January 9, 2025

TO: Legal Counsel

News Media
Salinas Californian
El Sol
Monterey County Herald
Monterey County Weekly
KION-TV
KSBW-TV/ABC Central Coast
KSMS/Entravision-TV

The next regular meeting of the **QUALITY AND EFFICIENT PRACTICES COMMITTEE - COMMITTEE OF THE WHOLE** of **SALINAS VALLEY HEALTH**[1] will be held **MONDAY, JANUARY 13, 2025, AT 8:30 A.M., DOWNING RESOURCE CENTER, ROOM 117, CEO CONFERENCE ROOM, SALINAS VALLEY HEALTH MEDICAL CENTER, 450 E. ROMIE LANE, SALINAS, CALIFORNIA**. (*Visit* **https://www.salinasvalleyhealth.com/~/about-us/healthcare-district-information-reports/board-of-directors/board-committee-meetings-virtual-link/** *for Public Access Information*).

Allen Radner, MD
President/Chief Executive Officer

[1] Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

Committee Voting Members: **Catherine Carson**, Chair, **Rolando Cabrera, MD**, Vice-Chair, **Clement Miller,** Chief Operating Officer, **Carla Spencer, RN**, Chief Nursing Officer; **Alison Wilson, DO**, Medical Staff Member.

Advisory Non-Voting Members: Administrative Executive Team.

QUALITY AND EFFICIENT PRACTICES COMMITTEE
COMMITTEE OF THE WHOLE
SALINAS VALLEY HEALTH[1]

MONDAY, JANUARY 13, 2025, 8:30 A.M.
DOWNING RESOURCE CENTER, CEO CONFERENCE ROOM 117

Salinas Valley Health Medical Center
450 E. Romie Lane, Salinas, California

(Visit SalinasValleyHealth.com/virtualboardmeeting for Public Access Information)

AGENDA

1. Call to Order / Roll Call
2. Public Comment

   This opportunity is provided for members of the public to make a brief statement, not to exceed three (3) minutes, on issues or concerns within the jurisdiction of this District Board which are not otherwise covered under an item on this agenda.
3. Approve the Minutes of the Quality and Efficient Practices Committee Meeting of December 16, 2024. (CARSON)
   - Motion/Second
   - Public Comment
   - Action by Committee/Roll Call Vote
4. Patient Care Services Update (SPENCER)
   Quality Practice Council
5. Special Education Session: 2025 Quality and Safety Update (KUKLA)
6. Adjournment

   The next Quality and Efficient Practices Committee Meeting is scheduled for **Tuesday, February 18, 2025 at 8:30 a.m.**

This Committee meeting may be attended by Board Members who do not sit on this Committee. In the event that a quorum of the entire Board is present, this Committee shall act as a Committee of the Whole. In either case, any item acted upon by the Committee or the Committee of the Whole will require consideration and action by the full Board of Directors as a prerequisite to its legal enactment.

The Committee packet is available at the Committee Meeting, at https://www.salinasvalleyhealth.com/about-us/healthcare-district-information-reports/board-of-directors/meeting-agendas-packets/2024/, and in the Human Resources Department of the District located at 611 Abbott Street, Suite 201, Salinas, California, 93901. All items appearing on the agenda are subject to action by the Committee.

Requests for a disability related modification or accommodation, including auxiliary aids or services, in order to attend or participate in a meeting should be made to the Board Clerk during regular business hours at 831-759-3050. Notification received 48 hours before the meeting will enable the District to make reasonable accommodations.

[1]Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

CALL TO ORDER
ROLL CALL

(Chair to call the meeting to order)

PUBLIC COMMENT

DRAFT SALINAS VALLEY HEALTH[1]
QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING
COMMITTEE OF THE WHOLE
MEETING MINUTES DECEMBER 16, 2024

Committee Member Attendance:

Voting Members Present: **Catherine Carson**, Chair, appearing via teleconference pursuant to Government Code Section 54953(f)(2)(A)(i), **Clement Miller**, COO, and **Alison Wilson, D.O.**;

Voting Members Absent: **Carla Spencer,** CNO, **Rolando Cabrera, M.D.**, Vice-Chair;

Advisory Non-Voting Members Present:
In Person: Allen Radner, M.D., President/CEO, Timothy Albert, M.D., CCO, and Cheryl Pirozzoli, Family/ Patient Advisor. Via WebEx: Gary Ray, Michelle Childs

Other Board Members Present, Constituting Committee of the Whole:
Via teleconference: Juan Cabrera, Joel Hernandez Laguna, Victor Rey.

Juan Cabrera arrived at 8:45 a.m.
Victor Rey arrived at 9:07 a.m.

1. CALL TO ORDER/ROLL CALL

A quorum was present and Committee Member Miller called the meeting to order at 8:30 a.m. in the Downing Resource Center CEO Conference Room 117.

2. PUBLIC COMMENT

None.

3. APPROVAL OF MINUTES FROM THE QUALITY AND EFFICIENT PRACTICES COMMITTEE MEETING OF NOVEMBER 11, 2024.

Approve the minutes of the November 11, 2024 Quality and Efficient Practices Committee meeting. The information was included in the Committee packet.

PUBLIC COMMENT:
None

MOTION:

Upon motion by Committee Member Dr. Wilson, second by Committee Member Miller, the minutes of the November 11, 2024 Quality and Efficient Practices Committee Meeting were approved as presented.

ROLL CALL VOTE:
Ayes: Chair Carson, Miller, Dr. Wilson;
Noes: None;
Abstentions: None;
Absent: Vice-Chair Dr. Cabrera, Spencer.

