

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

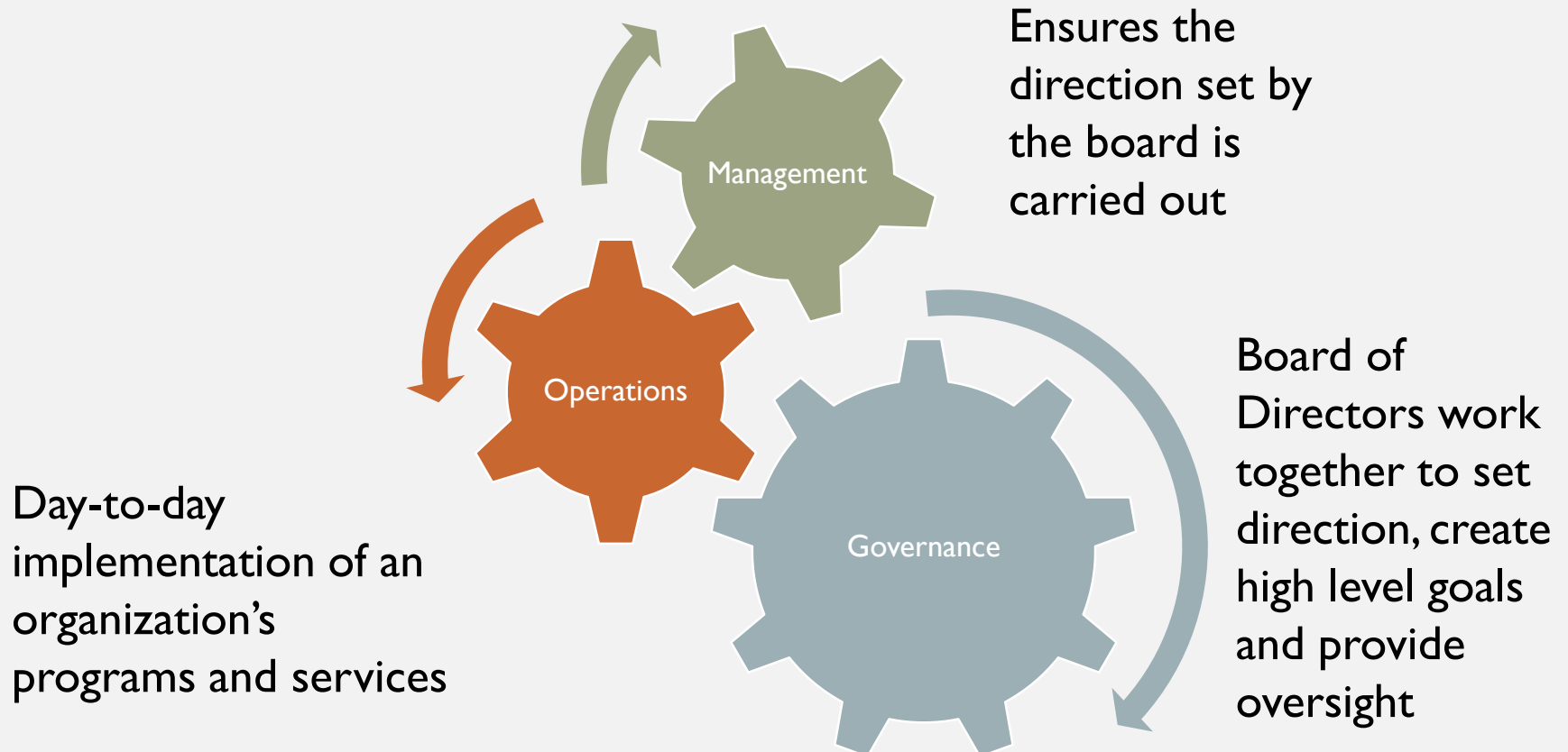
Jackie Conrad RN, MBA, Improvement Advisor, Cynosure Health



