
Quality and Patient Safety Oversight for Rural Hospital Boards



+



**STATE
OFFICE OF
RURAL
HEALTH**



Texas Healthcare Trustees

- Statewide 501c3 trade association, founded in 1961
- Provides board members with the tools they need for effective and efficient health care governance
- Affiliated with Texas Hospital Association

Mission Statement

The mission of Texas Healthcare Trustees is to cultivate informed leaders in health care governance

Vision Statement

Texas Healthcare Trustees' vision is that every trustee is empowered to improve health care for everyone in their community.



Introductions



- **Lindsay Thompson**
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Today's agenda:

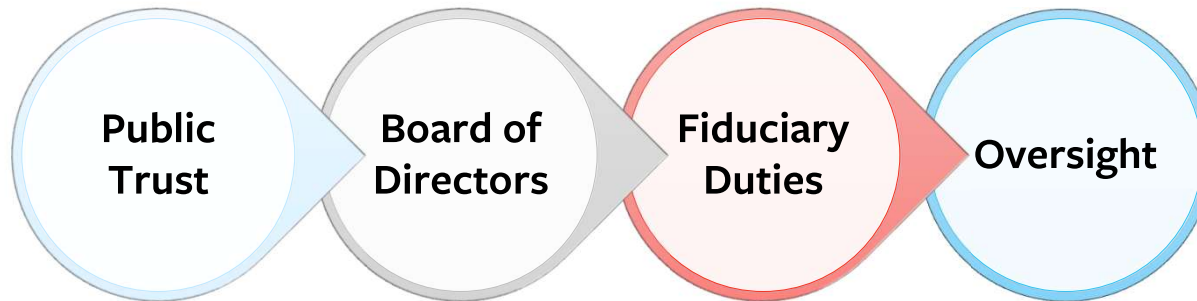
- Review the role of the board, and its role in quality and patient safety.
- Distinguish between board and management responsibilities.
- Review how to interpret quality data from dashboards.
- Review the role of the quality committee and how it should work with the board on proper oversight.
- Review case studies to put knowledge to practice.



Overarching Role of the Board

Stewards of community's most precious resource...the health of its citizens and the community hospital.

As a collective body, board members hold authority and responsibility to ensure the fulfillment of the organization's mission.



What Does a Board Really Do?



Elect or appoint members who jointly oversee activities of an organization.



Establish mission and vision. Determine the strategic direction.



Establish policies and determine resource allocation. Oversight of compliance, and financial and operational performance.

- Set and communicate goals for management
- Hold itself and CEO accountable
- Build a knowledgeable, collegial board passionate about the mission and that operates with integrity



Fiduciary duties



Duty of Care

Board members must exercise reasonable care and due diligence in carrying out responsibilities.



Duty of Loyalty

Board members must prioritize the hospital's interests over their own personal or conflicting interests.



Duty of Obedience

Board members must adhere to their legal and ethical responsibilities as outlined in their bylaws/governing documents, statutes, regulations and contracts.



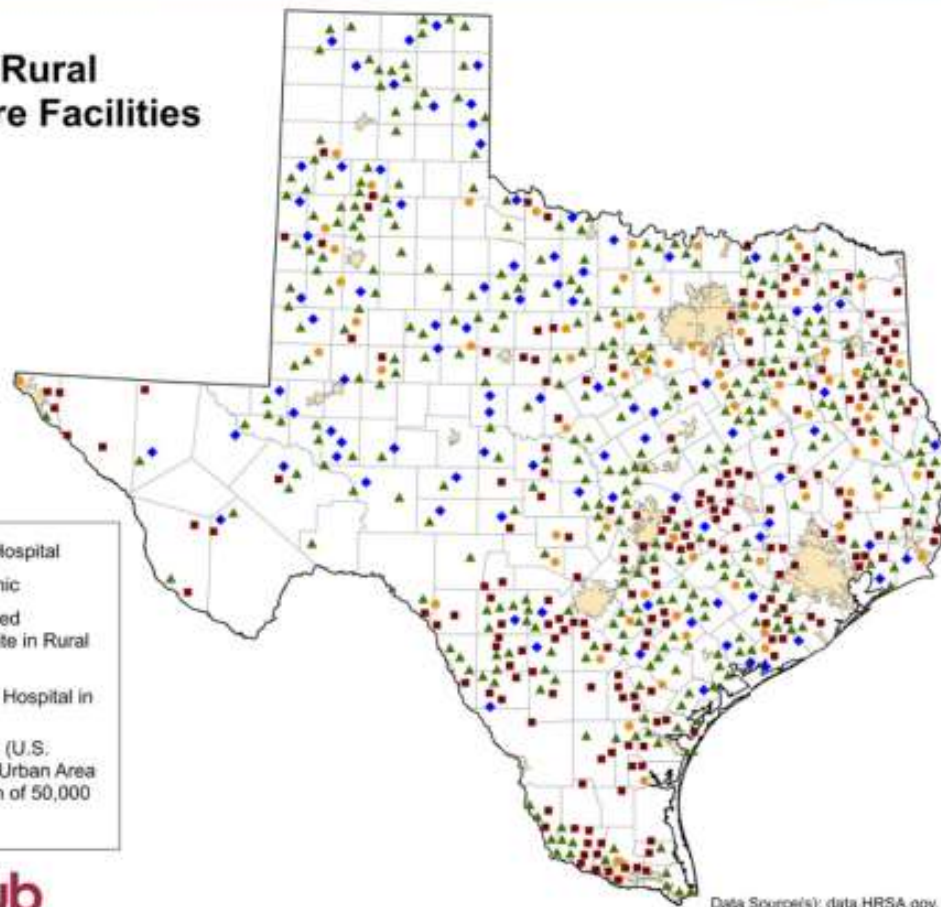
Review: The Role of the Board in Quality Oversight

On-demand webinars can be found at www.tht.org/sorh.



Selected Rural Healthcare Facilities in Texas

- ◆ Critical Access Hospital
- ▲ Rural Health Clinic
- Federally Qualified Health Center Site in Rural Area*
- Short Term/PPS Hospital in Rural Area*
- *Non-Rural Area (U.S. Census Bureau Urban Area with a population of 50,000 or more)



Data Source(s): data.HRSA.gov,
U.S. Department of Health and Human
Services, May 2024



Why Quality Oversight Matters

- Board members play a critical role in:
 - Protecting patient safety
 - Ensuring regulatory compliance
 - Monitoring hospital performance
 - Supporting a culture of continuous improvement



Patient Harm Events

More than 250,000 people die each year from medical errors

1 in 4 patients will be involved in patient harm event

Patients over age 65 more likely to be impacted

One patient fall with injury can result in treatment costs over \$30,000

Roughly 5-10% of medical errors are actually reported

What this means for hospitals

- Increased cost to deliver care
- Poor patient outcomes
- Decreased patient satisfaction
- Decreased employee satisfaction
- Increased turnover
- Outmigration
- Greater potential for financial stress on organization



Centers for Medicare & Medicaid Services

CMS



Conditions of Participation

- What are they?
 - Health and safety standards – outline basic requirements for the provision of care
 - Legal requirements – must be met to participate in federal healthcare programs
 - Patient protection – designed to protect patient rights and ensure quality care
 - Quality Improvement – promote quality and process improvement in healthcare organizations

Failure to comply can result in financial penalties, exclusion from Medicare/Medicaid, civil lawsuits from harmed patients.



