TAKING A NEW LOOK:
VIEWING QUALITY THROUGH THE EYES OF A BOARD MEMBER

Jackie Conrad RN, MBA, Improvement Advisor, Cynosure Health
OBJECTIVES

• Outline strategies and tools to effectively engage trustees in true governance of patient safety and quality

• Evaluate your hospital’s quality dashboard against a framework of fiduciary, generative governance and strategic goals

• Discuss approaches to align measures and data for Board reports with patient and community needs
ORGANIZATIONAL FUNCTIONS

- **Governance**: Board of Directors work together to set direction, create high level goals and provide oversight.
- **Management**: Ensures the direction set by the board is carried out.
- **Operations**: Day-to-day implementation of an organization’s programs and services.
YOUR ROLE
CAN YOU DO IT ALL YOURSELF?

- Are you satisfied with the status quo?
- What could be improved?
- How can you amplify improvements...and quicken the pace?
IMAGINE THIS…

What would it look like if “quality improvement” was everyone’s job?
LET’S START WITH THE TOP
THE 4 ROLES OF BOARD OVERSIGHT

- Financial – tracking trends against budget and external environment
- People – following standards and monitoring performance
- Operational – reviewing priority directives and program results
- Legal – upholding statutory duties and duties of loyalty and care
QUESTION TO PONDER FOR BOARD MEMBERS

What agenda items get you energized at a board meeting?

QUESTION TO PONDER FOR HOSPITAL LEADERSHIP

How can we leave more space for these conversations when we speak with the board?

QUESTION TO PONDER FOR QUALITY LEADERS

How might you format and deliver your board quality report to promote dialogue and inquiry?
MODE 1: FIDUCIARY

Can we afford it? What is the opportunity cost?

Is the budget balanced? Does the budget reflect our priorities?

Is it legal, ethical, safe?

Are the programs producing the intended outcomes?

Operational oversight
Legal compliance
Fiscal accountability

MODE 2: STRATEGIC

Is our business model viable?
What are our core competencies?
How do we balance multiple missions?
Is patient safety a priority?
What trends and factors should we consider?

Forecasting future opportunities and influences.
Evaluating outcomes and impacts.
Creating a roadmap to reach goals

MODE 3: GENERATIVE

Embracing wisdom and discovering insight.
 Asking Why?
 Probing the values and assumptions within strategies.
 Deciding what to decide.

How does this reflect our organizational beliefs and values?

How can we reframe this issue?

How does this inform our vision for the future?

What is best for those we serve?

FOCUS ON SENSEMAKING

- Noticing cues and clues
- Choosing and using frames
  - **Structural frame** – focus on authority, rules, regulations, performance control
  - **Human resource frame** – focus on the “fit” between people and organization, professional development
  - **Political frame** – focus on constituents, coalitions, conflict
  - **Symbolic frame** – focus on organizational culture, meaning, stories
ACTIVITY

• What mode does your board normally think and function in?
• What mode do you usually think and function in?
• Which mode brings the most joy and professional satisfaction?
AS BOARDS EMBRACE THEIR GENERATIVE AND STRATEGIC ROLE, FOCUS ShiftS AWAY FROM MERELY FIDUCIARY OVERSIGHT TO EMBRACE THE POWER OF INQUIRY.
ENHANCING THE GENERATIVE CONVERSATIONS

• Building agendas with questions to be answered instead of information to be shared.
• Start with one question a meeting, such as:
  • What does the board need to know or learn in order to decide whether Operating Room expansion should be considered?
  • What are the consequences of utilizing other options?
# Applying the 3 Lenses to Board Work

## Tasks

<table>
<thead>
<tr>
<th>Modes</th>
<th>Fiduciary Tasks (budgets, policies, etc.)</th>
<th>Strategic Tasks (planning)</th>
<th>Generative Tasks (visioning, framing)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fiduciary</td>
<td>Does the budget balance?</td>
<td>Do we have the resources to complete the plan?</td>
<td>Is our goal within our organization’s mandate?</td>
</tr>
<tr>
<td>Strategic</td>
<td>How can we increase the budget to support new services?</td>
<td>Will our plan help us accomplish our stated goals?</td>
<td>How could we accomplish this goal?</td>
</tr>
<tr>
<td>Generative</td>
<td>If someone looked at our budget, what would they assume was our mission?</td>
<td>Does our plan match our goals – do the means match the ends?</td>
<td>What is the ultimate purpose of this organization?</td>
</tr>
</tbody>
</table>

