

**THE ROLE OF THE BOARD AND
EXECUTIVE TEAM IN LEADING
QUALITY**

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SESSION GOALS

1. Identify the importance of quality strategies and plans for health care regions and organizations
2. Distinguish the characteristics of effective quality plans and why these characteristics are critical
3. Identify the extent to which current quality plans fulfill the requirements for clear and executable strategies
4. Understand the roles of boards, senior leadership and medical staff related to quality of care

STRATEGY FOR HEALTHCARE ORGANIZATIONS

“Every organization needs a guiding strategy, which defines its goals and purpose, the business or businesses it will operate in, the services it will offer, and the ways it will seek to distinguish itself from peers. Without a strategy, an organization lacks the clarity of direction to attain true excellence

Health care delivery cries out for strategy given the stakes, the scale and the sheer complexity”

Porter and Teisburg. *Redefining Health Care*, 2006, p. 151.

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YET QUALITY IS NOT STRATEGIC FOR MOST HEALTHCARE ORGANIZATIONS

A recent survey of health leaders across Canada suggests there is:

“an absence of consistent leadership (at all levels) with a defined focus on and commitment to quality. At the institutional level, some interviewees questioned the role and perceived limited involvement of Boards of Directors; these individuals argued that some Boards appear to be disengaged from providing a vision and setting expectations for quality and performance. They felt that quality improvement initiatives are being managed “off the side of the desk” in some institutions, which demonstrates a failure in senior leadership’s commitment to quality.”

National Health Leadership Survey on Performance and Quality Improvement, 2011

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CRITICAL ELEMENTS IN HIGH PERFORMING HEALTH CARE SYSTEMS

1. Quality as a Core Strategy
 - Broad definition of quality
 - Strategic focus on improving outcomes based on redesign of care processes and work roles
 - Patient as the focus of improvement
 - Alignment of efforts around focused strategic goals
2. Development of organizational skills to support performance improvement
3. Effective learning strategies and methods to test and scale up
4. Information as a platform for guiding improvement
5. Leadership systems that embrace common goals and align activities throughout the organization

G. R. Baker, A. MacIntosh-Murray, C. Porcellato, et al. 2008. High Performing Healthcare Systems: Delivering Quality by Design

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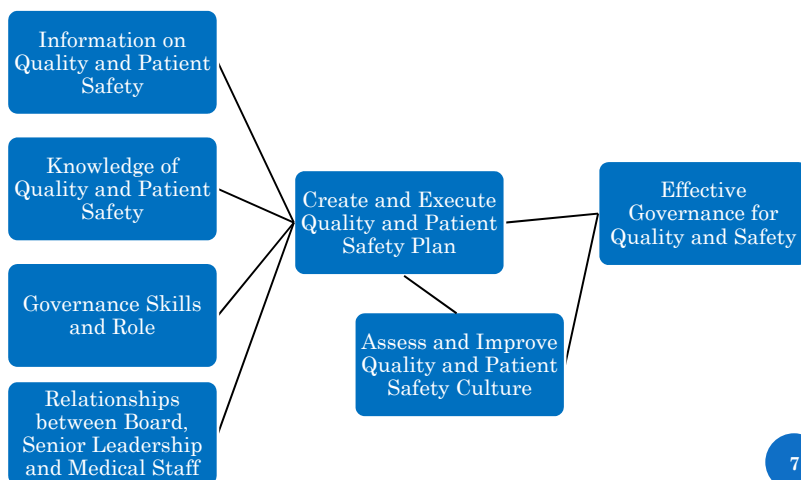
IMPACT OF BOARD ENGAGEMENT ON OUTCOMES

- US studies show that board engagement on quality and patient safety is associated with better outcomes (based on clinical data from hospitals)
- Key board activities:
 - Spend more than 25% of time on quality agenda
 - Board receives a formal quality performance report
 - High levels of interaction between the board and medical staff on quality issues
 - Senior leader compensation linked to quality performance
 - CEO is identified as the person with the greatest impact on quality

Vaughn, et al., 2006

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FIGURE 1: DRIVERS OF EFFECTIVE GOVERNANCE FOR QUALITY AND PATIENT SAFETY



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FOR ANY ORGANIZATION – WHAT IS NEEDED TO CREATE AND EXECUTE QUALITY STRATEGY?

