ACCOUNTABILITY – THE PATHWAY TO RESTORING PUBLIC TRUST AND CONFIDENCE FOR HOSPITALS AND OTHER HEALTH CARE ORGANIZATIONS

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I.   ACCOUNTABILITY – WHAT IS IT?

In the past decade, one of the most often used but least understood words in health care has been "accountability".   The word is regularly used by many that are affected by health care services and by many health care delivery organizations.   The American Hospital Association has included the concept in its own mission statement:

> *The mission of the AHA is to advance the health of individuals and communities.   AHA leads, represents, and serves health care organizations that are **accountable** to the community and committed to health improvement.*[1]

But what does it mean to be "accountable"?   In a general sense, it is defined by the most recent edition of the *Random House Dictionary of the Language* as:

> *Subject to the obligation to report, explain, or justify something; responsible; answerable.*[2]

But, in health care, what does it mean to hold "answerable"? By whom?   For what? Recently, L. Gamm has attempted to answer these questions for the non-profit health care organization:

> *Accountability of health services organizations is defined as taking into account and responding to political, commercial, community, and clinical/patient interests and expectations. Accountability is the process by which health leaders pursue the objectives of efficiency, quality, and access to meet the interests and expectations of these significant 'publics'.*[3] *

Another definition was developed by JD Beckham to address the definitional component of accountable that focuses on the aspect of "to report or explain":

It should be noted that by expanding "significant publics" to include stockholders, other investors, and financial institutions, the definition can be viewed as being inclusive for the for-profit organization.

Accountability is performance of responsibilities and commitment that is regularly and widely communicated to whom accountability is owed." [4]

Therefore, if one combines these definitions, it follows that hospitals, other health care organizations, and the respective components associated with each of these institutions, are accountable for a series of activities: (1) meeting the needs and interests of respective stakeholders, (2) measuring and evaluating their performance in multiple areas – including quality, access, efficiency, and finance in business affairs and the delivery of health care, (3) improving their performance on a continuous basis in each of these areas, and (4) communicating that performance to respective stakeholders. In short, hospitals and health care organizations are responsible for demonstrating and explaining their "value" to interested stakeholders. But do these definitions adequately explain as to what an organization is accountable for and to whom?

II. ACCOUNTABILITY – WHO IS INTERESTED AND WHY?

Who are the "significant publics" that are interested in having hospitals and health care organizations be accountable and why are they interested? To answer this question, let's use the hospital as an example. Central to community life in America and to the health care system continuum, the hospital exists for one reason: to provide care for its surrounding population as well as those who seek its services. The hospital is seen to exist for the public good and to act in the public interest as a steward and a coordinator of vital community resources.* Based on this perception, the community and those who utilize the hospital's resources place their faith and confidence, not only in the institution, but also in those who manage these resources. The community expects that the individuals responsible for the institution will act in the best interests of the community and the people who need its services. It is also expected that the institution and those affiliated with it will provide safe, effective, high quality care and will be continually monitoring and managing to improve all aspects of care that it provides.

In addition to being one of the community's sources of care, the hospital is frequently one of the community's primary economic cornerstones: functioning as an employer, a purchaser of services and goods, and a supplier of services to practitioners and other health care providers.

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*W. W. Kellogg Foundation has used the following definition to assist in the definition of community. "Communities may be defined by: (1) demographic characteristics – including age (a community of the elderly), gender (a community of women), and race and ethnicity (an Irish-American community); (2) economic status (a community of impoverished people); (3) political boundaries (a school district, city or county); (4) historical context (a community made up of several neighboring towns that have traditionally had trade relationships and share a hospital). Even with the wide variation in the definition of community, there are a few core factors that are used to define most communities. These important factors include a sense of cohesion, shared interests, and self-identification." Thus, this would include such groups as 'virtual' communities and communities of patients bound together by a specific interest in a disease (e.g. HIV-infected patients, etc.)

With these varied functions, the individuals, communities, and organizations who are affected by the hospital and who have an interest in its accountability are many. Among them: purchasers (e.g. employers) and payers (e.g. insurers) of health care services, the general public and individual patients, advocacy groups (e.g. consumer rights, disease-specific interest groups), regulators (e.g. government at Federal, state and/or local levels), stockholders and lending institutions, health policy makers, practitioners, hospital staff/employees, purveyors of information, including the media, and the local surrounding community.