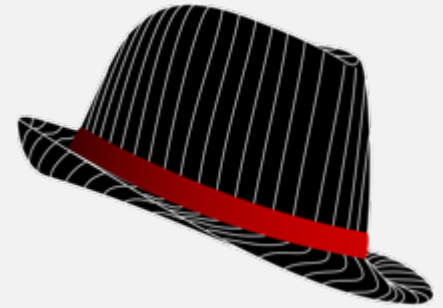
## OBJECTIVES

- 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



# 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?

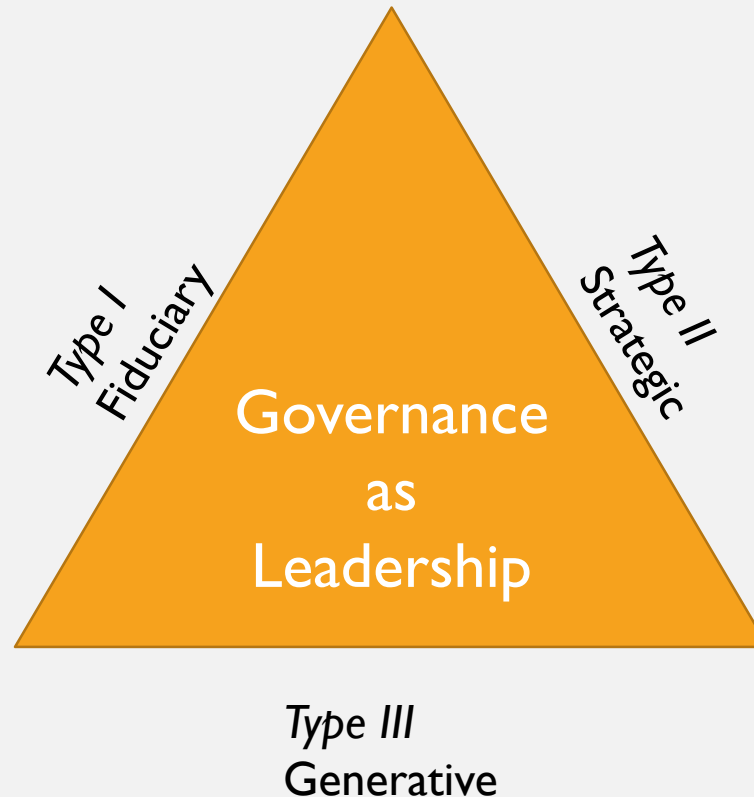
## QUESTION TO PONDER FOR HOSPITAL LEADERSHIP

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?


# GOVERNANCE AS LEADERSHIP: THE GOVERNANCE TRIANGLE



Chait RP, Ryan WP, Taylor BE. (2005). *Governance as Leadership: Reframing the Work of Nonprofit Boards*. Hoboken, New Jersey: John Wiley & Sons.



## MODE I: FIDUCIARY

A thought bubble diagram consisting of a large cloud-like bubble with a black outline and a grey drop shadow, and two smaller circles below it, also with black outlines and grey drop shadows, arranged in a descending line to the right.

Operational oversight  
Legal compliance  
Fiscal accountability

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?



## MODE 2: STRATEGIC

A large thought bubble with a black outline and a grey drop shadow, containing three lines of text. Below it are two smaller circles, also with black outlines and grey drop shadows, arranged in a descending line to the right.

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

Is our business model viable?

What are our core  
competencies?

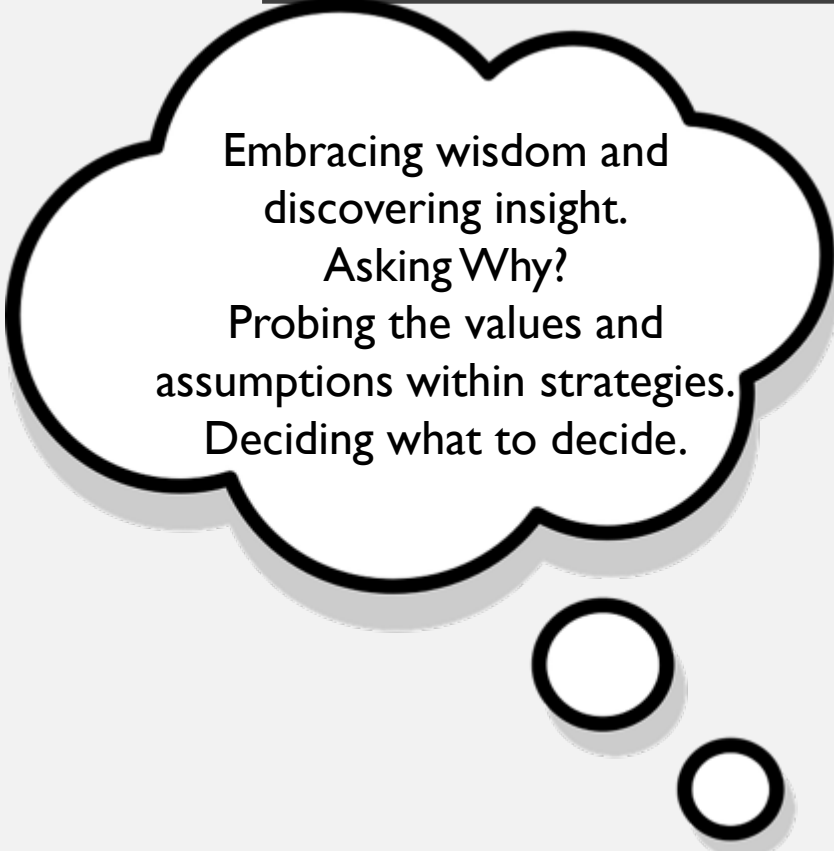
How do we balance multiple  
missions?

Is patient safety a priority?

What trends and factors should  
we consider?



## MODE 3: GENERATIVE

A large thought bubble with a black outline and a drop shadow, containing text. Below it are two smaller circles, also with black outlines and drop shadows, arranged in a descending line.

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?