- Engaged governance and leadership
- Identifying strategies that enable better quality and better value – “a quality plan”
- Setting goals, identifying measures and creating a portfolio of projects
- Aligning leadership and organizational systems to support improvements
- A relentless focus on execution and monitoring results

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BOARD AND SENIOR EXECUTIVE RESPONSIBILITIES

- Board role
 - Set direction and monitor performance
 - Create a board agenda that prioritizes quality
 - Incorporate quality knowledge onto board
 - Ask effective questions and create dialogue on quality and safety performance
 - Establish accountability for execution
- Senior leadership role
 - Establish a strong performance measurement system
 - Provide informative and timely reports on performance
 - Work with board to establish a strategic agenda
 - Keep board fully engaged on quality issues
 - Assume responsibility for execution of goals

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ELEMENTS FOR A GOOD QUALITY PLAN

- Focused on a few critical goals
- Linked to measures of outcome (and process)
- Balanced between provincial objectives and local needs
- Ambitious but achievable targets
- Can be translated into projects (drivers) that influence the outcomes

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BOARDS AND LEADERS MUST CREATE QUALITY PLANS OR STRATEGIES

- Strategic quality planning is a systematic approach to defining long-term business goals, including goals to improve quality and the means (i.e., the plans) to achieve them

J. DeFeo, Quality Digest

- Overall, a QIP should be seen as a tool, providing a structured format and common language that focuses an organization on change. The QIP will drive change by formalizing a plan and facilitating shared dialogue to support continuous quality improvement processes

Ontario QIP Template

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“Some is not a number.
Soon is not a time”

Don Berwick

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Quadrant	Goal Bold = Corporate Focus	Objective Bold = Corporate Focus	Board Indicators	Target	Goal Accountability
Access - Patients should be able to get the right care at the right time in the right setting by the right healthcare provider (Ontario Health Quality Council - OHQC)					
	Improve access to Urgent ORs, Emergency Care, Surgery and Diagnostic Imaging	To improve access and management times for Emergency Department patients	ED Offload 90 th percentile Offload Times for CTAS 1 ED Offload 90 th percentile Offload Times for CTAS 2 – 5 ED Access Times % admitted patients with ED LOS < 8 hours % waiting less than 8 hours for CTAS 1&2 % waiting less than 6 hours for CTAS 3 % waiting less than 4 hours for CTAS 4 & 5;	Improvement over combined Q3/4 FY07-08 performance CH: 2:00 GH: 1:20 10% improvement over combined Q3/4 FY07/08 10% improvement over combined Q3/4 FY07/08 10% improvement over combined Q3/4 FY07/08	Mike Tierney Dr. Adam Cwinn
Ottawa Hospital QIP					

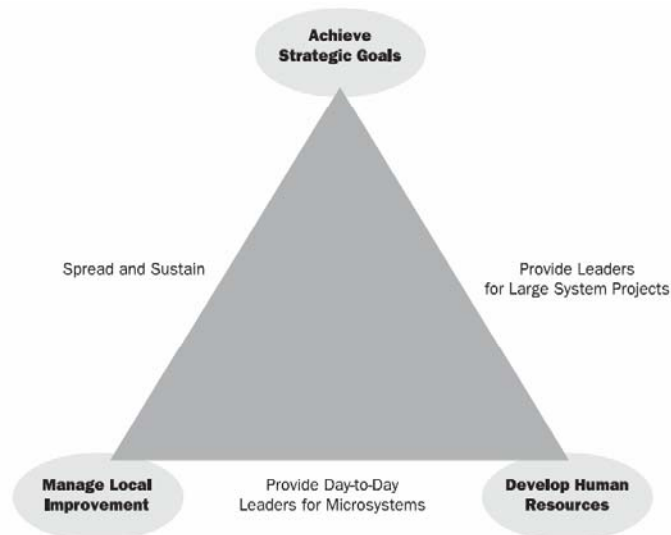
Goal	Objectives	Board Indicators	Measures	Account ability
Reduce harm to patients	Create and implement a consolidated and standardized Adverse Event (AE) Reporting System	Ventilator Associated Pneumonia rate (SHN) Central Line Infections rate Surgical Site Infection rate Hand Hygiene Compliance rate # Hip % receiving surgery < 48 hrs C Difficile Rate MRSA Rate VRE Rate HSMR	< 3 cases / 1,000 ventilator days < 1 case / 1,000 central line days 2.04% 50% improvement quarter to quarter 90% <0.636/1,000 pt days <0.169/1,000 pt days 0/1,000 pt days Ratio < 100	Dr. Jim Worthington
Ottawa Hospital QIP				

