Influencing Quality of Care in the boardroom: Are we ready, willing and able?

Australian Centre for Healthcare Governance
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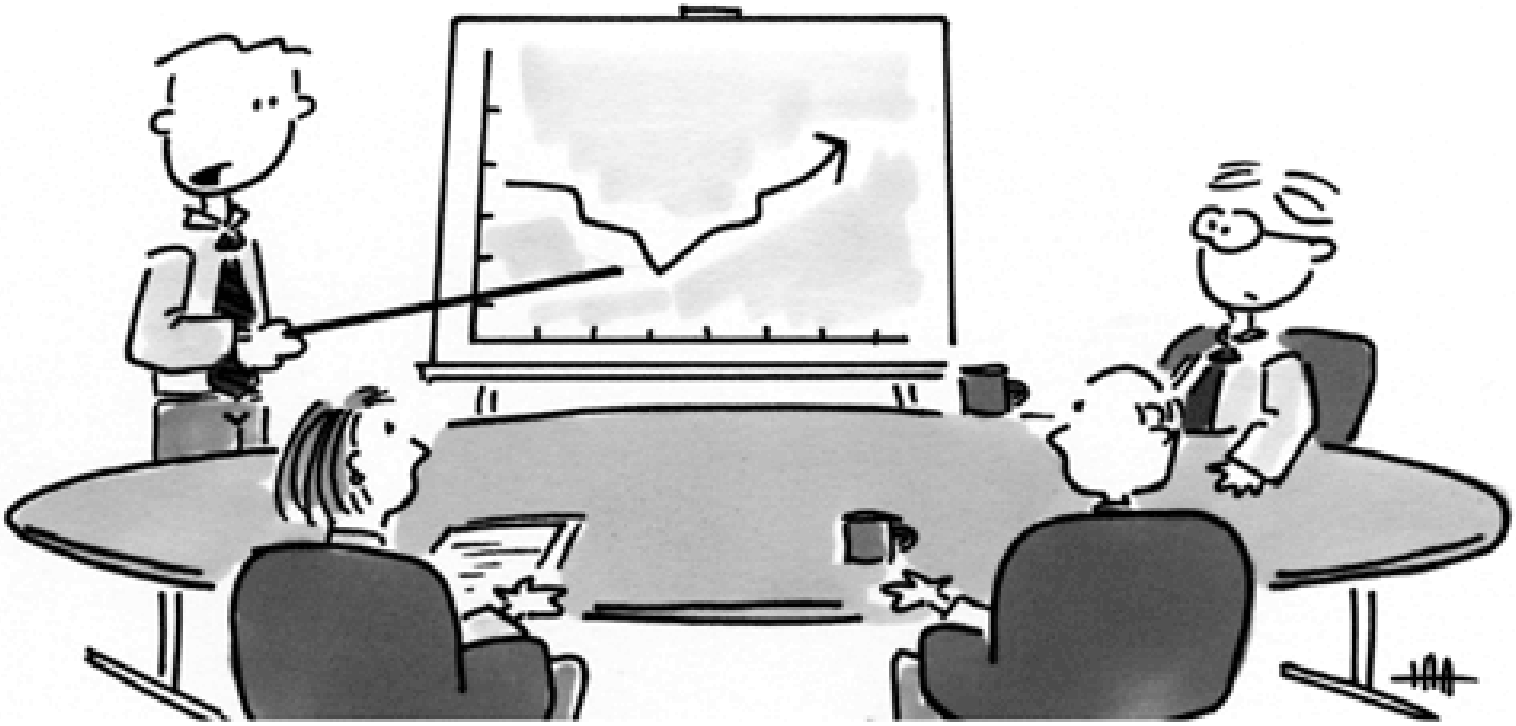


"So, as you can see, customer satisfaction is up considerably since phasing out the complaint forms."

Four questions

- How often do we harm?
- How often do we provide evidence-based care?
- How do we know if we have learned from mistakes?
- Have we created a quality and patient-safety culture?

