



INSTITUTE FOR  
HEALTHCARE  
IMPROVEMENT

## A New Challenge in Patient Safety

*Transforming leadership infrastructure through widespread board engagement.*

With a little more than six months remaining in the 5 Million Lives Campaign, the Institute for Healthcare Improvement (IHI) has begun to reflect deeply on progress so far. We have initiated several measurement studies on national change in mortality and harm, while closely collaborating with partners who will help us determine whether a critical mass of American facilities has observed meaningful decreases in the infections, medication errors and surgical complications that this work targets. Some signs are encouraging (more than 65 hospitals, for instance, have reported going more than a year without a ventilator-associated pneumonia), and some hard questions remain.

Perhaps nothing, however, is so striking as this fact: More than 40 percent of participating hospitals—or 1,679 facilities—have committed to getting their boards on board; engaging their governance bodies to provide the crucial attention to quality and safety that is necessary to energize those introducing clinical improvements at the front lines of care. Specifically, hospitals that have adopted the Campaign’s “Boards on Board” intervention have committed to the following:

1. Set a specific aim to reduce harm this year and make a public commitment to measurable quality improvement.
2. Select and review progress toward safer care as the first agenda item at board meetings.
3. Establish and monitor a small number of organization-wide “roll-up” measures that are updated continually and are transparent to the entire organization and its customers.
4. Establish and maintain an environment that is respectful, fair and just for all who experience pain and loss from avoidable harm.
5. Develop the capability of the board.
6. Oversee the execution of a plan to achieve the board’s aims to reduce harm, including executive team accountability for clear quality improvement targets.

We hope this commitment signals the beginning of a significant change. For it to be more than a gesture, however, boards must set for themselves the same standards of

performance and execution that they expect from clinicians; they must carry out best practices and create structures for supporting improvement (e.g., organizationwide scorecards for performance, quality committees, inviolate time on the agenda in board meetings) that will directly impact performance. They must actively remove barriers to progress and excuses for inaction, genuinely value the perspectives of patients and families, and find ways

- Currently, more than 40 percent of 5 Million Lives Campaign hospitals have committed to implementing the “Boards on Board” intervention.
- If your hospital has already committed to the “Boards on Board” intervention, go to the Campaign Web site ([www.ihl.org/campaign](http://www.ihl.org/campaign)) and verify that your records are up-to-date for this and every other Campaign intervention.
- If your hospital has not yet committed to the “Boards on Board” intervention, do so **NOW** and let us know.
- If you have any questions, please e-mail us at [campaign@ihl.org](mailto:campaign@ihl.org).

to unleash creativity and passion among large groups of devoted doctors, nurses and other clinicians. Our frequent visits to the field suggest that many boards are taking these responsibilities seriously, and we will actively document strategies for sustained progress in the weeks and months to come.

The IHI has decided to ask the nation's hospitals to do something even more transformative in the Campaign's remaining months: *By this December, we want to double the number of hospitals whose boards have committed to making harm reduction a top priority.* It is time, we think, to take leadership improvement to an even higher level.

How do we propose to accomplish this? More specifically, how will hospital leaders who have yet to engage their boards go about this important work?

The most successful organizations start by making very clear to their boards just how high the stakes are for improvement. They explain that the fiduciary responsibility of governance extends beyond financial outcomes to quality of care, and they note increasing scrutiny from regulators, the media, public officeholders and credit raters. They explain the realities of “transparency”—information on their performance is rapidly becoming publicly available—and they confront the board with hard data on the hospital's success at reducing harm, simultaneously drawing attention to implications for the organization's revenue.

These same facilities, however, do not simply generate anxiety for their board members; on the contrary, they demonstrate the great opportunities that a genuine investment in hospital quality can yield, noting the striking outcomes, improved throughput and increased retention rates that might result from this commitment. They connect their boards to other systems and facilities the media and public have recognized and embraced for their sterling improvement efforts, and they often create connections to the boards in these hospitals who will act as mentors, enhancing preparation for driving quality and building confidence that trustees can successfully take on the responsibility for quality, irrespective of clinical background.

Once the board begins to demonstrate a clear interest in improving quality and safety, hospital executives and

managers can assist trustees in candidly assessing their own readiness to meaningfully engage in this work. Tools like the Hospital Leadership and Quality Assessment Tool, currently being tested by the Centers for Medicare and Medicaid Services, offer an extremely useful, user-friendly approach to such introspection and articulate a

constructive path for filling gaps in the board's preparation or performance. In turn, executive teams and clinician leaders in progressive facilities begin to work closely with trustees to design ambitious organization-level aims for improvement, clear protocols for regularly reviewing progress, and explicit plans for executing change.

At its heart, the 5 Million Lives Campaign seeks to do nothing less than to reduce harm in U.S. hospitals and build an infrastructure for improving the country's hospital care that will thrive for many years to come. This will require thousands of facilities to join together in a vibrant network, continuously sharing expertise, practical tools and optimism with one another, and it also will require the unwavering attention of leadership to make significant, sustainable change. This leadership behavior starts with the board of directors, and enrolling and engaging a majority of these trustee groups will mark a major step toward permanently delivering the outcomes that patients in the nation's hospitals deserve.

Along with the coalition of governance leaders that endorsed the 5 Million Lives Campaign's "Boards on Board" intervention, we hope that whole systems or states might jointly commit to complete enrollment and meaningful engagement of their boards, thereby lending enormous energy to local improvement efforts and setting a shining example for leaders across the nation. ▲

*For more information on the 5 Million Lives Campaign, please visit [www.ihl.org/campaign](http://www.ihl.org/campaign).*

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