CMS Hospital Appendix A QAPI Guidance

Updates A-0263 (Rev. 37 Issued: 10-17-08; Effective/Implementation Date: 10-17-08)

§482.21 Condition of Participation: Quality Assessment and Performance Improvement Program

The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the hospital's organization and services; involves all hospital departments and services (including those services furnished under contract or arrangement); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its QAPI program for review by CMS



More Than Oversight...Engagement

- Long-standing CMS Requirement
 - Third most common Condition of Participation (CoP) citation
 - Effective system to identify opportunities for improvement
 - Actions taken to address
 - Effectiveness of actions evaluated
 - Emphasizes high risk, high volume, or problem prone
- Requirements Amended March 2023
 - Increased emphasis on integral role of leadership and Board
 - Review of plan and progress of improvement projects
 - Determination of annual projects
 - Evaluation of effectiveness of projects
 - Communication of clear expectations for safety



How Compliance is Determined - Documentation

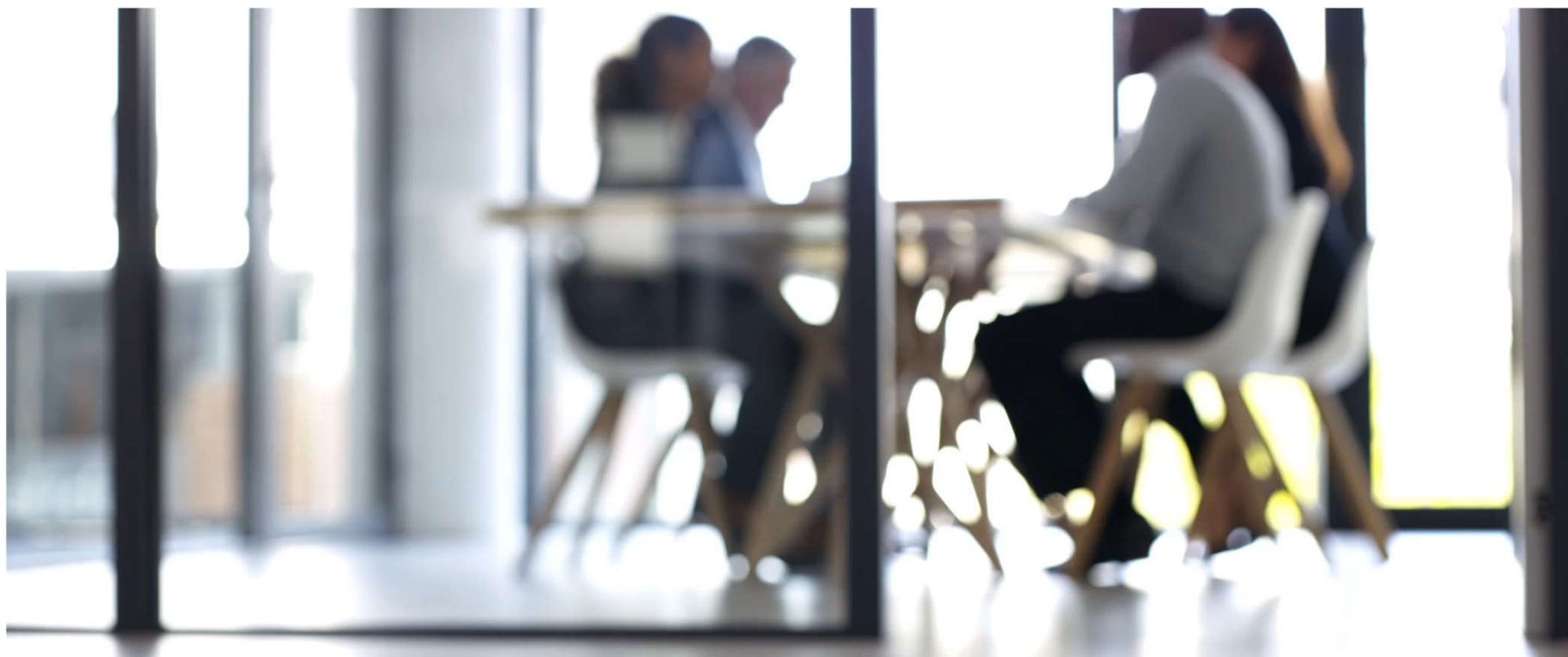
- Review of meeting minutes and documents
 - QAPI is standing agenda item
 - Annual review/approval of organizational QAPI plan
 - Board discussion and approval of annual projects
 - How selected, how conducted, how monitored
 - Adequate resources allocated to projects
 - Hospital-wide monitoring of quality
 - Quality/safety of care provided by contractors is ensured



A hand is visible on the left side of the image, pointing towards a document. The document is mostly obscured by a dark blue overlay. In the center of the overlay, the text "Governance and Management" is written in white, bold, sans-serif font. The background of the image is a blurred, light-colored surface, possibly a wall or a large screen.

Governance and Management

The sole employee of the board is the CEO.



Managing vs. Directing

- The Board's responsibility is deciding the right thing to do.
- Management's responsibility is deciding the right way to do things.
- Board responsibility is vision and participation in strategy. They set the direction for the organization and provide connection to the community.
- Management responsibility is tactics and plans. This is how the organization is going to get to the vision and strategy.



Knowing Your Role: CEO/Management

1. Oversee daily hospital operations and medical staff
2. Lead and manage fundraising efforts
3. Follow highest ethical standards and compliance
4. Commit to governing board's plans and leads implementation
5. Develop future leadership
6. Ensure the quality and effectiveness of programs
7. Deploy the organization's resource (budget, staff, etc.) to achieve goals



Knowing Your Role: Governing Board

1. Define and safeguard the organization's mission
2. Partner with management to plan for the future
3. Build a leadership pipeline for succession planning
4. Ensure governance excellence – Shape organizational culture
5. Understand community's needs – advocate for the hospital and vice versa
6. Participate in philanthropy and development for the hospital as appropriate
7. Participate in board education
8. Oversee the deployment of organizational resources (i.e. monitor the budget and financial performance)
9. Oversight of compliance with organizational policies, local, state and federal regulations.



Why do boards overstep?

