Welcome!

Please indicate your name, title, organization and favorite winter activity in the chat.

FEBRUARY 2025

Michigan Center for Rural Health Website Updates

Critical Access Hosptials

Quality Improvement

Learn how the MI Flex Program is driving quality improvement in MI CAHs, via the Michigan Critical Access Hospital Quality Network (MICAH QN), and the Medicare Beneficiary Quality Improvement Program (MBQIP).

Learn More

MI CAH Financial Network

Learn how the MI Flex Program is using data to drive improvement, by providing financial & operational resources to MI CAHs.

Learn More

MICAH QN Resource Reminder - Website

MICAH
Michigan Critical Access Hospital Quality Network

Michigan Critical Access Hospital Quality Network (MICAH QN)

Learn More about the Michigan Center for Rural Health's involvement in quality improvement programming in Critical Access Hospitals through the MI CAH Quality Network.

Learn More

MICAH QN Webpage

Medicare Beneficiary Quality Improvement Program (MBQIP)

Learn more about the Michigan Center for Rural Health's facilitation of quality improvement throughout Michigan Critical Access Hospitals. MBQIP focuses on increasing quality data reporting and driving quality improvement activities based on the data.

Learn More

MBQIP Webpage

MICAH QN Resource Reminder - Website

Michigan Critical Access Hospital Quality Network

MICAH QN

- About
- Educational Series 2025
- Strategy Group 1
- Strategy Group 2
- Strategy Group 3
- Educational Series 2024
- Quarterly Meeting Notes 2024

About MICAH QN

The MICAH QN is a formal, 501 c3, with member representation from all 35 CAHs in Michigan. The MI Flex Program facilitates all quality improvement programming in the CAHs through the MI CAH Quality Network.

MICAH QN Mission Statement

As a premier system of quality, the Michigan Critical Access Hospital Quality Network (MICAH QN) will be a model in developing processes that demonstrate the high-quality service provided by CAHs. MICAH QN will identify opportunities for change that lead to continued improvement in the health status of the population we serve.

MICAH QN Resources

- *MICAH QN ByLaws*
- *MBQIP All Measure Document*

MICAH
Michigan Critical Access Hospital Quality Network

MICAH QN Resource Reminder

MICAH QN Resources:
MICAH QN Measures – All Measures Spreadsheet
Use the Listserv!

MICAH QN Open Office Hours
2024 MICAH QN Educational Webinar Recordings – Topics included but not limited to:

- Leveraging 211 to address Social Drivers of Health,
- Antimicrobial Stewardship,
- Michigan Health Information Network (MiHIN) & Michigan Value Collaborative (MVC) Overview and Updates,
- Transforming Rural Healthcare through Remote Patient Monitoring (RPM),
- Blue Cross Blue Shield Peer Group 5 P4P Overview,
- Understanding Stroke and STEMI Administrative Rules and Updates,
- Bridging the Gap between EMS and Hospitals (regulations and relationships),
- Working Quality Improvement into Contracts,
- Strategies to Enhance HCAHPS Response Rates

2025 MICAH QN Educational Webinar Recordings:

- Rural Veterans Care – January
- AHA Get with the Guideline – February 27 12-1pm
- MDHHS Stroke and STEMI Update – March 23 12:30-1:30pm
- Swing Beds –May Date TBD
- June – October TBD

Please send suggestions to Amanda @ amanda.saintmartin@affiliate.msu.edu

MICAH QN Resource Reminder - MBQIP

MBQIP Quality Measure Resources

- MBQIP 2025 Information Guide
- MBQIP Quality Reporting Guide - This guide is intended to assist in understanding the measure reporting process. For each reporting channel, information is included on how to register for the site, which measures are reported to the site, and how to submit those measures to the site.
- MBQIP 2025 Data Submission Deadlines
- MBQIP Measures - Updated table that incorporates the new MBQIP 2025 measures and includes the table of suggested additional.
- This entire webpage is a good resource to review
- Specific Resources related to the EDTC measure within MBQIP
  - Webpage that houses the tool that CAHs need to use to abstract the data
- How to upload a Population and Sampling File – Video link on how to Upload a Population and Sampling File to HQR
- How to submit HCHE and SDOH data - Video link on how to submit HCHE and SDOH data to HQR
- How to submit Hybrid Measures and View Outcomes - Video link on how to submit Hybrid Measures and View Outcomes to HQR
- CAH Quality Infrastructure

2024 MBQIP Open Office

October - The Changing Landscape of Quality Measurement and Reporting

- The Changing Landscape of Quality Measurement and Reporting - Presentation
  - Video

March - MBQIP Q&A

- MBQIP Q&A - Presentation
  - Video

January - The Future of MBQIP - Are You Ready?

- The Future of MBQIP - Are You Ready? - Presentation
  - Video

Coming in 2025!
Hybrid HWR May 29 12-1pm

MICAH QN Resource Reminder - MBQIP

Updated January 2025

Medicare Beneficiary Quality Improvement Project (MBQIP) Current MBQIP Core Measure Set

Data Submission Deadlines[1,2]

Measure ID	Description	MBQIP Domain	Reported To	Encounter Period & Due Date			
				Q3 / 2024	Q4 / 2024	Q1 / 2025	Q2 / 2025
				Jul 1 - Sep 30	Oct 1 - Dec 31	Jan 1 – March 31	Apr 1 – Jun 30
HCP/IMM-3[3]	Influenza vaccination coverage among health care personnel	Patient Safety	NHSN	N/A	May 15, 2025 (Q4 2024 - Q1 2025 aggregate)		N/A
Antibiotic Stewardship	CDC NHSN Annual Facility Survey	Patient Safety	NHSN	March 1, 2025[4] (CY 2024 data)		March 1, 2026[4] (CY 2025 data)	
HCAHPS	Hospital Consumer Assessment of Healthcare Providers and Systems	Patient Experience	HQR via Vendor	January 2, 2025	April 2, 2025	July 2, 2025 (anticipated)	October 1, 2025 (anticipated)
EDTC[5]	Emergency Department Transfer Communication	Emergency Department	Submission process directed by state Flex Program	October 31, 2024	January 31, 2025	April 30, 2025	July 31, 2025
OP-18	Median time from ED arrival to ED departure for discharged ED patients	Emergency Department	HQR via Outpatient CART/Vendor	February 3, 2025 CART users use CART version 1.25.0[6]	May 1, 2025 CART users use CART version TBD	August 1, 2025 (anticipated)	November 1, 2025 (anticipated)
OP-22	Patient left without being seen	Emergency Department	HQR via HARP Log in	May 15, 2025 (CY 2024 data aggregate)		May 15, 2026 (CY 2025 data aggregate)	

1. Based on currently available information. Submissions dates are subject to change.
2. Data submission deadlines on a federal holiday or weekend (Saturday or Sunday) will default to the first business day thereafter in this document where applicable except for Antibiotic Stewardship which will remain March 1 regardless of when that date occurs.
3. The encounter period for HCP/IMM-3 is limited to Q4 and Q1.
4. Hospitals must complete the NHSN Annual Facility Survey by March 1 of each year for NHSN and MBQIP data reporting.
5. State Flex Programs must submit data to FMT by the 10th day of the month following the hospital deadline (e.g. Q3 2023 data due to FMT by Nov 10, 2023).
6. OQR specifications contain changes to Sex Assigned at Birth data element beginning with July 1, 2024 encounters. Version 1.25.0 of the CMS Abstraction & Reporting Tool (CART) was released for these encounters.

This project is supported by the Health Resources and Services Administration (HRSA) of the U.S. Department of Health and Human Services (HHS) as part of an award totaling $640,000 with 0% percentage financed with non-governmental sources. The contents are those of the author(s) and do not necessarily represent the official views of, nor an endorsement, by HRSA, HHS, or the U.S. Government. For more information, visit HRSA.gov

Data Submission Deadlines

Questions?