CREATING ALIGNMENT BETWEEN GOALS, MEASURES AND FOCUSED PROJECTS

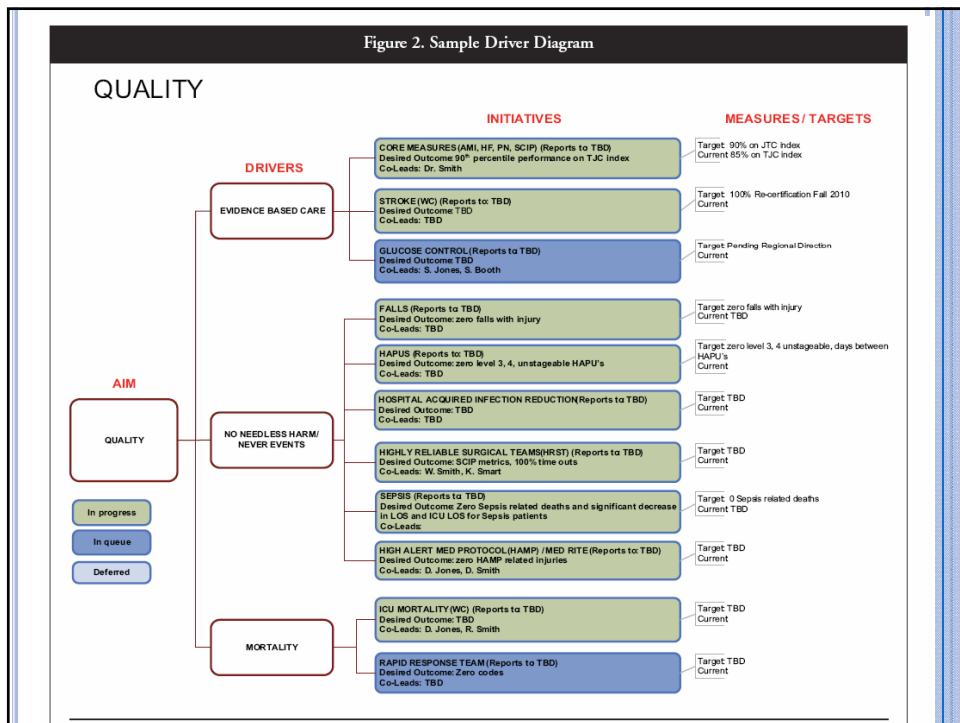
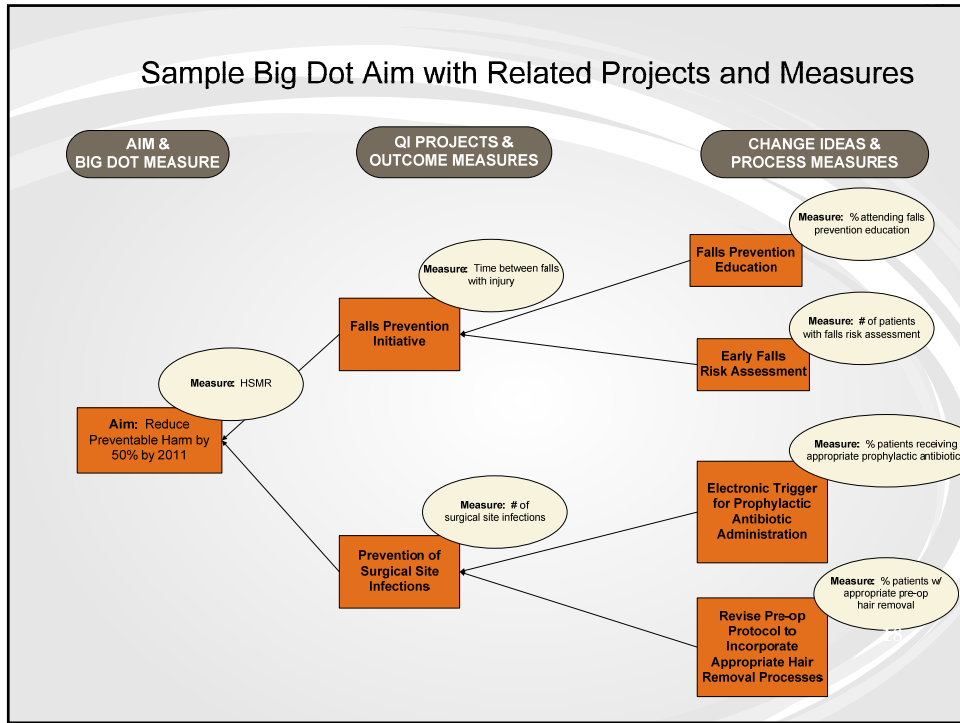
- Strategic plans are only valuable when they become translated into actions and produce results
- Setting and monitoring strategic goals for quality creates focus and communicates expectations to staff
- Goals should be specific and measurable
 - Not just vague statements reflecting universal truths; e.g., “becoming the best quality provider in our province”
 - Specific targets communicate required efforts

