

Kathy K. Leonhardt, MD, MPH Joint Commission Resources

# Leadership Matters: Role of Governance in Quality and Safety

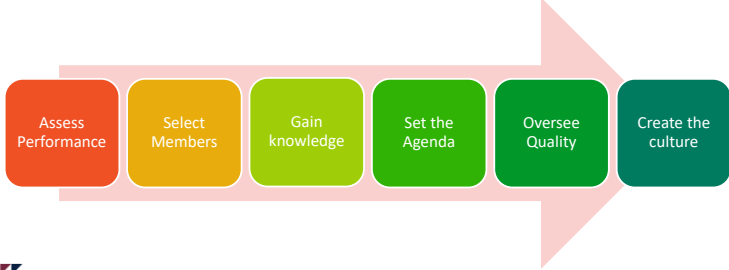
AHA Webinar. November 2023



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## Purpose and Objectives

Identify key factors for **effective governance of quality and safety**





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## Case study

- Adverse events related to maternal hemorrhage occurred twice on Labor & Delivery in 2023
- No documentation in Governing body meeting meetings through October 2023 of review or discussion of events
- QAPI program meeting minutes indicated corrective actions were recommended, but not implemented due to insufficient funds
- No evidence that resources were allocated by the Governing body to Labor & Delivery for QAPI activities



Abstracted from a CMS Quality Assessment and Performance Improvement (QAPI) citation, 2023

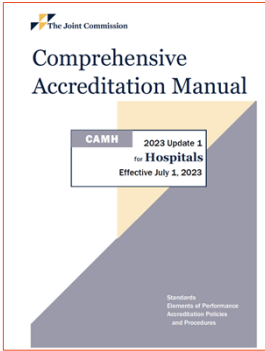



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## Current State

- Amongst 1510 Joint Commission hospital surveys conducted in 2022, **43%** (649) had citations in the **Leadership Chapter**
- The 3<sup>rd</sup> most frequently cited Standard in the **Leadership Chapter** was:
  - **The governing body is ultimately accountable for the safety and quality of care, treatment, and services.**
  - (LD.01.03.01)

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## Governance Impact on Quality Outcomes | Evidence-Based

### Actions of Governance

- Quality is top priority
- Agenda includes 25% of time on quality
- Monitor quality measures
- Interaction between Governing Body and medical staff



### Organizational Outcomes

- High performance in clinical quality measures
- Lower mortality rates
- Quality improvement programs



Brown. BMC Health Services Research (2019); Jha. HEALTH AFFAIRS (2010); Vaughn. Journal of Healthcare Management. 2014

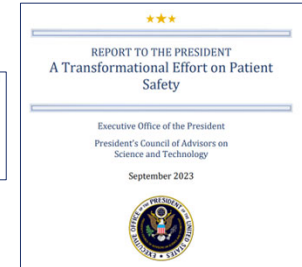
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## Governance Responsibility | Call to Action



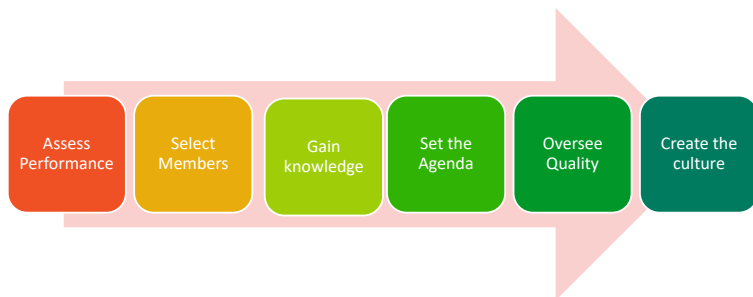
**Safer Together**  
A National Action Plan to Advance Patient Safety



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## Enablers of Effective Governance



