



Quality, Safety & Experience Committee Meeting

The MetroHealth System

MetroHealth Cleveland Heights - 10 Severance Circle, Cleveland Heights, OH

44118 - A2-2016 Conference Room

2025-10-22 13:00 - 15:00 EDT

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The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE

DATE: Wednesday, October 22, 2025
TIME: 1:00pm – 3:00pm
PLACE: MetroHealth Cleveland Heights A2-2016 / Via YouTube Stream
<https://www.youtube.com/@metrohealthCLE/streams>

AGENDA

- I. **Approval of Minutes**
Committee Meeting Minutes of August 27, 2025
- II. **Information Items**
 - A. Patient Experience Story - *J. Lastic* (5 min.)
 - B. Annual Infection Prevention Update - *A. Ray / C. Mack* (20 min.)
 - C. Patient Experience Update - *M. Sullivan / J. Lastic* (20 min.)
 - D. Charter Language – *C. Firis* (5 min.)
- III. **Executive Session**
- IV. **Return to Open Meeting**

The MetroHealth System Board of Trustees

QUALITY, SAFETY AND EXPERIENCE COMMITTEE MEETING

Wednesday August 27, 2025

11:00 am – 1:00 pm

MetroHealth Board Room K107 / Virtual

Meeting Minutes

Committee Members: Ronald Dziedzicki-I, E. Harry Walker, MD-I

Other Trustees: Michael Summers-I

Staff: Christine Alexander-Rager, MD-I, Michelle Block-I, Doug Bruce, MD-R, Stacey Booker, RN-I, Nabil Chehade, MD-I, Corryn Firis-I, Joseph Golob, MD-I, Matthew Kaufmann-I, Travis McDonald-I, Dr. Candy Mori-I, Nicole Rabic, RN-I, Tamiyka Rose-I, Laura Schmidt-I, Deborah Southerington-I, David Stepnick, MD-I, Kara Sullinger-I, Maureen Sullivan, RN-I, Mary Wainwright-I, James Wellons-I

Invited Guests: None

Other Guests: Guests not invited by the Board of Trustees are not listed as they are considered members of the audience and some were not appropriately identified.

Mr. Dziedzicki called the meeting to order at 11:00 am with a quorum present.

The minutes are written in a format conforming to the printed meeting agenda for the convenience of correlation, recognizing that some of the items were discussed out of sequence.

I. Approval of Minutes

Mr. Dziedzicki requested a motion to approve the minutes of the May 28, 2025, Quality, Safety, and Experience Committee meeting as presented, which was given, seconded and unanimously approved.

II. Information Items

A. Great Catch Story – S. Booker

Mr. Dziedzicki introduced Stacy Booker, Director of Patient Safety, who presented a “Great Catch” story to the Committee, along with members of the Emergency Department, to highlight a safety event that exemplified MetroHealth’s commitment to patient safety and continuous learning.

Ms. Booker introduced Kara Sullinger, a nurse in the Emergency Department (ED), recognized for her vigilance during a trauma case involving a patient found unresponsive in her apartment. As the patient’s heart rate and blood

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pressure dropped, the physician ordered a dose of push epinephrine. However, the medication handed to Ms. Sullinger by the pharmacist was phenylephrine, not epinephrine. Ms. Sullinger paused, verified the medication, and sought clarification from the physician, who confirmed the need for epinephrine. Ms. Sullinger's attentiveness prevented a potential medication error and ensured the patient received the correct treatment. Notably, the pharmacist who handed over the incorrect medication self-reported the incident, demonstrating a strong culture of accountability and transparency. The pharmacist had misinterpreted the verbal order due to familiarity with phenylephrine in similar contexts. In response, MetroHealth's medication safety officer initiated educational sessions for pharmacists, especially those attending codes, to reinforce proper medication identification and reduce human error. Ms. Sullinger's actions were praised as a reflection of the ED's judgment-free culture, where staff feel empowered to speak up and report mistakes without fear of disciplinary action. Laura Schmidt, Director of Nursing for Emergency Medicine, and Travis McDonald, Nurse Manager, elaborated on the department's efforts to foster a speak-up culture. They emphasized the importance of mutual respect, open communication, and a non-hierarchical environment where patient safety is paramount. Mr. McDonald highlighted the use of incidents as learning opportunities rather than disciplinary actions, reinforces that most errors stem from process issues rather than intentional harm. This approach has cultivated a culture of continuous improvement and proactive safety measures.

