



Is Your Board Effectively Overseeing Quality?

The core components for governance of health system quality.

One of the enduring lessons of the Institute for Healthcare Improvement's 100,000 Lives and 5 Million Lives Campaigns—to reduce avoidable medical harm and deaths in U.S. hospitals (December 2004 through December 2008)—was the crucial importance of effective governance in healthcare. High-performing organizations participating in the Campaigns shared certain characteristics, for example, clear aim-setting and transparent measurement, which revealed their commitment to quality improvement. In most cases, these organizations had trustees who were actively engaged in the oversight of healthcare quality as well as finance. These trustees welcomed the opportunity to become even more effective and took advantage of the guidance offered by the Campaigns' *Get Boards on Board How-to Guide*.

According to the January 2010 article "Hospital Governance and the Quality of Care" in *Health Affairs*, formal research on governance in healthcare identified a link between higher-quality care and the prioritization of quality by healthcare boards. Despite this evidence, many health system governing boards struggle to understand the specific activities that overseeing quality entails. Boards are also often ill-equipped to execute the required oversight in a meaningful way, lacking the

necessary education and knowledge about quality for effective governance. Some of this has to do with the growing complexity of quality improvement in healthcare today.

There are hundreds of state and federal reporting requirements, and often just as many organizational initiatives to meet targets and ambitions. Given the historical emphasis on a board's financial oversight duties, it's more likely that a health system board member has a financial, not clinical, background. Even for board members without finance backgrounds, understanding basic financial data is usually easier than mastering the language of clinical data.

According to the 2001 report *Crossing the Quality Chasm: A New Health System for the 21st Century*, many health system governing boards still view quality as synonymous with safety instead of the six Institute of Medicine dimensions: care that is safe, timely, effective, efficient, equitable and patient-centered. Increasingly, healthcare organizations also recognize that their missions include acting as stewards of community health, so the need to partner with others in the community to advance population health and community development is entering into discussions around quality. Finally, the highest-performing health

systems have explicitly committed to continuously improving quality. Learning the tools and methods of quality improvement, such as control charts and testing changes on a small scale, adds yet another layer of complexity for board members.

So what are dedicated legions of healthcare leaders and their boards to do? First, we recommend three guiding principles to build improvement knowledge and capacity among board members and underscore the board's critical value in furthering the organization's agenda for improving health and healthcare:

1. **Priorities.** Effective governance requires a shared understanding among leadership and trustees of all the dimensions of quality and safety, and what the organization is trying to accomplish in relation to these dimensions.
2. **Methods.** This is where an understanding of quality improvement is key. If priorities are the "what," methods are the "how." Thinking in terms of systems, transparency and other elements of improvement, science can prevent a board from engaging in unproductive blaming and shaming when something goes wrong.
3. **Motivation.** The "why" is a key element of effective governance in

which the board can play a leading role. Because board members often represent their communities, they more often than health system leadership see quality from the patient's point of view. They understand the urgency for quality and improvement often because they know the personal stories of community members' experiences with the health system. Seeing quality data not as numbers on a chart but as lives and health will focus governance on the right goals and priorities.

Undergirding the three guiding principles is one essential value—curiosity. The most effective health system leaders and board members are curious about each other's relative areas of expertise, the performance of the organization compared to others, and the impact the organization is having on the lives of the patients and communities it serves. Asking the right questions—a hallmark of effective leadership at any level—is an essential duty for board members. And boards need sufficient content education to be able to ask relevant questions.

The second big area that must be addressed is the inconsistent and incomplete guidance on quality oversight for healthcare boards. Many health system governance resources provide strong recommendations and tools to oversee patient safety (such as a review of serious safety events and capturing key safety-related metrics on a regularly reviewed dashboard), but the guidance on how best to oversee the other dimensions of quality is highly variable.

To begin to address this unhelpful variation, the Institute for Healthcare

Improvement Lucian Leape Institute conducted a review of research that informed a 2018 white paper, *Framework for Effective Board Governance of Health System Quality*. At the heart of this framework is the Governance of Quality Assessment, a tool for trustees and health system leaders to evaluate and score current quality oversight processes and assess progress in improving board quality oversight over time. In addition to the culture and commitment to excellence needed to oversee all aspects of quality, the GQA specifically defines 30 core processes organized into six categories—each described according to a patient-centered view of quality that incorporates the six Institute of Medicine dimensions:

- Prioritize quality: board quality, culture and commitment
- Keep me safe: safe care
- Provide me with the right care: effective care
- Treat me with respect: equitable and patient-centered care
- Help me navigate my care: timely and efficient care
- Help me stay well: community and population health and wellness

By completing the GQA annually, boards and leadership teams can use the results to plan next steps for the year ahead and track their improvement over time. The white paper's authors also recommend that boards and leadership teams track the time spent on reviewing quality at board meetings and using the results of the GQA to identify opportunities for further board education. It also includes three support guides that offer details on three essential knowledge areas for boards:

- Core quality knowledge
- Core improvement system knowledge
- Board culture and commitment to quality

Healthcare executives today face unprecedented challenges. Partnering with an engaged, educated and equipped governing board is essential to meeting these challenges. With an expanding definition of what quality in healthcare entails and the always limited time afforded to governance, boards and executive teams need clear priorities, a shared understanding of how to improve, and specific tools that tell them how they're doing and where they can improve. We believe the new *Framework for Effective Board Governance of Health System Quality* is an ideal resource for today's leaders. ▲



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Editor's note: The IHI white paper, *Framework for Effective Board Governance of Health System Quality*, is available for free download at ihi.org/boardquality.