TAHOE FOREST HOSPITAL DISTRICT

2019-08-06 Board Quality Committee Meeting

Tuesday, August 6, 2019 at 12:00 p.m.

Eskridge Conference Room - Tahoe Forest Hospital

10121 Pine Avenue, Truckee, CA 96161

Meeting Book - 2019-08-06 Board Quality Committee Meeting

08/06/2019 Board Quality Committee

TAHOE
FOREST
HOSPITAL
DISTRICT

QUALITY COMMITTEE
AGENDA

Tuesday, August 6, 2019 at 12:00 p.m.
Eskridge Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1.   CALL TO ORDER

2.   ROLL CALL
Alyce Wong, RN, Chair; Mary Brown, Board Member

3.   CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA

4.   INPUT – AUDIENCE
This is an opportunity for members of the public to address the Committee on items which are not on the agenda. Please state your name for the record. Comments are limited to three minutes. Written comments should be submitted to the Board Clerk 24 hours prior to the meeting to allow for distribution. Under Government Code Section 54954.2 – Brown Act, the Committee cannot take action on any item not on the agenda. The Committee may choose to acknowledge the comment or, where appropriate, briefly answer a question, refer the matter to staff, or set the item for discussion at a future meeting.

5.   APPROVAL OF MINUTES OF: 02/21/2019 .... **ATTACHMENT**

6.   ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION
 6.1. Safety First
 6.2. Patient & Family Centered Care
        6.2.1. Follow up on Patient Experience Presentation
                Quality Committee will have a follow up discussion on a patient experience presentation to Medical Staff on May 9, 2019.
        6.2.2. Patient & Family Advisory Council (PFAC) Update .... **ATTACHMENT**
                An update will be provided related to the activities of the Patient and Family Advisory Council (PFAC).
 6.3. Patient Safety
        6.3.1. BETA HEART Program Progress Report .... **ATTACHMENT**
                Quality Committee will receive a progress report regarding the BETA Healthcare Group Culture of Safety program.
        6.3.2. High Reliability Organization (HRO) .... **ATTACHMENT**
                Quality Committee will receive a status report on HRO team, education and next steps.
 6.4. Website Review
        6.4.1. Medicare.gov Hospital Compare Website .... **ATTACHMENT**
                Quality Committee will review the Tahoe Forest Hospital Compare HCAHPS, structural, and outcome measures.
        6.4.2. TFHD.com Quality and Safety page .... **ATTACHMENT**
                Quality Committee will review the Quality and Safety page on Tahoe Forest Hospital District's website (tfhd.com).
 6.5. Board Quality Education

6.5.1. *Framework for Effective Board Governance of Health System Quality* (2018). Daley Ullem E, Gandhi TK, Mate K, Whittington J, Renton M, Huebner J. Boston, Massachusetts: Institute for Healthcare Improvement **..ATTACHMENT**

7. **REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS**

8. **NEXT MEETING DATE**
   The date and time of the next committee meeting, Thursday, November 14, 2019 at 9:00 a.m. will be confirmed.

9. **ADJOURN**

*Denotes material (or a portion thereof) <u>may</u> be distributed later.

Note: It is the policy of Tahoe Forest Hospital District to not discriminate in admissions, provisions of services, hiring, training and employment practices on the basis of color, national origin, sex, religion, age or disability including AIDS and related conditions.

Equal Opportunity Employer. The meeting location is accessible to people with disabilities. Every reasonable effort will be made to accommodate participation of the disabled in all of the District's public meetings. If particular accommodations for the disabled are needed (i.e., disability-related aids or other services), please contact the Executive Assistant at 582-3481 at least 24 hours in advance of the meeting.

TAHOE FOREST HOSPITAL DISTRICT

BOARD QUALITY COMMITTEE
DRAFT MINUTES

Thursday, February 21, 2019 at 10:00 a.m.
Eskridge Conference Room, Tahoe Forest Hospital
10121 Pine Avenue, Truckee, CA

1.   CALL TO ORDER
Meeting was called to order at 10:06 a.m.

2.   ROLL CALL
Board: Charles Zipkin, M.D., Chair; Alyce Wong, RN, Board Member

Staff in attendance: Harry Weis, Chief Executive Officer; Karen Baffone, Chief Nursing Officer; Dr. Shawni Coll, Chief Medical Officer; Dorothy Piper, Director of Medical Staff Services; Janet Van Gelder, Director of Quality & Regulations; Martina Rochefort, Clerk of the Board

Other: Pati Johnson, Patient Family Advisory Council member

3.   CLEAR THE AGENDA/ITEMS NOT ON THE POSTED AGENDA
No changes were made to the agenda.

4.   INPUT – AUDIENCE
No public comment was received.

5.   APPROVAL OF MINUTES OF: 08/09/2018
Director of Quality noted the minutes being approved are actually for November 6, 2018.

Director Wong moved to approve the Quality Committee minutes of November 6, 2018, seconded by Director Zipkin.

6.   ITEMS FOR COMMITTEE DISCUSSION AND/OR RECOMMENDATION
6.1. Safety First
CMO reviewed a safety first topic on icicles. Facilities will be looking at the roof lines to remove any dangerous icicles. Staff should also drive slower through the parking lots as the snow banks create limited sight around corners.

Judy Newland, Chief Operating Officer joined at 10:09 a.m.

6.2. Quality Committee Charter
Board Quality Committee Charter was approved on November 30, 2017 and is provided for reference.

Director Wong moved to accept the Quality Committee charter as presented, seconded by Director Zipkin.

6.3. Quality Assurance/Process Improvement Plan
Quality Committee reviewed the 2019 Quality Assurance/Performance Improvement Plan.

Discussion was held. There has not been much change to the content. Director of Quality updated the priorities, item B under Performance Improvement Initiatives.

Committee asked for future changes to be redlined.

Director Wong moved to accept the 2019 Quality Assurance/Performance Improvement Plan, seconded by Director Zipkin. The policy will move on to full board for approval.

6.4. Patient & Family Centered Care
6.4.1. Patient & Family Advisory Council (PFAC) Update
Pati Johnson, PFAC member, provided an update related to the activities of the Patient and Family Advisory Council (PFAC).

Patient Experience Specialist and Ms. Johnson attended a Patient and Centered Care conference on February 8 in Los Angeles. Members from Centers for Medicare were there and showed to be very engaging. The theme of the conference was engaging patients. There are better outcomes for patients and hospitals when there is patient centered care. Only two Critical Access Hospitals attended.

PFAC will set goals for the year at its next meeting. There is a lot more the PFAC could do.

PFAC received a risk report from Dawn Colvin. There was dialogue for how the PFAC can work with the risk/safety department.

CMO asked if BETA has PFAC members take the SCORE survey.

6.4.2. TFHD PFAC Video
The video highlighting the PFAC program at TFHD is available for review at: https://youtu.be/9984UvHwUFc.

6.5. Patient Safety
6.5.1. BETA HEART Program Progress Report
CMO reviewed a progress report regarding the BETA Healthcare Group Culture of Safety program. It is anticipated most items will be completed by July 2019.

Directors have been educated to the new Rapid Response event and analysis process.
Under the Communication & Transparency domain, the District is formalizing a process when event is discussed within 60 minutes. This will also be added to the code sheet.
An action plan for Care for the Caregiver will be created after meeting in February, along with talking to the advocacy committee.

Deanna Tarnow, BETA Risk Manager, will come in April to review all of this to see where we are at. Once we get surveyed from BETA, the District will receive the reduction in premiums.

6.5.2. High Reliability Organization (HRO)
CMO provided a status report on HRO education and next steps.

CMO noted the District is at the very beginning of its process. There has to be a foundation of Just

Culture. If people are not willing to disclose their errors to make this organization safer then High Reliability would not work.

Paul LeSage is the consultant assisting with this HRO training. He will present to Medical Staff to explain what HRO is and how it applies to them.

Director Zipkin observed HRO seems to always expect a disaster. CMO explained HRO evaluates the risk and harm that could occur and cost to mitigate it. If the risk will be a catastrophic event, then that is where the organization would put money into a fix.

Ms. Johnson commented it might be helpful if a PFAC member participated. COO noted High Reliability is a work in progress and the organization is taking baby steps. Ms. Johnson said it could be an aspirational goal to include a PFAC member at some point.

6.5.3. Low Volume Policy (MSCP-11)
The last time credentials were reviewed by the Board a question came up about physicians maintaining clinical competence when they do low volume cases.

The attached policy in the agenda packet does not show how it is determined.
Director Zipkin is still concerned that the number still has been determined and would like some idea how it was done. For example, gastroenterology needed to do 30 cases in 2 years to maintain competency. No gastroenterologist would agree that this number is sufficient. Director Zipkin would like to be sure we are not sacrificing quality. Policy still doesn't answer

CMO explained that the Medical Staff Office went back and looked at whitepapers, benchmarks, etc. There was no clear minimum.

6.6. TFHD Quality Website
Quality Committee reviewed the draft Tahoe Forest Hospital District (TFHD) website quality page.

Josh Fetbrandt, Quality Analyst, brought the website changes to PFAC for review.

Director Zipkin commented this is where consumerism happens. This will be very important.

Director Wong also noted content is comparable but the way users access it is important. Users have to scroll now to find details. Director Zipkin added that it is hard to find information on the website.

Director Zipkin asked why the District used the term "Person and Family Engagement." Director of Quality stated CMS uses this verbiage.

On page 34 of the packet, item PFE3 outlines a "Dedicated Person of Functional Area" and it is not clear what this means. Director of Quality noted this is a CMS metric.

Director Wong said the bigger question is does it need to be on the webpage.

CMO suggested using hyperlinks.

Director Zipkin noted on page 42 under Sepsis Care, it should read "organ failure due to sepsis" and on page 43 in the last sentence, typical symptoms of deep vein thrombosis (DVT) should be reworded.

6.7. Performance Excellence Boards
Quality Committee reviewed new performance excellence board quality metrics.

Quality Analyst who created the boards is attending a LEAN Six Sigma training in Reno today. A board was created in every department. They highlight the Strategic Plan, follow up on SCORE Survey, Patient Satisfaction scores, Gainsharing dashboard and CARE (Connect, Acknowledge, Respond, Engage) training.

Discussion was held about the effect of this information on employees.

6.8. Board Quality Education
Quality Committee reviewed the educational article listed below.
>   **6.8.1.** *California Future Health Workforce Commission (2019) Executive Summary: Meeting the Demand for Health.*

Discussion was held on the article's Priorities for Action. The District is already doing number 4. Discussion was held about training students.

7.   REVIEW FOLLOW UP ITEMS / BOARD MEETING RECOMMENDATIONS
-The overall website will go to Board at some time.
-Performance Excellence Boards should be shown to the Board.
-Clerk of the Board will send the article to the full Board.

8.   NEXT MEETING DATE
Thursday, May 9, 2019 at 9:00 a.m. was confirmed for the next Quality Meeting.

9.   ADJOURN
Meeting adjourned at 11:25 a.m.

Patient and Family Advisory Council (PFAC) Summary Report

May through July 2019

Submitted by: Lorna Tirman, RN, PhD

Patient Experience Specialist

Currently have 8 active community members and will be adding at least one new member in October 2019. The Tahoe Forest Hospital Patient and Family Advisory Council meets every month, 9 months in the year. We do not meet July, August, or December.

- Several members have shown an interest in serving in other areas of the hospital in addition to the monthly PFAC meetings. Kevin Ward volunteers in the Quality Department tracking our service recovery toolkits.

- Following PFAC strategy sessions, meetings will include:

  - Summary of patient experience feedback
  - Department presentations when they need input from PFAC on projects or initiatives
  - Review one or two patient complaint trends to give input on solutions
  - Continue to focus on improving processes and behaviors to continue to provide the *Perfect Care Experience* to our patients, families, community, and visitors
  - Considering creating sub-committees to work on other projects
  - Continue to review patient feedback and comments from patient experience surveys to help improve quality, safety, and patient experience

- PFAC provided input on Quiet Packs, supported by a Flex Grant, for inpatients to help improve patient experience and discharge planning

- Submitted article to the Pacesetter to educate employees about PFAC

- Advisory Council continues to recommend we encourage all patients to return satisfaction surveys. Scripting sent to all leaders to share with their staff to encourage patients and families to return their feedback surveys

- We continue to seek and recruit new PFAC members to represent our community.

Next PFAC Meeting September 17, 2019

Beta HEART Progress Report as of July 2019

Domain	Incentive/ Renewal Credit	% Completed	Estimated date for completion	Comments
Culture of Safety: A process for measuring safety culture and staff engagement	2%	100%	Completed May 2019	Validation completed in May 2019 resulting in 2% reduction/incentive SCORE survey year 2 completed with 83% response rate. Excellent improvement in all domains of SCOR survey for TFHD. Patient Safety officer is conducting debriefings and working with leadership team to set Year 2 goals
Rapid Event Response and analysis: A formalized process for early identification and rapid response to adverse events that includes an investigatory process that integrates human factors and systems analysis while applying Just Culture principles	2%	70%	Spring 2020	Many components in place. Need to formalize several areas including cognitive interviewing training (required by Beta); formalize process diagram for event response. Training opportunity with Beta experts planned for Winter 2019
Communication and transparency: A commitment to honest and transparent communication with patients and family members after an adverse event	2%	85%	Fall 2019	Many components in place. Revised disclosure checklist to reflect best practices. Quality team will take the lead on most major disclosures. October training for house supervisors and all leadership team is planned.
Care for the Caregiver: An organizational program that ensures support for caregivers involved in an adverse event	2%	50%	Spring 2020	Human Resources lead and Patient Safety Officer are taking the lead on formalizing process including staff training, peer supporter team, process for initiating Care for the Caregiver.
Early Resolution: A process for early resolution when harm is deemed the result of inappropriate care or medical error	2%	60%	Spring 2020	Many components in place. This domain typically is the final one to validate as it includes components from the other 4 domains. TFHD is participating as a test site for the Beta HEART dashboard, which will formalize data collection for the HEART program

1

High Reliability Organization (HRO) Update
July 25, 2019
Hilary Ward, PharmD

Reliability Management Team (RMT) has completed the following:

    a. undergone initial training and one (1) continuing education style training
    b. meeting monthly and huddling weekly
    c. created a Risk Register and managing risk across the organization
    d. focusing on learning how to recognize risk, categorize risk, and address
    e. additional trainings scheduled for the team in July and August
    f. participation has been very good and people are embracing the concepts

Initial online training for managers and supervisors will be completed by September.

HRO is a culture change process and adoption of a new perspective.

Medicare.gov | Hospital Compare
The Official U.S. Government Site for Medicare

General information

TAHOE FOREST HOSPITAL

10121 PINE AVE
TRUCKEE, CA 96161
(530) 587-6011
(4R)

Overall rating ❶: *4 out of 5 stars*
Learn more about the overall ratings

Distance ❶: 1.4 miles

General information

- Hospital type ❶: Critical Access Hospitals

- Provides emergency services ❶: Yes

- Able to receive lab results electronically ❶: Yes

- Able to track patients' lab results, tests, and referrals electronically
  between visits ❶: Yes

- Uses outpatient safe surgery checklist ❶: Yes

- Uses inpatient safe surgery checklist ❶: Not Available

Survey of patients' experiences

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(4R)

Overall rating ❶: *4 out of 5 stars*
Learn more about the overall ratings

Survey of patients' experiences

HCAHPS (Hospital Consumer Assessment of Healthcare
Providers and Systems) is a national survey that asks
patients about their experiences during a recent hospital
stay. Use the results shown here to compare hospitals
based on 10 important hospital quality topics.