MICAH QN Executive Committee!

Did you know?

- That a group of dedicated quality and patient safety leaders guide the content and structure of the MICAH QN?
- The by-laws indicate that we have the following EC make up:
  - The Network shall have an Executive Committee, which shall be composed of the officers of the network (4), strategy group leaders (3), and up to five additional Member Representatives elected by the network membership.

MICAH QN Executive Committee!

Opportunity!

- Due to retirements (congratulations!), and career transitions 3 general executive committee spaces are open
- Commitment: Monthly EC meetings (1 hr, virtual) bi-annual strategic planning meeting (one day), and 2-hour meeting prior to in-person MICAH QN meetings.
- Return on Investment: Increased networking & relationship building (truly a special group!), increased sharing of best practices, and being first to know on timely issues.
- Interested? See email sent yesterday and respond.

Reminder: MICAH QN Priorities

- **Innovation and Alignment of Future State of CAHs**
- **Performance Improvement**
- **Safety**
- **Value of MICAH QN**

MICAH

Michigan Critical Access Hospital Quality Network

MICAH
Michigan Critical Access Hospital Quality Network

Innovation and Alignment of Future State of CAHs

To ensure that all MI CAHs are poised to succeed in the future state of the CAH Model (VBC)

How we get there:

- **Maximizing Talent from Membership**
  - MICAH QN Expertise Excel
  - Collection of Best Practices & Sharing of Best Practices at each meeting.
    - Example today: SG #1 Survey
- **Ensuring MICAH QN is represented on appropriate National and State Committees**
  - MICAH QN Executive Committee reports out on updates from State & National committees.
- **Understanding the Future State of CAHs**
  - Focus on CMS Star Rating Thus Far

MICAH
Michigan Critical Access Hospital Quality Network

Performance Improvement

To ensure that each MI CAH thoroughly understands CAH quality reporting and views the MICAH QN as a resource for Performance Improvement to*ols*.

How we get there:

- **Data Management and Analysis**
  - MICAH QN Data Presentation at each quarterly meeting
  - MBQIP Education and Technical Assistance
  - Individual benchmarking reports sent to each MI CAH on a quarterly basis
- **Building Performance Improvement Capacity in MI CAHs**
  - CAH Scorecard Showcases
  - Lean Training – 20 New Yellow Belts in MI CAHs!
  - Lean Projects at individual CAHs
  - IHI Open School

MICAH
Michigan Critical Access Hospital Quality Network

Safety

To ensure that the MICAH QN fosters and measures a Culture of Safety within each MI CAH.

How we get there:

- **Leverage the Culture of Safety Survey**
- **Provide Targeted Education on Key Areas of Harm**
  - Strategy Group #1 Survey – What are key priorities for MI CAHs

Value of MICAH QN

To ensure the sustainability and viability of the MICAH QN.

How we get there:

- **Provide valuable resources to each MICAH QN Member**
  - Core Meeting metrics related to evaluation of meetings.
- **Ensure CAH Leadership understands the value of the MICAH QN**
  - MI CAH CEO presentation on an Annual basis
  - Value of MICAH QN Document
- **Showcase MICAH QN**

Measure(s) of Success:

- Engagement Metric: Do you feel a sense of belonging within the MICAH QN?
- Engagement Metric: Percent of MICAH QN members who present at meetings.
- Engagement Metric: How valuable did you find the meeting
- Engagement Metric: MICAH QN Members who use listserv

Strategy Group #1 – Making Care Safer by Reducing the Harm Caused in the Delivery of Care

Strategy Group #2 Data Management and Analysis

Strategy Group #3 – Information Sprints! What CAHs need to know, NOW!

Reminder! Join a Strategy Group

Recap of November 2024 Meeting

November 2024 Evaluation – Core Metrics

Core Metrics - Meeting Impact

Applicability of content to my role and organization & overall Satisfaction with content of meeting:

- 23 Very Satisfied/6 Satisfied

How likely are you to share meeting content with others in your organization?

- 27 Extremely Likely/ 2 Somewhat Likely

On a scale of 1-10 (10 being best, 1 being worst), how would you rate the November 2024 MICAH QN meeting overall?

- 9.37

Core Metrics – Member Engagement

Do you feel a sense of belonging within the MICAH QN?

- 25 Yes/6 Sort of

Do you feel comfortable reaching out to other MICAH QN members for questions, etc.

- 28 Yes/1 No

February 2025 Meeting Highlights

Connection!
- Safety Story – Opportunity for MI CAH Leaders to share lessons learned surrounding patient safety with their peers.

Data:
- MICAH QN Core Measure Report Out

Partner Updates
- BCBS & MiHIN– PG5 P4P Program
- iMPRove Health

Best Practice Sharing/Peer Sharing
- OP-22 Strategies – Scheurer Health and Schoolcraft Memorial Hospital
- HCAHPS – Eaton Rapids Medical Center

MICHIGAN CENTER for RURAL HEALTH

MICAH
Michigan Critical Access Hospital Quality Network

New Members and Recognitions

Safety Story

OPPORTUNITY TO SHARE LESSONS LEARNED FROM YOU/YOUR ORGANIZATION ON PATIENT SAFETY

Strategy Group #1 Making Care Safer by Reducing the Harm Caused in the Delivery of Care

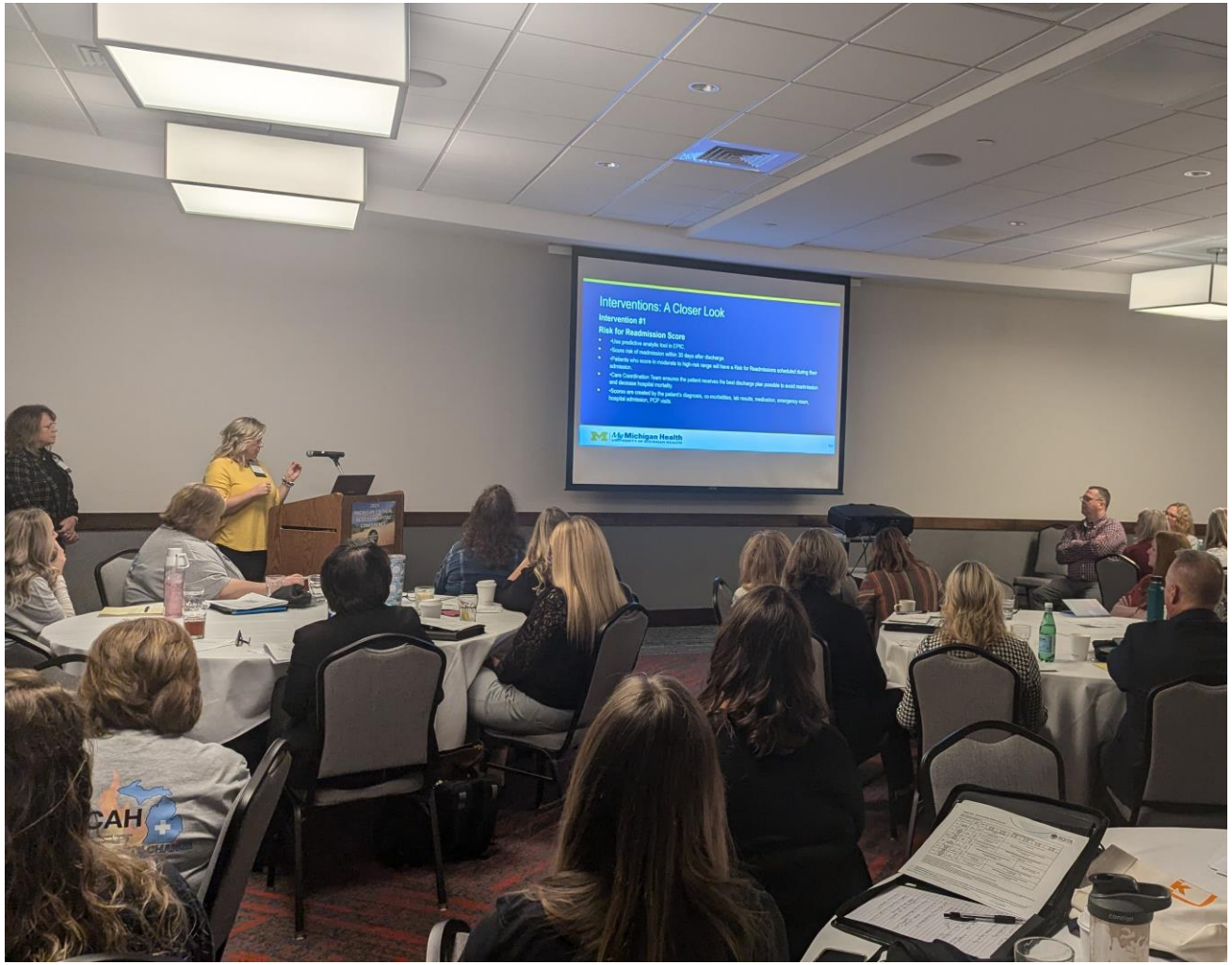
2024 Education:

