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**
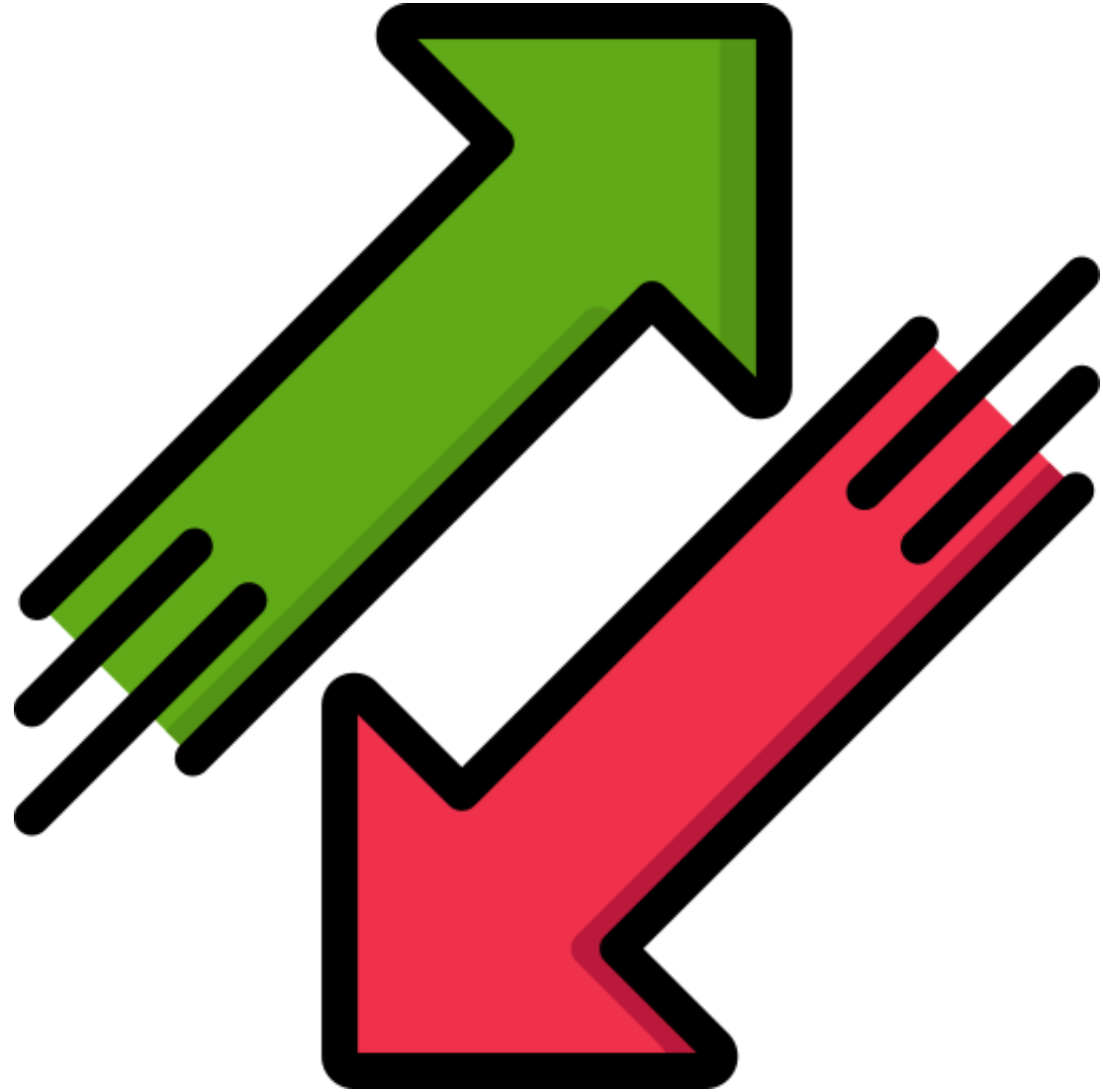
Operation Rid the Red

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

o Review our patient satisfaction scores for less than desirable trends

o Identify opportunities to improve

o Determine primary focus(es)

o Create goals and action plans to achieve goals to improve/hardwire

o Be open-minded!

Behind the Scenes...

