

# **National Action Alliance to Advance Patient Safety Webinar Series**

**Engaging Boards and Executive Leadership In Safety**  
***August 22, 2023***

**Beth Daley Ullem**

**Founder and CEO, Quality and Safety First**

# National Action Alliance To Advance Patient Safety

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## A joint HHS initiative of:

**AHRQ**

**CDC**

**CMS**

**FDA**

# National Action Alliance To Advance Patient Safety

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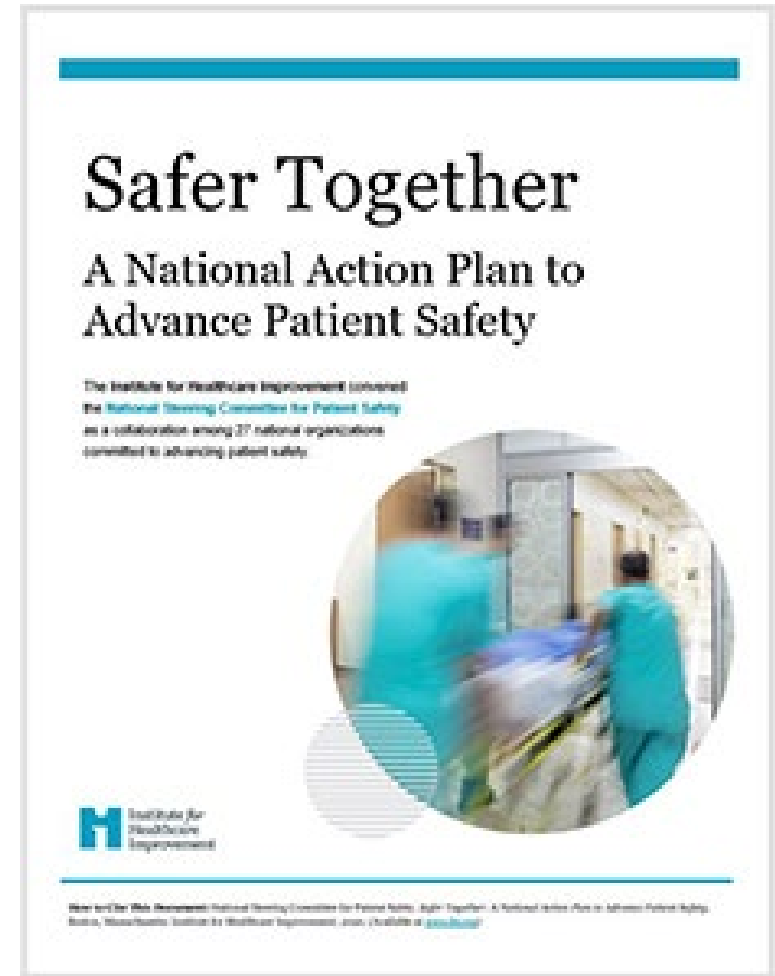
- Secretarial initiative: formally introduced by HHS Secretary Xavier Becerra in November 2022
- Call to action: recommitment to advance patient and workforce safety to move towards zero harm in healthcare
- A public-private collaboration among HHS' Federal agencies and private stakeholders including healthcare systems, clinicians, professional societies, patients, families, digital health sector, payors, and health service researchers
- A voluntary learning community intended to support improvements across healthcare delivery settings within all types of healthcare systems and systems focused on caring for diverse populations.
- An opportunity to make sure HHS is working with stakeholders most effectively; sharing evidence-based best practices and associated tools
- Recognize that “healthcare is not safe until it is safe for all”

# Four Pillars of the National Action Plan

**The Action Alliance will build upon the four foundational areas of the National Action Plan:**

- Culture, Leadership, and Governance
- Patient and Family Engagement
- Workforce Safety
- Creation of Learning Health Systems

<https://www.ihl.org/Engage/Initiatives/National-Steering-Committee-Patient-Safety/Pages/National-Action-Plan-to-Advance-Patient-Safety.aspx>



# Upcoming Webinars

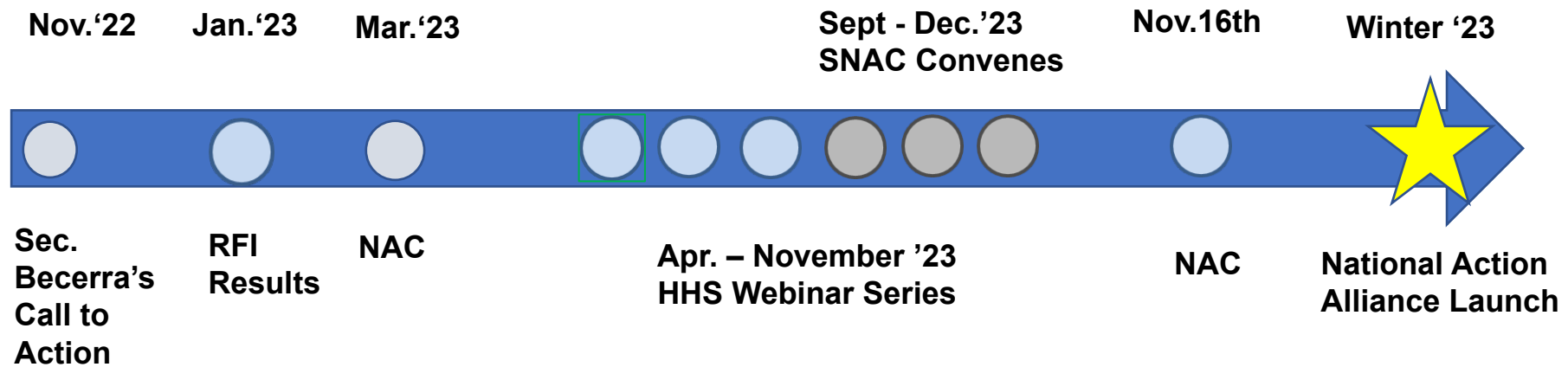
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- **September 26**, 2:00-3:00 PM ET, Sponsored by the Veterans Health Administration