Each of these groups has a real stake in the hospital's varied roles and how it fulfills its defined responsibilities. Although each stakeholder group, whether an organizational entity or at the individual level, may have a different priority of interest (i.e. provision for community health at a local level vs. health improvement for a specified population such as a company's employees vs. specific health outcomes relative to a specific disease entity such as breast cancer vs. financial or employment stability), all are interested in how effectively a hospital is able to perform the composite of its functions. This same reasoning can also be extended to other health care organizations.

III.   ACCOUNTABILITY – HOW TO ACHIEVE IT

How can a hospital or a health care organization respond to the respective stakeholders and fulfill its responsibilities in regard to accountability? An easy way of approaching this question is to visualize the magnetic compass. In its simplest construction, it is a needle mounted on a pivot point that is able to align itself according to the earth's magnetic field. For directional purposes, four cardinal points or principal directions are defined: north, south, east, and west.

 Accordingly, organizational accountability for hospitals and health care organizations can be defined in a similar manner. First, it must be acknowledged that any organization's actions and response to the issue of accountability pivots on its defined core values and ethics, in both the conduct of its business and the provision of health care. These organizational values and ethics, which most often are linked to the health care professional ethic, are the foundation on which all other actions are taken and establish the basis of the organization's culture.

 Complementing the core values and ethics system are four defined areas that are comparable to the compass's four cardinal points: governance/leadership, stewardship (the promotion of service over that of a more narrowly focused self-interest), quality of care, and community health/benefit. Why these four areas? Simply put, many of these areas reflect the perception of how the health care organization serves the public good. In addition, these four areas represent well-defined extensions of LD Gamm's definition of accountability that was cited in the beginning of this article. Therefore, where his definition notes "leaders", "efficiency", "quality and access", these aspects can be broadly translated into the four respective critical areas of governance/leadership, stewardship, quality of care, and community health/benefit.

While hospitals and health care organizations carry out a wide variety of functions, performance excellence in these four areas is critical to their ultimate success, both in caring for patients and in business. Similarly, achievement in these areas also directly relates to how well a hospital or health care organization is able to meet the broad spectrum of varied stakeholders' interests and expectations. Finally, the concept of a compass recognizes the critical integrative role of an organization's ethics and values to the hospital's or health care organization's ability to excel in its performance relative to leadership, stewardship, quality of care, and community health/benefit.

Therefore, combining the pivot point of values and ethics with the four principal areas reflective of core organizational competencies and stakeholder interest, an "Accountability Compass"[5] can be formed:

THE ACCOUNTABILITY COMPASS

Governance /Leadership

Stewardship ← ○ → **Community Health/Benefit**

Quality of Care

SYSTEM ETHICS
AND
CORE VALUES
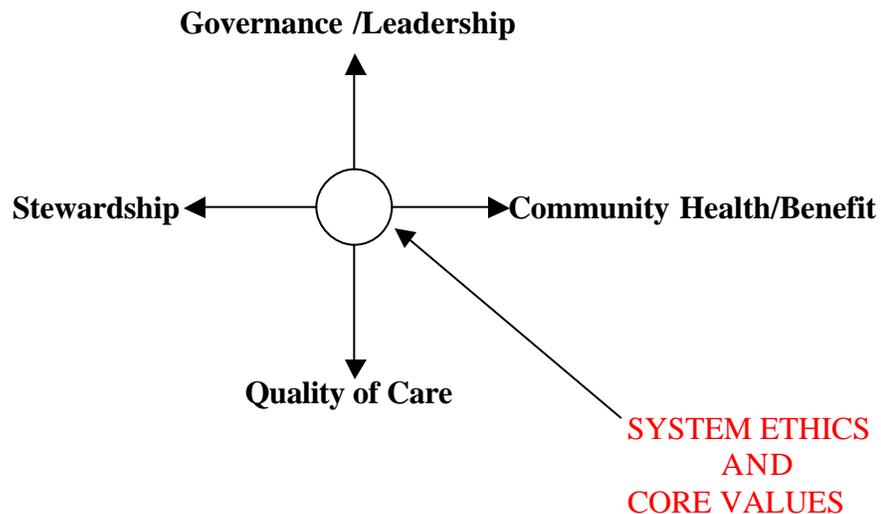
While the pivot point of ethics/values and each of the four critical areas are important for a hospital or any other health care organization, the relative importance and interest in each area will vary between the differing stakeholders (purchaser, payer, media, consumer, regulator, policy maker, stockholder, lender, union, staff, and practitioners) and will also vary within each stakeholder group, according to their specific interests and market conditions. A governmental regulator will look at accountability for regulatory compliance and quality of care very differently than a purchaser or a consumer. In