- Facilitated Discussions around:
  - Increasing event reporting
  - Workplace Violence
- Best Practice Sharing around:
  - Readmissions - MyMichigan
  - Front Line Education – MyMichigan
  - Sepsis - Michigan Hospital Medicine Safety Consortium & Aspirus Health

Strategy Group #1 Making Care Safer by Reducing the Harm Caused in the Delivery of Care

2025 Education:

- Step 1: Assessment of MI CAH Priorities
- If your organization has not yet completed the survey, please do!



What are the top patient and safety goals for your organization, in 2025?

Themes:
Falls
Sepsis
Readmissions
Glucose Management (severe hypo and hyper glycemia)
HF Mortality
Medication Safety (barcode scanning included)

HAPIs Stage 2 or greater events
Reinvigorate Safety Culture training and education
Implement tracking system for quality metrics and associated dollars
Accelerate performance for success in value-based contracts
Patient Experience- Responsiveness of Staff and Emergency Likely to Recommend
Age Specific Populations (age 65 and older), the new CMS measure PFAC
Bloodborne exposures
Moderate Sedation Compliance
Hospital Commitment to Health Equity
3-hour bundle
Workplace Safety
Procedure time outs
Mortality
SDOH tracking.
Hand Hygiene

What would you identify as a patient safety and/or quality improvement best practice implemented by your organization in the last year?

- Use of Predictive Model for Falls in EPIC
- Surgery checklist proving invaluable to OR team
- Multidisciplinary rounding
- Just in time audits for sepsis and face-to-face coaching if needed.
- Transparent and keeping the quality metrics in front of the teams for their engagement/ownership.
- Falls- implementation of TIPS program in 12/2024.
- "Improved sepsis care by re-initiating, updating, and monitoring sepsis protocol."
- Re-implementation of two RN verifications of pediatric patient medications (begins in the ED)
- American Heart Association - get with the guidelines initiatives. We are working on submitting data towards achieving Bronze status for 2024.

What would you identify as a patient safety and/or quality improvement best practice implemented by your organization in the last year?

- PICC/Midline use, Success Cause Analysis
- As follow up to the PRA for the surgery team, we implemented a consent checklist that is completed for every patient. It communicates/tracks/and reports near misses caught by the staff prior to surgery with the preop workflow. The info on the sheet is used in real time for inter communication within the team, and the updated findings are reported to the surgical office staff managers for quality improvement and info sharing.
- Fall-TIPS fall reduction initiative.
- Improving Communication About Medication experience scores with patient education tool.
- Reduction of unassisted falls and or HAPIs by implementing basic prevention checks into daily practice.
- Only focusing on 2-3 priority items per unit at a time for improvement. With accomplishing improvement goal, move next item.
- We began a sepsis initiative. All sepsis cases were reviewed to ensure sepsis was identified, each ED physician and hospitalist was provided a "report card" type document showing their scores and fallouts. This was also discussed in each of the committees monthly.

What did your most recent Culture of Safety Survey show? What is your organization working on?

- Safety Event sharing
- Communication hand-off
- Psychological Safety
- Change Willingness
- Continued work to support improved transitions of care and discharge planning to reduce readmissions
- Expanding visualization and communication of our outstanding quality scores on a video monitor in high-traffic areas.
- Implement 1:1 meetings with staff that focus on respect and retention.
- Burnout and Teamwork
- Employee engagement
- Follow up to safety reporting
- SDOH and patient equity
- Falls protocol
- Improving medication administration

Strategy Group #1 Making Care Safer by Reducing the Harm Caused in the Delivery of Care

Next Steps:

1.) Filter best practices by areas of priority and share with you!

MICAH

Michigan Critical Access Hospital
Quality Network

Strategy Group #3 – CAH Priorities!

Information Sprints Bringing What CAH Quality Leaders Need to Know Now

Where We've Been

Previous "Sprints" - Social Determinants of Health, Hospital Commitment to Health Equity, and Aging

Strategy Group #2 – Focused on the HOW and WHEN to submit VS Strategy Group #3 – Focused on the WHAT to do with the information

Resources:

- ✓ Group Discussion at May 2024 Meeting
- ✓ Peer Presentation: Corewell Health – Leveraging JC Requirements to Improve Health Equity
- ✓ Peer Presentation: Community Health Needs Assessments – Linking to SDOH screening and Hospital Commitment to Health Equity
- ✓ Peer Presentation: Community Health Worker 101 – How to Utilize a CHW to impact SDOH Screening Rates
- ✓ Peer Presentation: Age-Friendly Health System & CMS Age Friendly Measure

