



Centre for Healthcare Quality
Improvement

At The Change Foundation

Mission Critical for a Quality Agenda: Boards and Senior Executives

“Could it happen here?”

2nd Annual ESC LHIN Conference

Quest for Quality

September 27, 2010

AGENDA

- How are we doing on our Quality Agenda?
And why?
- Transformational change: IHI's Leadership Leverage Point framework – getting started and then sustaining the improvements!
- The Board Quality Committee: What are six of our key fiduciary responsibilities?

How are we doing on the Quality Agenda?
And why?

Six Nation Summary Scores on Health System Performance

	AUS	CAN	GER	NZ	UK	US
Overall Ranking	3.5	5	2	3.5	1	6
Quality of Care	4	6	2.5	2.5	1	5
Right Care	5	6	3	4	2	1
Safe Care	4	5	1	3	2	6
Coordinated Care	3	6	4	2	1	5
Pt-Centred Care	3	6	2	1	4	5
Access	3	5	1	2	4	6
Efficiency	4	5	3	2	1	6
Equity	2	5	4	3	1	6
Healthy Lives	1	3	2	4.5	4.5	6
Health Expenditures per Capita	\$2,876	\$3,165	\$3,005	\$2,083	\$2,546	\$6,102

Landmark Reports:

- **2002 IOM: Crossing the Quality Chasm**
 - “Serious and widespread quality problems exist throughout [American] medicine. These problems occur in small and large communities alike, in all parts of the country, with approximately equal frequency. Very large numbers of [Americans] are harmed as a result...” Most patient injuries are due to *system failures*
- **2004 Baker and Norton, Canadian Adverse Events Study**
 - 7.5% of patients admitted to acute care hospitals in Canada experience an adverse event
 - 36.9% of these have highly preventable adverse events

Legislative and Regulatory Changes in Other Jurisdictions:

- **US Centre for Medicaid and Medicare**
 - Decision to cease paying hospitals for care made necessary by "preventable complications""Never Events".
- **Blue Cross Blue Shield in MA**
 - Linked board certification in QI to Pay for Performance (2% increase in reimbursement)
- **NJ State Legislation**
 - mandated QI board education
- **US Internal Revenue Service, General Accountability Office, Senate Finance Committee, a growing number of state legislatures, and bond rating agencies** are looking closely at governance of hospital and health systems.

Other Well-documented Facts:

Yearbook of Medical Informatics: Patient Centered Systems. Stuttgart, Germany: Schattauer Verlagsgesellschaft; 2000:65-70.

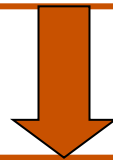
- It takes 17 years, on average, to transfer knowledge from clinical trials into practice.

Ekerstrom, Swedish Association for Local Authorities and Regions, 2008

- 60-80% of traditional improvement efforts fail

- Speaks to the strength of forces to preserve the status quo

- Speaks to the competencies senior leaders and others must acquire to carry out transformation efforts



“Every system is perfectly designed to achieve exactly the results it gets.”

Are there studies that associate Board engagement with better clinical outcomes? (2 published in 2006)

- **Lockee, Kroom, Zablocki, Bader – Governance Institute/ Solucient Top 100, 2006 :**
 - CEO held accountable for quality and safety goals
 - Board participates in development of explicit criteria to guide medical staff credentialing and privileging
 - Board Quality Committee annually reviews patient satisfaction scores
 - Board sets the board agenda for quality
 - Medical staff is involved in setting the agenda for the Board's discussion surrounding quality.
- **Vaughn, Koepke, Kroch et al, 2006:**
 - Board spends more than 25% of its time on quality issues
 - Board receives a formal quality performance measurement report
 - High level of interaction between the Board and the medical staff on quality strategy
 - Senior executive's compensation is based in part on QI performance
 - CEO is identified as the person with the greatest impact on QI, especially when identified so by the QI Executive

Another US study published in 2009 correlating Board engagement with quality & safety and better performance ...

Jiang et al, 2009

- Board establishes a Quality Committee
- Board sets strategic goals for quality improvement
- Board uses indicators of quality and safety [in decision-making]
- Board spent more than 20% of agenda time on quality and safety issues
- Performance evaluation for CEO tied to clinical improvement and patient safety

Are there any Canadian studies providing us with similar or different information?

- Limited amount of research available has been conducted in the US
- **Ross Baker et al, Healthcare Quarterly 2010** (case studies of 3 Canadian organizations and one US organization, 15 interviews):
 - Efforts to improve the quality and safety in Canada are still in early stages
 - For most of past decade, Canadian hospitals concerned with financial and access questions
 - Board composition doesn't always include individuals with knowledge of quality and safety
 - Very few boards recruit using a skills matrix
 - Most Boards receive voluminous indicators, revealing little from an information perspective
 - Organizations tend to struggle with compliance with adherence to the Carver model of governance and engaging in meaningful discussions on quality and safety

“It is ultimately the board’s responsibility to ensure that the quality of patient services provided by their [hospital] is monitored, and to ensure that it meets the standard that can reasonably be expected of the community it serves.”

