

A Proposed Quality Report Card for Boards

Research and data reveal the top 10 quality metrics for boards and executives to manage beyond financial performance.

Summary

The transformation to more patient-centered care demands that executive leadership and their boards of directors/trustees manage with a greater understanding of quality performance. The days in which boards could focus purely on financial metrics are over, as is the era in which we can conclude that quality is too complex to be measured. Performance today means meeting patients' needs efficiently and safely. In our dynamic and competitive health care environment, boards and their management teams must work urgently to advance the safety, quality and experience of patient care while also achieving financial goals.

Accordingly, the boards of health care organizations around the U.S. now include quality as a regular agenda item, and some open every meeting with patient cases and quality data to ensure that these issues are not perceived as secondary to financial performance. Many boards now have subcommittees that are focused on quality so that a subset of board members with special interest and expertise in these areas can give more intensive attention to patient outcomes, safety and patient experience.

In assessing the best quality metrics to support safe, high-quality care, Press Ganey has found wide variability in quality report cards across the industry and heard the voices of leadership expressing their need to focus boards on the right metrics. To help guide this proposed scorecard, a survey of CEOs, presidents and other senior leaders of provider organizations was conducted to determine the measures that executives deem most useful. After those data were collected, a focus group was held with 25 CEOs and other C-suite leaders to discuss the findings.

Based on these data and input, we offer a recommendation for 10 items that can be considered the core of a Board Quality Report Card. This proposed report card would help the board and management focus on safety, safety culture, clinical outcomes, patient experience and a high-reliability culture.

The Role of Boards

The recommendations in this white paper are influenced by insights into the difference between the role of board members and managers. Boards are responsible for overseeing management, but not for managing the organization. As one senior executive put it, “The board needs to have its eyes on the horizon, because the senior team often has to focus on the icebergs in the water nearby.”

Accordingly, boards should not be given the full range of data that CEOs and senior team members use. Ideally, they should focus on a small number of metrics that collectively provide insight into two important questions.

1. Does the organization lag behind its competitors in important dimensions of quality?
2. Is the organization improving relative to the needs of patients?

Boards should be wary of rhetoric that suggests their organization is “The Best.” Instead, boards should push the perspective of “No matter how good we may be, our duty and our strategy is to try to get better.”

Quality report cards cannot focus purely on process measures (e.g., rate of performance of mammography), which reflect provider reliability in delivering evidence-based medicine but not in meeting patients’ needs. Process measures are important, but they should generally be used internally by management. In addition, performance on most widely used process measures tends to be excellent and does not differentiate among providers. Boards and patients make the assumption that health care organizations are reliable in following guidelines—what differentiates organizations is the additional work that goes beyond these processes and improves outcomes that matter to patients.

Finally, boards are ultimately responsible for the organizational culture that is created by the CEOs they have chosen. Considerable data demonstrate that the various dimensions of quality are intertwined—in other words, organizations with cultures of high reliability perform well in delivering care that is safe, effective and compassionate. Press Ganey data show that organizations with higher levels of employee engagement (e.g., a greater sense of teamwork, a greater sense that safety is important) perform better on every type of quality metric.

Therefore, important questions for the board to ask the CEO and management team are “How are we doing culturally? What is our turnover rate? What do we know about engagement levels of our clinicians and other employees?”

Survey Methods

To develop a proposed Board Quality Report Card, Press Ganey used the insights of senior leaders in its broad client base. On Aug. 3–5, 2016, Press Ganey conducted a pulse survey via email with CEOs and presidents of its clients. Of the 139 responses, 70% were, in fact, from leaders with those titles; the remainder were completed by senior executives with titles such as chief medical officer, chief nursing officer and chief quality officer.

The respondents were asked to rate metrics in several categories as “Very Important,” “Important,” “Somewhat Important” or “Not Important.” These ratings were given point scores of 100, 75, 50 and 0, respectively.