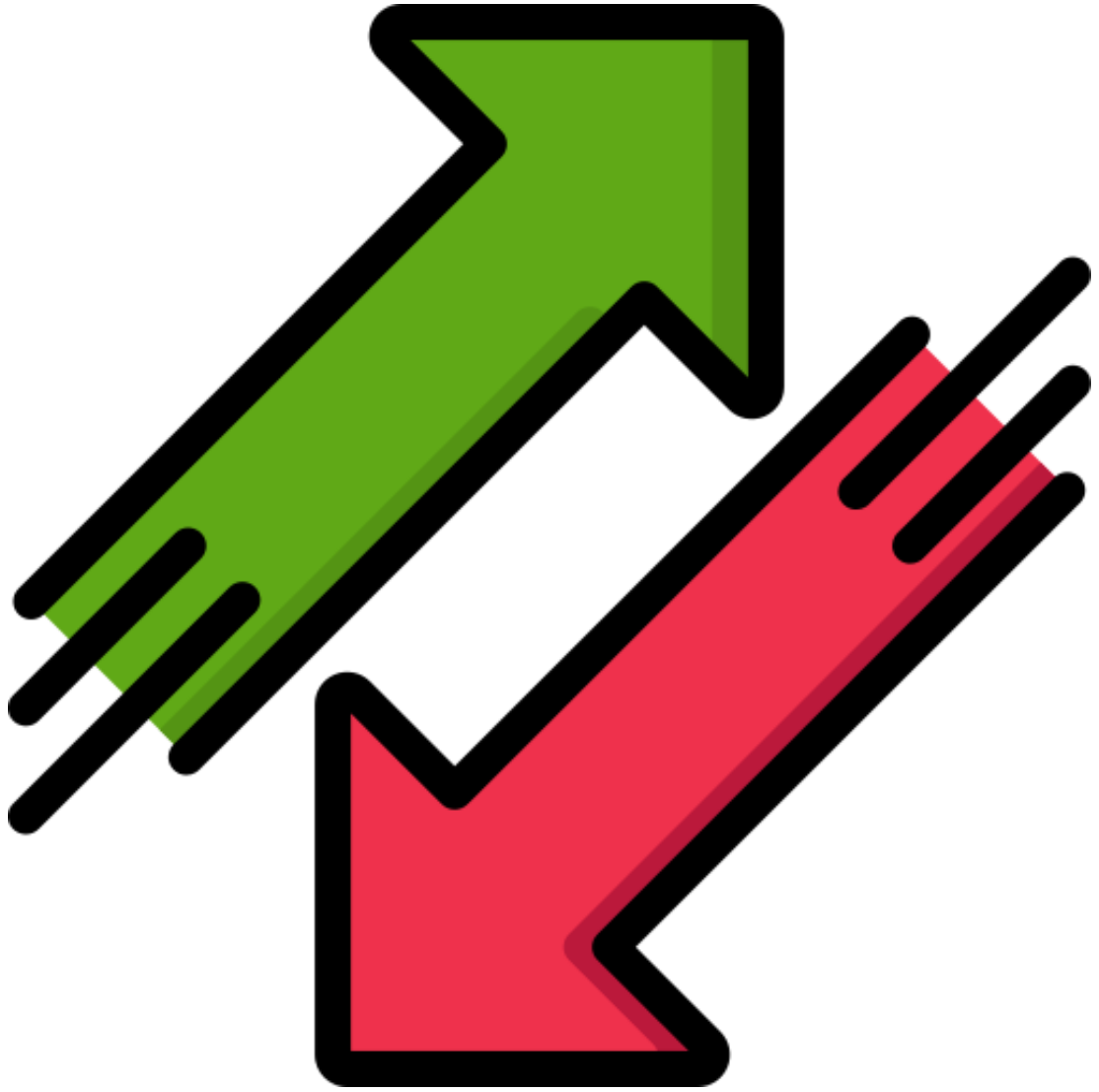
Where are we going?

Why HCAHPS?

- HCAHPS measures a patient's experience of their care
- MI CAHs provide exceptional patient care!
- Produces systematic, standardized, and comparable information about patient experience of hospital care
- Promotes person-centered care
- 01/01/2025 modification to HCAHPS survey
- Change provides an opportunity to assess current state of operations and make improvements
  - Review of changes (see previous slides from SG #2)

Eaton Rapids Medical Center

Rid the Red



Operation **Rid** the **Red**

GOAL = Rid our patient satisfaction scorecard of the red data (i.e. data that fell at/below the hospital goal/benchmark)

- Review our patient satisfaction scores for less than desirable trends
- Identify opportunities to improve
- Determine primary focus(es)
- Create goals and action plans to achieve goals to improve/hardwire
- Be open-minded!

Behind the Scenes…

Heather went to work….

- Created Quality/Risk SharePoint site
  - One-overall HCAHPS dashboard was refreshed and updated

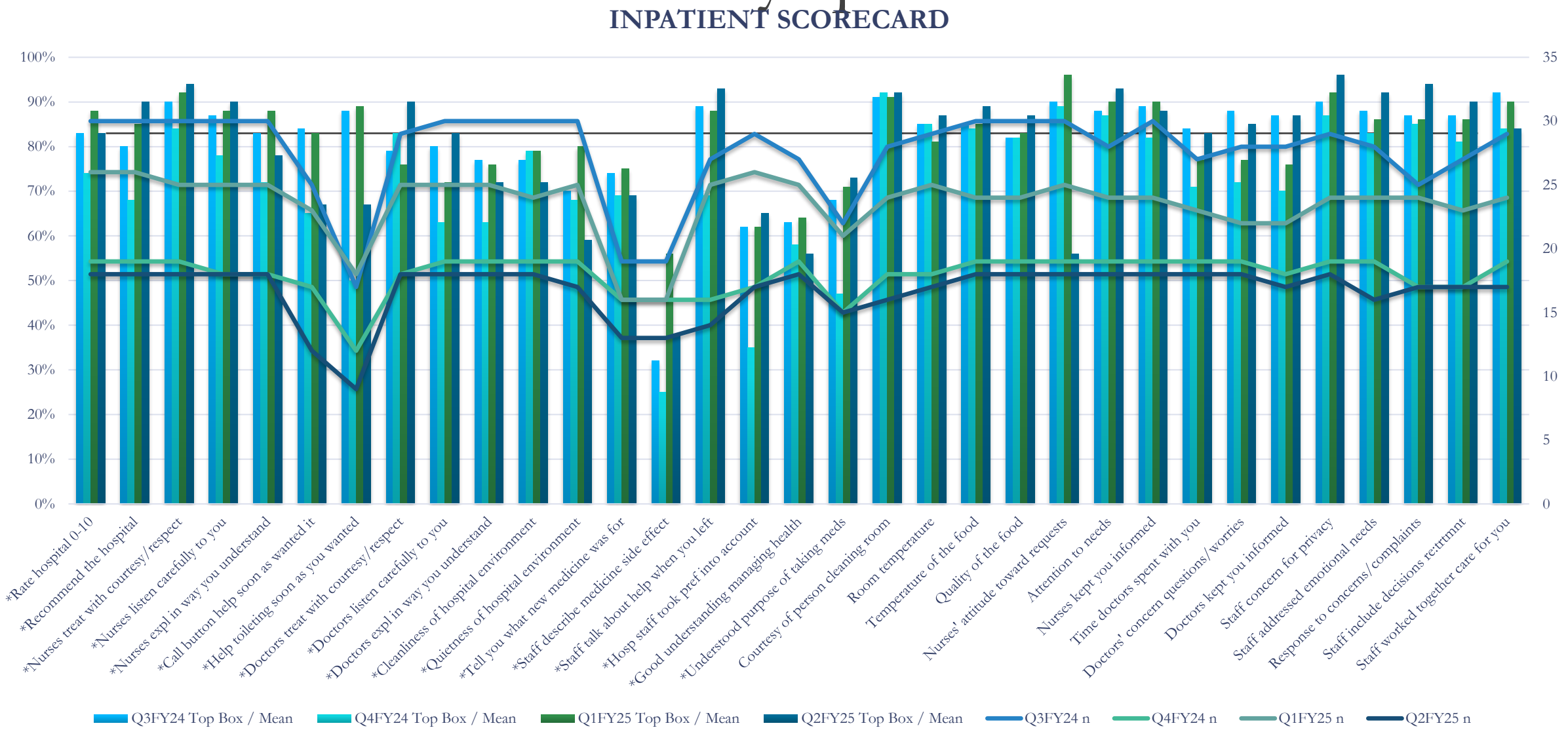
    In addition, individual department scorecards were created based on departmental Rid the Red goals
  - Patient satisfaction data could be viewed as it was updated vs. Leaders reaching out for their data (i.e. at the last minute before a critical reporting deadline)
  - Copies of surveys shared with leaders
  - Solution Starters shared with leaders
  - Updates and education provided, as applicable
  - Etc.