Anne Corbett and Michael Baker, 2008

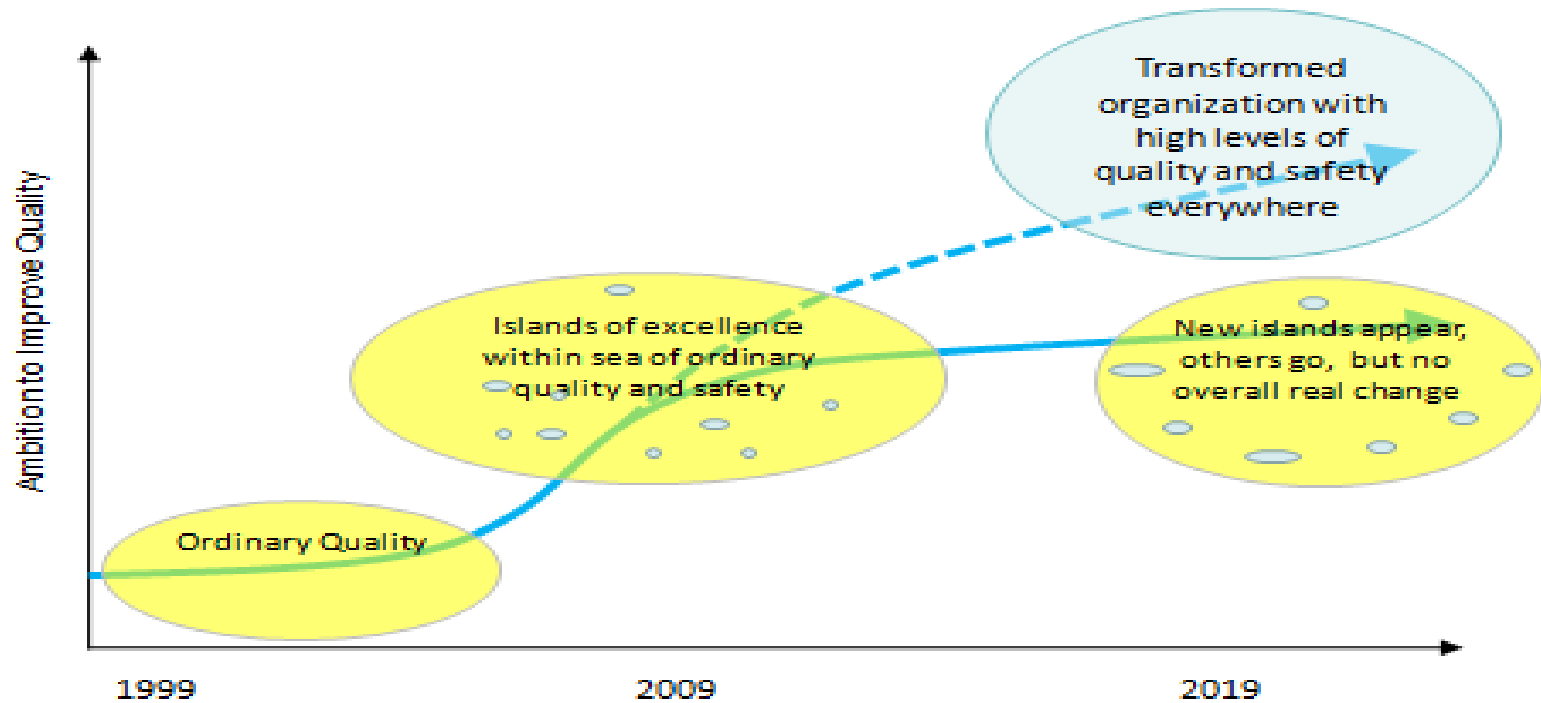
The standard for what is reasonable is getting more rigorous...

“Was the Board asking and was it listening?”

The Windsor Star, Aug 11, 2010

What has been missing
in our attempts to chase better quality and safety
over the past 15-20 years?

Today's challenge is to move from islands of excellence to transformational change....



Source: IHI

It has become painfully clear to all those working to improve quality and safety that what organizations require are not quick fixes. They require complete transformation.

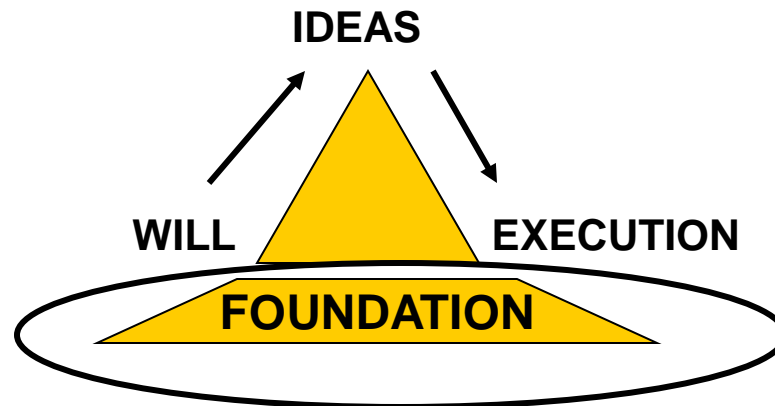
*Jim Reinertsen, Quality & Patient Safety,
Understanding the Role of the Board, OHA, 2008*

What accounts for this apparent contradiction between Will and Execution?

- We seem to be willing and able to learn...
- We seem to want to change...
- We sign up in droves to improve safety/quality...
- We seem capable of succeeding on a small scale, some of the time...

Yet...we can't seem to close the deal organization-wide or system-wide!

Those who study comparative health systems remind us that ... **CONTEXT** is everything.



Steven Lewis, 2008

Frameworks for Inspiring and Guiding Success....

G Ross Baker et al
Quality by Design
**Case studies of 5 international
high performing case systems**

Institute for Healthcare Improvement

**Seven Leadership Leverage
Points**

Don Carlow, Healthcare Quarterly, 2010

Closing the Gap between Knowledge and Practice: What Should Boards Do?

Accreditation is necessary but insufficient for closing the gap... “accreditation generally does not provide a level of rigour that can ensure a well-functioning system for quality and safety”.

Comparing the key attributes of different frameworks...

Quality by Design	7 Leadership Leverage Points	Getting Boards on Board
Strategic alignment of aims, measures and activities	Establish & oversee system level aims at highest governance level	Set a specific aim to reduce harm & commit to measurable QI
Quality as a core business strategy	Develop an executable strategy & oversee it at the highest governance level	Oversee execution of the plan
Leadership	Channel leadership attention to improvement (includes leadership & transparency)	Review progress as the 1 st agenda item at every Board meeting; use stories to put a human face to data
Meaningful measurement to support quality improvement		Monitor a small number of big dot measures that are transparent to whole organization
Engaged physicians and staff workforce	Engage physicians	
Capability for improvement	Build improvement capability	Build Board capability
Incentives and accountability	Put patients & families on the improvement team Make the CFO a Quality Champion	Commit to establish an environment that is respectful, fair and just

IHI's 7 Leadership Leverage Points:

Leverage Point 1:

Set specific system-level aims and oversee their achievement at the highest levels of governance...

