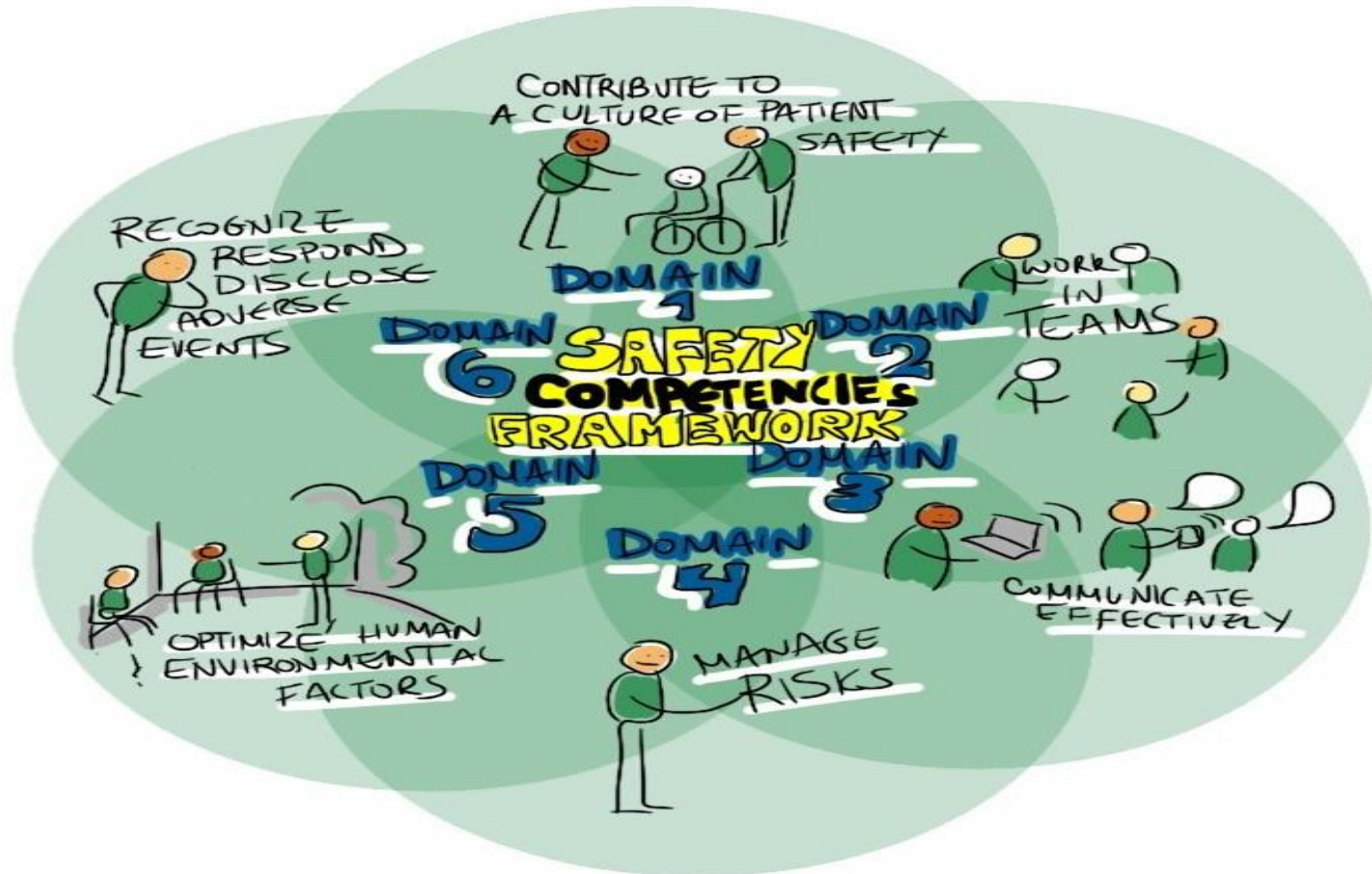


The Board's Role In Quality & Patient Safety



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Conversations on Governance December 05, 2021

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Session Objectives

1. To Raise Urgent General Awareness about the issue of **Quality and Patient Safety** in our Institutions in general, our healthcare organizations in particular
2. To motivate All leaders attending, to develop and implement an Annual Institutional Plan of Quality Care and Safety (**PS & QI for healthcare**)
3. It is not our objective to cover the details or the full content & processes involved in a Quality Program

Quality & Patient Safety Tasks Overview

1. Board/Hospital Quality & Patient Safety Comm.
2. Annual Plan of Quality & Patient Safety
3. Data Driven - Specific Metrics with periodic measurements -Constantly Analyze Data
4. Data-driven Decisions = better outcomes
5. Audit Compliance with Regulations/Laws
6. Where 'Gaps' emerge, use QI methods to implement the needed change
7. Review/Updating Policies/Procedure Manuals
8. All Events with sig. harm are analyzed (RCA) – Lessons Learned...; Specific Action Plans...

