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William J. Oetgen MD, MBA

MedStar Health Inc.

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Prescriptions for Excellence in HEALTH CARE

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The Governing Board's Role in the Quality Agenda: An Overview

By William J. Oetgen, MD, MBA

The responsibility of the governing board in setting the quality agenda is a subject of wide currency among health care organizations. Today's hospital and health system boards are continually reminded that their responsibility for quality care and patient safety – often viewed as a specific subset of quality care – is foremost on the minds of patients, payers, providers, and regulators. But quality care and patient safety have not always been so prominent on the agendas of health care boards. It is instructive to review this ascending responsibility from a historical perspective, from the viewpoint of current mandates, and from a speculative look into the future.

Historical Perspective: In a recent report, Joshi and Hines¹ discussed governance board issues of quality and safety. A query of articles related to this report produced a sample list of 699 references. While these articles were all related to board governance functions and responsibilities, not all of them were specifically concerned with quality and patient safety. Figure 1 shows the publication dates of these articles by decade and the proportion of the articles that were concerned with quality or patient safety. These data reveal a surge in the publication of board governance-related articles in the current decade and a modest rise

in the proportion of papers that are specifically concerned with the topics of quality and patient safety. In the decade following the 1980 publication of Donabedian's classic book on health care quality (*Explorations in Quality Assessment and Monitoring, Volume I. The Definition of Quality and Approaches to its Assessment*), there was only a modest increase in the number and proportion of quality-related articles listed in our sample. Figure 1 shows that the proportion of quality-related articles in the sample was 12.3% in the 1970s, 14.9% in the 1980s, and 14.1% in the 1990s.

A closer look at the publications from the 2000s shows the interest in quality and safety rising sharply over the decade (Figure 2). In the first 2 years of the decade, fewer than 20% of articles were concerned with quality and patient safety, whereas nearly half of the publications were devoted to these topics in the last 2 years. This suggests a growing interest in governance boards' functions concerning quality of care and patient safety.

The evolution of board function over the past half century can be traced by reviewing the titles of the 699 publications chronologically. In the 1950s, articles were concerned

with topics such as hospital décor, board responsibilities, hospital food service (perhaps one of the first board "quality" functions), and the board's relationship with nurses. A 1954 article suggested that all hospital boards should include physicians as members, and the concept of boards' interest in quality first appears in the 1960s. In our sample, specific mention of incorporating quality committees within board structures occurs in 1977, and it is apparent that the "quality buck" stops with the board by the late 1970s.

From 1980 through the 1990s, the concepts of board responsibility, quality of care, and patient safety underwent refinement. In particular, the concept of quality care was broadened to include more stakeholders; nurses were invited to participate as board members; and patient satisfaction became a governance concern. During this period, the concept of quality assurance evolved from total quality management to continuous quality improvement. Boards' responsibility for all of these processes continued to be reflected in the published literature.

Since the publication of the Institute of Medicine report in 2000 (Kohn LT, Corrigan JM, Donaldson MS, eds. *To Err is Human: Building a*

(continued on page 2)

Safer Health System), board attention has become focused on patient safety and medical error reduction. Other current quality-related topics of board interest are public reporting of quality data and the logical nexus of finance and quality care, the pay-for-performance movement.

Over the 60-year span of the 699 publications in the sample, the concept of board responsibility for health care quality has evolved from relatively trivial concerns (eg, hospital décor) to the revolutionary concept of pay for performance with its potentially adverse financial implications.

Current Mandates: Three national organizations provide mandates for board involvement in quality and patient safety: the Joint Commission, the National Quality Forum, and the Institute for Healthcare Improvement.

The Joint Commission requires that governing boards promote a culture of quality and safety in their organizations. Boards must assure that their organizations participate in measurement and improvement efforts for quality and safety indicators, allocate resources so that these functions can be accomplished, and hold management accountable for that accomplishment. Moreover, the Joint Commission requires that care quality and patient safety be specifically addressed in board meetings.²

The National Quality Forum asserts that governing boards are responsible for ensuring the quality of health care provided in their institutions. To that end, boards should enable evaluations of their own effectiveness in: enhancing quality; developing a “quality literacy” of safety, clinical care, and outcomes; and overseeing their institutions’ participation in national quality measurement and improvement programs.³

The Institute for Healthcare Improvement recommends that health care governing boards set and communicate specific organizational improvement goals,

integrate those improvement goals with strategic goals, and regularly review key metrics and adverse events. Governing boards should provide resources for the achievement of these goals and hold management accountable for the attainment of these goals.⁴