addition, a regulator may focus on regulatory compliance more intently at certain times, but may shift that emphasis to quality of care, depending on circumstances.

This illustrates two aspects of a hospital's or a health care organization's accountability for its performance: (1) the dynamic interaction of the hospital or health care organization with the respective stakeholders, reflecting the continually changing needs of each group, and (2) the results of the ongoing interaction and interrelationship of the Compass pivot point with each of the four principal areas.

Finally, as noted in JD Beckham's definition of accountability, achievement in performance is not the sole criterion for meeting one's responsibility for accountability. The "regular and wide communication" of one's achievement to "those to whom accountability is owed" is also critical. Therefore, while stakeholders and the Accountability Compass are the fundamental components in defining and understanding accountability, they are only a part of what is necessary in completing one's responsibility for being accountable. With the addition of "regular and wide communication" between health care organizations and stakeholders, the resulting dynamic can be reflected:

THE ACCOUNTABILITY DYNAMIC

ACCOUNTABILITY + **COMMUNICATION** ⟹ **STAKEHOLDERS**
COMPASS
(for an organization and
    its components)

The Accountability Dynamic then provides a framework for hospitals and health care organizations to meet the demands for accountability and for emphasizing an interactive role for respective stakeholders in defining aspects of hospital and health care organizational accountability.

IV.   ACCOUNTABILITY – EXPECTATIONS AND RESPONSIBILITIES

Building upon the present interactions that occur between hospitals, health care organizations, and stakeholders, enough experience has been gathered to construct a set of interrelated principles that would enhance and provide for further elaboration of the framework that is defined by the Accountability Dynamic. Such a set of principles is not intended to limit or constrain hospitals or health care organizations in continually improving their performance or in communicating with respective stakeholders. Instead, the principles are intended to provide guidance to all who are interested in accountability and are expected to evolve over time.

Finally, the articulation of a set of principles that addresses the issue of accountability becomes a "win-win" for all involved ?   for the respective stakeholders, an opportunity to better understand and to regain trust in the health care system as communication becomes more open; for hospitals, health care organizations, and their respective components that embrace these principles, a guide to use in responding to the needs of stakeholders and an opportunity for their employees, affiliated practitioners, executive management, and governing body to find new meaning in their work and to develop more pride in the institution.

Therefore, using the Accountability Dynamic and remembering the AHA's respective mission and vision for "health care organizations that are accountable to the community and committed to health improvement" …. "where all individuals reach their highest potential for health", the following Principles of Accountability are proposed for hospitals, health care organizations, and their respective organizational components:

PRINCIPLES OF ACCOUNTABILITY FOR HOSPITALS AND HEALTH CARE ORGANIZATIONS[6, 7, 8]

Preamble

Hospitals and health care organizations have a special role and hold a unique position within today's society. Based on this role, expectations by various interested groups regarding the individual responsibilities of the institution and its accountability for performance exceeds that of simple compliance with specific legal and regulatory standards. Indeed, hospitals and health care organizations are expected to be responsible for a broad range of activities including that of patient care, community service, and business functions. To respond to the expectations of the public, patients, other interested parties, and respective hospitals and health care organizations, the following organizational principles of accountability are promulgated:

I. SYSTEM ETHICS AND CORE VALUES

1. **Ethics and Core Values:** The organization's governing body and leadership should develop a statement of core values and ethical principles and ensure they are consistently applied to the organization's decision-making processes, business practices, and delivery of patient care. These ethical principles should be widely communicated to all individuals who are employed by or affiliated with the organization. These same ethics and values should also be reflected in the conduct of all individuals employed by or affiliated with the organization. An organization should regularly evaluate itself, its staff, and those associated and/or affiliated with the organization on a systematic basis as to their conduct and compliance with the stated values and ethical principles.

