

## USE OF INFORMATION

### TOPICS

The Value of Good Information for Good Governance

The Types of Information Needed for Good Governance

Strategies to Develop Trustworthy Information

Making Information Understandable and Usable

New Technologies that Support the Wise Use of Information

**E**ffective and efficient governance decision-making requires good information. This section explores practical ways to develop, manage, and use information of various types in the decision-making process of the governing body and its various affiliated subgroups. Continuous performance improvement (see [Section 15](#)) also relies on good information.

### THE CHALLENGE

*Your governing body oversees the plans and performance of a provincial program for family planning and reproductive health. You have a mix of funding sources to support your programming. They and you want to know what you are accomplishing with these funds to improve the health of women and reduce preventable maternal and infant deaths. What are a few indicators of your performance that provide the most valuable and cost-effective way to measure your progress according to the plan? How can data for these indicators best be displayed to facilitate the ability of your governing body to judge how well the program is performing and support timely interventions to celebrate or correct the performance?*

## THE VALUE OF GOOD INFORMATION FOR GOOD GOVERNANCE

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The heart of good governance decision-making is information that informs the discussion and consensus needed to take action. Unfortunately, too many governing bodies have information characterized by five fatal weaknesses. The information is

- nonexistent
- not provided with enough time to digest it
- not provided in a form that is easy to understand
- too much to read
- inaccurate or even dishonest

Box 27.1 summarizes practical ways to deal with each of these challenges.

### BOX 27.1 Dealing with information challenges

- **Challenge 1: Information does not exist.** Work with management to secure and report basic counts of the numbers and types of beneficiaries using your services; then plot them on charts to track changes by week, month, and year. Ask for monthly financial reports on the amount of money received and spent for various services; also include at least the key cost items of health worker compensation, medicines, supplies, and utilities for your facilities.
- **Challenge 2: There is not enough time to digest the information.** Ask your leaders to provide clear and easy-to-understand information for each meeting at least three to five days before meetings. Expect these data to be accurate, timely, and easy to understand in graphic or chart forms that compare data from this period with that of last month and last year. Expect a short interpretation of the data and the implications of the trends from your leadership team.
- **Challenge 3: Information is not provided in a form that is easy to understand.** Data should tell a clear story. Charts, pictures, or graphs should include source notes, captions, and text explaining the trends and their implications.
- **Challenge 4: There is too much to read.** Ask management for one-page summaries of all data reports. Trust management and subcommittees to read long, complex reports and provide you with an opportunity to raise questions about the meaning of the information at each meeting.
- **Challenge 5: Information is inaccurate or even dishonest.** Be very clear about your expectations that data be timely and accurate. Ask for second opinions on the accuracy and meaning of data reports. Celebrate reports and staff that are transparent, honest, and clear in their reporting, and replace staff who cannot meet these criteria.

## The Work of Good Governing Bodies Is All about Good Decision-Making

Good decision-making is all about good information that is well understood and used by the members of the governing body to accomplish their roles and responsibilities related to the continuous improvement of the four essential practices of:

1. cultivating accountability
2. engaging stakeholders
3. setting a shared strategic direction
4. stewarding resources responsibly

Good information helps governing body members objectively understand the context in which their organization works. It also helps them understand decision-making related to policy and strategy options, as well as the advantages and disadvantages of alternative decisions about how to address these options. One way to summarize information in a way that supports decision-making is through a dashboard; see Box 27.2.

### BOX 27.2 Governance dashboards

Governance dashboards, like the dials on the instrument panel of a car, are useful for monitoring an organization's progress in fulfilling its mission and meeting its goals. Many governing bodies are adopting dashboards and "balanced scorecards."

Governing bodies can receive an integrated quarterly report covering programs, operations, and financial issues. First, a brief narrative summarizes the past quarter's performance, and directs attention to noteworthy trends. The overall dashboard report shows key indicators of financial performance, operations, services to beneficiaries, human resources, quality of care, customer service, and patient safety.

Governing body members who want more detail about a specific indicator can flip to a page showing, at a glance, a simple but accurate definition of the measure and an explanation of how the target was set. Another color-coded display can be used to compare current and year-to-date performance against the target.