Candidate measures were identified for the following categories:

1. Patient safety (e.g., occurrence of central-line-associated blood stream infections [CLABSI])
2. Communication with patients and among employees (e.g., patient-reported assessment of nursing communication during hospitalizations)
3. Teamwork (e.g., patient-reported assessment of whether “Staff worked together to help you”)
4. Loyalty (e.g., patient-reported “Likelihood to recommend” a hospital)
5. Employee engagement (e.g., employee-reported assessment of “I am proud to tell people I work for this organization”)
6. Value-Based Purchasing (e.g., Value-Based Purchasing total score metric)
7. Outcomes (e.g., Hospital-wide All-Cause 30-Day Mortality [Observed/Expected])

Respondents were also asked to rate whether they believed the CMS star rating metric should be included in a Board Quality Report Card.

Candidate measures were drawn from different data sources. As shown in Table 1, survey respondents were asked to consider seven different safety measures, ranging from a roll-up measure (Serious Safety Event Rate) to employee ratings of the culture of the institution to occurrences of specific types of adverse outcomes for patients and employees.

Table 1

CANDIDATE SAFETY MEASURES

SSER (Serious Safety Event Rate)
Employee survey rating: I would feel safe being treated as a patient here
Employee survey rating: Organizational culture encourages patient safety
CAUTI Performance Score
CLABSI Performance Score
PSI-90 Performance Score
Employee injury rate (OSHA Total Case Rate)

Survey Results

The results of the survey are summarized in Table 2. Within each category, there were a range of responses. For example, among the safety measures in Table 1, the calculated scores ranged from 87.3 for SSER to 71.1 for employee injury rate. Neither the CMS star ratings nor the Value-Based Purchasing total score was rated highly. It is interesting to note that the employee injury rate metric was not rated highly, despite recent focus on this issue by groups such as the National Patient Safety Foundation and data showing that the employee injury rate for U.S. hospitals is higher on average than for the manufacturing sector and for private industry as a whole. Employee engagement data were rated highly in several categories, although these data were not often at the top among candidate measures. This finding was striking, since employee engagement data are not often used in routine board reports.

Table 2

Public View	CMS Star Rating Metric	68.7
Safety	SSER (Serious Safety Event Rate)	87.3
	Employee survey rating: I would feel safe being treated as a patient here	85.6
	Employee survey rating: Organizational culture encourages patient safety	85.0
	CAUTI Performance Score	76.7
	CLABSI Performance Score	75.8
	PSI-90 Performance Score	75.2
	Employee injury rate (OSHA Total Case Rate)	71.1
Communication	Inpatient survey rating: Nurse Communication	86.3
	Inpatient survey rating: Doctor Communication	86.1
	Employee survey rating: Different levels of this organization communicate effectively with each other	78.8
Teamwork	Employee survey rating: Physicians and staff work well together	80.1
	Employee survey rating: Different units work well together in this organization	77.9
	Press Ganey Inpatient survey rating: Staff worked together to care for you	77.6
	Press Ganey Medical Practice survey rating: Staff worked together to care for you	76.8
Loyalty	HCAHPS/Inpatient survey rating: Likelihood to recommend	91.0
	Employee survey rating: I would recommend this organization to family and friends who need care	90.3
	CGCAHPS/Medical Practice survey rating: Likelihood to recommend	87.7
	Press Ganey Emergency Department survey rating: Likelihood to recommend	84.0
Engagement/Talent	Employee survey rating: I would recommend this organization as a good place to work	84.6
	Employee survey rating: I am proud to tell people I work for this organization	80.3
	RN Turnover (Hospital-wide RN Turnover in Direct Care Roles)	76.3
VBP	Value-Based Purchasing total score metric	71.8
Outcomes	Hospital-wide All-Cause 30-Day Readmission (Observed/Expected)	87.2
	Hospital-wide All-Cause 30-Day Mortality (Observed/Expected)	84.3
	Lives saved	64.7

The five highest-rated measures across all categories are listed in Table 3. Note that varied data sources are used in these five highest-rated measures.

Table 3

HCAHPS/Inpatient survey rating: Likelihood to recommend	91.0
Employee survey rating: I would recommend this organization to family and friends who need care	90.3
CGCAHPS/Medical Practice survey rating: Likelihood to recommend	87.7
SSER (Serious Safety Event Rate)	87.3
Hospital-wide All-Cause 30-Day Readmission (Observed/Expected)	87.2

Input from CEO Focus Group

The findings from this survey were discussed with a group of 25 CEOs and other C-suite leaders at the Press Ganey CEO Summit on Aug. 11, 2016. Key points made during that discussion included the following.