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A FRAMEWORK FOR EXECUTION



Institute for Healthcare Improvement

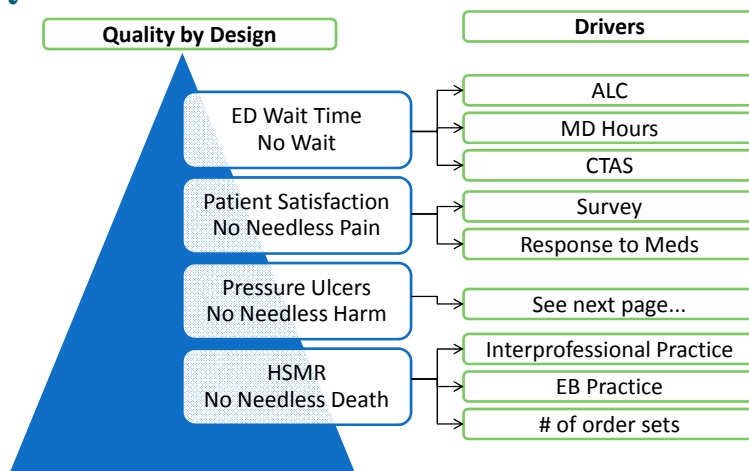


EXECUTION AND OVERSIGHT

- Driver diagrams help to translate strategy to goal oriented projects
- Limited resources require attention to those projects that will create the biggest impact in achieving the strategy
- Select projects based on
 - Overall contribution to aim
 - Fit with current resources
 - Overall room for improvement

