Developing a Board Quality Committee:
What?  Why?  and How?

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11:30 am – 1:00 pm

Paula Blackstien-Hirsch
Overview of the Series

• Establish a quality committee, to report to the board on quality-related issues

• Develop an annual quality improvement plan:
  • Overview of the quality landscape and components of a comprehensive Quality Plan
  • Scorecards, indicators, and targets
  • High level aims/Action Plans/Building capability for improvement

• Risk Management
Overview for Today

• Why establish a Board Quality Committee?
  • The evidence: linking board practices to organizational outcomes
  • Environment, including ECFAA legislation

• What should the composition and terms of reference reflect?
  • Recommended Terms of Reference

• How should the Committee function?
  • Recommended functions and practices to enhance effectiveness
  • Longer term vision
  • Taking the first steps
What role do you fulfill for your community agency?

1. Board Member
2. Executive Director/CEO
3. Senior Manager
4. Staff Member
5. Other
The work you have undertaken on your governance journey to date will not be sufficient to take you to where you need to be tomorrow - what will your tomorrow look like?

There is significantly increased expectation AND scrutiny of Boards, particularly in relation to the quality agenda
Reflection on practices at your Board:

1. Our Board has established a Board Quality Committee:
   a. Yes
   b. In progress
   c. No
Reflection on practices at your Board:

2. If you answered that you do not currently have a Board Committee, or are not in the process of developing one, please indicate if you are strongly considering doing so in the near future:

   a. Yes
   b. No
   c. Not sure
3. Our Board spends the following amount of time on the quality agenda:
   a. 0 – 10%
   b. 25%
   c. 50%+
Are there studies that associate Board engagement with better clinical outcomes?

- Board establishes a **Quality Committee**
- Board sets the **board agenda** for quality
- Board sets **strategic goals** for quality improvement
- CEO and senior executives held accountable for quality and safety goals, frequently also tied to compensation
- Board spends **more than 25% of its time** on quality issues
- Board receives a formal quality performance **measurement report**
- Board uses indicators of quality and safety [in decision-making]
- CEO is identified as the person with the **greatest impact on QI**, especially when identified so by the QI Executive

*(Vaughn, Koepke, Krock et al, 2006; Lockee, Kroom, Zablocki, Bader – Governance Institute/ Solucient Top 100, 2006; Jiang et al, 2009)*
Are there any Canadian studies providing us with similar or different information?

- **Ross Baker et al, Healthcare Quarterly 2010** (case studies of 3 Canadian organizations and one US organization, 15 interviews):
  - Efforts to improve the quality and safety are still in early stages
  - For most of past decade, Canadian hospitals concerned with financial and access questions
  - Board composition doesn’t always include individuals with knowledge of quality and safety
  - Very few boards recruit using a skills matrix
  - Most Boards receive voluminous indicators, revealing little from an information perspective
  - Organizations tend to struggle over compliance with adherence to the Carver model of governance and engaging in meaningful discussions on quality and safety
Do you need a separate Board Quality Committee?

- Correlation between Board members driving this agenda and good client outcomes

- Options:
  - Separate (new) Quality Committee of the Board
  - Modify the mandate of an existing committee of the Board
  - Incorporate the terms of reference for a Board Quality Committee into the role of your full Board

Remember that......FORM follows FUNCTION
Board Quality Committee Composition

ECFAA Board Quality Committee:

- 1/3 of voting members must be Board members
- Chair must be a member of the Board
Reflection on practices at your Board:

4. Our Quality Committee (or our Board) includes a Board member with:

   a. Quality and safety knowledge and experience in health care

   b. Quality and safety knowledge and experience from outside of health care

   c. No member with quality and safety knowledge
Considerations in establishing a Quality Committee

Composition:

• Directors who are passionate about the agenda – preferably someone with quality improvement knowledge from within or outside your industry (or develop a deliberate plan for education in this area)

• Directors who will not be intimidated by the complexity of your service issues, who can frame probing, constructive questions & understand the answers

• Staff who can educate directors and support a proactive role for the committee

• Consider making it mandatory practice for every new member of the board to sit on the quality committee for one term
5. When quality and safety problems are identified at your agency, how confident are you that they will be addressed quickly and effectively?

a. Not confident
b. Somewhat confident
c. Mainly confident
d. Entirely confident
e. Don’t know
With a Board Quality Committee established, what type of annual workplan might make you more confident?

- Quarterly review of Q&S Dashboard
- Critical Incident Review
- Develop/refresh Annual Quality Plan
- Enterprise-wide Risk Management
- Establish & review progress on high level quality aims
- Education Session
- Compliance with Quality & Safety Regulatory Requirements
- Review results of Self-assessments in preparation for Accreditation
- Building organizational capability for improvement
- Strategic discussion on improving the culture of continuous improvement
In working through a review of quality initiatives, Board members need a solid understanding of:

- Current organizational performance
- Requirements (investments of time and other resources) necessary to achieve quality goals
- Risks and challenges that could impede achievement of targets
- Timeline for results

HOW WILL YOU KNOW???

The most important question for Board members to ask is “why?” and to always be asking yourself “how will we know?”
Key questions for Board members to ask...

• How do we know that the processes we have in place to ensure quality services are being followed and are effective?

• How good are our services?
  • How do we compare to others like us?

• Are our services getting better?
  • Are we on track to achieve our key quality and safety objectives?
  • If not, why not? Is the strategy wrong or insufficient, is it not being executed effectively or is it too early in the process?
  • How much variation is there among our providers? How much of a gap is there between our current and desired performance?