Australia: Study aims

- What activities are Victorian health service boards currently undertaking in relation to quality and safety
- What are the views & attitudes of Board members?
- What are “high performing” boards doing differently – what can we learn from our colleagues in other health services?

Study methods

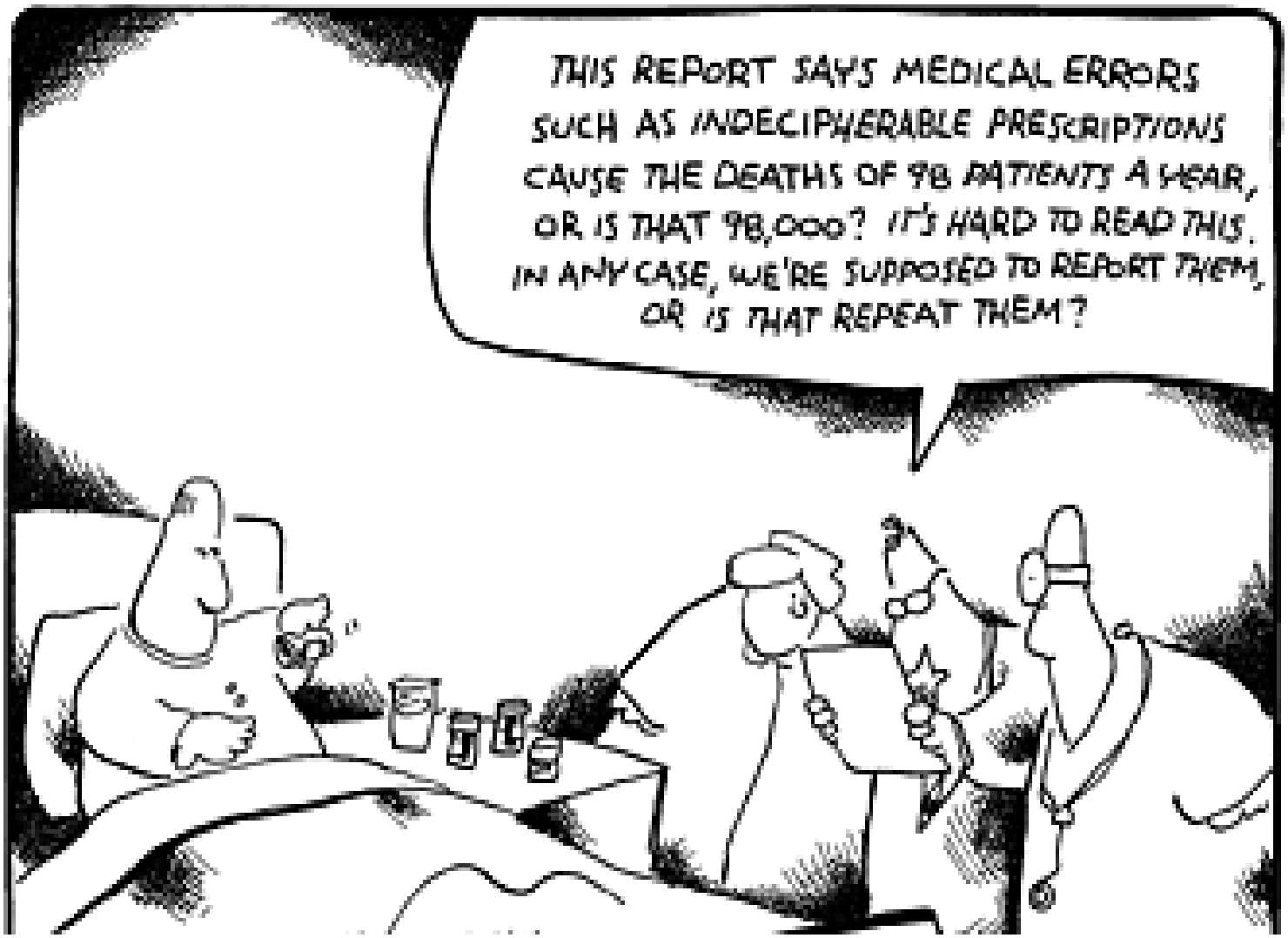
1) On-line survey of all 85 health service boards in Victoria
   - Survey instrument adapted from Harvard study of US hospitals
   - 4 members from each Board invited to participate
   - Board members from 96% of Boards responded

2) Site visits and interviews with CEOs, medical directors, Chairs and Board members from 13 health service boards in Victoria

Ready?