Old Dashboard – by domain

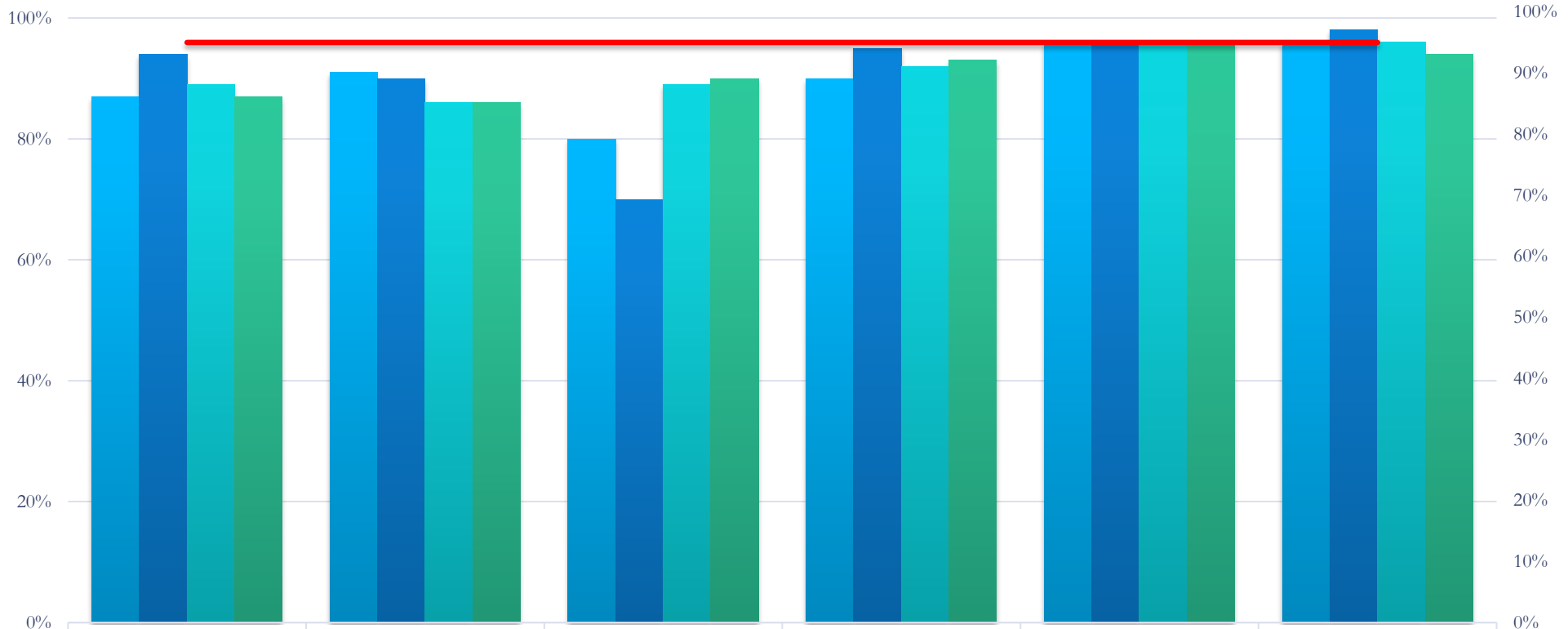
ERMC INPATIENT DEPARTMENT BALANCED SCORECARD															
INPATIENT Press Ganey Patient Satisfaction Survey	FY 2023 Benchmark / Goal	Star Rating	2023 FYTD	Jul-22	Aug-22	Sep-22	Oct-22	Nov-22	Dec-22	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23 (as of 07/20)
Overall Hospital Rating (0-10)	85	5	87	80	90	100	91	92	82	97	85	98	91	90	50
Likelihood to Recommend	93	5	84	80	90	67	80	83	84	97	90	96	82	90	63
Communication with Nurses Domain	87	5	86	97	90	89	79	89	70	100	87	90	82	83	79
Communication with Doctors Domain	88	4	78	89	87	72	84	89	70	89	47	82	85	79	58
Responsiveness of Hospital Staff Domain	81	5	79	88	84	55	78	79	62	94	63	96	65	94	86
Communication about Medicines	74	4	70	76	75	75	83	56	64	50	83	67	38	71	100
Hospital Cleanliness	80	5	72	70	60	83	64	83	55	89	60	77	64	80	75
Hospital Quietness	80	5	74	80	70	67	70	100	56	89	60	69	82	80	63
Discharge Information Domain	92	4	89	94	94	83	80	95	93	87	88	85	77	88	100
Care Transitions Domain	63	3	55	50	77	61	60	76	46	48	15	51	63	67	48
	Met Goal (at or better)					Below Goal (w/in 3 %)					Not Meeting Goal (3% or more)				

LIKELIHOOD TO RECOMMEND SCORECARD					
	Q3FY24	Q4FY24	Q1FY25	Q2FY25	GOAL
Ambulatory Surgery	87%	94%	89%	87%	95%
Emergency Department	91%	90%	86%	86%	95%
Inpatient	80%	70%	89%	90%	95%
Medical Practice	90%	95%	92%	93%	95%
Outpatient Services	96%	96%	96%	96%	95%
Outpatient Rehabilitation	96%	98%	96%	94%	95%

