Reporting to the Senior Team, Medical Executive Committee and the Board

Making Risk, Patient Safety & Quality an Organizational Priority

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“There is a correlation between health system board prioritization of quality and patient safety oversight and higher performance on key indicators”


Risk, Patient Safety and Quality leaders need to collaborate with the Senior Team, MEC and Board to drive Care Improvement

Looking beyond Hospital walls
Leadership and Trust
The Senior Team

CEO Responsibilities

• Responsible to lead and ensure comprehensive approach to ensuring patient safety and quality

• Establish and monitor an executable vision and strategy for setting and achieving patient safety/quality goals

• Strategy should include clear metrics to determine progress and guide necessary adjustments

• Ensuring competent staff to carry out vision and strategy

ACHE Policy Statement on Healthcare Executives Role in Ensuring Quality & Patient Safety
The Senior Team

ERM

“Enterprise risk management in healthcare promotes a comprehensive framework for making risk management decisions which maximize value protection and creation by managing risk and uncertainty and their connections to total value.” *

Domains of ERM:

- Operational
- Clinical/Patient Safety
- Strategic
- Financial
- Human Capital
- Legal Regulatory
- Technology
- Hazard

The Senior Team

What to Report to the Senior Team

• Quality/Patient Safety/Risk Management Annual Plan
• Adverse Events
• Litigation
• Sentinel Events/Code 15s
• Regulatory Compliance Issues
• Analysis/Trends
• Complaints/Grievances
• Status of Corrective Actions
The Senior Team

How to Keep the Senior Team Engaged

• Keep updated – no surprises
  • “… CEO of Johns Hopkins Medicine told her late last month that that the health system’s leaders didn’t know All Children’s Heart Institute employees had raised safety concerns before learning it from the newspaper.”*

• Communicate with confidence and authority

• Seek feedback

• Partner with Senior Team members to develop culture of safety

• Partner with Senior Team members to develop culture of improvement

*Top All Children’s Executives Resign Following Times Report on Heart Surgeries
Creating a Culture of Change

- Change how people think about something
- Once something is important, people change their actions
- Actions become habits
- Changed habits = changed character
- Changed Culture
Medical Executive Committee

Responsibilities of the Medical Executive Committee

• Representative of the medical staff
  • Represent and act for the Medical Staff
  • Implement and approve Bylaws, Rules & Regs, Policies with Board approval
  • Act as liaison for Medical Staff
  • Make recommendations to Board

• Propose changes and enact policies, procedures, and other items in an effort to improve patient care and medical staff structure
Medical Executive Committee

HOW TO ENGAGE THE MEC

Everything Should Center Around Mission, Vision and Values

• Create a Sense of Urgency
• Collaboration
• Connect the dots – Physician Actions Impact Patient Safety & Quality
• Need for Physician Champions
• Reputation in the Community
Medical Executive Committee

Why Report to the MEC
• Regulatory Requirements
• Leapfrog Requirements

What to Report to the MEC
• Quality/Patient Safety Data and Metrics
• Credentials, Peer Review, Privileging & Reappointments
• Financial Data
• Medical Record Delinquency
• Utilization Review
• Physician Satisfaction
What to Report to the MEC

• Mortalities
• Complications
• Patient Safety/Risk Management/Performance Improvement
• Sentinel Events/Code 15
• Regulatory Survey Activities
• Annual evaluations of programs
• Patient experience
• Minutes should broadly reflect data
Call To Action
• Safety & Quality
• Regulatory
• Make up of board
• System Level board
Sharon is the newest board member. In her late 30’s, Sharon grew up in the area and moved back two years ago. When asked to be on the board, she was honored; her mother had been a physician (now retired) and as a child she used to sometimes tag along on hospital rounds. But Sharon’s first year on the board has been uncomfortable. • Board agendas are virtually the same every month focusing on routine financial and management reports. There are few questions by board members and no real discussion. Sharon was quiet during the first six months of board meetings, simply observing and trying to understand the language and how things work. • But at the last several meetings she has tried to bring up concerns that she has heard in the community about the quality of care and patient experience--but has gotten little response from management or her fellow board members. At the last meeting when she persisted, she was told by the Chair, “Thank you sweetie, but we do not need to get into that here.”
Basic Board Responsibilities

- Set and periodically review the Mission, Values and Goals
- The only employee who reports to the Board is the CEO
- The Board must hire, fire and evaluate his/her performance
- The Board ensures the Quality and *Safety of Patient Care
- The Board ensures the organization’s financial performance
- The Board has shared responsibility for the health of their community
- The Board must assume responsibility for itself
Legal Board Governance of Risk Management Program

• FS 395.0197 states: “The internal risk management program is the responsibility of the governing board of the health care facility. Each licensed facility shall hire a risk manager who is responsible for implementation and oversight of the facility’s internal risk management program...”

