

Creating Effective Governance for Quality and Patient Safety

Breakfast with the Chiefs

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Recent Cases Underline Board Accountability for Quality of Care

- ▶ Alberta Health Quality Council's root cause analysis links failures in infection control at St. Joseph's Hospital, Vegreville AB with board failures to establish patient safety leadership
- ▶ The Cameron Inquiry in Newfoundland finds inadequate board stewardship contributed to the absence of effective quality control in laboratory testing in Eastern Health, Newfoundland
- ▶ The inquest following the death of nurse Lori Dupont at Hotel Dieu Hospital, Windsor identifies the absence of a clear code of conduct and an effective policy for discipline, appointments and reappointments for staff who behave disruptively as a contributing cause



Board Accountability

- ▶ There is no explicit accountability for boards in the Public Hospitals Act (or other Ontario legislation) regarding quality of care
- ▶ However common law and the specific accountabilities established by government strongly suggest that boards hold a fiduciary responsibility for quality of care
- ▶ Accreditation Canada standards identify governance responsibilities for risk management, quality and patient safety



[Stewardship] is “the responsibility of the board of directors of an organization and involves the active oversight by the board of the organization’s governance. I would expect that any good governance model, whatever its name or philosophy, would include accountability, transparency, and strategic planning.”

Justice Margaret Cameron



“It is ultimately the board’s responsibility to ensure that the quality of patient services provided by their hospital is monitored, and to ensure that it meets the standard that can reasonably be expected of the community it serves.”

Anne Corbett and Michael Baker, 2008



What is Effective Governance for Quality and Safety?

- ▶ Improving hospital and health organization performance requires that boards extend their processes and oversight to include issues of quality and safety
 - ▶ Modelling their roles and processes for financial accountability boards need to set goals, monitor progress and hold the CEO accountable

- ▶ *Many boards find this challenging*

- ▶ Policy governance implies that boards should be concerned with aims not means
- ▶ Boards often struggle to understand the complexities of clinical issues and have few or no members outside of medical staff appointees who can assess these issues
- ▶ The measures used to assess quality can be arcane and difficult to interpret
- ▶ The MAC is often seen as responsible for quality of care, not the board

- ▶ So what are the elements of effective governance for quality and safety?

A Research Project to Assess Strategies and Practices for Effective Governance

- ▶ Project: Governance for Quality and Patient Safety Improvement in Health Care Organizations
- ▶ Research Team: G. Ross Baker, Jean-Louis Denis, Marie-Pascale Pomey and Anu MacIntosh-Murray
- ▶ Funding: Canadian Patient Safety Institute and Canadian Health Services Research Foundation
- ▶ Goals:
 1. Analyze best governance practices through literature review, interviews and case studies; and,
 2. Assess the possible governance practices that are relevant and implementable in the context of Canadian healthcare organizations at both regional and local levels that would address the improvement of quality of care and patient safety.

Research Methods

- **Literature review** focused on identifying and reviewing relevant written materials on governance for quality and safety
- Semi-structured **interviews** were held with 15 experts in governance for quality and safety in Canada and the US on the current performance of boards in quality and safety
- Four **case studies** of leading practice in Canada and the US



Governance Bodies Seen as Key Levers for Change

- Clear evidence from the literature, interviews and case studies that boards are seen as a critical lever for improving quality of care and patient safety
- Several new high profile initiatives that focus on governance, most prominently the IHI “boards on board” campaign have heightened this attention
- US organizations, both delivery organizations and regulatory and funding bodies are clearly further advanced in addressing these issues

Yet Current Performance of Canadian Healthcare Organizations Lags

- Our interviews strongly suggested that efforts to improve governance practices for quality and safety were in early stages in Canadian organizations, and primarily focused on hospitals
- Few boards have exerted detailed oversight on quality of care; many do not see this as a core board responsibility
- Several contributing reasons:
 - Changing role of board from traditional philanthropic to corporate governance model
 - Limited visibility of quality of care as a board issue
 - Dominance of financial and access issues
 - Lack of skills to address quality and safety issues
 - Few system resources supporting governance activities in quality and safety

6 Critical Issues for Governance of Quality and Safety

1. Creating a focus on quality and patient safety
2. Using information for oversight and accountability
3. Board expertise in these areas
4. Effective relationships with senior leadership and medical/professional staff structures and roles
5. Development of an effective quality plan
6. Governance skills