Board: Why QUALITY?

A hand with light-colored nail polish is holding a blue marker, underlining the word 'QUALITY' in the title. The background is white with a blue border on the right and bottom.

It's all about: *Creating a culture of
“Continuous Quality Improvement”*

“Improving my work is my work”

QUALITY

- ❖ **Quality happens when a HC system increases a person's likelihood of receiving desired health outcomes - consistent with Evidence-Based Medicine**
- ❖ **Quality (patient) definition: "They give me exactly the help I need and want exactly when I need and want it"**
- ❖ **Quality is the continuous, dependable, sustained process to satisfy a patient's needs**

What is Quality?

["A Place where you want to be..."]

1. **No Needless Deaths** [Safety]
2. **No Needless Pain** [Effectiveness]
3. **No Helplessness** [Patient-Centered]
4. **No Unwanted Waiting** [Timeliness]
5. **No Waste** [Efficiency]
6. **No Unfairness** [Equity]

Welcome aboard.

We do not know where we are going.

Sit back and relax and we will tell you when we get there



Reasons for a Q & PS Plan

- **The Board and Management are guiding the hospital into the future. Just like the pilots of an airplane, they need to know where they're taking the hospital, and How to do it**
- **How can you recruit, staff, physicians, donors and others if your attitude is:**
 - **“We don't know where we are going. Just come work with us, send us money, give us 100% of your skills and other needed resources and when we figure out where we are, then we will tell you.”**

TOP Reasons for a Q & PS Plan

- **Mission – Vision – Values**
- **Quality is one of the best expressions of Love, and Compassion –**
- **An endeavour to serve with Dignity and Respect**



Colossians 3: 17 & 23-24

- *17 Whatever you do in word or deed, do all in the name of the Lord Jesus, giving thanks through Him to God the Father.*
- *23 Whatever you do, do your work heartily, as for the Lord rather than for men, 24 knowing that from the Lord you will receive the reward of the inheritance. It is the Lord Christ whom you serve*

English Standard Version

Board's Role in Q & PS

Revision Questions

Why Quality is a Board Responsibility

- Hospitals with good management are more likely to: {Operations, Monitoring, Target Setting, HR}
 - Be High-quality hospitals ($p < 0.01$) [43% vs. 14%]
 - One Std Dev increase in management score was associated with a 20% increase in being a high-quality hospital
 - Have Higher Board performance ($p < 0.001$)
 - a) Attention to Quality [Board Time (>25%) spent on Quality in Board Meetings]
 - b) Effective use of Metrics [Monitoring established Q targets]
- Effective Hospital Board Governance positively improves a hospital's Quality performance!

Tsai, Jha, Gawande, Huckman, Bloom and Sadun. "Hospital Board and Management Practices Are Strongly Related to Hospital Performance on Clinical Quality Metrics." *Health Affairs*, 34 (8) (2015): 1304-1311.

