Differentiating Board and Committee Work on Quality

Barry S. Bader, Edward A. Kazemek, Pamela R. Knecht, and Roger W. Witalis, FACHE

Medicare's recent announcement that it will no longer reimburse hospitals for the treatment of preventable errors, injuries, and infections that occur in their facilities strengthens the business case for quality investments and underscores the need for strong governing board engagement in quality oversight. Studies by The Governance Institute have confirmed that the board makes a difference—hospitals whose boards spend at least 25 percent of meeting time discussing quality are more likely to have higher scores on quality indicators.

Many boards have found a quality committee to be an effective venue for in-depth oversight of clinical outcomes, quality improvement projects, medical staff peer-review activities, patient safety improvement initiatives, sentinel events, "culture of safety" surveys, and customer satisfaction studies. However, such boards with effective board quality committees are asking, "What should we discuss at the full board level that isn't overly detailed or repetitive of the committee's work?"

One answer won't fit all situations, so the identification of the full board's quality agenda must begin with recognizing that quality oversight can be delegated but not abrogated to the board quality committee. The full board should be educated in its responsibilities, and fully review and understand the committee charter it approves. The board quality committee charter should identify the specific reports the committee will review, include the frequency with which the committee will conduct its reviews, and articulate the committee's responsibility for making reports to the full board. The board may want to ask the quality committee, as well as other board committees, to set several goals for high-priority issues such as reducing drug errors or understanding the role of organizational culture. These goals should be the committee's focus in the coming year.

Education First

The full board should be educated about the hospital's quality improvement methodology and its initiatives to reduce medical errors and adopt best practices. The board should also be conversant with national initiatives such as pay-for-performance, IHI's 5 Million Lives Campaign to protect patients from harm, and transparent public reporting of quality indicators, accreditation reports, and patient satisfaction surveys. Physician leadership is critical to successful improvement efforts, so the board may also want education on best practices for developing physician quality leaders.

Information is Key

A well-designed quality dashboard report should give the full board a comprehensive picture of the organization's performance compared to its own goals and benchmarks against the country's top hospitals. A good dashboard is the catalyst for boards to establish improvement goals, raise tough questions about negative variances, and exercise accountability for results. Without good information, the board is like a treasure seeker without a map.

The full board should receive a summary of the quality committee's work at each meeting, in writing and in a brief verbal report from the committee chair. Periodically, the chair or vice president for medical affairs may lead a board discussion on a particular aspect of the committee's work.

Written reports can get a bit dry, but several techniques can enliven the discussion, bring quality issues home, and make the issues more relevant. For example, IHI recommends presenting a recent, serious medical error or near miss, including why it happened and what steps have been taken to prevent a recurrence. Another technique is to conduct a chart audit for harm, in which a number of patient records are reviewed to identify previously undiscovered errors and identify trends. By "bringing the patient into the boardroom," quality and safety issues come alive. Quality committee members sometimes accompany management on patient safety rounds. This may also be worthwhile for other board members as a learning exercise and a means to demonstrate the board's commitment to the staff.

The Board's Main Job

All the foregoing activities are prerequisites to perhaps the most important roles the full board has with regard to quality: establishing quality and patient safety goals and ensuring sufficient resources are invested in the measurement and improvement of clinical quality, patient safety, and customer satisfaction. Just as the board determines the hospital's targets for its bond ratings, operating margin, and return on investment in new programs, so too should the board determine the organization's quality goals. Some boards are aiming for "no preventable errors within five years" or winning the Malcolm Baldridge National Quality Award. Such measurable, aspirational goals serve as a powerful driver of transformation, because it visibly demonstrates leadership commitment.

Quality is not free—it takes investment in training, credentialing and hiring, information technology, and state-of-the-art equipment. It takes sufficient staff to carry out measurement and improvement activities. Boards should know how their CEOs and chief medical officers are personally involved and how the organization's quality infrastructure is working. In addition, the board should align its commitment to quality with its compensation program for executives, incorporating quality goals in the executive incentive plan.

Boards that take a greater role in quality find that not only do organizational results improve, but also that senior management appreciates their support and the board itself derives greater satisfaction from its work.

Barry Bader is president of Bader & Associates, Potomac, MD. Ed Kazemek is chairman and CEO, and Pam Knecht is senior vice president of **ACCORD** LIMITED, Chicago, IL. Roger Witalis is president of **WITALIS** & Company, Lafayette, CA. The Governance Advisors are available to assist members with on-site governance education programs and consultation.