Motion Carried

[1]Salinas Valley Memorial Healthcare System operating as Salinas Valley Health

4. PATIENT CARE SERVICES UPDATE: NIGHT SHIFT PRACTICE COUNCIL (NSPC)

Carla Spencer, CNO, introduced Michael Brown, MS, BSN, RN, PCCN (Chair), who reported the following:

- Council Purpose and Council Members
- Completed initiatives
    - Quiet Menu and Quiet Kit including background, intervention: creation of a handout/flyer, assembling the kits funded by the Foundation, promotion of the use of the Quiet Menus, and development of a poster abstract to be presented to the Salinas Valley Health Poster Expo 2025. HCAHPS Quietness of Hospital Environment Top Box Scores June 2023 – January 2024 were reviewed. The Quiet Menu was distributed.
    - Quiet at Night "Re-commitment" including goal, background, intervention: commitment-statement posters created, signed by staff and posted in units, sound decibel meters used to provide real-time feedback of noise levels, targets displayed next to decibel meters, NSPC members rounded to "recommit" staff. HCAHPS Quietness of Hospital Environment top-box scores compared to initiatives launches.
- Current Initiatives
    - Structural Noise Issues including background, progress and what's ahead, e.g., tube system, closing doors, et al.
    - Trial a "Quiet at Night" Announcement including background and outcomes/measures the NSPC plans to track.
- What's Ahead: NSPC is seeking ancillary employee members, collaboration with intra-professional staff and expand the use of lavender calming agent for patients experiencing anxiety and insomnia.

A full report was provided in the packet.

Committee Discussion: Chair Carson reported HCAHPS are changing for Quiet at Night in 2025. Mr. Brown stated the committee is anticipating changes and the new catch word is "restfulness." HCAHPS scores are hospital-wide and can be broken down by unit. The Council is working with Hospitalist Dr. Kaufman. Dr. Wilson asked if the announcement could be soft, music or a hushing sound. Ann Buco, NSPC Advisor, stated there were voice auditions for the recorded message and the voice is calming. Once the announcement launches, reevaluation will be part of the process. Chaplain Reyes suggested using a mass TigerText; the committee will evaluate all suggestions.

5. CLOSED SESSION

Committee Member Miller announced that the items to be discussed in Closed Session are *Hearings/Reports* as listed on the closed session agenda. The meeting recessed into Closed Session under the Closed Session protocol at 8:50 a.m.

6. RECONVENE OPEN SESSION/REPORT ON CLOSED SESSION

The Committee reconvened for Open Session at 9:17 a.m. Committee Member Miller reported that in Closed Session, the *Hearings/Reports* were accepted as presented, as follows:

Hearings and Reports

1. Report of the Medical Staff Quality and Safety Committee
    - Chaplain Services Report
    - Accreditation and Regulatory Report
2. Quality and Safety Board Dashboard
3. Consent Agenda:
    - Environment of Care Committee Reports
    - Risk Management/Patient Safety Full Report
    - Joint Services Program Report
    - Pharmacy and Therapeutics Committee Report
    - Patient Safety and Risk Management Report: Patient Safety Event Review - A. Kukla

7. ADJOURNMENT

There being no other business, the meeting adjourned at 9:17 a.m. The next Quality and Efficient Practices Committee Meeting is scheduled for **Monday, January 13, 2025** at 8:30 a.m.

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Catherine Carson, Chair
Quality and Efficient Practices Committee

Patient Care Services Update

Presented by:
Carla Spencer, MSN, RN, NEA-BC
Chief Nursing Officer

Featuring: Quality Council

January 13, 2025

Night Shift Practice Council (NSPC)

Council Members:

- Chair: Laurel Black, MSN, RN, CCRN *Critical Care UPC*
- Co-Chair: Meghan Ackerman, BSN, RN, OCN, *Oncology UPC*
- Assoc. Co-Chair: [Open]
- Advisor: Agnes Lalata, MSN, CMSRN, CNML, *Director MedSurg*

- Abigail “Abby” Acosta, MSN, RN, CPAN, CAPA [Peri-op]
- Flor Silva, BSN, RN, CMSRN [ONS]
- Lisa Garcia, MSN, RN, CPN [Peds]
- Lizette Rosales, BSN, RN [ED]
- Danielle Schuler, BSN, RN, C-EFM [L&D]
- TBD [Procedural]
- Katrina Cross, BSN, RN, CWOW [WC]
- Jovita Dominguez, BSN, RN, CPAN [OCU/NEC]
- Oshiel Martinez Ruiz, BSN, RN [Education]
- Melissa Deen, BSN, RN, PHN [Infection Control]
- Toni Rodriguez, BSN, RN, SSGBC [Quality Management]
- Aniko Kukla, DNP, RN [Quality Management]
- Ann Buco, MSN, RN, CPHQ, LSSGB [Nursing Admin/PX]
- Rebecca Rodriguez, MSN, RN, CEN, CPHQ [Magnet CES]
- Carla Spencer, MSN, RN, NEA-BC [CNO]