**“VHA’s Journey to High Reliability: Advancing Toward Zero Harm and Becoming a Learning Health System”**

- **October 24**, 2:00-3:00 PM ET:
- **November 28**, 2:00 – 3:00 PM ET:

# National Action Alliance Timeframe



# President's Council of Advisors on Science and Technology (PCAST)



A Transformational Effort on Patient Safety

July 2023

**DRAFT/PRE-DECISIONAL**

# Speaker



## Beth Daley Ullem, MBA

- Advise and support health systems on governance
- Lead Author and Project Lead for IHI on Governance of Health System Quality
- Co-Founded Patients for Patient Safety-US – a WHO chapter for safety advocacy in the US
- Current Boards: IHI Board of Directors and Solutions for Patient Safety (Pediatric Safety Network)
- Previously served on the boards of SIDM (Diagnostic society), the Children’s Hospital of Wisconsin and Thedacare Health System and the Center for Healthcare Value.
- Contributed to the National Action Plan to Advance Safety - governance guidelines. Serve on the CMS structural metric technical expert panel and the Leapfrog Survey Patient and Family Advisory Board.
- Prior career in consulting and investment banking. Shifted to healthcare quality due to medical error event in my family.

Contact information:

[www.qualityandsafetyfirst.org](http://www.qualityandsafetyfirst.org)

[beth@qualityandsafetyfirst.org](mailto:beth@qualityandsafetyfirst.org)



# Today's Objectives

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1. Identify the challenges to supporting board engagement on quality
2. Clarify the workflow and attributes of a board committed to quality
3. Identify strategies and tools to support your board's quality work



# Reflection Question:

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Please reflect on your board using the following statements (**all** that apply to you):



1. Our board proactively adds to the agenda areas of quality oversight or concern
2. Our board reacts to what is presented to them but tries to engage on quality
3. Our board covers primarily safety and rarely discusses clinical performance, population health, equity and other dimensions of quality.
4. Our board is very hospital-centric and does not evaluate quality in all the areas we provide care (behavioral health, clinics, dental, nursing homes etc.)
5. Our board is not interested in quality and it gets pushed off the agenda or to consent agenda
6. Our board received an education in quality but we are not sure if what we are doing is best practice
7. Our Board understands harm but does not resource and support the improvement needs and leadership prioritization of quality.

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# Current State of Governance of Quality

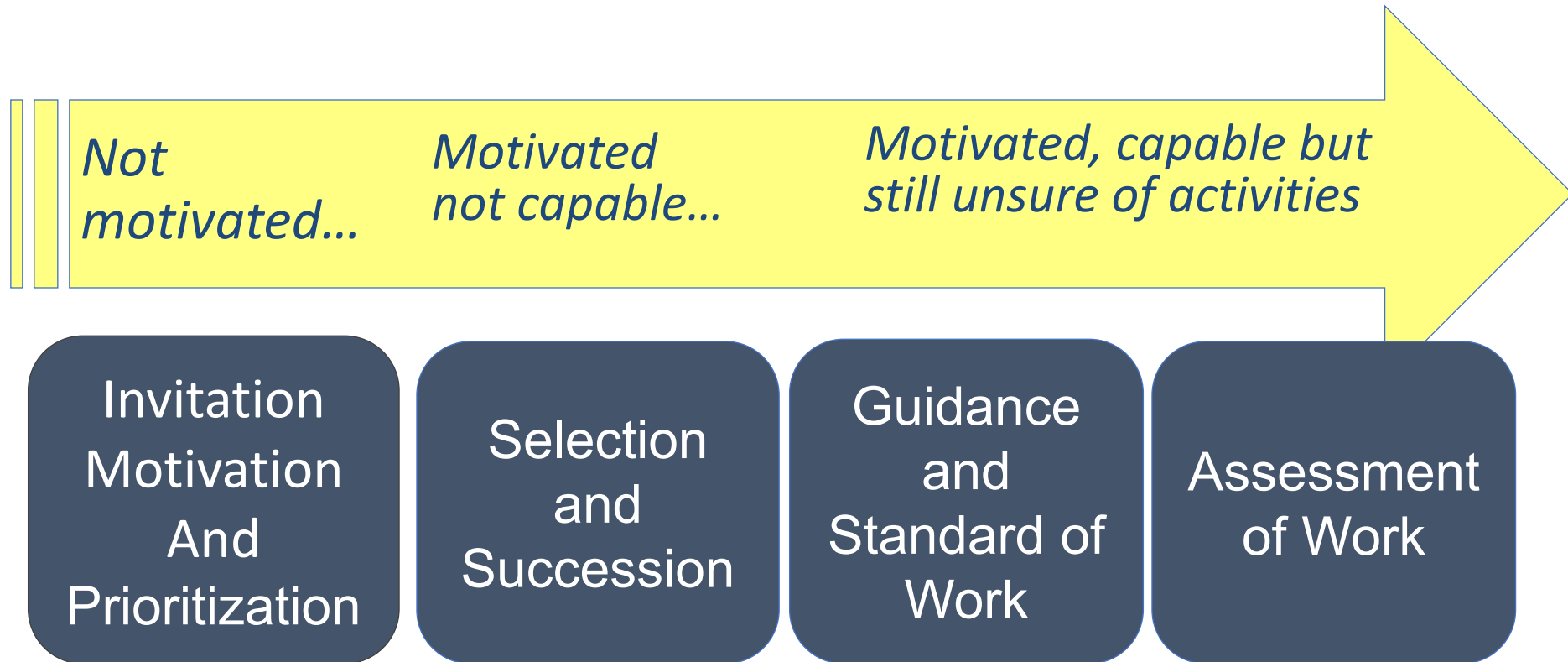
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- Boards have a high **variation** in interest in and understanding of quality = high support needs by leadership or **avoidance** of quality by board
- Governance often focused on reporting requirements and **not proactive** thought partnership with leadership of safety and quality
- Variance in health systems' ability to integrate data for improvement creates **choppy data** being shared with boards
- Governance often **hospital-centric**, with limited focus on population health or care outside of hospitals
- Boards do not have enough time for the depth of quality oversight being asked of them