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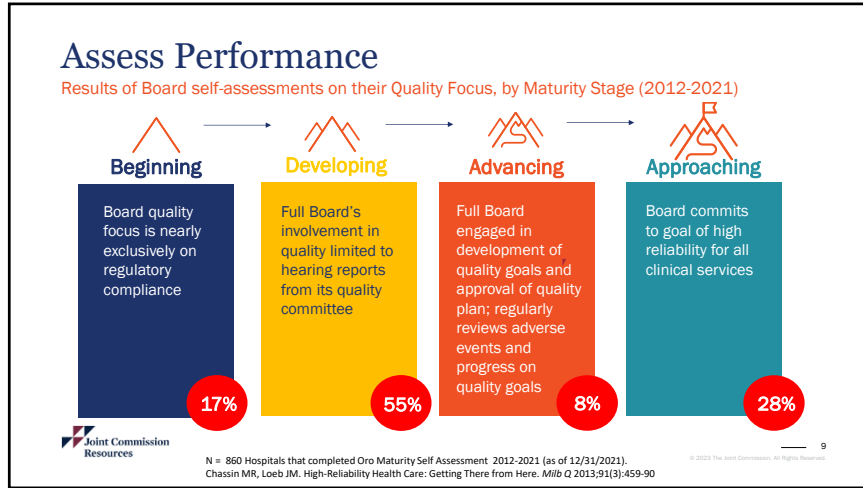
## Reflect

Which best describes the role your governing body plays in quality

1. The Board quality focus is on regulatory requirements
2. The Board is limited to hearing quality reports from the subcommittee
3. The Board actively participates in developing the quality plan annually, setting quality goals, reviewing progress for specific quality initiatives

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### Assess Performance | Example Tools

Oro® 2.0 High Reliability Self-Assessment

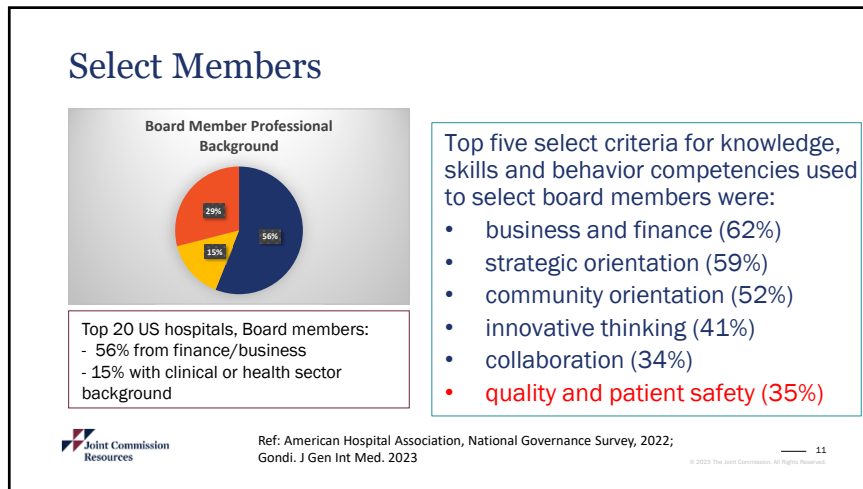
Self-Assessment Tool  
A National Action Plan to Advance Patient Safety

Institute for Healthcare Improvement - ihi.org

WHITE PAPER: Framework for Effective Board Governance of Health System Quality

**Governance of Quality Assessment (GQA) Tool**

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### Select Members | Proven Practice

Framework for Action - The 7x5 Matrix

4 Patient and family engagement

4.1 Co-development of policies and programmes with patients

4.2 Learning from patient experience for safety improvement

4.3 Patient advocates and patient safety champions

4.4 Patient safety incident disclosure to victims

4.5 Information and education to patients and families

WHO Global Patient Safety Action Plan.2021

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## Gain Knowledge

Board member readiness to drive meaningful quality discussions

- 72% Have some members who are not confident in their skill to guide safety and quality oversight
- 61% Boards do not have requirements for education of their members
- 54% Individual board members reported they were knowledgeable and understood "serious safety events and safety risks"
- 41% Are not comfortable in their understanding of safety and quality measurement

Joint Commission Resources (AHA, 2022; McGaffigan, 2017; Goeschel, et al, 2011) © 2023 The Joint Commission. All Rights Reserved.

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Home > Our Priorities > Board Education

## Revitalize Your Governing Board's Focus on Quality and Patient Safety

It's essential that health care governing bodies have the resources and support needed to ensure safety and quality of care at the organizations they serve. Discover how JCR can help.