Why Quality is a Board Responsibility

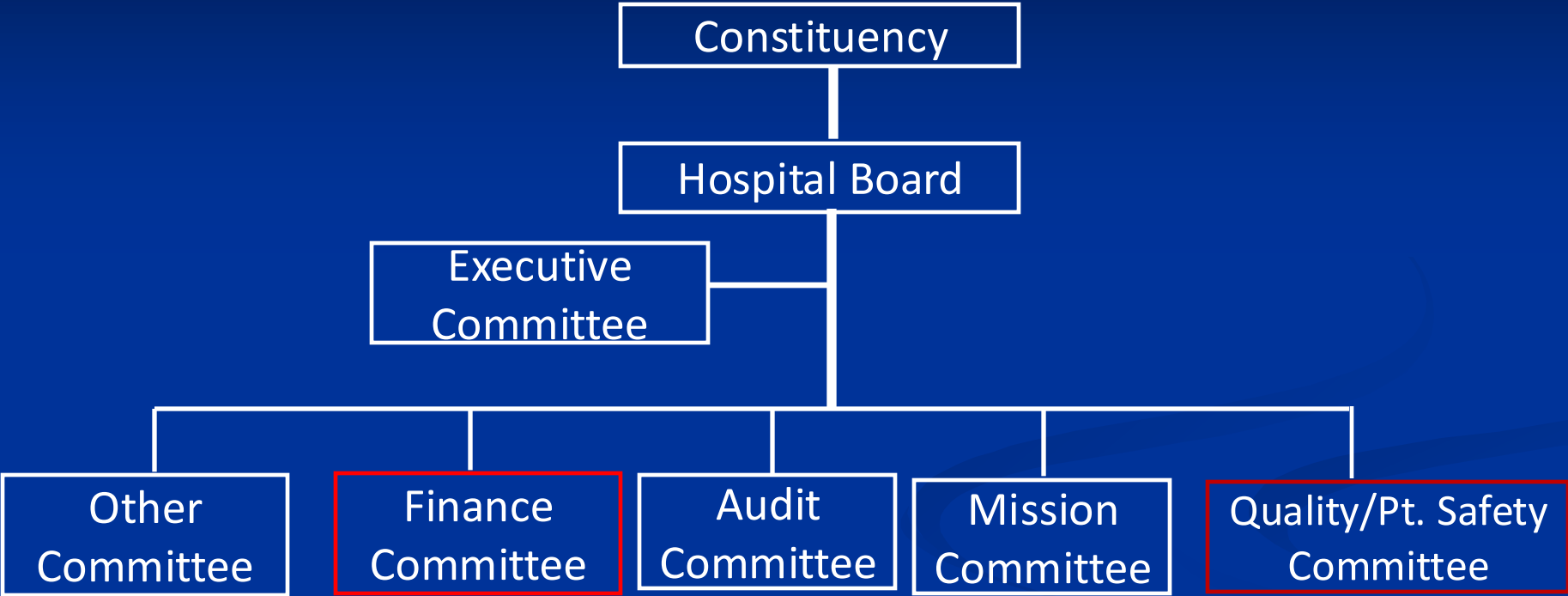
Clinical Outcomes are better in hospitals where:

- Board spends >25% of its time on quality and safety (p = 0.0009)
- Board receives a quarterly formal quality measurement report (p = 0.005)
- High level of interaction occurs between the Board and medical staff on quality metrics (p = 0.02)
- Senior executive compensation based in part on quality and safety performance (P = 0.008)
- CEO identified as person with greatest impact on QI, especially when so identified by the Executive (p = 0.01)

Key Steps for Boards to Enhance Quality/Patient Safety

1. Document Board's formal commitment to improving Quality and Patient Safety...vote... Signed document
2. **Quality** *IS* clearly reflected in the hospital's Mission/Strategy
3. Board Vote the organization's definition of "Quality" and Adopt a Quality methodology
4. Establish a Board Quality and Patient Safety Committee to create *Policies and Monitor* ("Track") *progress* in optimizing Quality

Ideal Board Structure



Quality vs. Finance

- ❖ No Board would be expected to govern without meaningful *financial* data. The same is true for *quality and patient safety data*
- ❖ A structured accountability format:
 - ❖ If quality measures are not met, corrective action is taken
- ❖ This approach is common for financial performance, but somewhat unheard of for Quality

Quality vs. Finance

“If hospitals had a Board Quality Committee that functions like a Finance Committee, We would transform healthcare.”

Peter Pronovost, M.D.

Suggested Board Quality/Pt. Safety Committee Membership

- ❖ Chair: Member, Board of Trustees
- ❖ 2+ Board Members with background in Quality
- ❖ Hospital CEO/CMO/CNO/CFO
- ❖ Hospital Quality Coordinator
- ❖ 2-3 staff (medical, nursing, quality facilitators, etc.)
- ❖ Consider 1-2 patient/family members

Board's Role in Quality & PS

- Exactly the same concept as the Board's role in Finance:
 - Establish Policy and Monitor (“track”) progress in optimizing Quality –tracked by a performance measurement dashboard
- Review QI Project performance of major QI projects at least quarterly
- Help senior management focus their energy on challenging areas

Board's Role in Quality

- Ensure your HC Board has “Quality & Patient Safety” as at least 25% of its agenda – “Q & PS” Board Committee
- Board must:
 - Establish QI priorities and Monitor “Q and PS” status
 - Establish a “Just Culture” (a Culture of Safety)
 - Select a Quality Improvement Methodology
 - Include Q/PS goals in your CEO’s Performance Evaluation
 - Encourage CEO to communicate QI results to staff (telling “stories”)