# Variation in Board Quality Work

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# Variation in Board Quality Work (Internal)

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## Invitation Motivation And Prioritization

- Many hospital CEOs still prefer not to have the board engage on quality and be more focused on philanthropy
- Many boards are intimidated by the technical elements of quality that are unfamiliar to them
- Many boards do not see it as a strategic priority – more of an operational issue not at the board level

## Selection and Succession

- Governance committees not trained to select individuals with high reliability or quality backgrounds
- The constant cycle of board and committee members on and off board and committee provides a unique challenge to build and sustain quality competency and commitment on the board

# Variation in Board Quality Work

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## Guidance and Standard of Work

- Variable guidance for what content hospital boards should know and what activities they should do for safety and quality governance
  - Most State and National education content relies on revolving panels and not a ‘standard curriculum’ with specific essential board activities defined
  - Education content is currently more focused on motivation and effort, not competency of concepts and oversight processes
  - “Cherry picking” what to work on to ‘manage’ the board

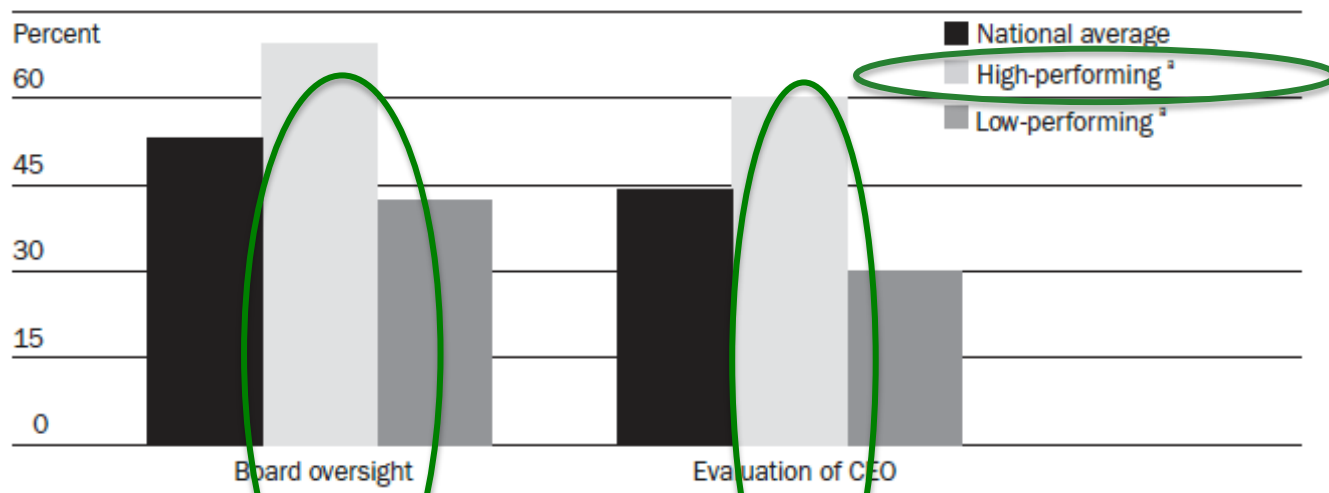
## Assessment Gaps

- Limited use of assessment tools available to evaluate board oversight of quality work
- QAPI guidance and accreditation oversight for boards has variance in deployment with unlikely financial consequences

# Board Oversight of Quality

## EXHIBIT 1

### Percentage Of Hospital Board Chairs Reporting That Quality Of Care Is One Of The Top Two Priorities For Board Oversight Or Evaluation Of CEO Performance, 2007-08



**SOURCE:** Authors' analysis of their own survey data.

**NOTE:** CEO is chief executive officer.

<sup>a</sup> Statistical significance ( $p < 0.001$ ) for comparisons of the difference between the highest- and lowest-performing hospitals. Rates are adjusted for the number of beds, region, location (urban versus rural), teaching status, and ownership.