Heather went to work....

o 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
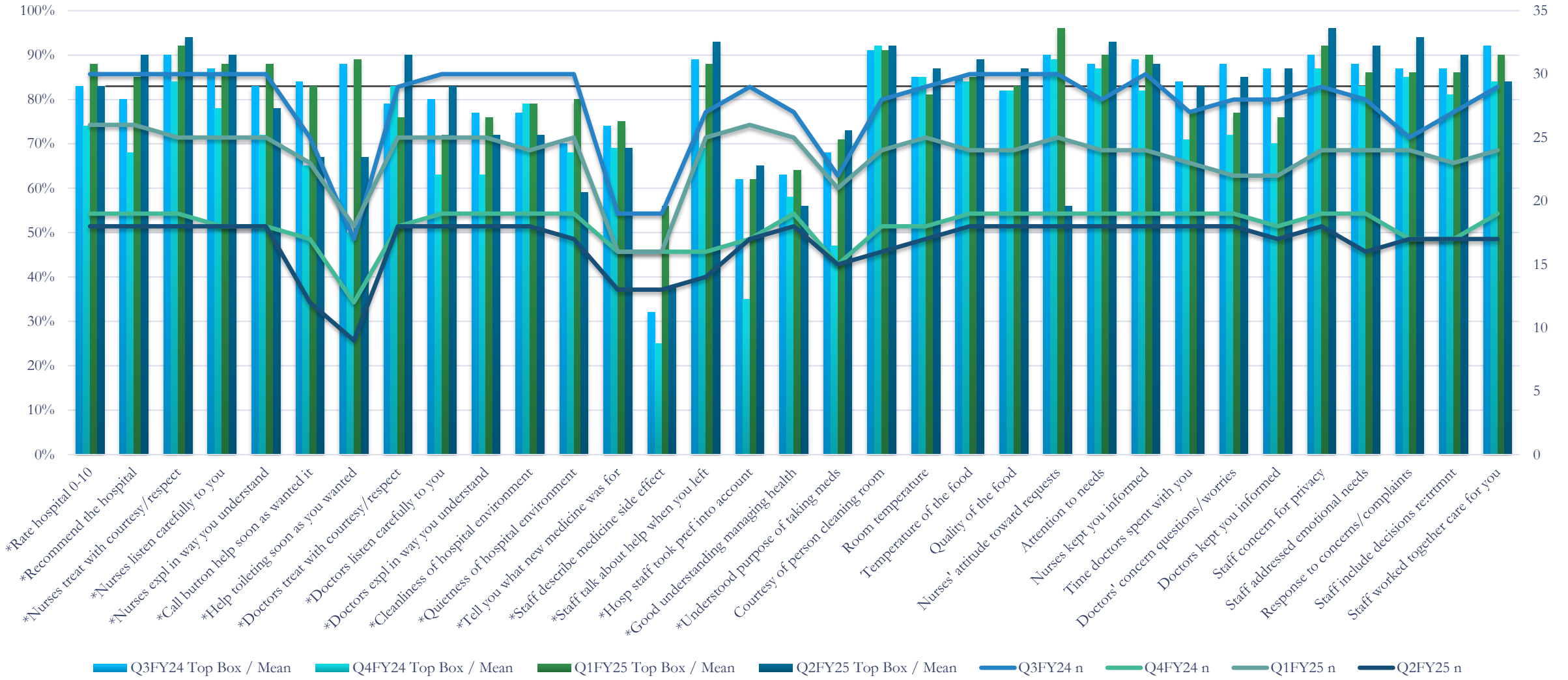
- Etc.

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

INPATIENT SCORECARD

Q3FY24 Top Box / Mean   Q4FY24 Top Box / Mean   Q1FY25 Top Box / Mean   Q2FY25 Top Box / Mean   Q3FY24 n   Q4FY24 n   Q1FY25 n   Q2FY25 n