- Lack of clear job descriptions and expectations
- Specialized knowledge lends itself to overreach
- Special interests
- Difficulty delegating
- Desire to manage during a crisis
- To fill management voids or gaps in information
- Lack of adequate orientation
- Lack of information or wrong information

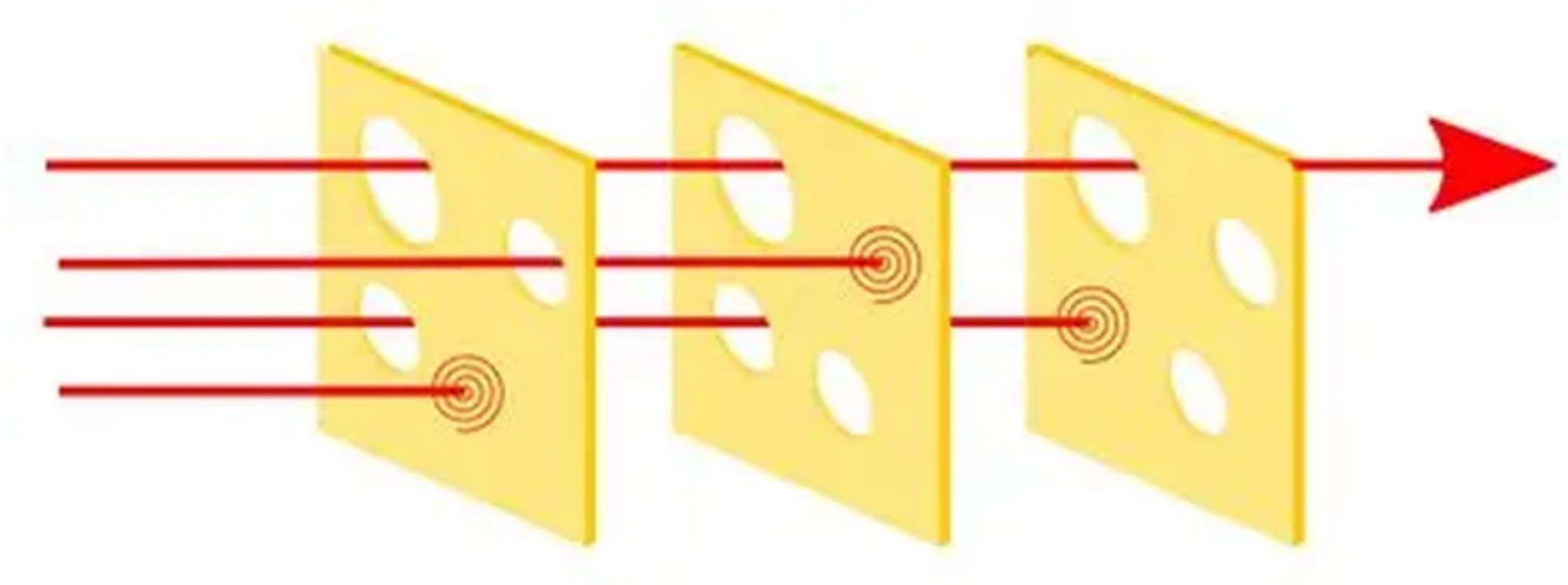


Systems Thinking in Patient Safety

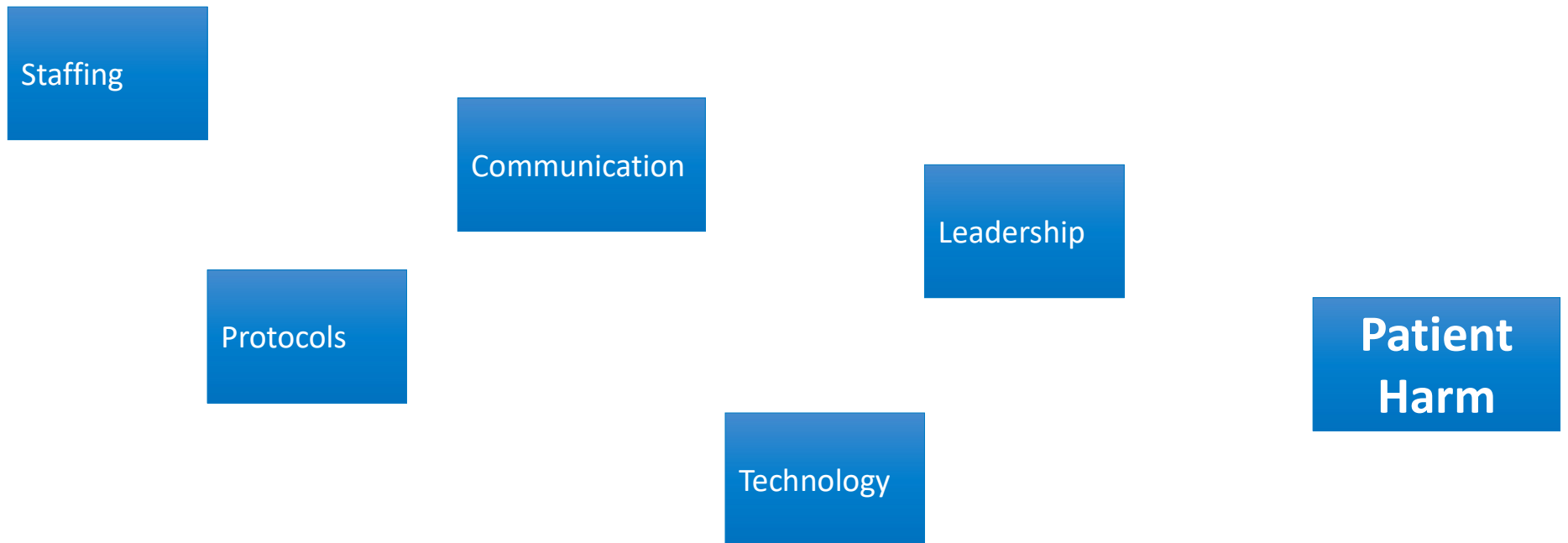
Hospital Governance Training



Swiss Cheese Model

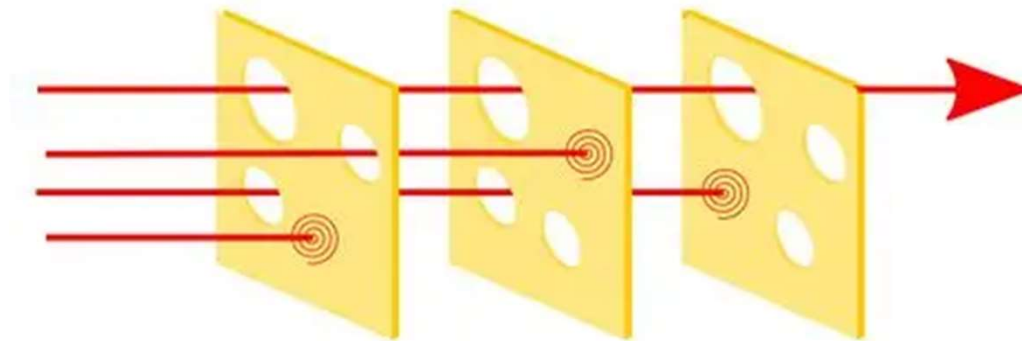


System Failure Model (Swiss Cheese)



Root Cause Thinking

- Patient harm occurs when:
 - multiple small failures align
 - safety barriers fail simultaneously



Texas Rural Crisis Scenario

Hospital Governance Training



Scenario

- Quality data is presented at your board meeting. Over the last four months you notice:
 - Patient falls have increased
 - Medication errors have increased
 - Staff turnover is rising
 - Patient satisfaction scores are dropping
- Hospital leadership tells you that they are “working on these issues”



As a board member, ask yourself:

What concerns you most about this situation?