New Dashboard – by question



LIKELIHOOD TO RECOMMEND

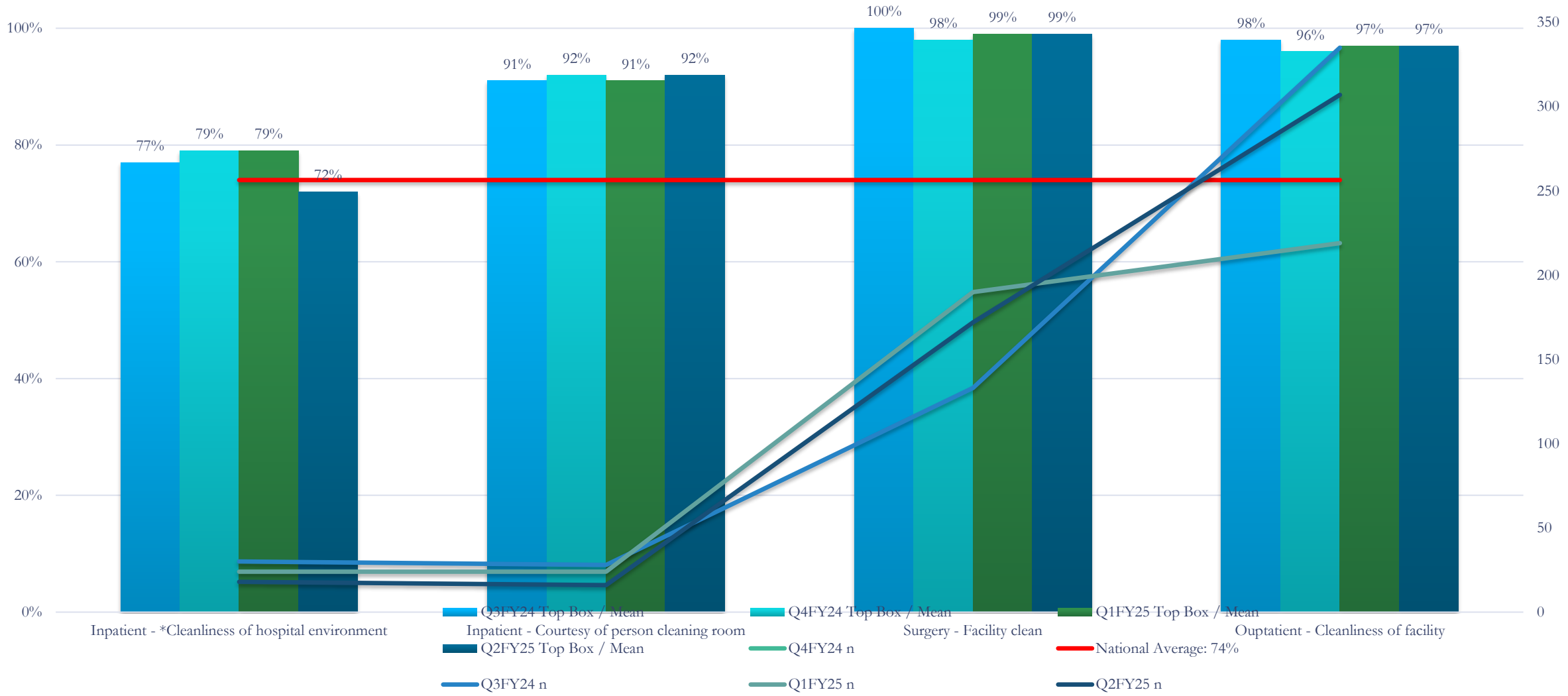


	Ambulatory Surgery	Emergency Department	Inpatient	Medical Practice	Outpatient Services	Outpatient Rehabilitation
Q3FY24	87%	91%	80%	90%	96%	96%
Q4FY24	94%	90%	70%	95%	96%	98%
Q1FY25	89%	86%	89%	92%	96%	96%
Q2FY25	87%	86%	90%	93%	96%	94%
GOAL: 95%	95%	95%	95%	95%	95%	95%

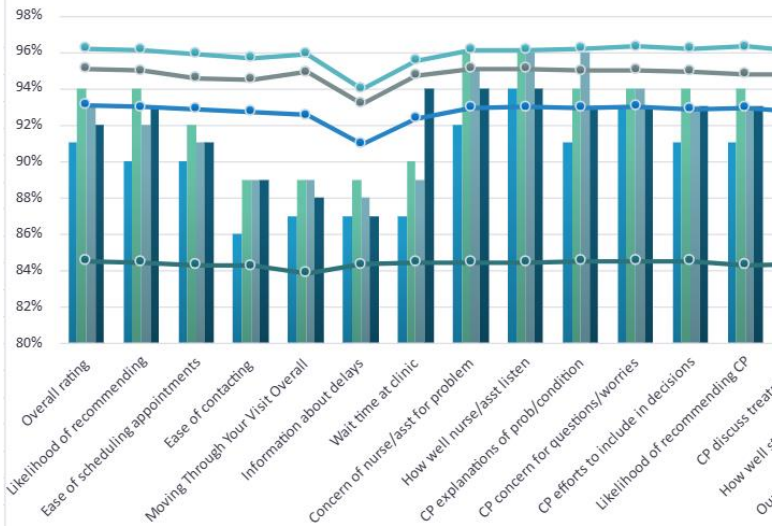
CLEANLINESS SCORECARD

	Jan-Mar 2024		Apr-Jun 2024		Jul-Sep 2024		Oct-Dec 2024		National
CLEANLINESS Survey Questions	Q3FY24		Q4FY24		Q1FY25		Q2FY25		Average
* CMS CAHPS Questions	Top Box / Mean	n	Top Box / Mean	n	Top Box / Mean	n	Top Box / Mean	n	
Inpatient - *Cleanliness of hospital environment	77%	30	79%	19	79%	24	72%	18	74%
Inpatient - Courtesy of person cleaning room	91%	28	92%	18	91%	24	92%	16	74%
Surgery - Facility clean	100%	133	98%	91	99%	190	99%	172	74%
Ouptatient - Cleanliness of facility	98%	335	96%	232	97%	219	97%	307	74%