Creating a Focus on Quality and Patient Safety

- ▶ **Boards need to focus on quality and patient safety, holding the CEO and the organization accountable**
 - ▶ “We probably don’t spend 25 to 50% of the board time on quality. But I think that’s not to say we don’t put a lot of emphasis on quality, because it is the focal point of virtually everything that we do” [board chair]

Creating a Focus on Quality and Patient Safety

- ▶ The board needs to lead and expect a cultural transformation:
 - ▶ “It is important that there be developed appropriate policies at the governance level that underpin the entire quality and safety program. Policies with respect to disclosure, cultural transformation of the organization, the ability of health professionals to question each other, to function within the spirit of teamwork, non-punitive reporting, policies around incident reporting systems, performance reporting, electronic health records and that kind of thing” (former quality committee chair)

Appropriate Information for Oversight

- ▶ Boards need information to judge current performance, set goals and monitor progress
 - ▶ “There’s still not a very sophisticated method of capturing data across the organization in a way that the board can understand it and it’s not minutia” (PS Director)
 - ▶ “Part of our challenge in a regional system is it’s not just acute care. ...you want to keep this small two pager, and yet you’ve got services in such a broad range of programs... mental health and addictions and public health ..., so that is still a work in progress.” (CEO)

Information and Dashboards

- Better information is needed about current performance in quality and safety
- Most boards have limited data, receive a range of reports with varying formats, cannot critically assess the data and reports they receive and have difficulty asking good questions about performance
- Some US hospitals and health systems have developed strategies to provide better information on Q&S performance, but this remains an important issue there too.