Council Purpose

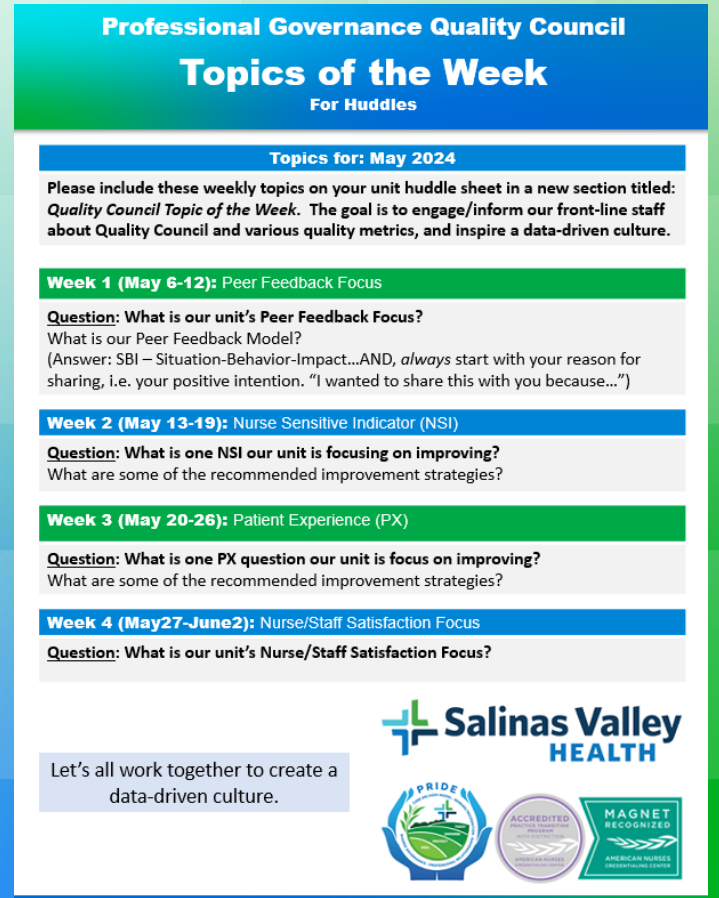
To monitor, evaluate, and support organization and unit level goals related to the 5 Nurse-Sensitive Magnet Data Requirements. Council members act as quality consultants and educators to support improvement projects related to Magnet data.

2024 Council Goals:

1. Enhance the enculturation of the data displays with staff
2. Develop processes to include more clinical nurses in quality improvement activities
3. Improve HAPI rates

Project: Quality Council Topics of the Week

- **Background:** In line with our council goals to continue enculturation of the unit Data Displays with staff, and to involve more nurses in quality improvement, the Quality Council developed a new process that went live in May of 2024.
- **The Intervention:** Each month, nurse managers are sent a *Quality Topics of the Week* handout. The expectation is to include the weekly quality-related questions on their weekly huddle sheets for staff. The manager or designee (i.e. charge nurse) are asked to read the question to unit staff at huddles to generate a brief discussion and enhance awareness about that week's quality topic. (See flyer for examples of weekly topics/questions)
- **Impact:**
  - Generated meaningful conversations about quality
  - Enhanced awareness of unit-level data and our unit Data Displays
  - Inspired a more data-driven culture



Professional Governance Quality Council

Topics of the Week

For Huddles

Topics for: May 2024

Please include these weekly topics on your unit huddle sheet in a new section titled: *Quality Council Topic of the Week*. The goal is to engage/inform our front-line staff about Quality Council and various quality metrics, and inspire a data-driven culture.

Week 1 (May 6-12): Peer Feedback Focus

Question: What is our unit's Peer Feedback Focus?
What is our Peer Feedback Model?
(Answer: SBI – Situation-Behavior-Impact…AND, *always* start with your reason for sharing, i.e. your positive intention. "I wanted to share this with you because…")

Week 2 (May 13-19): Nurse Sensitive Indicator (NSI)

Question: What is one NSI our unit is focusing on improving?
What are some of the recommended improvement strategies?

Week 3 (May 20-26): Patient Experience (PX)

Question: What is one PX question our unit is focus on improving?
What are some of the recommended improvement strategies?

Week 4 (May27-June2): Nurse/Staff Satisfaction Focus

Question: What is our unit's Nurse/Staff Satisfaction Focus?

Let's all work together to create a data-driven culture.

Hand Hygiene Campaign

A Collaboration with Infection Prevention

- **Background:** Melissa Deen asked the Quality Council to collaborate on a Hand Hygiene Campaign project. She recognized that staff involvement in the creation of the campaign was important.
- **The Intervention:** During 2024 the Quality Council members worked with Melissa and the marketing team to design the campaign. In November, the Quality Council members helped to distribute the 9 hand hygiene campaign stickers (see image) on hand sanitizer and soap canisters throughout the organization.
- **Outcomes/Data:**
  - In December 2024, according to org-wide hand hygiene audits dashboard on STARnet, staff washed their hands 97% of the time.

Action Plan Process - Ongoing

- **Background:** Since inception, The Quality Council has reviewed and evaluated various nurse-sensitive measures included in the Magnet Data Requirements. However, at the time, there was no standardized approach for addressing identified underperformance.
- **Brief Update/Plan:** In 2023, the council made a goal to create a formalized action plan process to address underperforming measures. Specific criteria was developed and in May 2023 the council began requesting an action plan from the associated unit practice council (UPC) for underperforming data that met the newly developed criteria. The UPCs had up to 2 months to work with unit leaders and staff to develop an action plan and report it back to the Quality Council.
- **Outcome:**
  - See next slide for list of Action Plans since inception

In-Progress Projects/Initiatives

Month	Unit	Measure	Data Improved	Date Action Plan Completed	Duration in months
May-23	Heart Center	Falls	Yes	Jul-23	2
Jun-23	1-Main	Falls	Yes`	Aug-23	2
	3-Main	HAPI 2+	Yes	Aug-24	14
Jul-23	Oncology	Falls	Yes	Jan-24	6
Aug-23	ICU	CAUTI	Yes	Nov-23	3
Sep-23	5-Tower	Falls	Yes	Dec-23	3
	Infusion Center	Falls	Yes	Nov-23	2
Oct-23	3-Main	Falls	Yes	Jul-24	9
Nov-23	4-Main	Injury Falls	Yes	Mar-24	4
Apr-24	5-Tower	Falls	Yes	Sep-24	5
	3-Main	Injury falls	Yes	Nov-2024	7
May-24	Diagnostic Imaging	Falls	Yes	Sep-24	4
Sep-24	ICU	HAPI 2+	In Progress		
Oct-24	Infusion Center	Falls	In Progress		
	1 Main	Falls	In Progress		
	OCU	Falls	Yes	Dec 2024	2
Nov/Dec 2024	None	-	-	-	-

- Many units were able to improve their data and complete their action plan in just a few months.