[http://www.ihi.org/Topics/GovernanceLeadership/Pages/default.aspx](http://www.ihi.org/Topics/GovernanceLeadership/Pages/default.aspx)

IHI Governance of Quality Assessment On Line Tool
ENGAGING THE BOARD IN QUALITY

- Use Dashboards
- Put a human face on the data
- Set ambitious targets
- Simpler is better
- Align goals with the activities of the staff
- Quality and compliance leaders play a key role

A Board of Directors Dashboard: Government Industry Roundtable
USE DASHBOARDS
ACTIVITY - A BALANCING ACT

- Review your current scorecard / dashboard or board agenda.
- What does the content of this document say about our organization’s values, priorities, challenges?
- Quantify the percent of time your board spends considering fiduciary, strategic, and generative topics during their discussion of your quality dashboard.
WHY DASHBOARDS?

• Medicare places the responsibility for quality in hospitals squarely on the shoulders of the boards.

• Dashboards provide the board with the information they need to effectively meet their responsibilities to the hospital and its patients.

• There is a correlation between dashboard implementation and quality improvement.
ASK A BOARD MEMBER

All hospital board members should be able to answer two questions:

1. How good is your hospital?
2. How do you know?
What works, what doesn’t work for your board members?

What messages have meaning?
1. How do patients and families view us? (customer perspective)

2. What must we excel in? (internal perspective)
   • What are the hospital’s strategic priorities?
   • What are the Community’s Health Needs Assessment (CHNA) results?

3. Can we continue to improve and create value? (innovation and learning perspective)

4. How do we look to community stakeholders or shareholders, if applicable? (financial perspective)
BALANCE SCORECARD
SAMPLE MEASURES

Customer
- Patient satisfaction
- MD satisfaction
- Likelihood to recommend
- Market share
- Community engagement

Internal Biz Process
- ALOS
- Core measures
- Readmissions
- Harm events
- Infection rates
- OR utilization
- ED LWBS

Learning and Growth
- Employee turnover
- Employee engagement/Joy in Work
- Premium labor
- Training & learning opportunities
- Internal promotion rate
- Absenteeism

Financial
- Days cash on hand
- Days in accounts rec
- Return on capital
- Net operating margin
- Gross to net ratio
- Bad debt
DEVELOPING A QUALITY OF CARE DASHBOARD

• Pick the right dashboard metrics
  - Financial strength
  - Operational effectiveness
  - Clinical Quality
  - Patient Satisfaction
  - Market Share

• Consolidate and package data
• Use benchmarks
• Set Annual Quality Goals
• Monitor Results
• Emphasize the bad as well as the good
• Involve patients
STANDARD MEASURES

- MBQIP
- Hospital Improvement and Innovation Network (HIIN)
- Electronic Clinical Quality Measures (eCQMs)
- Hospital Inpatient and Outpatient Quality Reporting Programs
- QIN / QIO Priorities
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<th>FT PERCEPTION</th>
<th>Goal</th>
<th>Alert</th>
<th>Measure</th>
<th>April 14</th>
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<th>Jul-14</th>
<th>Aug 14</th>
<th>Sep 14</th>
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<th>Nov 14</th>
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<td>&lt;84%</td>
<td>Per 20 responses</td>
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<td>90%</td>
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<td>Were toilets clean</td>
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<td>85%</td>
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<td>Privacy when examined</td>
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<td>Per 20 responses</td>
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<td>100%</td>
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<td>73.7%</td>
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<td>Contact details given</td>
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<td>100%</td>
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<tr>
<td>Old staff check on you</td>
<td>&gt;94%</td>
<td>&lt;84%</td>
<td>Per 20 responses</td>
<td>95.0%</td>
<td>100%</td>
<td>80.0%</td>
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<td>Compassion</td>
<td>&gt;84%</td>
<td>&lt;84%</td>
<td>Per 20 responses</td>
<td>94.4%</td>
<td>100%</td>
<td>94.1%</td>
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<tr>
<td>Level of care</td>
<td>&gt;94%</td>
<td>&lt;84%</td>
<td>Per 20 responses</td>
<td>100%</td>
<td>95.0%</td>
<td>90.0%</td>
<td>86.2%</td>
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</table>