\*High performing hospitals defined as those in the top decile of HQA (Hospital Quality Alliance) evidence-based process measures as defined by CMS Hospital Compare.

Source: Health Affairs, January 2010

- In 2010, *fewer than half* of nonprofit hospital boards surveyed ranked quality of care among top two priorities, and about one-third received training on clinical quality.

- **Hospitals that perform high on quality metrics correlate with board time spent on quality.**



# CMS CoP Requirements for Boards – Revised 2023

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## Section 482.21

- The hospital must develop, implement, and maintain an **effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program**. The hospital's governing body must ensure that the program reflects the complexity of the organization and its services; involves all departments and services (including contracted services); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of its Quality Assessment Performance Improvement (QAPI) program for review by CMS.
- ***March 9, 2023 this guidance was updated...***

# CMS CoP Requirements for Boards – Revised 2023

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## Section 482.21(a) – Updates to Interpretative Guidance

### Added more detail (for surveyors to assess)...

1. The hospital governing body's responsibility to oversee the QAPI program, resourcing and efficacy.
2. The board's understanding of how quality priorities are established, data collected, organized and used to monitor and improve quality and safety.
3. The board minutes for evidence of having an 'active role' in oversight at *all* locations of care.
4. The board's tracking of adverse events and delineated types of errors (including near misses) - focus on high risk, high volume or problem prone areas.
5. The board oversight of contract employees to ensure they have/are part of QAPI efforts where appropriate and understand how to identify and report events.

# Joint Commission Req. for Boards

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## The Joint Commission Elements of Performance:

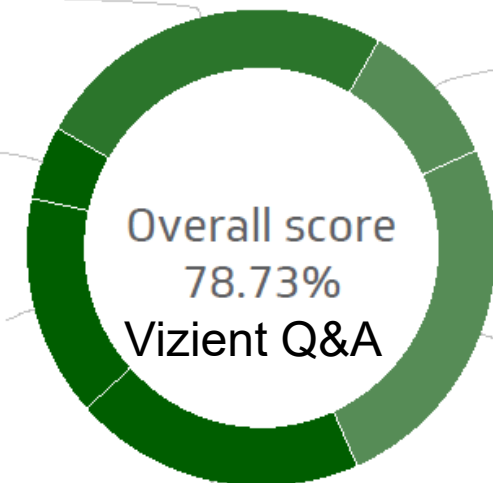
### EP LD 03.07.01

As part of performance improvement, leaders (including the governing body) do the following:

- Set priorities for performance improvement activities and patient health outcomes
  - Give priority to high-volume, high-risk, or problem-prone processes for performance improvement activities
  - Identify the frequency of data collection for performance improvement activities
  - Reprioritize performance improvement activities in response to changes in the internal or external environment
- Note: the guidance from surveyors has not been updated yet since the CMS CCSQ update however the Joint Commission has been reducing quality metrics— over 14% of metrics were eliminated in 2023 and a second tranche of standards under review for elimination/redundancy.\*

\*Source: Joint Commission Newsletter Dec 2022

# Other Quality Feedback for Boards...



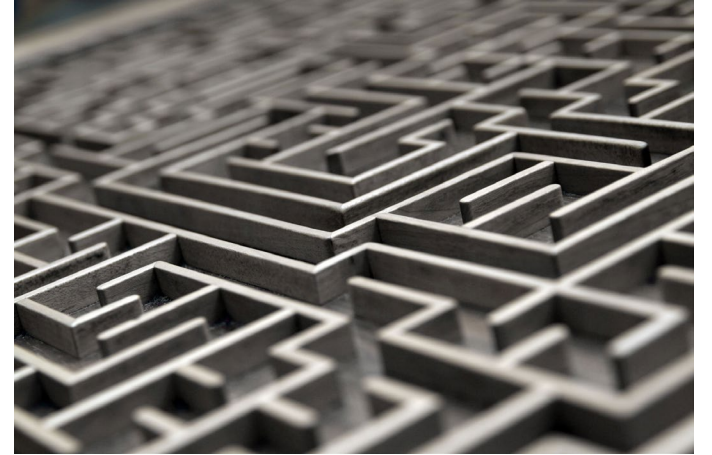
# Current State

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Too much noise in data and guidance.

Too little time and discussion in the board room.

Too much variance



Boards care about their systems of care but struggle to feel confident in the complexity of quality oversight to meet their fiduciary responsibilities.

# Today's Objectives

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1. Identify the challenges to supporting board engagement on quality

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# Framework for Effective Governance of Health System Quality

## Authors:

- Elizabeth Daley Ullem, MBA, Faculty Lead, IHI; President, Quality and Safety First
- Tejal K. Gandhi, MD, MPH, CPPS, Chief Clinical and Safety Officer, IHI; President, IHI Lucian Leape Institute
- Kedar Mate, MD, Chief Innovation and Education Officer, IHI
- John Whittington, MD, Senior Fellow, IHI
- Marina Renton, Research Assistant, IHI
- Joellen Huebner, Senior Project Manager, IHI



## Acknowledgments:

The authors are grateful to the IHI Lucian Leape Institute members, whose leadership identified the need for support for trustees and health system leaders in governance of quality. We also thank the experts interviewed for this work and the in-depth contributions of the expert group that developed and revised the framework and assessment tool. This work was created through collaboration with many leading health care and governance organizations, including the American Hospital Association, The Governance Institute, and the American College of Healthcare Executives. Finally, the authors thank Jane Roessner and Val Weber of IHI for their thoughtful editorial review of this white paper and the IHI thought leaders who, over the years, have advanced board commitment to quality.