"OK, all those in favour of delegating decision-making, shrug your shoulders."

Concern about quality



Changing community expectations

- Willingness to question systems and authorities
- Sense of ownership over own health

Focus on Board duties

National Safety and Quality Health Service Standards

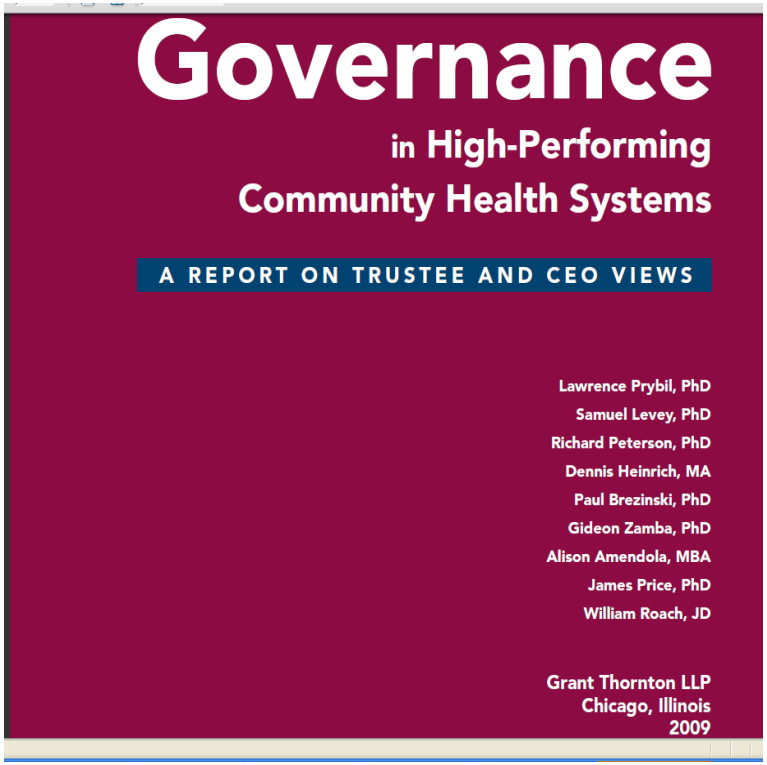
- 10 NSQHS Standards:

1. **Governance for Safety & Quality in Health Service Organisations**
2. **Partnering with Consumers**
3. Preventing and Controlling Healthcare Associated Infections
4. Medication Safety
5. Patient Identification and Procedure Matching
6. Clinical Handover
7. Blood and Blood Products
8. Preventing and Managing Pressure Injuries
9. Recognising & Responding to Clinical Deterioration in Acute Care
10. Preventing Falls and Harm from Falls

"The board *failed to get a grip* on its accountability and governance structures."

- Francis Report

Today …



"Strong, effective board oversight of patient care quality and safety programs is, without question, one of the most fundamental bench-marks of good governance today."

Willing?


What i'm about to tell you is gonna change your life forever. Are you really sure you want to know it?
http://gozmosis.blogspot.com

“82 percent of Board members identified quality of care as one of their top 2 priorities.”

