



Your Leadership The Patients' Safety

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Objectives

- After this presentation participants will be able to:
 - explain key elements of the Boards on Board Intervention of the 5 Million Lives Campaign
 - share tools provided for “board orientation”, focusing specifically on best practices
 - apply learning from selected high performance organizations to their organizations

Governance Leadership Quality and Safety

- Key role of governance understood for years
 - Evidence linking board performance to outcomes
- 2006 was the year for evidence and interest
 - Numerous research studies
 - IHI 100,000 Lives Campaign
 - Symposiums, conferences
 - Rating agencies
- Growing accountability and responsibility
 - OIG, Department of Justice, US and State Attorney's General
- 2007 is the Year of Governance—Berwick
 - Broadly embraced by the governance community
 - International interest: UK, Canada, Denmark

Governance Partners

- Center for Healthcare Governance
- Estes Park Institute
- Joint Commission
- National Center for Healthcare Leadership
- National Quality Forum
- Centers for Medicare and Medicaid Services
- The Governance Institute
- Great Boards
- National Association of Public Hospitals and Health Systems
- ... and many more groups

Governance Leadership Focus Continues

Accountability, Improvement, Education

- NQF Safe Practice Revisions: Culture of Safety
 - Extensive focus on Boards and C-Suite
- Joint Commission Standards Updates
 - Governance and Leadership
- Office of Inspector General (OIG) of the U.S. Department of Health and Human Services and the American Health Lawyers Association (AHLA),
 - Report: Corporate Responsibility and Health Care Quality
- Statewide initiatives
 - NY: Governor communicates to Board Chairs
 - MA: BCBSMA links Board education to P4P
 - NJ: Legislation mandating board education
 - TN: Voluntary board certification
- Business Coalitions
 - National Business Group on Health Toolkit for Action

Top 10 Compliance Challenges for Hospitals in 2008

1. *Recovery audit contractors*
2. *Supplemental and certification payments*
3. *Medicaid compliance*
4. *Stark self-referral ban*
5. *Present-on-admission (POA)/hospital-acquired conditions:*
6. *Medicare-severity DRGs (MS-DRGs)*
7. *Clinical trial billing, especially at community hospitals*
8. **Board involvement**
9. *Data mining*
10. **Quality...** “Hospital compliance programs should have quality oversight under their umbrella”

Why Do Boards Exist?

To represent the owners

Boards Oversee, on the Owner's Behalf...

- Mission
- Strategy
- Executive leadership
- Financial stewardship
- Quality of care and service

Some Truths About Boards

1. “Hospitals and health care systems are among the most complex business models in the world, but by and large, are governed by well-meaning amateurs.” (Orlikoff)
 - No standards or certification for trustees.
 - It isn’t just an issue for quality oversight.

Some Truths About Boards

2. Boards think quality is a lot better than the administrators, doctors, and nurses do.
 - “But you never told us in a way we could understand it.”
 - NPSF/AIG/EP Institute Survey

NPSF/AIG Leadership Sessions

Results

- Survey findings obtained from mid-level management participants at each session
 - N=293
- C-Suite findings obtained from Estes Park CEO's and board chairs
 - N=188
- Compared findings from the two groups to identify gaps

Results from NPSF/AIG and Estes Park Survey

	Definitely				Not at all		
	1	2	3	4	5		
How comfortable are you with your level of engagement safety?	9	37	32	14	7	% Mgmt	
	4	42	46	6	2	% Board C-Suite	
Does patient safety trump productivity in your work organization?	9	18	41	20	12	% Mgmt	
	40	34	20	4	2	% Board C-Suite	
Are you able to engage your staff in patient safety activities?	13	31	41	13	0	% Mgmt	
	41	45	12	2	0	% Board C-Suite	

Results from NPSF/AIG and Estes Park Survey

	Definitely		Not at all			
	1	2	3	4	5	
Executive leadership and the board are visibly engaged in patient safety	10	31	36	15	8	% Mgmt
	19	65	14	1	1	% Board C-Suite
Executive leadership provides the tools and training to be effective	9	30	37	17	7	% Mgmt
	14	58	25	2	1	% Board C-Suite
Physician leadership is actively engaged in patient safety efforts	5	18	33	31	12	% Mgmt
	20	48	26	5	1	% Board C-Suite

Some Truths About Boards

3. Boards can make an enormous difference.

— TGI/Solucient Top 100

- The 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 reviews 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.