FAMILIES & FRIENDS

| Responses to 36 weeks | >25% | <10% | as % of eligible women | 31.4% | 82.1% | 90.0% | 31.8% | 26.3% | 47.7% | 26.9% | 14.3% | 52.9% | 26.4% | 36.3% | 33.9% |
| Positive to recommend | >25% | <80% | as % of responses | 96.9% | 68.6% | 92.0% | 59.9% | 91.5% | 56.8% | 91.2% | 60.3% | 97.5% | 100.0% | 96.0% | 95.4% |
| Responses - labour | >25% | <10% | as % of eligible women | 24.3% | 54.9% | 34.0% | 21.8% | 24.1% | 44.9% | 21.2% | 18.6% | 33.1% | 26.9% | 46.5% | 31.9% |
| Positive to recommend | >96% | <80% | as % of responses | 97.0% | 58.7% | 97.3% | 66.9% | 95.7% | 56.9% | 96.9% | 59.3% | 97.0% | 100.0% | 96.0% | 97.6% |
| Responses P/N ward | >25% | <10% | as % of eligible women | 11.6% | 56.7% | 28.9% | 20.1% | 17.2% | 50.0% | 23.0% | 19.4% | 34.7% | 26.9% | 46.2% | 30.0% |
| Positive to recommend | >96% | <86% | as % of responses | 93.6% | 59.9% | 62.7% | 66.3% | 60.0% | 69.7% | 92.1% | 69.3% | 93.0% | 85.7% | 99.7% | 39.9% |
| Responses P/N community | >25% | <10% | as % of eligible women | 35.6% | 46.0% | 53.2% | 28.3% | 40.0% | 46.8% | 27.9% | 24.3% | 24.3% | 32.3% | 94.3% | 37.8% |
| Positive to recommend | >96% | <86% | as % of responses | 96.0% | 50.6% | 95.9% | 55.1% | 96.3% | 88.1% | 95.7% | 87.3% | 97.3% | 96.2% | 99.7% | 35.1% |

INFECTION CONTROL

| Hand hygiene audit | 100% | <95% | Monthly audit | 100% | 93% | 100% | 100% | 95% | 92% | 100% | 97% | 100% | 100% | 100% | 98% |
| MRSA | 0 | >0 | Total per year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| C Diff | 0 | >0 | Total per year | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |

MATERNITY SAFETY THERMOMETER

| Maternal infection | <10% | >15% | n/a | 3.0% | 9% | 0% | 0% | 3.0% | n/a | 6% | 14.0% | 0% | 12.5% | 5.0% |
| Women left alone | <10% | >15% | n/a | 6.0% | 16.0% | 0% | 6.0% | 0% | n/a | 11.3% | 0% | 0% | 0% | 4.1% |
| IV/IVH degree tear | <5% | >16% | n/a | 8.0% | 9% | 0% | 0% | 0% | n/a | 6.0% | 0% | 0% | 0% | 0% | 2.1% |
| PPH >1000mli | <10% | >15% | n/a | 8.0% | 10.0% | 0% | 16.0% | 0% | n/a | 0% | 14.0% | 0% | 0% | 6.3% |
| Baby APGAR <6 at 5 mins of birth | <10% | >15% | n/a | 16.0% | 0% | 0% | 6.0% | 10.0% | n/a | 0.0% | 14.0% | 0% | 0% | 5.8% |
| Concern about safety during birth not taken seriously | <5% | >16% | n/a | 4.0% | 6.0% | 0% | 12.0% | 0% | n/a | 11.3% | 0% | 0% | 0% | 0% | 4.1% |
| Combined harm free care | >80% | <76% | n/a | 70.3% | 80.0% | 100% | 70.0% | 60.3% | n/a | 72% | 86.0% | 160% | 86.0% | 81% |

RADAR

| Score | <0 | >10 | 4 | 2 | 5 | 2 | 5 | 0 | 0 | 0 | 4 | 2.44 |
# MBQIP Dashboard

## Patient Safety

<table>
<thead>
<tr>
<th>Category</th>
<th>2 Q 16</th>
<th>3 Q 16</th>
<th>4 Q 16</th>
<th>1 Q 17</th>
<th>YTD Average</th>
<th>Benchmark</th>
<th>Top National Performer</th>
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<tbody>
<tr>
<td>Influenza Vaccination Coverage Among</td>
<td>N/A</td>
<td>N/A</td>
<td></td>
<td></td>
<td>95%</td>
<td>95%</td>
<td>100%</td>
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<td>Healthcare Personnel (1Q &amp; 4Q Only) OP27</td>
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<tr>
<td>Influenza Immunization (Patients) IMM2</td>
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<td>99%</td>
<td>100%</td>
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## Patient Engagement (HCAHPS)