Distance 🛈: 1.4 miles

Hospital type: Critical Access Hospitals
Provides emergency services: Yes

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Patient survey summary star rating. More stars are better. Learn more	*4 out of 5 stars*		
Patients who reported that their nurses "Always" communicated well	84%	76%	81%
Patients who reported that their doctors "Always" communicated well	86%	77%	81%
Patients who reported that they "Always" received help as soon as they wanted	79%	64%	70%
Patients who reported that staff "Always" explained about medicines before giving it to them	73%	63%	66%
Patients who reported that their room and bathroom were "Always" clean	82%	72%	75%

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Patients who reported that the area around their room was "Always" quiet at night	70%	51%	62%
Patients who reported that YES, they were given information about what to do during their recovery at home	89%	85%	87%
Patients who "Strongly Agree" they understood their care when they left the hospital	60%	49%	53%
Patients who gave their hospital a rating of 9 or 10 on a scale from 0 (lowest) to 10 (highest)	85%	69%	73%
Patients who reported YES, they would definitely recommend the hospital	85%	70%	72%

Timely & effective care

TAHOE FOREST HOSPITAL

10121 PINE AVE
TRUCKEE, CA 96161
(530) 587-6011

(4R)

Overall rating ℹ️: *4 out of 5 stars*
Learn more about the overall ratings

Distance ℹ️: 1.4 miles

Hospital type: Critical Access Hospitals

Timely & effective care

These measures show how often or how quickly hospitals provide care that research shows gets the best results for patients with certain conditions. This information can help you compare which hospitals give recommended care most often as part of the overall care they provide to patients.

Provides emergency services: Yes

▼ Sepsis care

Sepsis is a complication that occurs when your body has an extreme response to an infection. It causes damage to organs in the body and can be life-threatening if not treated. Sepsis can sometimes turn into septic shock, which has a higher risk of death. Identifying sepsis early and starting appropriate care quickly increase the chances of survival.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Percentage of patients who received appropriate care for severe sepsis and septic shock *Higher percentages are better*	82%[2]	59%	55%

▼ Cataract surgery outcome

Cataracts affect your vision and are very common in older people. Cataracts can make your vision blurry and can impact your ability to see at night. The purpose of cataract surgery is to improve visual function and the quality of life for people with cataracts.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Percentage of patients who had cataract surgery and had improvement in visual function within 90 days following the surgery *Higher percentages are better*	Not Available[5]	99%	95%

▼ **Colonoscopy follow-up**

A colonoscopy is one test doctors can use to find precancerous polyps (abnormal growths) or colorectal cancer. Scientific evidence shows that the following measures represent best practices for follow-up colonoscopies.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Percentage of patients receiving appropriate recommendation for follow-up screening colonoscopy *Higher percentages are better*	Not Available[5]	85%[26]	88%[26]
Percentage of patients with history of polyps receiving follow-up colonoscopy in the appropriate timeframe *Higher percentages are better*	Not Available[5]	78%[26]	90%[26]

▼ **Heart attack care**

An acute myocardial infarction (AMI) or heart attack happens when one of the heart's arteries becomes blocked and the supply of blood and oxygen to part of the heart muscle is slowed or stopped. When the heart muscle doesn't get the oxygen and nutrients it needs, the affected heart tissue may die.

▼ Timely heart attack care

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Average (median) number of minutes before outpatients with chest pain or possible heart attack who needed specialized care were transferred to another hospital *A **lower** number of minutes is better*	Not Available[1,3]	70 Minutes[25,26]	64 Minutes[25,26]
Average (median) number of minutes before outpatients with chest pain or possible heart attack got an ECG *A **lower** number of minutes is better*	13 Minutes	9 Minutes[25,26]	8 Minutes[25,26]
Outpatients with chest pain or possible heart attack who got drugs to break up blood clots within 30 minutes of arrival ***Higher** percentages are better*	Not Available[1,3]	53%[25,26]	58%[25,26]

Hospital Compare data are reported using the median only. However, the median is often referred to as the 'average' on the Hospital Compare website to allow for ease of understanding.

▼ Emergency department care

Timely and effective care in hospital emergency departments is essential for good patient outcomes. Delays before getting care in the emergency department can reduce the quality of care and increase risks and discomfort for patients with serious illnesses or injuries. Waiting times at different hospitals can vary widely, depending on the number of patients seen, staffing levels, efficiency, admitting procedures, or the availability of inpatient beds.

The information below shows how quickly the hospitals you selected treat patients who come to the hospital emergency department, compared to the average for all hospitals in the U. S.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

▼ **Timely emergency department care**

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Percentage of patients who left the emergency department before being seen *Lower percentages are better*	0%	2%	2%
Percentage of patients who came to the emergency department with stroke symptoms who received brain scan results within 45 minutes of arrival *Higher percentages are better*	Not Available[1]	72%[25]	72%[25]
Emergency department volume	Low	Not Available	Not Available

Volume legend (patients annually): Low: 0 - 19,999 Medium: 20,000 - 39,999 High: 40,000 - 59,999 Very High: 60,000+		TAHOE FOREST HOSPITAL
Average (median) time patients spent in the emergency department, before they were admitted to the hospital as an inpatient *A lower number of minutes is better*		266 Minutes[2]

	TAHOE FOREST HOSPITAL
Volume legend (patients annually): Low: 0 - 19,999 Medium: 20,000 - 39,999 High: 40,000 - 59,999 Very High: 60,000+	
	Other Low volume hospitals: Nation: 208 Minutes[25,26] California: 289 Minutes[25,26]
Average (median) time patients spent in the emergency department, after the doctor decided to admit them as an inpatient before leaving the emergency department for their inpatient room *A **lower** number of minutes is better*	132 Minutes[2]
	Other Low volume hospitals: Nation: 55 Minutes[25,26] California: 110 Minutes[25,26]
Average (median) time patients spent in the emergency department before leaving from the visit *A **lower** number of minutes is better*	116 Minutes
	Other Low volume hospitals: Nation: 111 Minutes[25,26] California: 130 Minutes[25,26]

Hospital Compare data are reported using the median only. However, the median is often referred to as the 'average' on the Hospital Compare website to allow for ease of understanding.

▼ Preventive care

Hospitals and health care providers play a crucial role in promoting, providing and educating patients about preventive services and screenings and maintaining the health of their communities. Many diseases are preventable through immunizations, screenings, treatment, and lifestyle changes. The information below shows how well the hospitals you selected are providing preventive services.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Patients assessed and given influenza vaccination *Higher percentages are better*	97%[2]	93%[25,26]	93%[25,26]
Healthcare workers given influenza vaccination **Higher** *percentages are better*	84%	84%	89%

▼ Cancer care

External Beam Radiation Therapy (EBRT) uses high doses of radiation to destroy cancer cells and shrink tumors. It is commonly used in patients with cancer that has spread to the bone as a method to control pain with few side effects. Evidence has shown that short-term radiation treatment can have similar pain relief outcomes to long course treatment. The measure below shows how often patients receive the recommended EBRT radiation treatment.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Percentage of patients receiving appropriate radiation therapy for cancer that has spread to the bone **Higher** *percentages are better*	Not Available[5]	83%[26]	86%[26]

▼ Blood clot prevention

Because hospital patients often have to stay in bed for long periods of time, any patient who is admitted to the hospital is at increased risk of developing a blood clot in the veins (known as venous thromboembolism). Blood clots can break off and travel to other parts of the body and cause serious problems, even death. Fortunately, there are safe, effective, and proven procedures to prevent blood clots or to treat them when they occur.

The measures listed below show how well hospitals are providing recommended care known to prevent blood clots and how often blood clots occur that could have been prevented.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

▼ Blood clot prevention

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Patients who developed a blood clot while in the hospital who *didn't* get treatment that could have prevented it *Lower percentages are better*	Not Available[1,2]	3%[25,26]	3%[25,26]

▼ Pregnancy & delivery care

By providing care to pregnant women that follows best practices, hospitals and doctors can improve chances for a safe delivery and a healthy baby.

This measure shows the percentage of pregnant women who had elective deliveries 1-3 weeks early (either vaginally or by C-section) whose early deliveries weren't medically necessary. Higher numbers may indicate that hospitals aren't doing enough to discourage this unsafe practice.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Percent of mothers whose deliveries were scheduled too early (1-2 weeks early), when a scheduled delivery wasn't medically necessary *Lower* percentages are better	Not Available[1,2,3]	2%[26]	2%[26]

▼ Use of medical imaging

These outpatient imaging efficiency measures give you information about hospitals' use of medical imaging tests (like mammograms, MRIs, and CT scans) for outpatients based on the following goals:

- Protecting patients' safety (like keeping patients' exposure to radiation and other risks as low as possible);
- Following up properly when screening tests like mammograms show a possible problem; and,
- Avoiding the risk, stress, and cost of doing imaging tests that patients may not need.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Outpatients with low-back pain who had an MRI without trying recommended treatments (like physical therapy) first (If a number is high, it may mean the facility is doing too many unnecessary MRIs for low-back pain.)	48.5%	39.5%	38.7%

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Outpatients who had a follow-up mammogram, breast ultrasound, or breast MRI within the 45 days after a screening mammogram (A follow-up rate near 0% may indicate missed cancer; a rate higher than 14% may mean there is unnecessary follow-up.)	5.1%	8.8%	8.9%
Outpatient CT scans of the abdomen that were "combination" (double) scans (If a number is high, it may mean that too many patients have a double scan when a single scan is all they need.)	5.6%	8.4%	6.9%
Outpatient CT scans of the chest that were "combination" (double) scans (if a number is high, it may mean that too many patients have a double scan when a single scan is all they need) *Lower percentages are better*	0.5%	1.8%	1.4%
Outpatients who got cardiac imaging stress tests before low-risk outpatient surgery (If a number is high, it may mean that too many cardiac scans were done prior to low-risk surgeries.)	1.6%	4.6%	4.7%

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Outpatients with brain CT scans who got a sinus CT scan at the same time (If a number is high, it may mean that too many patients have both a brain and sinus scan, when a single scan is all they need.)	0%	1%	1.2%

Complications & deaths

TAHOE FOREST HOSPITAL

10121 PINE AVE
TRUCKEE, CA 96161
(530) 587-6011

(4R)

Overall rating ❶ : *4 out of 5 stars*
Learn more about the overall ratings

Distance ❶ : 1.4 miles

Hospital type: Critical Access Hospitals
Provides emergency services: Yes

Complications & deaths

Patients who are admitted to the hospital for treatment of medical problems sometimes get other serious injuries, complications, or conditions, and may even die. Some patients may experience problems soon after they are discharged and need to be admitted to the hospital again. These events can often be prevented if hospitals follow best practices for treating patients.

▼ **Surgical complications**

This section shows serious complications that patients with Original Medicare experienced during a hospital stay or after having certain inpatient surgical procedures. These complications can often be prevented if hospitals follow procedures based on best practices and scientific evidence.

Find out why these measures are important.

Get more information about the hip/knee data.

Get more information about the PSI data.

Get the current data collection period.

View all patient safety indicators for Veterans Health Administration (VHA) hospitals.

	TAHOE FOREST HOSPITAL	NATIONAL RESULT
Rate of complications for hip/knee replacement patients	No Different Than the National Rate	2.5%
Serious complications (From PSI ⓘ)	Not Available[13]	1.00
Deaths among patients with serious treatable complications after surgery (From PSI ⓘ)	Not Available[13]	163.01

▼ Infections

Healthcare-associated infections, or HAIs, are infections that people get while they're getting treatment for another condition in a healthcare setting. HAIs can occur in all settings of care, including acute care hospitals, long term acute care hospitals, rehabilitation facilities, surgical centers, cancer hospitals, and skilled nursing facilities. Many of these infections can be prevented through the use of proper procedures and precautions. Below, different HAIs for each hospital are compared to the U.S. benchmark.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL
Central line-associated bloodstream infections (CLABSI) in ICUs and select wards	Not Available[13]
Catheter-associated urinary tract infections (CAUTI) in ICUs and select wards	Not Available[13]
Surgical site infections (SSI) from colon surgery	Not Available[13]
Surgical site infections (SSI) from abdominal hysterectomy	Not Available[13]

	TAHOE FOREST HOSPITAL
Methicillin-resistant *Staphylococcus Aureus* **(MRSA) blood infections**	Not Available[13]
Clostridium difficile **(C.diff.) intestinal infections**	No Different than National Benchmark

▼ 30-day death rates

Death rates show how often patients die, for any reason, within 30 days of admission to a hospital.

For more information, click on the links below:

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	NATIONAL RESULT
Death rate for COPD patients	No Different Than the National Rate	8.5%
Death rate for heart attack patients	Number of Cases Too Small[1]	12.9%
Death rate for heart failure patients	No Different Than the National Rate	11.5%
Death rate for pneumonia patients	No Different Than the National Rate	15.6%
Death rate for stroke patients	Number of Cases Too Small[1]	13.8%
Death rate for CABG surgery patients	Not Available[5]	3.1%

Unplanned hospital visits

TAHOE FOREST HOSPITAL

10121 PINE AVE
TRUCKEE, CA 96161
(530) 587-6011
(4R)

Overall rating 🛈: *4 out of 5 stars*
Learn more about the overall ratings

Distance 🛈: 1.4 miles

Hospital type: Critical Access Hospitals
Provides emergency services: Yes

Unplanned hospital visits

Returning to the hospital for unplanned care disrupts patients' lives, increases their risk of harmful events like healthcare-associated infections, and costs more money. Hospitals that give high quality care can keep patients from returning to the hospital and reduce their stay if they have to come back.

Three types of measures report on unplanned hospital visits:

1. Rates of readmission show the percentage of patients who return to the hospital for an unplanned inpatient admission after leaving the hospital.

2. Rates of hospital visits show the percentage of patients who visit the hospital or other care settings after an outpatient procedure.

3. Hospital return days add up the days the patient was in an inpatient hospital unit, under observation, or in an emergency department for unplanned care.

Watch the video below for more information on these measures.
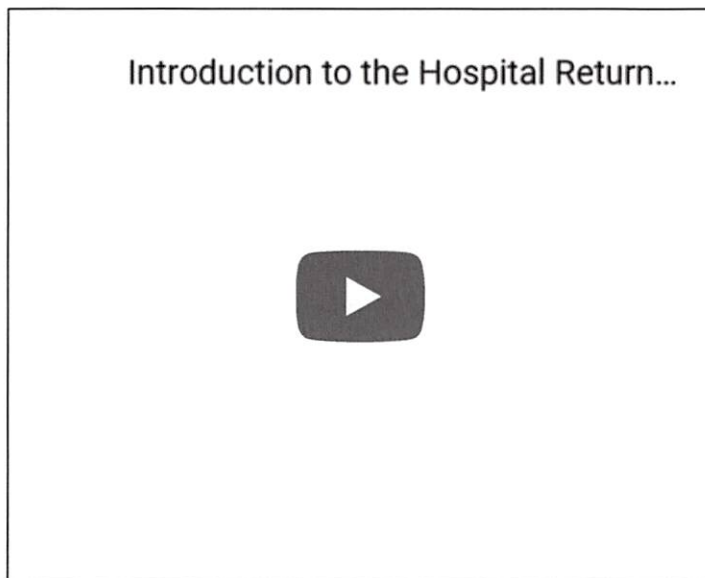
Introduction to the Hospital Return...

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

▼ **Unplanned readmissions & hospital return days by medical condition**

▼ **Chronic obstructive pulmonary disease (COPD)**

For more information, click on the links below:

	TAHOE FOREST HOSPITAL	NATIONAL RATE
Rate of readmission for chronic obstructive pulmonary disease (COPD) patients	No Different Than the National Rate	19.5%

▼ **Heart attack**

For more information, click on the links below:

	TAHOE FOREST HOSPITAL	NATIONAL RATE
Rate of readmission for heart attack patients	Number of Cases Too Small[1]	15.7%
Hospital return days for heart attack patients	Number of Cases Too Small[1]	Not Available[5]

▼ **Heart failure**

For more information, click on the links below:

	TAHOE FOREST HOSPITAL	NATIONAL RATE
Rate of readmission for heart failure patients	No Different Than the National Rate	21.6%
Hospital return days for heart failure patients	Average Days per 100 Discharges	Not Available[5]

▼ **Pneumonia**

For more information, click on the links below:

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	NATIONAL RATE
Rate of readmission for pneumonia patients	No Different Than the National Rate	16.6%
Hospital return days for pneumonia patients	Average Days per 100 Discharges	Not Available[5]

▼ **Unplanned readmission and hospital visits by procedure**

▼ **Coronary artery bypass graft (CABG)**

For more information, click on the links below:

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	NATIONAL RATE

	TAHOE FOREST HOSPITAL	NATIONAL RATE
Rate of readmission for coronary artery bypass graft (CABG) surgery patients	Not Available[5]	12.8%

▼ **Hip/knee replacement**

For more information, click on the links below:

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	NATIONAL RATE
Rate of readmission after hip/knee replacement	No Different Than the National Rate	4%

▼ **Colonoscopy**

Colonoscopy is a common procedure performed at outpatient facilities. Given the widespread use of colonoscopy, understanding and minimizing complications is a high priority. When providers follow the recommended preparation and follow-up care guidelines, the risk for an unplanned hospital visit following the procedure is reduced.

