



Quality Curriculum for Trustees

The American Hospital Association's



**CENTER FOR
HEALTHCARE
GOVERNANCE™**

The hospital Board has a
well-defined leadership
responsibility.



The hospital Board's vital role in the measurement and improvement of health care quality

The hospital Board has a well-defined leadership responsibility. The Board is traditionally accountable for setting and monitoring the mission. Since quality of care is central to the mission of every hospital and health system, there is an increasing demand for the Board's active role in inspiring even greater quality performance. This imperative has taken on a new urgency as quality is increasingly recognized as fundamental to a hospital's mission of providing safe, cost-effective and affordable health care.

The Massachusetts Hospital Association, MHA's Trustees Advisory Council, a Trustee Steering Committee, and the Center for Healthcare Governance have developed a timely curriculum to increase hospital Board member knowledge of the quality imperative. This customizable course will enhance Board members' abilities to make the clear connections between their work in the boardroom, the performance of their organization, and the well being of patients and the community. It also provides the tools Board members need to effectively drive their hospitals' quality and safety initiatives.

The Program

The six-hour program includes interactive sessions, including video segments, case history discussions, and small group exercises. All sections can be modified to suit individual hospitals' needs. Board members will receive practical information on how to organize their work through the quality committee, select appropriate quality measures, develop quality leadership, and make the quality connection in addressing both the patient's and the community's needs.

The program centerpiece covers the six levers of responsible governance that are critical to advancing this effort.

1. Mission

Quality of care is central to the mission of health care providers. How does commitment to our mission extend to our responsibility for quality? What aspects of quality should be included in the mission? What are the means for measuring successful mission fulfillment?

2. Culture

Supporting and sustaining an environment of quality excellence shapes behavior. Do our values, policies and leadership actions represent our desired culture? Is our hospital leadership committed to instilling these values in our organization? How are we holding ourselves accountable for the desired culture?

3. Performance

The Board has an important role with respect to the quality performance of its institution. Do we have the right measures for our quality definition? Do we have a comprehensive plan with the right goals, clear accountability, and expectations for improvement? How are improvement plans progressing? What are the major initiatives to improve these quality measures with results by date-certain?



4. Leadership

Leaders champion the mission of an organization. Do we have the right mix of incentives to match executive performance with organizational goals? As we engage in succession planning, are we supporting the development of leadership that will focus on quality and safety, both on the Board and on the executive team?

5. Strategy

The Board should incorporate quality into its strategy. Is quality central to our competitive differentiation strategy? How do we make it a core focus?

6. Allocation

An organization's commitment of resources is a reflection of its priorities. Have we committed the resources required to accomplish our quality goals? How are budgets approved for these resources? What is the level of ongoing monitoring of these resources?



Program Outline

Section	Objectives	Duration
I. Trustees Can Make a Difference	Gather input and set expectations for program focus and outcomes. Define what success will look like.	1 hour
II. Governance Levers	Provide instruction and generate discussion on: <ul style="list-style-type: none">• Mission• Culture• Performance• Leadership• Strategy• Allocation	3 hours (six half-hour sessions)
III. Putting it All Together	Synthesize learning. Discuss how the quality work of the Board will be accomplished in both the Quality Committee and with the full Board.	2 hours

Quality Curriculum for Trustees: Program Components

Section One: Trustees Can Make a Difference (1 hour)

This section examines how trustees can use their governance role to affect the quality of care their organizations deliver. Participants will view the five-minute video, “Remaking American Health Care,” followed by a facilitated discussion.

Discussion Points and Questions

- Discussion of video
- Is it inevitable that care processes break down? Why or why not?
- Are expectations unreasonable?
- Is quality a fiduciary responsibility?
- What are the governance levers with which trustees can make a difference?



Section Two: Governance Levers (Six 30 minute sessions)

This section examines the six levers of governance in six half-hour sessions, using a variety of case studies and videos to launch discussions.

Lever 1: Mission Development, Monitoring, and Assessment

This session explores how the Board's responsibility for mission can drive organizational accountability for quality and safety. Participants will look at mission statements from three health care organizations as case studies.

Discussion Points and Questions

- How does the mission statement reflect quality and clinical care?
- By including quality in the mission, do the organization and the Board become accountable for results?
- How can the Board monitor performance against the publicly proclaimed mission?

Lever 2: Nurturing and Sustaining a Culture of Excellence

This session focuses on how the Board can support an organizational culture that engenders the reliability and improvement of care. A video case study, "Team Steps Phlebotomy," will be viewed at the opening and closing of the session.

Discussion Points and Questions

- What is our desired culture? Do our values, policies, and leadership actions represent our desired culture?
- How can the Board influence the development of the right culture?
- Can we and should we measure our culture? What specific cultural components are we addressing?

Lever 3: Setting Organizational Performance and Enforcing Accountability

This session provides insights on how the Board can set attainable but ambitious goals to improve the organization's quality performance and to enforce its commitment to their achievement.

Discussion Points and Questions

- How are improvement plans progressing against specific quality measures?
- Do we have plans in place to improve data collection and measurement?
- Are we measuring specific processes and areas, as well as whole systems?

Lever 4: Empowering and Motivating Leaders

This session provides insights the Board can employ to select, develop, and motivate a leadership team that focuses its energy on quality and safety. Participants will discuss a case study entitled "Stop the Line for a High Revenue Service."

Discussion Points and Questions

- Do we have the right mix of incentives to match executive performance with organizational goals?
- Are we supporting the development of leadership that will focus on quality and safety?
- Are we selecting medical staff and Board members who will help foster an environment of improvement and excellence?



Level 5: Incorporating Quality into Strategy

This session shows how Boards can use the strategic planning process to develop a roadmap for organizational quality improvement efforts and for achieving benchmark clinical outcomes. A case study will be part of the discussion.

Discussion Points and Questions

- How can the case for quality be translated into improved financial performance?
- If quality is a core strategy, how does the Board measure the progress and success of the plan?
- What are the roles of governance and management in strategy development?

Level 6: Allocating and Aligning Resources with Quality Performance

This session explains how Boards can demonstrate their commitment to high quality and safe care by allocating resources to support improvement efforts and achieve quality goals. Participants will examine and discuss the case study, “Funding of New High-Risk Program.”

Discussion Points and Questions

- What are the short-term vs. long-term economic implications and consequences of quality improvement?
- How can ongoing monitoring ensure both commitment of resources and achievement of results? What forms will such monitoring take?
- In evaluating new programs, how does the Board ensure the appropriate level of financial support for building in quality and safety and for its continuous monitoring?

Section Three: Putting it All Together (2 Hours)

This section synthesizes the program information and shows how Boards can accomplish their quality work through division of labor, mutual accountability, and the inclusion of various perspectives about the organization's quality care, including those of the patients and their families. Participants will engage in an exercise called "Report of the Quality Committee to the full Board" as a conclusion to the program. The exercise encompasses the following considerations:

- The work of the quality committee as compared to that of the full Board.
- The roles and authorities of the Board, the CEO and medical staff.
- A review of the best measures and their use in different settings, including a discussion of transparency.
- Understanding how quality connects across disciplines.



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