Board's Role in Q/PS - Model

- ❖ MGH in mid 2000 had a Board retreat to analyze quality progress improvement - Result:
 - 1. New Mission Statement** : with a safety focus, developing trust and boundary statements for employees
 - 2. They created a new C-level (VP) position** that reported to the MGH CEO and the Physician practice CEO. This sent the strong message that quality and safety are important enough to act upon

MGH Quality Committee - Report to Board

- ❖ **Each Board meeting review of your hospital's quality and safety status**
 - ❖ **First item on the Agenda**
 - ❖ Allow for > 25% of Board Agenda time
- ❖ **Chair of the Quality Committee presents report:**
 - ❖ Synopsis of cases reviewed, findings and action plans
 - ❖ Overview of performance scorecard
 - ❖ Highlight key issues the QC is currently focused on
 - ❖ Solicit feedback/answer questions
 - ❖ Make recommendations for policy changes

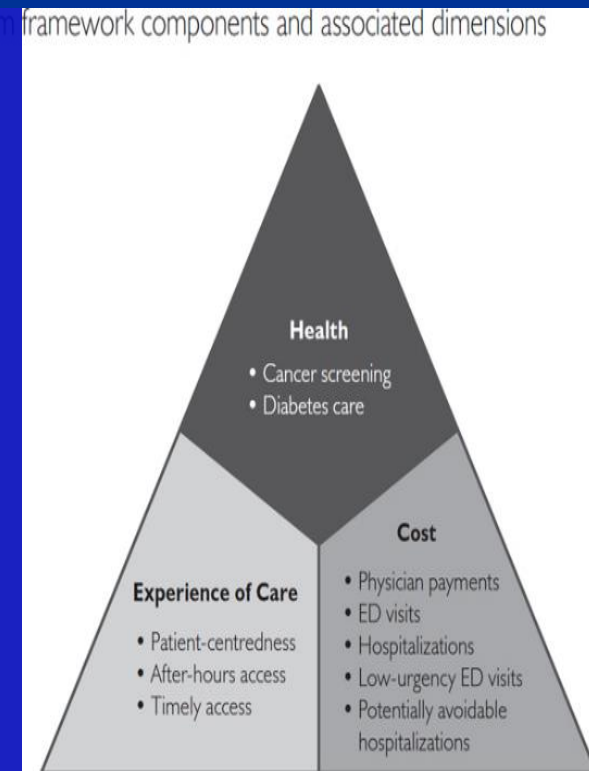
Quality & Patient Safety

Case #1

Institute for HealthCare Improvement

- A good example is the IHI's Triple Aim:
 - Patient Experience
 - Health of the Population (Outcomes)
 - Lower Per-capita Cost
- The three dimensions can
- serve as a framework to organize the Board's agenda

FIGURE 1. Triple Aim framework components and associated dimensions



Annual Quality Plan

- 1- The Hospital “Q & PS” committee creates the **Annual Quality Plan** (to be reviewed and approved by the Board)

- **Annual Quality Plan Standard Format:**

- - Metric goals met (graphs),
- - Discuss changes made; with continuing surveillance
- - Priority Metrics, opportunities for improvement
- - **Specific Action Plans for each opportunity**; with goals, time frame, responsible person, and reporting schedule
- - Annual schedule of quarterly Q & PS reports from departments staggered through each quarter

“Annual Plan”

Performance Measurement Plan

- ❖ To facilitate frequent reviews of a hospital’s current status with the Annual Quality Plan, many hospitals use what is known as a “Performance Measurement Plan” (PMP)
- ❖ To facilitate visualization of an organizations many Quality Metrics, instead of monthly reviewing a >50-page document outlining all the parameters of the “Annual Quality Plan”, use a 2 to 3-page Excel Spreadsheet to track current status