For more information, click on the links below:

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	NATIONAL RATE
Rate of unplanned hospital visits after an outpatient colonoscopy	Not Available[5]	14.8

▼ **Unplanned readmission**

For more information, click on the links below:

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	NATIONAL RATE
Rate of readmission after discharge from hospital (hospital-wide)	No Different Than the National Rate	15.3%

Psychiatric unit services

TAHOE FOREST HOSPITAL

10121 PINE AVE
TRUCKEE, CA 96161
(530) 587-6011

(4R)

Overall rating ⓘ: *4 out of 5 stars*
Learn more about the overall ratings

Distance ⓘ: 1.4 miles

Hospital type: Critical Access Hospitals
Provides emergency services: Yes

Psychiatric unit services

These quality measures show how often or how quickly inpatient psychiatric facilities give recommended treatments and services known to get the best results for people with mental health conditions, substance abuse, and other health conditions. Some measures also describe whether these facilities have certain processes and procedures in place. This information can help you compare the quality of care inpatient psychiatric facilities provide to patients. Note that an N/A will be displayed where a hospital doesn't have an inpatient psychiatric unit. An N/A is also used to indicate the hospital doesn't have psychiatric measure data to report.

- Learn why these measures are important.
- Get more information about the data.
- Get the current data collection period.

▼ Preventative care and screening

Hospitals and health care providers play a crucial role in promoting, providing and educating patients about preventive services and screenings and maintaining the health of their communities. Many diseases are preventable through immunizations, screenings, treatment, and lifestyle changes. The information below shows how well hospitals you selected are providing preventive services.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Patients discharged on antipsychotic medications who had body mass index, blood pressure, blood sugar, and cholesterol level screenings in the past year *Higher percentages are better*	Not Available[5]	68%	65%
Patients who were screened for alcohol abuse within the first day of their inpatient stay using a validated screening questionnaire *Higher percentages are better*	Not Available[5]	88%	92%
Patients who were screened for tobacco use within the first day of their inpatient stay *Higher percentages are better*	Not Available[5]	96%	96%
Patients assessed and given influenza vaccination *Higher percentages are better*	Not Available[5]	79%	82%
Healthcare workers given influenza vaccination *Higher percentages are better*	Not Available[5]	82%	82%

▼

Substance use treatment

There is evidence that screening and counselling can reduce alcohol, drug, and tobacco use for adults and pregnant women. A hospital stay provides a chance to address unhealthy alcohol, drug, or tobacco use.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Patients with alcohol abuse who received or refused a brief intervention during their inpatient stay *Higher percentages are better*	Not Available[5]	72%	79%
Patients with alcohol abuse who received a brief intervention during their inpatient stay *Higher percentages are better*	Not Available[5]	66%	72%
Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received or refused a prescription for medications to treat their alcohol or drug use disorder OR (2) received or refused a referral for addiction treatment *Higher percentages are better*	Not Available[5]	59%	65%

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Patients who screened positive for an alcohol or drug use disorder during their inpatient stay who, at discharge, either: (1) received a prescription for medications to treat their alcohol or drug use disorder OR (2) received a referral for addiction treatment *Higher percentages are better*	Not Available[5]	50%	54%
Patients who use tobacco and who received or refused counseling to quit AND received or refused medications to help them quit tobacco or had a reason for not receiving medication during their hospital stay *Higher percentages are better*	Not Available[5]	72%	80%
Patients who use tobacco and who received counseling to quit AND received medications to help them quit tobacco or had a reason for not receiving medication during their hospital stay *Higher percentages are better*	Not Available[5]	38%	45%

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Patients who use tobacco and at discharge (1) received or refused a referral for outpatient counseling AND (2) received or refused a prescription for medications to help them quit or had a reason for not receiving medication *Higher percentages are better*	Not Available[5]	45%	54%
Patients who use tobacco and at discharge (1) received a referral for outpatient counseling AND (2) received a prescription for medications to help them quit or had a reason for not receiving medication *Higher percentages are better*	Not Available[5]	11%	15%

▼ Patient safety

Mental health providers that value and respect an individual's independence and safety try to avoid using dangerous or restrictive methods of treatment, like physical restraints or seclusion. Instead of putting patients in physical restraints or seclusion, providers may try to identify patients at-risk of violence or aggression early to prevent dangerous incidents. These measures are reported as rates per 1,000 patient hours.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Hours that patients spent in physical restraints for every 1,000 hours of patient care *Lower rates are better*	Not Available[5]	0.29	0.36

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Hours that patients spent in seclusion for every 1,000 hours of patient care *Lower rates are better*	Not Available[5]	0.17	0.23

▼ Patient experience of care

This measure shows whether an inpatient psychiatric facility regularly asks patients about their health care experiences

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Asks patients about their healthcare experiences	Not Available[5]	73%	78%

▼ Facility use of technology

Electronic health records (EHRs) are safe, confidential records kept on a computer about your health care or treatments. If your providers use EHRs, they can join a network to securely share your records with each other.

Use of EHR

Inpatient psychiatric facilities coordinate medical care using certified EHR technology, non-certified EHR technology, or paper. Certified EHRs must meet certain standards in order to securely and privately share information with other health care providers.

The table below shows the type of health records system the inpatient psychiatric facility typically uses to store and communicate patient information. The state and nation columns show the percentage of facilities that use certified EHR technology.

Use of a health information service provider

A health information service provider (HISP) is an organization that securely shares health information between health care providers, including hospitals and physicians.

The table below shows whether an inpatient psychiatric facility uses a HISP to share patients' health information with other healthcare providers at times of transitions in care. The state and nation columns show the percentage of facilities that report 'Yes' for using a health information service provider to share patient information during care transitions.

	TAHOE FOREST HOSPITAL	CALIFORNIA	NATIONAL

	TAHOE FOREST HOSPITAL	CALIFORNIA	NATIONAL
Type of system the facility typically uses to record and share patients' health information with other healthcare providers	Not Available[5]	45%	42%
Uses a health information service provider to securely share patients' health information with other healthcare providers at times of transitions in care	Not Available[5]	41%	39%

▼ Follow up care

Patients can experience gaps in their health care and in communication between their providers after leaving an inpatient facility. There are several ways that hospitals can improve patient follow-up care and communication. These measures provide information about how well hospitals coordinate medical care and support patients as they move from one medical setting to another.

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Patients discharged from an inpatient psychiatric facility who received (or whose caregiver received) a complete record of inpatient psychiatric care and plans for follow-up *Higher percentages are better*	Not Available[5]	55%	50%

	TAHOE FOREST HOSPITAL	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Patients whose follow-up care provider received a complete record of their inpatient psychiatric care and plans for follow-up within 24 hours of discharge *Higher percentages are better*	Not Available[5]	49%	45%
Patients discharged from an inpatient psychiatric facility on two or more antipsychotic medications (medications to prevent individuals from experiencing hallucinations, delusions, extreme mood swings, or other issues), and whose multiple prescriptions were clinically appropriate *Higher percentages are better*	Not Available[5]	70%	66%
Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 30 days of discharge *Higher percentages are better*	Not Available[5]	46.9%	52.7%
Patients hospitalized for mental illness who received follow-up care from an outpatient mental healthcare provider within 7 days of discharge *Higher percentages are better*	Not Available[5]	29.8%	30.6%

▼ **Unplanned readmission**

Returning to the hospital for unplanned care can increase the risk of infections, and cost more money. Providing high quality hospital care can prevent patients from returning, and reduce their stay if they have to come back. The measure below shows the percentage of patients who return to the hospital for an unplanned inpatient admission after leaving.

The table below shows the number of inpatient psychiatric facilities in each readmission rate category across the nation and th

	TAHOE FOREST HOSPITAL	NATIONAL RATE
Patients readmitted to any hospital within 30 days of discharge from the inpatient psychiatric facility *Lower percentages are better*	Not Available[5]	20.1%

Out of 1692 inpatient psychiatric facilities in the United States →	**109** inpatient psychiatric facilities were better than national rate	**1325** inpatient psychiatric facilities were no different than national rate	**177** inpatient psychiatric facilities were worse than national rate
	81 inpatient psychiatric facilities did not have enough cases to reliably tell how well they are performing		
Out of 95 inpatient psychiatric facilities in California →	**4** inpatient psychiatric facilities were better than national rate	**70** inpatient psychiatric facilities were no different than national rate	**17** inpatient psychiatric facilities were worse than national rate
	4 inpatient psychiatric facilities in California did not have enough cases to reliably tell how well they are performing		

Note: This table only includes hospitals that have inpatient psychiatric facilities and have data to report.

Payment & value of care

Payment & value of care

TAHOE FOREST HOSPITAL

10121 PINE AVE
TRUCKEE, CA 96161
(530) 587-6011
(4R)

Overall rating ❶: *4 out of 5 stars*
Learn more about the overall ratings

Distance ❶: 1.4 miles

Hospital type: Critical Access Hospitals

Provides emergency services: Yes

▼ Medicare Spending Per Beneficiary

The Medicare Spending Per Beneficiary (MSPB or "Medicare hospital spending per patient") measure shows whether Medicare spends more, less, or about the same on an episode of care for a Medicare patient treated in a specific inpatient hospital compared to how much Medicare spends on an episode of care across all inpatient hospitals nationally. This measure includes all Medicare Part A and Part B payments made for services provided to a patient during an episode of care, which includes the 3 days prior to the hospital stay, the inpatient hospital stay, and the 30 days after discharge from the hospital.

The MSPB measure score is a ratio calculated by dividing the amount Medicare spent per patient for an episode of care initiated at this hospital by the median (or middle) amount Medicare spent per episode of care nationally. A lower ratio means that Medicare spent less per patient.

A ratio equal to the national average means that Medicare spends ABOUT THE SAME per patient for an episode of care initiated at this hospital as it does per episode of care across all inpatient hospitals nationally.

A ratio that is more than the national average means that Medicare spends MORE per patient for an episode of care initiated at this hospital than it does per episode of care across all inpatient hospitals nationally.

A ratio that is less than the national average means that Medicare spends LESS per patient for an episode of care initiated at this hospital than it does per episode of care across all inpatient hospitals nationally.

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL RATIO	CALIFORNIA AVERAGE	NATIONAL AVERAGE
Medicare spending per beneficiary (displayed in ratio)	Not Available[5]	0.99	0.99

▼ Payment

The payment for heart attack, heart failure, and pneumonia measures add up all payments made for care starting the day the patient enters the hospital and continuing for the next 30 days. The payment for hip/knee replacement measure adds up payments starting the day the patient enters the hospital and continuing for the next 90 days. This can include payments made to the hospital, doctor's office, skilled nursing facility, hospice, as well as patient copayments made during this time. Payments can be from Medicare, other health insurers, or the patients themselves. Looking at how payments vary is one way to see differences in how hospitals and other healthcare providers care for patients.

▼ **Payment for heart attack patients**

- Find out why these measures are important.
- Get more information about payment data and mortality data.
- Get the current data collection periods.

	TAHOE FOREST HOSPITAL	"NATIONAL AVERAGE PAYMENT"
Payment for heart attack patients	Number of Cases Too Small[1]	$24,627

▼ **Payment for heart failure patients**

Find out why these measures are important.

Get more information about payment data and mortality data.

Get the current data collection periods.

	TAHOE FOREST HOSPITAL	"NATIONAL AVERAGE PAYMENT"
Payment for heart failure patients	No Different Than the National Average Payment	$17,217

▼ **Payment for hip/knee replacement patients**

For more information, click on the links below:

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	"NATIONAL AVERAGE PAYMENT"

	TAHOE FOREST HOSPITAL	"NATIONAL AVERAGE PAYMENT"
Payment for hip/knee replacement patients	Less Than the National Average Payment	$21,392

▼ **Payment for pneumonia patients**

For more information, click on the links below:

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL	"NATIONAL AVERAGE PAYMENT"
Payment for pneumonia patients	Less Than the National Average Payment	$17,858

▼ **Value of care**

Looking at payment measures together with quality-of-care measures (such as death rates or complication rates) allows you to compare the value of care between hospitals.

The payment measures add up the payments for care starting the day the patient enters the hospital and continuing for the next 30 or 90 days. For example, this can include payments to the hospital, doctor's office, skilled nursing facility, hospice, as well as patient copayments made during this time. The quality measures below look at death rates (in the first 30 days after patients are hospitalized) or complication rates (in the first 90 days after patients are hospitalized). This includes deaths for any reason (not just from a heart attack, heart failure, or pneumonia), or complications that are defined by a set of specific events and timeframes.

▼ **Value of care for heart attack patients**

Find out why these measures are important.

Get more information about payment data and mortality data.

Get the current data collection periods.

	TAHOE FOREST HOSPITAL
Death rate for heart attack patients	Number of Cases Too Small[1]
Payment for heart attack patients	Number of Cases Too Small[1]

The national death rate for heart attack patients for this reporting period was **12.9%**.

The national average payment for heart attack patients for this reporting period was **$24,627**.

▼ **Value of care for heart failure patients**

Find out why these measures are important.

Get more information about payment data and mortality data.

Get the current data collection periods.

	TAHOE FOREST HOSPITAL
Death rate for heart failure patients	No Different Than the National Rate
Payment for heart failure patients	No Different Than the National Average Payment

The national death rate for heart failure patients for this reporting period was **11.5%**.

The national average payment for heart failure patients for this reporting period was **$17,217**.

▼ **Value of care for hip/knee replacement patients**

Find out why these measures are important.

Get more information about the data.

Get the current data collection period.

	TAHOE FOREST HOSPITAL
Rate of complications for hip/knee replacement patients	No Different Than the National Rate

	TAHOE FOREST HOSPITAL
Payment for hip/knee replacement patients	Less Than the National Average Payment

The national complication rate for hip/knee patients for this reporting period was **2.5%**.

The national average payment for hip/knee replacement patients for this reporting period was **$21,392**.

▼ **Value of care for pneumonia patients**

Find out why these measures are important.

Get more information about payment data and mortality data.

Get the current data collection periods.

	TAHOE FOREST HOSPITAL
Death rate for pneumonia patients	No Different Than the National Rate
Payment for pneumonia patients	Less Than the National Average Payment

The national death rate for pneumonia patients for this reporting period was **15.6%**.

The national average payment for pneumonia patients for this reporting period was **$17,858**.

Footnotes

Footnote number	Footnote as displayed on Hospital Compare
1	The number of cases/patients is too few to report.
2	Data submitted were based on a sample of cases/patients.
3	Results are based on a shorter time period than required.
4	Data suppressed by CMS for one or more quarters.
5	Results are not available for this reporting period.
6	Fewer than 100 patients completed the HCAHPS survey. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.
7	No cases met the criteria for this measure.