The Lucian Leape Institute is an initiative of IHI. This paper was generously funded by an unrestricted educational grant from Medtronic, Inaugural Funder of the IHI Lucian Leape Institute. Medtronic had no control or influence over the selection of experts, the content, or the views expressed in this paper.

# A Vision of Effective Governance of Quality

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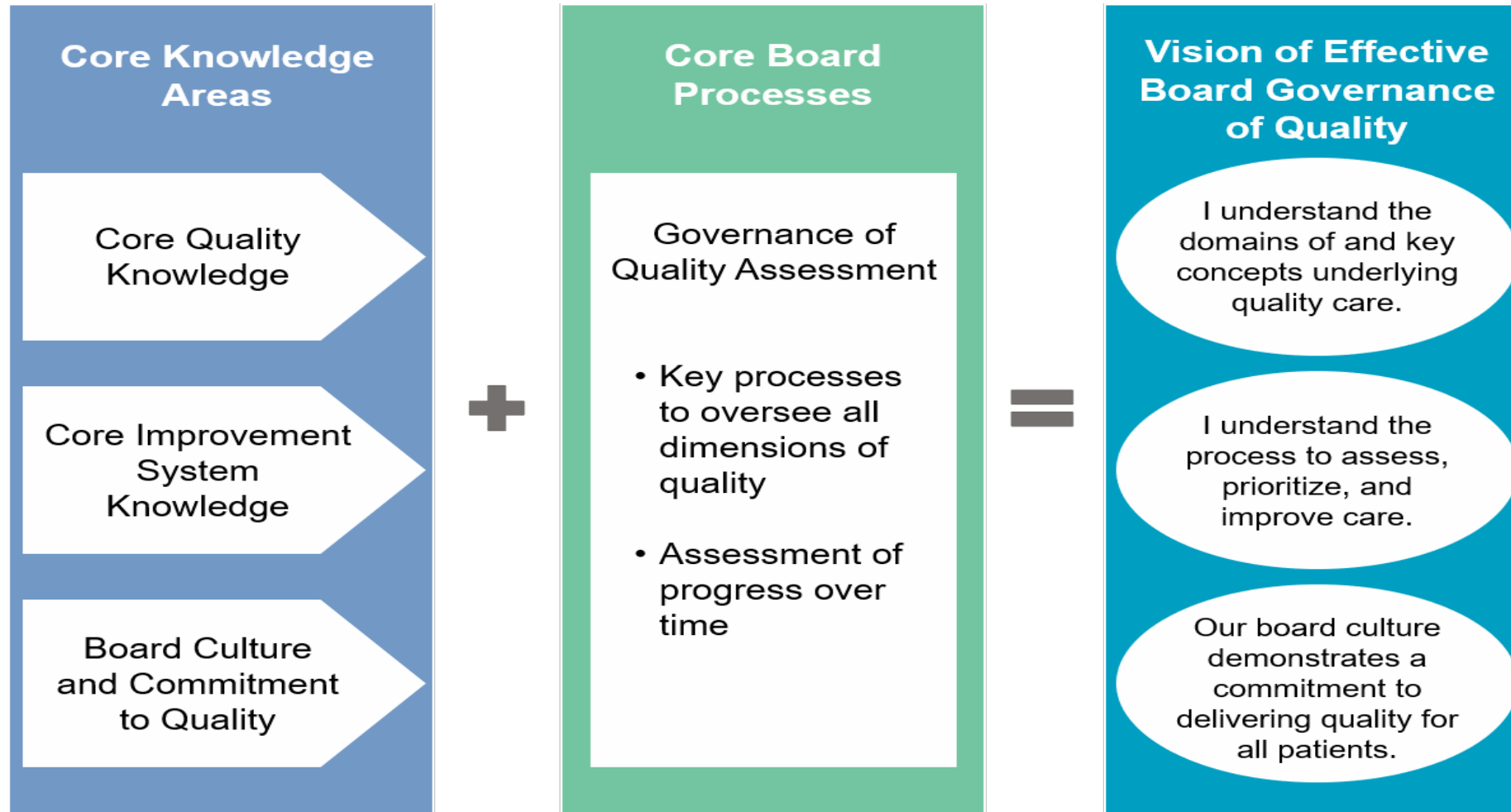
I understand the domains of and key concepts underlying quality care.

I understand the process to assess, prioritize, and improve care.

Our board culture demonstrates a commitment to delivering quality for all patients.



# Framework for Governance Quality



# The Governance of Quality Assessment

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## Category 1 | Prioritize Quality: Board Quality Culture and Commitment

Board establishes quality as a priority on the main board agenda (e.g., equivalent time spent on quality and finance), and time spent on quality reflects board commitment.

Health system senior leaders provide initial and ongoing in-depth education on quality and improvement systems to all trustees and quality committee members and clearly articulate board fiduciary responsibility for quality oversight and leadership.

Board receives materials on quality before board meetings that are appropriately summarized and in a level of detail for the board to understand the concepts and engage as thought partners.

Board reviews the annual quality and safety plan, reviews performance on quality metrics, and sets improvement aims.

Board ties leadership performance incentives to performance on key quality dimensions.