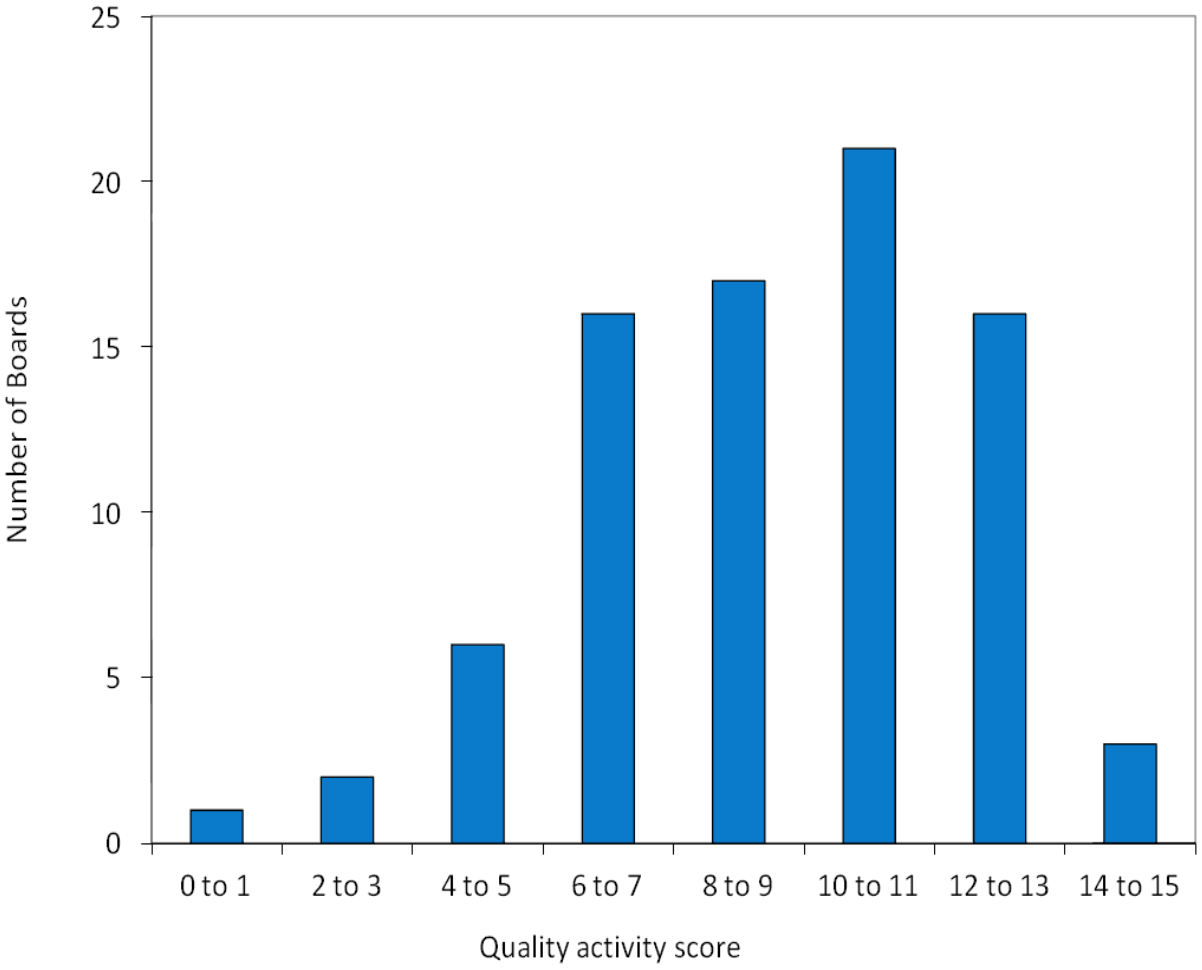
Changes over time

- **Significant change in role of boards in last 15 years**
  - Were “good people around the town that were all well meaning but didn’t have a great understanding of governance issues or health.”
- **Becoming more professional; more engaged with quality**
  - attributed to the “rise of the clinical governance movement”
  - “core business”, not just “compliance requirement”
- **Progress is an “ongoing journey”**
  - “It's not there yet. But it's certainly been an awakening. Yeah, there's an awareness and an awakening.”
  - “4 years ago there was no quality and safety reporting to the board. [It was] ‘secret doctors’ business’. Now quality is a big item on the agenda: being re-assured that we’ve got [the right reporting], processes and systems.”

