



FIVE ACTIONS YOUR BOARD CAN TAKE TO ACHIEVE STRATEGIC QUALITY GOVERNANCE.

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Five actions your Board can take to achieve strategic quality governance.

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Providing safe, effective aged, community or acute care may be the toughest professional challenge that aged, community or acute care Board members will ever face. Many readers will find this statement perplexing, however. It doesn't seem that hard, does it? Set up a Board committee to oversee quality governance. Receive reports about quality and safety of our services. Ensure the executive is on top of the risks. Supply resources for accreditation preparation and hopefully make the grade.

Well, that's one part of your governance role – the reactive component. But that's a little like saying that if the cash flow statement looks ok, then the finances are in order and there's nothing else you need to worry about. If you turn the quality governance coin over there's a whole other strategic, proactive side. Many of the Boards I work with have little or no awareness that this side of governance is lurking in the shadows. But it is here that governance can make real gains. Here's five steps Boards can take to achieve strategic quality governance that makes a real difference for consumers and organisations.

1. Embrace your accountability for point of service delivery

The point of quality (or clinical) governance is that accountability for the quality of the consumer experience starts with the Board, in exactly the same way that Boards are accountable for the business side of the organisation. Clinical governance evolved in the 1990s after a number of public inquiries into hospitals around the world where poor care over long periods caused serious suffering and unnecessary death. This was the first time that the scale and causes of suboptimal care had been discussed publicly, and many were surprised to find that the problems were less about bad apples on the front line, than ineffective leadership and management practices. This information was reinforced by a number of large scale studies into adverse events causing harm to patients. The first of these, the 1991 US Institute of Medicine Study¹, showed that errors in hospitals killed enough people to fill four jumbo jets every week.

Unfortunately, we don't have access to the same wealth of data or public inquiry findings for aged or community care. But we'd be fooling ourselves to think that we don't have similar issues in these services, even if the scale differs; and specific issues that acute care doesn't commonly deal with, such as psychological harm, restraint and deterioration of quality of life. Whilst there is some adverse event information collected in these sectors, the lack of valid, purposeful data means that we don't fully understand the scope of the problem, and therefore, don't have the 'burning platform' for taking action. We've seen enough corporate collapses around the world, however, to know that 'not knowing' is no excuse.

In the absence of this, Boards must be leaders and self-starters in seeking and supporting safe, high quality care and services. In the acute sector we've learned that even the best people, trying hard, is not enough to guarantee consistently good care and services. It requires a whole of organisation approach that starts at the top and is enacted through the executive and line management. It's important to note that it's not the quality manager's job to govern the quality and safety of consumer care and services. Change at point of care to achieve great consumer experiences requires line management responsibility and action, supported by quality managers and teams, who provide technical support for Boards, executives and line managers to fulfil their responsibilities for providing great, safe care and services. This means they require specialist knowledge in compliance, measurement, improvement, risk and change, and the Board must support quality manager skills development as a key component of their quality governance system.

We know that a Board's responsibilities include:²

- Acting with care and diligence
- Becoming familiar with the fundamentals of the business of the organisation
- Keeping informed and make appropriate inquiries about the organisation's activities
- Monitoring, generally, the organisations' affairs and policies
- Maintaining familiarity with the financial status of the organisation

These are usually applied to managing the business of an organisation, but if the business is aged, community or acute care, they apply equally to the quality of the services provided to consumers.

2. Decide to be great

Good care is more than the absence of bad. It must be pursued. But the many demands and distractions in the aged, community or acute care environment means that this is not always high on the agenda. Boards, Executives and Managers juggle a complicated funding system with a rapidly evolving population, growing consumer demands and limited resources. It is understandable that priorities can become more about the business of budgets, market share and property than about the business of point of care and service delivery.

The Board sets the 'tone from the top', and no-one in your organisation will be more committed to the quality of care and services provided than the Board members, so they must ensure that the quality and safety of care and services is a key organisational priority. The way the Board governs is a cornerstone of the culture of any organisation, and the priority they give to the consumer experience is likely to be reflected in the attitudes and actions of managers and staff. This may appear self-evident, but I am constantly surprised at the number of Board and Executive members who complain about staff not 'doing the right thing' at point of care, despite the quality of the consumer experience being a low priority on Board and Executive meeting agendas.

Boards and Executives may drastically underestimate the power of the messages they send about what's important, and the staff beliefs they create by what they measure, reward – and punish. These beliefs underpin the way in which staff behave and make decisions. In the absence of clear guidance, the standard of care and corresponding staff behaviour become largely dependent on individual facility managers and influential staff.

Staff notice what gets prioritised and rewarded. If 'doing the right thing' is seen to be about saving money, reducing staff and improving efficiency, then that will be the primary focus of a facility manager, no matter what the company emails and brochures say about 'values' or 'caring' or 'safety'. It's important to note that efficiency, caring and safety don't have to be mutually exclusive, and managers probably don't intend them to be. In fact, we know from research in the acute sector that reducing the number and magnitude of things that go wrong, and providing more integrated, streamlined care, saves significant dollars, as well as lives.

Make the Board attitude the model for what you want to see at point of service delivery. Clearly define a great consumer experience with your consumers, staff and managers, and make it a strategic priority. Make this definition aspirational – but clear and concrete. Link it to relevant goal in your strategic plan and make the quality governance system the operational vehicle for achieving it. Translate the definition into signposts that guide the attitudes and actions of managers and staff every day and implement a dynamic plan for making this a reality. Resource, support, monitor and reward progress with effective organisational systems. And hold people to account for achieving it.