Board conducts rounds at the point of care or visits the health system and community to hear directly from patients and caregivers to incorporate the diverse perspectives of the populations served.

Board asks questions about gaps, trends, and priority issues related to quality and is actively engaged in discussions about quality.

# The Whitepaper *Support Guides*

IHI White paper has three short guides geared toward C-suite and governance educators who support board members

## 1. Core Quality Knowledge

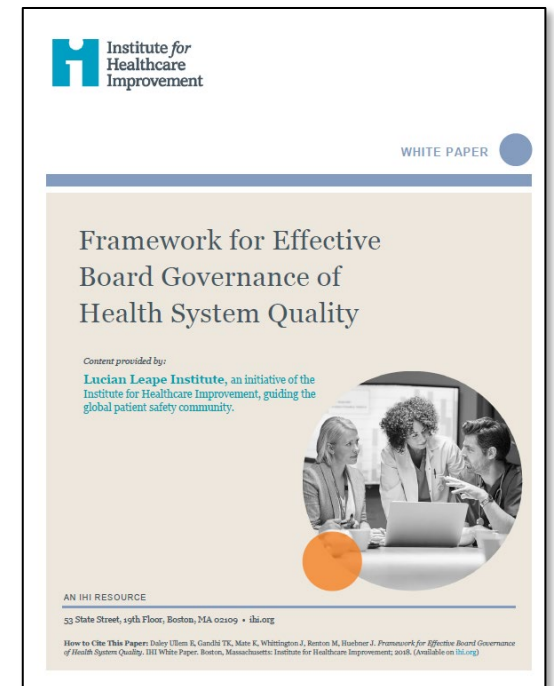
- Outlines the quality concepts in which trustees should be versed
- Includes key questions for trustees to answer and concepts to be taught

## 2. Core Improvement System Knowledge

- Highlights ideas for core trustee knowledge about how their health system approaches improvement

## 3. Board Culture and Commitment

- Summarizes attributes of a board culture that supports quality care and continuous improvement



# The Governance of Quality Assessment

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## What is it?

- 6 categories, 30 questions

## Why is it different?

- Specific quality oversight processes (versus effort)
- Covers continuum of care (goes beyond the hospital)
- Incorporates value, all six quality dimensions, population health
- Structure reflects the patient voice
- Built collaboratively with leading governance organizations

<https://gqaonlinetool.questionpro.com>



# The Governance of Quality Assessment

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## Category 2 | Keep Me Safe: Safe Care

Board regularly tracks and discusses performance over time on key safety metrics (to include both in-hospital safety and safety in other settings of care).

Board annually reviews management's summary of the financial impact of poor quality on payments and liability costs.

Board evaluates management's summary of incident reporting trends and timeliness to ensure transparency to identify and address safety issues.

Board reviews Serious Safety Events (including workforce safety) in a timely manner, ensuring that leadership has a learning system to share the root cause findings, learning, and improvements.

Board reviews management summary of their culture of safety survey or teamwork/safety climate survey to evaluate variations and understand management's improvement strategies for improving psychological safety, teamwork, and workforce engagement.

Board reviews required regulatory compliance survey results and recommendations for improvement.

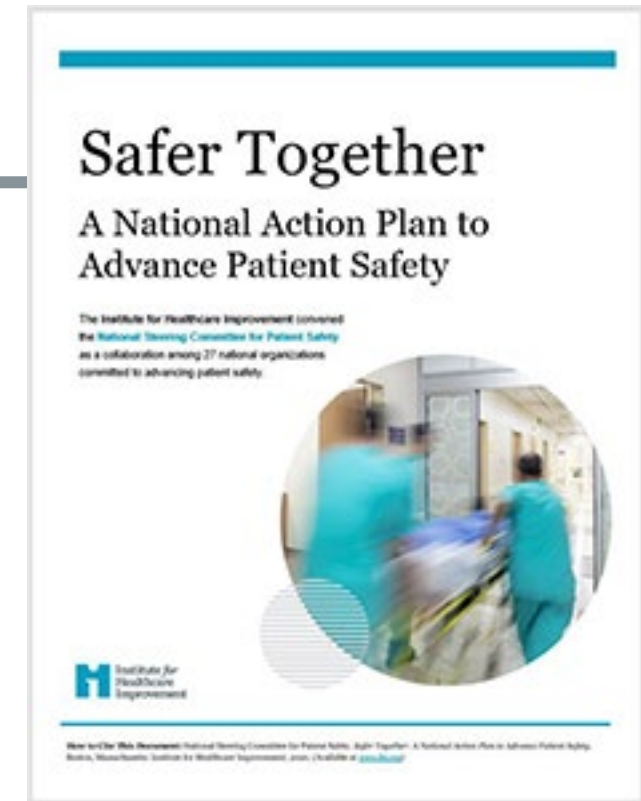
# National Action Plan

## Authors:

- ARHQ and IHI convened the National Steering Committee for Patient Safety
- 27 National Organizations

## Key Takeaways:

- 17 High-Level Recommendations
- Focus areas of 1)Culture, Leadership Governance 2)Patient and Family Engagement 3)Workforce Safety and 4)Learning System
- Self Assessment Tool focuses Governance guidance on:
  - Setting clear safety goals with action plans for all areas of care
  - Linking Leadership performance to safety and culture metrics
  - Ensuring just culture and transparency after harm
  - Review of harm reporting timeliness communication with patients.
  - Emphasizes that 20% of board time should be focused on safety events, culture of safety and improvement actions
  - Encourages Governance support of a learning and improvement system