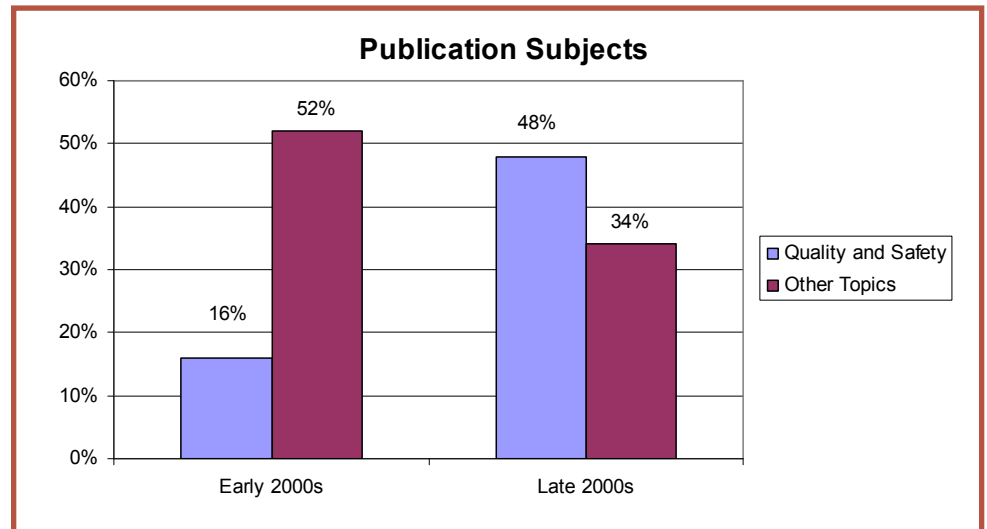
The common ground of mandates from these 3 organizations for governing board responsibilities for quality is to:

- promote a culture of quality and safety
- make quality and safety prominent on the board agenda

- ensure organizational measurement and improvement activities and participate in nationally based projects
- monitor the activities and their results
- review adverse events
- provide financial resources
- hold management accountable
- hold themselves accountable

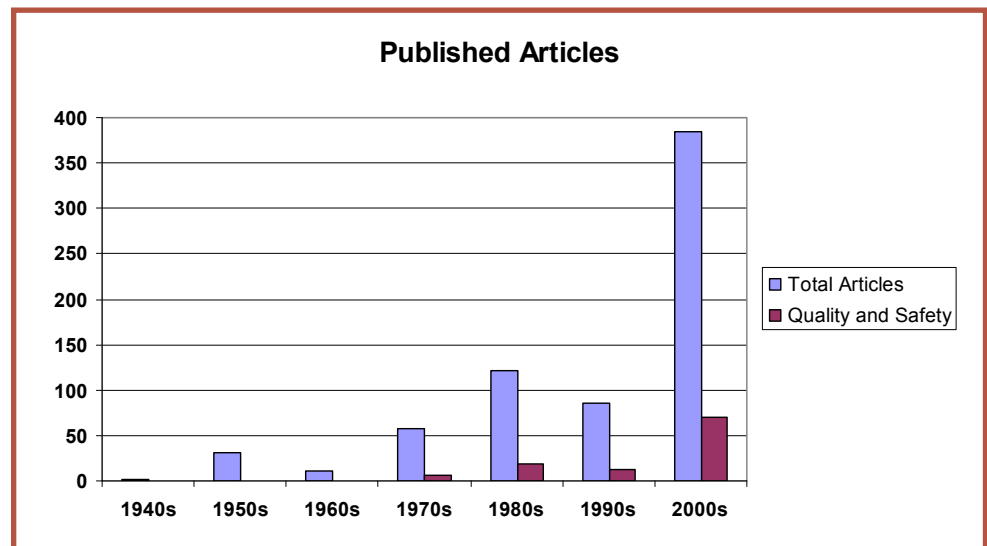
The Future: Based on a review of the past and a look at the current mandates, what might the future hold for governing boards

Figure 2. Publication Subjects: Growth in Fields of Quality and Safety



and promote board education regarding the issues of quality and

Figure 1. Published Articles Related to Governance Board Functions and Responsibilities



patient safety? Future governing boards will be required to lead by example. They will be expected to educate themselves and to achieve a sophisticated knowledge of the principles of quality care and patient safety. This will be accomplished by upgrading the knowledge of individual board members and by adding board members with professional expertise in quality management and in safety processes.

Future boards will spend proportionately more time on issues of quality of care and patient safety. They will assess themselves more rigorously

in these efforts to assure that all their organizations' functions are of the highest possible quality. As boards become subject to increasing scrutiny from outside agencies and other parties, they also stand to reap the benefits – or suffer the consequences – of increased public disclosure.

While financial oversight will continue to be of paramount importance to future boards, its relative importance will diminish. “Increasingly, the role of the governing body in quality and patient safety oversight is being viewed as a fiduciary responsibility at least equal to its financial oversight role.”⁴

William J. Oetgen, MD, MBA, is Director of MedStar Health, Inc. He can be reached at: oetgenw@georgetown.edu.

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