MHA MASSACHUSETTS HOSPITAL ASSOCIATION

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FAQs regarding *Creating a Culture of Safety: A Board Self-Assessment Tool*

Q: What is the purpose of this document?
A: We intend this document to be a tool that hospital and health system Board members can use to assess their individual support for and engagement with quality and safety improvement efforts in their hospitals, as well as to assess the support and engagement of their Board as a whole. The tool is not a comparative or competitive measure but, rather, a means to increase awareness of and commitment to quality and safety improvement among hospital leaders.

Q: Is this tool mandated for hospital or health system use?
A: No. We intend that the tool support hospital governance-improvement efforts on a voluntary basis. However, considering the increasing fiduciary responsibilities hospital trustees face, the competitive advantage associated with quality, and the increasing financial risk arising from changes in healthcare payments based on quality, we expect increased demand among hospitals for tools to support governance attention to quality.

Q: How should we use the tool?
A: Individual Board members or trustees will rate or score his or her Board's current status on each of the eight dimensions of quality/safety governance by indicating the level (adoption, early progress, established competence, governance excellence) which best describes his or her Board's current practices. Hospitals can aggregate the results of the individual surveys for further discussion about the level of and variation in the responses to inform trustee satisfaction, education and development efforts.

Q: Some Boards are already using self- assessment tools. What about other, similar, tools?
A: We intend for hospitals to use this tool explicitly to assess the Board's performance in establishing a culture of quality and safety. Other tools are more comprehensive and cover many aspects of governance. Since hospital and health-system structures and environments vary, individual Boards should seek and choose tools that fit their particular needs. However, more importantly, the self-assessment tool chosen should support an honest, thorough evaluation that triggers dialogue and action about current and best practices, and inspires support for quality improvement efforts including routine review of quality and safety performance measures.

Q: How was this tool developed? Was it based on other sources?
A: This tool was developed primarily through the collaborative experiences of five Massachusetts hospitals that participated in an MHA-supported and Blue Cross Blue Shield of Massachusetts funded project to advance quality and safety improvements in their hospitals. One of the products of this project was an extensive survey that looked at "best practices" for Boards in supporting a culture of quality and safety[1][2][3][4][5]. The MHA's Trustee Advisory Council reduced this survey to a more approachable, 2-page instrument that is effective and useful for hospital Boards. The MHA's Clinical Issues Advisory Council, which consists of chief medical, nursing and quality officers from MHA member hospitals and health systems, also reviewed this instrument. With the approval of MHA's Board of Trustees, it will be available to the MHA membership for download on **MHA's governance webpage.**

For more information, please contact the MHA at (781)262-6000 and ask for "Member Relations".

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[1] Belmont, E. et al, "A New Quality Compass: Hospital Board's Increased Role Under the Affordable Care Act," *Health Affairs*, 30, No. 7, (2011): 1282-89.
[2] Alliance for Advancing Nonprofit Health Care, *Great Governance: A Practical Guide for Busy Board Leaders and Executives of Nonprofit Health Care Organizations*, Monograph, (2011).
[3] Executive Dialogue, Governance at a Crossroads: Trustees Role in the Future of Health Care, *Trustee*, October 2011, p.28-37.
[4] Combes, J., *Health Care Reform and the Trustee's Role*, Monograph Series, AHA Center for Healthcare Governance, (2010).
[5] Belmont, E. et al, "Quality in Action: Paradigm for a Hospital-Board-Driven Quality Program," *Journal of Health and Life Sciences Law*, 4, No. 2, (2011), p. 95-145.

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Creating a Culture of Safety – A Board Self-Assessment Tool

This tool is intended to assist hospital Boards to evaluate their support for quality and safety improvement efforts in their hospitals.

Dimension 1 – Quality of Care Committee

ADOPTION	EARLY PROGRESS	ESTABLISHED COMPETENCE	GOVERNANCE EXCELLENCE
No Committee or Limited Board time on Quality and Safety	Board Committee established with clear responsibility for Quality and Safety. Focus primarily reactive to material presented	Active Committee with lay trustees now have good understanding of Quality and Safety	Highly active Committee meets monthly, championing improved Quality and Safety

Dimension 2 – Incorporating Information from Patients and Their Families into Board Discussions

ADOPTION	EARLY PROGRESS	ESTABLISHED COMPETENCE	GOVERNANCE EXCELLENCE
Patient and Family Advisory Committee (PFAC) exists as required by law, but no collaboration or relationship between PFAC and the Board	PFAC findings reported to the Quality of Care Subcommittee of the Board	PFAC findings reported to and discussed by Board	Members of PFAC take part in Board discussions of patient and family issues

Dimension 3 – Review, Monitoring and Response

ADOPTION	EARLY PROGRESS	ESTABLISHED COMPETENCE	GOVERNANCE EXCELLENCE
Limited substantive analysis or debate of Quality and Safety at Board level.	Progress against improvement targets is discussed and analyzed by Board	In depth, high energy, timely discussions at Board on Quality and Safety	Board spends at least 1/3 of meeting time on improving Quality and Safety throughout the organization.

Dimension 4 –Board Influence on Management

ADOPTION	EARLY PROGRESS	ESTABLISHED COMPETENCE	GOVERNANCE EXCELLENCE
Limited Board reinforcement of management commitment to Quality and Safety goals.	Board reinforces management commitment to Quality and Safety. Senior management bonuses tied partly to Quality and Safety goals	Reward systems based on Quality and Safety goals extend into multiple levels of the organization.	Unwavering Board commitment reinforces management approaches to address difficult quality and safety policy, sourcing or people issues

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Creating a Culture of Safety – A Board Self-Assessment Tool (Continued)

Dimension 5 – Board Influence on Medical Staff

ADOPTION	EARLY PROGRESS	ESTABLISHED COMPETENCE	GOVERNANCE EXCELLENCE
Limited Board focus on accreditation and credentialing	Board interaction with medical staff leaders signals importance of quality and safety. Credentials watched	Board understands major quality projects and ensures physician or nurse leadership of appropriate projects	Board championing of quality and safety widely visible to all medical staff

Dimension 6 – Creating a Culture of Quality and Safety

ADOPTION	EARLY PROGRESS	ESTABLISHED COMPETENCE	GOVERNANCE EXCELLENCE
Board takes passive role, accepts organizational values and culture as a given	Board has limited visibility into whether behaviors are consistent with desired culture and values	Board ensures there is an active process for engaging the organization to ensure a culture of safety	Board has an active program for measuring whether the organization is living up to its aspirations to have an organization-wide understanding and take action

Dimension 7 – Resource Allocation and Prioritization

ADOPTION	EARLY PROGRESS	ESTABLISHED COMPETENCE	GOVERNANCE EXCELLENCE
Expenditures on Quality and Safety beyond compliance requirements are seen as discretionary	Priority on building infrastructure both data and analysis capability is evident	Board understanding of the full resource implications of a robust Quality and Safety program	Quality and Safety are treated as strategic imperatives and resource priorities are set

Dimension 8 – Understanding the External Health Care Environment

ADOPTION	EARLY PROGRESS	ESTABLISHED COMPETENCE	GOVERNANCE EXCELLENCE
Board learns what is happening in the external health care environment only from management of the hospital	Occasional Board member participation in external forums on Quality and Safety or internal retreats featuring external speakers	Frequent and multiple Board member attendance at external forums	Most Board members knowledgeable about the external environment through information gained from both hospital and external sources