



# BOARD ROLE IN SAFETY AND QUALITY

## TRUSTEE & EXECUTIVE SUMMIT

*Culture Matters. Boards Help Establish and Sustain Cultures that are Quality Supportive.*

Participants in a recent Patient Safety Summit for Health Care Trustees and Executives were invited to share practical insights into strategies that have the potential to enhance the role and contributions of trustees working with a variety of internal and external stakeholders to establish and sustain a culture of safety and continuous quality enhancement. The list of suggestions is displayed below, in random order.

Internal Stakeholders: Physicians, Employees and Patients/Visitors

External Stakeholders: Media, Payers and Regulators

### INTERNAL STAKEHOLDERS

\* Physicians \*

\* Employees \*

\* Patients/Visitors \*

### EXTERNAL STAKEHOLDERS

\* Media \*

\* Payers \*

\* Regulators \*

### INTERNAL STAKEHOLDERS

#### PHYSICIANS:

1. Say it loud, say it proud...safety matters to this board, and has it as one of our top priorities. Place it in our mission, vision, values statements... then be prepared to walk the talk with their time, talents and treasury!
2. Trustees should call for meeting with physician leaders to (a) say how important the trustees see the need for great quality and patient safety; (b) that the trustees know the importance of this to physicians and the trustees want to help them raise the bar on safety; and (c) ask for ideas from doctors about what should be measured and monitored for great safety;
3. Board needs to establish formal quality and safety committee that has physician and nurse membership;
4. Invest in new technologies (CPOE and electronic medical records) and processes that unleash physicians' effectiveness;
5. Board and doctor group should reach agreement on what 3-5 indicators are the most important to measure and monitor for great quality/safety. Make sure these are easy to understand and have graphic look to them;
6. Publish "Report Card" on our performance in quality/safety;
7. Invest in a board-physician website net on quality standards, educational materials, progress reporting and celebration of the "award winners"
8. Trustees should take out full page ad in local paper that celebrates physicians that are doing great things for patient quality and safety;

9. Invite patients into joint quality meetings of board and physician leaders at least twice per year;
10. Have trustees, managers and physicians understand it is okay to talk about errors and what we can learn from them for future excellence. Actually dissect a bad situation or sentinel event so all can learn, and so all can see we really do have a “Blame free culture here”;
11. Add safety into our core values...we shall do no harm in our pursuit of healthcare excellence;
12. Establish some part-time physician and nurse “Chief Safety Officers” for selected service areas, like ER, Obstetrics, surgery and cardiology;
13. Encourage physicians to “tell stories” to trustees about the good, the bad and even the ugly so that board role comes alive; so that board members see their decisions affect more than money, but also health and lives of people in our community;
14. Trustees should be encouraged to tell their friends, neighbors and relatives that it is okay, in fact needed, that they play informed and active role in championing the needs of their loved one that may be a patient in our care system; Patients and their significant others need to take more active role and responsibility in their care and outcomes;
15. Board needs to include more physicians on board and board committees;
16. Have board column in Medical Staff newsletter that shows board cares about doctors, patients and great quality/safety;
17. Board must frequently and sincerely communicate to physicians that they want/expect a culture that promotes safety versus climate of “blame and shame”
18. Board needs to establish fund to reward and celebrate physicians that “go above and beyond the call of duty for quality”;
19. Support ongoing education and tours for physician development of proper attitudes and skills for safety;
20. Provide recognition and financial rewards/incentives for physicians to be more active players in patient safety initiatives;
21. I wish trustees did not have to be doing the top down leadership for safety, but if we have to, we should get moving and do it right and fast;
22. Trustees style of interactions when they meet with us physicians should be open and friendly, ask questions about why something happened not who is at fault. We are in this together now;
23. Trustees (and our executives) need to do more listening about how our systems get in the way of good care, great quality and world class safety;
24. Ask the physicians what kind of rewards they want to incentivize and celebrate their progress to excellent safety;
25. Have physician assume role of “Phantom nurse” to see how things are going;
26. Have one meeting a year of trustees in doctor clinic to talk about a continuum of safety from office into hospitals and back to patient’s home;
27. Have physician reports be in simple words and pictures so I know what is really going on with safety and quality. Give us illustrations with real patients (even if names are changed for HIPPA regs.);
28. Board chair presents at Medical Staff Quality Committee meeting to show the board is walking-the-talk of attention to safety;



