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Governing the quality and safety of healthcare: A conceptual framework

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ABSTRACT

Recent research has advanced understanding of corporate governance of healthcare quality, highlighting the need for future empirical work to develop beyond a focus on board composition to a more detailed exploration of the internal workings of governance that influence board engagement and activities. This paper proposes a conceptual framework to guide empirical research examining the work of board and senior management in governing healthcare quality. To generate this framework, existing conceptual approaches and key constructs influencing effectiveness are identified in the governance literature. Commonalities between governance and team effectiveness literature are mapped and suggest a number of key constructs in the team effectiveness literature are applicable to, but not yet fully explored, within the governance literature. From these we develop a healthcare governance conceptual framework encompassing both literatures, that outlines input and mediating factors influencing governance. The mapping process highlights gaps in research related to board dynamics and external influences that require further investigation. Organizing the multiple complex factors that influence governance of healthcare quality in a conceptual framework brings a new perspective to structuring theory-led research and informing future policy initiatives.

1. Introduction

Boards of healthcare organizations are increasingly recognised as important in driving healthcare quality and are the focus of this paper. A board is defined as a group of people charged with legal and constitutional responsibility for governing an organisation (Governance Institute of Australia, 2016). While governance can occur at multiple levels within and external to an organisation, boards are a formal mechanism of corporate governance. Although the literature details a multitude of factors thought to influence the governance of healthcare quality, there is no single conceptual framework that integrates these factors. This paper aims to address this gap through developing a conceptual framework for healthcare governance. Such a framework may be used to guide a theory-led approach to examine the ways in which key factors in the framework 'fit together' to influence the governance of healthcare quality (Dickinson and O'Flynn, 2016).

In setting out our argument we begin by describing the contribution of boards to healthcare quality performance, outlining the factors thought to influence the effectiveness of healthcare governance. Traditionally board research has typically had a strong focus on their composition, but more recent research turned its attention to the internal processes and dynamics of boards; the 'black box' of governance (Buechner et al., 2014; Freeman et al., 2016; Millar et al., 2015). What this indicates is an acceptance of the need to move beyond structural factors to focus on the range of other factors that influence discussion and decision-making within boards (Freeman et al., 2016; Chambers et al., 2013; Cornforth, 2012; Millar et al., 2013). We argue that the development of a conceptual framework can provide a tool to explore both the internal processes and dynamics influencing effective governance of healthcare quality and, broader social and cultural influences.

The structure for such a framework is derived from an existing team effectiveness conceptual framework. The resulting conceptual framework, the Healthcare Governance Performance Framework (HGPF), provides a comprehensive structure for undertaking theory-led research and we conclude by setting out some avenues for future research utilising the HGPF.

1.1. Healthcare governance in context

Recent decades have seen an increased understanding of the level of preventable harm associated with hospital care (Department of Health, 2000; Kohn et al., 2000; Wilson et al., 1995; Wilson and Van Der Weyden, 2005). In the United States, failures in healthcare have been associated with negligence on the part of both individual physicians and hospitals, as in the case of Redding Medical Centre, California

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where significant unnecessary cardiac surgery was undertaken resulting in substantial settlements to victims in 2004 (Klaidman, 2007; Walshe and Shortell, 2004). A common theme emerging from formal inquiries of such high profile hospital safety issues is failure in leadership at multiple levels, including the board, to actively monitor quality of care and ensure accountability.

The Francis review into failings at Mid Staffordshire hospital in the UK, found a lack of effective board leadership resulted in 'appalling care for patients' (p.1588) (Francis, 2013a). An earlier inquiry into mortality rates among pediatric cardiac patients at Bristol Infirmary found a board uninvolved in reviewing information about outcomes of care (Hindle et al., 2006). Similarly, Botje (Botje et al., 2013) outlines examples of poor quality hospital care in the Netherlands relating to a lack of sufficient board focus on the quality of care. These cases clearly point to the important contribution of boards in governing healthcare quality and the impact when that role is not enacted effectively.

Governments have responded to concerns of quality, outlining a number of board requirements. In the US, for example, to receive Medicare funding hospitals must demonstrate compliance with conditions of participation which specifically mention a board role in ensuring the quality program is sophisticated, reflects the complexity and service profile of the organization and has indicators related to outcomes and reducing medical errors (Condition of participation). In the UK, the Health and Social Care Act has significantly increased the focus on quality, with accompanying regulations enabling the regulator to initiate criminal charges if health services breach a set of fundamental standards (Quality Care Commission, 2014). The board's ultimate responsibility for the quality of care is clearly stated in government guides outlining these changes (National Quality Board, 2013).