## THE TYPES OF INFORMATION NEEDED FOR GOOD GOVERNANCE

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To conduct good board meetings, you should provide much of the information that your governing body needs for its overall governance functions. [A sample meeting agenda](#) suggests these types of information.<sup>1</sup>

1. the health status of your service area and the people using your programs and services
  - changes in the demographic profile of the people you serve by age, sex, ethnicity, employment, etc.
  - coverage of immunizations
  - trends in mortality in your service area, especially maternal, neonatal, and infant deaths
  - patterns in communicable diseases, especially HIV & AIDS, malaria, TB, and Ebola
  - patterns in noncommunicable diseases such as obesity, diabetes, hypertension, heart disease, and cancers
2. the quantitative profile of how your services are being used, and by which types of clients—for example, prenatal care, births at home and those with a trained birth attendant, surgeries, lab tests, prescriptions filled, etc.
3. the qualitative profile of services provided, especially
  - clinical dimension: hospital-acquired infection rates, preventable maternal and neonatal deaths, medication errors, stock-outs of essential medicines, etc.
  - beneficiary satisfaction with services<sup>2</sup>
4. public opinion polls about satisfaction with your organization's performance
5. trends in health workers' attendance rates, vacancy rates, compensation levels, and satisfaction

For programs delivering services funded by large international donors, such as the Global Fund to Fight AIDS, Tuberculosis and Malaria, the governing bodies of the Country Coordinating Mechanisms (CCMs) face significant reporting challenges.<sup>3</sup> Large family-planning organizations, such as the member associations of the [International Planned Parenthood Federation \(IPPF\)](#),<sup>4</sup> must provide significant amounts of information to their governing bodies every few years as part of a rigorous accreditation process.

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1. For a US hospital board agenda, see Texas Health Resources Board of Trustees, Sample Board Agenda with Consent Agenda (Oct. 2006). Available at: <http://www.americangovernance.com/resources/reports/brp/2007/sample-board-agenda.pdf>

2. Information about the good work of the Institute for Healthcare Improvement (IHI) in Africa, Improving Health Care Quality in South Africa (Cambridge, MA: IHI, 2015) is available at: <http://www.ihl.org/Engage/Initiatives/SouthAfrica/Pages/default.aspx>

3. Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM), CCM Eligibility Requirements, Minimum Standards & Updated Guidelines (Geneva, Switzerland: GFATM, 2005). Available at: <http://www.theglobalfund.org/en/ccm/guidelines/>

4. See IPPF Monitoring guidelines here: <http://www.ippf.org/about-us/accountability/monitoring-evaluation>

One key element in all of their regions is their annual assessment of the degree to which the governing bodies are meeting a formal code of conduct.<sup>5</sup>

In high-income countries such as England, resources support the flow of data into health information systems so that governing bodies can measure the degree to which they are delivering “value for money.”<sup>6</sup>

In the United States, Matthew Weinstock and Suzanna Hoppszallern report that the boards of Most Wired hospitals are increasing investments for activities to engage patients. These activities include chronic disease monitoring and mobile health applications. For instance, the majority of these hospitals:

- allow patients to check their test results online via a secure portal;
- provide patients with chronic conditions self-management tools via a portal;
- offer an mHealth application that provides access to the patient portal.<sup>7</sup>

**For your type of health services organization, what are the three to five most important indicators of performance that you should monitor every month or every quarter?**

## STRATEGIES TO DEVELOP TRUSTWORTHY INFORMATION

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Your governing body needs to rely on the accuracy of information provided to it to make good decisions about the plans and performance of the organization. Some organizations do not have data on service volumes for recent periods, or even cost and quality information. This can be demoralizing for staff and governing body members alike.

**How much do you trust your information sources? How can this information be made more trustworthy?**

Focus group research in the United States consistently indicates that the public is wary, and legitimately so, about the sources of data on the performance of health care plans and providers.<sup>8</sup> They are fully aware that some of the health care information available to them is inaccurate or misleading. In some countries, many health plans, hospitals, medical groups, and other providers advertise their quality; therefore, consumers are often suspicious of any quality report that appears to promote a particular organization.