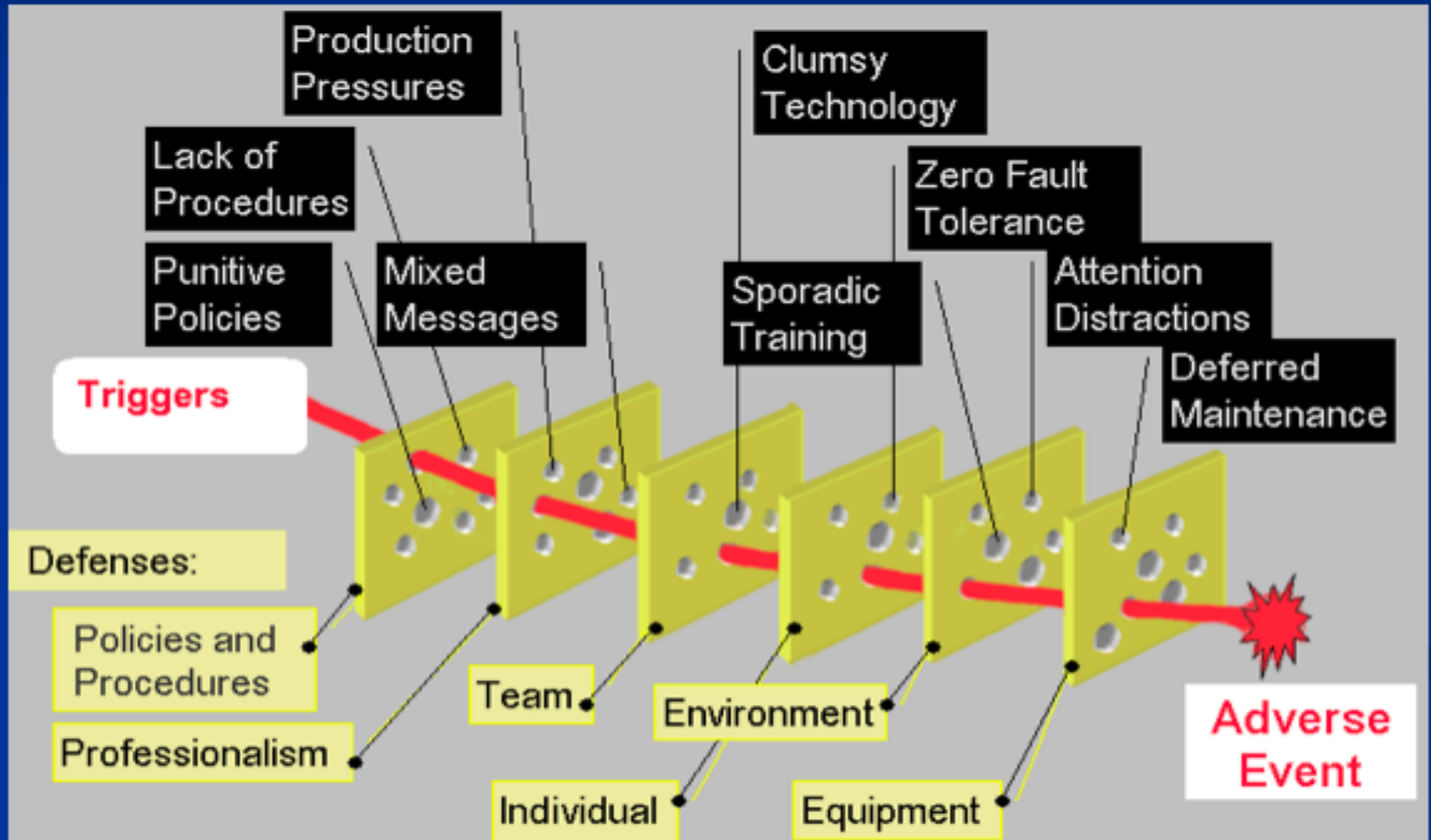
Hospital Performance Measurement Scorecard

- A Performance measurement is a system to achieve and visualize your strategic plan
 - The initial step is developing your 2-5+ year plan
 - You agree upon metrics to measure goals
 - You measure where you currently are and note where to improve
 - Then, you establish a Performance Management grid to monthly, quarterly, and yearly show your progress in meeting your goals

QM - Identifying Quality “Gaps”

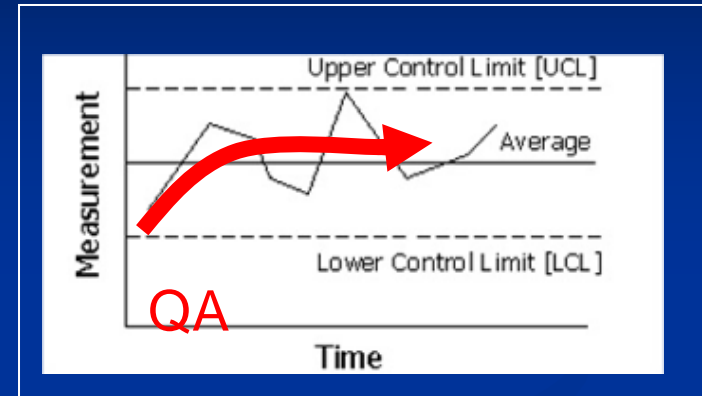
- ❖ Hospital Quality and Patient Safety Committees can use external tools, such as the Joint Commission International’s “Navigator” tool to identify the Opportunities for Improvement (“Gaps”) in meeting standard policies and processes that have the potential to contribute to patient harm
- ❖ Existing programs use the results of the previous year’s Annual Quality Program and any changed regulatory standard to identify the “Gaps” to address in the coming year