- Senior leadership team has developed specific “how much, by when” aims for system-level measures of quality and safety.
- Board has adopted the aims and is overseeing their achievement using system-level measures of progress against the aim.
- Accountability for achieving the aims is clearly established in the board’s executive performance feedback system (and these accountabilities are cascaded down through the organization).

Specific aims adopted by Boards

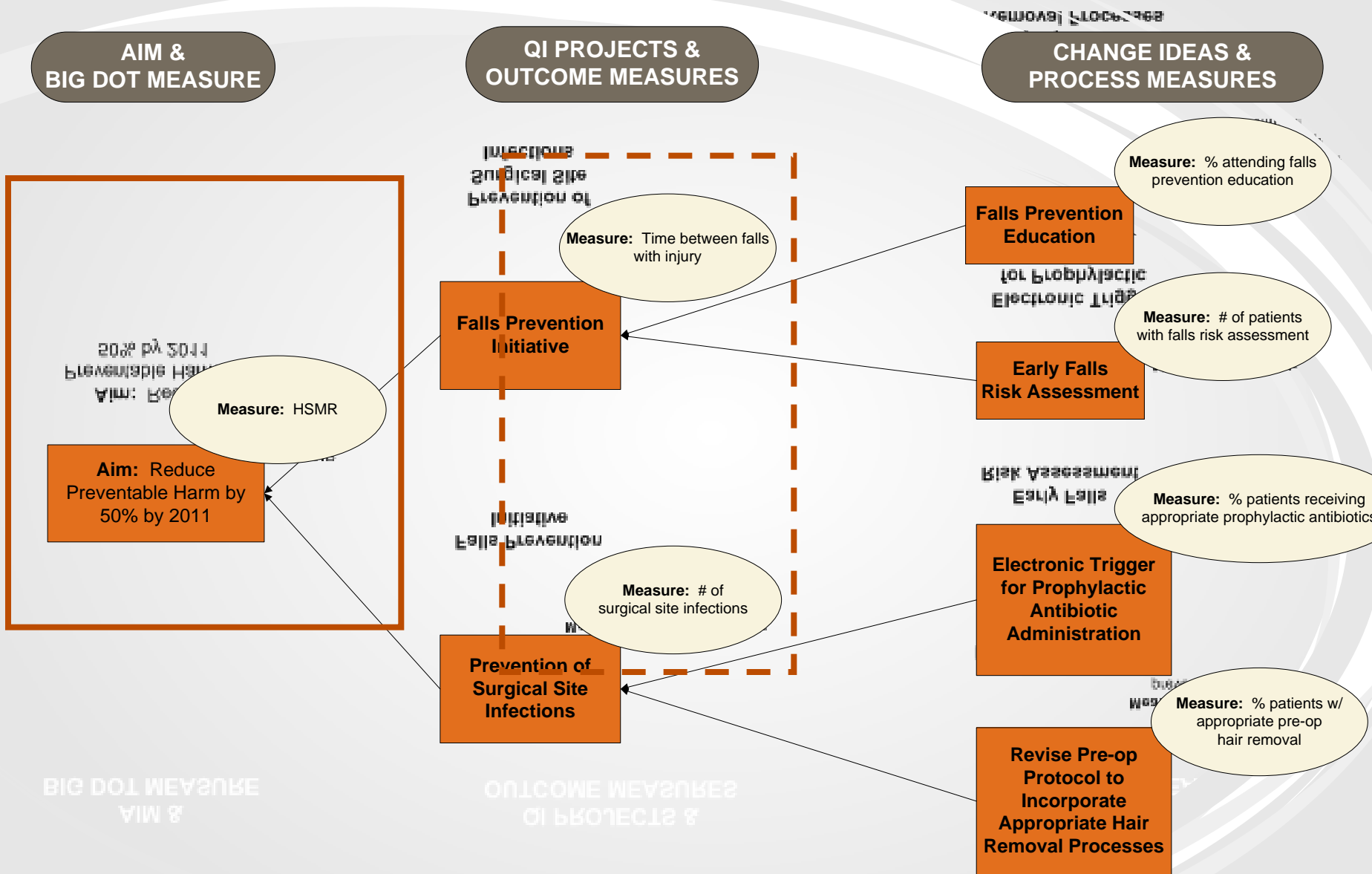
“We will achieve an 80% reduction in harm to our patients in 3 years, as measured by Serious Safety Event Rate.”

Sentara

“We will achieve a 50% reduction in hospital acquired infections within 12 months, as measured by the sum of Central Line Bloodstream Infections, Ventilator-Acquired Pneumonias, and Catheter-Associated Urinary Tract Infections.”

WellStar Health System

Sample Big Dot Aim with Related Projects and Measures



From the patient's/family's perspective...

1. *Keep me safe*

2. Heal me

3. Be nice to me

...in this order



What would your Board say are your organization's heart burn issues & how will you set your targets?

- What are you willing to **promise patients** about **safety** through your services? → Safety
- What are you willing to **promise patients** about the use of **evidence-based practice** through your service delivery? → Effectiveness
- What are you willing to **promise patients** about the **level of care and service** that will be provided? → Patient Experience
- What are you willing to **promise the community** about **access**? → Access & Flow

Leverage Point 2: Build an Executable Strategy to oversee the aims, and oversee the execution at the highest levels of administration...

- Senior leadership team has **developed a plan** to achieve aims focused on the right drivers, with the necessary **scale and pace**.
- Senior leadership team has **resourced** the projects necessary to achieve the aim with effective leaders.
- Leadership team is **steering and adjusting** both the strategy to achieve the aim and its execution, based on weekly and monthly review of measures.

Remember that 60 – 80% of projects fail due to inability to execute well!

Formal authority is just one tool, and it's often the least important. What leaders write and say, and how they allocate resources sends a powerful message throughout the organization.

*Reinertson and Shellekens
Great Boards. Bader & Associates Governance Consultants*

It is critically important to focus the organization on a small number of high level aims...

- “Stop doing” lists are more important than “to do” lists. (Good to Great, 2001)
- If you have 20 priorities, then you have no priorities!