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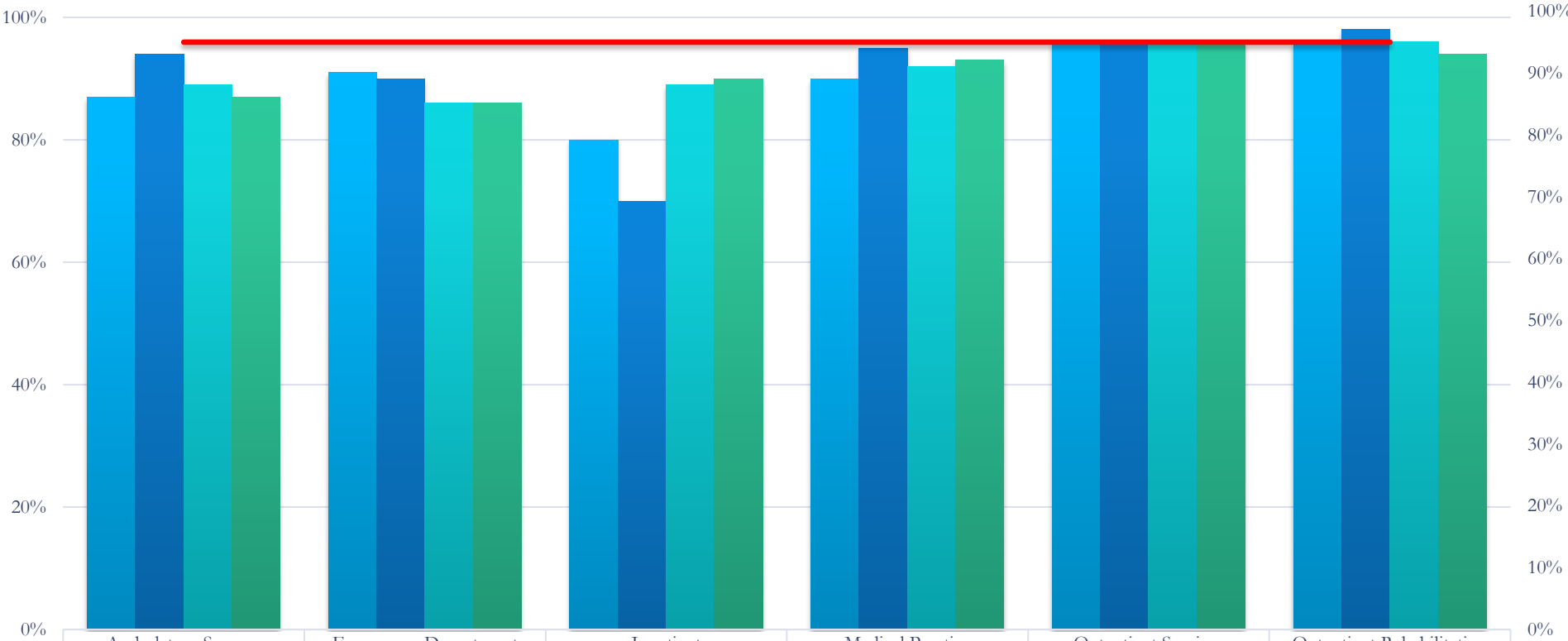
	Ambulatory Surgery	Emergency Department	Inpatient	Medical Practice	Outpatient Services	Outpatient Rehabilitation
Q3FY24	87%	91%	80%	90%	96%	96%
Q4FY24	94%	90%	70%	95%	96%	98%
Q1FY25	89%	86%	89%	92%	96%	96%
Q2FY25	87%	86%	90%	93%	96%	94%
GOAL: 95%	95%	95%	95%	95%	95%	95%