29. Celebrate progress to quality/safety with paid PR spots in local media and billboards;
30. Conduct periodic walking tours for trustees around the hospital so they can reinforce with all our internal players that safety is critical to us/them;
31. Meet with medical and administrative staff to know what is required by Accreditation, by regulators and media;
32. Involve physicians in our strategic planning and be sure that the process features a focus on quality and safety;
33. Ask the doctors what they see as the barriers to great quality and safety, and what they thing should be done to improve our performance;
34. Feed them as one way to show we value their time to improve our quality and safety;
35. Do occasional grand rounds with physicians to see how our care systems impact real patients and their families;
36. Plan and conduct a full retreat on quality and patient safety where we define what is important to measure, how we are doing now and what we need to do to be world class
37. Pay for periodic external review of our performance and identify practical ways to make us better in all our clinical care systems and process improvement efforts;
38. Others?

## INTERNAL STAKEHOLDERS

### EMPLOYEES:

1. Recognize verbally, one on-one, in department meetings and in public at gatherings or in newspaper, that board appreciates the great work of our employees in quality and safety. Celebrate them a true champions or heroes;
2. Board leaders should show up periodically (be invited) at key employee gatherings to ask for their ideas about what is getting in the way of great quality/safety and what they would like to see the board and management do differently to pursue greatness;
3. Add safety to our core values and budget plans
4. Board members do patient rounds occasionally with nurses to see and celebrate what we do;
5. Reward error reporters/ whistle blowers as part of true commitment to blame free culture;
6. Provide funding pool to reward greatness of employees and those that do not whine but do help spot problem/error areas;
7. Visibly and enthusiastically participate in Quarterly employee appreciation events;
8. Employee of year invited to board meeting for thank you and “Conversation About Safety”. Let’s try some two way listening with each other;
9. Have board members scheduled into master annual calendar of special events to thank employees, e.g. Pharmacy week, Nurses Week etc;
10. Invest in basic customer focused/ patient centered courtesies like eye contact, thinking of patients as if they were our loved ones; good listening skills, and can do attitudes of continuously raising the bar on our performance;



11. Establish “Pride and Performance Program” that becomes more than a one shot deal... it becomes part of our culture of safety;
12. Say face to face that there will be no negative repercussions from reporting errors and problems;
13. Encourage with our questions at board meetings and in our “governing by walking around session with the CEO” that we really do care about quality and we have high expectations for the contributions of the workers in all we do;
14. Set up web based “Quality Net” for all our workers to access 24/7 best practices, ways to spot problems, confidential reporting of errors/problems, celebrating great performers;
15. Collaborate with CFO and Nursing leaders as unusual “partners for performance”;
16. Trustee remarks in employee newsletters about importance of safety, of our patients and of our workers;
17. Celebrate x days without types of errors by department or floor or shift;
18. Invest more money in training and education for “teams for safety”;
19. Board asks and then individual board members accompanies CEO to visit different unit each month;
20. Have formal part of annual employee awards dinner comments on progress we are making for quality and safety, not just market share and fiscal ratios;
21. Invest in technologies and systems that support great quality and safety;
22. Reward pool for “innovations for safety”;
23. Conduct focus groups twice per year to listen to interdepartmental teams of what is getting in way of greatness and what we can do to enhance our results in quality and safety;
24. Others?