Footnote number	Footnote as displayed on Hospital Compare
8	The lower limit of the confidence interval cannot be calculated if the number of observed infections equals zero.
9	No data are available from the state/territory for this reporting period.
10	Very few patients were eligible for the HCAHPS survey. The scores shown reflect fewer than 50 completed surveys. Use these scores with caution, as the number of surveys may be too low to reliably assess hospital performance.
11	There were discrepancies in the data collection process.
12	This measure does not apply to this hospital for this reporting period.
13	Results cannot be calculated for this reporting period.
14	The results for this state are combined with nearby states to protect confidentiality.
15	The number of cases/patients is too few to report a star rating.
16	There are too few measures or measure groups reported to calculate a star rating or measure group score.
17	This hospital's star rating only includes data reported on inpatient services.
18	This result is not based on performance data; the hospital did not submit data and did not submit an HAI exemption form.
19	Data are shown only for hospitals that participate in the Inpatient Quality Reporting (IQR) and Outpatient Quality Reporting (OQR) programs.
20	State and national averages do not include VHA hospital data.
21	Patient survey results for VHA hospitals do not represent official HCAHPS results and are not included in state and national averages.
22	Overall star ratings are not calculated for Veterans Health Administration (VHA) or Department of Defense (DoD) hospitals.
23	The data are based on claims that the hospital or facility submitted to CMS. The hospital or facility has reported discrepancies in their claims data.
24	Results for this Veterans Health Administration (VHA) hospital are combined with those from the VHA administrative parent hospital that manages all points of service.
25	State and national averages include Veterans Health Administration (VHA) hospital data.
26	State and national averages include Department of Defense (DoD) hospital data.
27	Patient survey results for Department of Defense (DoD) hospitals do not represent official HCAHPS results and are not included in state and national averages.
*	For Maryland hospitals, no data are available to calculate a PSI 90 measure result; therefore, no performance decile or points are assigned for Domain 1 and the Total HAC score is dependent on the Domain 2 score.
**	This value was calculated using data reported by the hospital in compliance with the requirements outlined for this program and does not take into account information that became available at a later date.

Quality and Safety
Quality and Safety Defined

We know you have choices when it comes to your healthcare. And when you choose us, we promise to offer the highest quality care and best experience from the moment you walk in the door. This commitment to you, the communities we serve, is what sets us apart from the rest.

"It's great seeing a health care provider that makes you feel like [they] have time for you."

Meeting Your Needs through Safe, Timely, Effective, Efficient, Equitable Patient-Centered Care (STEEEP)

We have adopted the Institute of Medicine's 'STEEEP' framework to deliver quality and patient safety within our hospital district. This means that we are focused on providing the following:

Safe – Your safety comes first
Timely – Care will be delivered in the most-timely manner possible
Effective – Care will be based on the best science available
Efficient – Care will avoid waste of money, time and resources
Equitable – Access to care will be provided in an equitable manner
Patient-Centered – Patients will participate fully in care decisions

"Top notch staff and facility from the front desk, physicians, IV Unit, Radiology, to support. You've set the standard for care and treatment. P.S. YOU SAVED MY LIFE! Thanks are not enough!"

Star Rating

The Centers for Medicare and Medicaid Services (CMS) rate facilities on their ability to provide great care with a great patient experience, and it is our goal to make sure you receive both. With the highest rating awarded being 5 Stars, we are pleased to tell you we are typically rated 4 or 5 Stars in patient satisfaction.

Visit Hospital Compare to see Tahoe Forest Hospital's performance **here** and Incline Village Community Hospital's performance **here**.

Patient Satisfaction

HCAHPS (pronounced "H-caps") stands for the Hospital Consumer Assessment of Healthcare Providers and Systems and defines a core set of patient satisfaction metrics that complement the quality data hospitals collect to support improvements. HCAHPS is the national standard for collecting and publicly reporting information about a patient's experience of care, and allows for valid comparisons to be made across hospitals locally, regionally and nationally.

Tahoe Forest Hospital District is proud to announce that we consistently exceed state and national averages in all categories of patient satisfaction.

Data source is December 2018 Press Ganey data. Reporting period is 01/01/2018 – 12/31/2018.
In this context, higher values demonstrate better performance.

Read more about our overall patient experience.

Tahoe Forest Hospital Surpasses Hospitals Locally and Nationally in All HCAHPS Categories
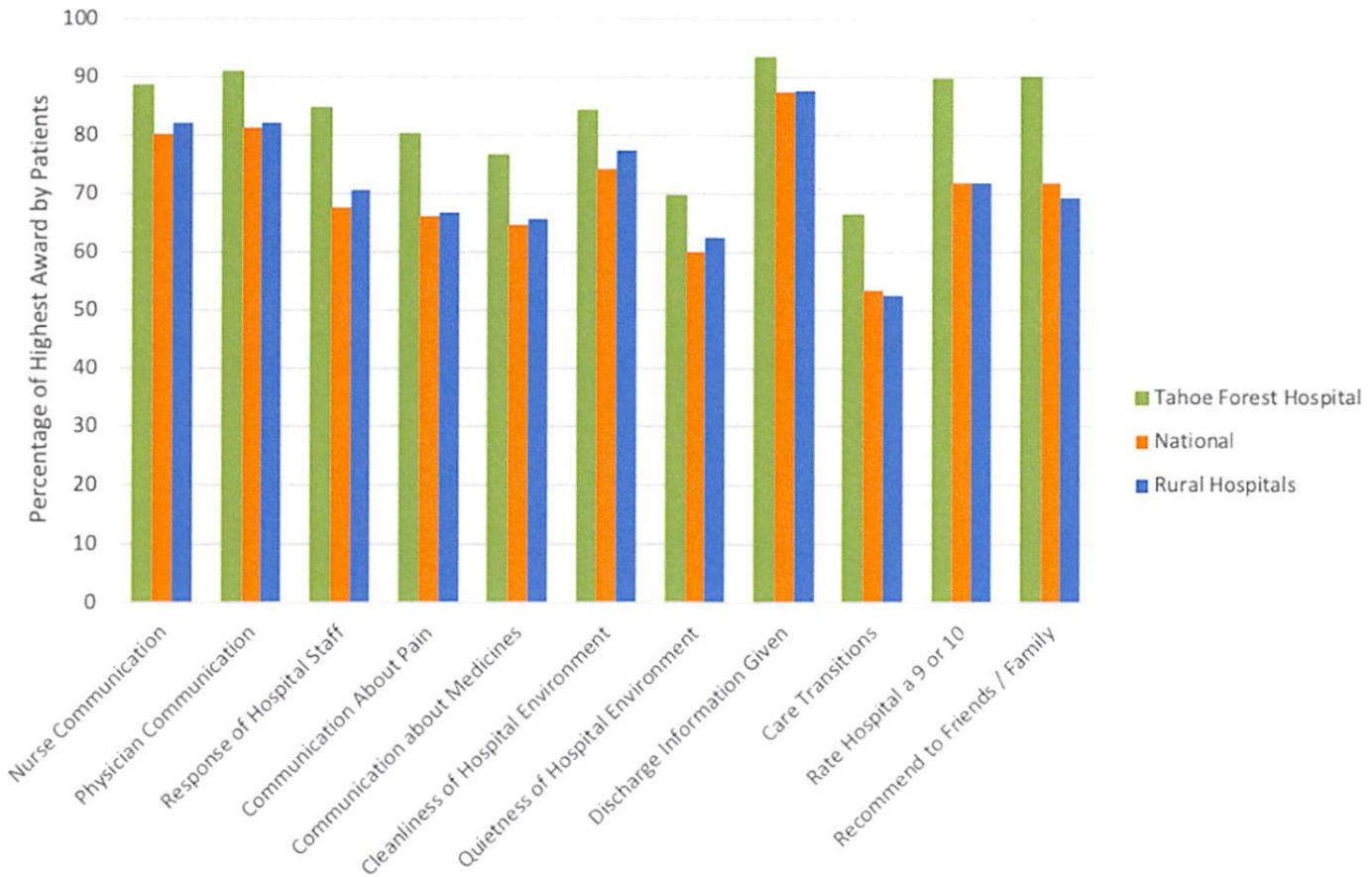
Patient Family Advisory Council

Our health system values the perspectives of our patients, families, and communities. As part of our commitment to provide every patient and family with the best experience possible, we have a Patient and Family Advisory Council (PFAC) made up of community volunteers that meets regularly to discuss hospital based operations and how to better serve our community.

If you would like to serve on our Patient and Family Advisory Council, or know of anyone else that may be interested, we would appreciate speaking with you to discuss the important work that this Council does to improve the services at Tahoe Forest Hospital District. You can contact our Patient Experience Specialist at (530) 582-6567.

"I was amazed how caring and knowledgeable my care provider was...I felt like she listened well and understood what my symptoms were and how to best treat them."

Surgical Site Infections

At both Tahoe Forest Hospital and Incline Village Community Hospital, hospital-acquired infections (HAI) are rare because of our focus on infection prevention. All caregivers and support staff are trained in infection prevention, early identification, and various control practices. Additionally, our infection control and prevention standards are evidence-based and endorsed by the Centers for Disease Control and Prevention (CDC), the Association for Professionals in Infection Control (APIC), and local and state health agencies. Together, these efforts contribute to desirable patient outcomes. We spend time and effort on these practices because infection prevention is a key factor to help our patients recover quickly and stay healthy.

Surgical Site Infection (SSI) Rate

**Learn more about how Tahoe Forest Hospital District measures up.**

If you have questions about HAI, feel free to reach out and talk with our Infection Preventionist at (530) 582-8231.

"Great service from the entire staff – everyone was very helpful and attentive!"

C-Section Rates

A Caesarean section (C-section) is a type of surgery used to deliver a baby as an alternative to a vaginal delivery. During a C-section, anesthesia is administered so the patient will not feel pain. The doctor makes an incision in the mother's belly and removes the baby from her uterus. About one in three babies in the United States is born through cesarean delivery.


Primary C-Section Rates
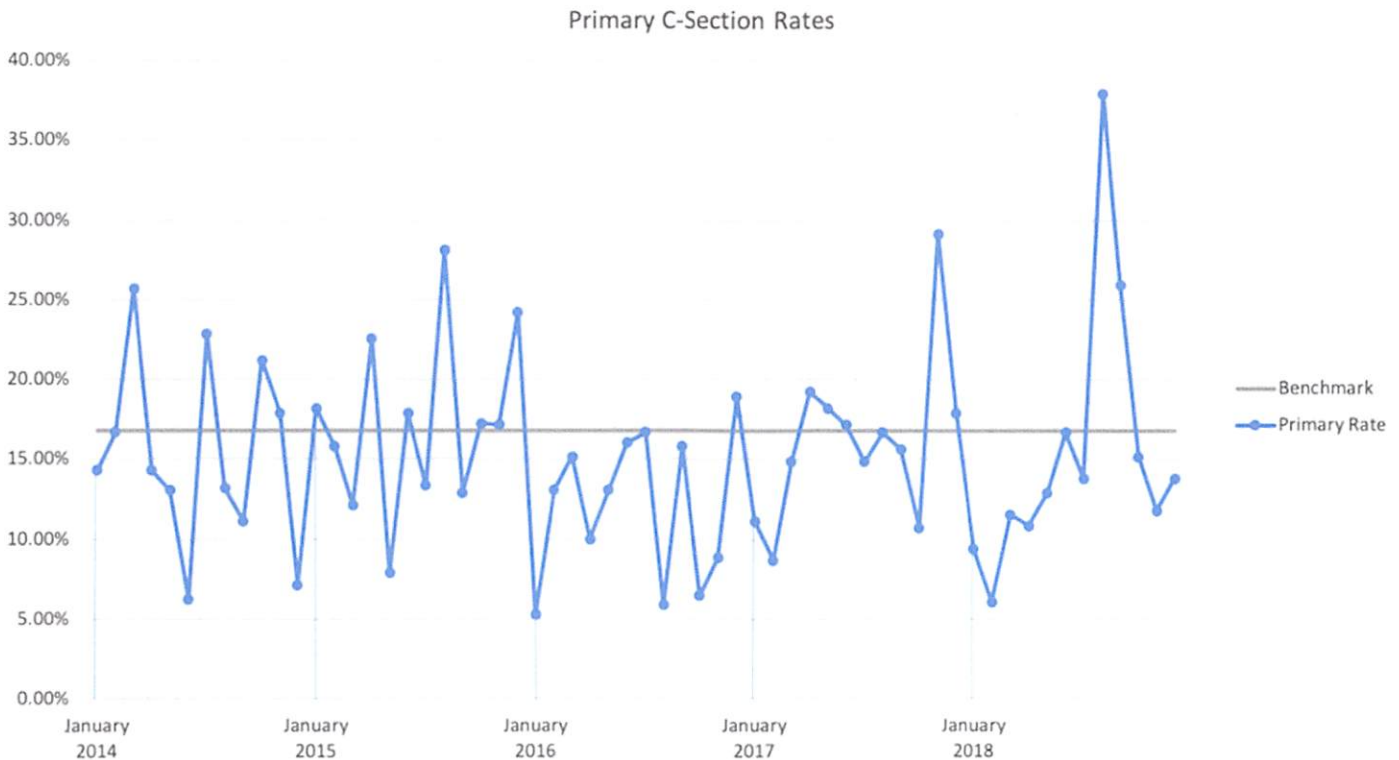
Data source is internal C-Section data from 01/01/2014 – 12/31/2018.
The Benchmark of 16.80% is provided from the California Maternal Data Center and represents the cut-off for the top 25% of California Hospitals.
In this situation, lower values demonstrate better performance.

Emergency Department Waiting Time

On average, the Tahoe Forest Hospital Emergency Department treats approximately 15,000 patients annually and is committed to providing a medical screening exam as quickly as possible upon arrival. Our staff has maintained an average time from arrival to being seen by a physician to 17 minutes for every patient – well below the national average of 19 minutes. The wait times vary data to day, but we are proud of our consistently low wait times in the ED.

Median number of minutes it takes for you to see a doctor in our Emergency Department
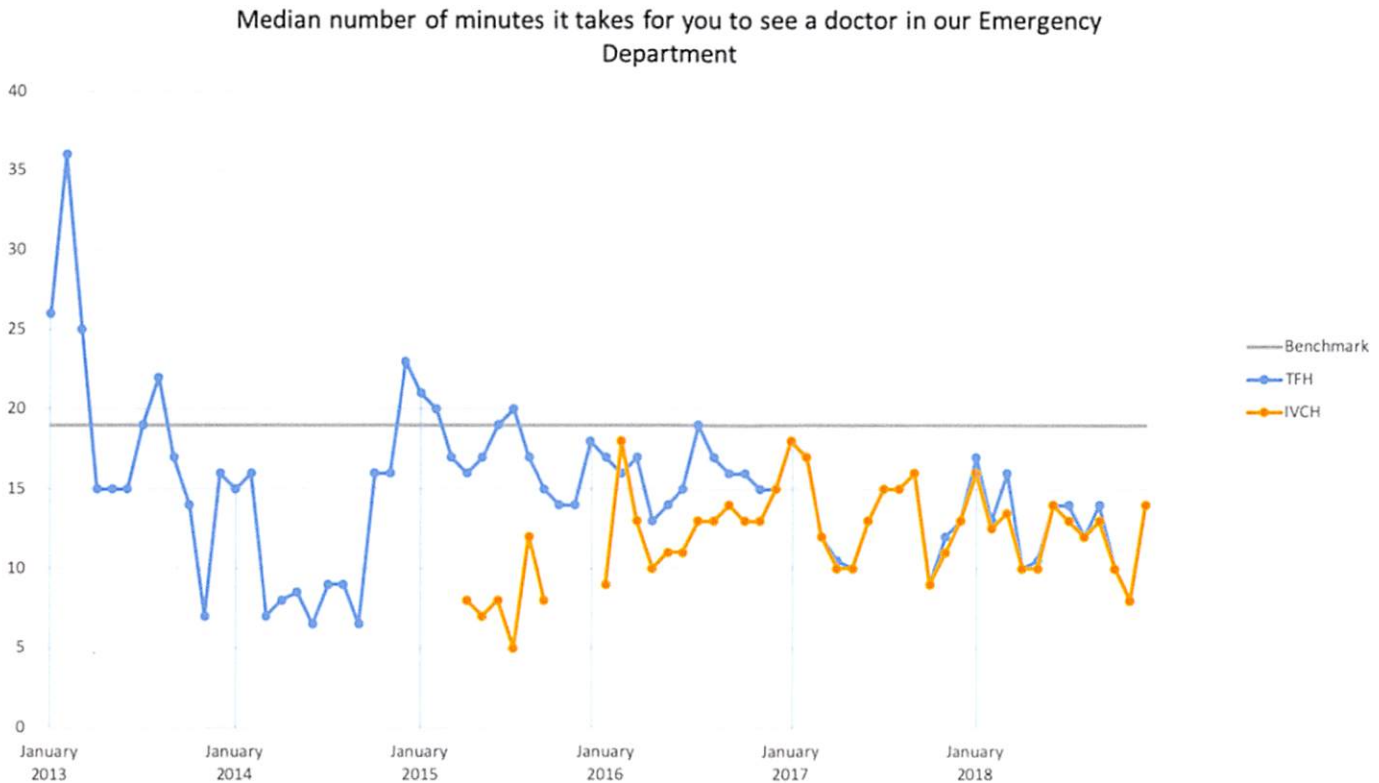
Data source is Quantros Required Reporting Manager from 01/01/2013 – 11/30/2018. Benchmark data of 19 minutes is the Low Volume National Benchmark from the January 2018 Hospital Compare Preview Report.
*In this context, lower values demonstrate better performance.*

Sepsis Care

Sepsis is your body's life-threatening response to an infection due to organ failure, and is the leading cause of death in patients with infection around the world (Source: Infection Prevention and Control at a Glance, Wiley 2017). It is estimated that 1.6 million people are diagnosed with sepsis each year in the US alone, and approximately 258,000 of these people will die of sepsis; this makes sepsis the leading cause of death in US hospitals (Source: sepsis.org).