...and then to resource them appropriately

Energy Grid – Bellin Health

Organizational Priorities across the top

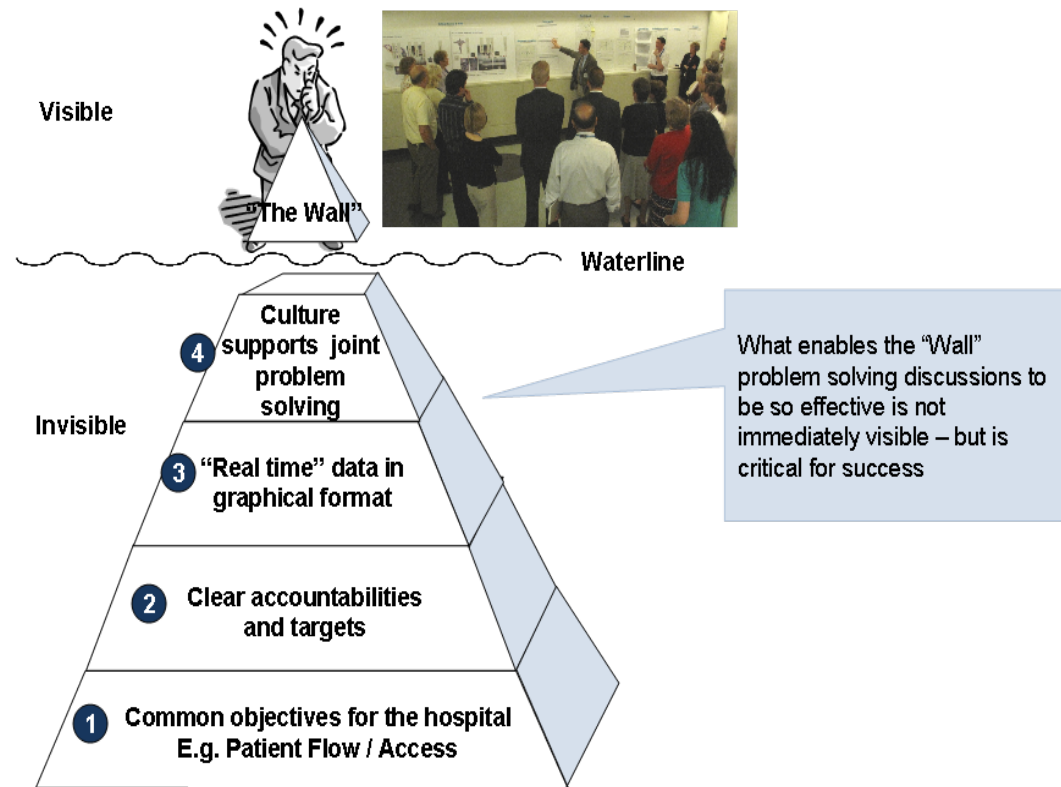
Departments		Organizational Priorities across the top																													
Departments/Division	Quality Control 1	Quality Control 2	Quality Control 3	Quality Control 4	Quality Control 5	Quality Control 6	Quality Control 7	Quality Control 8	Quality Control 9	Quality Control 10	Innovation 1	Innovation 2	Innovation 3	Innovation 4	Innovation 5	Innovation 6	Innovation 7	Innovation 8	Innovation 9	Innovation 10	Innovation 11	Innovation 12	Innovation 13	Innovation 14							
Depts/ Divisions																															

High Energy Contributions = H, Medium Energy Contribution = M, Low Energy Contributions = L

Leverage Point 3:

Channel attention to system-level aims and measures...

- Senior executives personally do **executive reviews** with key project teams working on the aims.
- Measures of progress on each project, and on the overall aims, are widely distributed throughout the organization and the community, even if you aren't proud of the measures (**transparency**).
- **Leaders are given sufficient time** to work on key projects (the work is not just added on to an already busy schedule).



Executive Review of Improvement Projects: A Primer for CEOs and other Senior Leaders

James Reinertsen
Michael Pugh
Tom Nolan

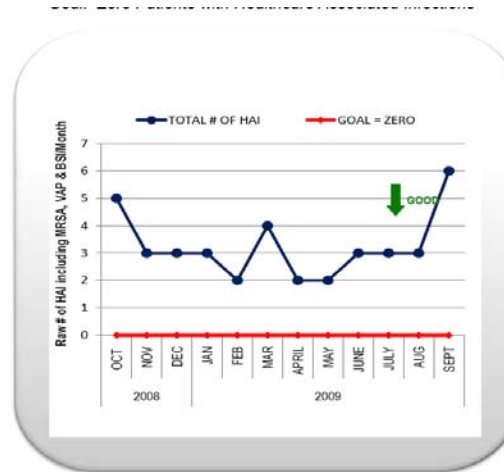
Getting more strategic about your corporate dashboard...

- Comparison Dashboard

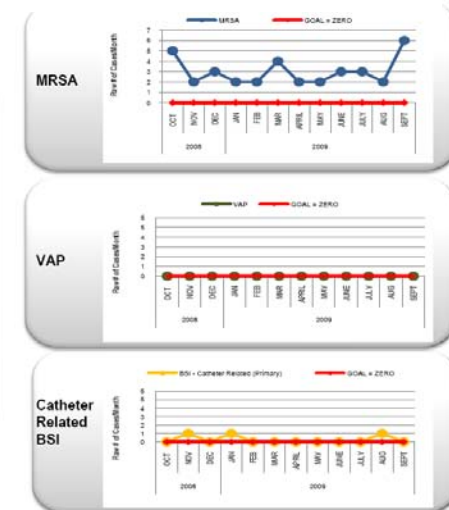
Facility	ALOS Index for Hospital	ALOS Index for Peer	Complication Rate Index for Hospital	Complication Rate Index for Peer	Mortality Rate Index for Hospital	Mortality Rate Index for Peer	Readmission Rate Index for Hospital	Readmission Rate Index for Peer
Cobb Hospital	❌ 1.06	0.90	✅ 0.63	0.64	✅ 0.83	0.66	✅ 0.92	0.91
Douglas Hospital	✅ 0.94	0.90	✅ 0.28	0.64	✅ 0.78	0.66	✅ 0.87	0.91
Kennestone Hospital	❌ 1.05	0.90	✅ 0.58	0.64	✅ 0.78	0.66	✅ 0.94	0.91
Paulding Hospital	✅ 0.86	0.90	✅ 0.10	0.64	✅ 0.58	0.66	✅ 0.65	0.91
Wellstar Health System	❌ 1.04	0.90	✅ 0.56	0.64	✅ 0.79	0.66	✅ 0.92	0.91

- Strategic Dashboard

Big Dot



Drivers



- Exception Dashboard (regulatory compliance)

4E Measurement Board

The next Release Time to Care Education Day is on Thursday February 18, 2010
 Session Focus is "Audit"

4 East Vision Statement:

To provide safe patient care in an environment committed to excellence in the workforce by empowering personal growth through harmonized team work.