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 QI performance.
- The CEO is identified as the person with the greatest impact on QI, especially when so identified by the QI Executive.

Some Truths About Boards

4. If you've seen one board, you've seen one board.
 - How members are chosen
 - Open/closed meetings
 - 6-150 members
 - System and unit boards
 - Cultures and patterns of dialog
 - Levels of engagement and capability

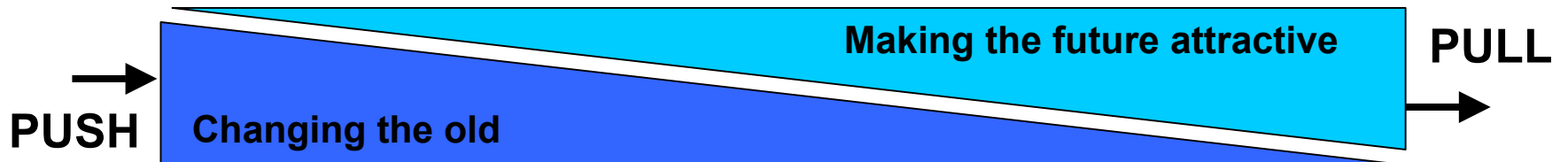


What are the characteristics of a high performance board so we can evaluate the board of this organization against them?

*New York City News Reporter,
November 10, 2006*

Framework: Leadership for Improvement

Setting Direction: Mission, Vision and Strategy

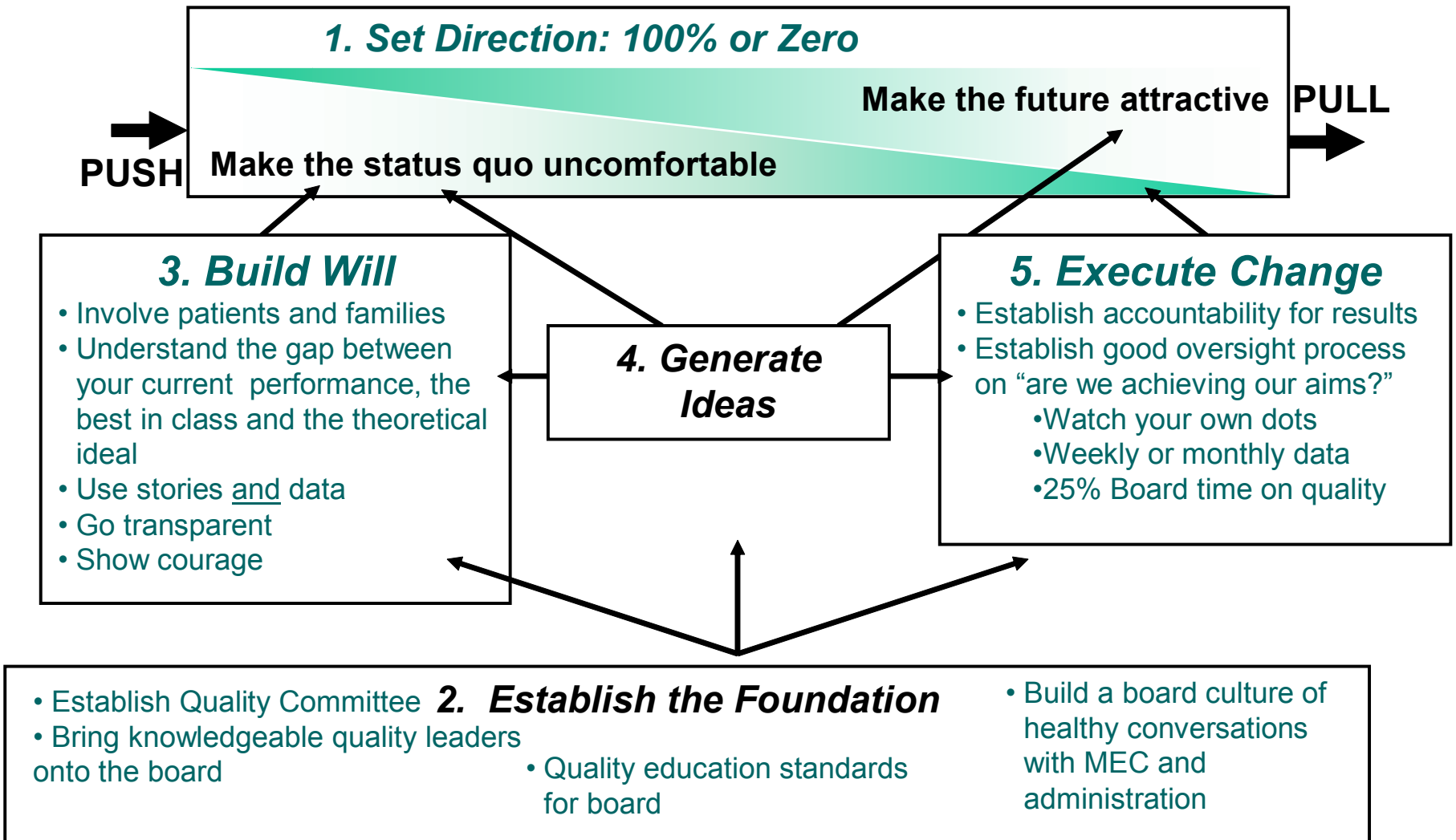


Will ***Ideas*** ***Execution***

Arrows point from "Ideas" to "Will", "Execution", and the right side of the trapezoid above.

Establish the Foundation

Framework: Board Leadership of Quality



What Questions Should the Board Be Asking?

- Organizations are coming up with them
 - Providence Health and Systems
- Boards role in generative thinking
 - It isn't about reviewing every incident
 - Richard Chait et.al.

Management & Governance Quality

Providence Health & Systems Questions

Wise Strategic Thinking

- **Question 1** – Are we clear about our quality strategic aims and focused on the most important improvement opportunities to achieve those aims?
- **Question 2** – Is there a solid strategic rationale for the annual and long term improvement goals that management is recommending?

Focused & Effective Execution

- **Question 3** – Are we improving fast enough to meet our annual and long term improvement goals?