While any infection can eventually lead to sepsis, this dangerous progression of an infection is usually easy to treat if it is detected early, and at Tahoe Forest Hospital District, that is exactly what we strive to do. Our staff has been trained to identify the risk factors for sepsis and how to treat once identified.

Read more about sepsis **here(http://www.sepsis.org/)**.

Appropriate Treatment of Sepsis
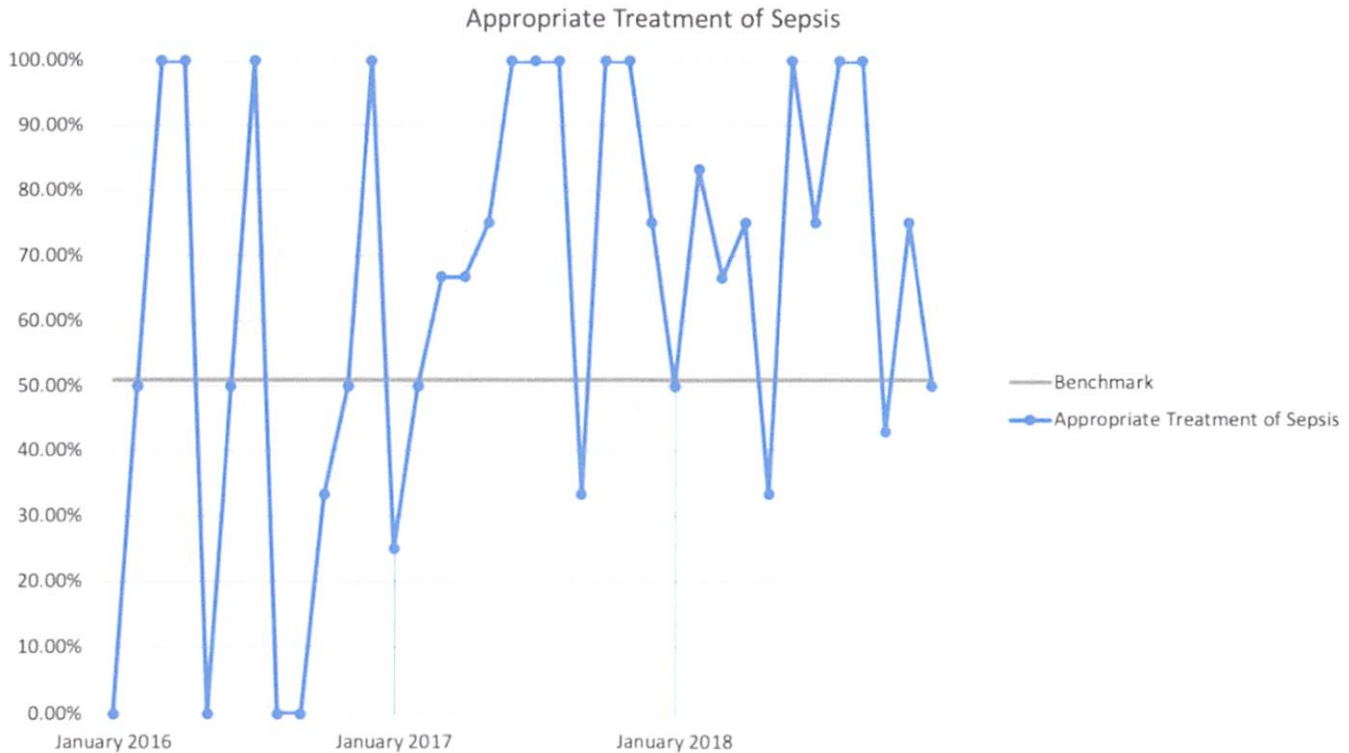
Data source is Quantros Required Reporting Manager from 01/01/2016 – 12/31/2018.
Sepsis is a life threatening condition that causes your body to injure its own tissue and organs as you fight an infection.
In this situation, higher values demonstrate better performance.

Venous Thromboembolism Care

Venous thromboembolisms (VTE) are blockages of the arteries or veins. This includes deep vein thrombosis or DVT (blockages in the legs) and pulmonary embolisms or PE (blockages in the pulmonary artery or its branches within the lungs). Typical symptoms of DVT include leg pain, tenderness and warmth of the reddened area, while typical symptoms of PE include chest pain and shortness of breath.

At Tahoe Forest Hospital District, we strive to prevent VTEs by following a strict set of rules formed out of nationally-recognized best practices, and it shows! Our protocol of appropriate VTE care includes active VTE prophylaxis post-surgery, appropriate use of anticoagulation medications, dietary advice, follow-up monitoring and adverse drug reaction education among other things.
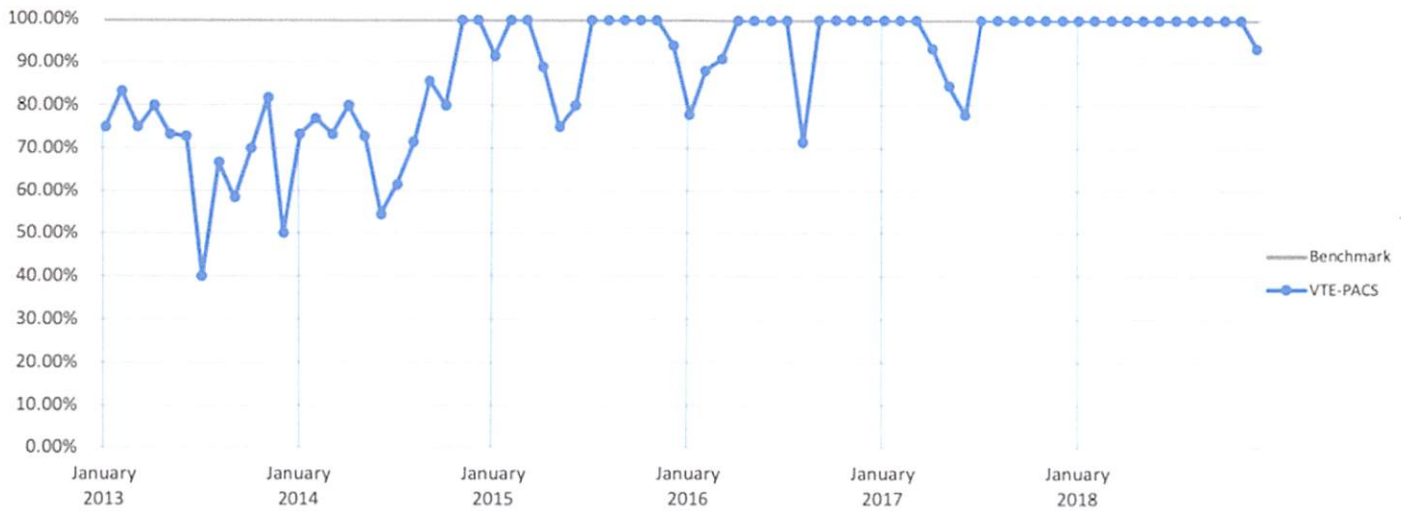
Data source is Quantros Required Reporting Manager from 01/01/2013 - 12/31/2018.
Benchmark is set at 100.00% as all sub-measures have a benchmark at 99.90%.
In this situation, higher values demonstrate better performance.

Read more about VTE **here**.

VTE Appropriateness of Care

Culture of Safety

Tahoe Forest Hospital District is a high reliability organization, which means that we are focused on avoiding patient harm. High reliability organizations are committed to safety at all levels, from frontline healthcare providers to managers and executives. In our organization, we believe you have the right to safe and effective care.

If you have any questions about our culture of safety initiatives, reach out to our Patient Safety Officer at (530) 582-6423.

Transparency and Disclosures

It is Tahoe Forest Hospital District's policy to support the rights of patients to be active participants in decisions about their healthcare. As such, we provide the necessary information to make an informed decision about your treatment and care plan. In addition, a patient and/or their family/designee will be informed about any outcome of their treatment, including any unexpected errors in care.

While we take every possible precaution during your treatment, unexpected things do happen. In those situations, it is our policy to promptly communicate an unanticipated outcome to the patient and/or the patient's family or designee.

Websites/Resources

Every patient has a right to see how we compare to other hospitals. Please reach out to our Quality Analyst at (530) 582-3272 if you have any questions or would like more information about available healthcare websites.

Have a question about our Quality Program?

We'd love to hear from you! Providing easily accessible information to our patients and families is just one way of making decisions about your health care. We encourage you to contact our Quality and Regulations Department at (530) 582-6629 if you have any questions or would like additional information.

Select Language ▼

Institute *for* Healthcare Improvement

Framework for Effective Board Governance of Health System Quality

Content provided by:

Lucian Leape Institute, an initiative of the Institute for Healthcare Improvement, guiding the global patient safety community.

AN IHI RESOURCE

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For more than 25 years, the Institute for Healthcare Improvement (IHI) has used improvement science to advance and sustain better outcomes in health and health systems across the world. We bring awareness of safety and quality to millions, accelerate learning and the systematic improvement of care, develop solutions to previously intractable challenges, and mobilize health systems, communities, regions, and nations to reduce harm and deaths. We work in collaboration with the growing IHI community to spark bold, inventive ways to improve the health of individuals and populations. We generate optimism, harvest fresh ideas, and support anyone, anywhere who wants to profoundly change health and health care for the better.

The ideas and findings in these white papers represent innovative work by IHI and organizations with whom we collaborate. Our white papers are designed to share the problems IHI is working to address, the ideas we are developing and testing to help organizations make breakthrough improvements, and early results where they exist.

Contents

Executive Summary

The Institute of Medicine (IOM) reports *To Err Is Human* and *Crossing the Quality Chasm* prompted health care leaders to address the patient safety crisis and advance the systems, teamwork, and improvement science needed to deliver safer care to patients.[1,2] Following the IOM reports, research on health care governance practices identified a correlation between health system board prioritization of quality oversight and higher performance on key quality indicators.[3,4,5,6,7] Quality oversight by a board has been shown to correlate with patient outcomes on key quality metrics, and boards that prioritize quality support a leadership commitment to quality and the incentives and oversight to achieve the quality care that patients deserve.

Two main evolutions have made governing quality more complex for trustees and the health system leaders who support them:

- The definition of "quality" has evolved and expanded over the last decade, from a singular focus on safety to an expanded focus on all six dimensions of quality as identified in the *Crossing the Quality Chasm* report.

- The expansion of health systems beyond hospital walls and the addition of population health oversight have created complexity both in terms of *what* to govern to support high-quality care and *how* to oversee quality outside of the traditional hospital setting and across the health care continuum.

Many health system leaders have worked to ensure that their trustees are sufficiently prepared to oversee quality, but the two factors noted above have increased the need for board education and the time commitment for trustees and the health system senior leaders who support them. Therefore, there is a need for a clear, actionable framework for better governance of quality across all dimensions, including identification of the core processes and necessary activities for effective governance of quality.

Ultimately, the most valuable resource of a board is time — both in terms of how much time they allocate and how they use it — to engage in oversight of the various areas of governance. To help health system leaders and boards use their governance time most effectively, this white paper includes three components:

- **Framework for Governance of Health System Quality:** A clear, actionable framework for oversight of all the dimensions of quality;

- **Governance of Quality Assessment:** A tool for trustees and health system leaders to evaluate and score current quality oversight processes and assess progress in improving board quality oversight over time; and

- **Three Support Guides:** Three central knowledge area support guides for governance of quality (Core Quality Knowledge, Core Improvement System Knowledge, and Board Culture and Commitment to Quality), which health system leaders and governance educators can use to advance their education for trustees.

The framework, assessment tool, and support guides aim to reduce variation in and clarify trustee responsibilities for quality oversight, and also serve as practical tools for trustees and the health system leaders who support them to govern quality in a way that will deliver better care to patients and communities.

Background

Research on health care governance practices has identified a correlation between health system board prioritization of quality oversight and higher performance on key quality indicators.[8,9,10,11,12] However, guidance and practices for board oversight of the dimensions of quality beyond safety are highly variable across health systems. Health system leaders and trustees are looking for greater depth and clarity on what they should do to fulfill their oversight of quality. Governance of quality is a long-overlooked and underutilized lever to deliver better care across all the dimensions of quality.

What to Govern as Quality: Expanding from Safety to STEEEP

The IOM report *Crossing the Quality Chasm* established six aims for improvement, a framework for health care quality in the US: care that is safe, timely, effective, efficient, equitable, and patient centered (STEEEP).[13] Safety is an essential component of quality, and health leaders have become more consistent in the governance of the elements of safety (though many health systems still do not dedicate enough time to quality or are quick to push it to the bottom of the agenda).

Yet governance of the other STEEEP dimensions of quality beyond safety is significantly more variable, providing an opportunity for greater clarity and calibration across the health care organizations and leaders that guide governance of quality. Health system leaders and trustees struggle with whether to govern a narrow definition of quality, driven by metrics defined by the Centers for Medicare & Medicaid Services (CMS) or national oversight organizations, versus governing quality's broader dimensions as put forth in the IOM STEEEP framework.

What to Govern as Quality: Expansion and Complexity of Health Systems

Health care leaders now look beyond the hospital walls to the entire system of care and to social and community factors that impact health outcomes. Thus, health system quality has expanded to include improving the health of communities and reducing the cost of health care and the financial burden facing patients. As health care is increasingly delivered in a range of settings beyond the hospital, from outpatient clinics to the home, leaders and trustees are challenged to define and govern quality in these settings.

The nationwide shift in US health care from standalone and community hospitals to larger, integrated care delivery systems has further increased the knowledge required for trustees to fulfill their fiduciary responsibility of governing quality. Finally, by tying revenue to quality performance, many payment models now add executive financial incentives to governance of quality. Health leaders have struggled to frame governance of quality in the context of the expansion and complexity of both single institutions and health systems.

Call to Action

In the 2017 report, *Leading a Culture of Safety: A Blueprint for Success,* board development and engagement was highlighted as one of the "six leadership domains that require CEO focus and dedication to develop and sustain a culture of safety."[14] According to the report, "The board is responsible for making sure the correct oversight is in place, that quality and safety data are

systematically reviewed, and that safety receives appropriate attention as a standing agenda item at all meetings."

Building on this report, the Institute for Healthcare Improvement (IHI) Lucian Leape Institute identified a need for greater understanding of the current state of governance of quality, education on quality for health system trustees, along with the potential need for guidance and tools to support governance oversight of quality. The IHI Lucian Leape Institute understood the importance of developing this forward-thinking and cutting-edge content collaboratively with leading governance organizations and making it available as a public good for all health systems to access and incorporate in a way that would be most helpful to them.

Assessment of Current Governance Practices and Education

To evaluate the current state of board governance of quality, IHI employed its 90-day innovation process.[15] This work included the following:

- **A landscape scan** to understand the current state of governance education offerings and challenges in quality, drawing on national and state trustee education programs. This scan included more than 50 interviews with governance experts, health system leaders, and trustees; and a review of available trustee guides and assessments for governance of quality.

- **A scan of existing peer-reviewed research** on board quality governance practices and the link between board practices and quality outcomes for health systems.