Complimentary Resources

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## Gain Knowledge | Example Content

- Content
  - Basics of quality and safety
  - Science of improvement
  - Health equity
  - Role of technology
  - Quality metrics
  - Regulatory/accreditation requirements
- Method of learning
  - Meetings
  - Readings
  - Retreat

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## Reflect

How much time does your governing body spend during each meeting on the topic of quality and patient safety?

1. 40%
2. 30%
3. 20%
4. 10%

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# Set the Agenda

Where does quality stack up on board agendas?

93% of boards have financial performance on every agenda

However, 37% do not have quality performance on every agenda

58% spend less than twenty percent of time of agenda time on quality

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Jha & Epstein, 2010; Goeschel, et al, 2011

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# Set the Agenda | Example

- ✓ Patient story
- ✓ Performance Indicator Reports
  - ✓ Joint Commission requirements
  - ✓ CMS requirements
- ✓ Patient safety reports
- ✓ QAPI Program Updates
- ✓ Board education

### Sample Agenda for Hospital: Quality Committee of the Board

1. CALL TO ORDER
  - a. Roll call
  - b. Announcements
2. PATIENT STORY
3. CURRENT AGENDA ITEMS
  - a. Approval of previous meeting minutes
  - b. Approval of consent agenda items
4. REPORTS FROM QUALITY AND PATIENT SAFETY
  - a. Performance indicator data reports (may be rotated on an annual basis)
  - b. Patient safety: Significant events, sentinel events, adverse events
  - c. Mortality
  - d. Hospital-acquired conditions/health care-associated infections
  - e. Core measures/electronic clinical quality measures (eCQM)
  - f. Patient experience/Hospital Consumer Assessment of Healthcare Providers and Systems (HCAHPS)
  - g. Readmission rate
  - h. Length of stay
  - i. Performance measures (for example: hospital priorities, Joint Commission requirements)
  - j. Reimbursement
  - k. Medication management
    - a. Antibiotic stewardship
    - b. Pain management
    - c. Medication errors
    - d. Adverse drug reactions
  - l. Suicide risk reduction
  - m. Culture of safety survey results
  - n. Workplace violence incidents
  - o. Other (based on priorities of the board)

Note: The items listed below are suggested topics and may not be all-inclusive. Some reports may be included at every meeting; others may be rotated on an annual basis.

This list cannot be a board agenda. The right to agenda is the board's right and only the board can determine the content of a single meeting. This report is intended as a quality performance tool to assess the board's quality performance and to ensure the board is meeting its obligation to the public by ensuring a high-quality patient care experience.

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# Set the Agenda | Example

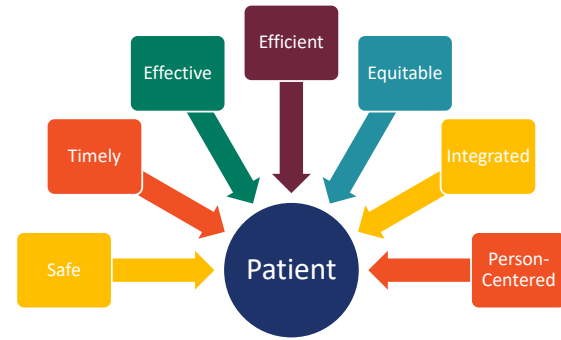
Measure	Required Frequency	Committee Approval					As Needed	Qtrly	Annual	Months Scheduled to Present													
		QMT	MDX	Governance Body	Qtrly	Annual				Jan	Feb	Mar	April	May	June	July	Aug						
Infection Control Infection Control Plan, including Risk Assessment	R	IC-03.04.01 EPI IC-04.04.01 EPI IC-05.04.01 EPI	X	X	X	X			X														
Infection Control Annual Evaluation The hospital maintains and monitors: - Multi-drug resistant organisms (MDRO) - Central line-associated bloodstream infections (CLABSI) - Catheter-associated urinary tract infections (CAUTI) - Surgical site infections (SSI)	R	IC-05.01.01 EPI IC-05.01.01 EPI	X	X	X	X	X																
Readmission and Compliance	R	NPSG-07.01.01 EPI	X	X	X	X	X																
Leadership and Governance Body Evaluates the hospital's performance related to Mission, Vision and Goals	R	LQ-01.03.01 EPI						X															
Evaluation of quality of medical care provided in hospital (See IP 01.05.01)	R	LQ-01.03.01 EPI					X		X														
Review, review and approve Mission, Vision and Goals	R	LQ-02.01.01					X	X															
Annual review of restricted services	R	LQ-04.02.01 EPI-6	X	X	X	X			X														
Evaluated CEO Effectiveness	S	LQ-01.04.01								X													
Evaluates the Board's effectiveness	S	LQ-01.04.01								X													
Proposed annual operating budget	R	LQ-04.01.01 EPI					X																
Conflict of interest policy and disclosure identification	R	LQ-03.01.01 EPI, LQ-03.01.01 EPI					X	X															
Report on workplace violence program	R	LQ-03.01.01 EPI					X	X															
Cultural of safety survey	R	LQ-03.01.01 EPI	X	X	X	X			X														
Written report on: - All systems or process failures - The number and type of sentinel events - Whether the patients and the families were informed of the event - All actions taken to improve safety, both preventable and to response to actual occurrences	R	LQ-03.01.01 EPI					X	X		X													