Why does the gap exist and what is our plan to close the gap?
Some of the challenges experienced at our Board Quality Committee

- Proportion of Board Directors to staff, given the legislated composition
  - Strategies: Board members, outside members

- Level of discussion: operational vs governance
  - Strategies: it’s a fine line

- Level of discussion: fiduciary, strategic, generative
  - Strategies: consent agenda, fiduciary vs strategic/generative time allotments, education

- Determining what issues to take to the full Board
Typical Terms of Reference *(aligned with ECFAA)* (I)

- Monitor and report to the Board on quality issues and on the overall quality of services provided, with reference to appropriate data including:
  - Performance indicators
  - Critical incidents/client complaints
- Consider and make recommendations to the Board regarding quality improvement initiatives and policies.
- Ensure that best practices information supported by available scientific evidence is translated into materials that are distributed to appropriate employees, and subsequently monitor the use of these materials.
- Oversee the preparation of the organization’s Quality Improvement Plan
Typical Terms of Reference *(aligned with ECFAA)* (II)

- Oversee the organization’s **plan for Accreditation** and review reports and plans relevant to improving performance and correcting deficiencies
- Oversee implementation of **policies, processes and programs** to ensure quality objectives are met and maintained
- Review reports with respect to **critical incidents** and oversee plans to address, prevent, and remediate such events
- Monitor the organization’s **compliance with legal requirements and applicable policies of funding and regulatory authorities** with respect to quality of client services
- As and when requested by the Board, provide advice on the **implications of budget proposals** on the quality of services
- Review and make recommendations with regard to the organization’s standards for **emergency preparedness**, and policies for **risk management** related to quality of services

*Adapted from OHA Governance Centre of Excellence, Quality and Patient Safety Governance Toolkit*
Reflection on practices at your Board:

6. Who sets the agenda for your discussions on quality for your Board Quality Committee or full Board?

   a. Chair of Quality Committee/Chair of Board

   b. Senior Staff

   c. Chair and Senior Staff
Snapshot of a Typical Quality Committee Meeting

Agenda

• **Story** of a client experience, often a harm event, that will help to personalize data to be reviewed later in the meeting

• **Strategic Dashboard**: progress report on achievement of high level aims

• **Overall dashboard**: plan for any indicator falling out of compliance

• **New provincial or LHIN requirements** related to quality and safety

• **Policy recommendations** that need to be tabled at the Board, including a vote

• **Other issues** such as review of a critical incident and recommendations, review of operating plan from a quality perspective, survey results such as a culture survey, etc

• **Review of the meeting**: Were important items discussed? Did everyone participate? What can you improve?
Longer Term Considerations for the Board

- What will it take for large scale change?
  - How do you create a burning platform for the organization?
  - What type of leadership commitment and time are required?
  - What types of resources/infrastructure are required, and at what levels in the organization?
  - How do you manage today while planning for transformation for tomorrow?
Key building blocks for a safe culture steeped in continuous improvement (I)

- A commitment to high standards and the pursuit of excellence

- Board-driven Quality Plan
  - Framework, quality plan, scorecard, initiatives
  - Regular monitoring & reporting on performance

- Commitment to transparency and accountability
  - Public access to board materials
  - Public reporting on performance
  - Active involvement of Board in quality and safety events
  - Measuring culture
Key building blocks for a safe culture steeped in continuous improvement (II)

- **Managing client safety events:**
  - Fair and just culture (learning vs blame, system vs individual failure)
  - Incident analysis, disclosure
  - Monitoring, reporting and learning from adverse events and near misses
  - Encouraging and supporting a culture of 200% accountability

- **Meaningful engagement of clients and families**
  - Client stories at the Board
  - Involvement of clients:
    - on committees
    - in improvement work
    - in care
Jim Conway...

“The single most important factor that distinguishes major culture changes that succeed from those that fail is competent leadership at the top. No single effort at culture change has been successful starting at the bottom.

The evidence base on the power of leadership and culture in healthcare is growing significantly...great cultures produce great results and it starts at the top.

We don’t suffer from knowing what to do...we just need to do it.”

Begin by modelling at the Committee...create a safe environment for all members to openly discuss quality and safety concerns...
How do we get our Board involved?

- Create a burning platform; make the status quo uncomfortable:
  - The scrutiny of Boards from a variety of sources will not allow the quality agenda to be delegated – Boards need to understand their accountability for quality
  - Shift in focus to the community by government and LHINs is a double-edged sword: Provides the support the community has wished for AND Puts Community Support Services in the spotlight to explicitly demonstrate their value – mediocre outcomes will no longer be tolerated
  - Best strategy is to lead the agenda rather than have it imposed
  - ECFAA: it is not a question of “if”, but “when”...
What should we do first?

- Establish/revamp a Board Committee:
  - With the right composition
  - Begin to educate re: responsibilities and key functions

- Appoint a senior manager to support the Committee who has the knowledge and skill in the quality/safety area (if this skill set is not present, invest in developing it)

- The Board and CEO need to communicate the priority that they are placing on improving quality and safety

- Start small: Decide on 1-2 high level aims and start reviewing indicators that measure progress on these aims; if you don’t have the data, develop a plan for developing the infrastructure to get to this point

- Ensure you have appropriate policies and procedures in place to manage risk
Gap Analysis: Where do you stand?

1. Do you have a Board Quality Committee or a Board Committee that could adapt to take on this role, or can you incorporate the mandate into the role for your full Board?

2. Do you have a Board member with QI knowledge, either within healthcare or from another industry?

3. Do you have a senior staff member with the requisite QI knowledge to support this committee?

4. Do you have a good quality and safety indicator report that is reviewed by the organization regularly?

5. Do you have strategic quality aims and an action plan for achieving the aims?

6. Do you use a survey to measure organizational quality and safety culture?
There are no short-cuts; this is not a fad nor a passing idea. This is a strategy for entering the future...

Strategies for Increased Efficiency and Effectiveness,
Swedish Association of Local Authorities and Regions, 2008