

Creating More Effective Governance for Quality and Safety

Breakfast with the Chiefs - Great Minds in Dialogue

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SJHH QUALITY DEFINITION

Quality care at SJHH is safe, kind, effective and timely and it is provided in an environment of inquiry and learning.

GOVERNANCE ENGAGEMENT

SJHH
Strategic
Planning
process
identified
**Patient
Safety and
Quality**
as key
corporate
attention area
2006

1st Annual
SJHH
Leadership
Convention

December
2006

*"Compass
2012 Charting
Our Course"*

2nd Annual SJHH
Leadership
Convention

February 2007

*"Patient Safety,
Teamwork and
Communication"*

3rd Annual
SJHH
Leadership
Convention

February 2009

*"One Culture
One Team:
A Celebration
of Team Work"*

1st Annual
Board Quality
Retreat

March 2009

Facilitator:
J. Orlikoff

Board Quality
Mini-Retreat

October 2009

Facilitator:
M. Baker

2nd Annual
Board Quality
Retreat

February 2010

Facilitator:
M. Pugh

4th Annual
SJHH
Leadership
Convention

April 2010

*"Driven by
Quality and
Patient Safety"*

GOVERNANCE ENGAGEMENT

SJHH is continuously striving to enhance its quality & patient safety projects and further engage the Board of Trustees.



*QPPIP = Quality, Planning, Performance Improvement Program

MANAGEMENT ACCOUNTABILITY IHI SEVEN LEADERSHIP LEVERAGE POINTS

Topic of March 2010 Board Annual Quality Retreat

Decision: Focus on Leverage Points #3 and #6

1 – ESTABLISH, OVERSEE SYSTEM-LEVEL AIMS AT HIGHEST GOVERNANCE LEVEL

2 - DEVELOP EXECUTABLE STRATEGY TO ACHIEVE SYSTEM-LEVEL AIMS
OVERSEE THEIR EXECUTION AT HIGHEST GOVERNANCE LEVEL

#3 - CHANNEL LEADERSHIP ATTENTION TO SYSTEM-LEVEL AIMS

#4 - PUT PATIENTS AND FAMILIES ON THE IMPROVEMENT AGENDA

#5 - MAKE THE CFO A QUALITY CHAMPION

#6 - ENGAGE PHYSICIANS

7 - BUILD IMPROVEMENT CAPACITY



HOW DO YOU ANSWER THESE QUESTIONS?

- How good is our hospital?
 - How do we know?

ANOTHER WAY TO THINK ABOUT HOW GOOD...

- What are you willing to promise patients about medication safety at your hospitals and clinics?
- What are you willing to promise patients about the use of evidence-based medicine in your hospital and clinics?
- What are you willing to promise patients about the level of care and service that will be provided?
- What are you willing to promise the community about access?

HOSPITAL-ACQUIRED INFECTIONS: EXPENSIVE

- **CENTRAL LINE-ASSOCIATED BLOODSTREAM INFECTIONS (CLABs) RESULTED IN AN AVERAGE LOSS PER CASE OF \$26,839.**
 - **COSTS OF CLABs AVERAGED 43% OF THE TOTAL COST OF CARE.**
 - **RESULTED IN A TOTAL LOSS FROM OPERATIONS OF \$1,449,306 IN 54 CASES OVER THREE YEARS IN 2 ICUs.**
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- Shannon et al, "Economics of Central-Line Associated Bloodstream Infections" American Journal of Medical Quality Supplement to Vol.21, No. 6 Nov/Dec 2006

WHAT DOES THE EVIDENCE TELL US?

- Outcomes are better in hospitals where:
 - The board spends >25% of its time on quality and safety.
 - The board receives a formal quality measurement report.
 - There is a high level of interaction between the board and medical staff on quality strategy.
 - Senior executive compensation is based in part on quality and safety performance.
 - The CEO is identified as the person with the greatest impact on QI, especially when so identified by the QI executive.