3. Understand and work with the challenge of providing a consistently great consumer experience

Many Boards believe that creating great quality care and services is set and forget. Hire good people, supply them with policies, procedures, standards and equipment and let them make it happen. If it were that easy, every organisation would be spectacular! Consistently good care relies on the effective interdependence of many factors, in a high risk environment. Even the best people and teams have bad days and make mistakes and poor decisions. Sometimes the processes they work with defeat them. Consumers do not come in a 'one size fits all' consistency. Yes, we need great people, but we must give them every opportunity to be effective by providing great systems, feedback and support.

Creating consistently good consumer experiences in the complexity of human services is difficult and requires understanding, training, focus and vigilance. Aged, community and acute care organisations are complex systems; they work less like a factory and more like a road system. There's inherent risk in the environment and lots of scope for things to go wrong. Broad, uncontrolled variation in how things are done is common, and creates risks and problems. It's well worth investing some time to gain understanding of how your organisation really works – and govern for that - rather than how you think or hope it works.

Getting it right – consistently – is a daily challenge for managers and staff, and requires many factors to work well individually, and together, to provide positive consumer experiences. This environment must be deliberately designed and created – it doesn't just happen. In the

same way that we work towards zero road toll as a key focus of our road system, we must work towards consistently high quality care and services for every consumer, every time. Aspirational – yes; likely to be a rocky road at times – yes; but if we don't set that as our goal, we'll never put the necessary strategies and focus in place to get anywhere near it, and are likely to go backwards. Accreditation alone will not lift an organisation to the level of performance required to achieve this.

It's vital that a Board understands that things will go wrong, and to lead an attitude of openness around reporting. Develop a system of learning from mistakes and incidents and acting on the information to reduce risk. Don't confuse this with an abrogation of responsibility however; there's a difference between honest mistakes and moments of poor judgement, and deliberate flouting of rules and responsibilities. The latter should initiate an HR pathway, not quality improvement. This is what we call a 'just' culture – which has evolved from 'no blame'.

We know that to create consistently good care in this environment we need great people, working well, supported by great systems. These systems are variously labelled in different models, but essentially you need four: leadership and culture development; consumer and carer participation in their care and in service improvement; effective, empowered workforce development and support; and managing risk and improving the consumer experience. These systems form the basis of your quality governance framework, and many of the required elements are driven through accreditation. It's not enough just to have these systems on paper, however. They should be judged on their effectiveness in supporting managers and staff to achieve great consumer experiences for every person, every time.

4. Review measures that mean something

Aged, community and acute care are in the relatively early stages of the journey towards rigorous measurement, compared with financial reporting and measurement, for example. Many Boards receive data based on incident reporting alone, however, some acute sector studies indicate that incidents are up to 90% under-reported. And incidents alone only tell you something about one component of care. Don't be afraid to ask questions about the data you receive. It's also easy to be overwhelmed with technical information that doesn't progress your understanding or support your governance accountabilities, and much valuable Board time can be wasted reviewing meaningless tables and graphs. Asking is not 'interfering'. In the same way you discuss progress with other aspects of the strategic plan, you must discuss progress with improving the consumer experience. Boards should not tell the executive team how to implement. But they must know what's being done and if it's working. Be genuinely curious about what's happening with your consumers every day and request information that gives an accurate picture.

If you're clear about the consumer experience you're trying to achieve, you can have a better conversation with your executive about how to measure this and which data will give the most valid and reliable indication of how well this is being achieved at point of service delivery. Speak up!:

- *If the information **doesn't add to your understanding** of the quality of care and services*
- *If data don't **assist the discussion on the next steps** in leading and supporting great consumer experiences*
- *If it doesn't help you **enact your governance accountability** for leading and providing safe care for every consumer.*

5. Put quality governance high on the Board agenda

This is a simple one – put 'quality governance' higher on the agenda than financial reporting. Ask for a short, sharp overview of key issues relating to point of care and service delivery from the Board Quality Governance Committee and Chief Executive at each meeting. This will include information about risk, safety, compliance and other funder requirements. Every three months, dedicate more time to discussion about a broader range of information that informs the Board on progress with achieving the 'great consumer experience' goals. What systems are in place? How well are they working to support managers and staff to achieve the goals? How good is the safety and quality of care and services as a result? What have we learned? Are our consumers better off for all this focus and effort?

Set aside some time each year to expanding the Board's understanding of quality governance through education and discussion of case studies. Competence breeds confidence and the more you know, the more productive your discussions – and actions – will be.

Providing consistently safe, high quality care in aged, community and acute care is not easy. Too often these issues are seen as 'soft' and play minor roles in the broader business of finance, assets and compliance. But these 'soft' issues require high level strategic planning, rigorous governance, dedicated leadership and skilled and supported management and staff. Achieving this in a competitive, complex, resource-constrained environment? It's challenging. But Boards must set a path to high quality and go after it as if lives depend on it - because they do. Not all Boards will be up for this challenge, content with business as usual. But those who embrace it are – or will be – leaders in the evolving world of quality governance. And their consumers - and their families - will thank them for it.

References

1. Leape, L et al. Preventing Medical Injury. Qual Rev Bull. 19(5):144–149, 1993.
2. AICD Company Directors' Course Notes 2013/14, Australian Institute of Company Directors, Sydney.

Resources

Balding C, **Leading a Strategic Quality Governance System Online Training Pack** - Step by step guidance for implementing strategic quality governance: www.cathybalding.com/qualityclass

Sign up to receive 'QualityNews' at www.cathybalding.com for monthly discussion on key quality and governance issues.

ACSQHC, '**Board Guide for organisations implementing the National Safety and Quality Health Service Standards**'; Australian Commission on Safety and Quality in Healthcare, Sydney, 2014. Describes best practice governance applicable to all health and human service organisations.) www.safetyandquality.gov.au