Patient Safety / Reliability of Care

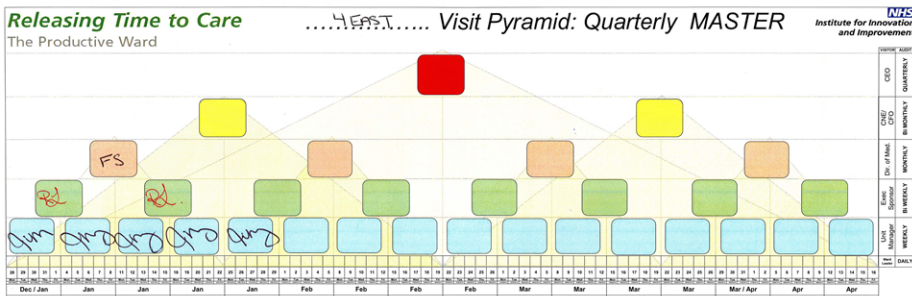
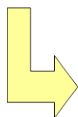


Patient Experience

Staff Well-Being

Taking a closer look at question 3 – "How well did staff on the unit keep you up-to-date about your readiness for discharge?"

Taking a closer look at question 1 – "The degree to which you have adequate data/information to determine if the care you provide meets the needs of your patients..."



Efficiency of Care



Nurse quote: "Fewer interruptions will allow me to spend more time at the bedside completing new standards of care on our unit such as risk assessments for complex discharge."

What it is all about

This measurement board is a means to introduce measurement systems which are timely, accurate and important to you. The metrics displayed are meant to allow us to understand our performance and make decisions on what to do to improve our performance. All feedback is welcome! Please share your ideas with the Releasing Time to Care© leaders K. Smith and J. Doe.

EXPECTATIONS	TECHNIQUES
<p>1. Patient, Personal and Peer Safety</p> <p><i>I will demonstrate a personal and peer (200%) commitment to safety</i></p>	<p>1. Practice peer checking & coaching using ARCC</p> <p>2. Stop and resolve in the face of uncertainty</p>
<p>2. Clear, Complete & Timely Communications</p> <p><i>I am personally responsible for professional, accurate, clear, and timely verbal and written communications.</i></p>	<p>1. Use the approved “handoff process” when transferring patient care responsibility</p> <p>2. Use SBAR to communicate patient concerns</p> <p>3. Use Repeat-Backs and Read-Backs with 1 or 2 Clarifying Questions</p> <p>4. Document legibly and accurately</p>
<p>3. Paying Attention to Detail</p> <p><i>I will attend carefully to important details.</i></p>	

ARCC = Ask a question, Request a change, voice a Concern, use Chain of Command when necessary

SBAR = Situation, Background, Assessment, Recommendation

STAR = Stop, Think, Act, Review

Data transparency: Make data meaningful by removing the denominator...

New Pressure Ulcer (Stage 2+) rate of 0.25/1000 client days

VS

3 new Pressure Ulcers (Stage 2+) last month
or
20 days since last new Stage 2+ Pressure Ulcer

Boards should be asking two types of questions about quality and safety...

- How good is our care?
 - How do we **compare** to others like us?
- Is our care **getting better**?
 - Are we on track to achieve our key quality and safety objectives?
 - If not, why not? Is the strategy wrong, or is it not being executed effectively?
 - How much variation is there among our providers? How much of a gap is there between our current and desired performance?

When using data to determine whether your care is getting better...

- Ask:
 - Are we on track to achieve our key quality and safety aims?
 - If not, why not? Is the strategy wrong or is it not being executed effectively?
- To effectively answer these questions requires:
 - A few system level measures graphically displayed over time
 - Data displayed monthly, at worst, and should be close to real time
 - Data don't need to be risk-adjusted
 - Additional measures for strategic initiatives should be available if needed to answer Board questions

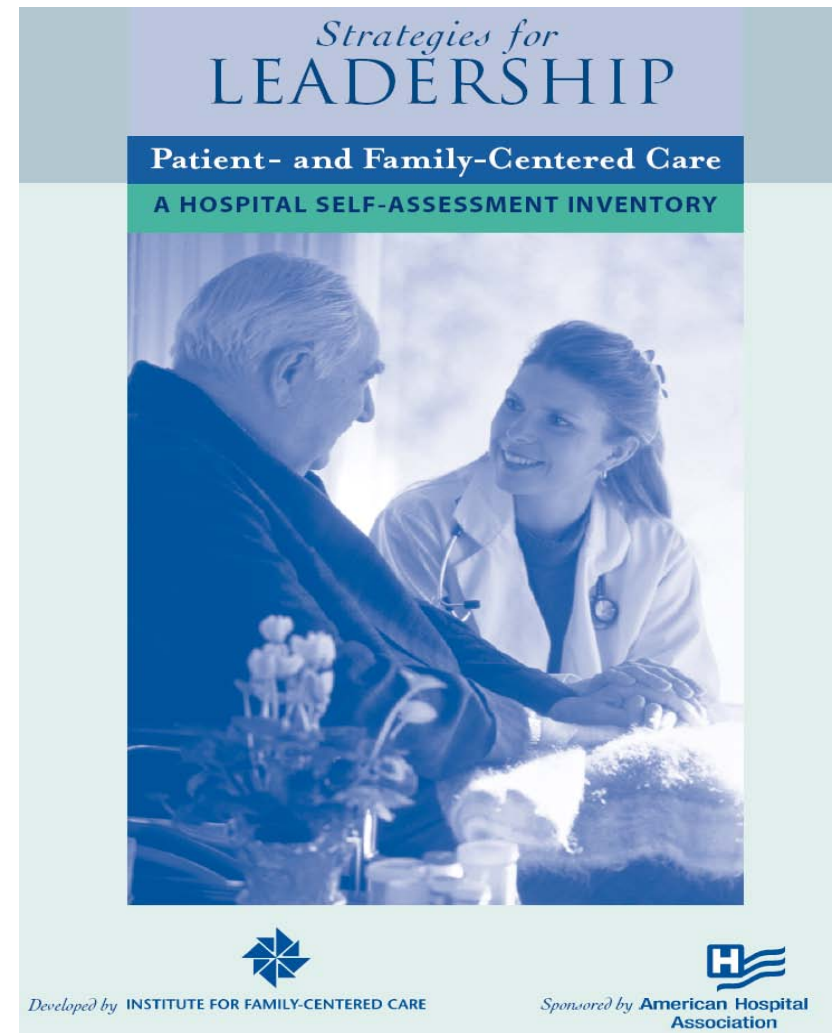
Downside of using data for comparative purposes...