- Multiple issues happening at once
- Safety concerns
- Staffing problems



As a board member, ask yourself:

What additional information would you ask hospital leadership for?

- Are these trends increasing month to month?
- How do we compare to similar rural hospitals?
- What actions have been taken so far?
- Is staffing affecting patient safety?



As a board member, ask yourself:

What should the board expect from leadership next:

- A root cause analysis
- A quality improvement plan
- A timeline for improvement
- Follow-up reporting to the board



Key Point

- Did this require extensive medical knowledge?
- It isn't your role to fix the problem.
- It is your role to ensure the hospital has identified the problem and is actively improving it
 - Board Oversight Process
 - Review Data
 - Ask Questions
 - Expect Improvement Plan
 - Monitor Progress





Quality Data and Boards

Board vs Management Roles in Quality

Board Responsibilities

- Oversight of quality
- Monitor performance trends
- Ask strategic questions
- Set expectations
- Ensure accountability
- Support resources for improvement

Management Responsibilities

- Implement improvement plans
- Investigate events
- Manage operations
- Train staff



Four Domains of Healthcare Quality



- Safety



- Clinical Effectiveness



- Patient Experience



- Efficiency
-

Types of Measures Boards See



Outcome Measures

- Mortality
- Complications



Process Measures

- Evidence-based care delivery



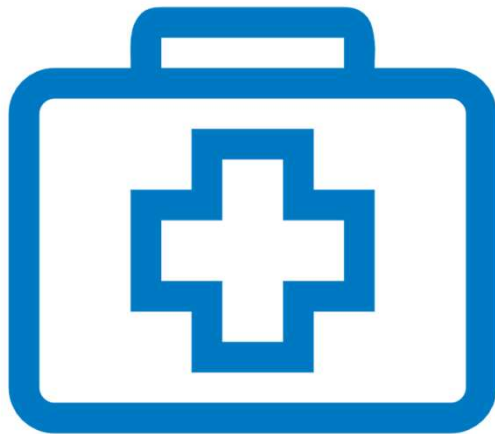
Balancing Measures

- Ensure improvements do not cause unintended harm

Types of Measures

- Outcome measure – used to determine how the system or improvement project impacts the patient (decrease in surgical site infections for total hip replacement surgeries)
- Process measure – steps in process that will impact outcome measures (delay in discharge impacts ED throughput)
- Balance measure – how one improvement may impact another area (rushing through a discharge process impacts patient satisfaction and results in increased readmission rates)



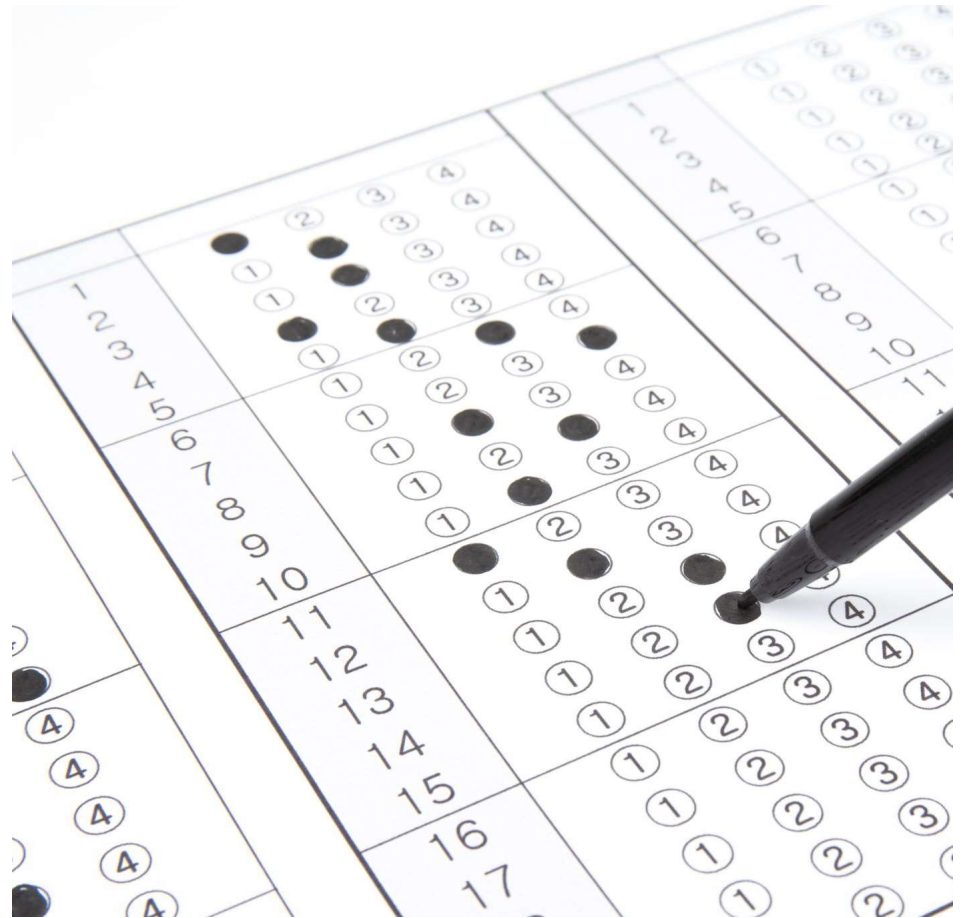


Data We Collect

- Patient harm events (HAIs, falls)
- Accreditation
- Credentialing / Licensure
- Departmental (Nursing, Laboratory, etc)
 - Unit Specific (ER, Med Surg, OR, etc)
- Contract