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<th>3 Q 16</th>
<th>4 Q 16</th>
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<th>YTD Average</th>
<th>Top CAH for State</th>
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<tbody>
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<td>Communication with Doctors</td>
<td>93%</td>
<td>92%</td>
<td>94%</td>
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<td>Communication with Nurses</td>
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<td>94%</td>
<td>94%</td>
<td>92%</td>
<td>93%</td>
<td>97%</td>
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<tr>
<td>Responsiveness of Hospital Staff</td>
<td>86%</td>
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<td>88%</td>
<td>85%</td>
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<td>92%</td>
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<tr>
<td>Pain Management</td>
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<td>82%</td>
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<td>83%</td>
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<tr>
<td>Communication about Medicines</td>
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<td>82%</td>
<td>80%</td>
<td>79%</td>
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<tr>
<td>Cleanliness of the Hospital Environment</td>
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<td>82%</td>
<td>81%</td>
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<td>93%</td>
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<td>Quietness of the Hospital Environment</td>
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<td>68%</td>
<td>71%</td>
<td>71%</td>
<td>69%</td>
<td>87%</td>
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<td>Transitions of Care</td>
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<td>62%</td>
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<td>Discharge Information</td>
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<td>97%</td>
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<td>Overall Rating</td>
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<tr>
<td>Willingness to Recommend</td>
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## Emergency Department Transfer Communication (EDTC)

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<th>4 Q 16</th>
<th>1 Q 17</th>
<th>Benchmark</th>
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<td>Patient Information (EDTC-2)</td>
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<td>Vital Signs (EDTC-3)</td>
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</tr>
<tr>
<td>Overall Rating</td>
<td>81%</td>
<td>85%</td>
<td>85%</td>
<td>83%</td>
<td>84%</td>
<td>85%</td>
</tr>
<tr>
<td>----------------</td>
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<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
<td>-----</td>
</tr>
<tr>
<td>Willingness to Recommend</td>
<td>86%</td>
<td>88%</td>
<td>87%</td>
<td>85%</td>
<td>87%</td>
<td>88%</td>
</tr>
</tbody>
</table>

**Emergency Department Transfer Communication (EDTC)**

<table>
<thead>
<tr>
<th>Administrative Communication (EDTC-1)</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
<th>100%</th>
<th>94%</th>
<th>100%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient Information (EDTC-2)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>94%</td>
<td>100%</td>
</tr>
<tr>
<td>Vital Signs (EDTC-3)</td>
<td>91%</td>
<td>93%</td>
<td>100%</td>
<td>98%</td>
<td>96%</td>
<td>95%</td>
<td>100%</td>
</tr>
<tr>
<td>Medication Information (EDTC-4)</td>
<td>98%</td>
<td>98%</td>
<td>96%</td>
<td>93%</td>
<td>96%</td>
<td>92%</td>
<td>100%</td>
</tr>
<tr>
<td>Practitioner Information (EDTC-5)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>93%</td>
<td>100%</td>
</tr>
<tr>
<td>Nurse Information (EDTC-6)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>88%</td>
<td>100%</td>
</tr>
<tr>
<td>Procedures and Tests (EDTC-7)</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>100%</td>
<td>96%</td>
<td>100%</td>
</tr>
<tr>
<td>All EDTC (Composite)</td>
<td>89%</td>
<td>91%</td>
<td>96%</td>
<td>91%</td>
<td>92%</td>
<td>100%</td>
<td>100%</td>
</tr>
</tbody>
</table>

**Outpatient**

<table>
<thead>
<tr>
<th>Median Time to Fibrinolysis (OP-1)</th>
<th>17 min.</th>
<th>17 min.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fibrinolytic Therapy rec'd within 30min (OP-2)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Median time to transfer to another facility for acute coronary intervention (OP-3)</td>
<td>35 min.</td>
<td>35 min.</td>
</tr>
<tr>
<td>Aspirin on Arrival (OP-4)</td>
<td>100%</td>
<td>100%</td>
</tr>
<tr>
<td>Median time to EKG (OP-5)</td>
<td>1 min.</td>
<td>3 min.</td>
</tr>
<tr>
<td>Median Time from ED Arrival to Departure (OP-18b)</td>
<td>62 min.</td>
<td>75 min.</td>
</tr>
<tr>
<td>Door to Diagnostic Evaluation (OP-20)</td>
<td>8 min.</td>
<td>8 min.</td>
</tr>
<tr>
<td>Median time to pain management for long bone fracture (OP-21)</td>
<td>22 min.</td>
<td>24 min.</td>
</tr>
</tbody>
</table>