5. International Planned Parenthood Federation (IPPF), *Monitoring, evaluation and learning* (London: IPPF, 2015). Available at: <http://www.ippfar.org/resources/code-governance>

6. See National Health Service (NHS) England, *Health and Social Care Leaders Set Out Plans to Transform People's Health and Improve Services Using Technology* (Redditch: NHS, Nov. 13, 2014). Available at: <http://www.england.nhs.uk/2014/11/13/leaders-transform/>

7. Matthew Weinstock and Suzanna Hoppszallern, “Cover Story: 2014 Most Wired,” *H&HN [Hospitals and Health Networks]* (Chicago, IL: American Hospital Association, July 9, 2014). Available at: [http://www.hhnmag.com/display/HHN-news-article.dhtml?dcrPath=/templatedata/HF\\_Common/NewsArticle/data/HHN/Magazine/2014/Jul/mostwired-health-it-technology-data](http://www.hhnmag.com/display/HHN-news-article.dhtml?dcrPath=/templatedata/HF_Common/NewsArticle/data/HHN/Magazine/2014/Jul/mostwired-health-it-technology-data)

8. These studies, like much formative research to design reports, have not been published. The studies have been used to support reports on various CAHPS (Consumer Assessment of Healthcare Providers and Systems) surveys, the AHQR (Agency for Health Quality and Research) indicators, hospice quality measures, and nursing quality measures. Available at: [http://qualityindicators.ahrq.gov/Modules/psi\\_overview.aspx](http://qualityindicators.ahrq.gov/Modules/psi_overview.aspx)

This means that report sponsors have to make a clear case that it is both expert and unbiased. If the sponsor is already well known and has this reputation, you simply need to make clear who the sponsor is. But many organizations that sponsor reports are far from being household names at this time. They need to build a brand as a reliable and convenient source of useful information about health care quality. See Box 27.3 for tips for developing trustworthy information.

#### BOX 27.3. Strategies to develop trustworthy information

1. Use a trusted source for the information.
2. Encourage continuity of sources to track trends over time.
3. Be transparent about how data is gathered, stored, summarized, and reported; a lack of openness breeds suspicion and distrust.

### How to Communicate Legitimacy and Trustworthiness

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Some governing bodies ask their managers to include their names on the report cover and a brief mission statement that emphasizes their commitment to good information as a means for mission achievement. The reports can also:

- explain why you issued the report. You may want to emphasize that you are trying to help people make a good choice for them, rather than leading them to one particular choice or another;
- include information about the reporting staff (names and titles) and department and the other organizations that have endorsed the report;
- if appropriate, mention that you are concerned about improving health care for the whole community.

### Publicizing Endorsements

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The credibility of the report can be enhanced by endorsements from an array of organizations. While consumers might not trust a report on local physicians that is sponsored by the local medical society, for example, they might still be pleased to know that the report has been endorsed by the society.

Many service area reports for health today are “multi-stakeholder” entities, such as Chartered Value Exchanges and Aligning Forces for Quality grantees. (Learn more about US experiences with Chartered Value Exchanges and the [Aligning Forces for Quality](#) program.<sup>9</sup> These types of organizations are in a position to obtain endorsements from a

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9. US Department of Health & Human Services, Agency for Healthcare Research and Quality (AHRQ), in Key Quality Initiatives (Rockville, MD: AHRQ, no date). Available at: <https://cahps.ahrq.gov/consumer-reporting/talkingquality/resources/initiatives/index.html>

range of stakeholders to reinforce their legitimacy. Other sponsors can do the same thing through effective outreach efforts.