2. **Patient Focus:** The organization's primary focus is the care of individuals and their families with the goal of maintaining and improving health, alleviating disability, and preventing illness. The organization's policies and procedures should emphasize and the organization's employees and clinical staff must continually demonstrate respect for the individual patient, their values, and their privacy. These policies and procedures should also reinforce the right of patients to be provided information, in understandable language and terms, that relate to their health care and to participate in decisions affecting their health care.

3. **Compliance:** The organization's governing body and leadership should develop and implement a formal plan for ensuring compliance with all applicable federal, state, and local regulatory and statutory requirements. As part of this plan, the organization and its leadership should have mechanisms to allow patients and/or anyone associated

with the organization to safely bring, without fear of reprisal, to the attention of the governing body and/or leadership any concerns about ethical behavior and/or regulatory compliance as it relates to the organization and/or any individual employed by or affiliated with the organization.

II.   GOVERNANCE/LEADERSHIP

4. **Mission and Vision:** The organization's governing body and leadership should articulate clearly defined mission and vision statements. With these statements as a foundation, the organization's leadership should develop an action plan with specific goals, time frames for accomplishment, and linked measures of performance for a regular assessment of achievement with oversight by the governing body. As part of this development process, the organization's governing body and leadership should seek input from relevant stakeholders concerning their needs and interests relative to the organization. The plan and the results should be widely communicated to all individuals who are employed by or affiliated with the organization.

5. **Executive Management Oversight:** The organization's governing body is responsible for the oversight of the organization's leadership performance and should periodically evaluate that performance relative to the organization's achievement of its stated strategic goals. As part of the process of evaluating the organization's leadership, the governing body should periodically and systematically assess its own performance relative to defined goals and measures of performance.

6. **Quality Oversight:** The organization's governing body and leadership, in conjunction with the clinical staff, are responsible for developing and implementing, in a comprehensive manner, systems and procedures for safeguarding and enhancing the quality of patient care and services. The governing body and leadership, in conjunction with the clinical staff, are also responsible for actively monitoring and immediately acting upon, where appropriate, the results derived from those systems and procedures such that patient/staff safety is ensured and/or improvements in patient care occur.

7. **Financial Stability:** The organization's governing body is responsible for ensuring the financial well being of the organization and, in conjunction with the organization's leadership, for overseeing the appropriate and most optimal allocation of financial and physical resources for the improvement of patient care.   The organization's mission and duty to improve patient care and community health must not be obstructed by (and must take precedence over) the financial interests of individuals or groups employed by or affiliated with the organization.

III.   QUALITY OF CARE

8. **Safe Environment and Safe Care Delivery:** An organization should provide a safe environment and continually strive to ensure the safe delivery of health care services. Recognizing that medical error is a significant problem, efforts should be ongoing to reduce and prevent its occurrence. Safety not only applies to the physical environment and service delivery, but also to the assurance of a competent, adequately credentialed and trained workforce. The same requirements, including privileging, apply to all clinical staff affiliated with the organization.

9. **Access:** An organization should provide timely access to its services and ensure that is has the appropriate number and mix of staff for the effective delivery of the health services for which it is responsible. In making this staffing determination, an organization should consider ethnic and cultural diversity as an important component. Regular assessment of patient access to care (including patient perception of access) and staffing should be conducted on an ongoing basis and, where possible, linked to quality of care performance measures.

10. **Patient Perception of Care:** As part of the organization's focus on the patient, it should regularly assess and evaluate patients' perception of care (i.e. involvement in decision-making concerning their care, adequate pain control, continuity and coordination of care, etc.) and direct resources to improving the patient experience, relative to their care and services provided to them, based on this assessment.

11 **Quality Measurement:** Every organization should utilize, where available, a standardized set of measures that address the full range of services provided by the organization (including services that are provided by others through contractual means) and the settings in which those services are made available. Measures should be reliable, valid, and be able to assess the technical aspects of care provided, patients' functional status, and the resources utilized to provide care. Results should be trended over time and variation in performance should be reduced, where possible.

