The Board’s Role in Quality

One of the overarching goals of the North Dakota Medicare Rural Hospital Flexibility (Flex) Program is to support quality improvement efforts of critical access hospitals (CAHs). Board of directors play a significant role ensuring that quality care is provided and that organizations have processes in place to measure and deliver quality care. A study of CAH board of directors (802 rural hospitals were studied) found that board members may not understand their responsibilities, that many boards lack quality of care/patient safety committees, and that orientation for new members is lacking. The study concluded that board roles and responsibilities need to be clarified, rural hospital board development is urgently needed, and boards require champions and support.

I. Understanding the Quality Continuum
An effective quality program has a healthy balance of activities that focus on quality assurance (QA), quality improvement (QI), and performance improvement (PI).

<table>
<thead>
<tr>
<th>Quality Assurance</th>
<th>Quality Improvement</th>
<th>Performance Improvement</th>
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<tbody>
<tr>
<td>Activities inside an organization are focused on the delivery of high quality patient care and services today</td>
<td>Involves continuous assessment of current activity</td>
<td>Looks to identify all those quality improvement initiatives that must come together to make the organization stronger and better prepared to meet demands of changing healthcare environment</td>
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<td>Focus is on compliance with current standards/practice as defined in policies, procedures, regulations &amp; professional standards</td>
<td>Focuses on taking what exists today and working to make it better for tomorrow</td>
<td>Overall coordination of quality related activities that must come together to move the organization forward</td>
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II. The Board’s Legal Responsibility
Board members are legally responsible for the quality of the health care delivered within their organizations. The board is accountable for the actions or lack of actions of every person within the organization, including the medical staff. The board is responsible for ensuring effective systems exist for evaluating and improving the delivery of high quality care.

The board is responsible for assuring the quality program is designed to:

1. Adequately monitor the delivery of care and services so activities that could create risk or harm are easily identifiable.

2. Easily identify opportunities to drive improvement into existing systems and activities.

3. Assure effective linkages between the different activities in an organization are designed to protect patients from harm and assure compliance with current standards of care (risk management, infection control, utilization review, credentialing and privileging, safety, and quality).

4. Assure that changes for improvement remain in place over time.

Once the board has a comfort level that the systems are in place and strong, it has the responsibility to monitor for success. This is achieved through regularly delivered quality reports.
III. Why take quality seriously?

- It is the right thing to do and part of your mission; shortcomings can result in direct harm to patients.
- You have a legal responsibility; it is part of meeting Medicare’s Condition of Participation.
- Reputation for quality care plays a significant role in maintaining/increasing your market share.
- Future reimbursement models will be based on quality of care and patient outcomes.

IV. How well are you doing?

The following is a list of suggested questions a board of directors might ask itself on an annual basis and use to measure how well it is meeting its quality responsibilities.3

1. To what degree does your organization have a healthy quality program that has an effective balance of quality assurance, quality improvement and performance improvement activities?

2. To what degree does your board understand its role in assuring quality of care?

3. How satisfied is your board with the reports it receives regarding quality?

4. To what degree does your organization continuously focus on improving the quality of care and services provided?

5. What are the goals of your organization’s quality improvement program? What metrics and benchmarks are used to measure progress towards each of these performance goals?

6. How does your organization measure and improve the quality of patient/resident care? Who are the key management and clinical leaders responsible for these quality and safety programs?

7. Are clinical quality standards supported by operational policies? How does management implement and enforce these policies? What internal controls exist to monitor and report on quality metrics? Does the board have a formal orientation and continuing education process that helps members appreciate external quality and patient safety requirements?

8. Are human and other resources adequate to support patient safety and clinical quality?


V. Locally Available Assistance

The Flex program, along with its partners, considers itself champions of rural health and wishes to provide support to rural health boards to strengthen involvement and knowledge related to quality. The aforementioned information was designed as an overview for hospital administrators and board chairs. Additional information and assistance is available through the North Dakota Flex Program. Contact: Marlene Miller, Program Director, at marlene.miller@med.und.edu or 701.777.4499.

4 Corporate Responsibility and Health Care Quality: A Resource for Health Care Boards of Directors
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