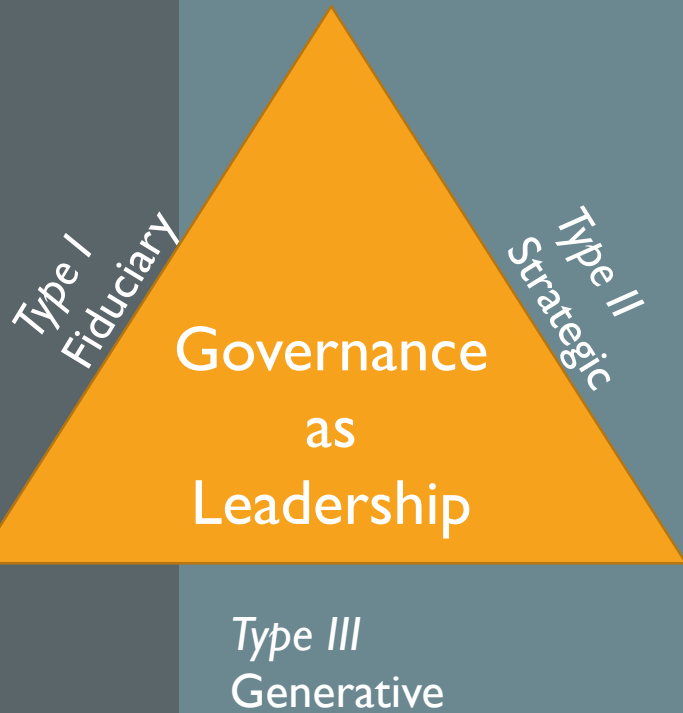


## FOCUS ON SENSEMAKING

- 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

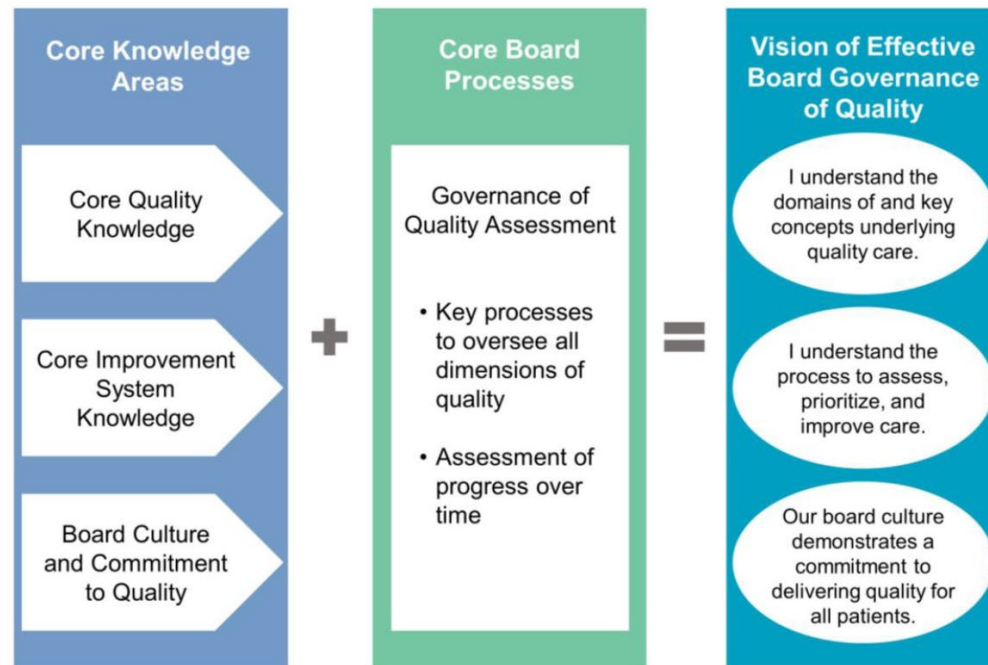
## Tasks

### Modes

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

# IHI FRAMEWORK FOR GOVERNANCE OF HEALTH SYSTEM QUALITY

Figure 2. Framework for Governance of Health System Quality



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. (Available on [ihf.org](http://www.ihf.org))

<http://www.ihf.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?



ACTIVITY: REPORTS THAT  
SUPPORT GOVERNANCE

What works, what doesn't work  
for your board members?

What messages have meaning?

## BALANCED SCORE CARD 4 QUESTIONS FOR THE BOARD

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' 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