- Vaughn T, Koepke M, Kroch E, et al. *J of Patient Safety*. 2006;2:2-9

QUESTIONS THE BOARD SHOULD ASK

- Board Chair to MAC: *“What is the Medical Staff’s plan to achieve the quality goals we just adopted last week at our leadership retreat?”*
- Board member to CEO: *“Can we make those staffing cuts and still reach our safety aims? How do you know?”*
- Board member to Medical Staff President: *“On this long list of routine re-appointments to the medical staff, can you assure me that each doctor is following all of the hospital’s key safety protocols and practices?”*

SEVEN THINGS THAT BOARDS CAN DO

- Commit to establish and maintain an environment that is respectful, fair, and just for all who experience pain and loss from avoidable harm.
 - Patients, their families, and staff at the sharp end of error.
- Develop the capability of the board.
 - Learn how the “best in the world” boards work with executive and MD leaders to reduce harm.
 - Set an expectation for similar levels of education/training for all staff.
- Oversee the effective execution of a plan to achieve the board’s aims to reduce harm, including executive team accountability for clear quality improvement targets.
- SMART Goals (specific, measurable, attainable, realistic and timely)

SEVEN THINGS THAT BOARDS CAN DO

- Set a specific aim to reduce harm this year and make an explicit, public commitment to measurable quality improvement (e.g., reduction in unnecessary mortality or harm).
- Select and review progress towards safer care as the first agenda item at every board meeting.
 - Get data on harms and hear stories; put a “human face” on data.
- Establish and monitor a small number of organization-wide “roll-up” measures that are updated continually and are transparent to the entire organization and its customers.

ARE YOU SEEING THESE RESULTS?

- Are you tracking mortality and did you see a decrease in your overall mortality rate in 2009?
- Are you running at an expected rate of 0 for VAPs and Central Line Infections?
- How many days has it been since the last patient harm event?
- Did you cut the rate of adverse drug events in half in the last six months?
- Do 100% of your patients receive 100% of the required elements of care for their condition?
- Have the number of patient falls been reduced by more than 50% over the past six months?
- Have you seen the number of reported hospital-acquired infections drop by over 50% over the six months?

SIMPLE RULES FOR SCORECARDS AND DASHBOARDS

- Measure what is important
- Review every meeting
- Use topic specific scorecards to drill down at committee level (finance, strategy & planning, quality, safety, etc.)
- Use actual counts of harm, not rates
- Set all-or-none target levels for clinical care and safety measures (100% or 0%)
- Avoid using averages; use percentiles measured against standards
- Avoid color coding to low expectations
- Data graphed over time is the most powerful format

BOARD STRATEGIES FOR CHANNELING ATTENTION

- Active quality committee
 - Culture of discussing shortcomings
 - Ask lots of questions
 - Not just a data review and reporting meeting
 - Hear reports from teams and those closest to the work
 - Priority setting for the next wave of projects
- Start every board meeting with a patient harm story
- Promote transparency of data and results
- Presentations to the board by improvement teams
- Visible presence - accompanying management on structured patient safety rounds

BOARDS SHOULD...

- Ask to see the financial impact of improvement efforts
 - Length of stay improvements
 - Savings from reduction in Serious Safety Events
 - Savings from reduction in hospital acquired infections

GOVERNANCE RESPONSIBILITY

- Have a defined governance process for reviewing strategic plan implementation progress – which includes clear goals for quality and safety
 - Every meeting—not once a year
- Ask lots of questions
 - How does this project link to our overall strategy for reducing harm (or infections, or mortality)?
 - What are we focusing on for the next 90 days?

KEY GOVERNANCE QUESTIONS

- How will this project help us achieve our safety and quality aims?
- Have we devoted enough resources to achieve our aims?
- What would you need to double our rate of change?
- What additional support do you need from the board to make it happen?

THE BOARD MUST SOMETIMES SHOW COURAGE...

- Back the staff and hospital leadership on...
 - professional issues
 - behavioral Issues
 - compliance with policy and procedure
- What are the consequences?

LESSONS LEARNED

- Involve Board earlier in a more formal way
 - ex. plan a Board Quality Retreat earlier in the process
- Plan an education and planning session featuring an Institute for Healthcare Improvement (IHI) facilitator earlier in the process
- Invest in education and awareness at a team level instead of broad based workshops
- Pursue the development of Big Dot Indicators quickly after introduction of the Balanced Scorecard
- Obtain survey results from the team level as opposed to entire organization

MOVING FORWARD FUTURE SJHH QUALITY GOALS

- Shift focus from process to outcomes
 - Example:
 - i. detailed data review of HSMR shows infection as primary cause of mortality
 - ii. set SMART (specific, measurable, attainable, realistic and timely) goals
 - iii. formalize education, communication, and tactics to achieve change
 - iv. track and evaluate metrics
- Begin study of use of best practice and research in daily clinical care
- Push clinical improvement targets to the front line
 - Reduction of infections, reduction in medication errors
- Formalize staff development plan on quality management process and techniques
- Standardize effectiveness of all quality councils to the best performing teams
- Complete and distribute a written description of our hospital quality program
- Align incentives

QUESTIONS