“Swiss Cheese” Model of Error

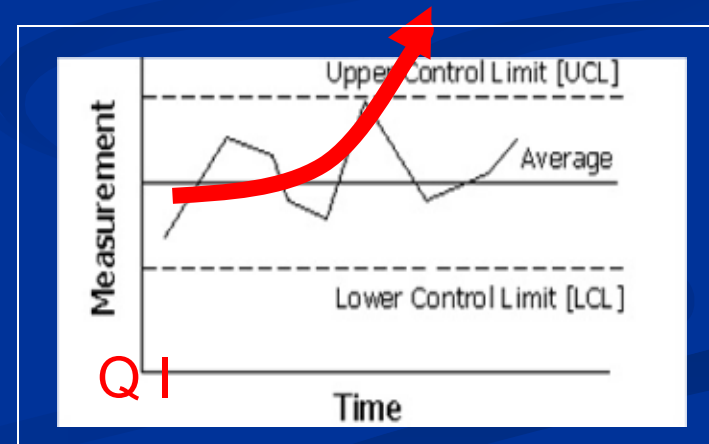


Why “Quality Improvement” (QI) vs. “Quality Assurance” (QA) Activities?

- *Quality Assurance* supports best outcome within system design



- “*Quality Improvement*” transcends design to improve outcomes



QI = Change

- If an organization reviews its status and finds that they are not achieving their mission (a commitment to providing increased value) the Board understands that the organization must “change”
- A system is “changed” by redesigning the system implementing change using “Quality Improvement” methodologies
 - Method of Improvement (PDSA Cycles)
 - Lean
- To facilitate change, institutions use a “Performance Measurement Plan” [PMP]

Lean “A3” QI Process

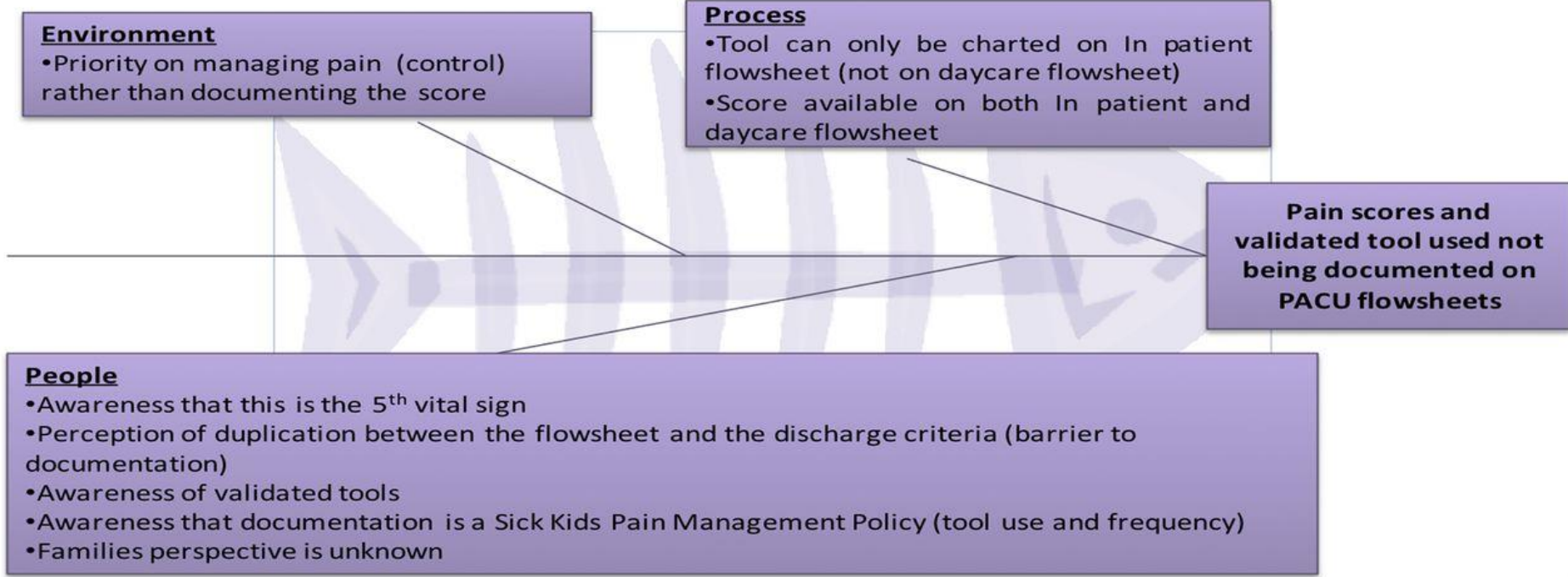
- A standardized approach to problem solving:
 - For department-based or facility-wide problems – administrative or clinical (or both)
- A step-by-step direction to problem solving
 - Uses process mapping, PDSA cycles
 - The A3 provides a clear, concise, one page overview
 - It can consolidate large amounts of information in an understandable format using visual display
- As the “default QI process, the A3 avoids wasted time in determining how to approach a problem