• This is the connection to Risk with Quality and Patient Safety from a board perspective

• As the Risk Manager, you are the liaison to the C-Suite and through them you have agency to the Board
6 Dimensions of Quality: STEEP

Patient Perspective
- Safe
- Timely
- Effective
- Efficient
- Equitable
- Patient Centered

*IOM STEEEP dimensions of quality: Safe, Timely, Effective, Efficient, Equitable, and Patient centered
Patient-Centered Focus AdventHealth Service Standards

- Keep Me Safe
- Love Me
- Own It
- Make It Easy

Every Person
Every Time
Research shows Boards need

I. Education
   • Onboarding
   • Expectations

II. Time Commitment
   • Attendance
   • Pre-review of materials
Current State of Board Work

• Governance of quality is primarily focused on safety
• Governance of quality is hospital-centric, with limited focus on population or community health
• Core processes for governance of quality core are variable
• A clear, consistent framework for governance of health system quality is needed
The tragic death of a young adult due to a hospital medication error hit the local newspaper and it opened the flood gates of social media to stories about poor patient quality and experience. The State, CMS and The Joint Commission made surprise inspections and found a host of patient safety and quality issues. • The CEO and Chair of the Board both decided that it was a good time for them to retire and the Board elected Sharon as the new Chairperson. In her first meeting as Chairperson, Sharon announced that patient safety, quality and patient experience need to be the focus of the Board. But she is unsure of how to proceed.
IHI Framework for Governance of Health System Quality

Core Knowledge Areas
- Core Quality Knowledge
- Core Improvement System Knowledge
- Board Culture and Commitment to Quality

Core Board Processes
- Governance of Quality Assessment
  - Key processes to oversee all dimensions of quality
  - Assessment of progress over time

Vision of Effective Board Governance of Quality
- I understand the domains of and key concepts underlying quality care.
- I understand the process to assess, prioritize, and improve care.
- Our board culture demonstrates a commitment to delivering quality for all patients.
Tips on Reporting

• Keep it short and sweet
• Discussing the Bad News
• How to make yourself a value-add

"If you can’t explain it simply, you don’t understand it well enough." - Albert Einstein
Engagement & Robust Discussion

• Meeting before the meeting-partnering with key C-suite members
• How to initiate discussion
• Minutes review
• Bringing it back to solidify
Evaluation of Governance

- Annual evaluation: GQA Score tool
- Can be compared year over year
- Use based on oversight of STEEP
- Excellent for system use with varied boards
- CEO completes with board chair and Quality Chair or Committee

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<thead>
<tr>
<th>Score</th>
<th>Description</th>
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<tbody>
<tr>
<td>0</td>
<td>No activity: The process is not currently performed by the board, or I am unaware of our work in or commitment to this area.</td>
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<tr>
<td>1</td>
<td>Infrequent practice: The board currently does some work in this area, but not extensively, routinely, or frequently.</td>
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<tr>
<td>2</td>
<td>Board priority: The board currently does this process well — regularly and with thought and depth.</td>
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Core Board Process

5. Board reviews management summary of their culture of safety survey or teamwork/safety climate survey to evaluate variations and understand management’s improvement strategies for improving psychological safety, teamwork, and workforce engagement.

Process leads to a:

Board that holds management accountable for building and supporting a culture of psychological safety that values willingness to speak up as essential to patient care and a collaborative workplace.
Time to Shine!

- Take 5 minutes review, discuss and develop bullet points to report
- 5 minutes for a few volunteers to present to Board
Ms. Smith presented to the ED with a perforated bowel. She was admitted and Surgeon Jones was consulted for an acute abdomen. She was emergently taken to surgery. The surgery was uneventful but during the closing count, the staff identified a lap sponge was missing. The physician was adamant that there was not a lap sponge in the abdomen and refused to stop closing for an X-Ray. He proceeded to close the abdomen. It was 10:00 p.m. on Saturday night and everyone was anxious to finish. The sponge was not found. An X-Ray revealed the lap was in the abdomen. The patient was taken back to surgery to remove the sponge.
Reporting Trends to MEC

You’ve noticed a trend upward in Septic Shock mortality. Your team does an extensive drill down and find that bundle compliance has decreased, order set usage is down and staff are not calling sepsis alerts when appropriate. Specifically, there is one physician in particular who repeatedly tells nursing not to call sepsis alerts because administration is just trying to make more money by calling everything sepsis. Of note, this physician has the highest mortality rate in the hospital and refuses to use the sepsis order set.
Nurse Jane comes to you and states she is uncomfortable around Dr. Feelgood. She feels that he touches her inappropriately. She described that he rubs her arms when he comes up behind her, has caressed her cheek on two occasions, and has commented on her “sexy body” more than once. Your investigation reveals there has been 5 incident reports filed detailing more incidences of inappropriate behavior. She confides that she was scared to complain because everyone knows about his reputation but administration allows it to happen because he admits a lot of patients.
Resources

• IHI White Paper: Framework for Effective Board Governance of Health System Quality. [https://www.ihi.org](https://www.ihi.org)


• The Guide to Good Governance for Hospital Boards (2009) AHA Center for Healthcare Governance

• Richard Barrett, A voice for values blog: Commitment: The secret power of the 21st century organization


• ACHE Policy Statement on Healthcare Executives Role in Ensuring Quality & Patient Safety