Governance Leadership: Getting the Board on Board

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Engage Leadership and Governance

The Goal:
Boards in all hospitals will spend at least 25% of their meeting time on quality and safety issues.
Boards will have a conversation with at least one patient (or family member of a patient) who sustained serious harm at their institution within the last year.
What Does the Evidence Tell Us?

• Outcomes are better in hospitals where:
  — The board spends >25% of its time on quality and safety.
  — The board receives a formal quality measurement report.
  — There is a high level of interaction between the board and medical staff on quality strategy.
  — Senior executive compensation is based in part on quality and safety performance.
  — The CEO is identified as the person with the greatest impact on QI, especially when so identified by the QI executive.

Six Things That Boards Can Do

- Set a specific aim to reduce harm this year and make an explicit, public commitment to measurable quality improvement (e.g., reduction in unnecessary mortality or harm).
- Select and review progress towards safer care as the first agenda item at every board meeting.
  - Get data on harms and hear stories; put a “human face” on data.
- Establish and monitor a small number of organization-wide “roll-up” measures that are updated continually and are transparent to the entire organization and its customers.
Six Things That Boards Can Do

➤ Commit to establish and maintain an environment that is respectful, fair, and just for all who experience pain and loss from avoidable harm.
  • Patients, their families, and staff at the sharp end of error

➤ Develop the capability of the board.
  • Learn how the “best in the world” boards work with executive and MD leaders to reduce harm.
  • Set an expectation for similar levels of education/training for all staff.

➤ Oversee the effective execution of a plan to achieve the board’s aims to reduce harm, including executive team accountability for clear quality improvement targets.
Tips for Getting Started

• Distribute the “How-to Guide” to the board and executive leadership immediately.

• Put the 5 Million Lives Campaign on the next meeting agenda for the Board of Trustees and Board Quality Committee, Executive Leadership, and Medical Executive Committee.

• Start meetings with a short narrative of an actual patient who experienced harm.

• Present and develop a specific action plan for each of the six things that boards should do and demonstrate progress on all by the next meeting.

• Place system-level harm metrics on board and senior leadership dashboards.