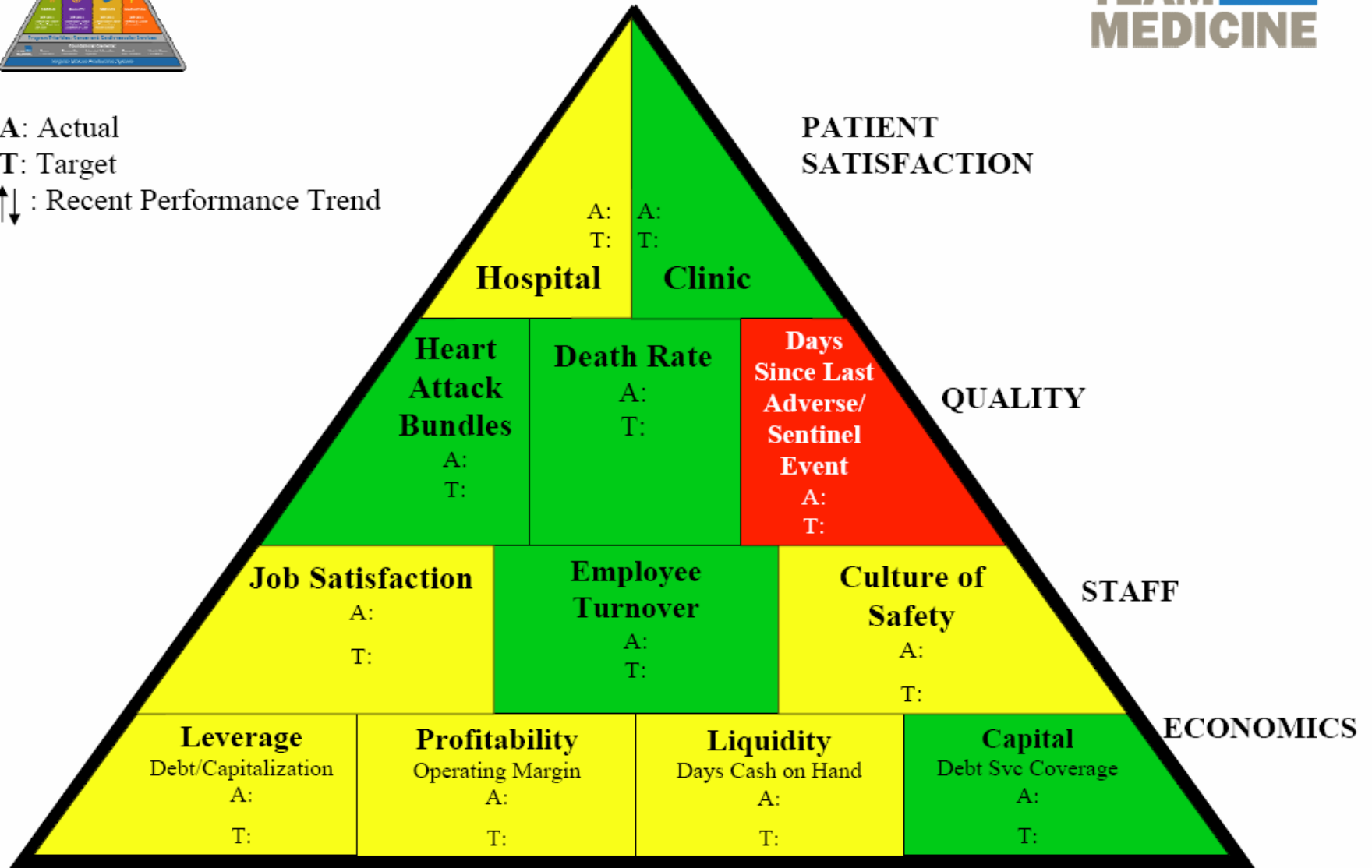




VMMC PERFORMANCE DASHBOARD



A: Actual
T: Target
↑↓ : Recent Performance Trend



■ Performance is unsatisfactory
Urgent attention needed

■ Performance is moderate
May need more focused attention

■ Performance is satisfactory

Board Expertise

- ▶ Board and board quality committees need members who understand quality of care issues and quality methods
 - ▶ the lack of “true, independent quality expertise around the table creates a gap as not too many board members have that expertise” [Senior admin leader]

Board Expertise

- ▶ **Boards need to recruit members with the appropriate skills and experience**
 - ▶ “It is key to us to have a couple of people with health quality backgrounds on the committee all the time and we wouldn’t go below that” [board chair]
 - ▶ “[The current and past QC chairs] are just so receptive and they provide the leadership to the board in terms of the sorts of issues that the governance table should be looking at and challenging management” (CEO)

Knowledge of Quality and Safety

- ▶ **Some key drivers to improving knowledge**
 - ▶ Development of a competency model for the board as a whole
 - ▶ Targeting recruitment of individuals with key skills in quality and safety (outside healthcare and inside healthcare)
 - ▶ Developing an effective governance committee for the board charged with these responsibilities



Governance Skills

- ▶ **Boards have learned that they should not be involved in operations**
 - ▶ “There is a difference between telling management how to solve a problem and holding them to their commitments that they would solve the problems. [We] need to hold their feet to the fire to see that improvements happen, hold them to task for that” [board quality committee chair]

Governance Skills

- ▶ Strong boards can live with the tension between not getting engaged in operations, but still assessing PS events:
 - ▶ “Well it’s in part a self-discipline. First of all, it’s a very fuzzy line between what constitutes governance and what constitutes operations. But I would say there are two things here that I would characterize as being different from other places that I have worked. One is that there is a sufficient level of sophistication on the Board from their prior experience that they know where to draw that line. Or they learn it quickly in this setting.” [board chair]

Governance Skills

- Several potential avenues allow for balancing the fiduciary responsibility for quality and safety while maintaining a governance perspective:
 - The Ottawa Hospital work on “generative governance”
 - Virginia Mason’s Quality Oversight Committee reviews “red PSAs” as a means of understanding key issues and the adequacy of management’s response
- Both these approaches require considerable skill from board members and attention to “investigating processes” not people



Relationship Between Boards and Senior Leadership

- Creating new governance skills and effective processes requires trust and collaboration between boards, executive leadership and medical/professional leadership
- This issue is not explicitly addressed in much of the governance for quality and safety literature but is likely critical to the other elements