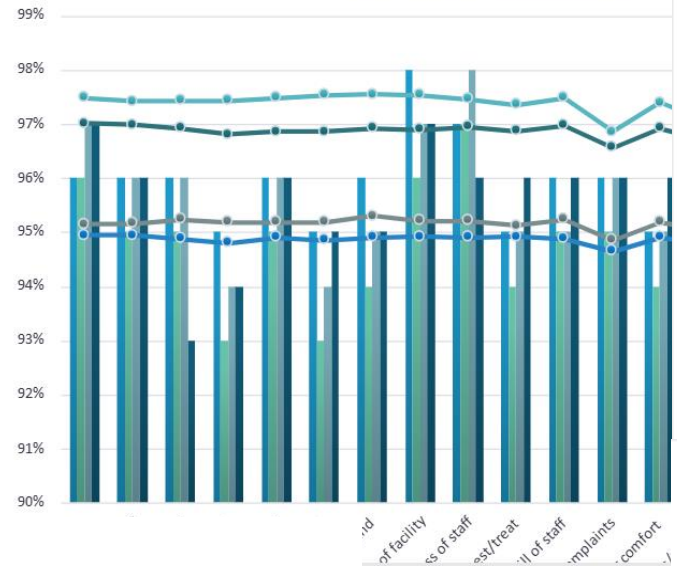
CLEANLINESS SCORECARD



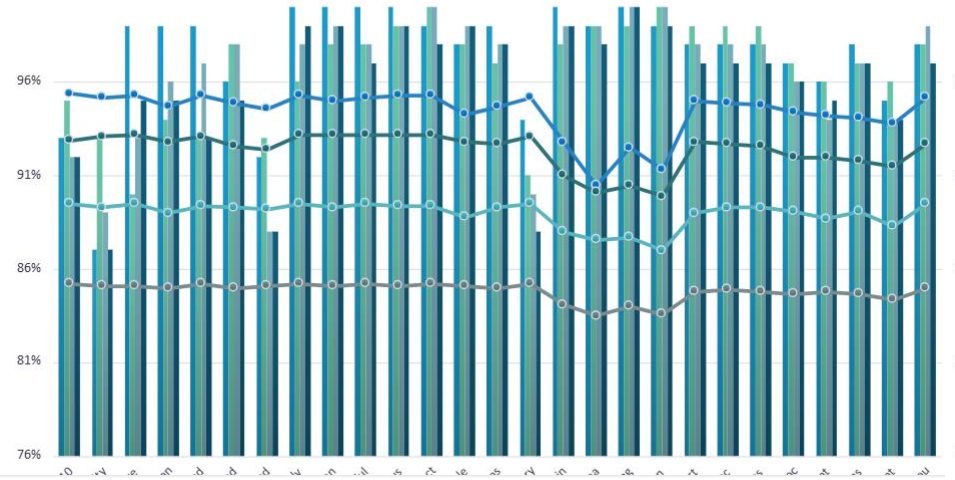
RHC COMBINED SCORECARD



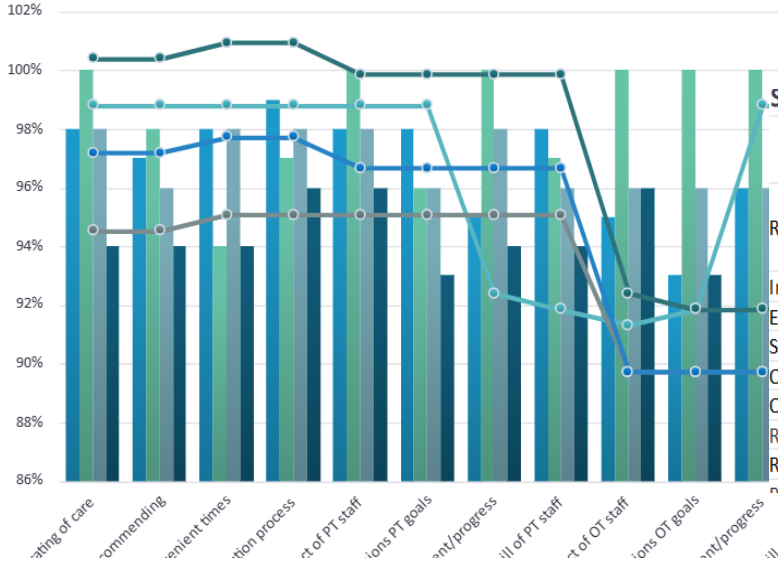
OUTPATIENT SCORECARD



SURGERY SCORECARD



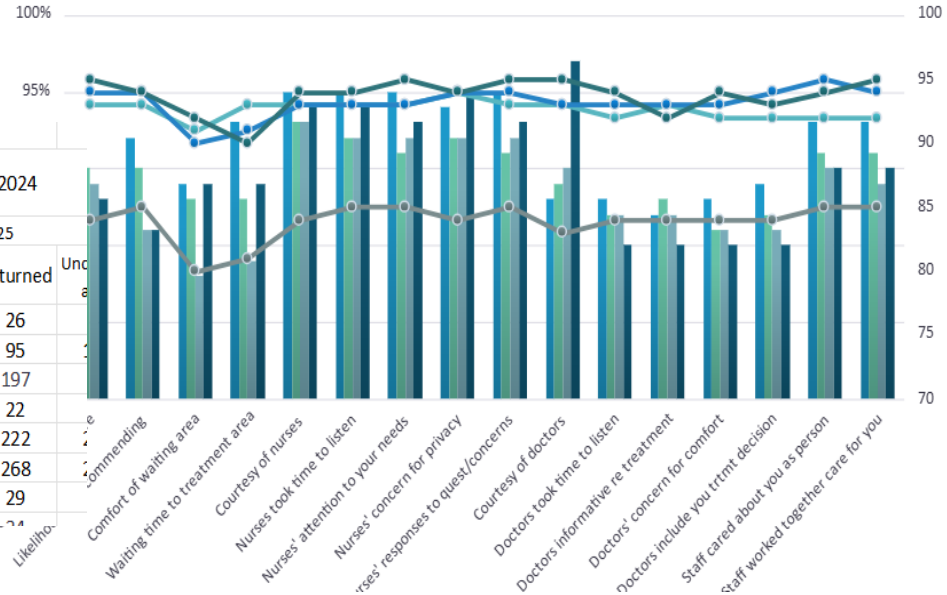
REHABILITATION SCORECARD



SURVEY RESPONSE RATE

RESPONSE RATE	Apr-Jun 2024 Q4FY24 Rate	Sent	Returned	Undeliverable	Jul-Sep 2024 Q1FY25 Rate	Sent	Returned
Inpatient	23%	89	19	7	30%	97	26
Emergency Department	8%	1,264	87	143	9%	1,148	95
Surgery	31%	557	161	36	37%	545	197
Outpatient Rehabilitation	19%	97	18	2	29%	77	22
Outpatient Services	14%	2,028	240	279	16%	1,619	222
RHC Family Practice	18%	1,908	313	194	15%	2,029	268
RHC Redicare	7%	798	54	52	5%	592	29

EMERGENCY DEPARTMENT SCORECARD



First Up... the Emergency!

ED Staff Meeting

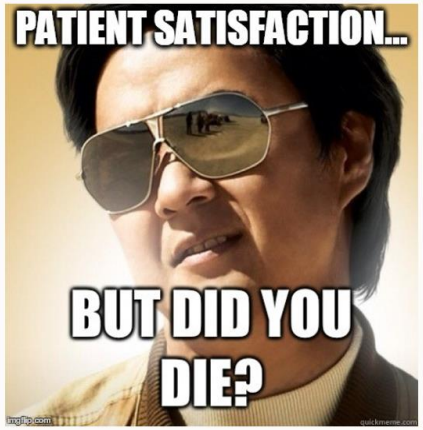
Emergency Department Staff Meeting

Let's Talk About Patient Satisfaction

02/06/2025

Presented by Heather Schragg, CIC, CPHRM
Director of Quality, Risk Management, and Medical Staff Services

What is the #1 Patient Satisfaction Question?



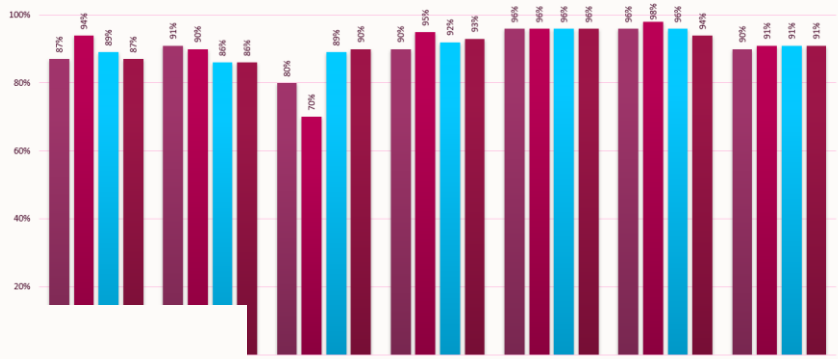
What *IS* Patient Satisfaction?

- ***Patient satisfaction*** is a measure of how happy a patient is with their healthcare. Although "satisfaction" and "patient experience" are sometimes used interchangeably, they're two sep concepts.
- A ***patient's experience*** is based on what should happen during their appointment and whet occurred, whereas patient satisfaction is based on whether a patient's *expectations* of what happen were met.
- Every *single interaction* in a hospital can affect patient satisfaction, from how the waiting ro looks to how the patient is greeted by your receptionist to what you are wearing. But the m

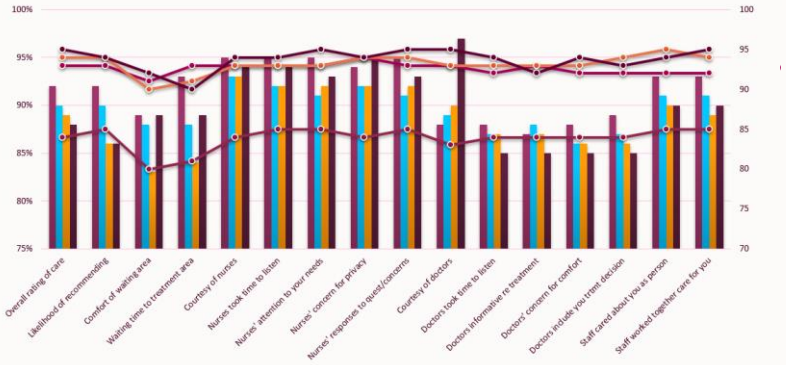
Why is Patient Satisfaction I

- Measure of the quality of healthcare a patient receives
- Leads to better patient outcomes
  - satisfied patients are likely to comply with treatment plans
- Patient retention
  - satisfied patients are likely to return for future care
- New patients
  - likelihood to recommend to family and friends

