

Trends in Healthcare and Governance | September 2025

## A roadmap toward effective governance of quality and safety

Professional organizations and regulatory and accrediting agencies are calling on healthcare boards to fulfill their role of being accountable for quality and patient safety. It's more important than ever for boards to prioritize their focus in this critical area.

Kathy K. Leonhardt, MD, MPH, CPHQ, CPPS, CPHFH, principal consultant, Joint Commission International, closed HTNYS' Annual Trustee Conference last week with a discussion on the board's ultimate responsibility for quality and patient safety. She suggested that at their next board meeting, healthcare trustees discuss how to ensure that they are engaged in:

- Influence: The impact of the board on quality and safety is critical.
- Understand: Multiple responsibilities of the board are defined in regulations and accreditation.
- **Execute:** Effective governance requires a structured framework.

## Roles and responsibilities

Trustees are accountable for quality and safety, as defined by regulations and law.

**Regulatory**: The governing body is legally responsible for the conduct of the hospital, according to CMS. The hospital must develop, implement and maintain an effective, ongoing, hospital-wide, data-driven quality assessment and performance improvement program. The governance/board must:

- engage in oversight of QAPI for all services provided, including contracted services;
- document board member attendance at the board's quality committee and that QAPI is included in every agenda and in board meeting minutes;
- approve annual QAPI projects that represent the complexity of an organization; and
- ensure the focus is on high-risk, high-volume, problem-prone areas.

**Accreditation**: Accrediting organizations such as The Joint Commission state that the governing body assumes full legal responsibility for the conduct of the hospital. The hospital's governing body is responsible and accountable for quality improvement and patient safety programs, QAPI efforts, resource allocation and the number of improvement projects.

**Fiduciary:** The board must act in good faith and in the best interest of the organization, according to the Medicare Office of Inspector General. Boards' duty of care for oversight of quality and patient safety includes

being aware of issues, paying attention to quality measures and reporting requirements and receiving updates on quality initiatives.

## Roadmap: Six steps to success

A framework for effective quality oversight can clarify trustees' roles, responsibilities and actions that support staff and patients. Boards can prepare to fulfill their responsibilities by taking these six steps:

- 1. Assess performance: Conduct an annual assessment to evaluate the board's effectiveness in achieving quality and safety goals. The <a href="CMS Patient Safety Structural Measure">CMS Patient Safety Structural Measure</a> assesses how well hospitals implement patient safety infrastructure by requiring attestation to specific, evidence-based practices across five domains: leadership commitment, strategic planning, culture of safety, accountability and transparency, and patient and family engagement. This is a shift from purely outcome-based measures. Hospitals must report on their engagement with these practices to avoid a decrease in their annual Medicare reimbursement beginning with the calendar year 2025 reporting period (federal fiscal year 2027 payment determination).
- 2. **Select board members:** Define criteria for membership to ensure the governing body has diverse expertise to help guide healthcare institutions. Use the results of the assessment to identify strengths and opportunities.
- 3. **Gain knowledge:** Board members need knowledge, information and skills to drive meaningful change. Use resources, such as those available from <a href="https://example.com/HTNYS">HTNYS</a>, including the <a href="https://example.com/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/Boardroom/
- 4. **Set the agenda:** An effective <u>meeting agenda</u> can guide the board in achieving the specific quality-related requirements. Research suggests that better quality outcomes are associated with hospitals at which the board spends more than 25% of its time on quality issues. Topics that should be on every agenda include: patient story, performance indicator reports, patient safety reports, CMS requirements/QAPI program, accreditation requirements and board education.
- 5. **Oversee quality:** The responsibilities of the governing body relating to quality and safety are defined in fiduciary, regulatory and accreditation requirements as described above. Boards should receive validated data in a standardized quality performance report that reflects the priorities of the organization. Overall roles and responsibilities of the governance structure include:
  - The board: Performs periodic review; establishes safety expectations; approves frequency and detail of data collection.
  - Quality/safety board committee: Analyzes clinical safety and quality including adverse events, medical errors and corrective actions.
  - Quality improvement team: Performs data collection and implementation of improvement plans/actions.
- 6. **Create the culture:** The board plays a significant role in defining, creating and maintaining the culture of an institution, through actions such as: setting the vision and mission that prioritizes quality and safety, providing the necessary resources (human, financial, technical) for staff to be able to provide high quality and safe care, defining and role modeling behaviors that support a culture of safety and engaging staff through communication and activities such as leadership rounds.

Take advantage of the roadmap and resources above to better understand how to fulfill your role in improving organizational performance in quality and safety.

Information for this article was obtained from:

- The Ultimate Responsibility: Executing the Board's Role in Quality and Safety, Presentation by Kathy K. Leonhardt, MD, MPH, CPHQ, CPPS, CPHFH, principal consultant, Joint Commission International, HTNYS Annual Trustee Conference, Sept. 13, 2025
- Leadership Matters: A Roadmap Toward Effective Governance of Quality and Safety, AHA Trustee Services Boardroom Brief. © Used with permission of the American Hospital Association

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## Contact:

Kristen Phillips, Director, Trustee Education and Community Health Policy, Healthcare Trustees of New York State

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