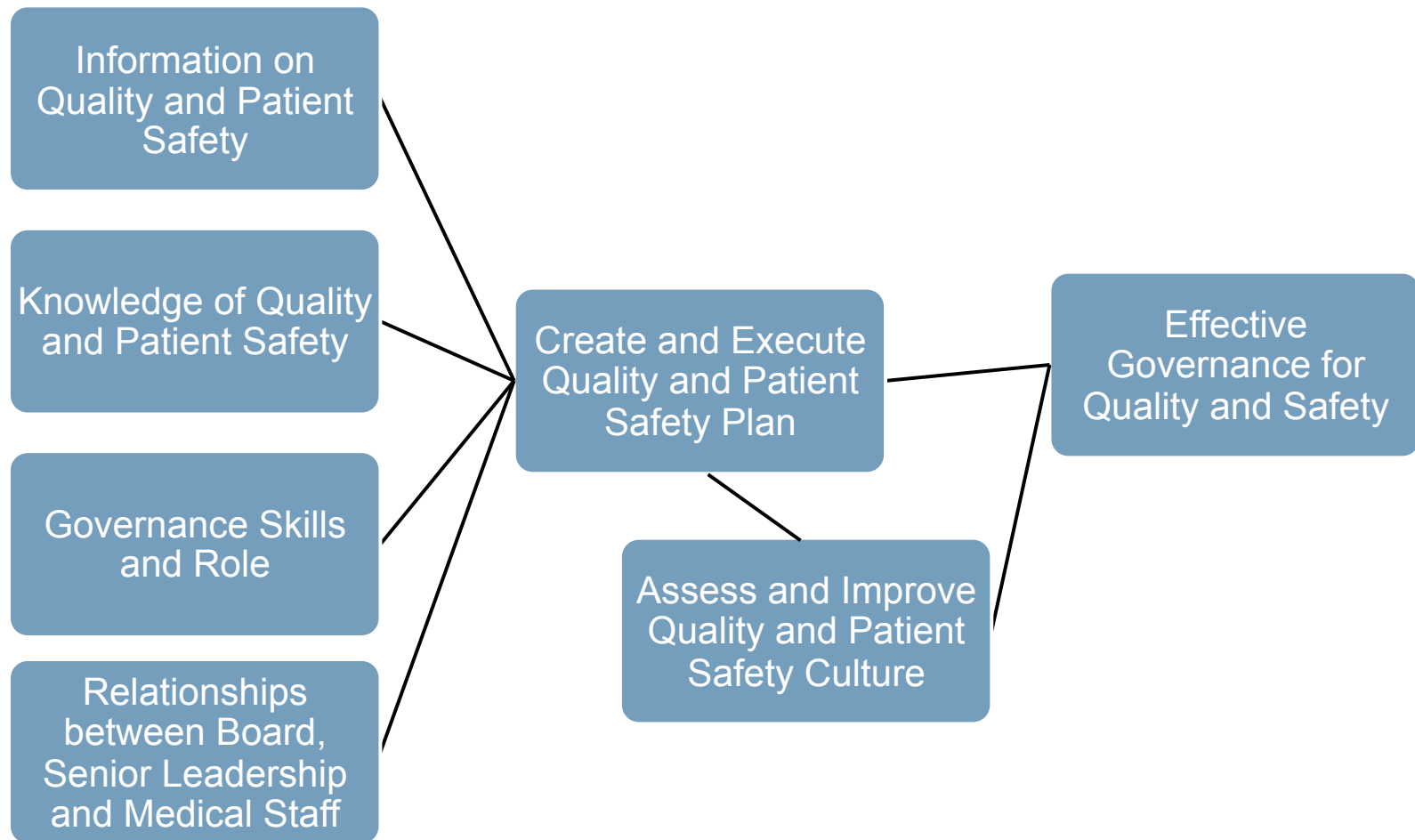
Relationship to Medical Staff Structures and Roles

- ▶ The traditional division of labor between boards and medical staff need to change
 - ▶ “We’re saying it’s the *system* that needs to improve... It means getting into the issue of are we actually managing and practicing health care in the right way? [board quality committee chair] He and the board’s chair attend the MAC as members, “We’re there and we’re involved and we are challenging them.”

Relationship to Medical Staff Structures and Roles

- ▶ A key challenge is that medical staff structures and roles often need to change as well:
 - ▶ “[we need to] create a pull agenda, rather than a push agenda...you want to build on what they have, and they do [traditional medical QA] and it is an important part of their culture.” [chief medical officer]
 - ▶ “the correct alignment is vital” [VP Quality]

Figure 1: Drivers of Effective Governance for Quality and Patient Safety



Key Governance Challenges

1. Creating a quality plan that targets ambitious yet achievable goals
2. Selecting and assessing the measures used to monitor progress toward those goals
3. Developing the knowledge of quality and safety within the board that supports the informed discussion of this strategy
4. Developing effective governance processes that **balance** the focus on strategy and ends with an understanding of how current structure and processes influence the achievement of these ends
5. Ensuring the integration and alignment of the quality investments and processes with the core work of the organization