# American Hospital Association Resources

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## Key Resources:

- Trustee Insights Newsletter
- Board Engagement Diagnostic focused on board behavior and commitment
- Many articles of interest on quality and safety
- Video Learning – excellent video on credential process



# Additional Tools and Resources

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**National Action Alliance – Safer Together National Action Plan**

**IHI – Governance of Health System Quality**

**AHA Trustee Services**

**State Hospital Associations**

**Governance Institute (membership)**





# Additional Resources – Six videos!

## *Six Videos to Connect Trustees to Quality Oversight Concepts*

Center for Healthcare  
Narratives at Medstar –  
Six Videos to Demonstrate  
Board Member Oversight of  
the Core Quality areas

<https://bit.ly/2D50teO>

- 5-8 min per video
- Video scenarios based on real boardroom quality issues
- Videos organized along the six framework dimensions
- Free! Open sourced!



Prioritizing Quality-Board Quality Culture and Commitment to Quality



Keep me Safe: Safe Care



# Today's Objectives

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# Board Culture And Commitment

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## *Re-Evaluate Your Board's Approach*

- **Education**
- **Workflow (take an assessment)**
- **Time on Quality (min 20%)**
- **Discussion vs. Consent Agenda**
- **Link between Quality and Learning/QAPI**



# Board Culture and Commitment

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## Renew Education for the Board

- Evaluate Board Quality Knowledge Training – initial and ongoing.
- Bring the Board to the front-line Patient and Staff to Learn and Show Support for Quality
- Provide Mini-Quality and Clinical Patient-Centered Experiences
- Require board members to join one quality committee meeting each year or new board members to start their board service on the quality committee.



# Helping Boards Understand Safe Care

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## *Translate Safety Culture – Identify the Challenge*

### **Ask your Board to Support Communication Openness – Key attributes:**

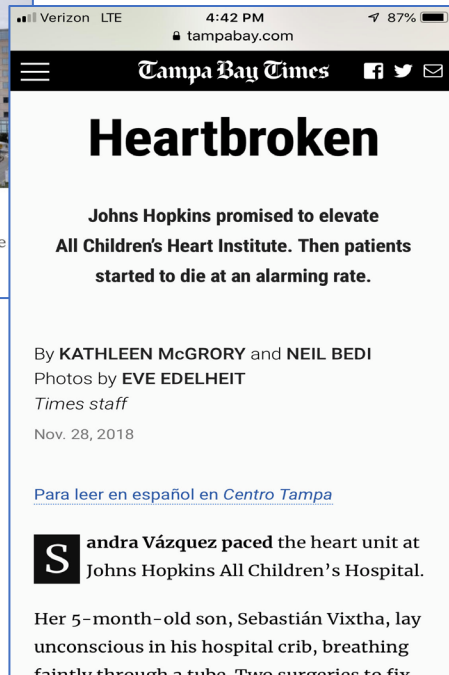
1. Staff will freely speak up if they see something that may negatively affect patient care.
2. Staff feels free to question the decisions or actions of those with more authority
3. All staff report / know how to and use reporting system for identifying concerns.

### **Your Board:**

- Make sure your Board knows how you EVALUATE and track safety culture across the system, across types of positions and across departments.
- Make Sure the Board understands how you ACT on concerns about safety and how just culture connects to delivering safe patient care and responsible risk management.
- Useful videos to explain Safety and Just Culture to your board:
  1. <https://www.youtube.com/watch?v=zeldVu-3DpM&t=179s>
  2. <https://www.youtube.com/watch?v=3nRN3OfIDLQ>

# Helping Boards Understand – Case Studies

## Discussion – Safety vs. Effective Care



### Issues:

- Rise in employee complaints in cardiology and cardiac surgery
- Patient mortality triple the norm and rise in adverse events and claims (often lagging indicators)
- Patient complaints
- Culture of Non-transparency and Blame

### Use of Case Studies

Would your board have been...

- Aware of the poor care and complaints using your current quality dashboard / board workplan?
- Notified by management to the board in a timely manner as they happened?
- Could a department hide embarrassing events from management and the board?

# Board Culture and Commitment

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## *Culture of Safety – Is your board on board?*

Boards need to *not just* review quality metrics but **more deeply** support a culture of safety and understand how it is integrated and resourced throughout the system of care to have comfort with the management's work on quality.

Boards need to understand how culture of safety scores, reporting and key safety outcomes **vary** throughout the organization.

Finally, **connecting the dots** between safety outcomes and financial and human cost is a fiduciary (and moral) responsibility of the board.

# The Governance of Quality Assessment

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## Category 3 | Provide Me with the Right Care: Effective Care

Board ensures that the clinician credentialing process addresses concerns about behavior, performance, or volume and is calibrated across the health system.

Board reviews trends or drivers of effective and appropriate care as defined for the different areas of the system's care.

Board evaluates senior leaders' summary of metrics to ensure physician and staff ability to care for patients (e.g., physician and staff engagement, complaint trends, staff turnover, burnout metrics, violence).

Board establishes a measure of health care affordability and tracks this measure, in addition to patient medical debt, over time.