- The Action Plan Process has enhanced staff awareness about unit-level data and led to more staff involvement in Quality Improvement.

Next Steps

- Quality Topics of the Week – *Ongoing*
- Action Plan Process – *Ongoing*
- 2025 goals will be set at our January 21st Quality Council meeting
  - Will continue a goal to improve HAPI rates

Questions?

SPECIAL EDUCATION SESSION

(KUKLA)

Quality and Efficient Practices Committee Special Education Session Quality and Safety

January 13th, 2025

2024 Year in review and the Year Ahead

2024 year of Changes and Accomplishments

Changes in Leadership

Structure:

- New CEO- June 2024

June 6, 2024
Board of Directors appoints Allen Radner, MD, as President and CEO of Salinas Valley Health

- New CNO- June 2024

June 17, 2024
Carla Spencer appointed Chief Nursing Officer following the retirement of Lisa Paulo

- New CCO & CAO- September 2024

September 3, 2024
Tim Albert, MD, MHCM, appointed as Chief Clinical Officer

September 30, 2024
Alysha Hyland appointed as Chief Administrative Officer

Spring and Fall 2024 Leapfrog Grade

US World News Recognition- July 2024

July 16, 2024

Salinas Valley Health named as one of the 2024-2025 Best Hospitals by global authority on hospital rankings, U.S. News & World Report

2024 - 2025

U.S. NEWS & WORLD REPORT

BEST Regional Hospital and High Performing Hospital

#44 in California

Ranked as high-performing in 10 out of 20 procedures and conditions:

1. Spinal fusion
2. Congestive heart failure
3. Heart attack
4. Lymphoma and myeloma
5. Pneumonia and stroke
6. Kidney failure
7. Diabetes
8. Hip fracture
9. Leukemia
10. Maternity Care

US World News – Maternity Recognition November 2024

November 20, 2024

Salinas Valley Health once again earns top ranking from U.S. News & World Report for maternity and perinatal care

HIGH PERFORMING HOSPITALS

U.S.News & WORLD REPORT

2025

MATERNITY

5 Star Recognition by CMS- July 2024

Major initiatives contributing to the 5 star ratings

- **Daily Mortality** screens to identify cases for review. (Quality team)
- **VBP committee-** biweekly meetings – review cases, and concurrent Clinical Documentation Improvement/coder reviews& physician education. (Medical director of quality and safety, coders and quality)
- **CDI/ coders work** – documentation of specific conditions. Capturing malnutrition and other risk adjustment modifiers. (CDI/ coders & physicians).
- **HF, COPD, Chest pain specific performance improvement** and close follow-up of the data, committee work, HF and COPD clinics. In-hospital COPD education. (Transition of Care Coordination team, Chest pain coordinator, nurses, Cath lab, reparatory therapy department, physicians champions and clinic leads).
- **Pneumonia specific mortality:** aspiration prevention, oral care improvement, pt hand hygiene, documentation and coding improvements (nurses, physician champions and coders).
- Required all departments of the hospital to **participate in the QAPI plan** and regularly update and report on plans and successes, advocate for support when needed (all leaders).
- **Pt experience committee** – performance improvement focused on improving pt./family experience.
- **Nursing/Magnet** – nurse sensitive indicator work, committee work and unit based practice councils (decreasing falls, pressure injuries, infection prevention).
- **Hospitalist and ED physician champion** work in major improvement initiatives (sepsis, troughput/pt flow).
- **Physician contracting** – data measures part of the contracts
- **Dissemination of data** to the providers and staff/ data transparency.
- **Cdiff rates**– participated in a nationwide initiative, stool chart implementation, antibiotic stewardship committee work.
- **Maintaining low readmission rates-** Transitions of Care leading the work. Collaborating with the area nursing homes. Medication reconciliation and consistent social work case management coordination- starting in the emergency room.
- **Commitment to hand washing** and
- **Strong Leadership commitment and Board Support.**

MAGNET RECOGNIZED
AMERICAN NURSES CREDENTIALING CENTER

QUALITY HEALTHCARE DELIVERED LOCALLY FOR EVERYONE

THE JOINT COMMISSION
NATIONAL QUALITY APPROVAL

FIVE STAR

BEST REGIONAL HOSPITALS
U.S.News & WORLD REPORT
2023-2024

HIGH PERFORMING HOSPITALS
U.S.News

HIGH PERFORMING HOSPITALS
U.S.News & WORLD REPORT
2025
MATERNITY

REGIONALLY RANKED
#44 in California
Recognized in
Central Coast

2024-2025
BEST REGIONAL HOSPITAL
U.S.News & WORLD REPORT
EQUITABLE ACCESS

Cal Hospital Compare

NATIONALLY RECOGNIZED
A
FALL 2024
LEAPFROG HOSPITAL SAFETY GRADE

2023 MATERNITY CARE Honor Roll
2024 PATIENT SAFETY Honor Roll
2024 OPIOID CARE Honor Roll

PATIENT SAFETY EXCELLENCE AWARD™
2024
healthgrades.