- It is static (no data over time)
- Usually a time lag in getting the data
- If you look bad, energy is spent on figuring out what's wrong with the data
- If you look good, you become complacent
- How you look is determined by how others perform
- Benchmarks are full of defects (ie “the cream of the crap”)

**So.....only do this to help you set targets, perhaps annually
& compare to the best, not the 50th percentile**

Leverage Point 4: Get patients & families on your team...

- Patient stories about harm or quality issues (either in person, by videotape, or as told by front-line personnel) are part of every board meeting.
- Patients and families are deeply involved in all improvement and redesign teams.
- Some organizations include patients and families on standing committees.



44 Patients/46 Events In 2008

John B.
9/06/2008
Delay in Dx

Shirley H.
12/23/08
Post Proced Death

Florita H.
7/03/2008
Delay in Tx

Wade W.
7/16/2008
Delay in Tx

Baby Boy S.
8/1/2008
Wrong Pt. Procedure

Joseph R.
9/08/2008
Delay in Dx.

Tamika M
4/21/2008
Med Error

Andrea M.
6/24/2008
Wrong Procedure

Nancy H.
6/18/2008
Med Error

Jimmy P.
7/07/2008
Fall

Joann E.
9/23/2008
Wrong Site Surgery

Cynthia M.
10/27/2008
Med Error

Regina D.
12/9/2008
Wrong Site Surgery

Baby Girl V.
5/12/2008
Mother's Delay in Tx

Kyle W.
9/13/2008
Delay in Tx

Teodur C.
1/29/08, 2/12/2008
Delay in Tx

Alvin G.
8/17/2008
Fall

Nicole S.
1/4/2008
Delay in Dx

Margaret H.
2/6/2008
Med Error

Ursula H.
2/12/2008
Fall

Ms. L.
2/14/2008
Delay in Tx

Sandra M.
12/10/2008
Post Procedure Death

Karen G.
8/5/2008
Proced Cx/Delay in Tx

Cynthia K.
11/10/2008
Delay in Tx

Lance D.
10/30/2008
Delay in Tx

Nicole H.
8/12/2008
Post-proced Cx

Robert S.
10/13/2008
Fall

Mary D.
3/9/2008
Med Error

Baby Boy G.
3/25/2008
Med Error

Lorena W.
11/10/2008
Post Procedure Death

Priscilla W.
8/30/2008
Delay in Tx

Dale W.
10/12/2008
Med Error

Eugene B.
10/27/2008, 10/28/2008
Med Error, Fall

Kathy W.
12/16/2008
Post Proced Loss
of Function

Robert B.
12/2/2008
Post Procedure Death

Virginia L.
8/12/2008
Delay in Tx

Helene C.
9/5/2008
Fall

Lester J.
9/5/2008
Fall

Calvin P.
4/4/2008
Med Error

Gwendolyn P.
10/28/2008
Wrong Implant

Chantal E.
6/26/2008
Inapprop Touching

Gary B.
6/13/2008
Fall

Mary C.
12/19/2008
Fall

Douglas T.
10/18/2008
Med Error



23 Patients & Events – Jan-Dec,2009 vs 46 Total for 2008

Louene D.
9/23/09
Fall

Beverly S.
2/4/09
