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# All Boards Aboard the Quality Train !

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# Prescriptions for Excellence in HEALTH CARE

A COLLABORATION BETWEEN JEFFERSON SCHOOL OF POPULATION HEALTH AND LILLY USA, LLC

## Editorial

### All Boards Aboard the Quality Train!

By David B. Nash, MD, MBA  
Editor-in-Chief

Welcome back to *Prescriptions for Excellence in Health Care*, a second volume of supplements to our *Health Policy Newsletter* devoted exclusively to the quality improvement agenda in the United States. This special issue focuses on a relatively new but increasingly important aspect of health care quality – namely, the governing board’s leadership role and responsibilities vis-à-vis quality assurance and improvement throughout their organization.

Until recently, hospital and health system boards were comprised mainly of businessmen and meetings focused primarily on a “bottom line” defined solely in financial terms. The policy debates that followed in the wake of the Institute of Medicine’s report, *Crossing the Quality Chasm*, brought about changes in the 21st century boardroom as well as at the point of care.

Today, the Centers for Medicare and Medicaid Services (CMS) and professional oversight organizations require private and nonprofit institution boards to demonstrate leadership in quality and patient safety. Board composition is changing, with growing numbers of medical professionals taking seats at the

table. Quality, which rarely made an appearance at board meetings in prior years, is often at the top of the agenda.

The articles in Section I of this issue discuss governance from 6 different perspectives. The first article, “The Governing Board’s Role in the Quality Agenda: An Overview,” serves as a primer and lays the groundwork for other articles in the section. The second article, “Hospital Boards: Bringing Quality to the Table,” highlights the important steps that must be taken and offers practical advice for incorporating quality at the board level.

Finance remains a primary responsibility of the board, and in the third article, “Quality Improvement and the Bottom Line,” Dr. Carpenter discusses quality improvement with an eye toward expenses, revenue, and income. The fourth article, “Ethics, Culture, and the Board,” examines these and associated behavioral elements that present challenges for today’s governing boards.

“Nonprofit Community Health System Board Engagement in CEO and Board Evaluation,” reports on the results of a large-scale, comprehensive study of the structures, practices,

and cultures of community health system governing boards with respect to accepted definitions of good governance. The final article on governance, “The Future of Boards: White Water Ahead,” serves as a reminder that change – even for the better – is never without turbulence and points out some submerged rocks downstream.

The 3 articles in Section II call attention to other important work being accomplished in the health care quality arena. The first, “Reforming Camden’s Health Care System – One Patient at a Time,” is an amazing success story from the front lines of medicine and a valuable lesson in how, even in a marginalized community, health quality can be improved through intelligent use of health information technology tools, communication,

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cooperation, and application of the principles of population health.

“Physician Quality Performance Initiative (PQRI): Theory and Practice” provides valuable insight into CMS’ pay-for-performance program via the experience of 1 large hospital. The final article, “Improving Quality and Safety through Convenient Care Clinics,” recounts the process by which retail clinics made quality and patient safety a top priority. I am very proud of this information-rich issue and the work of these

talented authors. For readers who would like more detail on governance, a number of contributors to this issue also authored chapters for a text on the subject (*Governance for Health Care Providers: The Call to Leadership*. Nash DB, Oetgen WJ, Pracilio VP, eds., Taylor & Francis, Inc., 2008).

As always, I am interested in your feedback; you can reach me by email at: david.nash@jefferson.edu or visit my blog at: nashhealthpolicy@blogspot.com.

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