Quality-related activities at Board level

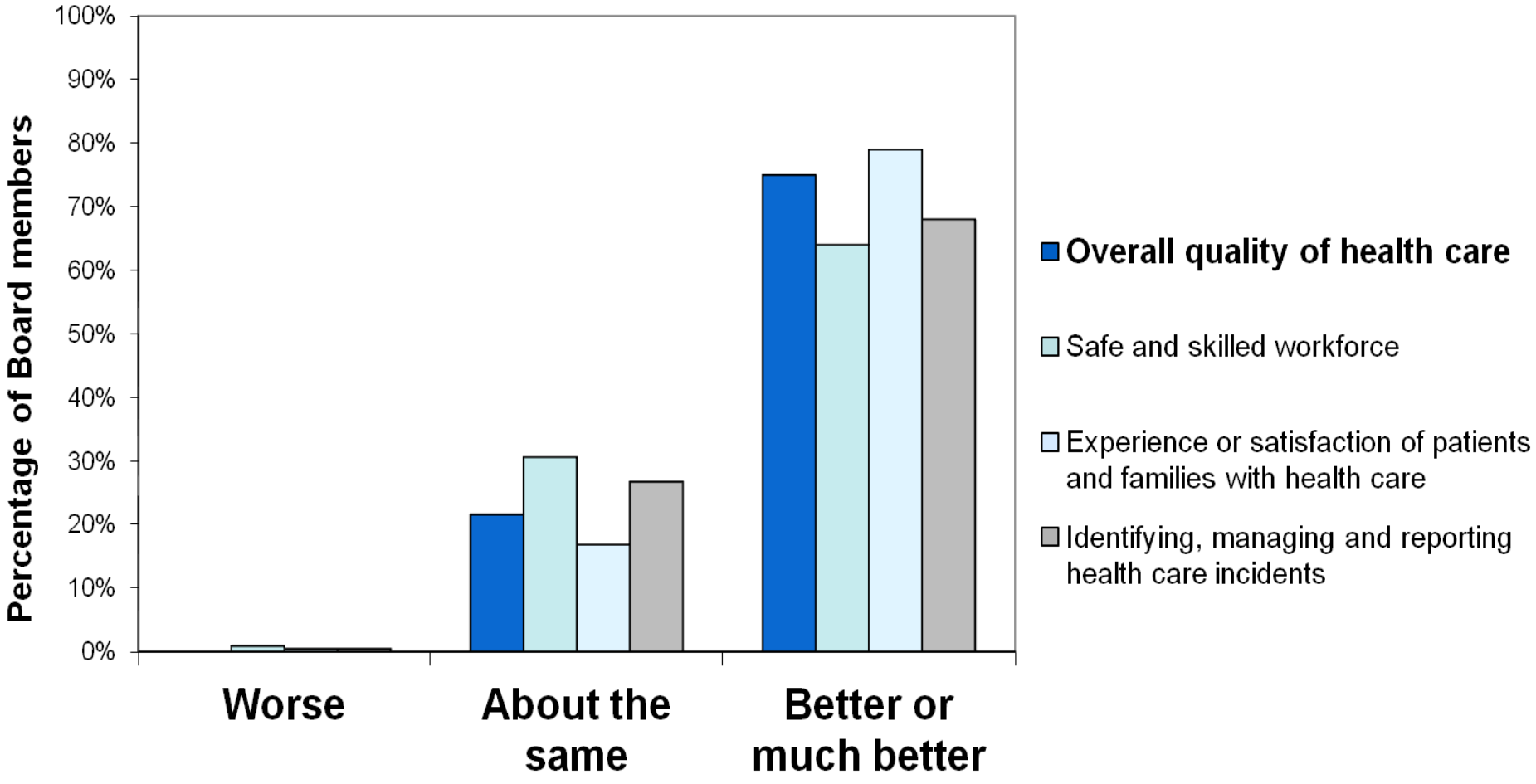
	% (n=82)
Quality performance is on the agenda at every Board meeting	79
Board regularly reviews data on medication errors/hospital acquired infections	77
…	
Board members receive formal training that covers quality of care	52
Board has a strategy relating to communication with patients & families	51
Board monitors quality and safety of care against external benchmarks	50
…	
Board receives quality of care data analysed according to the cultural and linguistic background of patients (including ATSI background)	32
Board members receive training on healthcare disparities	22