With boards being more explicitly recognized as have a role in, and ultimate responsibility for, quality of services, a rapidly growing literature has emerged outlining factors associated with effective healthcare governance (Millar et al., 2013). Research on governance effectiveness factors can be divided into two main groups: input and mediator research. Input research refers to the features of a board, encompassing individual board member characteristics and factors relating to their resourcing and structure. Mediator research focuses broadly on the internal processes and dynamics of boards.

In the empirical governance literature, input-related research has examined the influence of relevant board skills through clinical composition of boards (Prybil, 2006; Veronesi et al., 2013, 2015) and training in quality (Bismark et al., 2013; Jha and Epstein, 2010; Jiang et al., 2012). While these factors have been demonstrated to influence governance engagement and are associated with improved quality outcomes, there is a growing interest in mediating board processes, which are arguably less understood. Empirical research has highlighted variable engagement of boards in a number of activities associated with governing healthcare quality (Bismark et al., 2013; Jha and Epstein, 2010, 2013; Jiang et al., 2008). Research mainly undertaken in the US, using cross sectional surveys, has demonstrated a small but positive association between board engagement in quality activities and quality of care outcomes (Jha and Epstein, 2010; Jiang et al., 2009, 2012; Prybil et al., 2010; Vaughn et al., 2006). Greater engagement in quality is demonstrated, for example, through more time spent discussing quality or, review of quality performance reports (Jha and Epstein, 2010; Jiang et al., 2012; Vaughn et al., 2006). While important steps have been made in understanding the association between engagement in quality activities and quality outcomes, our understanding of what is driving variable engagement of boards in health care quality activities is underdeveloped.

The act of governing is a complex interplay of social relationships, knowledge asymmetries and forms of power between individuals with differing backgrounds, expertise, perspectives and traditions. These factors, along with broader social, political and cultural influences arising in the organization and external environment, shape governance activities. Qualitative research has provided valuable insights into mediating factors that influence board engagement in quality activities. Factors such as communication and interpretation of quality issues at the board table (Freeman et al., 2016) and relationship dynamics between the board and senior managers (Millar et al., 2015) have been identified as mediators of healthcare governance effectiveness. This emerging research, explored in more detail later in the paper, highlights the value that these research methods bring in illuminating subtle mediating factors relating to the dynamics of governance.

1.2. Board and management relationship

Much of the research into healthcare governance has focussed on the board and, to a lesser extent, the CEO (see for example (Prybil, 2006; Jha and Epstein, 2010; Jiang et al., 2008)). Yet, in the broader governance literature, the relationship between board and management has long been of interest. Agency theory, highlights the potential for self-interested behaviors by managers and the need for boards to hold managers to account (Chambers et al., 2013). Stewardship theory, in contrast, views the motivations of boards and managers as aligned, with managers who understand the business contributing to effective decision-making (Nicholson and Kiel, 2007). Thus, an evidence base is emerging demonstrating a link between board and managers in governing healthcare quality. For example, Weiner et al. (1996) found that CEO involvement in quality activity increased board quality activity. Botje et al. (2014) found that stronger quality management systems were associated with more frequent discussion of quality performance at the board. Tsai et al. (2015) found that boards more engaged in quality were significantly positively associated with the management practices of monitoring, operations and target setting. These studies provide early evidence of the interrelatedness of the quality activities of board and senior management.

Research also highlights the importance of the board and management relationship in healthcare governance. In investigating board and management collaboration in strategy development, Buechner et al. (2014) asked questions related to communication, cooperation, length of decision-making and board involvement in operational decision-making, finding a significant relationship between the quality of board and management collaboration and hospital financial and efficiency performance. In a detailed case study of the performance of four UK NHS boards, Freeman et al. (2016) found considerable variation in processes of framing and interpreting quality data at the governance level, which reflected aspects of board and management relationship.

The literature described indicates the value of expanding the scope of governance research beyond the board. This is particularly pertinent for boards comprised mainly of non-executive directors, who by necessity must work closely with senior management to govern quality of care.

1.3. Team effectiveness theory

A range of conceptual frameworks for governance may be found in the literature and these share commonalities in construct categorization (Chambers et al., 2012, 2013; Cornforth, 2001; Murray, 2004). In one of the most widely known contributions, Cornforth (2001) proposed and tested an input, structure and process, and output categorization of key constructs for board performance in the not-for-profit sector. In a review of healthcare governance literature, Chambers et al. (2013) outline a categorization of a number of key factors relating to composition, focus and dynamics.

The emphasis on different factors in existing frameworks can be resolved through developing a new conceptual tool that builds on the strengths of existing frameworks, while at the same time bringing new perspectives informed by emerging research. The starting point for this is in referencing a well-developed conceptual framework in a related field, in line with previous conceptual research (Nuckols et al., 2013; Wendt et al., 2009). Governance research, highlighting factors related