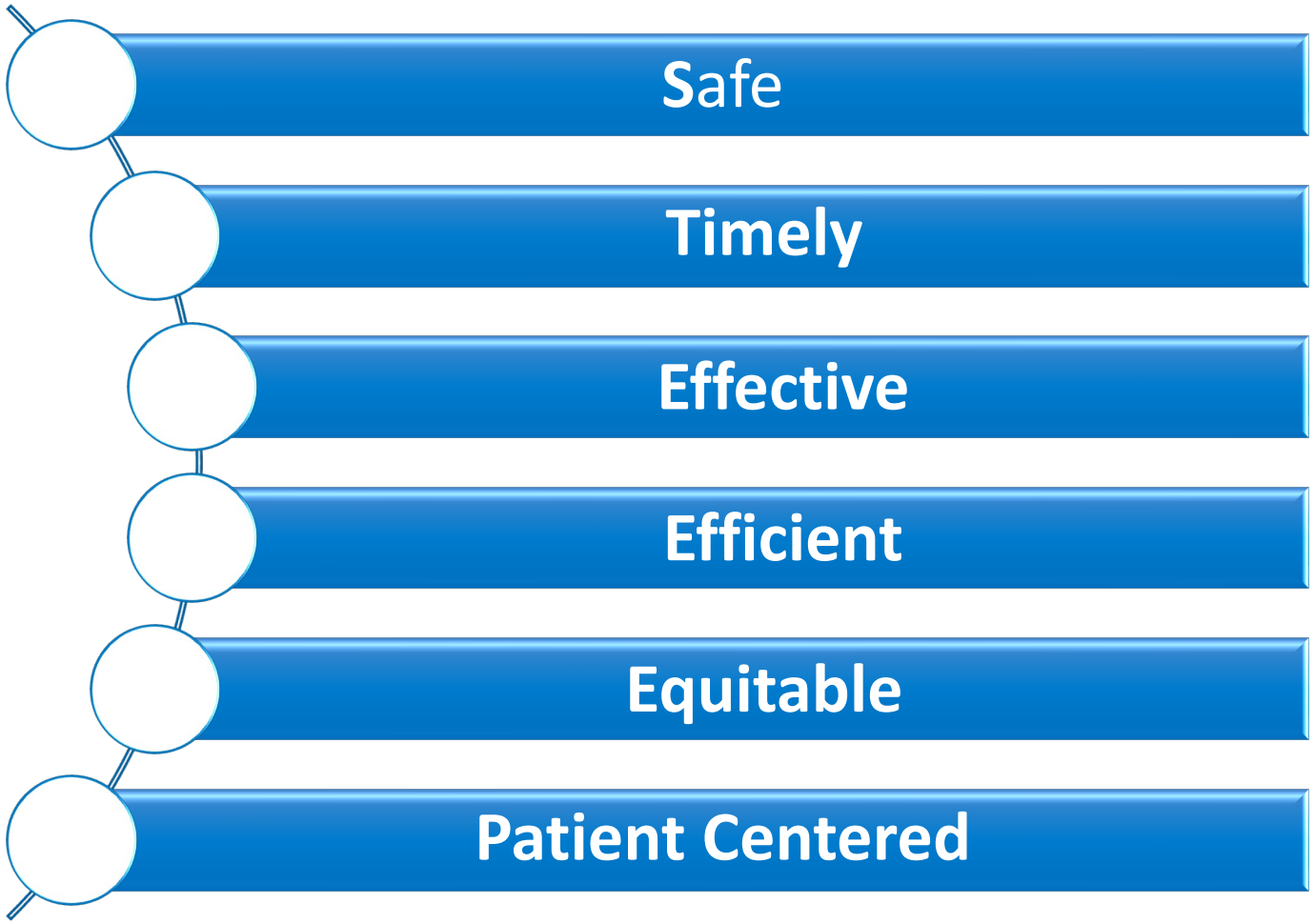
- **Correct oversight is in place**
  - CEO hire/evaluation
  - Review/approve Quality/Patient Safety Plan - annually
  - Right people doing the right things
  - Training and accountability
- **Data are systematically reviewed**
  - Key indicators known and understood
  - Data is accurate, timely, and meaningful
  - Dashboards, scorecards, trending…
- **Appropriate attention**
  - Official commitment by Board – in writing
  - Quality/Patient Safety on every agenda (not last)
  - Resources allocated
  - Communication to reflect priorities

An important quality for hospital board members – CURIOSITY!