2024 Platinum Performance Achievement Award
Chest Pain – MI Registry
NCDR

American Heart Association.
2024 GET WITH THE GUIDELINES.
GOLD PLUS
TARGET: STROKE HONOR ROLL ELITE
TARGET: TYPE 2 DIABETES HONOR ROLL
STROKE

American Heart Association.
2024 GET WITH THE GUIDELINES.
GOLD
TARGET: TYPE 2 DIABETES HONOR ROLL
Coronary Artery Disease
NSTEMI

Changes in Regulations in 2025

- Compliance with CMS's Age-Friendly Hospital Measure
- Compliance with CMS's Patient Safety Structural Hospital Measure
- Compliance with CMS's Health Equity Hospital Measure
- Preparation for State-Specific Healthcare Laws:

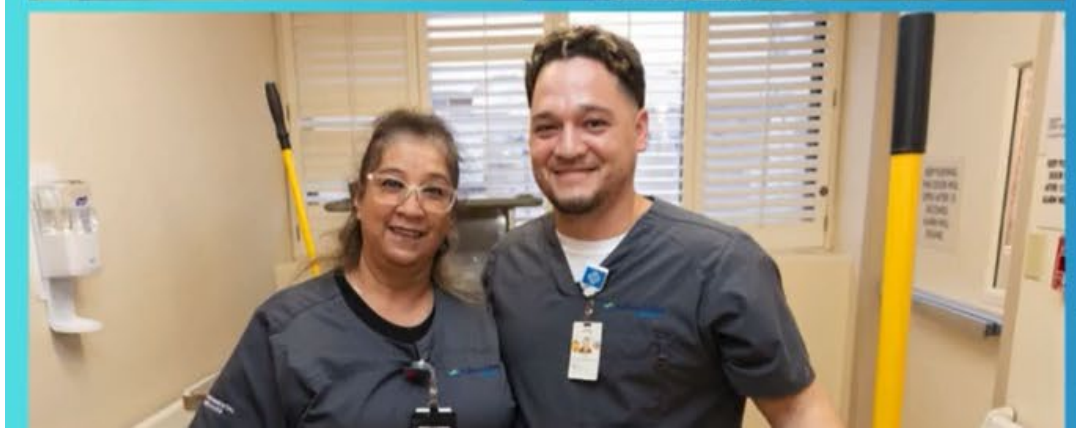
State Legislative Changes: Various states are enacting new healthcare laws effective in 2025, addressing issues such as reproductive care, insurance coverage, and hospital operations.

- Enhancement of Cybersecurity Measures
- Expansion of Electronic and Digital Measures (CMS, TJC, NHSN new requirements)

Major Planned Quality and Safety Improvements for 2025

- Quality and Safety Master Plan
- Epic implementation
- Early Recovery After Surgery Initiative implementation
- Diagnostic Safety – AHRQ participation in a workgroup
- Visual data management- software for benchmarking and easier to read data displays
- Implement Age Friendly practices and achieve designation as an Age Friendly Hospital
- Implementation of the Safety and Health Equity requirements by CMS
- Visits by TJC for the recertification of the Joint, Chest Pain and Stroke Programs and Commission on Cancer

Cheers to an outstanding team dedicated to providing quality care, delivered locally to everyone!



Special Education Session – The role of the Board in Quality and Safety

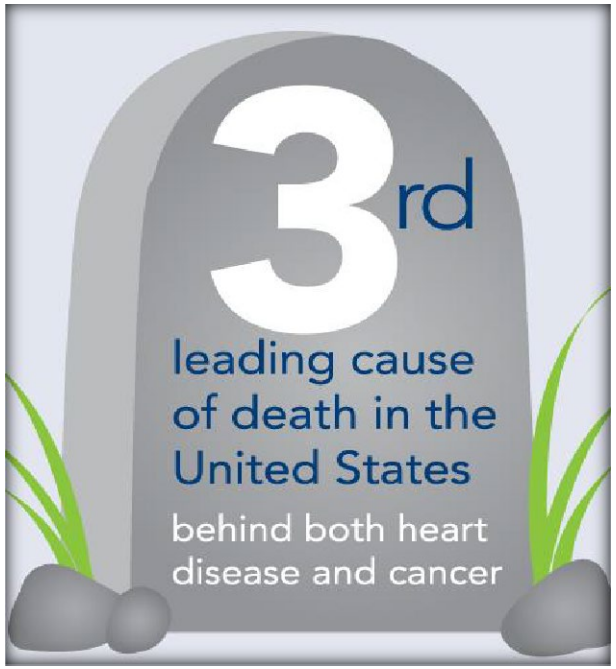
Today's Board Education Session Objectives

Determine the "why" on engaging the Board on quality

Examine the IHI White Paper on governance of quality

Identify strategies for common Board quality challenges

Helping Boards Understand Safe Care



CMS CoP Requirements for Boards

Section 482.21

- The hospital must develop, implement, and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The hospital's governing body must ensure that the program reflects the complexity of the organization and its services; involves all departments and services (including contracted services); and focuses on indicators related to improved health outcomes and the prevention and reduction of medical errors. The hospital must maintain and demonstrate evidence of it's Quality Assessment Performance Improvement (QAPI) program for review by CMS.

Joint Commission Req. for Boards

The Joint Commission

The Joint Commission Elements of Performance:

EP LD 03.07.01

As part of performance improvement, leaders (including the governing body) do the following:

- **Set priorities** for performance improvement activities and patient health outcomes
- **Give priority to high-volume, high-risk, or problem-prone processes** for performance improvement activities
- **Identify the frequency of data collection** for performance improvement activities
- **Reprioritize performance improvement** activities in response to changes in the internal or external environment

Overwhelming scope of quality

Regulatory required for hospitals:

- Quality Metrics
- Safety Metrics
- Patient Experience / Complaints
- Infection Prevention
- Antibiotic Stewardship
- Utilization Management
- Community Health Needs Assessment
- Accreditation
- Risk Metrics
- Environment of Care
- Contracted Services Oversight
- Medical Staff performance

