

Effective Board Governance of Quality: Making It Happen

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Where we've been today

- You heard why you really want to think about working in common cause with the physicians – you are holding hands crossing the street
- Hopefully you learned that you want to do what PROMETHEUS rewards anyway...and more
- I scared the daylights out of you and said you will be sued and prosecuted if you fail
- How will you escape the jaws of Jaws?

Definition of quality and safety as seen by your 'owners'

- You do all and only the things that would help me (effective, efficient)
- You do nothing that would harm me (safety)
- You respect me and my preferences and design the system around my needs (patient centered, timely, equitable)

IHI “Getting Boards on Board”

- Boards are responsible for everything for the owners, especially what goes wrong.

Four Stages

- Actively engaged and capable
 - Already leading a high performance organization
- Actively engaged, but mostly around a high profile event
- Not fully engaged but having strong, latent capabilities and talent -- 2 guys get it, they can't do it alone, not sure what to do next
- Neither engaged, nor capable – quality is fine
 - Not our job, it's the job of the staff and CEO

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- How many of you have seen the four part PBS series “Remaking American Medicine?”
 - How about the DVD “In Their Own Voices”?

Do Good Boards Make A Difference?

- TGI/Solucient Top 100 Hospitals
 - CEO is held accountable for quality and safety goals
 - The board participates in the development of explicit criteria to guide medical staff credentialing and privileging
 - The board quality committee annually review patient satisfaction scores
 - The board sets the board agenda for quality
 - The medical staff is involved in setting the agenda for the board's discussion surrounding quality

Governance for Quality: What and Why?

- Establish the vision, mission and strategy
 - Set direction, monitor performance
 - Establish aims
- Build the foundation for an effective leadership system
 - Set educational standards for board members – reading, attending, listening, viewing, etc.
 - Set expectations – preparation, attendance, participation
 - Evaluate as part of the nomination and election process

...And more

- BUILD WILL – The quality buck is yours.
 - Insist on the established aims and getting meaningful reports about them
 - Require policies and procedures that make it real -- not just a boy scout pledge
 - It's not what you write; it is what you do
 - And mean it, don't buckle when it gets uncomfortable
 - What if it were your spouse, parent, child, sibling or best friend?

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- Better outcomes are associated with hospitals in which
 - The board spends more than 25% of its time on quality issues
 - The board receives a formal quality performance measurement report
 - There is a high level of interaction between the board and the medical staff on quality strategy
 - The senior executives' compensation is based in part on quality performance

...And still more

- **Ensure access to ideas:** How? ASK QUESTIONS
 - Who is the best in the world at this?
 - Have you talked to them to find out how they do it?
 - How many ideas about this have you tried out?
 - What ideas did our patients and families and front-line staff have for improvement?
- **Attend relentlessly to execution:** How?
 - Monitor data – meaningful data, not overwhelming data
 - If it isn't working, ask why? Ask "What next?" Is that enough?
 - Don't flinch.

IHI Surveyed and Found The Most Quality-Effective Boards Do These

- Set clear direction and monitor performance
- Take ownership of quality and have it on the agenda *at every single board meeting*
- Invest time in meetings determining the gap between current performance and best in class
- Aggressively embrace transparency and publicly display data
- Partner closely with executives, physicians, nurses and other clinical leadership to initiate and support process changes

...and they do more

- They drive the organization to seek the regular input of patients, families and staff, and they do that themselves --- the PBS series
- They review survey results on culture, satisfaction, experience of care, outcomes and gaps at least annually
- They establish accountability for quality of care at the CEO level
- They establish sound oversight processes, relying appropriately on quality measurement reports and dashboards – go back to this AM, governance P & P

...and still more

- They require a commitment to safety in the job description of every employee and require an orientation to quality for all new employees and physicians – employed or not – a new compact
- They establish an interdisciplinary Board Quality Committee meeting at least four times per year – *just about quality*
- They bring knowledgeable quality leaders onto the board from both health care and other industries – British Airways; NBC examples

How does this happen?

- They set goals for the education of board members about quality and safety and ensure compliance with the goals – make a schedule
- They hold crucial conversations about system failures that resulted in patient harm – difficult, open and probing – first seek out the failures
- They allocate adequate resources to ongoing improvement projects and invest in building quality improvement capacity across the organization – e.g., Virginia Mason

IHI: Six Things All Boards Should Do

1. Set a specific aim to reduce harm this year
 - Make it explicit and public
 - Aim high. “our aim is to achieve zero central line infections”
 - Aim wide. “for the entire institution, across all services”
 - Take dead aim. “By August 31, 2008”

2. Get data and hear stories: put a face to the problem

- An initial chart audit – 20 random charts of unexpected deaths: what? why?
- A “deep dive” case study: CEO and CMO personally present the study –interview the family, patient, staff
- Begin every board meeting (not just the quality committee) with a five minute story about a person who was harmed or at risk when something went wrong

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3. Change the Environment, Policies and Culture
 - Full disclosure, apology, support and resolution
 - Read When Things Go Wrong (Harvard hospitals)
 4. Develop your capability as a Board
 5. Establish and Monitor system-level measures (e.g., rate of medical harm per 1,000 pt days, or hospital standardized mortality rate)
 6. Establish Executive-level Accountability

What does this really mean?

- Have courage
 - Ask difficult questions, dig deeper, hold firm
 - Make rules (privileging, etc) with teeth
 - Get rid of the doctor who flouts the rules
 - Support the uppity nurse who challenges
 - Eliminate a culture of blame and create a culture of questioning and probing --- and accountability
 - Ask for help and education
 - Encourage constructive dissent

Avoid organizational silence

- 'cultural censorship': untoward events are recognized but 'concealed' as expected medical variation
- 'consensual neglect': the tendency of decisionmakers --- YOU --- to tacitly ignore problems which are discovered so as to achieve unity of purpose and harmony BUT
- Do not fall prey to monovoxoplegia – paralysis from one loud, negative voice.

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- “Research suggests that once a single person visibly breaks conformity and offers an alternative point of view...others are far more likely to follow.”
 - ...One hallmark of organizational or collective learning is an institution’s ability to learn from its own folly. To do this, leaders need to stay close to the action and take heed *when things are too silent*.
 - Henriksen and Dayton,

Three Critical Points to Remember

- Boards are responsible for everything for the owners, especially what goes wrong.
- Own it and dig into it. This is the most important role you can play.
- There is no magic. Use common sense and do not fear the stupid question – asking it or finding the answer to it.

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- So, now what do you want to learn?
 - What will your next educational move be?
 - What will be the next question you ask about quality?

- **Let's Talk**

The Vocabulary of *Will*

- “insist”
- “establish”
- “courage”
- “relentless”
- “monitor”; “probe”; “dig”
- “question”; “ask”
- “support”
- “accountability”

Courage and Confidence

- “With courage you will dare to take risks, have the strength to be compassionate, and the wisdom to be humble. Courage is the foundation of integrity.”

--Keshavan Nair

Resources

- “5 Million Lives: Governance Leadership How-To-Guide,” IHI,
<http://www.ihl.org/IHI/Programs/Campaign/Campaign.htm?TabId=2#GetBoardsonBoard>
- Henriksen and Dayton, “Organizational Silence and Hidden Threats to Patient Safety,” *Health Services Research* 2006 Aug; 41(4) Part II:1539-1554
- Reinertsen, “Boards, Administrators and Medical Staffs: Sorting Out The Roles”, Trustee, Sept. 2003, pp. 1-11