- **An expert meeting** (see Appendix B) attended by health care and governance experts. The meeting provided critical insights and guidance for the work, including the development of a framework for effective governance of health system quality. This group of thought leaders included representatives from the American Hospital Association (AHA), the American College of Healthcare Executives (ACHE), The Governance Institute, leading state hospital associations, health system CEOs and trustees, and national governance and health care quality experts.

Research and Landscape Scan Highlights

(Note: An in-depth assessment of the current state of board governance of quality and trustee education in support of quality is available in the companion document to this white paper, *Research Summary: Effective Board Governance of Health System Quality*.[16])

The IHI Lucian Leape Institute's research scan, evaluation of governance education in quality, and expert interviews indicated that most trustee education on governance of quality focuses primarily on safety, meaning that such education often does not prepare trustees for governing the other dimensions of quality as defined by the STEEEP framework and the IHI Triple Aim,[17] which also considers population health and health care cost. In the boardroom, quality is often a lower priority than financial oversight. Epstein and Jha found that "quality performance was on the agenda at every board meeting in 63 percent of US hospitals, and financial performance was always on the agenda in 93 percent of hospitals."[18]

Our interviews indicated that the financial and cultural implications of poor quality of care are not often formally considered, noting a difference between putting quality on a board meeting agenda and having a dedicated discussion about quality. Many trustees, while motivated to ensure high-quality care, lack a clear understanding of the necessary activities for effective quality oversight

(the "what" and "how" of their governance work); IHI's research identified the need for more direction on the core processes for governance of quality.[19] Some trustees noted that they were at the mercy of the quality data and information presented to them by their organization's leadership team; they lacked ways of confirming that their quality work was aligned with work at other leading health care organizations and industry best practice.

Health care leaders observed that the many guides and assessments they referenced often had varying recommendations for core governance activities on quality, especially for dimensions of quality beyond safety. We analyzed the available board guides or tools for board members and hospital leaders to evaluate their quality governance activities. The review of existing assessments from national and state governance support organizations identified that many focus on board prioritization of quality in terms of time spent and trustee "commitment" to governance based on a trustee self-assessment. Many assessments offer specific recommendations for key processes to oversee safety, such as reviewing serious events and key safety metrics in a dashboard. However, most assessments offer more variable guidance on the core processes to govern the STEEEP dimensions of quality beyond safety, quality outside of the hospital setting, and overall health in the communities the health systems serve.

With so many assessments and guidance recommending different processes and activities, it is not surprising that those who support trustees struggle to clearly define the core work of board quality oversight. Trustees and health care leaders alike identified a need for a simple framework that sets forth the activities that boards need to perform in their oversight of quality and for calibration across governance support organizations to support a simple, consistent framework.

Barriers to Governance of Quality

The IHI research team sought to understand and identify ways to address the many barriers to governance of quality identified in interviews and the published literature. The most common barrier identified was trustees' available time to contribute to a volunteer board. Often, health care leaders and trustees identified that expectations for trustee engagement on quality issues are not presented with the same clarity and priority as financial and philanthropic expectations for governance. Many interviewees noted that trustees are less confident in the governance of quality because of its clinical nature, which, in many cases, necessitates learning new terminology and absorbing concepts unfamiliar to trustees without a clinical background.

Many trustees and health care leaders we interviewed identified the CEO as the "gatekeeper" for the board, stewarding access to external resources and guidelines related to the board's role in health care quality, often not wanting to overwhelm or burden the trustees, given the demands on their time. However, even when the trustees and health care leaders interviewed indicated that they did have dedicated time and commitment to quality, they were not clear as to whether the specific set of processes or activities they currently had in place were the best ones for effective governance of quality.

Based on insights from IHI's research, landscape scan of current guidance on quality oversight, and extensive interviews, a new framework for governance of quality was created through a collaborative effort of thought leaders and health system leaders to provide clarity, support, and reduced variation in what boards should consider for their oversight of quality. The framework identifies the foundational knowledge of core quality concepts and the need to understand the systems for quality control and improvement used in health systems. The framework also recognizes that board culture and commitment to quality are essential.

A new Governance of Quality Assessment identifies the core processes of board governance of quality, providing a tool for boards and health system leaders to calibrate the governance oversight work plan. When these core processes are approached consistently, organizations can advance governance of quality that, based on previously cited studies, will support the health system's performance on quality.

Current State of Board Work and Education in Health System Quality

- **Governance of quality is primarily focused on safety.**

  Board education in quality is available but inconsistently accessed by trustees; education focuses primarily on safety, with variable exposure to other dimensions of quality.

- **Governance of quality is hospital-centric, with limited focus on population or community health.**

  Most board education emphasizes in-hospital quality; it does not guide boards in oversight of care in other health system settings or in the health of the community.

- **Core processes for governance of quality core are variable.**

  Board quality educational support offerings tend to emphasize general engagement in the form of time, structure, and leadership commitment to quality governance; they focus less on the specific activities (especially beyond safety) and core processes trustees need to employ to oversee quality.

- **A clear, consistent framework for governance of health system quality is needed.**

  Utilizing a consistent framework and assessment tool for key board-specific processes for quality oversight will help improve governance of health system quality and deliver on patient and community expectations for quality care.

- **A call to action to raise expectations and improve support for board governance of health system quality is needed.**

  A multifaceted approach is needed to break through the barriers to trustee oversight of quality, including a greater call to action, clearer set of core processes with an assessment of that work, and raised expectations for time to govern quality.

Framework for Governance of Health System Quality

Achieving better quality care in health systems requires a complex and multifaceted partnership among health care providers, payers, patients, and caregivers. The IHI Lucian Leape Institute's research scan, evaluation of governance education in quality, and expert interviews made it clear that board members, and those who support them, desire a clear and consistent framework to guide core quality knowledge, expectations, and activities to better govern quality. To help make progress in this area, the IHI Lucian Leape Institute convened leading governance organizations, health industry thought leaders, and trustees (see Appendix B) to collaboratively develop a new comprehensive framework and assessment tool for governance of quality.

The framework and assessment tool are designed with the following considerations:

- **Simplify concepts:** Use simple, trustee-friendly language that defines actionable processes and activities for trustees and those who support them to oversee quality.

- **Incorporate all six STEEEP dimensions of quality:** Understand quality as care that is safe, timely, effective, efficient, equitable, and patient centered (STEEEP), as defined by the Institute of Medicine.

- **Include community health and value:** Ensure that population health and health care value are critical elements of quality oversight.

- **Govern quality in and out of the hospital setting:** Advance quality governance throughout the health system, not solely in the hospital setting.

- **Advance organizational improvement knowledge:** Support trustees in understanding the ways to evaluate, prioritize, and improve performance on dimensions of quality.

- **Identify the key attributes of a governance culture of quality:** Describe the elements of a board culture and commitment to high-quality, patient-centered, equitable care.

IHI worked with the expert group to establish an aspirational vision for trustees: With the ideal education in and knowledge of quality concepts, every trustee will be able to respond to three statements in the affirmative (see Figure 1).

Figure 1. Vision of Effective Board Governance of Health System Quality

Having established the vision, the expert group proceeded to define the core knowledge and core processes necessary to realize this vision, resulting in the development of a Framework for Governance of Health System Quality (see Figure 2).

Figure 2. Framework for Governance of Health System Quality
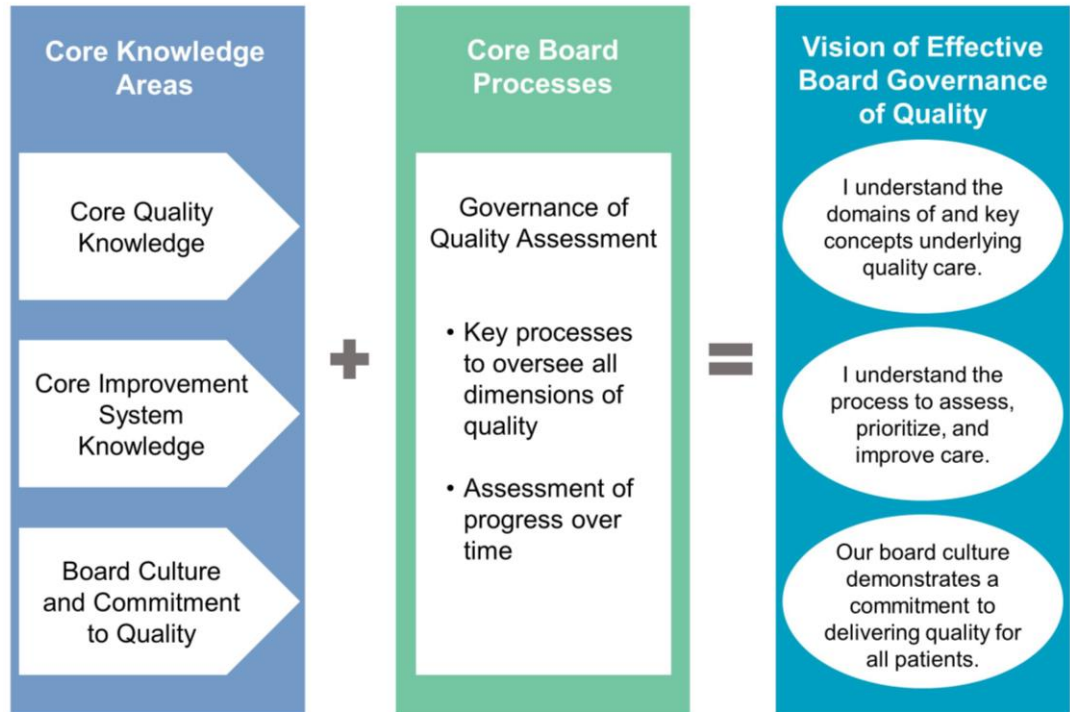
At the heart of the framework [CENTER] is the Governance of Quality Assessment (GQA), which outlines the key processes and activities that, if well performed, enable trustees to achieve the vision of effective board governance of quality [RIGHT]. The GQA serves as both a **roadmap of the key processes the board should undertake** to oversee all dimensions of quality, and an **assessment of how well the board is doing** with respect to those processes.

The expert group also identified three core knowledge areas [LEFT] that support the effective execution of the core processes and activities outlined in the GQA: Core Quality Knowledge, Core Improvement System Knowledge, and Board Culture and Commitment to Quality. The expert group's suggestions for core knowledge are assembled into three support guides (see Appendix A).

Together, the GQA and the three support guides aim to reduce variation in current governance recommendations and practices and to establish a comprehensive framework for the core knowledge and key activities for fiduciary governance of quality. Health system leadership and governance educators can use these tools to calibrate and advance their educational materials for trustees and develop ongoing education.

Patient-Centered Depiction of Quality

The expert group supported the use of a patient-centered framework, like the one introduced at Nationwide Children's Hospital in Ohio,[20] to display the core components of quality and drive home the direct impact they have on care. There is a compelling case for conveying this information to the board using a patient lens, as trustees may find the patient perspective on quality more motivating and actionable than the STEEEP terminology.

This reframed model also bundles some elements of STEEEP together in a way that represents the patient journey and avoids some of the health care terminology that can be off-putting to trustees. For example, the STEEEP dimensions of timely and efficient care are combined into "Help Me Navigate My Care." The STEEEP dimensions of equitable and patient-centered care are aggregated into "Treat Me with Respect." Figure 3 presents a visual representation of the core components of quality from the patient's perspective, with the patient at the center of the delivery system.

Figure 3. Core Components of Quality from the Patient's Perspective

Keep Me Safe
*Safe

Help Me Stay Well

Provide Me with the Right Care
*Effective

Patient

Treat Me with Respect
*Equitable, Patient centered

Help Me Navigate My Care
*Timely, Efficient

*IOM STEEEP dimensions of quality: Safe, Timely, Effective, Efficient, Equitable, and Patient centered

The new framework and assessment tool will reveal areas for quality improvement to many CEOs and board members. It will take time for board members and health system leaders to incorporate those additional elements of quality into their agendas and work plans, but the changes will help to better align their quality oversight with patient expectations and the evolution, expansion, and complexity of health care delivery. Maintaining the status quo with regard to quality governance will not best serve patients or health systems, which face increasing complexity of patient-, population-, and community-based care in the coming years.

Governance of Quality Assessment: A Roadmap for Board Oversight of Health System Quality

The Governance of Quality Assessment (GQA) serves as both a **roadmap of the key processes the board should undertake** to oversee all dimensions of quality, and an **assessment of how well the board is doing** with respect to those processes. The GQA employs a set of concrete recommendations for 30 core processes of quality oversight organized into six categories, and provides a high-level assessment of board culture, structure, and commitment. The resulting GQA scores (for each core process, each category, and overall total) provide a roadmap for health care leaders and trustees to identify what to do in their work plan — and to assess their progress over time.

Most current board assessments primarily cover elements of safety, patient satisfaction, and/or board culture related to quality oversight. Most assessments do not identify the specific processes for quality oversight beyond safety and do not equally address all the dimensions of quality, including population health and care provided outside of the hospital. Variation across assessments may create confusion among trustees about what really is optimal in the oversight of quality.

The GQA aims to ensure that health system board quality oversight extends beyond the hospital to include the entire continuum of care. While many trustees understand concepts and frameworks like STEEEP and the IHI Triple Aim, they often have difficulty translating those concepts into specific activities they must perform. The GQA is specific, actionable, and tracks the processes that enable excellent quality governance. The GQA is designed for trustees and those who support them; it is written in straightforward, actionable, and trustee-centered language.

GQA Core Processes and Scoring

The Governance of Quality Assessment provides a snapshot of a total of 30 core processes organized into six categories that a board with fiduciary oversight needs to perform to properly oversee quality. The 30 core processes were developed by the expert group based on their expert opinions combined with insights gathered from more than 50 additional interviews of governance experts and health executives in the research and assessment phase of this work.

As referenced in the companion research summary to this white paper,[21] there are limited evidence-based recommendations on core processes for governance of quality beyond a few structural recommendations such as time spent, use of a dashboard, and having a dedicated quality committee. The GQA puts forth a set of core processes for governance of quality that were collaboratively developed, evaluated, and ranked at the expert meeting.

The GQA should be utilized by health systems and results tracked over time to validate the assessment's effectiveness. Certainly, there are additional quality oversight actions a board could undertake (and many already do) beyond those identified in the GQA. However, the expert group and interviewees identified the core processes in the GQA as a starting point for calibration and improvement. With a commitment to learning and improvement, and in recognition of the dynamic nature of health care, the GQA should also be revised as appropriate to incorporate the insights from new research in the boardroom.

The GQA includes a scoring system (0, 1, or 2) for trustees and health system leaders to assess the current level of performance for the 30 core processes, the six categories, and overall. Scores are totaled so that trustees and health care leaders can establish baseline scores (for each process, category, and overall) and then track their progress over time.

Bringing the GQA to the Boardroom

Health system CEOs should complete the GQA annually with their board chair and quality committee chair(s) and/or quality committee to establish a baseline for assessing their current state of oversight of quality; to identify opportunities for improvement; and to track their GQA scores over time as a measure of improving board quality oversight. It is also useful to have the senior leaders who interface with the board complete the GQA to understand and assess their role with respect to trustee oversight of quality.

Once the respondents have completed the GQA, senior leaders and trustees may choose to focus on the lowest-scoring areas to identify improvement strategies. Within larger health systems, the GQA is a useful tool to evaluate the work of multiple quality committees and create a system-wide work plan and strategies for board oversight of quality. We recommend that boards complete the GQA annually to monitor their performance and progress.

The GQA can also be used to guide discussions about which activities should be conducted at which level of governance in the case of complex systems (e.g., which processes are or should be covered in local boards, the system quality committee, and/or the overall health system board). In addition, the assessment can be used as a tool for discussion in setting agenda items for the board or quality committees.

Finally, governance educators might also use the assessment to help design their educational sessions for board members, targeting educational content to the areas where the clients need more support or education.

The expert group also recommended that the assessment tool be utilized for future research to compare how systems are performing relative to each other, collecting data longitudinally to identify which elements of the GQA are most correlated with various components of quality performance and other metrics of culture and management known to be associated with excellence.