Source: Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J. *Framework for Effective Board Governance of Health System Quality*. IHI White Paper. Boston, MA: Institute for Healthcare Improvement; 2018. [ihi.org/BoardQuality](https://www.ihi.org/BoardQuality)

### Useful additional resource:

Video on the role of the board in medical staff credentialing:

<https://trustees.aha.org/quality/the-boards-role-in-medical-staff-credentialing>



# The Governance of Quality Assessment

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## Category 4 | Treat Me with Respect: Equitable and Patient-Centered Care

Board has patient representation, patient stories, and/or interaction with patient and family councils, and engagement with community advocates at every board and quality committee meeting.

Board reviews patient-reported complaints and trends in patient experience and loyalty that indicate areas where respectful patient care is not meeting system standards.

Board evaluates and ensures diversity and inclusion at all levels of the organization, including the board, senior leadership, staff, providers, and vendors that support the health system.

Board reviews the health system's approach to disclosure following occurrences of harm to patients and understands the healing, learning, and financial and reputational benefit of transparency after harm occurs.

Board ensures that all patient populations, especially the most vulnerable, are provided effective care by evaluating variations in care outcomes for key conditions or service lines based on race, gender, ethnicity, language, socioeconomic status/payer type, and age.

# The Governance of Quality Assessment

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## Category 5 | Help Me Navigate My Care: Timely and Efficient Care

Board reviews metrics related to access to care at all points in the system (e.g., hospital, clinics, behavioral health, nursing home, home care, dental) and ensures that access is equitable and timely for all patients.

Board reviews senior leadership's strategy for and measurement of patient flow, timeliness, and transitions of care, and evaluates leadership's improvement priorities.

Board evaluates senior leadership's strategy for digital integration and security of patient clinical information and its accessibility and portability to support patient care.

# The Governance of Quality Assessment

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## Category 6 | Help Me Stay Well: Community and Population Health and Wellness

Board reviews community health needs assessment and senior leadership's plans for community and population health improvement.

Board reviews performance in risk-based contracts for population health.

Board evaluates approach to integration and continuity of care for behavioral health patients.

Board reviews leadership's plans to address social determinants of health, including any plans for integration with social and community services.

Board evaluates the health system's strategy for supporting patients with medically and socially complex needs and with advanced care planning.

DRAFT FY20 COMMUNITY AIMS	FY19 Result	FY20 Goal	FY20 Actual	AOP Initiatives
<b>Increase % patients whose end of life wishes are known</b>	Determine baseline of patients 55+ with Advanced Directives of MOLST	Increase by 10%		<p><b>FY20 Goals: Increase number of patients with advanced directives, MOLST and other end-of-life documents in EPIC by 10% over FY19 baseline.</b></p> <p><b>2.1 Expand care and chronic disease management in support of population health.</b>  2.1.1. Explore the implementation of programs targeted to “home based” care, such as hospital at home.  2.1.2. Further the use of technology to enable a frictionless consumer experience and improve access to care.  2.1.3. Expand care redesign and new payment programs such as the MPC program in support of managing total cost of care.</p> <p><b>2.2 Expand the Institute for Healthy Aging</b>  2.2.1. Implement age friendly best practices across the health system</p> <p><b>2.3 Address community health needs</b>  2.3.1. Execute Community Health Implementation Plan based on FY19-21 CHNA and establish annual community benefit target.  2.3.2. Participate in a public-private partnership with AACPS.  2.3.3. Pursue a partnership with Anne Arundel County and Annapolis City emergency medical services to develop a mobile integrated community health program.  2.3.4. Measure social determinants of health (SDOH) in all patients and develop resources to address the most prevalent SDOH needs that are identified.</p>
<b>Reduce disparity in patient satisfaction with follow up test results</b>	79% Whites 70% Blacks/ AA FY18	<= 4% difference between Whites and Blacks/ African Americans		
<b>Increase the % of patients assessed for Social Determinants of Health</b>	NA	30%		
<b>Decrease ED Diversion rate</b>	March 12%	5.8%		
<b>Increase the % of Medicare beneficiaries on Eastern Shore with a Wellness Visit</b>	Determine Baseline	Goal TBD		
<b>Increase the % of patients identified at risk for depression who are screened for access to firearms</b>	Determine Baseline	Goal TBD		

# Discussion:



Open mic time to discuss challenges you are facing on your board.

# Closing Thoughts

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- About 90% of board members are unpaid, doing service because they care about their communities. They meet on average about 20-24 hours a year.
- It is hard to retain board commitment to quality with data dumps and consent agenda with out understanding and integrated discussion.
- Boards should not be the quality expert or micromanage your job.
- However, health system leaders have a responsibility to be transparent with and inform the board of their operational approach to quality, improvement and performance and to ensure that the system is treating patients and employees with respect.
- The Board has a fiduciary responsibility to engage in quality of care.

# Next Steps

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- Renew Education and Invitation to Engage on Quality
- Take the GQA assessment to identify gaps in your quality board work
- Review the Agenda for time and areas to create deeper discussion on quality and eliminate low ROI areas off board agenda
- Ensure that the board understands how you identify and prioritize concerns (various sources and integration) and how you improve areas of concern with learning efforts, technology and other improvement workstreams (QAPI)
- Discuss all work in terms of what impact it will have on patient care - center on the patient will keep the board engaged.
- Ensure that you and the board understand the financial impact of quality challenges (not just claims) – connect the dots.
- Celebrate the wins and the challenges together - share the journey toward improvement and the board will have more confidence in you.