- **Question 4** – Do we have any systemic weaknesses that should be addressed to meet our internal improvement aims and/or to respond to external demands for data and accountability?
- **Question 5** – Are there any individual facilities or programs that have weak improvement capabilities or insufficient capacity to improve?

Question 6 – What are our experiences with improvement telling us about the changes that are necessary in our Quality Strategic Plan? (widespread learning)

Question 7 – Are we sparking innovation, finding and systematically spreading best outcome practices and great ideas?

Hot Topics:



- Dashboards
- Involving patients and families
- Engaging physicians
- System level boards
- Public boards
- Rural and critical access hospitals
- Governance and leadership assessment
- Professional practice / disruptive behaviors

Boards on Board Plank 5 Million Lives Campaign

1. Setting aims

- Set a specific aim to reduce harm this year.
- Make an explicit, public commitment to measurable quality improvement.

Boards on Board Plank 5 Million Lives Campaign

2. Getting data and hearing stories

- Select and review progress toward safer care as the first agenda item at every board meeting.
- Ground the work in transparency, putting a “human face” on harm data.
- Engage with patients and families.
- Tools: chart audit; case study of a specific case

Board on Board Elements

- ## 3. Establishing and monitoring system-level measures
- Identify a small group of organization-wide “roll-up” measures of patient safety.
 - Continually update them.
 - Make them transparent to the entire organization and all of its customers.