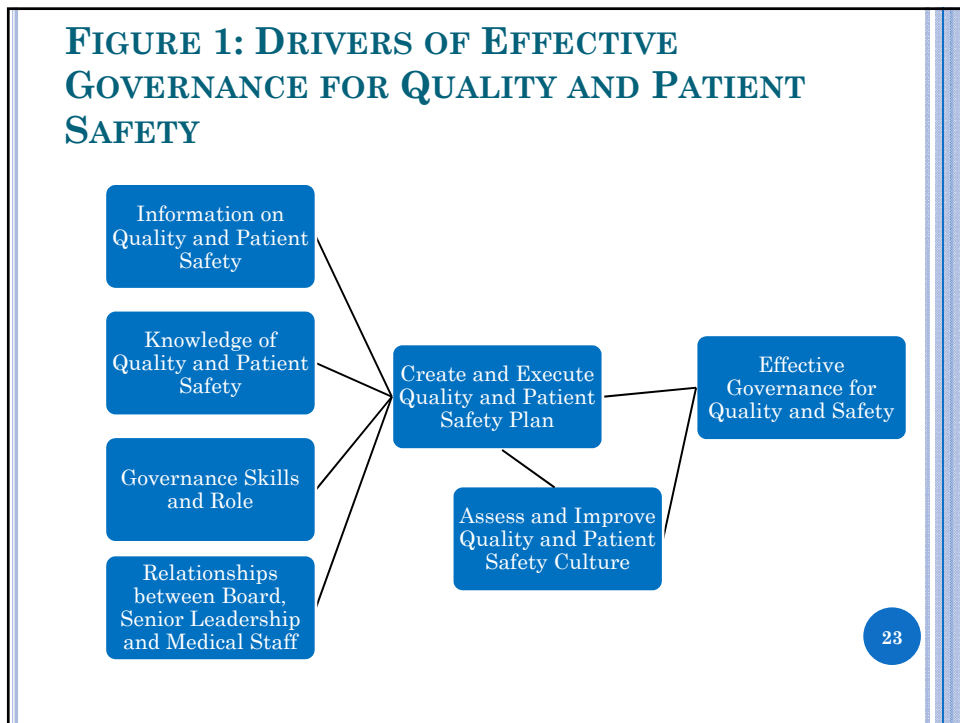
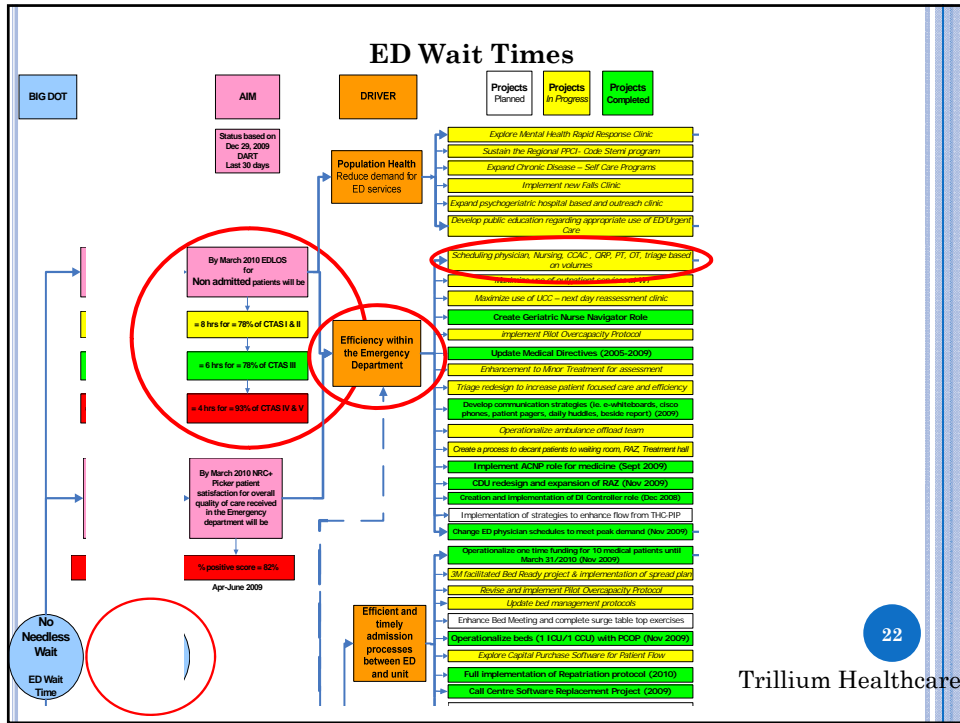
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QUALITY BY DESIGN



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Trillium Healthcare,
2009



CONCLUSIONS

- Quality and safety of care are critical aspects of healthcare performance
- Boards have fiduciary responsibilities for this performance
- Boards need to work with senior leaders and medical staff to establish ambitious but achievable quality improvement plans
- Execution is the responsibility of leadership, but boards need to ensure that organizations are on target and have the capabilities to achieve their goals