| PT PERCEPTION   | Goal | Alert | Measure                | April 14 | May 14 | June 14 | Jul-14 | Aug 14 | Sep 14 | Oct 14 | Nov 14 | Dec 14 | Jan-15 | Feb-15 | Mar 15 | Year to Date |
|---|------|-------|------------------------|----------|--------|---------|--------|--------|--------|--------|--------|--------|--------|--------|--------|--------------|
| Was department clean                                  | >94% | <84%  | Per 20 responses       | 90%      |        |         | 90%    |        |        | 90%    |        |        | 90%    |        |        | 90%          |
| Were toilets clean                                    | >94% | <84%  | Per 20 responses       | 90%      |        |         | 95%    |        |        | 75%    |        |        | 61%    |        |        | 80%          |
| Did nurses wash hands                                 | >94% | <84%  | Per 20 responses       | 89%      |        |         | 100%   |        |        | 85.0%  |        |        | 94.7%  |        |        | 92%          |
| Did doctors wash hands                                | >94% | <84%  | Per 20 responses       | 94.4%    |        |         | 100%   |        |        | 85.0%  |        |        | 100%   |        |        | 93%          |
| Privacy when discussing treatment                     | >94% | <84%  | Per 20 responses       | 89.5%    |        |         | 100%   |        |        | 90.0%  |        |        | 89.5%  |        |        | 95%          |
| Privacy when examined                                 | >94% | <84%  | Per 20 responses       | 94.4%    |        |         | 100%   |        |        | 95.0%  |        |        | 100%   |        |        | 97.0%        |
| Dignity & respect                                     | >94% | <84%  | Per 20 responses       | 100%     |        |         | 100%   |        |        | 100%   |        |        | 94%    |        |        | 99%          |
| Opportunity to talk to staff                          | >94% | <80%  | Per 20 responses       | 73.7%    |        |         | 85.0%  |        |        | 80.0%  |        |        | 100%   |        |        | 85.0%        |
| Noise at night-staff                                  | <10% | >15%  | Per 20 responses       | 10.0%    |        |         | 10.5%  |        |        | 10.0%  |        |        | 16.7%  |        |        | 12.0%        |
| Noise at night-pts                                    | <45% | >60%  | Per 20 responses       | 40.0%    |        |         | 42.1%  |        |        | 40.0%  |        |        | 50%    |        |        | 43.0%        |
| Noise at night-ward                                   | <26% | >34%  | Per 20 responses       | 25.0%    |        |         | 21.1%  |        |        | 40.0%  |        |        | 50.0%  |        |        | 34.0%        |
| Call bell within 2 mins                               | >89% | <80%  | Per 20 responses       | 80.0%    |        |         | 90.0%  |        |        | 65.0%  |        |        | 73.7%  |        |        | 77.0%        |
| Contact details given                                 | >94% | <84%  | Per 20 responses       | 100%     |        |         | 100%   |        |        | 100%   |        |        | 100%   |        |        | 100%         |
| Did staff check on you                                | >94% | <84%  | Per 20 responses       | 95.0%    |        |         | 100%   |        |        | 100%   |        |        | 80.0%  |        |        | 94%          |
| Compassion  | >94% | <84%  | Per 20 responses       | 100%     |        |         | 94.7%  |        |        | 85.0%  |        |        | 94.1%  |        |        | 93.5%        |
| Level of care gd/exce                                 | >94% | <84%  | Per 20 responses       | 100%     |        |         | 95.0%  |        |        | 90.0%  |        |        | 88.2%  |        |        | 93.0%        |
| FAMILIES & FRIENDS                                    |      |       |                        |          |        |         |        |        |        |        |        |        |        |        |        |              |
| Responses-36 weeks                                    | >25% | <10%  | as % of eligible women | 31.4%    | 52.1%  | 30.9%   | 31.8%  | 26.3%  | 47.7%  | 20.9%  | 14.3%  | 52.6%  | 29.4%  | 36.5%  |        | 33.9%        |
| Positive to recommend                                 | >90  | <80%  | as % of responses      | 95.9%    | 88.6%  | 92.9%   | 99.9%  | 91.5%  | 95.8%  | 91.2%  | 99.9%  | 97.5%  | 100.0% | 96.0%  |        | 95.4%        |
| Responses-labour                                      | >25% | <10%  | as % of eligible women | 24.3%    | 54.9%  | 34.0%   | 21.6%  | 24.1%  | 44.9%  | 21.2%  | 18.9%  | 33.1%  | 28.9%  | 45.5%  |        | 31.9%        |
| Positive to recommend                                 | >90% | <80%  | as % of responses      | 97.0%    | 99.9%  | 93.9%   | 89.7%  | 99.9%  | 95.7%  | 99.9%  | 99.9%  | 99.9%  | 100.0% | 98.0%  |        | 97.6%        |
| Responses-P/N ward                                    | >25% | <10%  | as % of eligible women | 11.8%    | 57.7%  | 29.9%   | 20.1%  | 17.7%  | 50.0%  | 23.0%  | 19.6%  | 34.7%  | 28.9%  | 46.2%  |        | 30.9%        |
| Positive to recommend                                 | >90% | <80%  | as % of responses      | 93.8%    | 99.9%  | 83.7%   | 88.9%  | 80.0%  | 89.7%  | 92.1%  | 89.3%  | 93.0%  | 89.7%  | 89.0%  |        | 89.9%        |
| Responses P/N community                               | >25% | <10%  | as % of eligible women | 35.8%    | 40.8%  | 52.8%   | 28.9%  | 40.0%  | 48.8%  | 27.9%  | 24.3%  | 24.3%  | 35.3%  | 54.5%  |        | 37.6%        |
| Positive to recommend                                 | >90% | <80%  | as % of responses      | 98.0%    | 90.6%  | 90.9%   | 95.1%  | 98.3%  | 88.1%  | 95.7%  | 97.3%  | 97.3%  | 96.2%  | 99.0%  |        | 95.1%        |
| INFECTION CONTROL                                     |      |       |                        |          |        |         |        |        |        |        |        |        |        |        |        |              |
| Hand hygiene audit                                    | 100% | <95%  | Monthly audit          | 100%     | 83%    | 100%    | 100%   | 96%    | 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      | 8.0%   | 0%      | 0%     | 0%     | 8.0%   | n/a    | 6%     | 14.0%  | 0%     | 12.5%  |        | 5.40%        |
| Women left alone                                      | <10% | >15%  |                        | n/a      | 6.0%   | 10.0%   | 0%     | 6.0%   | 0%     | n/a    | 11.0%  | 0%     | 0%     | 0%     |        | 4.1%         |
| 3/4th degree tear                                     | <5%  | >10%  |                        | n/a      | 6.0%   | 0%      | 0%     | 6.0%   | 0%     | n/a    | 6.0%   | 0%     | 0%     | 0%     |        | 2.3%         |
| PPH >1000mls  | <10% | >15%  |                        | n/a      | 6.0%   | 10.0%   | 0%     | 18.0%  | 0%     | n/a    | 0%     | 14.0%  | 0%     | 0%     |        | 6.0%         |
| 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%  | >10%  |                        | n/a      | 4.0%   | 6.0%    | 0%     | 12.0%  | 0%     | n/a    | 11.0%  | 0%     | 0%     | 0%     |        | 4.1%         |
| Combined harm free care                               | >80% | <75%  |                        | n/a      | 70.0%  | 80.0%   | 100%   | 70.0%  | 60.0%  | n/a    | 72%    | 86.0%  | 100%   | 88.0%  |        | 81%          |
| RADAR   |      |       |                        |          |        |         |        |        |        |        |        |        |        |        |        |              |
| Score   | <6   | >10   |                        |          | 4      | 2       | 5      | 2      | 5      | 0      | 0      | 0      | 4      |        |        | 2.44         |