Quality-related activities at Board level



The “Lake Wobegon” effect

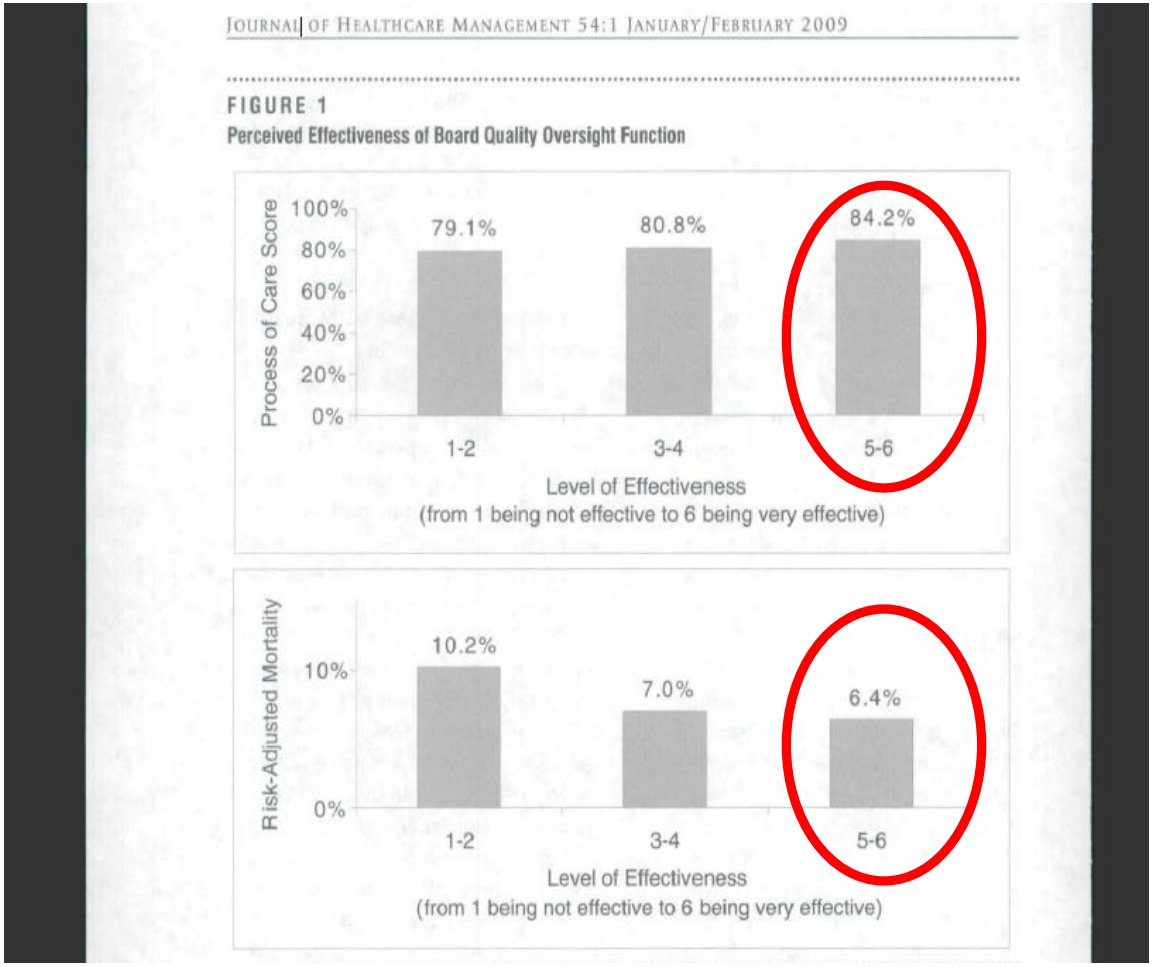
Board members’ self-assessment of performance compared with a typical health service in Victoria



Able?