10. 18. Kabacoff and R. Luther, "Creating a culture of excellence," *Healthcare Executive* 2012, 27(4): 68-71. Available at: <http://www.fhite.org/resources/Pages/Publications/CreatingaCultureofExcellence.aspx>
11. Care Quality Commission, "Chief Inspector of Hospitals publishes report on the quality of care provided by Central Essex Community Services C.I.C." (Newcastle upon Tyne, England: Care Quality Commission, 2014). Available at: <http://www.cqc.org.uk/media/chief-inspector-hospitals-publishes-report-quality-care-provided-central-essex-community-servi>

## MAKING INFORMATION UNDERSTANDABLE AND USABLE

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An important strategy to drive your use of information is to work to make it “patient-centered.” Ask for reports on service volumes by various types of people to make it interesting and put a human face on the numbers. These reports can contain financial, service volume, and quality information. For example, the average costs for each woman served in our HIV & AIDS clinics last month was x; the average hospital cost per birth last quarter was y; the number of primary care visits in our province per 1,000 people during the first half of the year was z, which represents a certain percentage increase from the same period last year.

Also develop a style of meeting that periodically features actual beneficiary stories by health managers and health service providers to illustrate patterns in quality outcomes. The more your governing body can create a “culture of quality,”<sup>10</sup> the easier to understand and more meaningful the information in meeting reports will be, not just to you and your colleagues in the governing body, but to the public, politicians, and the media. See Box 27.4. Public reporting on quality measures is becoming the standard in Europe, England,<sup>11</sup> Canada, and the US. Low- and middle-income countries in Africa, Asia, and Latin America are moving in this direction.

**BOX 27.4 Three ways to make information understandable and usable**

1. Use charts and graphs.
2. Rely on short text summaries or captions in conjunction with charts to communicate the meaning of the information.
3. Make information more readily available and accessible in relaxed discussion sessions.

More than 4,000 hospitals in the US are required to report their quality experiences to the public through a [Medicare website](#).<sup>12</sup> AHRQ reports on disparities in health service utilization among various types of patients on its [website](#).<sup>13</sup>

## NEW TECHNOLOGIES THAT SUPPORT THE WISE USE OF INFORMATION

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Your governing body members need timely and convenient access to meeting-related materials. As Internet access expands in low-income countries, websites with high security and restricted access can be used to store all the materials governing body members need for their work.

These new portals and platforms offer many benefits, including time and cost savings, e.g., there is no need to print voluminous materials prior to meetings. Members can be better prepared and educated because of the around-the-clock access to relevant information including many helpful references and resources for capacity development. Staff can also update documents more rapidly.

In addition, these platforms can enable governing body members to communicate and share documents, and create topic-specific workspaces. They help the governing body to perform its oversight function more efficiently.

Committees may also find the portal to be useful and convenient for the same reasons. The portal helps to improve the quality and timeliness of the information flow between governing bodies and the management staff they oversee. It streamlines governing body work and reduces risk by providing governing body members easy access to important information. It helps the governing body communicate and collaborate more effectively, and to improve the efficiency of its work.

12. US Department of Health & Human Services, Centers for Medicare & Medicaid Services (CMS), Official Hospital Compare Data (Baltimore, MD: CMS, 2015). Available at: <https://data.medicare.gov/data/hospital-compare>

13. US Department of Health & Human Services, Agency for Healthcare Research and Quality (AHRQ), National Healthcare Quality & Disparities Reports (Rockville, MD: AHRQ, 2015). Available at: <http://www.ahrq.gov/research/findings/nhqrd/index.html>

### BOX 27.5 Benefits of using a web portal for your governing body

The following types of content to support the development of governing body members can be stored on a web portal for easy access and use by members.

- governing body members' resumes and experience
- competency mapping process to guide recruitment and governing body development
- orientation program for members
- mentoring program
- customized individual education plans
- governing body education plan and budget
- knowledge and experience exchange process for the governing body
- digital reference library on governing concepts and practices
- other eLearning resources

Web portals can also provide tools for performance assessment of your governance infrastructure, such as

- overall risk and challenges assessment
- governing body overall performance self-assessment
- governing body member 360 assessment
- chief executive performance planning and assessment
- physician and health worker satisfaction survey
- managers' performance assessment
- patient/client satisfaction assessment and community perception survey

How can you make this information more accurate, trusted, and easy to understand? How can you use more charts and graphs to communicate numbers in a lively, engaging way?