## MBQIP Dashboard

Below Benchmark

Meeting or Exceeding Benchmark

|   | 2 Q 16 | 3 Q 16 | 4 Q 16 | 1 Q 17 | YTD Average | Benchmark         | Top National Performer |
|---|--------|--------|--------|--------|-------------|-------------------|------------------------|
| <b>Patient Safety</b>   |        |        |        |        |             |                   |                        |
| Influenza Vaccination Coverage Among Healthcare Personnel (1Q & 4Q Only) OP27 | N/A    | N/A    |        | 95%    | 95%         | 100%              | 100%                   |
| Influenza Immunization (Patients) IMM2  |        |        | 99%    | 100%   | 100%        | 100%              | 100%                   |
| <b>Patient Engagement (HCAHPS)</b>  |        |        |        |        |             |                   |                        |
|   |        |        |        |        |             | Top CAH for State |                        |
| Communication with Doctors  | 93%    | 92%    | 94%    | 92%    | 93%         | 94%               | 100%                   |
| Communication with Nurses   | 90%    | 94%    | 94%    | 92%    | 93%         | 97%               | 100%                   |
| Responsiveness of Hospital Staff  | 86%    | 89%    | 88%    | 85%    | 87%         | 92%               | 100%                   |
| Pain Management   | 80%    | 83%    | 79%    | 82%    | 81%         | 83%               | 100%                   |
| Communication about Medicines   | 79%    | 82%    | 80%    | 79%    | 80%         | 65%               | 98%                    |
| Cleanliness of the Hospital Environment                                       | 83%    | 82%    | 82%    | 81%    | 82%         | 93%               | 100%                   |
| Quietness of the Hospital Environment   | 64%    | 68%    | 71%    | 71%    | 69%         | 87%               | 97%                    |
| Transitions of Care   | 61%    | 64%    | 65%    | 62%    | 63%         | 85%               | 98%                    |
| Discharge Information   | 88%    | 92%    | 92%    | 90%    | 91%         | 97%               | 100%                   |
| Overall Rating  | 81%    | 85%    | 85%    | 83%    | 84%         | 85%               | 99%                    |
| Willingness to Recommend  | 86%    | 88%    | 87%    | 85%    | 87%         | 88%               | 99%                    |
| <b>Emergency Department Transfer Communication (EDTC)</b>                     |        |        |        |        |             |                   |                        |
| Administrative Communication (EDTC-1)   | 100%   | 100%   | 100%   | 100%   | 100%        | 94%               | 100%                   |
| Patient Information (EDTC-2)  | 100%   | 100%   | 100%   | 100%   | 100%        | 94%               | 100%                   |
| Vital Signs (EDTC-3)  | 91%    | 93%    | 100%   | 98%    | 96%         | 95%               | 100%                   |
| Medication Information (EDTC-4)   | 98%    | 98%    | 96%    | 93%    | 96%         | 92%               | 100%                   |



|                          |     |     |     |     |     |     |     |
|--------------------------|-----|-----|-----|-----|-----|-----|-----|
| Overall Rating           | 81% | 85% | 85% | 83% | 84% | 85% | 99% |
| Willingness to Recommend | 86% | 88% | 87% | 85% | 87% | 88% | 99% |

## Emergency Department Transfer Communication (EDTC)

|                                       |      |      |      |      |      |      |      |
|---------------------------------------|------|------|------|------|------|------|------|
| Administrative Communication (EDTC-1) | 100% | 100% | 100% | 100% | 100% | 94%  | 100% |
| Patient Information (EDTC-2)          | 100% | 100% | 100% | 100% | 100% | 94%  | 100% |
| Vital Signs (EDTC-3)                  | 91%  | 93%  | 100% | 98%  | 96%  | 95%  | 100% |
| Medication Information (EDTC-4)       | 98%  | 98%  | 96%  | 93%  | 96%  | 92%  | 100% |
| Practitioner Information (EDTC-5)     | 100% | 100% | 100% | 100% | 100% | 93%  | 100% |
| Nurse Information (EDTC-6)            | 100% | 100% | 100% | 100% | 100% | 88%  | 100% |
| Procedures and Tests (EDTC-7)         | 100% | 100% | 100% | 100% | 100% | 96%  | 100% |
| All EDTC (Composite)                  | 89%  | 91%  | 96%  | 91%  | 92%  | 100% | 100% |

