

Governance Quality Engagement Diagnostic

Overview

This diagnostic is designed to help boards and organization leaders identify challenges that may be impeding efforts to improve quality. Developed by Jim Conway, this resource draws on 20 years of personal governance experience as well as learning from the literature and the shared experience of trustees, executives, patients, family members, staff, teachers, and students. The tool framework is constructed around six key drivers of engagement as reported initially in the 2006 “Getting Boards on Board” initiative of the Institute for Healthcare Improvement (IHI). It identifies more than 60 challenges that, when addressed, can help boards and leaders create their own pathway to continuous improvement. The tool reflects quality domains identified by the National Academy of Medicine (formerly the Institute of Medicine), which include care that is safe, effective, patient-centered, timely, efficient, and equitable.

How to Use This Tool

Using this tool together (governance and leadership, including medical staff leadership):

- Check for evidence of problems and struggles that could be limiting impact
- Discuss why
- Seek out key resources, examples of best practice, and lessons learned by boards who are “leading the way”
- Develop a plan to address problems and turn them into opportunities for improvement
- Execute following the IHI’s Model for Improvement [<http://www.ih.org/resources/Pages/HowtoImprove/default.aspx>] or a similar systematic approach

| “Boards on Board” Drivers | ✓ Board Leadership Barriers (CHECK ALL THAT APPLY) |
|---------------------------|--|
| 1. Set aims | <input type="checkbox"/> 1. “Pile it on” strategy; too many aims and priorities set |
| | <input type="checkbox"/> 2. Lack of urgency/constancy of purpose; looking for “shiny new object” |
| | <input type="checkbox"/> 3. Aims externally driven; missing internal “losing sleep” issues |
| | <input type="checkbox"/> 4. External benchmarks set around the mean |
| | <input type="checkbox"/> 5. No process for selecting and aligning aims against the triple/quadruple aim |
| | <input type="checkbox"/> 6. “Favorites” get projects resourced; no transparency to justify choices and tradeoffs |
| | <input type="checkbox"/> 7. Board fails to communicate what’s important and why; goals not made public |
| | <input type="checkbox"/> 8. Lack of will or vision of what is possible; status quo is fine |
| | <input type="checkbox"/> 9. Failure to consider multiyear targets and timelines where appropriate |
| | <input type="checkbox"/> 10. Overarching systemwide aims not set and/or achieved in multientity systems |

Excerpted from “Governance Leadership of Quality: Confronting Realities and Creating Tension for Change,” by Jim Conway (*Trustee Insights*, July 2018).

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|--|--------------------------|--|
| 2. Get data and hear stories | <input type="checkbox"/> | 11. Data and PowerPoint overload with no time for discussion |
| | <input type="checkbox"/> | 12. Patient and staff harm not discussed in the boardroom |
| | <input type="checkbox"/> | 13. Absence of guidelines on time allocated to presentations and discussion |
| | <input type="checkbox"/> | 14. Reports of the same types of errors over and over without improvement |
| | <input type="checkbox"/> | 15. Patient stories shared without discussion of impact or next steps |
| | <input type="checkbox"/> | 16. Data presented in red/yellow/green form and not data over time (run charts) |
| | <input type="checkbox"/> | 17. Same few trustee voices heard in board quality discussions |
| | <input type="checkbox"/> | 18. Lots of opportunities missed; hiding in 8-point font |
| 3. Establish and monitor system-level metrics | <input type="checkbox"/> | 19. Stretch goals avoided to stay personally "safe"; courage not visible |
| | <input type="checkbox"/> | 20. Rate-based data, acronyms, and other abbreviations not understood by all trustees |
| | <input type="checkbox"/> | 21. Gaps between bold aims and current realities are not highlighted |
| | <input type="checkbox"/> | 22. Quality domains not in balance (e.g., no focus on equity, timeliness, etc.) |
| | <input type="checkbox"/> | 23. Interconnections among clinical, financial, service, and experience outcomes ignored, leading to unintended consequences |
| | <input type="checkbox"/> | 24. No clarity that the board's focus is on quality assurance and not quality control |
| | <input type="checkbox"/> | 25. Lack of knowledge on the cost implications of current quality performance |
| | <input type="checkbox"/> | 26. Aims chosen are inpatient focused and not reflective of the organization's breadth |
| | <input type="checkbox"/> | 27. Unit variation persists unchallenged; hidden under a "big dot" that is "OK" |
| | <input type="checkbox"/> | 28. Not enough use of leading indicators; performance data is routinely old |