Governance of Quality Assessment (GQA) Tool

This assessment tool was developed to support trustees and senior leaders of health systems in their oversight of quality of care by defining the core processes, culture, and commitment for excellence in oversight of quality. A guiding principle in the development of this assessment was for the board to view their role in quality oversight comprehensively in terms of the Institute of Medicine STEEEP dimensions (care that is safe, timely, effective, efficient, equitable, and patient centered) and the IHI Triple Aim.

The Governance of Quality Assessment (GQA) tool should be used to evaluate the current level of performance for 30 core processes in six categories, to identify areas of oversight of quality that need greater attention or improvement, and to track progress over time.

Instructions

The Governance of Quality Assessment organizes the health system board's quality oversight role into six categories that include a total of 30 core processes a board with fiduciary oversight should perform to effectively oversee quality.

Health system CEOs should complete the GQA annually with their board chair and quality committee chair(s) and/or quality committee.

For each item in the assessment, the person completing the assessment should indicate a score of 0, 1, or 2. Scores are then totaled for each category and overall.

Score	Description
0	**No activity:** The process is not currently performed by the board, or I am unaware of our work in or commitment to this area.
1	**Infrequent practice:** The board currently does some work in this area, but not extensively, routinely, or frequently.
2	**Board priority:** The board currently does this process well — regularly and with thought and depth.

Governance of Quality Assessment Tool (continued)

Category 1: Prioritize Quality: Board Quality Culture and Commitment		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board establishes quality as a priority on the main board agenda (e.g., equivalent time spent on quality and finance), and time spent on quality reflects board commitment.		Executive committee/governing board that spends a minimum of 20% to 25% of meeting time on quality Agenda that reflects board oversight of and commitment to quality
2. Health system senior leaders provide initial and ongoing in-depth education on quality and improvement systems to all trustees and quality committee members, and clearly articulate board fiduciary responsibility for quality oversight and leadership.		Board that understands the definition of quality, key concepts, and the system of improvement used within the organization
3. Board receives materials on quality before board meetings that are appropriately summarized and in a level of detail for the board to understand the concepts and engage as thought partners.		Board that is prepared for quality oversight and engaged in key areas for discussion
4. Board reviews the annual quality and safety plan, reviews performance on quality metrics, and sets improvement aims.		Board that takes responsibility for quality and performance on quality
5. Board ties leadership performance incentives to performance on key quality dimensions.		Board that establishes compensation incentives for senior leaders linked to prioritizing safe, high-quality care
6. Board conducts rounds at the point of care or visits the health system and community to hear stories directly from patients and caregivers to incorporate the diverse perspectives of the populations served.		Board that sets the tone throughout the organization for a culture of teamwork, respect, and transparency and demonstrates an in-person, frontline, board-level commitment to quality
7. Board asks questions about gaps, trends, and priority issues related to quality and is actively engaged in discussions about quality.		Board that engages in generative discussion about quality improvement work and resource allocation
Category 1 Total Score: (14 possible)		

Governance of Quality Assessment Tool (continued)

Category 2: Keep Me Safe: Safe Care		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board regularly tracks and discusses performance over time on key safety metrics (including both in-hospital safety and safety in other settings of care).		Board that reviews management performance on key safety metrics and holds management accountable for areas where performance needs to be improved
2. Board annually reviews management's summary of the financial impact of poor quality on payments and liability costs.		Board that understands the financial costs of poor safety performance
3. Board evaluates management's summary of incident reporting trends and timeliness to ensure transparency to identify and address safety issues.		Board that holds management accountable to support staff in sharing safety concerns to create a safe environment of care for patients and staff
4. Board reviews Serious Safety Events (including workforce safety) in a timely manner, ensuring that leadership has a learning system to share the root cause findings, learning, and improvements.		Board that holds management accountable for a timely response to harm events and learning from harm
5. Board reviews management summary of their culture of safety survey or teamwork/safety climate survey to evaluate variations and understand management's improvement strategies for improving psychological safety, teamwork, and workforce engagement.		Board that holds management accountable for building and supporting a culture of psychological safety that values willingness to speak up as essential to patient care and a collaborative workplace
6. Board reviews required regulatory compliance survey results and recommendations for improvement.		Board that performs its required national (e.g., CMS, Joint Commission, organ donation) and state regulatory compliance oversight
Category 2 Total Score: (12 possible)		

Governance of Quality Assessment Tool (continued)

Category 3: Provide Me with the Right Care: Effective Care		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board ensures that the clinician credentialing process addresses concerns about behavior, performance, or volume and is calibrated across the health system.		Board that understands its fiduciary responsibility of credentialing oversight to ensure the talent and culture to deliver effective patient care
2. Board reviews trends and drivers of effective and appropriate care as defined for the different areas of the system's care.		Board that holds leadership accountable to ensure that the system does not underuse, overuse, or misuse care
3. Board evaluates senior leaders' summary of metrics to ensure physician and staff ability to care for patients (e.g., physician and staff engagement, complaint trends, staff turnover, burnout metrics, violence).		Board that holds senior leaders accountable for the link between staff engagement and wellness with the ability to provide effective patient care
4. Board establishes a measure of health care affordability and tracks this measure, in addition to patient medical debt, over time.		Board that understands that cost is a barrier for patients, and that health systems are accountable to the community to ensure affordable care
Category 3 Total Score: (8 possible)		

Governance of Quality Assessment Tool (continued)

Category 4: Treat Me with Respect: Equitable and Patient-Centered Care		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board has patient representation, patient stories, and/or interaction with patient and family councils, and engagement with community advocates at every board and quality committee meeting.		Board that connects its quality oversight role with direct patient experiences to build understanding of issues and connection to patients
2. Board reviews patient-reported complaints and trends in patient experience and loyalty that indicate areas where respectful patient care is not meeting system standards.		Board that reviews senior leadership's approach to evaluating, prioritizing, and responding to patient concerns and values a patient's willingness to recommend future care
3. Board evaluates and ensures diversity and inclusion at all levels of the organization, including the board, senior leadership, staff, providers, and vendors that support the health system.		Board that supports and advances building a diverse and culturally respectful team to serve patients
4. Board reviews the health system's approach to disclosure following occurrences of harm to patients and understands the healing, learning, and financial and reputational benefit of transparency after harm occurs.		Board that understands the link between transparency with patients after harm occurs and a culture of learning and improvement in the health system
5. Board ensures that all patient populations, especially the most vulnerable, are provided effective care by evaluating variations in care outcomes for key conditions or service lines based on race, gender, ethnicity, language, socioeconomic status/payer type, and age.		Board that holds senior leaders accountable for health equity (making sure all patients receive the same quality of care) and prioritizes closing the gaps in outcomes that are identified as disparities in care
Category 4 Total Score: (10 possible)		

Governance of Quality Assessment Tool (continued)

Category 5: Help Me Navigate My Care: Timely and Efficient Care		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board reviews metrics related to access to care at all points in the system (e.g., hospital, clinics, behavioral health, nursing home, home care, dental) and ensures that access is equitable and timely for all patients.		Board that oversees senior leadership's strategy to improve care access (e.g., time and ability to get an appointment, wait time for test results, delays) for all patients
2. Board reviews senior leadership's strategy for and measurement of patient flow, timeliness, and transitions of care, and evaluates leadership's improvement priorities.		Board that evaluates the complexity of care navigation for patients and monitors senior leadership's work to integrate care, reduce barriers, and coordinate care (e.g., delays, patient flow issues) to support patients
3. Board evaluates senior leadership's strategy for digital integration and security of patient clinical information and its accessibility and portability to support patient care.		Board that holds senior leaders accountable for a strategy to support patients' digital access, security, and portability of clinical information
Category 5 Total Score: (6 possible)		

Governance of Quality Assessment Tool (continued)

Category 6: Help Me Stay Well: Community and Population Health and Wellness		
Core Board Process	**Score (0, 1, or 2)**	**Process leads to a:**
1. Board reviews community health needs assessment and senior leadership's plans for community and population health improvement.		Board that oversees the development of a community health needs assessment and has identified which population health metrics are most relevant to track for its patients (e.g., asthma, diabetes, stroke, cancer screening, flu vaccine, dental, prenatal, opioid overuse, obesity, depression screening) Board holds senior leaders accountable for reaching goals established to improve key community health issues
2. Board reviews performance in risk-based contracts for population health.		Board that evaluates performance on risk-based contracts for populations and strategies for improvement
3. Board evaluates approach to integration and continuity of care for behavioral health patients.		Board that holds senior leaders accountable for integrating care and tracking care coordination data to support screening, access, and follow-up
4. Board reviews leadership's plans to address social determinants of health, including any plans for integration with social and community services.		Board that understands the essential nature of wraparound services to support the wellness of certain patient populations and oversees the strategic integration with those service providers
5. Board evaluates the health system's strategy for supporting patients with medically and socially complex needs and with advance care planning.		Board that ensures senior leaders evaluate high-utilization groups and key drivers to help those users navigate and manage their care
Category 6 Total Score: (10 possible)		

Total Score for This Assessment: (sum of total scores for Categories 1 through 6)	
Total Possible Score:	**60**

Interpreting the Overall Governance of Quality Assessment Score

Total Score	Board Performance Level
40 to 60	Advanced board commitment to quality
25 to 40	Standard board commitment to quality
25 or Fewer	Developing board commitment to quality

Using GQA Results to Plan Next Steps

After completing the Governance of Quality Assessment, the CEO, board chair, and board quality chair(s) should review the results and use them as the basis for planning next steps.

- **Review the spectrum of GQA scores:** Are the results similar across your board and committees? Compare the variation of scores across your board, quality committee(s), and senior leaders. If there is high variation in scores, it may be an opportunity to consider clarifying expectations and the work plan for quality oversight.

- **Aggregate GQA scores to identify areas for improvement:** Aggregating the GQA scores (overall and for each category) establishes a baseline score to evaluate the current areas of oversight and identify opportunities to better oversee the dimensions of quality that have lower scores. Could the board agenda or work plan be adjusted to make time to address other quality items (i.e., those with low GQA scores)?

- **Set a target GQA score for next year:** Set a target and a plan for improving the GQA score annually. Focus on the elements of the GQA where you have the greatest gap or that are of the most strategic importance to your organization.

We recommend that boards and leadership teams also evaluate time spent discussing quality and trustee confidence in their knowledge of basic quality concepts in tandem with the GQA.

- **Evaluate time allocation to quality:** Track how much time the board spends each meeting discussing quality. Does the time commitment indicate that quality has equal priority in time and attention with finance? Is quality just an item on the agenda without discussion?

- **Use the GQA to identify board education opportunities:** Review both the initial education and the ongoing education of board members on quality. What topics in the framework and GQA are not covered? Do you provide trustees with supplementary reading, useful articles, and educational opportunities in the areas identified in the GQA?

Conclusion

Excellence in quality must be supported from the bedside to the boardroom; patients deserve nothing less. Health system boards are deeply committed to the patients and communities they serve; however, trustees often require support in order to best understand and fulfill their fiduciary responsibility and commitment to the patients and communities they serve. Trustee knowledge of quality and improvement concepts is essential to their governance role. To be effective, trustees must also pair this knowledge with an effective board culture and a clear set of activities that support oversight of quality.

The framework, assessment tool, and support guides presented in this white paper were created through collaboration with leaders in health care and governance. The immediate goal of these resources is to reduce variation in board oversight of quality and to provide an improved roadmap for health system trustees. The ultimate goal is to ensure that oversight of quality of care for all patients is supported by more effective board education in quality concepts, clarity of core processes for trustee governance of quality, and a deeper board commitment to quality.

Appendix A: Support Guides

The expert group identified three core knowledge areas for effective governance of quality: first, a familiarity with all dimensions of quality; second, an understanding of how improvement occurs in systems; and third, an appreciation of the importance of demonstrating a commitment to quality through the board culture.

Appendix A includes support guides for these three core knowledge areas:

- Support Guide: Core Quality Knowledge
- Support Guide: Core Improvement System Knowledge
- Support Guide: Board Culture and Commitment to Quality

Support Guide: Core Quality Knowledge

The medical terms, health care oversight organizations and processes, and clinical concepts that arise in quality work are often unfamiliar to board members without a medical background, unlike other areas of oversight such as finance. Initial and ongoing education in quality concepts is essential to providing trustees with the necessary context and knowledge for thoughtful engagement.

This support guide is designed to guide hospital leaders and trustee educators in taking the guesswork out of the core quality concepts that are needed to prepare trustees for governance of quality across *all* dimensions and *all* care settings.

The expert group recommended providing governance education to trustees via a simple, patient-centered framework, just as the Governance of Quality Assessment consolidates and clarifies core board processes for governance of quality from the STEEEP dimensions of quality into a patient-centered framework. See Figure 3 (above), which presents the patient at the center of governance quality work, a visual that the expert group found compelling.

All new trustees, not just quality committee members, need to receive a thorough introduction to quality. To oversee quality, board members need fluency in many concepts, which should be introduced in a layered manner (similar to building a scaffold) to avoid overwhelming trustees. An overarching framework that shows how all these elements are necessary for patient care helps connect the dots and build commitment.

Table 1 presents the foundational concepts for board oversight of quality recommended by the expert group, organized by the STEEEP dimensions of quality (care that is safe, timely, effective, efficient, equitable, and patient centered) represented through a patient lens.

Table 1. Foundational Concepts for Board Core Quality Knowledge

Quality Concept	Key Questions	Suggested Educational Concepts
Basic Quality Overview	• What is quality in health care? • What are the benefits of quality? • What are the costs of poor quality? • Who oversees the elements of quality in our organization?	• Brief overview of quality in health care • STEEEP dimensions of quality presented through a patient lens • IHI Triple Aim • Benefits of quality • "Cost" of poor quality: Financial, patients, staff • Quality strategy, quality management • Overview of risk-/value-based care • Structures for quality reporting, assessment, and improvement • Structure for CEO/leadership evaluation
Keep Me Safe *Safe*	• What is safety? • What is a culture of safety? • What are surveys of patient safety culture? • What is "harm"? • What are the types of harm? • How do you decide if an adverse outcome is preventable harm? • How do we learn about harm in a timely manner? • What is our response to harm (i.e., what actions do we take when harm occurs)? • What are the financial and reputational costs of harm? • How do we reduce, learn from, and prevent harm? • How do we track harm in our system and in the industry?	• Preventable harm vs. adverse outcome • Just Culture and culture of safety • Science of error prevention and high reliability • Classification of the types of harm • Knowing about harm: Incident reporting, claims, grievances • Response to harm: Root cause analysis/adverse event review, patient apology and disclosure, legal, learning systems • Costs of harm: Claims/lawsuits, penalties, ratings, reputational, human emotional impact • Harm terminology: HAC, SSI, falls, ADE, employee safety, etc. • Regulatory oversight of safety

Quality Concept	Key Questions	Suggested Educational Concepts
Provide Me with the Right Care *Effective*	• How do we ensure that our health system properly diagnoses and cares for patients to the best evidence-based standards in medicine? • How does leadership oversee whether approaches to care vary within our system? • How do we identify the areas where care is not to our standards? • How do we identify the areas where care is meeting or exceeding our standards? • How do we attract and retain talent to care for patients?	• Evidence-based medicine • Overview of staff and physician recruitment, credentials/privileges, training, retention (burnout, turnover, violence) • Overview of standard of care concept and issues/processes that lead to variation • Trends in care utilization and clinical outcomes • Key care outcomes to be evaluated through an equity lens: race, ethnicity, gender, language, and socioeconomic status
Treat Me with Respect *Equitable and Patient centered*	• How do we evaluate patients' satisfaction and feedback? • What is "equitable care" and how do we evaluate it? • Do some patient groups have worse outcomes? Why? • What is our staff diversity and how may it impact patient care? • How do we ensure that patients are partners in their care? • How do we reduce cost of care? • How do we track medical debt for patient groups?	• Patient satisfaction and patient grievances (e.g., HCAHPS[22]) • Patient-centered care • Care affordability, debt burden • Social determinants of health • Pricing and affordability of care bundles • Total costs of care for conditions • Medical debt concerns/trends • Value-based payment models
Help Me Navigate My Care *Timely and Efficient*	• What do care navigation and care access mean? • What issues result from waiting for care or disconnected care (care that is not timely or efficient)? • Which populations have more complex care needs? What do we do to help them navigate care? • What is the role of a portable medical record and health IT in supporting care navigation?	• Care access, efficiency, and drivers of care navigation • Define "continuum of care" • Focus on key areas that are "roadblocks" in care navigation and their drivers • Define electronic health record, health IT, and the systems to support and secure patient information and patient access

Quality Concept	Key Questions	Suggested Educational Concepts
Help Me Stay Well *Community and Population Health and Wellness*	• What is the difference between population and patient health? • How do we segment patient populations to evaluate population health outcomes? • What unique strategies do/can we deploy to care for and engage areas or populations with worse health outcomes? • How are we compensated (or not) for population health and wellness?	• Define population health vs. patient health[23] • Explain the community health needs assessment (CHNA) • Interpret population health, prevention, and wellness metrics • Define social determinants of health • Explain fee-based vs. risk-based contracts

This support guide can be used as a starting point for hospital leaders and educators to create their system's board education plan, to ensure the concepts are imparted across the dimensions of health care quality to trustees. Health systems will vary in terms of which concepts need to be introduced to all trustees versus only to those who serve on the quality committee. That said, absorbing all these concepts at once would be overwhelming, so teaching the concepts in smaller segments over time is essential, as is reinforcing the concepts with additional learning opportunities and available resources, particularly as new members join the board.