Where and How to Find the Numbers

- Manual Chart abstraction
- Other Database
- Survey



How you see data matters

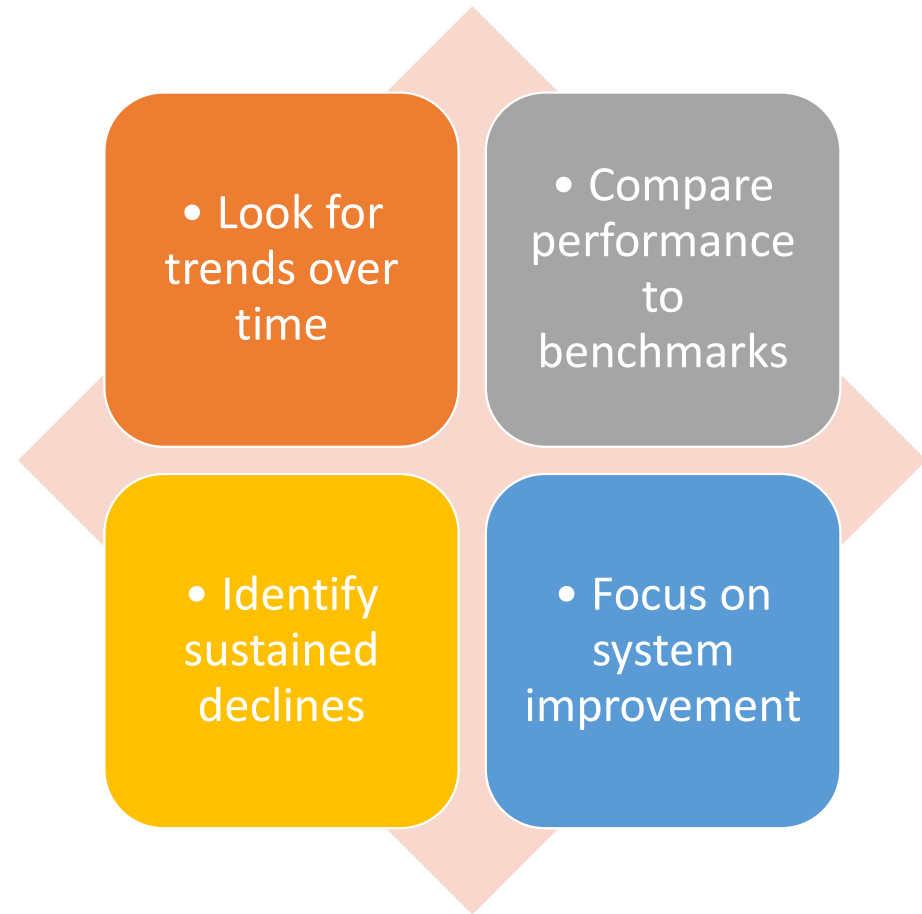
- 2 inpatients for the month, 1 CAUTI = 50% CAUTI rate
- 20 inpatients for the month, 1 CAUTI = 5% CAUTI rate
- 12 patients present on back boards, 2 not removed in timely manner
- Do you report 17% non-compliance vs 83% compliance rate
 - What if your threshold is to achieve 80%
- Does the data show a positive or negative view of care?



Example Rural Hospital Board Dashboard

| Metric | Current | Benchmark | Trend |
|------------------------------|---------|-----------|-------|
| Falls with Injury | 4.2 | 3.0 | ↑ |
| CAUTI | 1.1 | 0.8 | ↑ |
| Readmissions | 11% | 12% | ↓ |
| ED Transfer Communication | 78% | 90% | ↓ |
| Patient Satisfaction | 82% | 85% | → |

How Boards Should Interpret Dashboards



Recognizing Warning Signals

- Repeated safety events
- Rising infection rates
- Declining patient satisfaction
- Lack of improvement despite interventions



Good Board Questions vs Weak Board Questions

Strong Governance Questions

- What system factors contributed?
- What actions are underway?
- What support is needed?
- How will we measure improvement?

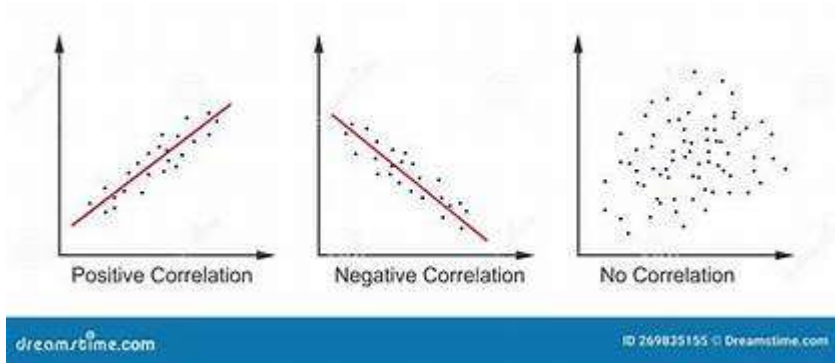
Weak Questions

- Who made the mistake?
- Why didn't staff try harder?
- Why wasn't this fixed already?

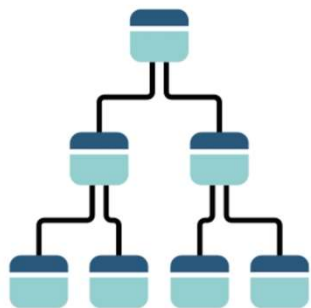
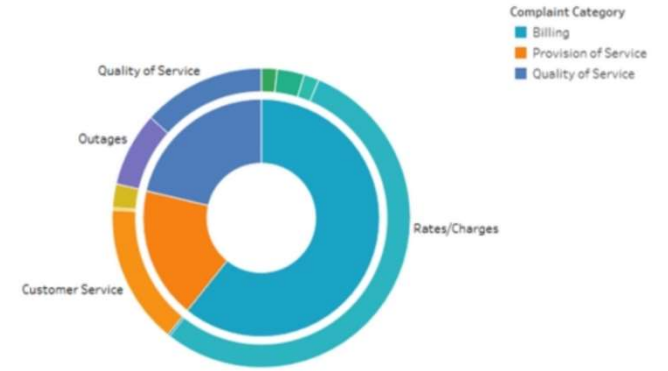


The image features a 3D network diagram on a blue background. It consists of ten white ring-shaped nodes of varying sizes connected by light blue lines. The nodes are arranged in a non-linear fashion, with some acting as hubs. The text "Data Presentations" is overlaid in white, centered horizontally and partially overlapping the network structure.