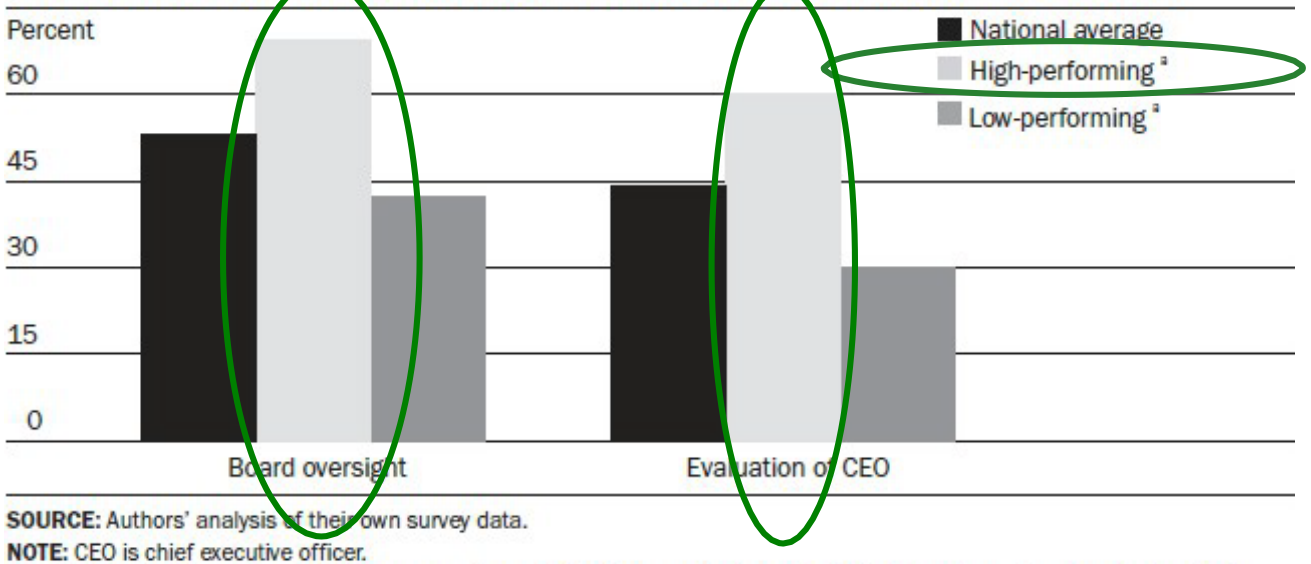
Additional oversight areas:

- COVID-19
- Equity of Care Variance
- External healthcare ratings
- Pay for performance and Value
- Population Health
- Ambulatory quality
- Telehealth quality
- AI in quality

Board Oversight of Quality Matters

EXHIBIT 1

Percentage Of Hospital Board Chairs Reporting That Quality Of Care Is One Of The Top Two Priorities For Board Oversight Or Evaluation Of CEO Performance, 2007–08



SOURCE: Authors' analysis of their own survey data.
NOTE: CEO is chief executive officer.
[a] Statistical significance ($p < 0.001$) for comparisons of the difference between the highest- and lowest-performing hospitals. Rates are adjusted for the number of beds, region, location (urban versus rural), teaching status, and ownership.

- In 2010, *fewer than half* of nonprofit hospital boards surveyed ranked quality of care among top two priorities, and about one-third received training on clinical quality.
- Hospitals that perform high on quality metrics *correlate* with board time spent on quality.

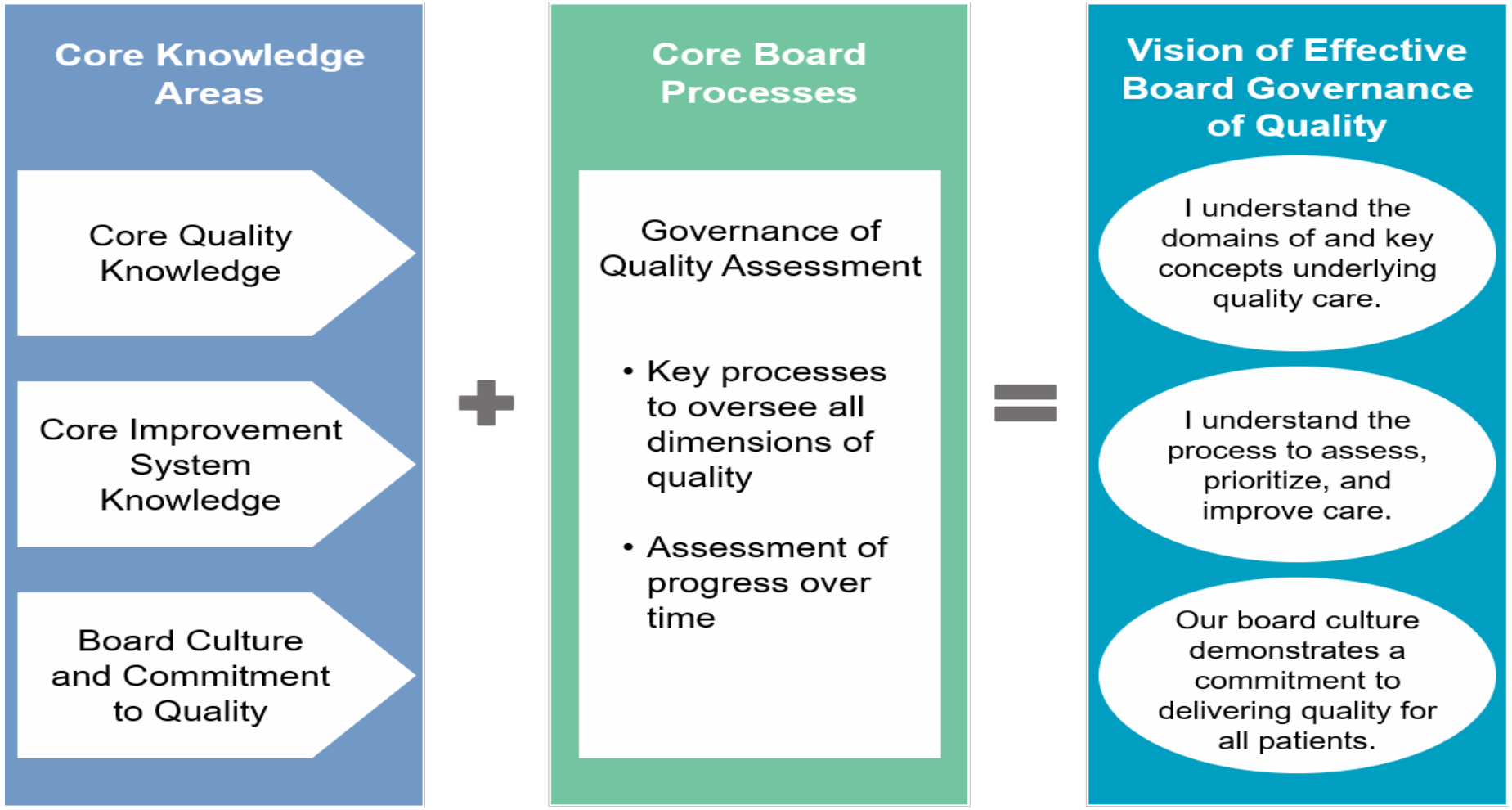
Source: Jha A, Epstein A. Hospital Governance and the Quality of Care. *Health Affairs*. 2010;29(1):182-187.