Med Error

Robert D.
5/12/09
Post Procedure Death

Karen C.
9/28/09
Delay In Treatment

Peggy P.
7/1/09
Burn

Sharenda W.
2/15/09
Med Error

Edward R.
4/23/09
Wrong Side Procedure

Brenda R.
10/14/09
Delay In Treatment

James H.
10/25/09
Post Procedure Death

Lilliam C.
4/3/09
Retained foreign object

Dorothy R.
1/28/09
Delay In Treatment

**48% Reduction SSER from Dec. 08 Baseline
50% Reduction in # of events year to year**

Donna S.
6/4/09
Retained foreign object

Monroe K.
5/18/09
Post Procedure Death

Jerry Y.
11/7/09
Fall

Yoland C.
7/7/09
Delay in Treatment

Scott G.
9/5/09
Delay in Treatment

Juanita A.
5/14/09
Delay In Treatment

Johnny B.
11/9/09
Fall

Alma M.
11/6/09
Fall

Rashandal M.
11/3/09
Delay in Treatment

Michael F.
8/20/09
Retained foreign object

Willie B.
11/5/09
Med Error

Pauline M.
11/2/09
Fall



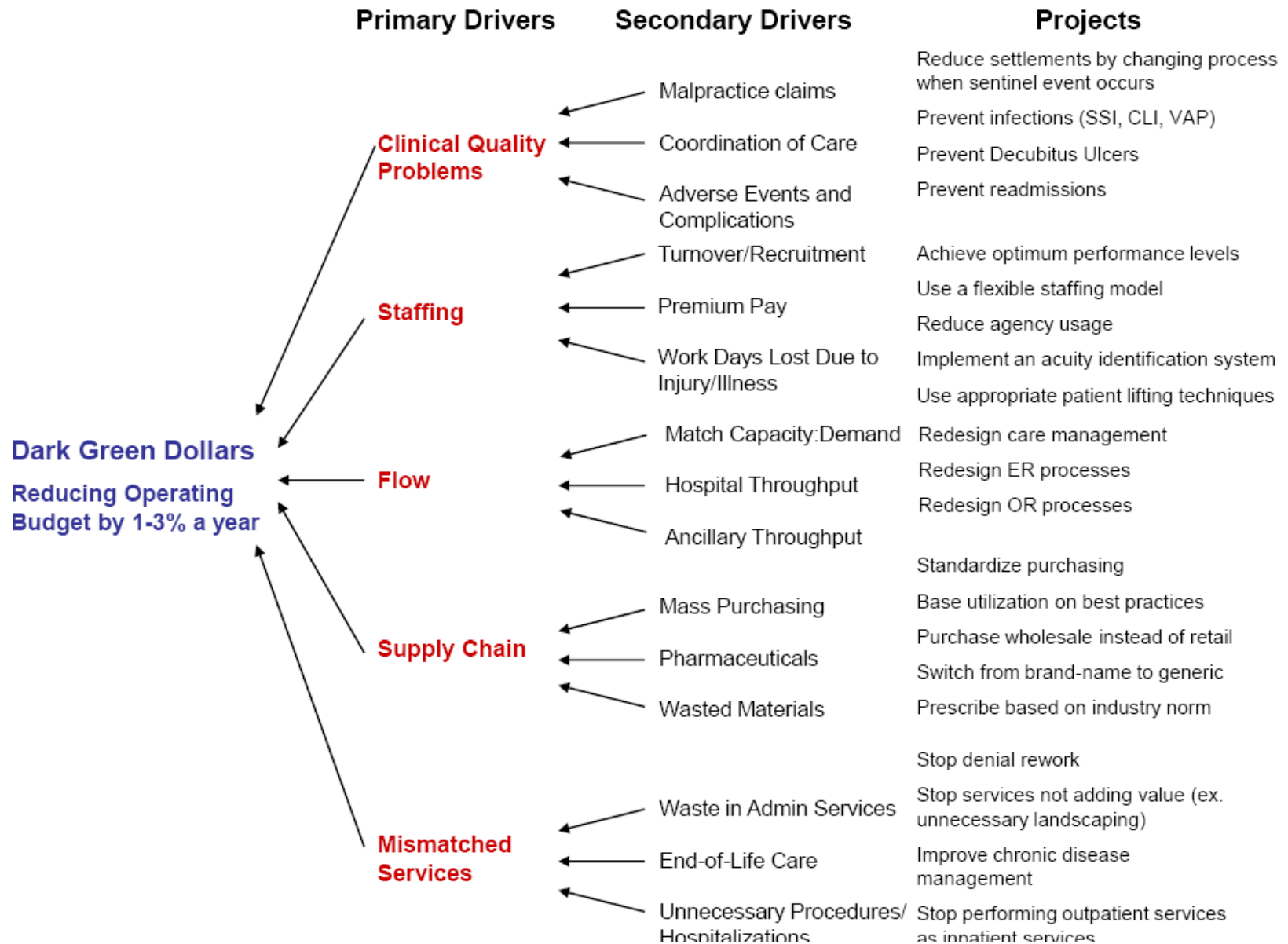
Leverage Point 5: Engage the CFO in achieving the aims...

- CFO can articulate the business case for each improvement initiative and is a primary driver of quality improvement.
- Finance representatives are integrated into improvement project teams to support the business case needs.
- When times are tough, we invest *more* in quality since it is our primary strategy for removing waste and improving efficiency.

Eliminate quality problems that arise because customers' (patients') expectations are not met (eg complications/adverse events)

Reduce costs (waste) significantly while maintaining or improving quality (eg operational efficiency/inventory/supply chain management)

Articulating ROI by identifying light and dark green dollars...



Leverage Point 6: Engage clinicians/providers in achieving the aims...

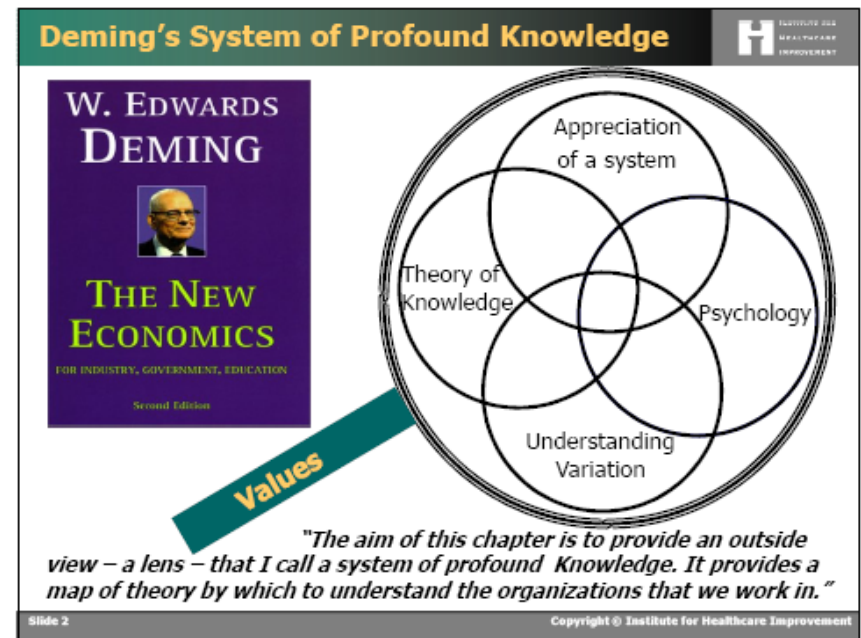
- The executive team understands **providers' intrinsic motivation** for quality (outcomes, wasted time...).
- Providers are regarded as **partners** in the delivery of care, **not as customers**. Similarly, all providers need to stop seeing their care responsibilities solely from an individual perspective, and **start appreciating their responsibility to the system**.
- It is important to **assess** those aspects of the **various cultures that will predictably thwart (or enhance)** successful engagement.
- We use quality methods that encourage provider engagement in quality rather than driving them away (**sensible use of data, make the right thing easy to do – small tests of change**).