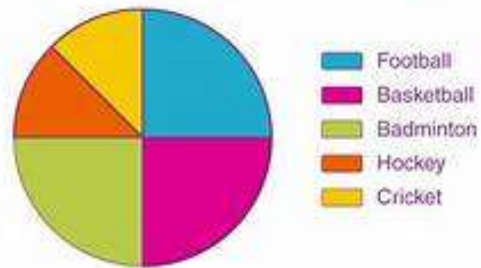
Data Presentations



Sunburst



Favourite Sports Percentage



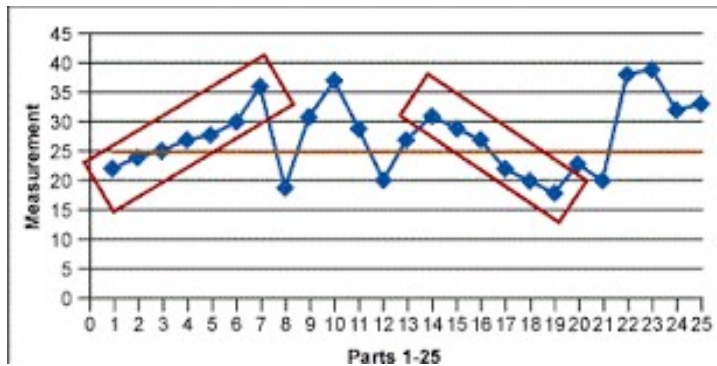
Birthday of Students by Month





Focus on Trends

- Run charts display performance over time.
- Boards should focus on sustained trends rather than single data points.



Run or Trend Chart

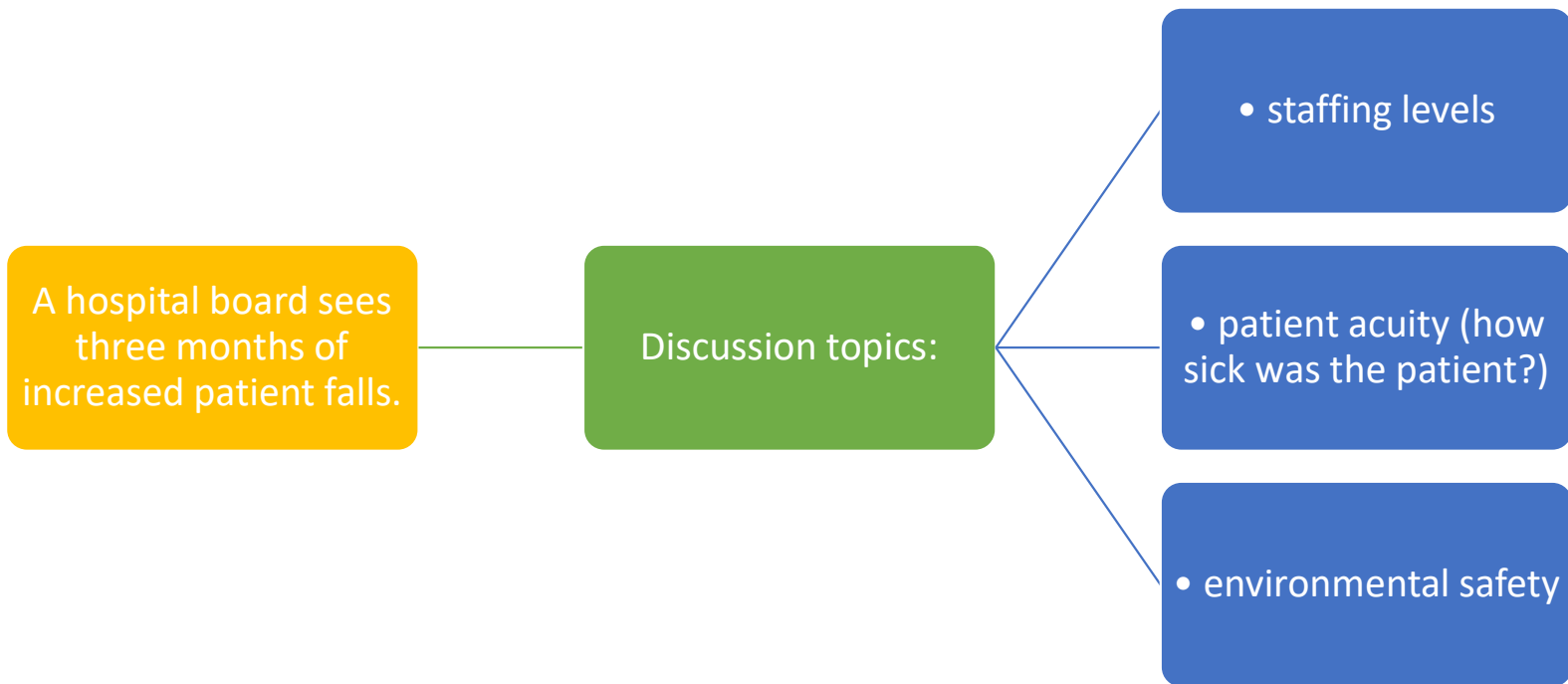
- Graphic displays of data over time. A trend would be five or more consecutive points all going up or all going down



Benchmarking

- Quality data is most meaningful when compared to:
 - National averages
 - State averages
 - Peer rural hospitals
 - Internal targets
-

Example #1: Rural Patient Falls



Example #2: Medication Errors

- Medication errors increased after reliance on temporary nurses.
- Board should explore:
 - Training
 - Workflow
 - Communication.





Root Cause Analysis Overview

- System factors often include:
 - staffing
 - workflow design
 - communication
 - training
-

High Reliability Principles

- Preoccupation with failure
- Reluctance to simplify
- Deference to expertise
- Commitment to resilience



Building a Culture of Safety

- Organizations improve when staff feel safe reporting concerns.
- Boards play a key role in reinforcing transparency.



Board Quality Oversight Cycle

Review Data → Ask Questions → Support Improvement → Monitor Results

MBQIP Measures Often Reviewed by Rural Boards

- ED Transfer Communication

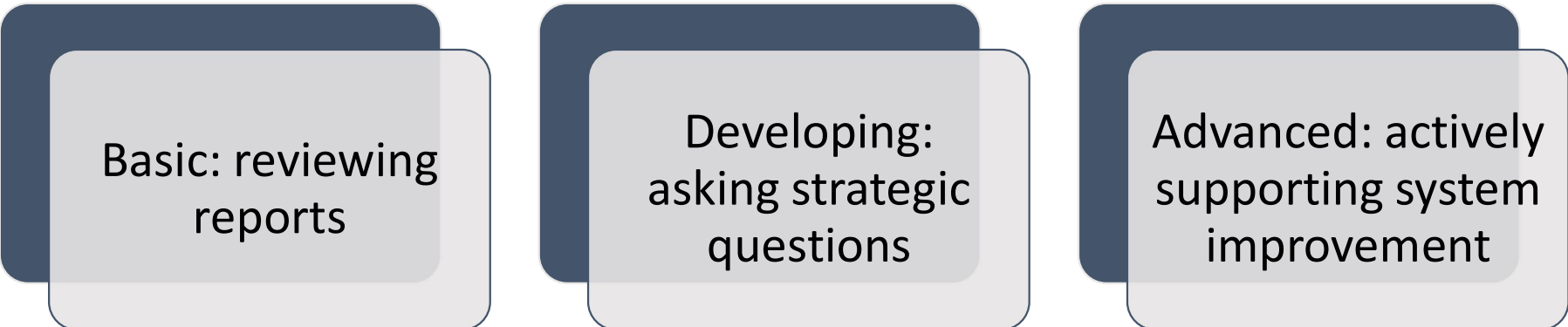
- Influenza Vaccination

- Patient Safety Indicators

- Readmissions



Board Governance Maturity Model



Basic: reviewing reports

Developing: asking strategic questions

Advanced: actively supporting system improvement

Board Self-Assessment

- Do we understand our hospital's quality metrics?