Q3FY24   Q4FY24   Q1FY25   Q2FY25   GOAL: 95%

CLEANLINESS SCORECARD

CLEANLINESS Survey Questions	Jan-Mar 2024 Q3FY24		Apr-Jun 2024 Q4FY24		Jul-Sep 2024 Q1FY25		Oct-Dec 2024 Q2FY25		National 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
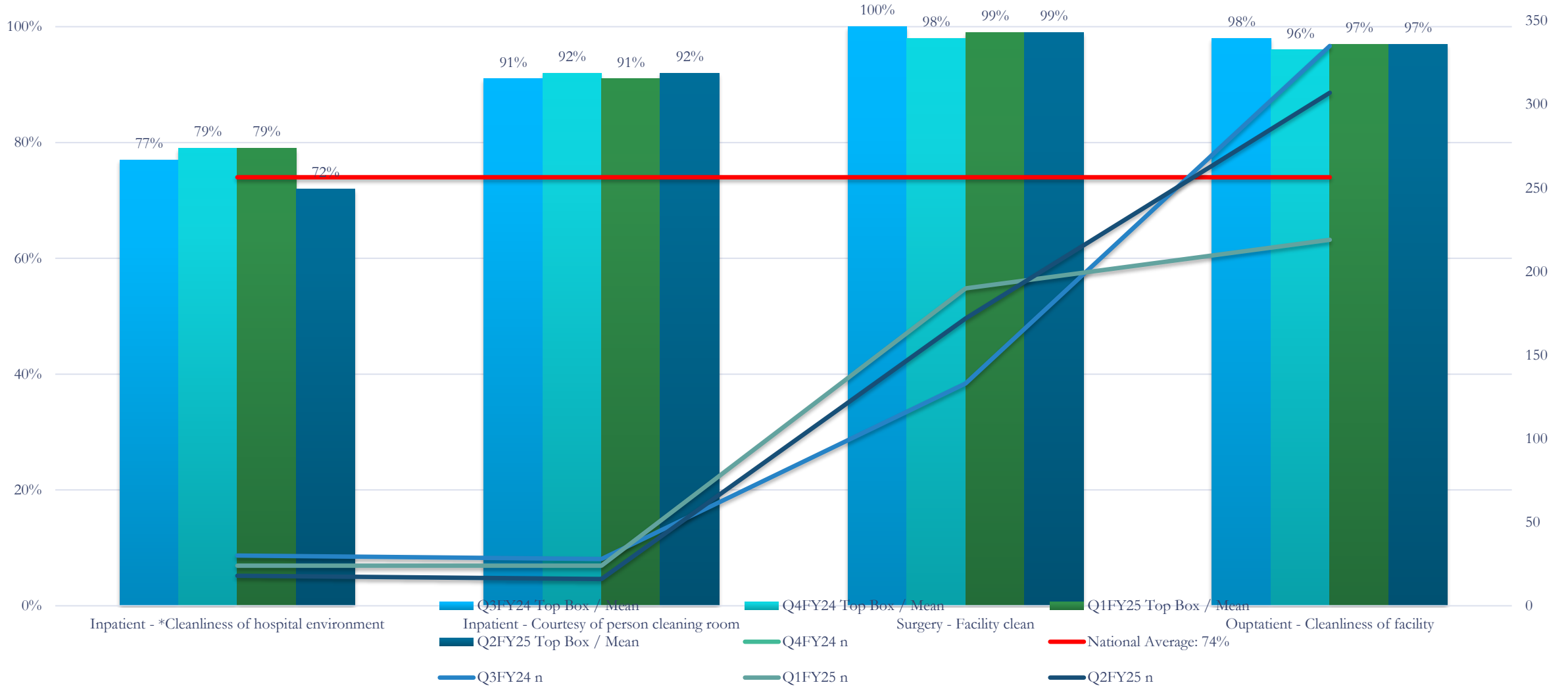
RHC COMBINED SCORECARD