Medical staff engagement tool correlates with hospital performance....

- Applied Research Ltd in the UK, commissioned by the NHS Institute for Innovation and Improvement, designed a **Medical Engagement Scale (MES)** to assess medical engagement in management and leadership.
- It also includes a **framework of organisational strategies to enhance medical engagement and performance.**
- Research conducted with 30 trusts in 2008, showing an **empirical link between medical staff engagement and hospital performance**; a larger follow-up study will be published soon
- **QI training for medical staff** should be as important as training for other staff

Leverage Point 7: Build the improvement capability necessary to achieve the aims... \sqrt{N} ...

- The entire senior leadership team (including CEO and senior managers) knows and uses the technical and change leadership knowledge required to achieve the aims and execute the strategies:
 - Content knowledge for each strategy
 - Model for Improvement and rapid tests of change
 - A coherent improvement strategy
 - Scale and spread
 - Reliability science
 - Flow management
 - Safety systems
- The senior leadership team can, and does, teach the technical and change leadership knowledge to others in the organization.



The line between policy governance & fiduciary responsibility for quality and safety can be fuzzy...

- Several potential avenues allow for balancing the fiduciary responsibility for quality and safety while maintaining a governance perspective:
 - The Ottawa Hospital work on “generative governance”
 - Virginia Mason’s Quality Oversight Committee reviews “red PSAs” as a means of understanding key issues and the adequacy of management’s response
- Both these approaches require considerable skill from board members and attention to “investigating processes” not people
- The Quality Committee and the Board need to start demonstrating “organizational backbone” (*Edgar Schein, Organizational Culture and Leadership, 2004*)

The Board Quality Committee:
Six charter tasks

Six charter tasks of a Board Quality Committee for consideration *(Orlikoff & Reinertsen Boardworks, The Summit Series)...*

- **Recommend annual quality and safety aims to the full Board for adoption**
 - Understand performance gaps
 - See issues through the patients' eyes
 - Determine “how good, by when, as measured by”
 - Establish a sense of urgency and will to achieve the aims
 - Frame the aim so as to engage the hearts of all
- **Oversee the achievement of the quality and safety aims**
 - Monitor performance measures and the key drivers of the measures
 - Ask hard questions of management and medical staff if performance is not on track
- **Oversee the integrity and reliability of the credentialing process**
 - Annual audit of process, not of every decision

Six charter tasks of a Board Quality Committee for consideration...

- **Oversee compliance with Quality and Safety regulatory requirements**
 - Review periodic regulatory compliance status report from management
 - Establish process for immediate notification regarding compliance issues with oversight of corrective action
- **Recommend new/improved quality & safety policies**
- **Send clear signals to management regarding desired quality and safety culture**
 - Promote courage: give back-up to staff working to implement safety policies
 - Demonstrate openness, candor and transparency
(If your lawyer isn't nervous, you probably aren't being transparent enough! – Jim Reinertson)
- **Ensure that appropriate levels of resource are available and allocated to achieve quality and safety aims and targets**

Ask hard questions – management should “sweat” the Quality Committee at least as much as the Finance Committee! (Jim Reinertson)

Changing the culture at Committee Meetings...

- Stop **death by 1,000 Power Points**: the committee should spend much longer asking questions & in discussion than listening to presentations
- Always focus discussions on **stories and data**; ask **probing questions** to understand the data
- Four stages many committees go through: *(Reinertson & Orlikoff)*
 - The data **are wrong**
 - The data **are right**, but it is **not a problem**
 - The data **are right**, but it is **not our problem**
 - The data **are right**; there **is a problem** and **we accept the burden of improvement to make it better**

Excellent Care for All Act...typical elements of a Quality Plan...

- **Inputs** (Last year's results, publicly reported indicators, accreditation, LHIN Accountability Agreement, **incident reports***, **Patient Satisfaction surveys***, **Staff Satisfaction surveys***, etc)
- **Quality vision and alignment with corporate strategy**
- **Quality Framework/Dimensions***
- High level **aims** (how much, by when?) & **big dot metrics***
- **Portfolio of initiatives, outcomes and targets (rationale for targets)***
 - executive **accountabilities, timelines (compensation tied to targets)***
- Board/executive **scorecard**
- **Strategies to execute** on the portfolio (investment in QI capability, provider engagement, decision supports, strategies to encourage just culture, etc)
- **Governance structure** to support the quality agenda

How long does it take to reach the transformation tipping point?

- Minimum of ten years of sustained effort to get measureable results across a whole system or organization...earlier results in 3-5 years
- Threshold is only reached when a number of the infrastructure elements that create the conditions that lead to better outcomes are in place for a significant period of time

“The initial investment in change goes into the balance sheet, not operating results...therefore, you need to be careful to stay the course, and not to change direction before the old direction has had time to deliver.”

*Anthony Staines, Doctoral thesis,
Universite Jean Moulin, Lyon, 2007*

Which description best fits your Board's current level of engagement in improving quality and safety?

- **Actively engaged and capable:**
 - Already leading a high-performance organization, and wondering how they can do their board work even better
- **Actively engaged:**
 - Often shows commitment through a high-profile event, but needs a much stronger foundation for continual work on improvement
- **Not fully engaged:**
 - But has strong, latent capability and talent on the board; looking to light a fire with the full board, but now sure how to proceed
- **Neither engaged nor capable:**
 - Feeling quality is just fine; don't view quality of care as the board's proper business, but rather that of the medical and executive leadership

There are no short-cuts; this is not a fad nor a passing idea. This is a strategy for entering the future...

*Strategies for Increased Efficiency and Effectiveness,
Swedish Association of Local Authorities and Regions, 2008*



Building on lessons from high performing health care systems around the world, the **Centre for Healthcare Quality Improvement at The Change Foundation (CHQI)** aims to assist organizations to achieve breakthrough results in quality outcomes in areas of provincial strategic priority. The Centre will accomplish this by working with senior health care leaders to build the case for improvement as a business strategy, by initiating and coordinating large scale improvement initiatives, and by using action-based learning to strengthen the capacity and capability for quality improvement among leaders and providers in the system.

If you have questions, please contact:

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