According to a 2010 Office of Inspector General (OIG) report, one in seven hospitalizations result in medical harm.[1] You may say this is overstated, but a week latter similar results were published by a study in the New England Journal of Medicine. [2]

The Centers for Medicare and Medicaid (CMS) require that hospitals have a Governing Body or a Board that is "legally responsible for the conduct of the hospital as an institution". [3] The Board hires and may fire the CEO and medical staff. As reported by the OIG "Medicare places the responsibility for quality in hospitals squarely on the shoulders of the Boards;"[4] so does the Joint Commission, the major accrediting body of acute care facilities.

Hospital Boards need to be fully engaged on quality. Recent studies have shown a direct correlation between hospital performance and Board engagement. [5]

Of concern is a 2009 report, by Jha and Epstein, published in Health Affairs[6] that studied non-profit Boards and found that less than half identified "quality" as a top priority in Board responsibility or in judging the CEO's performance. There was also a twofold difference between the top and bottom performing institutions in utilizing quality as a measure of the CEO's performance and a 30 percentage point spread in having quality as a top priority for Board oversight.

All Board members should have formal training in quality assurance by an outside independent source. The Institute for Healthcare Improvement (IHI) is one of the driving forces behind this education with their "Getting Boards on Board" initiative. [7] At a minimum, at least 25% of the meeting should be spent on quality issues.[5]

Each Board meeting should start with a presentation of a patient harmed at the institution. Some Boards even have a presentation by the patient. Many authorities recommend this. Periodically, an in-depth case study should be presented by the CEO and hospital administrators of a patient harmed at the institution. These studies should include an interview with the patient and should be no less than one hour in length.[7]

Boards should conduct random chart reviews of at least 20 patient charts for medical errors and injury, using a Board appointed team of clinicians and a mechanism such as the IHI Global Trigger Tool.[7]

A dashboard of data regarding quality needs to be available at each Board meeting. What is on this dashboard is important. For example, comparisons should be made to the national average and to facilities above the top quartile, and not just to facilities within the corporation.

How many cases of Hospital Acquired Conditions as defined by the CMS services were there? How may Serious Reportable Events as defined by the National Quality Form were there? How many cases of the superbugs, MRSA and Clostridium Difficile, were there? How many Stage III and IV bed ulcers were there?

Statistics are nice, but real numbers are also needed. For example: Vascular Catheter Infections should be close to zero. One should be considered a rate too high. Every patient counts, they are not just a statistic.

Some or a portion of your meetings may be held in "Executive Session", meeting alone without the CEO. For example: If major problems exist in your facility, you may want to talk to Staff and Quality Assurance personnel privately. Often important information about the functioning of an institution comes from members of the community and employees, other sources than official channels.

Board members should also remember that there is no "I" in Board. It is a consensus organization. Once a decision is made, there is no room for dissent or individual action.

The Board also needs to make decisions on tough issues such as public reporting and full disclosure of medical errors to both the family and the community. Although controversial, multiple studies have shown this does not increase liability costs. [8,9,10]

One needs to remember that if you are a member of a non-profit institution, your primary fiduciary responsibility (loyalty) is to charitable purposes and the community.

No excuses. "I only see what they provide" will not fly. You are the Governing Body, the boss. Some Boards even provide financial incentives for CEO's to meet certain quality milestones.[5] For example: Having a Central Line Infection rate of zero.

Through proper training and engagement, Boards can become a key component for assuring high-quality healthcare in our communities.

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[3] 42 CFR § 482.21(e), CMS's Conditions of Participation for Hospitals, the governing body of the hospital is responsible for quality of care. http://cfr.vlex.com/vid/482-condition-participation-governing-body-19811330

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