## Outpatient

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

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

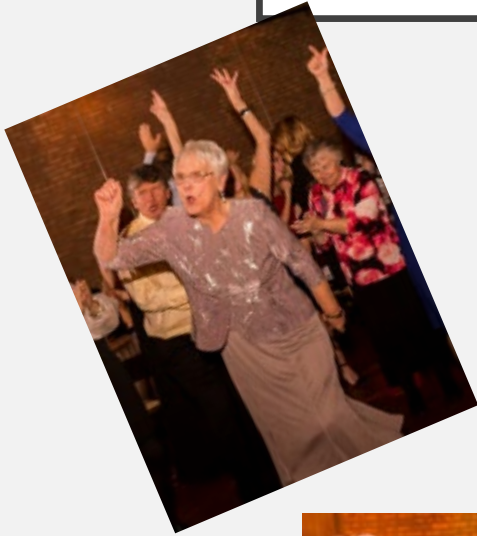
- Instead of reporting a rate such as 0.04%, report the number of patients who experienced an adverse event (2 patients were impacted by a hospital acquired pressure injury last month).
- Serious patient harms are reported to the board, not just what happened but what impact it had on the patient and 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



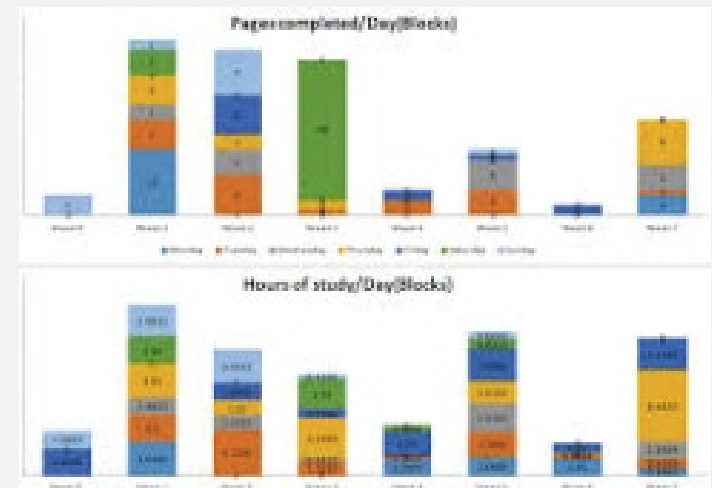
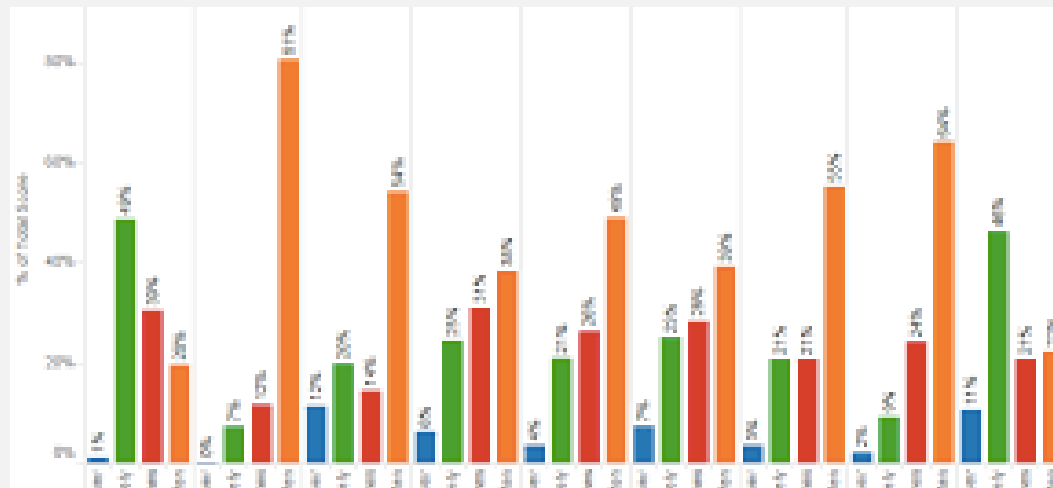
SIMPLER IS BETTER