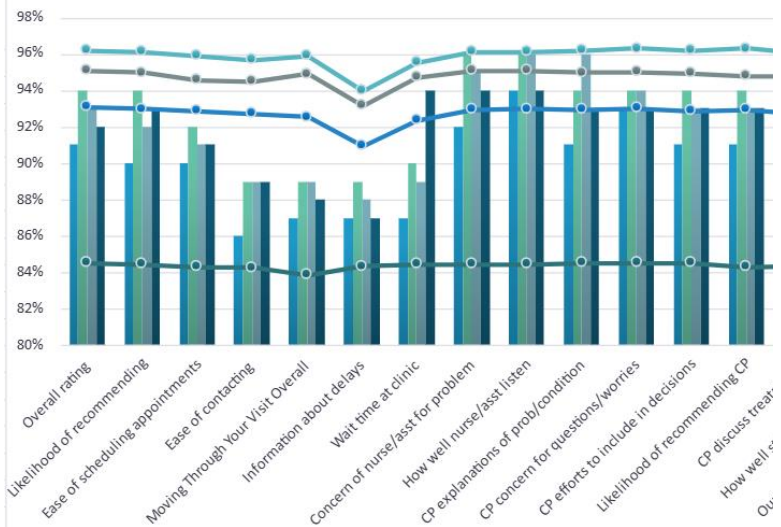
OUTPATIENT SCORECARD
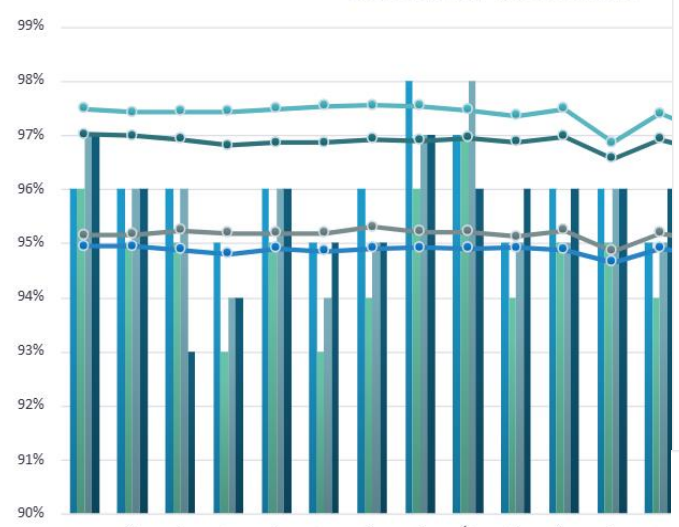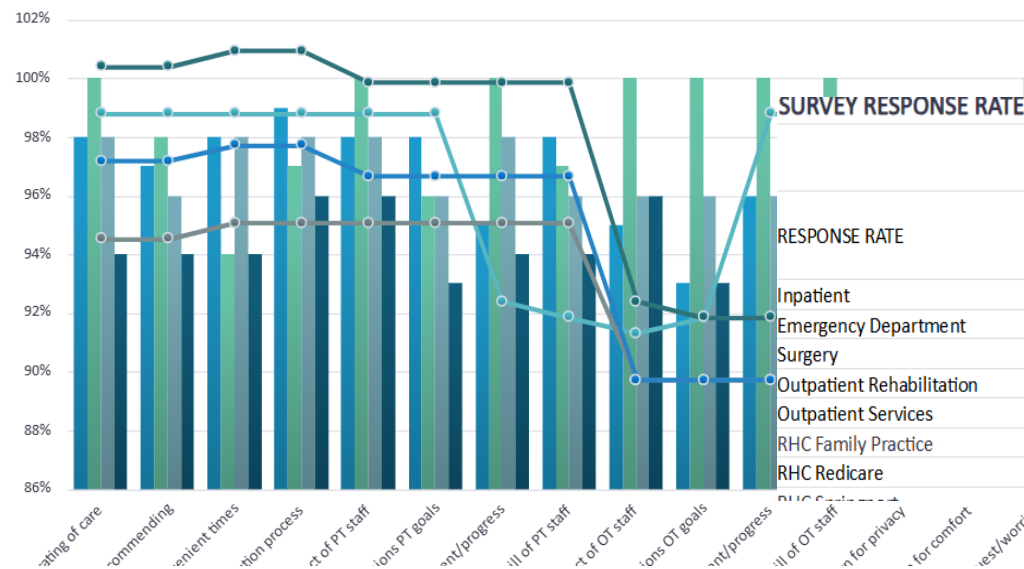
SURGERY SCORECARD
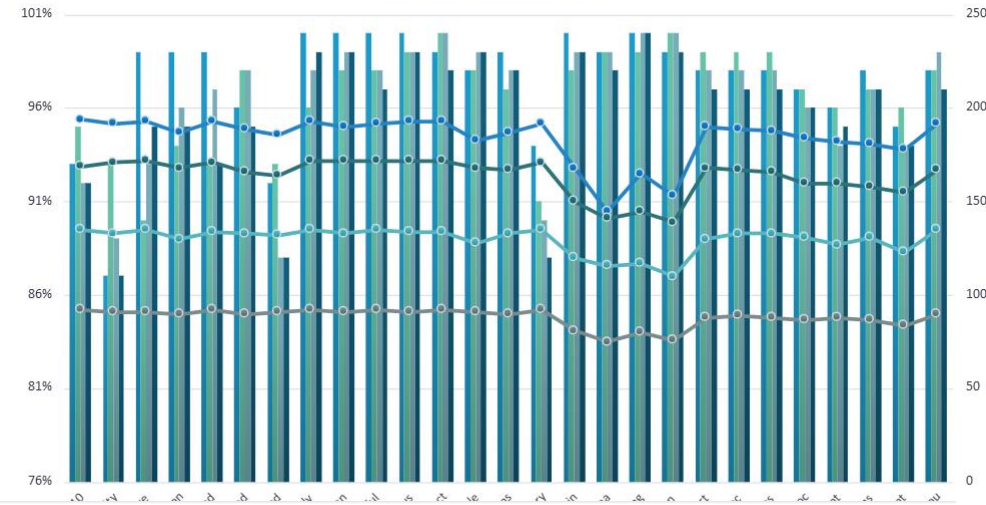
EMERGENCY DEPARTMENT SCORECARD
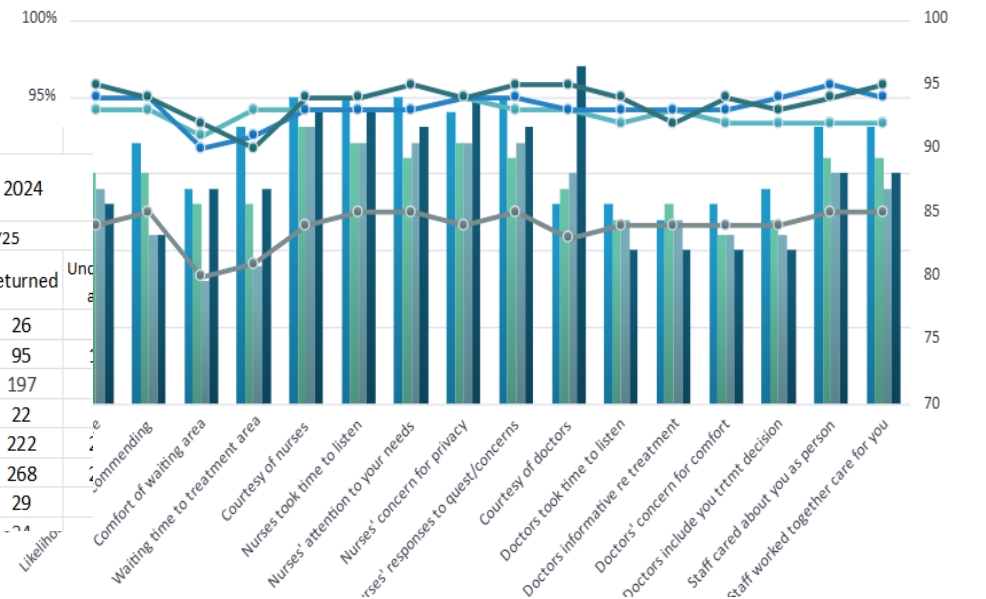
REHABILITATION SCORECARD