Okay, that wraps up the budget for next year. Are we missing anything?

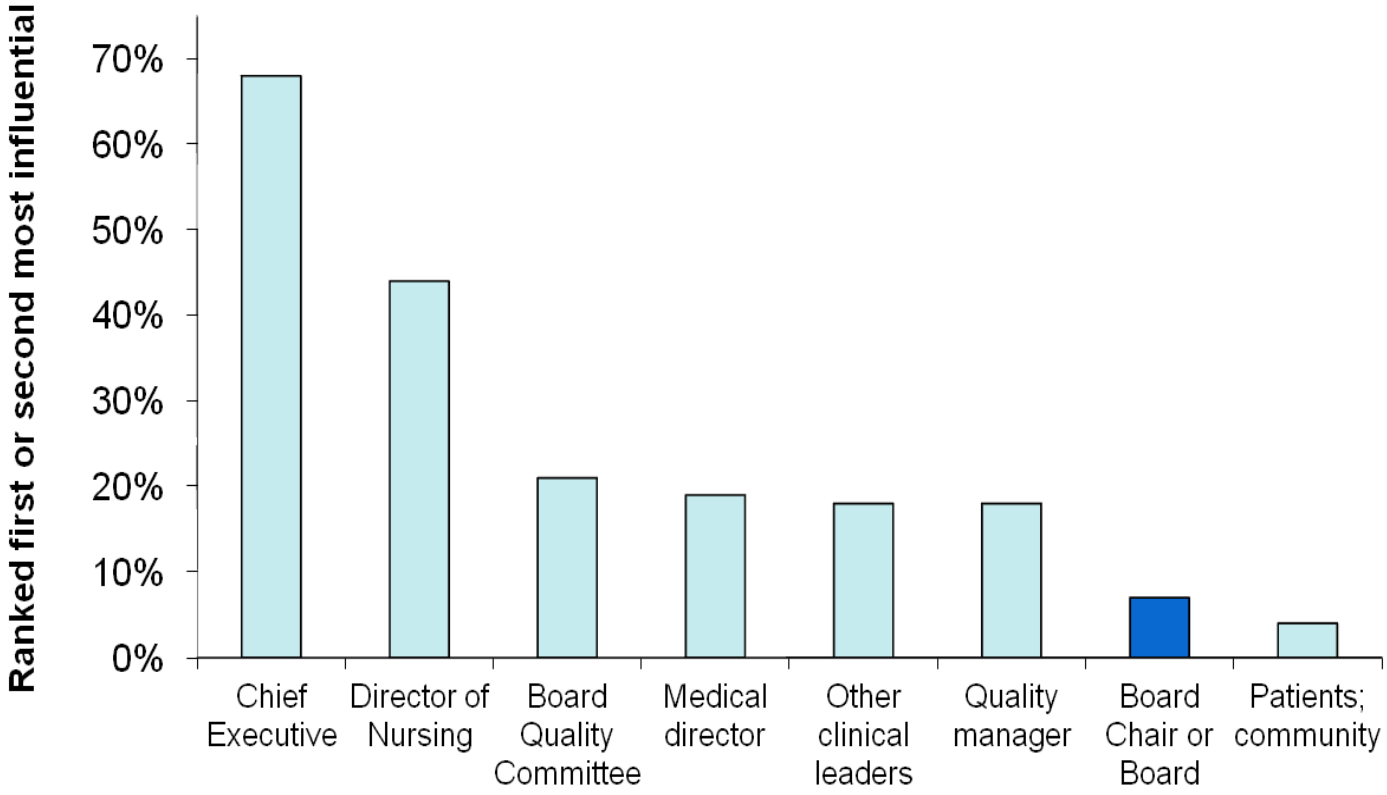
Evidence of Board impact



More effective hospital Boards have higher process of care scores and lower patient mortality