- A maximum of 10 measures were recommended to ensure focus and attention to major influencers of safety, quality and experience. More measures/data could be provided to the board as needed for discussions of specific areas and issues.
- The “diversified portfolio” of highest-rated measure and data types listed in Table 3 was appealing.
- Some leaders indicated that efficiency measures should be included in future reports.
- Some leaders suggested that the Board Quality Report Card should not be separate from financial reporting, but should be presented together as a balanced scorecard for the board.

Proposed Quality Report Card

What emerged from the survey and focus group was a recommendation for a seven-component Board Quality Report Card comprising the five highest-rated measures along with employee data on their ranked responses to the question “I would feel safe being treated as a patient here” and 30-day mortality rates (observed/expected). The exact measure and source of data for any component can vary, although learning and improvement can be accelerated if providers converge on industry standards and benchmarks.

In addition to these seven components, Press Ganey data analysis indicates that communication and teamwork within an organization are critical components of care quality. Therefore, we suggest including the following three elements to complete the Board Quality Report Card:

- Inpatient survey rating: Nurse Communication
- Inpatient survey rating: Physician Communication
- Press Ganey Inpatient survey rating: Staff worked together to care for you

Table 4 illustrates the final recommended Board Quality Report Card, featuring the top 10 quality components.

Table 4

Safety*	SSER (Serious Safety Event Rate)
	Employee survey rating: I would feel safe being treated as a patient here
Communication	Inpatient survey rating: Nurse Communication
	Inpatient survey rating: Doctor Communication
Teamwork	Press Ganey Inpatient survey rating: Staff worked together to care for you
Loyalty	HCAHPS/Inpatient survey rating: Likelihood to recommend
	Employee survey rating: I would recommend this organization to family and friends who need care
	CGCAHPS/Medical Practice survey rating: Likelihood to recommend
Outcomes	Hospital-wide All-Cause 30-Day Readmission (Observed/Expected)
	Hospital-wide All-Cause 30-Day Mortality (Observed/Expected)

* Note: Every organization should be committing to Zero Harm, so the quality report should begin with a single rolled-up measure of progress toward that goal. A variety of options are available; our recommendation is the Serious Safety Event Rate (SSER), which is a volume-adjusted measure of preventable events resulting in moderate to severe harm, including death. The SSER is based upon the Safety Event Classification (SEC) system for events, so it provides a methodology for measuring all-cause patient harm that is in use at more than 800 hospitals in the U.S.

In addition, our analyses have found that employee data on their ranked responses to the question “I would feel safe being treated as a patient here” and other safety culture data correlate with safety events as well as overall patient experience.

This focused Board Quality Report Card would emphasize to the board the importance of safety, safety culture, clinical quality, patient experience, communication and employee engagement. Our analyses and published research indicate that these variables are correlated and tend to move together in the right direction in improving an organization. This finding supports the importance of developing a high-reliability culture for quality improvement of all types.

Because workforce culture is so important, boards should see data on employee engagement. And because it is so critical for an organization to be able to assure patients that it has done everything it could to optimize their health and relieve their suffering, “Likelihood to recommend” is also important for boards to track.

Conclusion

The dynamics of our industry, including increasing competition and consumerism, demand that boards and their executives manage based on an expanded set of quality metrics that contemplate much more than financial performance. Data show that safety, quality and the experience of care are related and impact outcomes as well as financial performance. Our belief is that the short but diversified set of metrics in the Board Quality Report Card presented here will advance performance initiatives more effectively in the challenging days ahead.

Press Ganey is a leading provider of patient experience measurement, performance analytics and strategic advisory solutions for health care organizations across the continuum of care. With more than 30 years of experience, Press Ganey is recognized as a pioneer and thought leader in patient experience measurement and performance improvement solutions. Our mission is to help health care organizations reduce patient suffering and improve clinical quality, safety and the patient experience.



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