Board on Board Elements

4. Changing the environment, policies, and culture

- Commit to establish and maintain an environment that is respectful, fair and just for all who experience the pain and loss as a result of avoidable harm and adverse outcomes: the patients, their families, and the staff at the sharp end of error.

Board on Board Elements

5. Learning

- Starting with the board, develop your capability as a board.
- Set an expectation for similar levels of education and training for all staff.

Board on Board Elements

6. Establishing executive accountability
 - Oversee the effective execution of a plan to achieve your aims to reduce harm.
 - Include executive team accountability for clear quality improvement targets.



To do things differently, we must see things differently.

When we see things we haven't noticed before, we can ask questions we didn't know to ask before.

*John Kelsch, Xerox
Quality Health Care In America Project*

Resources



- IHI Web Information: www.ihl.org
 - Updated How-to-Guide posted March 1, 2008
- Joint Commission Journal on Quality and Patient Safety
 - Conway J. April, 2008
 - 5 Million Lives Campaign, Getting Boards on Board: Engaging Governing Boards in Quality and Safety,
- Discussion Group:
<http://www.ihl.org/ihl/forums/ShowForum.aspx?ForumID=114>



Appendix

Set Direction: Promises and Aims

- We will offer *all and only* what we know will help you.
 - The aim is 100%.
- We will do *nothing* that will harm you.
 - The aim is zero.
- Ascension Health
 - Healthcare that is safe
 - No preventable injuries or death by July 2008
 - Healthcare that works
 - Healthcare that leaves no one behind

The Best Boards...

- Aim high
 - “Our aim is to achieve zero central line infections...”
- Aim broad
 - “...for the entire institution, across all services...”
- Take dead aim
 - “...by August 31, 2008.”

Build the Foundation

- Establish a Quality Committee of the Board.
- Bring quality expertise onto the board.
- Set/achieve educational standards for board.
- Build a culture of real conversations.
 - At board and committee meetings
 - With physician leaders
 - With administration
- Allocate adequate resources for all staff training.

Build Will

- Establish a policy of full data transparency.
- Insist on data *and* stories.
- Help/let patients and families tell their stories.
- Set the expectation.
 - Communication, disclosure, support, resolution, learning
- Understand the gap between current performance and ideal/best in class.
- Give quality and safety 25% of the board's time.
- Show courage: don't flinch.

Drive Execution

- Establish accountability for achievement of aims.
- Establish an effective oversight process.
 - 25% of board time on quality and safety
 - Watch your own dots
 - Weekly or monthly data
- Ask hard questions.
 - Are we on track to achieve the aim?
 - If not, why not? Strategy? Execution?

Board Quality Committee that Reduces Harm

- Meet monthly, reviewing all the data, nothing held back
- Welcome patients and families
- Start every meeting with a harm event story (5 min)
- Review of data on the question “Are we on track to achieve our quality and safety aims?” focusing mainly on the Big Dots
 - Deeper review of areas data indicates not on track
 - Healthy MEC dialog about expectations for harm
- Accountable to each other: attendance, learning, and active engagement are expected
- Review of policy recommendations from MEC and administration

Board Core Curriculum

Answers the Following Questions

- What is the board of trustees' responsibility and accountability for quality and safety?
- What is the current state of quality improvement and safety in health care overall, in your community, and in your hospital? How does prevailing practice stand up to best practice?
- How can board members effectively leverage their roles and experiences to affect the pace of quality improvement in their organization?
- What are the best strategies to sustain the gain and drive continuous improvement?

Board Quality Committee Report to the Full Board

- Every board meeting
- First item on agenda
- Trustee leads with management support.
- Always use language that allows trustees to apply their personal learning.
- Review the big dots in simple language.
- Highlight key issues that the committee is dealing with.
- Solicit feedback and questions.
- Make recommendations for policy changes.