GETTING BOARDS ON BOARD: ENGAGING IN QUALITY AND SAFETY

Improving Patient Care-Made Simple
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HEALTHCARE IMPROVEMENT: CARE, HEALTH, AND COST

The IHI Triple Aim

Health of a Population

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

Per Capita Cost

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

1. Laying the Foundation
   - Engaged Leadership

2. Building Relationships
   - Empanelment
   - Continuous and Team-Based Healing Relationships

3. Changing Care Delivery
   - Organized, Evidence-Based Care
   - Patient-Centered Interactions

4. Reducing Barriers to Care
   - Enhanced Access
   - Care Coordination
KEY COMPONENTS TO IMPROVE

- Will to improve
- Innovative Ideas
- Execution of ideas
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
BOARDS FALL UNDER 4 CATEGORIES:

- 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
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

**Set Direction:** Mission, Vision, and Strategy

**Make the future attractive**

**Make the status quo uncomfortable**

**PUSH**

**Will**

**Ideas**

**Execution**

**Establish the Foundation**

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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