- Are dashboards clear?

- Do we focus on trends rather than anecdotes?

Key Takeaways

- Boards are responsible for quality oversight

- Understanding data enables better governance

- Strong questions drive improvement

Board Quality Data Oversight

Case Studies and Data Interpretation Exercise

Mock CAH Quality Dashboard

| Metric | Current | Previous | Benchmark |
|--------------------------|---------|----------|-----------|
| Sepsis Antibiotic Time | 85 min | 92 min | 60 min |
| Falls With Injury | 3 | 2 | <2 |
| 30-Day Readmissions | 11% | 13% | 10% |
| Stroke Door-to-CT | 28 min | 35 min | 25 min |
| Medication Safety Events | 2 | 3 | <2 |

Dashboard
Interpretation
Exercise

Which metric concerns
you most?

What trend suggests
risk?

What questions would
you ask the CEO?

| Metric | Current | Previous | Benchmark |
|--------------------------|---------|----------|-----------|
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| Quality Metric | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | YTD | Target | State Benchmark | National Benchmark |
|-----------------------------|---------|--------|--------|--------|--------|--------|--------|--------|-----|--------|-----------------|--------------------|
| Process Measures | | | | | | | | | | | | |
| Sepsis Antibiotic Time | 102 min | 75 min | 68 min | 92 min | 85 min | | | | | 60 min | 62 min | 45 min |
| Falls with injury | 0 | 2 | 5 | 5 | 7 | | | | | <2 | <2 | <2 |
| 30 day readmissions | 23% | 26% | 22% | 13% | 11% | | | | | 10% | 15% | 15% |
| Medication Safety Events | 0 | 1 | 3 | 5 | 6 | | | | | <2 | <2 | <2 |
| Patient Satisfaction | | | | | | | | | | | | |
| Response rate | 2/15 | 0/12 | 1/9 | 0/6 | 1/3 | | | | | 20% | 50% | 62% |
| Staff Turnover | 0% | 1% | 3% | 6% | 9% | | | | | 2% | 5% | 2% |

CEO Quality Report Simulation

Hospital Governance Training

| Quality Metric | Jan-11 | Feb-11 | Mar-11 | Apr-11 | May-11 | Jun-11 | Jul-11 | Aug-11 | YTD | Target | State Benchmark | National Benchmark |
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CEO Report to the Board

The CEO presents the quarterly quality report:

- • Sepsis treatment times increased
- • Falls with injury increased
- • Readmissions trending down

Leadership states improvement plans are underway.

Board Governance Exercise

- As board members, discuss:
 - What follow-up questions do you ask the CEO?
 - What data would you request next quarter?
 - What resources may leadership need?





Board Self- Assessment

Hospital Governance Training



Governance Reflection

- Do we:
 - review quality data regularly?
 - understand patient safety risks?
 - ask leadership meaningful questions?
 - support improvement resources?

Key Takeaways

- Strong governance enables:
 - safer care
 - stronger hospitals
 - healthier rural communities

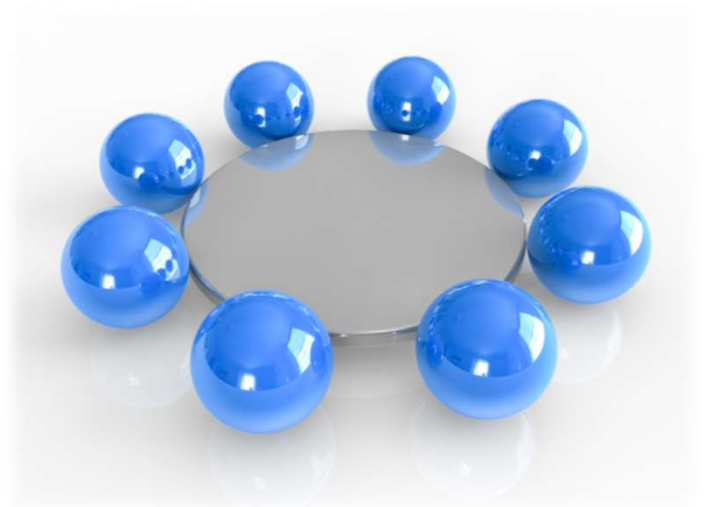


The Role of the Quality Committee



Why Are Governing Boards Unique?

- The board only exists and has authority when it is meeting.
- They act as one entity and speak with one voice.
- They only have one employee – the CEO.



Committees Overview

Are you able to delve into issues enough?

Are you able to get the information you need to govern effectively?

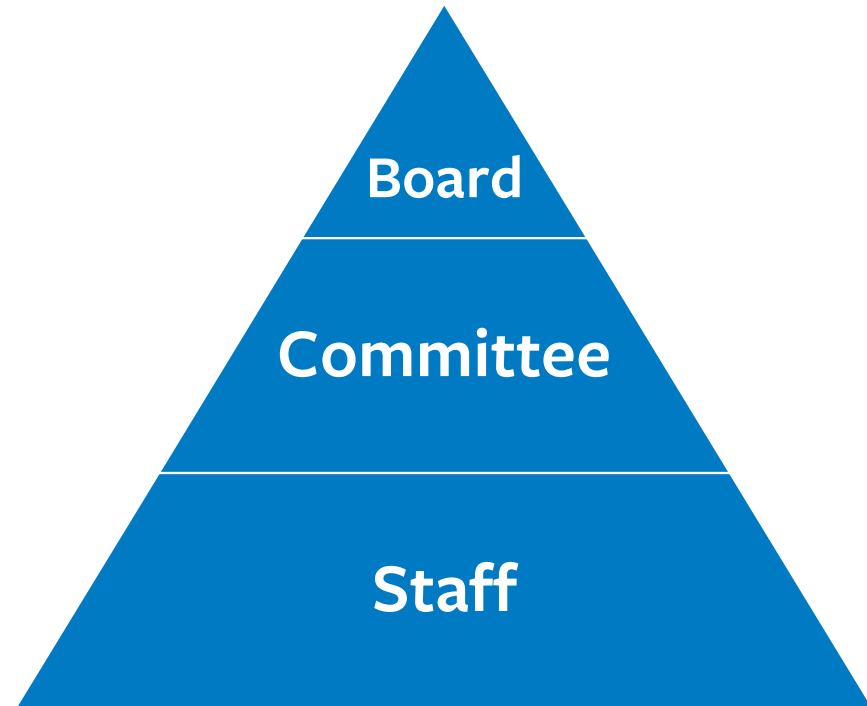
Value of board committees:

- More time to discuss/explore in-depth issues
- Fewer people = better discussions
- Allows board discussion to focus on decision-making and key issues.
- Competency-based





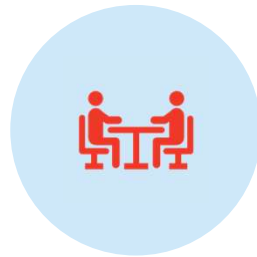
Communication and Reporting



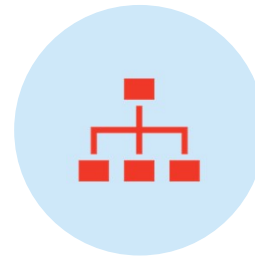
Communication and Reporting – Committee Chair



Facilitate meetings efficiently, providing context, time limits, and expected outcomes.