12. **Quality Improvement:** All individuals employed by or affiliated with the organization, individually and collectively, should have an ongoing responsibility to improve the quality and safety of patient care.   Areas for improvement are strategically defined by those responsible for patient care in conjunction with the organization's leadership, but should include areas of potential or known misuse, overuse, and/or underuse of health care services. Goals for improvement within defined time frames should be identified for targeted areas, which then are evaluated on an ongoing basis through the use of specific, preferably standardized, performance measures.

IV. STEWARDSHIP

13. **Population Health:** While the primary focus of the organization is individual patient care, that focus must be viewed and adhered to by the governing body, the organizational leadership, and clinical staff within the overall context of continuing work to improve the health of groups and populations. (All caregivers need to be aware that the interrelationships inherent in a system make it impossible to separate the actions taken on behalf of individual patients from the overall performance of the organization and its impact on the health of the community and society.)

14. **Professional Collaboration:** The organization's governing body and leadership should promote and facilitate the cooperation, collaboration, and coordination of all professional groups within the organization for the maximum benefit of patient and community health in a manner that respects the ethical principles of professionalism and health care. This collaboration should extend to the development and selection of professional leadership within the organization and to the involvement of the respective professional groups in the assessment and evaluation of the organization's delivery of health care, utilizing similar dimensions as those involved in assessing patient perception of care. In addition, this collaboration should be mirrored in the relationship between the organization's leadership and the governing body.

15. **Organization's Employees:** The organization's governing body and leadership are responsible for creating a work environment where all employees are treated fairly and with respect.   Maintaining open and honest communication, adopting mechanisms that enable employees to have an effective voice in decisions affecting their work and role within the organization, utilizing employment practices that are based on equal opportunity, and compensating (including benefit packages) employees fairly for their work facilitates this. As part of the work environment, the governing body and organizational leadership should provide employees with ongoing training to enhance employee skills that improve patient care, enhance safety, and facilitate the achievement of organizational goals.

V. COMMUNITY HEALTH/BENEFIT

16. **Community Health Assessment:** Working with other community organizations, the organization should identify community-wide health care issues, including those that impact the environment, and work actively with those same organizations to improve the health and quality of life of the community.   The organization's governing body and leadership, in conjunction with community leaders and organizations should regularly assess the impact and effect of their efforts, using defined measures of health status, health outcomes, and services provided. Results of the assessment and the shared improvement efforts should be communicated, in understandable language and terms, to the community and other interested stakeholders.

17. **Community Benefit:** The organization should work with community leaders and organizations to develop a community infrastructure that encourages and promotes

health. As part of that effort, the organization should establish mechanisms to obtain active input and feedback from all populations and stakeholders in the community.

18. **Community Advocacy:** As part of its community responsibilities, the organization should participate in advocacy efforts with other community organizations that address not only specific health care issues affecting populations within the community, but also socio-economic issues that affect the health and quality of life of individuals within the community.

VI.   COMMUNICATION

19. **Organizational Services:** The organization should disseminate to all individuals affiliated with it and to the community, a regular report that provides complete information concerning the range of services it provides, including relevant measures of volume (including volume of specific diagnostic and therapeutic procedures) and cost, and a listing of all practitioners associated with the organization and of the health plans with which it contracts.

20. **Organizational Performance:** The organization should disseminate to all individuals affiliated with it, to interested stakeholders, and to the community, a regular report(s) describing its accomplishments relative to its vision, mission, and goals. The report(s) should use language and terms that are meaningful to the various audiences. This communication should also fully describe institutional financial and clinical performance for the full range of services provided by the organization, patients' perception of care, and the organization's contribution to the health of the community, including charity care and bad debt. Where appropriate and where such data and measures are available, the communication should use standardized performance measures and reflect comparisons with organizations and performance benchmarks.

21. **Organizational Compliance:** The organization should provide in their entirety to any interested stakeholder, upon request, all current accreditation reports and all survey/incident reviews performed by Federal, state, and/or local regulatory agencies.

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