## SIMPLER IS BETTER

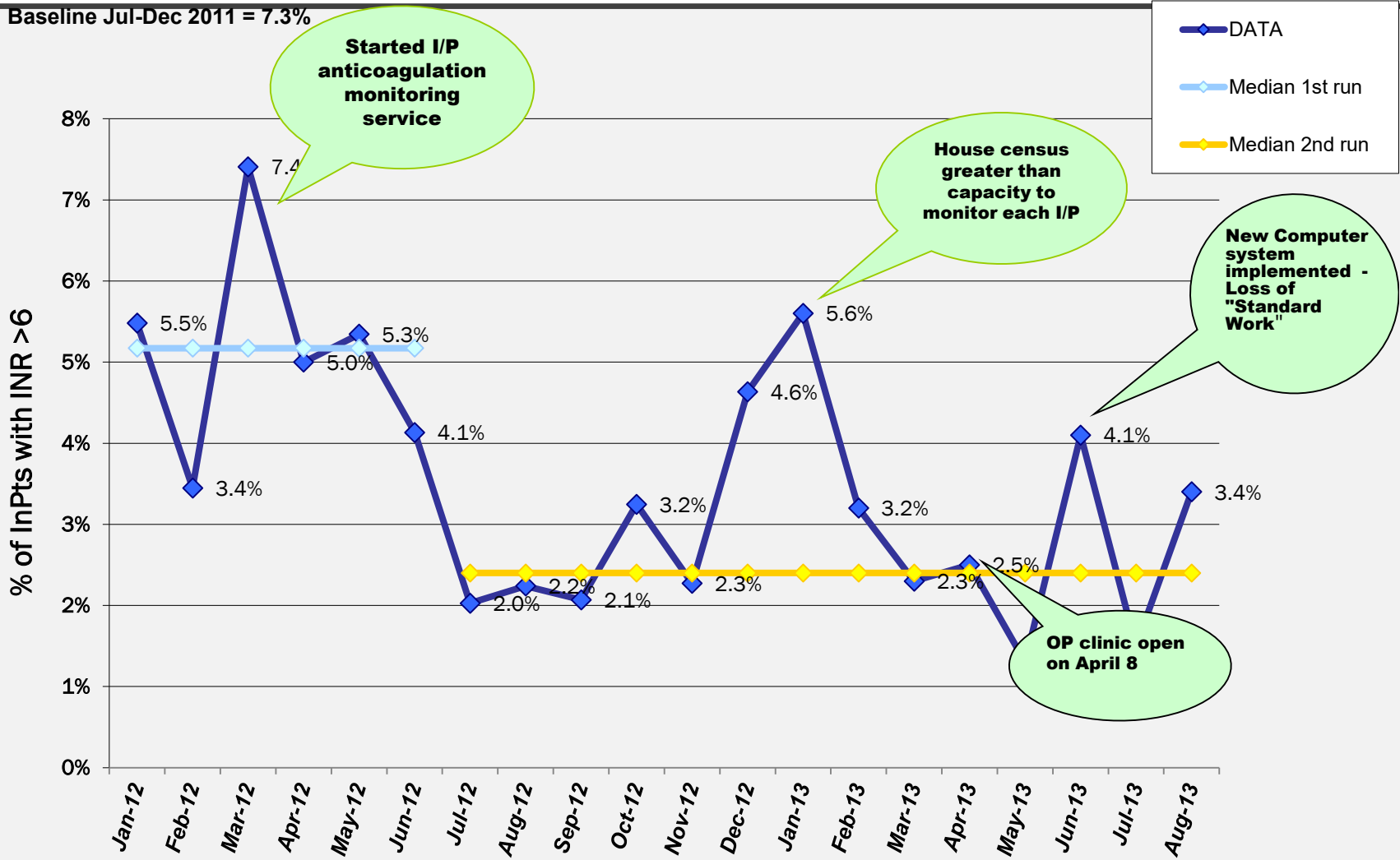
- Charts and data displayed over time tell the board if the hospital is heading in the right direction.
- Select measures that are important to the board.
- The board should establish and monitor a small number of roll up measures that are updated continually.

# USING DATA: EASY TO INTERPRET AND TAKE ACTION?



# ANNOTATED RUN CHART

Baseline Jul-Dec 2011 = 7.3%

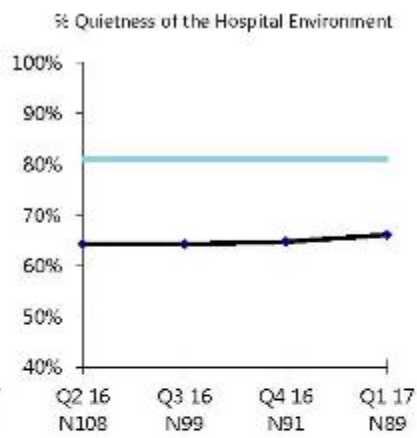
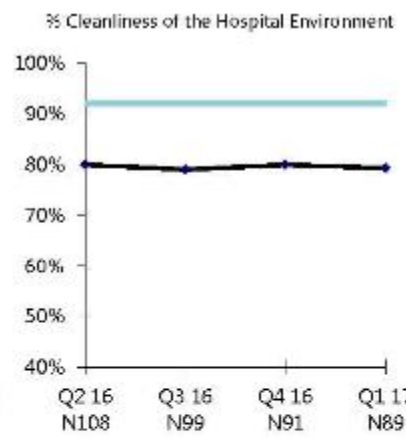
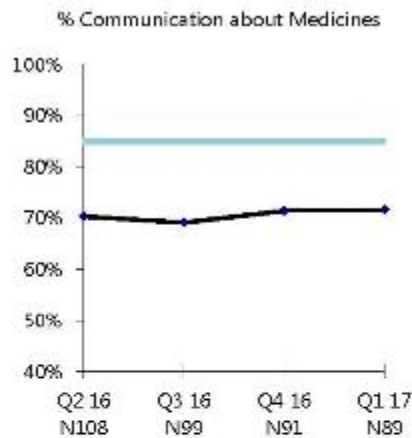
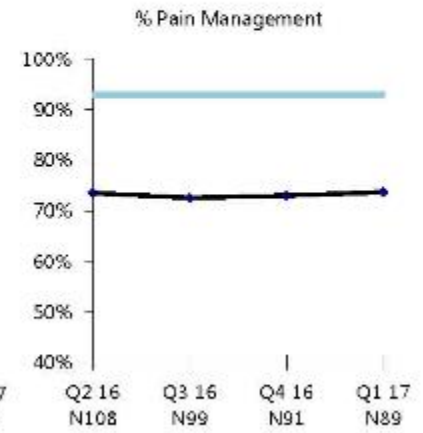
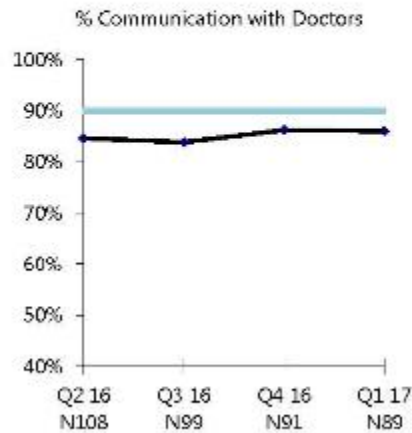