The White Paper *Support Guides*

IHI White Paper has three short guides geared toward C-suite and governance educators who support board members

1. Core Quality Knowledge
   - Outlines the quality concepts in which trustees should be versed
   - Includes key questions for trustees to answer and concepts to be taught
2. Core Improvement System Knowledge
   - Highlights ideas for core trustee knowledge about how their health system approaches improvement
3. Board Culture and Commitment
   - Summarizes attributes of a board culture that supports quality care and continuous improvement

Framework for Effective Governance of Health System Quality



Source: Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J. *Framework for Effective Board Governance of Health System Quality*. IHI White Paper. Boston, MA: Institute for Healthcare

The Core Elements of Quality Through a Patient Lens

*IOM STEEEP dimensions of quality: Safe, Timely, Effective, Efficient, Equitable, and Patient centered

Source: Adapted from Brilli RJ, Allen S, Davis JT. Revising the Quality Chasm. *Pediatrics*. 2014; 133 (5): 763-765.

Moving from Board Knowledge to Core Oversight Processes

I understand the concepts but…

What exactly should ‘I do’ - core processes of oversight?

How do I know if we are reviewing the right areas?

What am I missing?

The Governance of Quality Online Assessment Tool (GQA)

What is it?

- 6 categories, 30 questions
- Scoring scale of 0 (no activity), 1 (infrequent practice), 2 (board priority)

A useful tool to foster clarity, calibration and commitment to the governance work of quality oversight.

https://gqaonlinetool.questionpro.com

The Governance of Quality Assessment

Category 1 | Prioritize Quality: Board Quality Culture and Commitment
Board establishes **quality as a priority on the main board agenda** (e.g., equivalent time spent on quality and finance), and time spent on quality reflects board commitment.
Health system senior leaders provide initial and **ongoing in-depth education on quality and improvement systems** to all trustees and quality committee members and clearly articulate board fiduciary responsibility for quality oversight and leadership.
Board **receives materials on quality** before board meetings that **are appropriately summarized** and in a level of detail for the board to understand the concepts and engage as thought partners.
Board reviews the **annual quality and safety plan**, **reviews performance on quality metrics**, **and sets improvement aims.**
Board **ties leadership performance incentives** to **performance on key quality dimensions**.
Board **conducts rounds** at the point of care or visits the health system and community to hear directly from patients and caregivers to incorporate the diverse perspectives of the populations served.
Board **asks questions** about gaps, trends, and priority issues related to quality and is actively engaged in discussions about quality.

Board Culture And Commitment

Prioritize Quality- Recommendations from IHI

- *Start with Quality (not end with it) in board meetings.*
- *All board members join one quality committee meeting annually*
- *All board members start their board service on the quality committee for 1 year*

Board Culture and Commitment

Renew Education for the Board

- Evaluate Board Quality Knowledge Training – initial and ongoing.
- Bring the Board to the front-line Patient and Staff to Learn and Show Support for Quality
- Provide Mini-Quality and Clinical Patient-Centered Experiences

The Governance of Quality Assessment

Category 2 | Keep Me Safe: Safe Care
Board regularly tracks and discusses performance over time on **key safety metrics** (to include both in-hospital safety and safety in other settings of care).
Board annually reviews management's summary of the **financial impact of poor quality** on payments and liability costs.
Board evaluates management's **summary of incident reporting trends and timeliness** to ensure transparency to identify and address safety issues.
Board reviews **Serious Safety Events** (including workforce safety) in a timely manner, ensuring that leadership has a learning system to share the root cause **findings, learning, and improvements**.
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.**
Board reviews required **regulatory compliance** survey results and recommendations for improvement.

Helping Boards Understand Safe Care

Safety Culture

Definition: Safety Culture

- The individual and group attitudes, values and beliefs that people have towards risk and safety that lead to patterns of behavior affecting the safety of care.

