



Practices for Improving Quality and Safety

"The capability of boards and board quality committees to function effectively and to move appropriately between fiduciary and strategic modes relies on boards and senior leadership capacity to develop trust and a strong collaborative relationship, while not undermining the board's duty to ask challenging questions."

(Canadian Patient Safety Institute, 2011)

Healthcare providers continuously grapple with execution of effective systems for quality and safety. The development of the “right” strategies to “get the board on board” to improve quality and safety require investment and the implementation of appropriate processes at the board, organisational and clinical levels (Canadian Patient Safety Institute, 2011). Many countries have a statutory duty for boards on ensuring quality is a core part of the main board meetings and discussed in more detail by a quality and safety committee (National Leadership Council for Board Development, 2010; Excellent Care for All Act, 2010). *The Oireachtas Committee on the Future of Healthcare: Sláintecare Report* (2017) recommends a statutory quality and safety committee of the board that may help to organise information and review all material pertinent to quality and safety. Although a board may delegate some tasks, the entire board is still responsible for oversight and decision making around quality and safety (Canadian Patient Safety Institute, 2011).

In Ireland, the HSE (2015) *Code of Governance* section 7 outlines the commitment to service quality, safety and risk management and the commitment to a quality and patient safety enablement function in the HSE. The board establishes the structures to make quality and safety a central tenet on the board’s agenda by:

- Building the board’s capability (knowledge and skills)
- Prioritising board time discussing quality and safety
- Establishing a board quality and safety committee, and
- Evaluating the board’s performance with an emphasis always on quality and safety improvement.

Recent studies suggest that effective hospital governance by boards is related to a hospital’s performance on quality (Millar, et al., 2013; Jiang et al., 2009; Jones et al., 2017; Tsai et al., 2015). Hospitals with a higher level of board attention to quality are likely to have stronger management practices centred on monitoring quality. Understanding the dynamics among healthcare providers’ governance, management, clinicians and regulators offers new opportunities for improving quality and safety (Fresko and Rubenstein, 2013).

Building Board Knowledge and Skills for Improving Quality

Boards bear the ultimate responsibility for everything in a healthcare provider, including quality and safety. To discharge that responsibility well, board members require a solid knowledge base about quality and safety and apply that knowledge in action (McGaffigan et al., 2017; Reinertsen, 2017). As board members may not have backgrounds in healthcare, a comprehensive board induction and mentoring programme will provide support to new board members in their role.

An orientation programme will provide an overview of the organisation and roles and responsibilities of a board member. Assigning a mentor for each new board member is another method of ensuring that board members transition into their role. Organising one-to-one meetings prior to and after board meetings will enable new board members understand the business of the board and the information on quality and safety provided to it.

Ongoing development of individual board member’s knowledge and skills can be achieved through peer support, formal mentoring programmes and more focused training days or master classes. Board development days can provide members with opportunities to learn and work together, and bring the board members, executives and other leaders in the same room (see Table 2 outline of board development). Development days can also foster a shared agenda, as well as enable acquisition of quality improvement skills and knowledge. Board members may value support in the form of discussion forums, action based interventions, and group coaching (Canadian Patient Safety Institute, 2011). The board can create opportunities to learn from other similar boards as organisations can share leading practices and initiatives through existing networks and conferences. “Critical friend visits” using an appreciative enquiry ethos have also been used effectively (Healthcare Improvement Scotland, 2015). Using a board evaluation process to identify what the board perceives as their education requirements will support the development of ongoing programmes (See Resources for sample approaches).



Table 2: Outline of Board Development

- Orientation programmes for new directors with specific references to quality and safety
- Inviting board members to attend key briefings on national policies / regulatory requirements
- Distributing articles and relevant reading material
- Participating in quality improvement programmes with academic partners
- Raising awareness of outside conferences / master classes
- Partnering with similar organisations to organise site visits
- Inviting staff to brief board members on quality improvement initiatives
- Participating in quality and safety walk-rounds across the service
- Meeting with service user forums / councils or panels.

Source: adapted from Bader and O'Malley (2006)

There is an opportunity to establish practices - at board level and committee - that allow board members time to apply their knowledge effectively (see Table 3). This will avoid filling up meeting time sharing information that could easily be read in advance of the meeting, thereby creating sufficient time for board discussion and questioning with the executive (Reinertsen, 2017).

