

GETTING BOARDS ON BOARD: ENGAGING IN QUALITY AND SAFETY

Improving Patient Care-Made Simple

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Health of a
Population

- Experience of
Care
- Safe
 - Effective
 - Patient centered
 - Efficient
 - Timely
 - Equitable

Per Capita
Cost

The IHI *Triple Aim*

Better care for individuals, better health for populations, lower per capita costs

HEALTHCARE IMPROVEMENT:
CARE, HEALTH, AND COST

- ▶ **Safe:** Patients should not be harmed by the care that is intended to help them.
- ▶ **Effective:** Provide services based on scientific knowledge to all who could benefit and refrain from providing services to those not likely to benefit (Avoid underuse and overuse).
- ▶ **Patient-Centered:** Care should be respectful of and responsive to individual preferences, needs, and values.
- ▶ **Timely:** Reduce unnecessary waits and harmful delays for both those who receive and those who give care.
- ▶ **Efficient:** Avoid wasting of equipment, supplies. Ideas and energy.
- ▶ **Equitable:** Provide care that does not vary in quality because of personal characteristics such as gender, ethnicity, geographic location, and socio-economic status

REVIEW: THE SIX AIMS OF HEALTHCARE QUALITY IMPROVEMENT

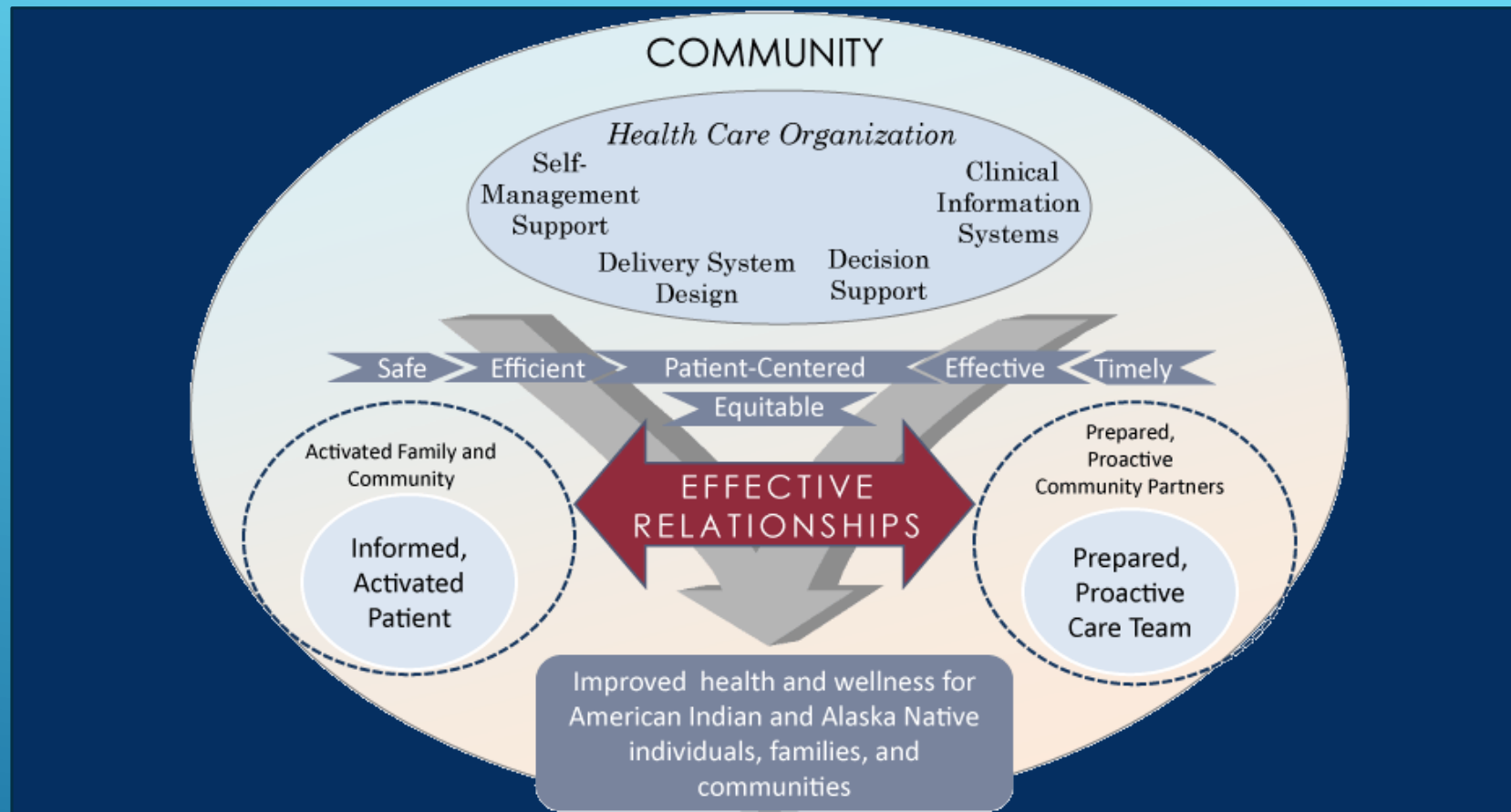
-Institute of Medicine

- ▶ 1) Do you know how good you are?
- ▶ 2) Do you know where you stand relative to the best?
- ▶ 3) Do you know where the variation exists?
- ▶ 4) Do you know the rate of improvement over time?

KEY QUESTIONS FOR ALL HEALTH BOARDS

- ▶ Pit River Health Services, Inc.
- ▶ Tuolumne Me-Wuk Indian Health Center
- ▶ Lake County Tribal Health Consortium, Inc.

IPC-MS 2016



IHS CARE MODEL

IPC 2.0 CHANGE PACKAGE



- ▶ Will to improve
- ▶ Innovative Ideas
- ▶ Execution of ideas

KEY COMPONENTS TO IMPROVE

A series of white lines of varying lengths and orientations are positioned in the bottom right corner of the slide, creating a modern, abstract graphic element.

- ▶ IHI's target of reducing five million incidents of harm in hospitals from December 2006 to December 2008
- ▶ Resulted in 12 interventions
- ▶ Only nonclinical intervention – to fully engage the governance leadership in quality and safety
- ▶ “Getting Boards on Board”