Components of Effective Quality Oversight

- **A quality program built around a defined framework**
  - Evident in Annual Quality/Patient Safety Plan
- Organization-wide commitment and shared accountability
  - Strategic plan/organizational goals, job descriptions and evaluations, silo elimination
- Demonstrated priority of quality and safety
  - Every meeting agenda, programs adequately resourced
- Data integrity is required and transparency evident
  - Quality and Safety data represents individuals in your care
- Community responsibility and impact considered with decision-making
  - Strategic partnerships, shared responsibility and goals
- Patient/family engagement
  - Beyond satisfaction scores, inviting participation in quality improvement

Defined Framework - STEEEP



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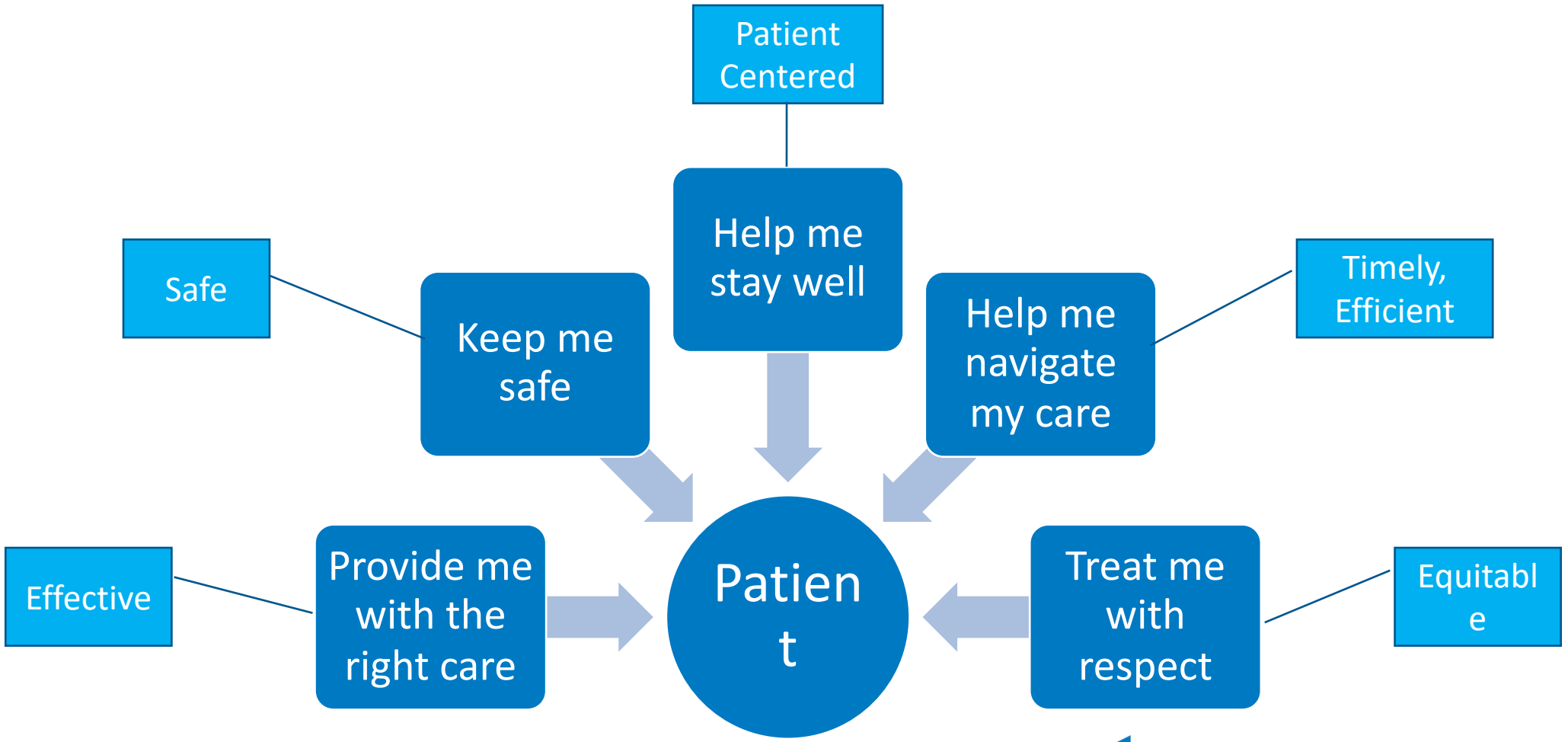
Institution of Medicine (IOM) 2001 report *Crossing the Quality Chasm*