## INTERNAL STAKEHOLDERS

### PATIENTS/VISITORS:

1. Arrange for board to join in focus groups twice per year to “listen to learn, and learn to listen”;
2. Show how all these ideas for physicians and employees and patients/visitors are mutually reinforcing and rewarding for us to move forward toward greatness;
3. Provide periodic classes for patients and visitors on how to be more effective “questioners’ and active players in their own care;
4. Study that idea of a “Visitors’ Services Department”;
5. Convene annual “Town Hall Meeting on Quality”;
6. Add patient safety suggestions section to our patient satisfaction survey forms;
7. Invest in upgrade of visitor areas with good information, “An Answer Desk” like hardware stores do, and better staff trained to be comforters and supporters for patients and their loved ones;



8. Enhance waiting areas with kitchens and little conveniences that show we care but that may not cost that much;
9. Post, publish and celebrate our safety/quality track record, even our blemishes so we are transparent, nothing to hide, always trying to improve;
10. Conduct periodic patient focus groups to tap their ideas and experiences for safety and quality;
11. Trustees send (with staff support) thank you notes to community groups that help is “raise the bar for greatness”;
12. Include safety messages and progress reports from Board to community in our annual or quarterly reports;
13. Invest more in high quality escorts, volunteers that offer info on loved ones status and encourage patients in their bill of rights to question anything that does not seem right for them or their loved ones;
14. Be sure managers and occasionally even trustees are seen “rounding for safety” in the hospital;
15. Make it easy for patients and their visitors to share their opinions about how we are doing for quality;
16. Board should meet with focus group of former patients about what we are doing that is great, and what is not so great;
17. Establish an ongoing “patient advisory council” on quality and safety that relates to board of directors twice per year;
18. Others?

## EXTERNAL STAKEHOLDERS

### MEDIA:

1. Remember that media covers a lot of variations: newspapers, radio, TV cable, TV networks, and local newsletters/papers. Each may have different style and different attitudes depending on ownership and their past relations with health care and our hospital;
2. Plan and conduct quarterly meetings for briefing, education and dialogue with press, board, managers and physician leaders about issues and options for service enhancement;
3. Provide detailed insights into our processes, but be open and honest about our soft spots and weaknesses so we gain credibility for the future;
4. Educate them on what clinical care is, where the risks are and where we have found errors in the past, and what we have done and are doing to move toward greatness in all our quality and patient safety;
5. Provide a steady flow of information and statistics about our benchmarked performance;
6. Engage the media, regulators and payers in agreement about the 5 most important indicators of quality and patient safety, and then report honestly to them about how we are doing;
7. Develop board policy and procedures on how to handle media inquiries, i.e. route them all to CEO for consistent and proper responses;
8. Respond promptly and openly to media calls for information;
9. Hire advisor on how CEO and Board Chair are to communicate in the most effective way with media;



10. Schedule private conversations with media between Board Chair, Chief Medical Officer and CEO to discuss issue, options, opportunities and problems;
11. Participate in our development of local cable TV show on quality and patient safety that educate media and public. It is hot topic and we can gain some decent PR too;
12. Invite media to tours and small group discussions about trends, technologies, tensions, and tough issues;
13. Try to cultivate positive media relations with open and candid sharing of information, and paid advertising series of stories that position our efforts in best manner possible;
14. Be sure you put best trustees forward, not one that has ongoing fights with media from their other work!
15. Stories, stories, stories about real people... patients and employees and physicians that care and cure;
16. Involve/contract with media to help in evaluation studies of our performance
17. Be open and proactive such as the Dana Farber case situation;
18. Try to join forces with competing hospitals in the education of media so it is more comprehensive, objective, and community focused rather than single hospital focused;
19. Communicate our successes and failures, but try to shine brightest light on positive case studies;
20. Educate board members about how best to react to tough media probes;
21. Invite media to "Quality Fair";
22. Others?

## EXTERNAL STAKEHOLDERS

### PAYERS:

1. Position hospital as a preferred provider of quality so we gain better payer terms and payments;
2. Agree upon standard indicators of great quality and safety and then provide periodic reports that reinforces the good we are doing;
3. Conduct joint education meetings with national quality experts for trustees, payers, media and regulators. We all get the same info at same time, and perhaps build some common rapport and relationships;
4. Provide frequent report card reports to payers for their policy holders compared to others (requires us to have better data then they do, which is often NOT the case);
5. Arrange quarterly review meetings with trustees and payers on our performance and plans;
6. Trustee one on ones with CEO and Payer executives;
7. Solicit payer staff to help educate us so they see were are serious and diligent about innovative safety strategies;
8. Trustees need to observe a classic negotiating session between aggressive payer and hospital to see how important and frustrating it is to relate with payers that only give lip service to quality goals;