SURVEY RESPONSE RATE

RESPONSE RATE	Apr-Jun 2024			Jul-Sep 2024		
	Q4 FY24			Q1 FY25		
	Rate	Sent	Returned	Undeliverable	Rate	Sent	Returned	Und...
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	
RHC Springart	10%	327	33	16	14%	256	34	

First Up... the Emergency!
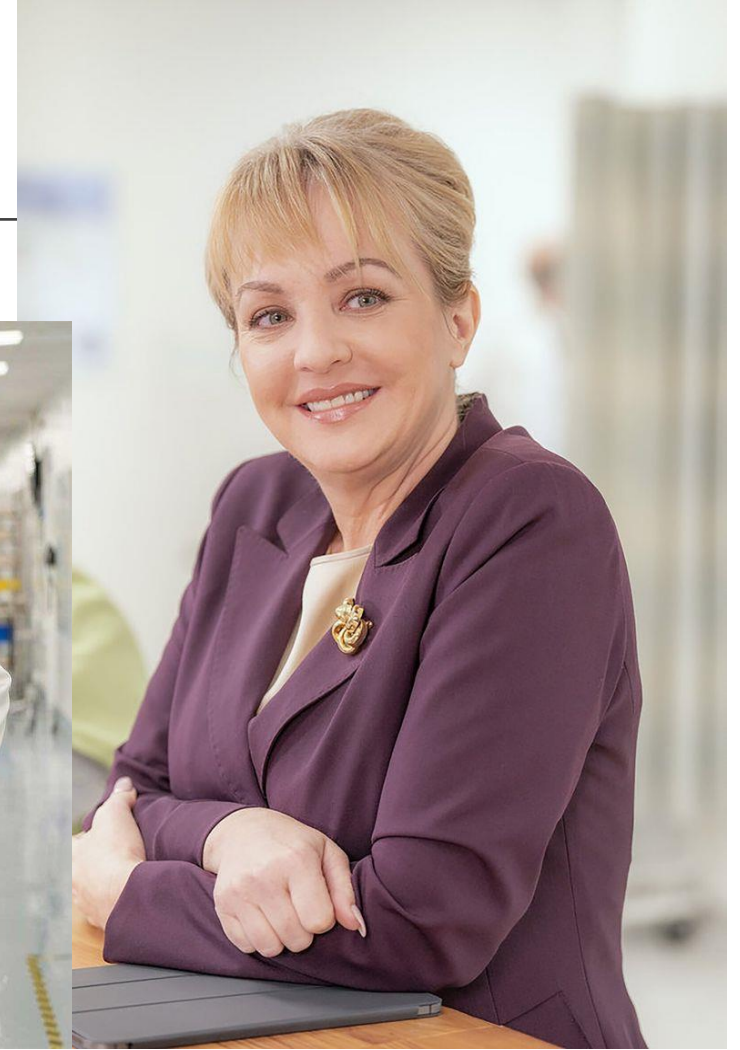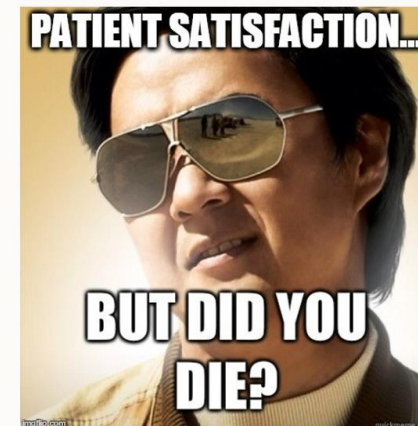
ED Staff Meeting

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?

PATIENT SATISFACTION...

BUT DID YOU DIE?