Patient Safety: National 90th percentile
HCAHPS: State CAH Top Performer (based on 10/1/15-9/30/16)
EDTC: State and National 90th percentile (based on 4Q16)
OP: National or State 90th percentile (based on 4Q16)
CRITICAL ACCESS HOSPITAL RESOURCES

- National Quality Reporting Crosswalk for CAHs
- 2019 Quality Measures for CAH Swing Bed Patients
PUT A HUMAN FACE ON THE DATA
PUT A HUMAN FACE ON THE DATA

• Instead of reporting a rate such as 0.04%, report the number of patients who experienced an adverse event (2 patients were impacted by a hospital acquired pressure injury last month).

• Serious patient harms are reported to the board, not just what happened but what impact it had on the patient and their family
POWER OF STORIES

• Who has told patient stories at board meetings?
• Who has the patients/families *tell* the stories at the board meeting?
• How does it promote quality?
WHY I’M PASSIONATE ABOUT THIS WORK
SET AMBITIOUS TARGETS
SET AMBITIOUS TARGETS

- The board drives organizational progress towards safe and effective quality care.
- Engage the board in generative dialogue to identify new opportunities based upon the data.
- Dashboards are a tool for the board to monitor system level improvement.
  - Includes current performance and targets
  - Includes processes for increasing quality
SIMPLER IS BETTER
SIMPLER IS BETTER

• Charts and data displayed over time tell the board if the hospital is heading in the right direction.
• Select measures that are important to the board.
• The board should establish and monitor a small number of roll up measures that are updated continually.
USING DATA: EASY TO INTERPRET AND TAKE ACTION?
Baseline Jul-Dec 2011 = 7.3%

- Started I/P anticoagulation monitoring service
- House census greater than capacity to monitor each I/P
- New Computer system implemented - Loss of "Standard Work"
- OP clinic open on April 8

DATA
Median 1st run
Median 2nd run
West Virginia Statewide Run Charts
MBQIP Report 2016-2017 - Patient Engagement (HCAHPS)

% Communication with Doctors
% Communication with Nurses
% Responsiveness of Hospital Staff
% Pain Management

% Communication about Medicines
% Cleanliness of the Hospital Environment
% Quietness of the Hospital Environment
% Transition of Care
ALIGN GOALS WITH THE ACTIVITIES OF THE STAFF
ALIGN GOALS WITH THE ACTIVITIES OF THE STAFF

• Align the vision for the future and the day-to-day work of staff

• The board, senior leadership, management team and medical staff must all buy into an initiative to improve patient safety and quality.

• Data from the dashboard can monitor key staff processes that contribute to the desired outcome.
QUALITY AND SAFETY LEADERS PLAY A KEY ROLE
QUALITY AND SAFETY LEADERS PLAY A KEY ROLE

• Quality and safety leaders can help the board understand large amounts of data and encourage generative questions.

• Leaders can separate measures that are a focus for improvement from those that are stable and being monitored.

• Assure consistency in reporting.
PEER TO PEER SHARING: DASHBOARDS

Getting Started
• How has your scorecard evolved over time?
• How has your hospital overcoming fear of transparency with your board?

Logistics
• How do the data get populated? Who calculates rates and creates data displays? Who monitors data accuracy?
• Are there different versions of the dashboard for different audiences?
QUESTIONS / REFLECTIONS
RESOURCES

• IHI Governance of Quality Assessment On Line Tool
RESOURCE FOR EDUCATING THE BOARD

- **HRET Trustee Guide Workbook**
- **Learning Modules**

![Image of the HRET Trustee Guide Workbook](image)

![Image of the Learning Modules](image)

**Eliminating Harm, Improving Patient Care: A Trustee Guide**

This resource has been brought to you by the American Hospital Association, Health Research & Educational Trust, Center for Healthcare Governance and Trustee Magazine as part of the Partnership for Patients' Hospital Engagement Network initiative.

www.hret-hen.org
THANK YOU

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