5 MILLION LIVES CAMPAIGN

► CMS in 2006

URGENT CALL FOR ACTION

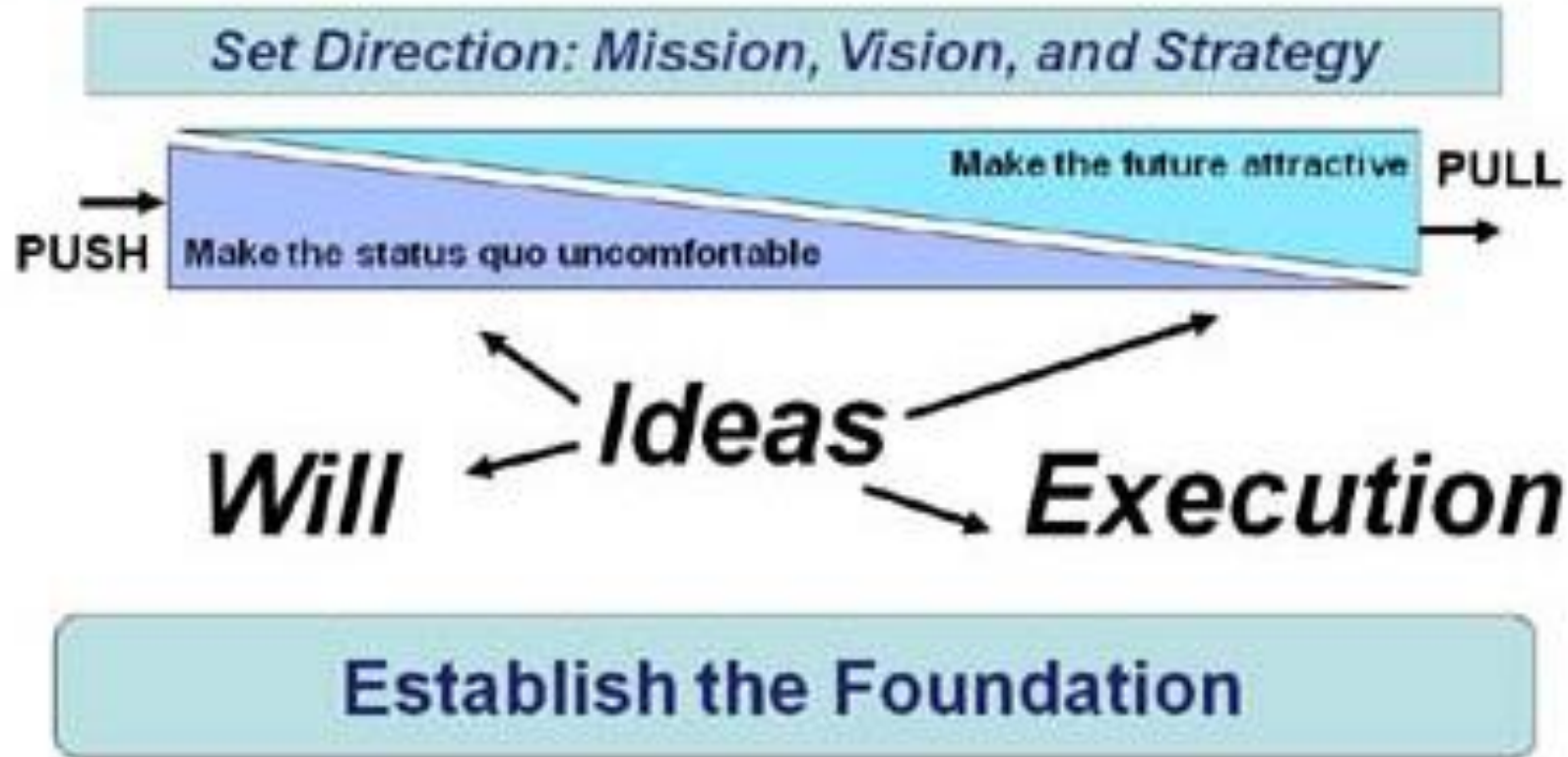
- ▶ 1. Actively engaged and capable
- ▶ 2. Actively engaged
- ▶ 3. Not fully engaged but having strong, latent capabilities and talent on the board
- ▶ 4. Neither engaged nor capable

BOARDS FALL UNDER 4 CATEGORIES:

- ▶ 1. Setting Aims
- ▶ 2. Getting Data and Hearing Stories
- ▶ 3. Establishing and monitoring System-Level Measures
- ▶ 4. Changing the Environment, Policies, and Culture
- ▶ 5. Learning. . . .starting with the Board
- ▶ 6. Establishing Executive Accountability

SIX THINGS ALL BOARDS SHOULD DO TO
IMPROVE QUALITY AND REDUCE HARM

IHI Framework for Leadership for Improvement



- ▶ Team's aim is a priority for the organization, formally connected to their strategies
- ▶ Team members have been formally allocated time to work on the improvement effort
- ▶ The team's project report (which includes data for all measures) is reviewed by Senior Leaders at least once a month
- ▶ The team has a logical model for approaching change
- ▶ The team contains consistent active members

STRATEGIES AND FACTORS ASSOCIATED WITH SUCCESSFUL TEAMS

- ▶ California Improvement Support Team:
caoist@ihs.gov

QUESTION?