Communicate updates, engage members, and create a psychologically safe environment for discussion.



Report to the executive committee and full board, summarizing key issues.



Identify and escalate issues requiring further attention.



Primary Committee Types

Standing Committee

- Typically defined in the bylaws
- Useful to dive deeper into issues
- Authority varies

Ad Hoc Committee or Task Force

- Temporary and disband upon completion of their objective

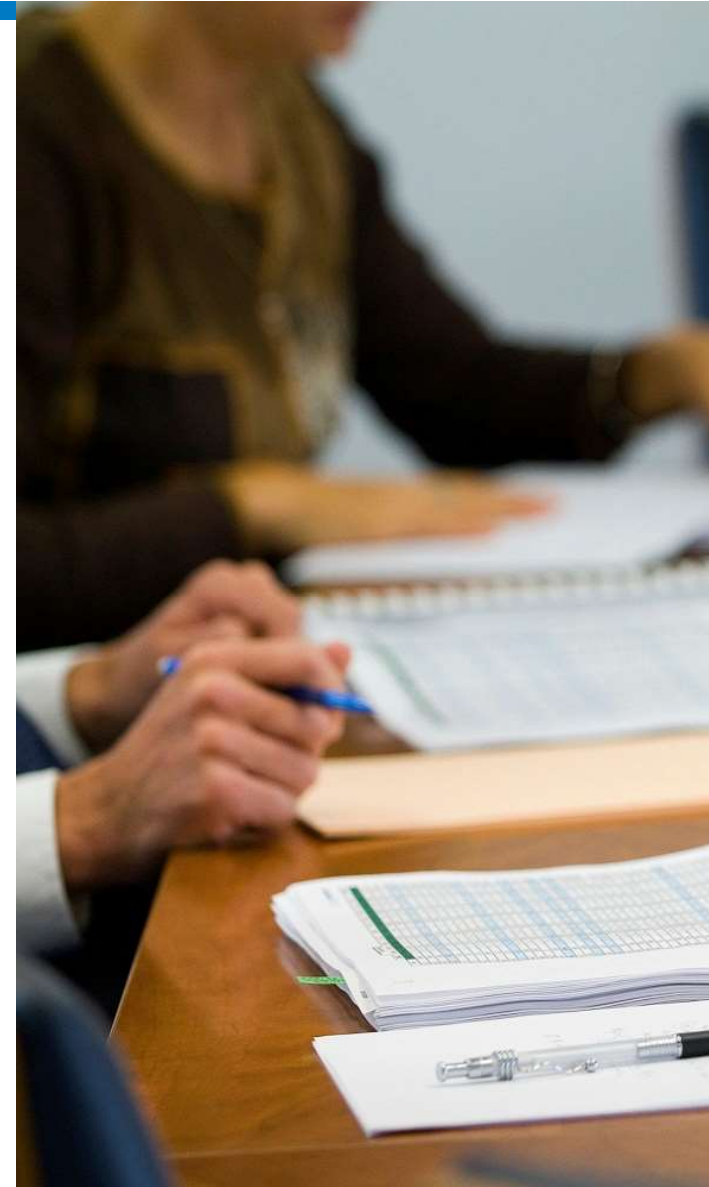
Typical committees include:

- Governance
- Audit
- Executive
- Finance
- Quality



Committee Best Practices

- Have committee chairs or representatives answer questions that come up in board meetings.
- Ensure all committees have a charter or charge to specify authority.
- Review committees to evaluate effectiveness and necessity.
- Utilize proper committee communication channels.
- Be mindful of board members' time vs. the number of committees the organization has.
- Use as a board pipeline.



What does the Quality Committee actually do?

1. Monitors Quality and Safety Data

- The committee regularly reviews key quality indicators
- Look for patterns or trends that may signal problem

2. Investigates Safety Events

- Root cause analysis

3. Leads Improvement Projects

- PDSA



Quality Committee

4. Ensures Regulatory Compliance

- Help ensure hospital meets regulatory requirements
 - CMS
 - Joint Commission

5. Reports to Hospital Leadership and the Board

- Provides reports to entire organization
- Reports help board fulfill oversight responsibility



Hospital Quality Governance Flow



PDSA Process



Plan

Do

Study

Act



Quality Improvement Committee Agenda

- Hospital Quality Improvement Committee – Sample Agenda
- 1. Call to Order & Welcome (5 min)
- 2. Review & Approval of Previous Minutes (5 min)
- 3. Quality & Safety Dashboard Review (15–20 min)
- 4. Reports from Subcommittees / Departments (20–30 min)
 - Infection Prevention & Control
 - Medication Safety
 - Patient Experience & Satisfaction
 - Risk Management
- 5. Ongoing Quality Improvement Projects (20 min)
- 6. New Business / Proposed Initiatives (15 min)
- 7. Policy & Procedure Review (10 min)
- 8. Open Forum (5–10 min)
- 9. Action Items & Assignments (5 min)
- 10. Adjournment

What the board should expect from the QI Committee



clear quality dashboard



trends over time



improvement plans when performance declines



follow-up reporting on progress



Committees – Evaluation and Improvement

- Do we have the appropriate number of committees to support the organization?
- What can we do to make our board and committee meetings more effective?
- How can we enhance and encourage more discussion and dialogue?
- Do we require board members to serve on a committee?
- Do board members serve on multiple committees?
- Do we have non-members serving on committees?
- What is our process for recruiting incoming trustees to serve on committees?
- Do we require new members to complete a competency matrix listing their areas of expertise?



Additional Resources



Certified Healthcare Trustee and Leader

- Affirm your commitment to governance best practices.
- Understand the foundational knowledge necessary for hospital board members
- For boards and c-suite and governance staff.
- Pass CHTL Exam, 3-year renewal with 12 hours of CE.





Healthcare Governance Conference

June 4-6 | Grand Hyatt San Antonio River Walk
Covering the latest hot topics in health care governance:

- Governance best practices.
- AI and cybersecurity.
- The rapidly changing political and regulatory environment.
- Compliance infrastructure and oversight.



Thank you

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