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# Oversee Quality: Define Quality Framework



IOM, Crossing Global Quality Chasm, 2018;  
WHO. Quality Health Services. 2023

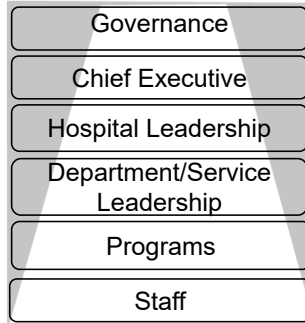
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### Oversee Quality: Define Accountability | Joint Commission Requirements

The governing body is responsible for:

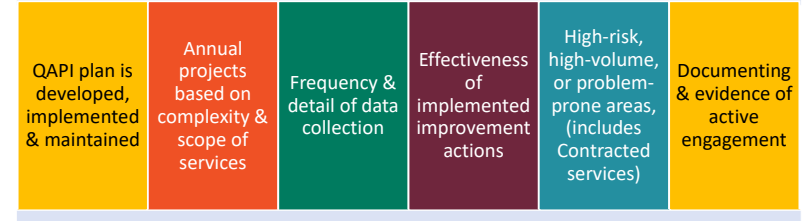
- Create (and measure) a culture of safety and quality
- Provide resources needed to maintain safe, quality care, treatment, services
- Hold the medical staff accountable for quality and safety
- Set priorities for performance improvement activities
- Assure all departments, and contracted services, are involved
- Review sentinel events
- Review workplace violence incidents
- Evaluate adequacy of staffing
- Evaluate effectiveness of all staff related to quality and patient safety



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### Oversee Quality: Define Accountability | CMS Requirements

Governing Body must be actively engaged in the oversight & periodic review of the QAPI\* program



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### Oversee Quality: Review Data | Example

Abstracted from Johns Hopkins Medicine Consolidated Quality and Safety Summary

From Austin, Jt Comm J Qual Patient Saf. 2017

Metric	Academic Divisions					
	Hospital A			Hospital B		
	Current Performance*	Performance Last Board*	Baseline	Current Performance*	Performance Last Board*	Baseline
<b>Patient Experience</b>						
HCAHPS Overall Rating of Care (Percent Top Box)	66%	67%	69%	82%	82%	79%
<b>Preventable Harms</b>						
CAUTI SIR Publicly Reported	0.54	0.39	0.39	0.32	0.46	0.46
<b>Hand Hygiene</b>						
Rate	83%	93%	93%	95%	90%	90%
<b>Efficiency</b>						
Readmissions All Inpatient populations	-8.10%	-7.76%	1.177	-6.22%	-5.64%	1.114
<b>ED Throughput</b>						
Median hours for timeframe	10:06	6:53	6:53	13:04	11:10	11:10

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### Create the Culture | Proven Practices



- ✓ Goal: Zero harm
- ✓ Resources provided
- ✓ Behavior expectations: Code of conduct
- ✓ Engagement strategies: Leadership Rounds

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## Reflect

How is your governing body supporting a culture of quality and safety at your organization?

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## Leadership Matters!

Higher-performing health care organizations are correlated with well-educated boards that discuss and monitor quality and safety in measurable, meaningful ways at every board meeting.

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## Questions?



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# Thank you.

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