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 separate concepts.
- A *patient's experience* is based on what should happen during their appointment and whether it 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 room looks to how the patient is greeted by your receptionist to what you are <u>wearing</u>. But the m... *ect* for h...
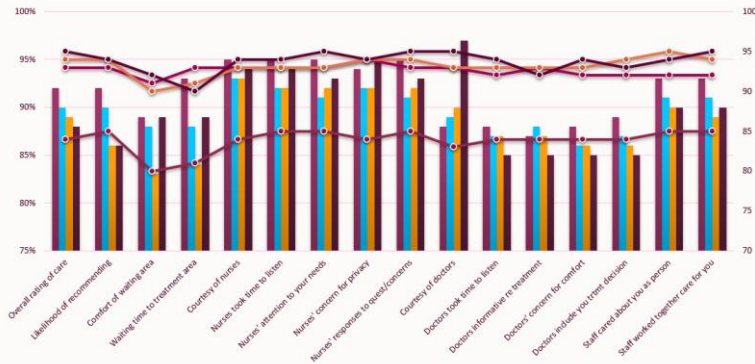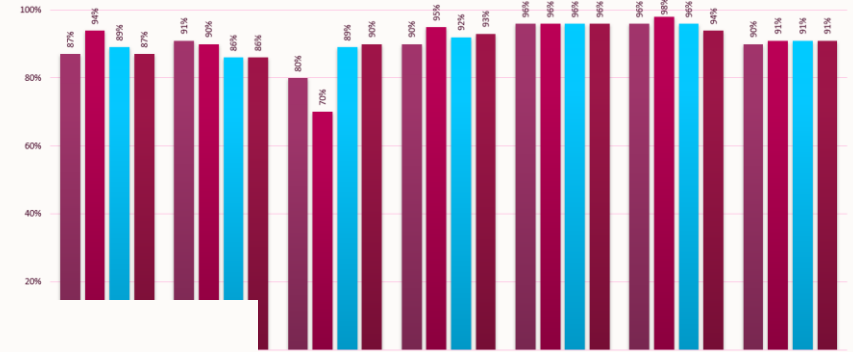
Why is Patient Satisfaction I...

- 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
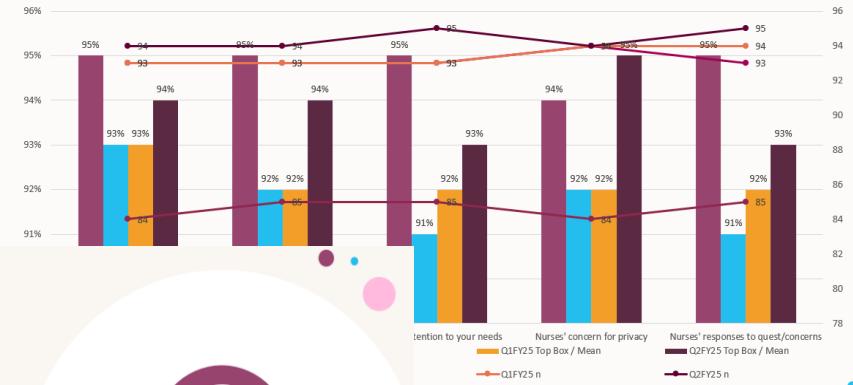 - likelihood to recommend to family and friends
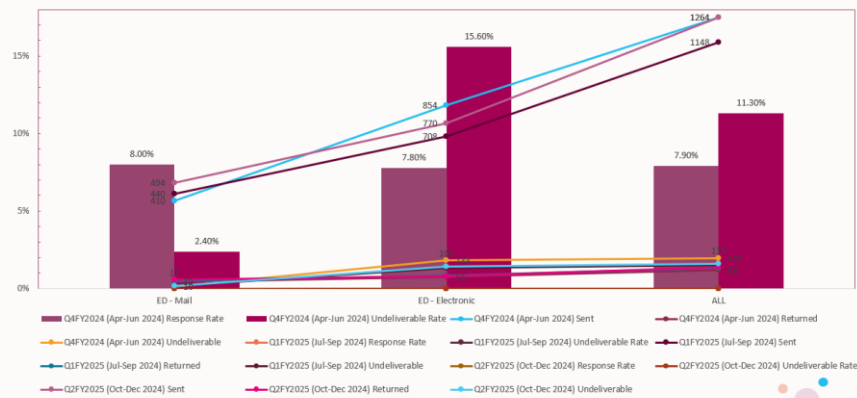
Likelihood to Recommend

ED Scorecard

Overall Rating and LTR
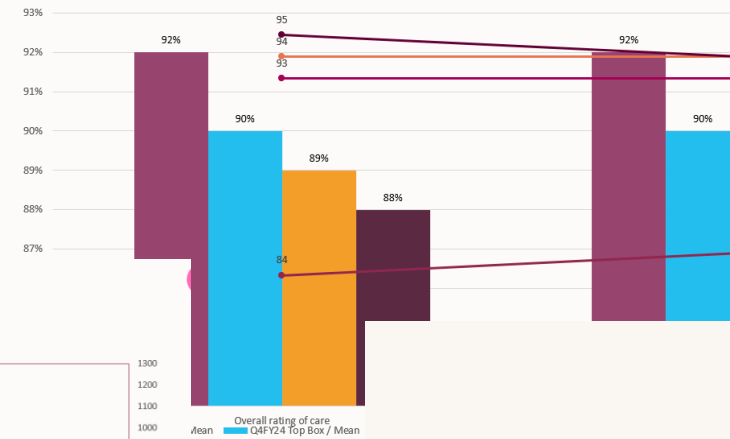
Nursing

Survey Response Data

Solutions

You have the data – Now What?

Solutions! Solutions! Solutions!

Recommend the Hospital

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

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
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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 *RELATE*).
  - 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

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*").

