



# Governance of Quality Assessment Tool

## 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.



## AUTHORS:

Elizabeth Daley Ullem, MBA: *Faculty Lead, IHI; President, Quality and Safety First*

Tejal K. Gandhi, MD, MPH, CPPS: *Chief Clinical and Safety Officer, IHI; President, IHI Lucian Leape Institute*

Kedar Mate, MD: *Chief Innovation and Education Officer, IHI*

John Whittington, MD: *Senior Fellow, IHI*

Marina Renton: *Research Assistant, IHI*

Joellen Huebner: *Senior Project Manager, IHI*

## Acknowledgments:

The authors are grateful to the IHI Lucian Leape Institute members, whose leadership identified the need for support for trustees and health system leaders in governance of quality. We also thank the experts interviewed for this work and the in-depth contributions of the expert group that developed and revised the framework and assessment tool, including Kathryn C. Peisert, Managing Editor, The Governance Institute. This work was created through collaboration with many leading health care and governance organizations, including the American Hospital Association, The Governance Institute, and the American College of Healthcare Executives. Finally, the authors thank Jane Roessner and Val Weber of IHI for their thoughtful editorial review of this white paper and the IHI thought leaders who, over the years, have advanced board commitment to quality.

*The Lucian Leape Institute is an initiative of IHI. This paper was generously funded by an unrestricted educational grant from Medtronic, Inaugural Funder of the IHI Lucian Leape Institute. Medtronic had no control or influence over the selection of experts, the content, or the views expressed in this paper.*

---

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.

## Introduction

Many health system leaders have worked to ensure that their trustees are sufficiently prepared to oversee quality, but 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.

The **Governance of Quality 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.

For more information on the development of the GQA, along with supporting research and resources, please review the IHI White Paper, **Framework for Effective Board Governance of Health System Quality** (<http://www.ihl.org/resources/Pages/IHIWhitePapers/Framework-Effective-Board-Governance-Health-System-Quality.aspx>).

## 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.

The GQA takes an average of 10 minutes to complete.

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

# Governance of Quality Assessment Tool

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
<b>Category 1 Total Score: (14 possible)</b>		

**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
<b>Category 2 Total Score: (12 possible)</b>		

**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
<b>Category 3 Total Score: (8 possible)</b>		

**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
<b>Category 4 Total Score: (10 possible)</b>		

**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
<b>Category 5 Total Score: (6 possible)</b>		

**Governance of Quality Assessment Tool (continued)**

<b>Category 6: Help Me Stay Well: Community and Population Health and Wellness</b>		
<b>Core Board Process</b>	<b>Score (0, 1, or 2)</b>	<b>Process leads to a:</b>
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
<b>Category 6 Total Score: (10 possible)</b>		

<b>Total Score for This Assessment:</b> (sum of total scores for Categories 1 through 6)	
<b>Total Possible Score:</b>	<b>60</b>

### Interpreting the Overall Governance of Quality Assessment Score

Total Score	Board Performance Level
<b>40 to 60</b>	Advanced board commitment to quality
<b>25 to 40</b>	Standard board commitment to quality
<b>25 or Fewer</b>	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?