The Patient Perspective on Quality



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Safe – “Keep me safe”

- Preventable harm vs. adverse outcomes
- Hospital Acquired Conditions (HACs), Safety Events, and Errors
- Just culture and culture of safety
- Error prevention – journey to high reliability
- Responding to harm: disclosure/apology, Root Cause Analysis (RCA), legal action, learning
- Anticipating and mitigating the risk of harm: Failure Mode Effects Analysis (FMEA), near miss event analysis
- Ask: how can we make it harder to make a mistake?

Timely and Efficient – “Help me navigate my care”

- Points of access
- Ease of navigating system
- Identification and removal of roadblocks and delays
- Process mapping
- Process Improvement
- Consider impact of electronic health record and health IT systems
- Ask: Who do our processes serve?

Effective – “Provide me with the right care”

- Evidenced-based medicine
- Standards of care
- Compliance with best practice and best practice bundles
- Staff and physician recruitment, training, retention
- Credentialing and Peer Review
- Utilization of electronic medical record
- Participation in state and national quality initiatives and projects
- Ask: How do we know we are not falling behind?

Equitable – “Treat me with respect”

- Accessible care
- Beyond cultural awareness training
- Patient satisfaction, complaints/grievances
- Social determinants of health
- Health literacy
- Stratifying of quality data
- Diversity of workforce
- Ask: do we know whose needs we are not meeting?
- Ask: are we focused on the individuals we serve?

Patient Centered – “Help me stay well”

- Community health needs assessment (CHNA)
- Social determinants of health
- Continuum of care and community partnerships
- Patient/Family Engagement (PFE)
- Ask: how are we engaging with our patients/family members?

The Case for PFE

- Reductions in hospital-acquired conditions
- Reduction in Readmissions
- Improved patient experience and higher HCHAPS scores
- Improved outcomes and reduced length of stay
- Reductions in health and healthcare disparities
- Improved efficiency

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Data is a means, not the end

Maureen Bisognano, IHI President Emerita and Senior Fellow, challenges boards to be able to answer four analytic questions pertaining to quality

1. Do you know how good you are as an organization?

2. Do you know where your variation exists?

3. Do you know where you stand relative to the best?

4. Do you know your rate of improvement over time?

Avoid Data Distraction

- Hospitals report a lot of quality data to regulatory agencies
  - Not all is particularly helpful – but must ensure compliance
  - Results can drive reimbursement and penalties
- CMS Hospital Compare, STAR Ratings, Leapfrog Scores, etc.…
  - Publicly reported data available for many key metrics
  - Typically, at least six months old – but it is "new" to the public
- Data monitoring should be for the purposes of:
  - Identifying opportunities for improvement
  - Ensuring that improvements are being sustained
- Which means – know your organization's Key Performance Measures (KPIs)
  - Data collection must be for more than meeting regulatory requirements
  - Data collection must be timely, accurate, and automated (when possible)
  - Data must be analyzed and shared in a way that is meaningful to the organization

Looking at the Data

- Dashboards and Scorecards – focus on KPIs and “fall-outs”
  - Goals, trends, often color-coded
- Definitions
  - Know what is being measured
- Interventions/activities
  - What is being done to improve?
- Compare to Quality/Patient Safety Plan – are you on track?
  - Do priorities need to be adjusted?
  - Are adequate resources allocated?

Next Steps

- Learn how your organization has set expectations and prioritized quality
- Build knowledge of core concepts and define your board responsibility
- Read your hospital's current Quality/Patient Safety Plan
- Participate in a culture of inquiry
- Be visible in supporting quality
- Help keep the focus on the patient
- **Keep asking questions!**
- **Remember to ask WHY? …always a great question!**

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Thank you!

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References

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