## West Virginia Statewide Run Charts

### MBQIP Report 2016- 2017 - Patient Engagement (HCAHPS)

— Benchmark

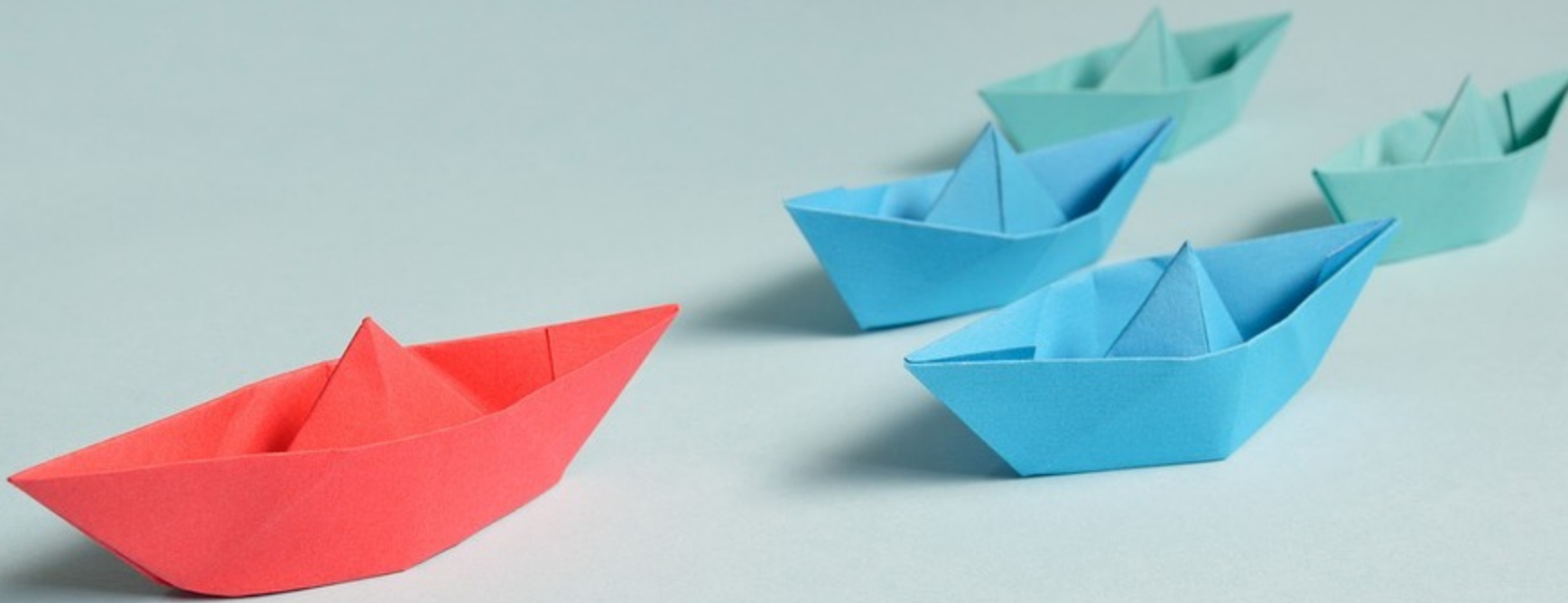




ALIGN GOALS WITH THE  
ACTIVITIES OF THE STAFF

## 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?



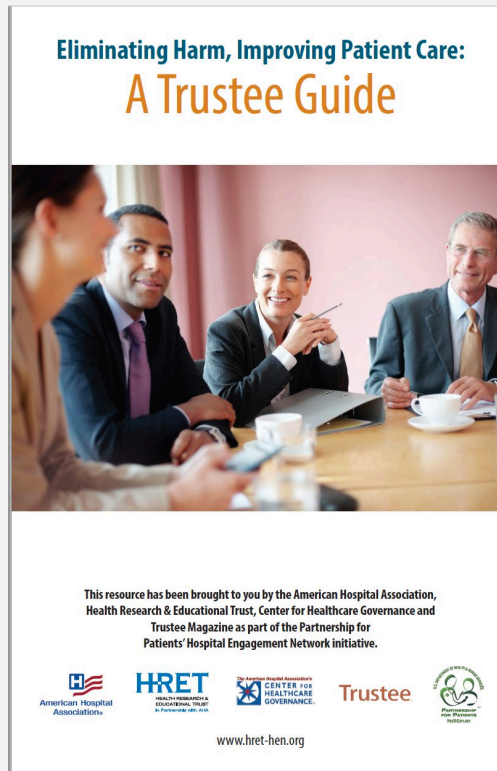
## QUESTIONS / REFLECTIONS

## RESOURCES

- [IHI Governance of Quality Assessment On Line Tool](#)

# RESOURCE FOR EDUCATING THE BOARD

- [HRET Trustee Guide Workbook](#)



## [Learning Modules](#)





THANK YOU

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