Attributes:

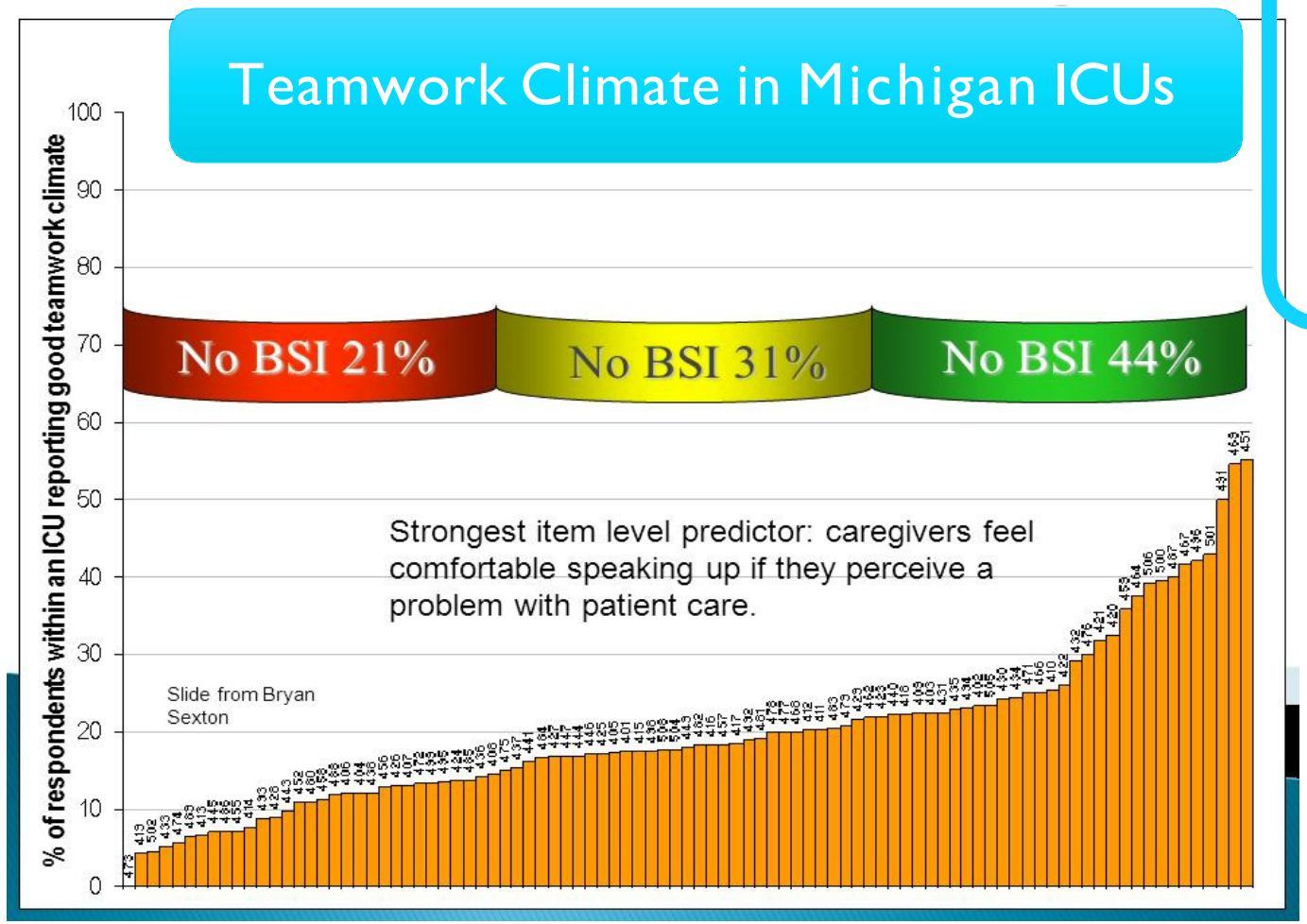
- An organization that has an effective safety culture *expects, rewards, and supports* behaviors that support the safety culture.
- Effective safety cultures deploy 'Just culture' which identifies causes of error and risk and strategies to manage the different types of error and risk.
- Effective safety cultures are informed on current best practices, have a culture willing to 'speak up' to report concerns and committed to learning and improvement.

Helping Boards Understand Safe Care

Psychological Safety Correlates with Better Quality

Poor Safety Culture has been correlated with:

- Worse patient care outcomes (e.g., infections, adverse events, mortality)
- Poor staff outcomes (e.g., staff injuries and turnover, incident reporting)



Blood Stream Infections (BSI) indicates 5+ months without zero BSI (higher % is better)

*Source: Safe and Reliable Healthcare

GQA – Safe Care

Summary

Boards should understand safety as a concept, especially culture of safety.

Boards need to understand how management identifies and evaluates variances in safety performance throughout the organization.

Finally, connecting the dots between safety outcomes and financial and human cost is a responsibility of the board.

Governance of Quality Assessment

CATEGORY	Responsibilities
Category 3 | Provide Me with the Right Care: Effective Care	• Ensure clinician **credentialing process** addresses concerns about behavior, performance • Review **trends or drivers of effective and appropriate care** • Evaluate metrics related to staffing and engagement, complaint trends, staff turnover, burnout metrics, violence etc.
Category 4 | Treat Me with Respect: Equitable and Patient-Centered Care	• Ensure patient voice is represented • Review patient complaints and trends • Evaluate and ensure diversity and inclusion • Review the disclosure process and understand the benefits of transparency • Review care outcomes for all patient populations, ensure that data is stratified by race, gender, ethnicity, language, socioeconomic status, age etc.

Governance of Quality Assessment

CATEGORY	Responsibilities
Category 5 | Help Me Navigate My Care: Timely and Efficient Care	• Review metrics related to access to care, ensure equitable and timely care is provided • Review patient flow metrics, timeliness and transition of care, and improvement related to these initiatives. • Review digital information and security of pt clinical information and, portability/accessibility.
Category 6 | Help Me Stay Well: Community and Population Health and Wellness	• Review community health assessment and plans • Review the systems ability to support patients with complex needs

Governance Next Steps – IHI recommendations

1. **Take the GQA Assessment – Foster Discussion**
   - Encourage senior leaders and trustees to take the GQA together to facilitate discussion of gaps and opportunities and evaluate agenda and oversight

2. **Renew Education and Commitment**
   - New framework creates an opportunity for renewal of trustee commitment to quality education and fresh content for learning

Wrap-Up and Reflection

ADJOURNMENT