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

Shannon Beckman – Mackinac Straits – Our very own Rounding Queen

SG3 – Next Steps

Build upon SG2's excellent work by -

o Providing education, as applicable

o Providing resources and tools

o Share what is working at **our** hospitals

o Share, examples, examples, examples

o Learn from you! We want to hear from you!

SG3 Tools for Your Toolbox

o Press Ganey - Solutions

o Sample – Inpatient survey: Wave 1 (effective 1/1/25)

o Sample – Inpatient survey: Wave 2 (effective 1/1/25)

o Sample – Inpatient survey: Email 1 (effective 1/1/25)

o Sample – Inpatient survey: Email 2 (effective 1/1/25)

o Sample – Emergency survey (effective 1/1/25)

o Sample – Outpatient survey (effective 1/1/25)

o Sample – Surgery survey (effective 1/1/25)

o 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.
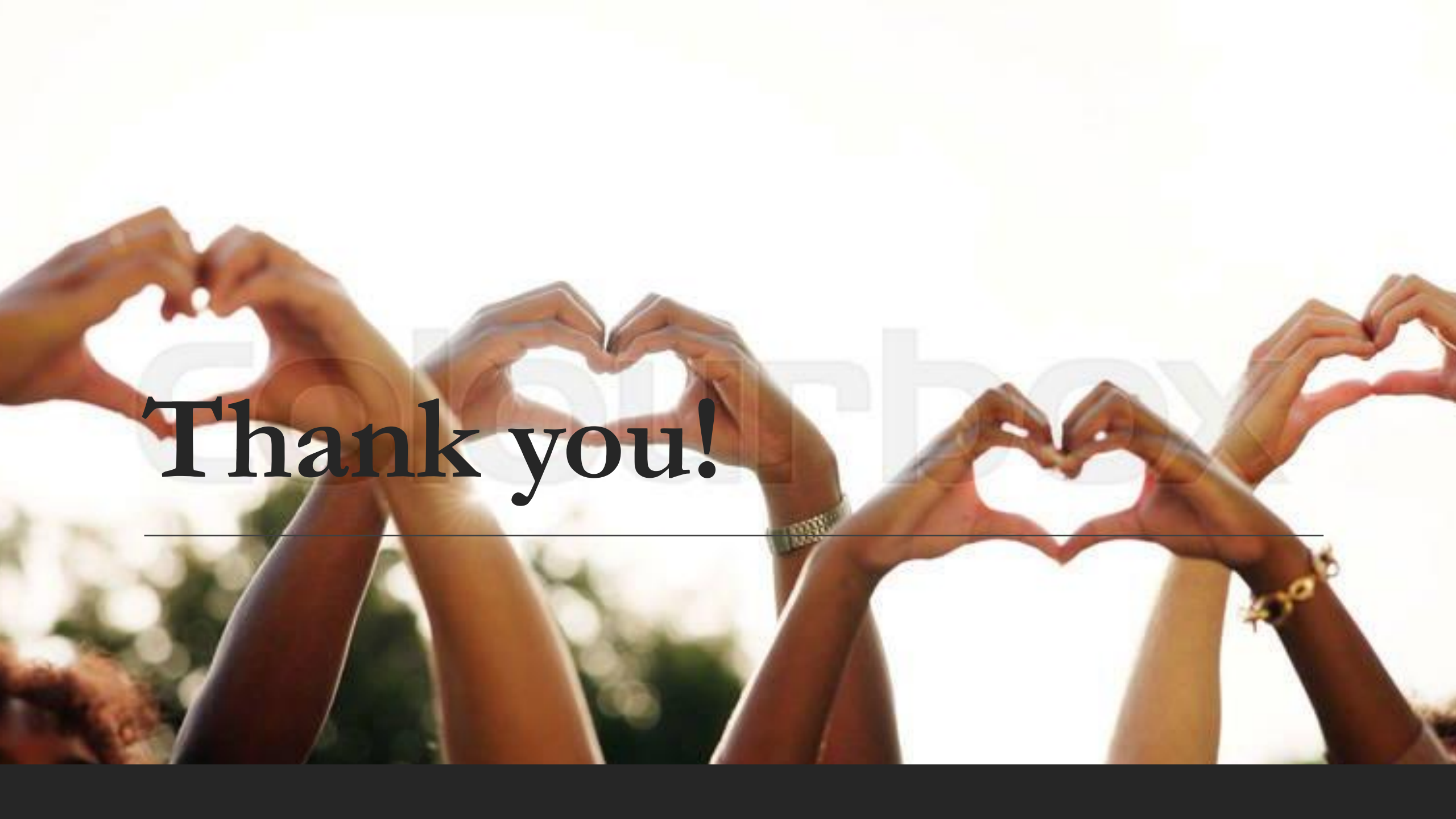
Thank you!

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)