LEAN A3 Protocol

<p>1. Reason for Action: VISION / Analysis AIM</p>	<p>4. Gap Analysis: What needs to Change</p>	<p>7. Completion Plan: Sustain new process Spread</p>
<p>2. Current State: Make a Flow Map of the existing Process</p> <p>Baseline measurement</p>	<p>5. Solution Approach: Change Ideas</p>	<p>8. Confirmed State: Sustain & Spread</p>
<p>3. Target (or Future) State: Map Ideal/Target State Measure</p>	<p>6. Rapid Experiments (many PDSA Cycles) Experience Change</p>	<p>9. Insights: Lessons Learned Next Steps</p>

PDSA₃: Pain Management in PACU

ROOT CAUSE ANALYSIS



TARGET CONDITION			
Pain scores documented	> 80%	70-80%	<70%
Pain tool documented	> 80%	70-80%	<70%
Prevalence of moderate to severe pain	< 30%	30-40%	>40%

“Quality Improvement” visualized by an “A3”

- Basically, the Scientific Method:
 - Measure the existing process(es)
 - Analyze the steps in the process (process mapping)
 - Conduct experiments changing the process (Many PDCA Cycles)
 - Measuring the results
 - Analysis: accept (incorporate into your processes) or reject the piloted change

Hong Kong (Tsuen Wan) Adventist Hospital

Adventist Health 港安
 Hong Kong Adventist Hospital - Tsuen Wan
 香港港安醫院 - 荃灣

Energy Saving through Replacing Fluorescent Tubes to LED Tubes

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Adventist Health 港安
 Hong Kong Adventist Hospital - Tsuen Wan
 香港港安醫院 - 荃灣

THE PROBLEM

The fluorescent tube adopted in Hong Kong Adventist Hospital – Tsuen Wan (the Hospital) consume a significant amount of electricity. With the advancement of technology, LED energy saving tube is a better option to save energy and decrease the expenditure for electricity fee. China Light and Power Co Ltd (CLP), one of the electricity supply company in Hong Kong, has launched an Electrical Equipment Upgrade Scheme, to subsidize to upgrade the electrical equipment to more energy saving and efficient models. As such, the Hospital has joined the scheme and started replacing from the existing T5 fluorescent tube to LED energy saving tube in 2019. This is a 3-year projects that expected to last till 2021.

AIM

- To be environmental friendly and energy efficient by replacing from T5 fluorescent tubes to LED energy saving tubes.
- To reduce the total expenditure by reducing the electricity fee and obtain CLP subsidy for electrical equipment upgrade.

ENERGY CONSUMPTION BEFORE LAMP REPLACEMENT (2018)

Existing T5 fluorescent Tube	Quantity (a)	Power Input/tube (W) (b)	Operating Hours /year (c)	Estimated Total Energy Consumption (kWh/year) (d)=(a)x(b)x(c)/1000(watt)
1200mm T5	453	28	4,380	55,333.92
600mm T5	2,730	14	4,380	166,277.2
	3,183			221,723.32

ENERGY CONSUMPTION & FINANCIAL IMPACT FOR REPLACEMENT (2019)