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|---|---|---|
| 4. Change the environment, policies, and culture | <input type="checkbox"/> | 29. "Core values light," with values not publicly verifiable every day |
| | <input type="checkbox"/> | 30. Quality isn't core to the organization values, principles, business strategy |
| | <input type="checkbox"/> | 31. Board hasn't publicly acknowledged its ultimate accountability for care quality |
| | <input type="checkbox"/> | 32. Trustees who have core competencies in quality are not sought out |
| | <input type="checkbox"/> | 33. Clinicians (M.D., R.N., etc.) have a limited role in board meetings |
| | <input type="checkbox"/> | 34. Patients and family advisers not at board quality table |
| | <input type="checkbox"/> | 35. Practices "only invented here"; little, if any, best-practice sharing or learning |
| | <input type="checkbox"/> | 36. Little recognition of, and celebration for, progress |
| | <input type="checkbox"/> | 37. Staff suffer from "projectitis" and drown under project "waterfalls" |
| | <input type="checkbox"/> | 38. Financial issues pushing quality off board agenda |
| | <input type="checkbox"/> | 39. Trustees/leaders speak about quality only when spoken to at board meetings |
| | <input type="checkbox"/> | 40. There are physicians on staff to whom you wouldn't refer family/friends |
| | <input type="checkbox"/> | 41. Credentials recommendations routinely approved by board without discussion |
| | <input type="checkbox"/> | 42. Quality is not represented at every board and committee table |
| | <input type="checkbox"/> | 43. Trustees' competencies and passions untapped |
| | <input type="checkbox"/> | 44. Board and trustees' self-assessments not conducted and/or not criteria-based |
| | <input type="checkbox"/> | 45. Trustees not helped to see what they should see |
| | <input type="checkbox"/> | 46. Board out of the loop in oversight of serious patient and staff harm |
| | <input type="checkbox"/> | 47. Leaders struggle with transparency and only positive outcomes are reported |
| <input type="checkbox"/> | 48. Board follow-up loops routinely not closed | |
| <input type="checkbox"/> | 49. Board finds it difficult to do the work with 2 to 4 board quality meetings a year | |

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|---|--------------------------|---|
| 5. Learn from others and from each other | <input type="checkbox"/> | 50. Board quality role not well understood by trustees or key stakeholders |
| | <input type="checkbox"/> | 51. No one's asking "Could it happen here?" when a serious event occurs elsewhere |
| | <input type="checkbox"/> | 52. Evaluations of board meetings are not conducted |
| | <input type="checkbox"/> | 53. Trustees never go to where the work is done (i.e., rounding in units and clinics) |
| | <input type="checkbox"/> | 54. Staff perceives trustees and leaders don't have a "clue" of work at the front line |
| | <input type="checkbox"/> | 55. No ongoing board orientation, continuing education, and/or coaching |
| | <input type="checkbox"/> | 56. Trustees not trained or assessed for knowledge about quality improvement and their role |

| | | |
|--|--------------------------|---|
| 6. Establish executive accountability | <input type="checkbox"/> | 57. Lack of clarity in governance/management roles and responsibilities |
| | <input type="checkbox"/> | 58. Lack of sustained leadership engagement over time |
| | <input type="checkbox"/> | 59. Absence of partnership among the board, chair, and CEO |
| | <input type="checkbox"/> | 60. Targets set without probing resource capacity to execute |
| | <input type="checkbox"/> | 61. Theory of work ahead unclear: What are key drivers? What is the evidence? |
| | <input type="checkbox"/> | 62. No succession planning to ensure continuous function of quality committee and board role in quality oversight |
| | <input type="checkbox"/> | 63. Trustees and leaders haunted by question: "If you knew, why didn't you do?" |

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