



To what degree is the governance of Dutch hospitals orientated towards quality in care? Does this really affect performance?



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ABSTRACT

Introduction: Changing health care systems and market competition requires hospital boards to shift their focus towards a systematic governance of the quality of care. The objective of our study was to describe hospital governance and the quality orientation in the Netherlands. Also we wished to investigate the relationship with hospital performance. **Materials and methods:** The chairs of both the boards of trustees and the management boards from all 97 Dutch hospitals were asked to participate in a cross-sectional study between November 2010 and February 2011. In this period data on their quality orientation were collected using a web-based survey. Data on hospital performance over the year 2010 were obtained in July 2011.

Results: A mixture of reforms and national guidelines increased the emphasis on quality governance in Dutch hospitals. Our results show that boards of trustees and management boards had a reasonable quality orientation. Boards were familiar with quality guidelines, received a reasonable amount of information related to quality and used this for monitoring quality and policy-making. However, we found no association between their quality orientation and hospital performance.

Conclusion: There was a growing awareness of the quality of care among boards of trustees and management boards; yet some boards still lagged behind. Quality orientation is an important asset because receiving, reviewing and responding to the quality of their performance should provide opportunities to improve quality. However, we were not able to find a relationship between quality orientation and hospital performance. Future research should investigate how boards can develop quality management systems which in turn could enable medical professionals to optimise their delivery of care and thus its quality.

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1. Introduction

Hospitals are under increasing scrutiny to improve their quality of care because of the changing health care system and its increasing need for transparency [1]. This is a challenge for the hospitals governing bodies. In general, boards of management are responsible for the daily running of the hospital, while it is the responsibility of the board of trustees to oversee and evaluate their activities and to hire

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and fire the chief executive officer (CEO) [2]. Increasingly, hospital managers are held responsible if doubts arise over the quality and safety of care. There have been many examples of incidents in the media that emphasise the role of hospital governance in the quality of care. In the UK there is the case of the Staffordshire Hospital, where the Foundation Trust's management was criticised for the high mortality rates. In the Netherlands, the management board in the Scheper Hospital in Emmen did not monitor the quality of care properly, which allowed a dysfunctioning hospital consultant to continue to endanger patient safety [3]. Another example is the emergence of hospital bacterial infection at the Maasstad Hospital in Rotterdam, which was able to occur partially because both the hospital's management board and its board of trustees lacked a sufficient focus on the quality of care [4]. Since these scandals still seem to occur due to failing hospital governance, we investigated how hospital governance in the Netherlands has taken shape and to what extent hospital boards are orientated towards quality.

Following the rationale of the agency theory, the board of trustees, that is the principal, delegates responsibility to perform certain tasks to the management board – the agent – on their behalf [5]. A principal–agent problem arises when both boards have incongruent objectives and insufficient information is available to the board of trustees. In order for these boards to ascertain the main objective of the hospital, sufficient information should be at hand and actions should be taken accordingly. However, the relationship between a hospital's board of trustees, and its management board, is not well understood. Neither is their influence on the quality of care.

The processes of governance towards quality of care can best be understood by developing a new governance model that is inspired by Deming's well-established plan-do-check-act cycle (Fig. 1). As such, in the planning stage the board of trustees *requests* the management board to deliver sufficient information about the performance on quality-related issues. This information can be summarised and presented in a so-called quality "dashboard", a management tool containing a variety of indicators. The content of these dashboards necessitates medical professionals to register, precisely and accurately, the care delivered and to collate these data. The board of trustees in turn, makes sure they actually *receive* this information. Information can also be obtained by having direct contact with medical professionals during walk rounds. Once the information about quality performance is at hand, they then need to *review*

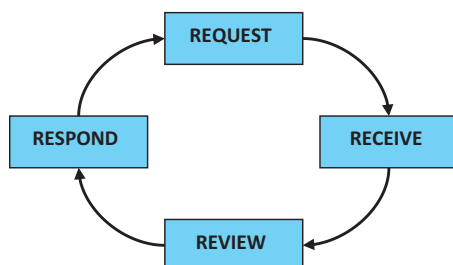


Fig. 1. The governance model.

and discuss the information in order to identify important signals indicating the quality of performance. Which topics are reviewed during board meetings will depend on how the agenda is set, which reflects the priorities it sets in decision-making [6]. Subsequently, the board can *respond* by emphasising advice to the management board, by preempting relevant management tasks, or ultimately by firing the CEO. By reviewing quality performance trustees can improve quality because it provides an insight into what is required.

Business studies have shown that emphasising quality is a prerequisite to improving business performance [7]. This is because those businesses are more likely to develop effective learning mechanisms [8]. In health care research too, accumulating evidence shows the importance of prudent hospital governance for the quality of care. Several studies found associations between quality performance and a range of initiatives. These included: establishing a strategic goal for quality improvement; having quality performance on the agenda of board meetings; monitoring quality dashboards; and having a quality committee [9–12]. Additionally, the engagement of CEOs in quality was associated with the success of quality improvement projects [13]. Jha and Epstein [14] found that in high-performing hospitals, the board of trustees used quality performance as a factor to evaluate the CEO's performance. They also found that those boards of trustees spent more time on quality performance during meetings and perceived quality to be an important aspect of governance. However, most studies on hospital governance have been carried out in the US, and little is known about the quality orientation of boards in Dutch hospitals. It is important to know to extent the two boards are orientated towards quality of care, especially as they are responsible for this.

Our study aimed to determine firstly, how hospital governance has taken shape in the Netherlands. Secondly, we wished to identify the extent to which boards of trustees and management boards are orientated towards quality. And, thirdly, to determine how far this quality orientation affected hospital performance.

2. Materials and methods

2.1. Hospital governance in the Netherlands

We used reports and policy guidelines published by the Dutch Health Care Inspectorate (IGZ) and the Council for Public Health and Health Care (RvZ), among others, to ascertain how hospital governance has developed.

2.2. Quality orientation

2.2.1. Participants

All 97 Dutch hospitals participated in our cross-sectional quantitative study. All hospitals are private, non-profit organisations, eight of which are university hospitals. For each hospital, the chair of the trustees and the CEO, who is the chair of the management board, were invited to participate.

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