It is also worthwhile to consider different formats for teaching these concepts to various audiences such as a half-day retreat, a full-day education session, or in-depth hour-long programs offered throughout the year. Finally, consider how the concepts should be introduced to new trustees and reinforced for experienced trustees to support a common knowledge base.

Just as most trustees join a board with a conversation about what they can contribute in time, treasure, and talent to support the organization, perhaps there can also be a "learn" expectation to identify the need for continuous growth and learning, even as a trustee, to advance a culture of improvement and quality excellence.

Support Guide: Core Improvement System Knowledge

A 2016 IHI White Paper, *Sustaining Improvement*, identified the drivers of quality control and quality improvement in high-performing organizations and highlighted that boards play an essential role in creating a culture of quality care and quality improvement.[24] Quality knowledge for trustees must include a deep understanding of and comfort with how health system leaders will identify, assess, and improve the elements of care delivery.

Organizations might take many approaches to improvement — from Total Quality Management, to Lean, to high reliability, to the Model for Improvement. Trustees need to understand their health system's improvement methodology and ensure that the health system has the people, processes, and infrastructure to support its improvement efforts.

Trustees might ask health system leaders the following discussion questions to gain an understanding of the organization's improvement system:

- What is the organization's system of improvement, in terms of both evaluating performance and prioritizing areas for improvement?

- How were major quality improvement efforts selected in the last two years? What criteria were used and evaluated to measure their impact?

- How does quality improvement cover the entire health system versus in-hospital improvement only?

- What analytic methods do leaders use to gather insight from the entire system to inform improvement initiatives? What are the gaps in the information and analytics?

- Recognizing that quality improvement is most sustainable when frontline staff members are engaged, how do senior leaders ensure that frontline staff lead quality improvement work, are actively providing ideas for improvement, and are willing and encouraged to speak up?

Health care leaders may educate board members on their organization's improvement system in many ways. For example:

- Virginia Mason Health System board members travel to Japan to learn about the Toyota Production System and Lean principles that Virginia Mason also employs.[25]

- The pediatric improvement network called Solutions for Patient Safety dedicates significant effort to board education on their high-reliability method of improvement and the board's role in understanding the core knowledge of safety and analyzing performance.[26]

- The board at St. Mary's General Hospital in Kitchener, Ontario, "sought out new knowledge about Lean through board education sessions, recruited new members with expertise in Lean and sent more than half of the board to external site visits to observe a high-performing Lean healthcare organization."[27]

Boards must understand how health system leaders perform the functions of quality planning, quality control, and quality improvement throughout the organization — and how that quality work is prioritized and resources are allocated. A 2015 article describes the process that Johns Hopkins Medicine undertook to ensure that the health system could map accountability for quality improvement throughout the organization, from the point of care to the board quality committee.[28] Similarly, in an article for The Governance Institute's *BoardRoom Press*, leaders from Main Line

Health shared their effort to delineate the flow and tasks of the oversight of quality from the boardroom to the frontline operations.[29] While the Johns Hopkins and Main Line Health approaches are unique to their systems, the essential idea they advanced is that a board and leadership should define the components of quality improvement work in their system and identify the accountability for those components throughout the system.

In addition to understanding accountability for quality throughout a health system, it is also essential for trustees to develop analytical skills to review data and engage meaningfully with leadership in generative dialogue about trends in the data. As part of their quality oversight role, health system boards need to understand the organization's key metrics and periodically review areas of performance that are outside of or below established expectations.

Also, educational training for trustees should teach them how to review data over time and request that data be benchmarked against other leading organizations to help them evaluate improvement opportunities. In IHI's interviews, some trustees noted that the way data are presented often impacts their ability to gain insights to oversee and engage leaders in discussions on quality performance and progress of quality improvement efforts.

In her work with health system trustees, Maureen Bisognano, IHI President Emerita and Senior Fellow, challenges boards that they should be able to answer four analytic questions pertaining to quality:[30]

1. Do you know how good you are as an organization?

2. Do you know where your variation exists?

3. Do you know where you stand relative to the best?

4. Do you know your rate of improvement over time?

A board that understands management's system of improvement and is analytically capable of tracking performance will be able to confidently answer those four questions. The board plays a critical role in holding health system leaders accountable for improvement results and should be a thought partner in the system's quality improvement efforts. Understanding the system of improvement and the ways in which an organization identifies and prioritizes areas for improvement is an essential function of quality governance.

Support Guide: Board Culture and Commitment to Quality

A board that understands quality concepts and the organization's system of improvement may still be unable to fulfill its commitment to safe, high-quality, and equitable patient care if it does not also have a culture of commitment to quality and a structure that ensures that the quality functions are effectively carried out. Essential elements of board culture and commitment to quality are incorporated in the Governance of Quality Assessment in recognition that a board that governs quality must not only know the key processes to oversee quality, but also oversee them in a way that demonstrates a cultural commitment to quality.

Many individuals and organizations have contributed thought leadership on building a culture for governance of quality in health care, including leading governance experts (such as Jim Conway, James Reinertsen, Larry Prybil, and James Orlikoff), The Governance Institute, the American Hospital Association, and a few leading state hospital associations. With guidance from the expert group, this support guide focuses on elements of governance culture, structure, and commitment that are unique to supporting trustee oversight of and engagement in quality.

The expert group identified five high-level attributes of board culture and commitment to quality, as described below.

Set Expectations and Prioritize Quality

Quality needs to be a priority for all board members, not completely delegated to the quality committee(s), even if the quality committee is doing more of the oversight. Quality is demonstrated as a board priority in many ways, including dedicating time to engage in discussion about quality issues on board meeting agendas, and linking some component of executive compensation to performance on quality metrics.

For example, before a trustee joins the Virginia Mason Health System board, they are sent a compact (that is then reviewed annually) to reinforce core expectations of trustees, which includes quality oversight.[31] Stephen Muething, Co-Director, James M. Anderson Center for Health System Excellence, Cincinnati Children's Hospital Medical Center, notes that Cincinnati Children's initially assigns all new board members to serve on the quality committee for their first year on the board, indicating that quality is so essential to their operations that every board member must develop core knowledge in quality.

Still, for too many boards, quality is not central to trustee education and not allocated sufficient time for learning and generative discussion.

Build Knowledge Competency and Define Oversight Responsibility of Quality

Knowledge and a clear work plan form a foundation for confident and thoughtful engagement in quality. Once trustees have been educated and are confident in their understanding of the core concepts, health system leaders need to work with trustees to define which issues the quality committee(s) will manage and which issues will be discussed by the entire board. This delineation of activities needs to be clearly articulated in the annual work plan for each group and will vary based on the size, scope, and structure of each organization.

Create a Culture of Inquiry

Board oversight of quality is not intended to micromanage the work of senior leaders, but to engage in thoughtful inquiry to ensure that organizational performance aligns with the expectations established by both leaders and trustees. For example, Henry Ford Health System has an annual quality retreat for its board quality committee and the quality committees of its hospitals and business lines. The trustees and health system leaders use this retreat as a time to dive deep on education, evaluate performance in depth, and have small group discussions to evaluate both quality and governance practices.[32]

Diversity also adds to the culture of inquiry by bringing differing perspectives and community representation to the quality discussions. The size of board and committee meetings can prohibit in-depth dialogue; building in time for small group interactions can help support a culture of inquiry.

Be Visible in Supporting Quality

Boards can support health system leaders in their efforts to improve quality in many ways, including conducting rounds, visiting the point of care, and thanking frontline staff for their contributions to improving care quality and safety. Health system leaders can provide guidance on the best ways for trustees to be visible in supporting quality in the organization.

Focus on the Patient

The board can also support quality work by including time on the agenda to hear patient stories, which personalizes the data. For example, board chair Mike Williams described how "Children's National Medical Center in Washington, DC, has strengthened board engagement with their frontline clinical teams to focus on safety, quality, and outcomes of clinical care. Their 'board to bedside' sessions discuss important topics of care and then move to the bedside to experience how changes are being implemented and gather experiences of patients."[33]

The elements of this support guide are reinforced in the Board Quality Culture and Commitment section (Category 1) of the Governance of Quality Assessment (GQA). Boards that carry out the core processes of governance of quality without a deeper culture and commitment to quality will be more likely to have a "check the box" mentality that the expert group identified as less likely to demonstrate leadership and commitment to advancing quality within the health system in a way that patients deserve.

Appendix B: IHI Lucian Leape Institute Expert Meeting Attendees

Advancing Trustee Engagement and Education in Quality, Safety, and Equity

July 12, 2018

- Paul Anderson, Trustee, University of Chicago Medical Center

- Evan Benjamin, MD, MS, FACP, Chief Medical Officer, Ariadne Labs; Harvard School of Public Health; Harvard Medical School; IHI Faculty

- Jay Bhatt, DO, Senior Vice President and Chief Medical Officer, American Hospital Association; President, Health Research & Educational Trust

- Lee Carter, Member, Board of Trustees, Former Board Chair, Cincinnati Children's Hospital Medical Center

- Jim Conway, MS, Trustee, Winchester Hospital, Lahey Health System

- Tania Daniels, PT, MBA, Vice President, Quality and Patient Safety, Minnesota Hospital Association

- James A. Diegel, FACHE, Chief Executive Officer, Howard University Hospital

- James Eppel, Executive Vice President and Chief Administrative Officer, HealthPartners

- Karen Frush, MD, CPPS, Chief Quality Officer, Stanford Health Care

- Tejal K. Gandhi, MD, MPH, CPPS, Chief Clinical and Safety Officer, Institute for Healthcare Improvement; President, IHI Lucian Leape Institute (Meeting Co-Chair)

- Michael Gutzeit, MD, Chief Medical Officer, Children's Hospital of Wisconsin

- Gerald B. Hickson, MD, Senior Vice President for Quality, Safety, and Risk Prevention, Vanderbilt Health System; Joseph C. Ross Chair for Medical Education and Administration, Vanderbilt University Medical School; Board Member, Institute for Healthcare Improvement

- Brent James, MD, MStat, Member, National Academy of Medicine; Senior Fellow and Board Member, Institute for Healthcare Improvement

- Maulik Joshi, DrPH, Chief Operating Officer, Executive Vice President, Integrated Care, Anne Arundel Medical Center

- Gary S. Kaplan, MD, FACMPE, Chairman and CEO, Virginia Mason Health System; Chair, IHI Lucian Leape Institute; Board Member, Institute for Healthcare Improvement

- John J. Lynch III, FACHE, President and CEO, Main Line Health

- Kedar Mate, MD, Chief Innovation and Education Officer, Institute for Healthcare Improvement

- Patricia McGaffigan, RN, MS, CPPS, Vice President, Safety Programs, Institute for Healthcare Improvement; President, Certification Board for Professionals in Patient Safety, IHI

- Ruth Mickelsen, JD, MPH, Board Chair, HealthPartners

- Stephen E. Muething, MD, Chief Quality Officer, Co-Director, James M. Anderson Center for Health System Excellence, Cincinnati Children's Hospital Medical Center

- Lawrence Prybil, PhD, LFACHE, Community Professor, College of Public Health, University of Kentucky

- Michael Pugh, MPH, President, MDP Associates; Faculty, Institute for Healthcare Improvement

- Shahab Saeed, PE, Adjunct Professor of Management, Gore School of Business, Westminster College; Former Trustee, Intermountain Healthcare

- Carolyn F. Scanlan, Board Member, Penn Medicine Lancaster General Health

- Michelle B. Schreiber, MD, former Senior Vice President and Chief Quality Officer, Henry Ford Health System

- Andrew Shin, JD, MPH, Chief Operating Officer, Health Research & Educational Trust

- Debra Stock, Vice President, Trustee Services, American Hospital Association

- Charles D. Stokes, MHA, FACHE, President and CEO, Memorial Hermann Health System; Immediate Past Chair, American College of Healthcare Executives

- Beth Daley Ullem, MBA, Lead Author and Faculty, IHI; President, Quality and Patient Safety First; Trustee, Solutions for Patient Safety and Catalysis; Former Trustee, Thedacare and Children's Hospital of Wisconsin; Advisory Board, Medstar Institute for Quality and Safety

- Sam R. Watson, MSA, MT(ASCP), CPPS, Senior Vice President, Patient Safety and Quality, and Executive Director, MHA Keystone Center for Patient Safety and Quality, Michigan Health & Hospital Association; Board Member, Institute for Healthcare Improvement

- John W. Whittington, MD, Senior Fellow, Institute for Healthcare Improvement

- Kevin B. Weiss, MD, MPH, Senior Vice President, Institutional Accreditation, Accreditation Council for Graduate Medical Education

- David M. Williams, PhD, Senior Lead, Improvement Science and Methods, Institute for Healthcare Improvement

- Isis Zambrana, Associate Vice President, Chief Quality Officer, Jackson Health System

Appendix C: Members of the IHI Lucian Leape Institute

- Gary S. Kaplan, MD, FACMPE, Chairman and CEO, Virginia Mason Health System; Chair, IHI Lucian Leape Institute; Board Member, Institute for Healthcare Improvement

- Tejal K. Gandhi, MD, MPH, CPPS, Chief Clinical and Safety Officer, Institute for Healthcare Improvement; President, IHI Lucian Leape Institute

- Donald M. Berwick, MD, MPP, President Emeritus and Senior Fellow, Institute for Healthcare Improvement

- Joanne Disch, PhD, RN, FAAN, Professor ad Honorem, University of Minnesota School of Nursing

- Susan Edgman-Levitan, PA, Executive Director, John D. Stoeckle Center for Primary Care Innovation, Massachusetts General Hospital

- Gregg S. Meyer, MD, MSc, CPPS, Chief Clinical Officer, Partners HealthCare

- David Michaels, PhD, MPH, Professor, Department of Environmental and Occupational Health, Milken Institute School of Public Health, George Washington University

- Julianne M. Morath, RN, MS, President and CEO, Hospital Quality Institute of California

- Susan Sheridan, MIM, MBA, DHL, Director of Patient Engagement, Society to Improve Diagnosis in Medicine

- Charles Vincent, PhD, MPhil, Professor of Psychology, University of Oxford; Emeritus Professor of Clinical Safety Research, Imperial College, London

- Robert M. Wachter, MD, Professor and Chair, Department of Medicine, Holly Smith Distinguished Professor in Science and Medicine, Marc and Lynne Benioff Endowed Chair, University of California, San Francisco

Emeritus Members

- Carolyn M. Clancy, MD, Assistant Deputy Under Secretary for Health for Quality, Safety and Value, Veterans Health Administration, US Department of Veterans Affairs

- Amy C. Edmondson, PhD, AM, Novartis Professor of Leadership and Management, Harvard Business School

- Lucian L. Leape, MD, Adjunct Professor of Health Policy, Harvard School of Public Health

- Paul O'Neill, 72nd Secretary of the US Treasury

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