Board Quality and Safety Committee

The board quality and safety committee oversees quality and safety on behalf of the board (See Resources for sample terms of reference, agenda, minutes, and checklist for prioritisation of measures). This group focuses on the organisation's approach to quality and safety (Joint Commission International, 2007). The board quality and safety committee has a role in helping the board to focus its discussions on important opportunities to improve safety and quality across the system (Joint Commission International, 2007). The HSE service agreement with Section 38 and 39 healthcare providers requires them to establish a quality and safety committee of their board (Part one clause 24.6). Part 2 of the agreement describes the committee's function (Schedule 2 quality and safety). The committee terms of reference can clearly set out the responsibility of this committee - to carry out work on behalf of and report to the board.

The committee can carefully select board members with quality / safety expertise from other professions and members of the committee can also learn from clinical staff on the committee through scheduled one-one meetings or walk-rounds in services (HSE, 2016c). The board's quality and safety committee may look at more detailed reports than the full board does. The entire board see the areas that are important to the specific quality and safety objectives / targets. Dashboards can be helpful with a narrative summary of key indicators (Joint Commission International, 2007). Staff can be invited to attend board meetings to present quality improvement initiatives. Service users and family members can give a new perspective on how the provider delivers care and can provide a 'human face' to the care represented by the data presented (Joint Commission International, 2007; Thompson, 2013).

The board quality and safety committee is established to (HSE, 2016b):

- Provide a level of assurance to the board on the appropriate governance; structures, processes, standards, oversight and controls
- Oversee the development by the executive management team of a quality improvement plan for the service in line with an agreed quality improvement strategy
- Recommend to the board a quality and safety programme and an executive management team structure, policies and processes that clearly articulates responsibility, authority and accountability for safety, risk management and improving quality across the service
- Secure assurance from the executive management team on the implementation of the quality and safety programme and the application of appropriate governance structure and processes (e.g. communicating risk) including

monitored outcomes through quality indicators and outcome measures

- Secure assurance from the executive management team that the service is conforming with all regulatory and legal requirements to assure quality safety and risk management
- Consider in greater depth matters referred to the committee by the board and referral of issues to the board for consideration when necessary.

The board quality and safety committee normally consist of a number of executive and non-executive directors (drawn from the board) and service user representatives / advisors. The committee is normally chaired by a non-executive director (member of the board) who reports on behalf of the committee to the chair of the board.

Board Evaluation

Annual evaluation of the board and its operations is a good method to ensure that the board is functioning effectively as set out in the terms of reference and standing orders. When board committees are effective they enable more time to be used at board meetings for discussion and development opportunities. Working committees are the engine that powers effective boards and despite the importance of committees, it is noted that few boards engage in a regular and focused evaluation of their working parts (Canadian Patient Safety Institute, 2011). *The Code of Practice for the Governance of State Boards* (2016) provides a model "Board self-assessment evaluation questionnaire". Board evaluations can take many different forms using external reviewers, surveys of members or facilitated workshops.

Boards with higher levels of maturity in relation to governing for quality improvement (QI) have the following characteristics: explicitly prioritising QI; balancing short-term (external) priorities with long-term (internal) investment in QI; using data for QI, not just quality assurance; engaging staff and service users in QI; and encouraging a culture of continuous improvement; ...enabled and supported by board-level clinical leaders.

(Jones et al., 2017)



Table 3: Embedding Board Disciplines

Competent, systematic board disciplines form the bedrock of good board functioning. The chair gives thoughtful attention to board agenda planning and management to maintain a balance between oversight of operations (including dedicated time for quality and safety) and strategy. Chairs face the challenge of attending to the full breadth of the board's role while ensuring that board meetings do not descend into a gruelling test of board member endurance. The following board disciplines are considered:

- **Board and committee year planners and annual programmes of work:** to ensure a coherent programme for formal board meetings, board seminars and away-days and committee meetings. It is good practice for the work of every committee (including quality and safety) of the board to be shaped by an annual plan.
- **Board papers:** The effectiveness of the board is dependent on the timely availability of board papers.
Timeliness: the board papers provided ideally a week ahead of meetings (including reports and quality of care indicators).
Cover sheets: including, for each paper, the name of the author, a brief summary of the issue, the organisational forums where the paper has been considered (for example executive quality and safety committee), the strategic or regulatory objective.
- **Executive summaries:** Succinct executive summaries that direct the readers' attention to the most important aspects.
- **Action logs:** Boards and committees can be helped to keep track of actions agreed by maintaining and monitoring a log. The log should show all actions agreed by the board and for each action the ownership, due dates and status.

Source: adapted from National Leadership Council for Board Development (2010)



Board Considerations - Practices for Improving Quality and Safety

- Does our board prioritise quality and safety on the board's agenda?
- As a board, do we spend a minimum of 25 % of board meetings discussing quality and safety of care?
- How do we support board members to understand the information presented on quality and safety of care?
- How do we monitor progress towards quality and safety goals?
- What are the ways in which our board evaluates performance on quality and safety?