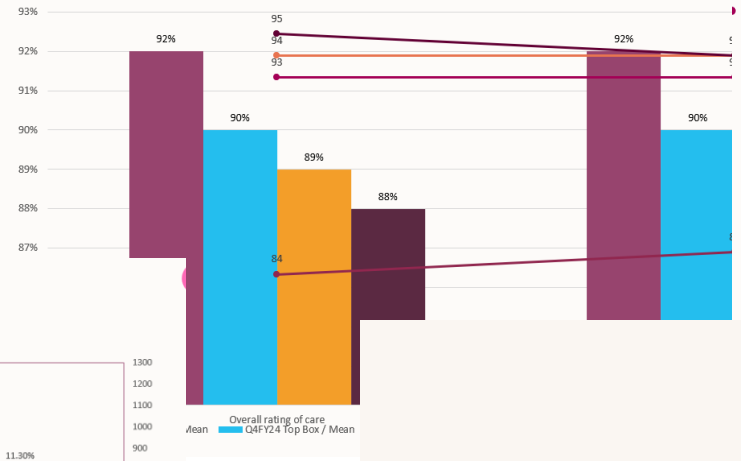
Likelihood to Recommend



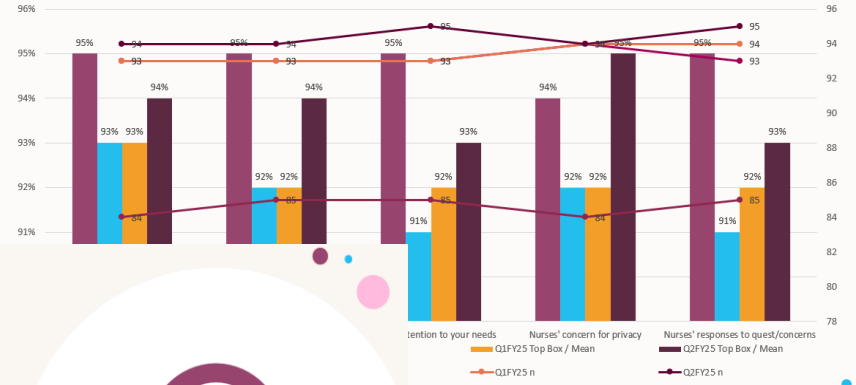
ED Scorecard



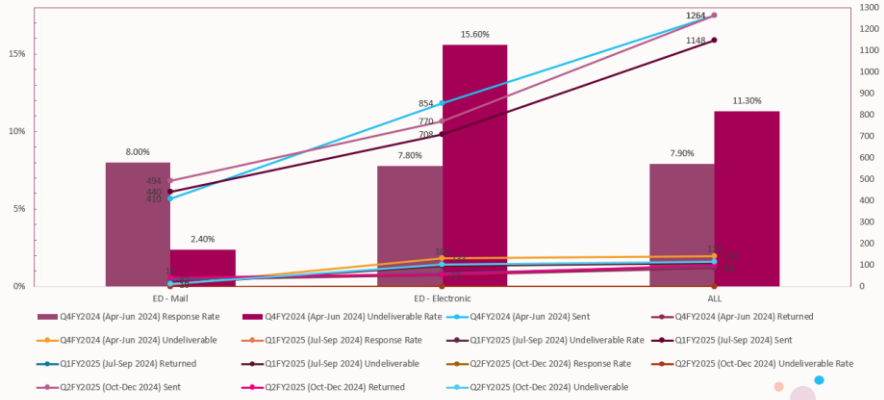
Overall Rating and LTR



Nursing



Survey Response Data



Solutions

You have the data – Now What?

Solutions! Solutions! Solutions!

Hospital Rating

- Using any number from 0 to 10, where 0 is the worst hospital possible and 10 is the best hospital possible, what number would you use to rate this hospital during your stay?
- DEFINITION
  - This question is a rating (0 – worst hospital possible, 1, 2, 3, 4, 5, 6, 7, 8, 9, 10 – best hospital possible) and summary judgment of the care received. Low ratings on this question are critical indictments that should be taken seriously.
- VOICE O
  - "Ove
  - "Thi

Hospital Rating - Improvements

- ESSENTIAL BEHAVIORS
  - Tell patients and family members stories about positive patient experiences at your organization.
  - Consider showing or displaying positive patient feedback in care units and other appropriate public spaces.
  - "Manage Up" your colleagues, physicians, support staff, etc. Boast about the talents and abilities of the staff at your organization.
  - Use empathetic phrases when responding to patient concerns.
  - Reassure patients using empathetic body language when appropriate, such as holding the hand of a patient in pain or sitting down at eye level when visiting the patient.
  - Acknowledge suffering. Every hospital stay evokes some form of suffering, whether it be avoidable (e.g., hospital-acquired infection) or unavoidable (e.g., symptoms of disease including pain).
  - Reliably providing evidence-based clinical care is essential to reducing patients' suffering, but it is not the only way. Caregivers must also build trust and relieve anxiety to acknowledge and reduce suffering. For example, a staff member could inform the patient and family of what to expect before a procedure or explain things that may be routine for the care team, but new to the patient and family (i.e. "*RELATE*").

Recommend the Hospital

- Would you recommend this hospital to friends and family?
- DEFINITION

Recommend the Hospital - Improvements

- ESSENTIAL BEHAVIORS
  - Speak positively about the organization.
  - Tout the organization's strengths in front of patients and family members.
  - Thank patients for choosing your organization or health system ("E" in *RELAT**E***).
  - Invite patients to share details about the things they love. Use that information to make their experience at your hospital extra special. For example, if you learn that a patient finds tea to be especially comforting when they're ill, bring them a cup of warm tea after they settle into the room.
  - Use body level, mai
  - Communi

Communication

- Respect privacy and dignity:
  - Knock before entering a patient's room.
  - Ask for permission before performing procedures.
  - Ensure that patients are covered appropriately during examinations or procedures.
  - Ensure that conversations with patients and family members are private and cannot be overheard by others.
  - Speak positively about other patients, care team members, and the organization.
- ***RELATE***: Introduce yourself and explain your purpose to the patient and family members whenever you enter a patient's room to help build a personal connection and set a respectful tone.
  - Use engaging body language to express interest in what the patient is saying.
  - Make/maintain eye contact (if medically/culturally appropriate).
  - Sit at the bedside to make the patient feel you are spending enough time with him or her.
- Demonstrate Empathy and Compassion
  - Use simple gestures like a warm smile, gentle touch, or kind words to help patients feel respected.
  - Remain sensitive to nonverbal cues that might indicate whether the patient is open to shaking hands (e.g., crossed arms, or won't make eye contact)
  - Greet the patient using his or her first name. For example, "Good morning, Meghan. It's a pleasure to meet you. My name is Barbara Smith, and I'll be your nurse until 7:00 p.m."
- Use Active Listening skills
  - Avoid Interrupting
  - Reflect and paraphrase back what was heard
  - Ask open-ended questions
  - Be mindful of non-verbal cues

Patient Rounding

The 5 Ps of Rounding: The Foundation of Patient Satisfaction

Purposeful and timely nursing rounds: a best practice implementation project

Benefits of Hourly Rounding in Nursing

The effect of regular nursing rounds on patients' comfort and satisfaction, and violence against nurses in surgical ward

Shannon Beckman – Mackinac Straits – Our very own Rounding Queen

SG3 – Next Steps

Build upon SG2's excellent work by -

- Providing education, as applicable
- Providing resources and tools
- Share what is working at ***our*** hospitals
- Share, examples, examples, examples
- Learn from you! We want to hear from you!

SG3 Tools for Your Toolbox

- Press Ganey - Solutions
- Sample – Inpatient survey: Wave 1 (effective 1/1/25)
- Sample – Inpatient survey: Wave 2 (effective 1/1/25)
- Sample – Inpatient survey: Email 1 (effective 1/1/25)
- Sample – Inpatient survey: Email 2 (effective 1/1/25)
- Sample – Emergency survey (effective 1/1/25)
- Sample – Outpatient survey (effective 1/1/25)
- Sample – Surgery survey (effective 1/1/25)
- Sample – Medical Practice survey (effective 1/1/25)

Moving Forward

- Almost 2 months into the 1/1/25 new HCAHPS survey...
  - Consider a *look-back* at the first 6 months of the new survey at the August 2025 MICAH-QN meeting
  - Lessons learned from the 1/1/25 new survey rollout through the first 6+ months
  - Rankings available, if applicable
  - How new questions are performing
  - Solutions and recommendations moving forward
  - Etc.

Thank you!

MICAH QN Meeting Schedule

MICAH QN Reminders:

MICAH QN Member Meeting Calendar (2025)

- May 16th, 2025 (Virtual)
- August 15th, 2025 (Virtual)
- November 6th, 2025 (In Person Traverse City, MI)