Replaced LED Tube	Quantity (e)	Power Input/tube (W) (f)	Operating Hours /year (g)	Estimated Annual Energy Consumption (kWh/year) (h)=(e)x(f)x(g)/1000(watt)
1200mm LED	384	16.5	4,380	27,731.68
600mm LED	1,942	8	4,380	68,047.68
	2,326			95,799.36

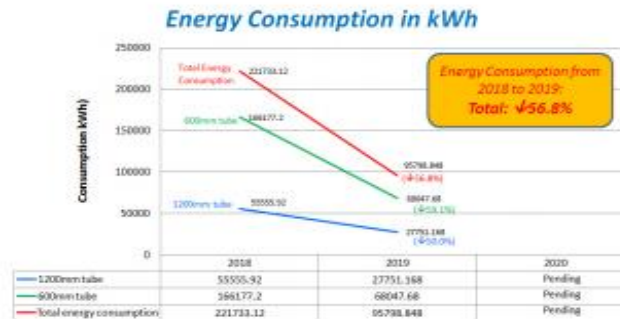
LED Replacement Cost

LED Tube	Quantity	Material Cost (HK\$)	Amount (HK\$)
1200mm LED tube	384	150	57,600
600mm LED tube	1,942	95	184,490
			242,090

PLAN DO ACT STUDY CYCLE



DATA: ENERGY CONSUMPTION



DATA: FINANCIAL IMPACT

LED Replacement Cost	LED Cost by HKAH-TW (a)	Refund by CLP (b)	Investment Cost (c) = (a) - (b)	Total Saving Electricity Expense (HK\$1.14/unit) (d)
	HK\$242,090	HK\$115,285	HK\$126,805	HK\$132,246
			Payback Period	11.5 months (within one year)

RESULTS

- Totally replaced LED energy saving tube in year 2019 for Main Tower
- Total Saving 125,933kWh/yr or HK\$132,246.00/yr
- Power Company refund HK\$115,285.00 due to support CLP Electrical Equipment Upgrade Scheme
- Ongoing LED tube replacement in 2020, expected to further reduce the energy consumption and reduce the expenditure for electricity.

SUMMARY

- Overall the project reducing the electricity consumption and help reducing the pollutant from generating electricity.
- It also helps reducing the expense from electricity in the long run with expected payback period < 1 year for each phase
- Ongoing replacement work will be carried out till 2021.

2020 ONGOING PLAN

- Ongoing replacement of Light-Emitting Diode (LED) Lamp for saving 50% of electricity consumption in LG2F, LG1F, G/F, 1/F, 2/F, 3/F, 5/F, 7/F, 8/F, 10/F & 20/F, Main Tower and Roof, Old Wing.
- Expected to replace 1,692 nos. of LED energy saving lamps in year 2020 for Old Wing and Main Tower.
- Expected Total saving 64,985kWh/yr or HK\$74,732.00
- Expected CLP to be refund HK\$82,110.00 for joined CLP Electrical Equipment Upgrade Scheme.

Engaged Medical Staff



Medical Staff

- **Bylaws**
- **Rules & Regulations**



Engaged Medical Staff

Case studies

Qualifications for Medical Staff Membership

- Valid License to practice
- Current clinical competency including good judgment
- Ethical Conduct
- Current Adequate Health Status...
- Willingness to participate in tasks: committees
- Acceptable Malpractice history and Professional Liability Insurance

Board's Role in



& Patient Safety Recap

TASKS in Q I & P S Activities



1 Board's Commitment "Signed Document"



2 Q & P S Committee appointed with Charter



3 Care procedures established (JCI- IPST)



4 Annual Plan of Q & P S



5 Data Driven - Specific Metrics, under periodic measurements.



6 Constant Comparative Analysis of Data



7 Decision taken for better outcomes (Policies...)



8 Systematic Review of Care Processes



9 Verification of Compliance with Reg/Laws



10 Review/ Updating of Policies and Procedure Manuals



11 All Events (Incidents) analyzed (RCA) – Lessons learned...; Specific Action Plans...



12 Cycle of PS & Continuous Quality Improvement

- We recognize publicly the contribution by Dwight C Evans, M.D. to today's presentation
 - Physician, Endocrinologist, Loma Linda Professor of Internal Medicine, who through the years has developed a singular attachment for Quality & Patient Safety. He is also an Honorary Associate Director, Health Ministries Department, General Conference of the Seventh-Day Adventist Church

Thank You



obrigado

Dank U

Merci

mahalo

Köszi

спасибо

Grazie

Thank
you

mauruuru

Takk

Gracias

Dziękuję

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danke

Kiitos