9. Plan and arrange periodic “Troika meetings” (CEO, Chief Medical Officer and Board member) with payer reps, and the clients of payers, which may very well be our board members;
10. Mix stories with hard data to illustrate to payers how our board is focused on and professional about safety commitments;
11. Be open and transparent in all we do for the payers’ clients/ members;
12. Capture the “Case of Quality” and have trustees help deliver it to payers before we go into negotiating session over rates and terms of payment for top quality outcomes and processes;
13. Link our advocacy to policy makers with payer relations staff to lever our plans and progress toward safety and top quality;
14. Learn how to “Just say no” to contracts that do not reward quality, or cripple our capacity to deliver world class quality and safety;
15. Print up 3x5 cards for trustees about our “value proposition” that demonstrates how the health insurer payment yields great ROI;
16. Support management to find payment schemes that reward/pay us on results and quality;
17. Help management conduct surveys on quality of payer customers that can be reported to back to payer to show our value;
18. Form and fund a special local “quality and patient safety institute” that has funding from hospitals, doctors and payers (e.g. Pittsburgh Council of Hospital Trustees);
19. Make sure to hold some of the contract negotiating/review meetings in hospital or trustee offices, not just the payer’s turf;
20. Ask the payers what keeps them up at night regarding quality of care for their policy holders, and then seek common ground of how to work with them to advance quality performance levels fast and smart;
21. Others?

## EXTERNAL STAKEHOLDERS

### REGULATORS:

1. Share reports from our quality monitoring systems with regulators and legislators, but briefed by trustees who have more credibility/objectivity;
2. Encourage culture of shared data, and that with our good results, the regulators will arrange for less difficult reporting by us in the coming years;
3. Develop fast, complete and accurate 2 way flow of information about their expectations and our results and processes;
4. Trustees active in accreditation review, and invite regulators to see rigor of the quality reviews we do, and our results/performance compared to peers nationally;
5. Educate, educate, educate on issue and options, plans and progress;
6. Meet often with regulators to find common ground of measure and ways to celebrate results... we should be after the same goals of positive results for our patients and publics;



7. Be prepared to support management when they have to report uncomfortable data to media and regulators;
8. Seek mutual ownership of performance indicator definitions and methods to monitor and report on results;
9. Package our science in/with our stories;
10. Be proactive in our efforts to compare our performance to peers, benchmarking, best practices;
11. Show that we have solid accountability standards and processes in place that are often updated by board member discussions with physicians and our care givers;
12. Invite regulators into one of our quality review meetings so they can see first hand how we apply rigor to all we do;
13. Others?

Jim Rice is Vice Chairman of The Governance Institute. The Governance Institute collaborates with several national groups to champion enhanced trustee leadership for hospital quality.

THANK YOU FOR YOUR IDEAS.

IF YOU WOULD LIKE TO SHARE OTHERS, PLEASE E-MAIL THEM TO  
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## ABOUT THE GOVERNANCE PRACTICE

Hospital and health system leadership teams face growing pressures to achieve challenging performance goals from both internal and outside sources. Our Governance & Leadership Services advisors at Integrated Healthcare Strategies help you design and implement performance enhancement strategies and systems for your board, senior executive team, physician leaders and medical directors.

Based on the industry experience of our advisors and analysis of our client assessment archive, we have developed a suite of four services designed to help you manage a wide variety of challenges. These include:

### Board Development Services

- Board Retreats
- Board Effectiveness Reviews
- Governance Enhancement Plans

### Leadership Continuity Services

- Continuity Assessments
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- Leadership Transition

### Governing Executive Compensation & Performance

- Governance of Executive Compensation Manual & Support
- Performance Evaluation Tools
- Executive Compensation Plan Media Tool-Kit

### Physician Leader Services

- Physician Leaders Culture and Effectiveness Audits
- Physician Leader Competencies
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