**Quality and the board**

The governing body was formed purposefully to ensure that all the rules and regulations governing hospitals are adhered to without compromise. Among the duties, its sole responsibility is to ensure that the hospital provides adequate care for patients and to hold high health standards in conjunction with the oversight of quality. Being that patient safety has been a leading concerned in the provision of proper health care, the governing board has been entrusted with the duty of ensuring that rules governing patient safety are adhered to. It is the duty of the board of trustees to pilot projects in an organization, thus for funds to be allocated for a specific project, the governing board has to agree on the specifics relating to the project in question. Employees in the hospital (i.e. doctors, nurses, managing directors, and CEOs) are all appointed through the governing board by a special vetting committee chosen by the governing board. Through this, the governing board ensures that all employees are qualified and suitable for their vetted positions.

Some of the strategies used to improve healthcare organization are; six sigma, root cause analysis and plan-do-study-act. These named strategies have been an important contributor to improved health-care in hospitals.

**Six Sigma**

This strategy was purposefully designed to be a business strategy where it was used to monitor processes with an aim of minimizing waste thus increasing profits in order to realize financial stability. How a process performs will greatly determine progress, this is done by focusing on the process capabilities. This strategy involves two methods namely; inspection of process outcomes and counting the defects. The first method determines the defects rate per million and uses a statistical table to convert defect rate per million to a σ (sigma) metric while the second method uses estimates of process variation to predict process performance by calculating a σ metric from the defined tolerance limits and the variation observed for the process (Hughas, 2008). Despite the benefits of this strategy, the limitation is its ability to be used in various levels of planning hence it may create a barrier that may lead to delays thus reducing creativity.

**Root cause analysis (RCA)**

 This is an approach used to solve problems by understanding the main trigger of an event and others that were stopped. The governing board may us RCA to find out different problems in an organization and stop them by implementing a sound plan that will be used to solve these problems. However this strategy has one main limitation, the technics used in this action are complex hence cannot be easily understood. It involves a lot of graphical representation that requires experts to interpret. When a situation needs agency this action can be time-consuming.

**Plan-Do-study-Act (PDSA)**

To enhance the quality of healthcare organization this action can be used. The action has been implemented by most of the healthcare organizations and has resulted in rapid improvements in the health sector. This method initiates changes in small portions as compared to large and slower ones. The purpose of PDSA quality improvement efforts is to establish a functional or causal relationship between changes in processes (specifically behaviors and capabilities) and outcomes (Hughas,2008). Same to the other discoursed actions this strategy also has its limitations, for this action to be effective it needs to be repeated severally which in this case is not possible because research has shown that only 20% of healthcare facilities repeated PDSA cycle several times.

Conclusively the governing board works hand in hand with the hospital management to ensure that the day to day activities of a hospital are taken care of. Among the top duties of the board is to ensure that patient safety is the leading in their priority list so as to improve quality of service. The culture to perform better is to be embraced by all members of staff in order improving oversight quality.

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