Jiang et al, Journal Healthcare Management, 2009

Perceptions of influence



Points of influence

- **Setting direction**
  - “Everything we do links back - it has to - to clinical governance because that's our core business. It’s what we are all about - giving the highest quality so we get the very best outcome for each of our patients and their families.”
- **Measuring progress**
  - “Step back a bit and look at what the high indicators are.”
  - Focus on “what’s changing?” rather than merely “filling filing cabinets”.
- **Ensuring accountability**
  - “The board just kept pressing and pressing and saying, “Well, we’re not there yet. You’ve done this [but] we’ve still got a long way to go.”
- **Shaping culture**
  - “There's not a blame culture; reporting is good and it's about improvement”

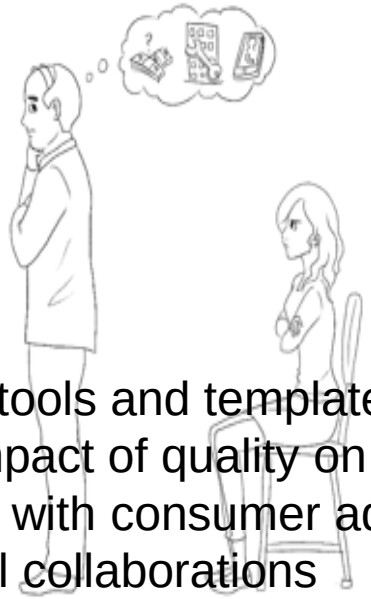
Barriers

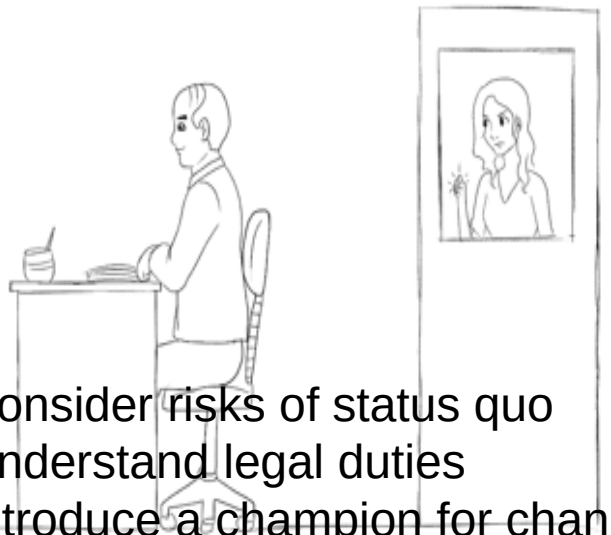
- **Insufficient resources**
  - “A lot of smaller places are just really feeling quite overwhelmed.”
- **Deficit of skills and expertise**
  - “It’s a huge ask for someone that’s employed fulltime. So there’s an imbalance of [too many] retired people on the board.”
  - “How can I as Chair be held to account in the same way as if I was actively involved in ensuring that my board had the right matrix of skills?”
- **Inadequate intelligence**
  - “We were getting so much information we couldn’t actually distil it.”
  - “Major investigations still come about through whistleblowers not data.”
- **Inappropriate policy and regulation**
  - Requirements are “aggregated on like mollusks on the hull of a ship”.

	Attitude	
Activity	Negative	Positive
More		
Less		

		Attitude	
		Negative	Positive
Activity	More		
	Less		

Information on:
Your own progress
Your performance relative to others

	Attitude	
	Negative	Positive
Activity: More		
Activity: Less		 Provide tools and templates Show impact of quality on costs Connect with consumer advocates Regional collaborations

	Attitude	
Activity	Negative	Positive
More		
Less		

Consider risks of status quo
Understand legal duties
Introduce a champion for change

	Attitude	
Activity	Negative	Positive
More	 Hear directly from patients, families and staff “Hearts and minds”	
Less		

		Attitude	
		Negative	Positive
Activity	More		 “Masterclass” training Support & develop leaders Showcase as exemplars
	Less		

Contact Me

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