B. Continuous Performance Improvement at MetroHealth – M. Wainwright

Mr. Dziedzicki introduced Mary Kate Wainwright, representing the Continuous Performance Improvement (CPI) Team, presented on the team's structure and recent Lean Six Sigma initiatives aimed at continuous improvement across clinical and non-clinical engagements. The CPI team, composed of six principals and one analyst, utilizes Lean Six Sigma methodology and various tools, including standard work - described as documented, efficient ways to accomplish tasks, and Rapid Process Improvement (RPI) events, to achieve goals. The process begins with obtaining frontline staff input, performing a root-cause analysis and choosing key performance indicators (KPIs). A major focus of the CPI Team is the Perioperative services engagement, particularly in the Operating Room (OR), to improve patient experience, staff experience, safety, and quality. Key Performance Indicators (KPIs) for this project includes increasing first case on-time starts and reducing turnaround times. Initial efforts included a month of observations, staff interviews, and RPI events with frontline staff. Countermeasures implemented include improving workflows for the Central Sterile Processing Department (CSPD), optimizing case order sets within the EPIC

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system to ensure all necessary elements are correct from the start, and developing new standard work for various roles (nursing, scheduling, etc.) to ensure consistency. The team established a "one source of truth" dashboard to track and measure success against their KPIs monthly. Ms. Wainwright also highlighted three successful projects demonstrating impact on quality, safety, and experience. For patient quality, an ED sepsis bundle RPI event improved adherence from 32% to 80% in three months, significantly exceeding the national average. For patient safety, an OR project added status board **icons** for pre-procedure readiness (e.g., H&P, consent) to prevent rework and case delays, resulting in a 96% reduction in non-ready events post-intervention (from 23 to 1). For patient experience, a heart failure clinic visit project used a Current State Value Stream Map to identify non-value-added time, reducing the total visit time from 80 to 62 minutes, a 23% improvement, while maintaining provider time. The team utilizes the A3 document — a single-page storyboard, as a living document and standard problem-solving methodology, coaching other quality improvement committees in its use.

III. Executive Session

Mr. Dziedzicki asked for a motion to move into executive session to discuss hospital trade secrets as defined by ORC 1333.61 and to consider the appointment, employment, dismissal, discipline, promotion, demotion, or compensation of a public employee, or the investigation of charges or complaints against a public official, and to conference with the public body's attorney to discuss disputes involving the public body that are the subject of pending or imminent court action as defined by ORC 121.22(G). The motion was made by Mr. Summers and seconded by Dr. Walker. Upon unanimous roll call vote, the Committee went into executive session to discuss such matters at 11:30 am.

Return to Open Meeting

Following executive session, the meeting reconvened in open session at approximately 12:58 pm. There being no further business to bring before the Committee, the meeting was adjourned at approximately 12:59pm.

THE METROHEALTH SYSTEM

Joseph Golob, M.D.
EVP, Chief Quality and Safety Officer

MetroHealth True North

CMS
Hospital
Compare
5-star
Hospital

Leapfrog
Grade "A"

Every employee
has a voice and is
listened to

Every patient we
touch will receive
equitable, safe,
high- quality,
patient centered
care to afford them
the ultimate patient
experience

Every employee is
working
collaboratively
toward True North

Financial
Health
EBIDA
Targets

Top
Performer in
Patient
Experience

Top Place
to Work

Irradicate
Healthcare
Disparities

Overcome
Workforce
Crisis

Continuous
Regulatory
Readiness



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Patient Experience Story

Jennifer Lastic-Director, Experience Excellence

Patient Experience Video – Osteoporosis Shared Medical Appointment



[Shared Medical Appointment on Vimeo](#)



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Annual Infection Prevention Update

Dr. Amy Ray-VP, Infection Prevention and Epidemiology

Claire Mack-Director, Infection Prevention

Hand Hygiene

Most common mode of transmission of pathogens is via the hands of healthcare workers

There is substantial evidence that hand hygiene reduces the incidence of infections.

Goal Compliance: 90%

Current Compliance (through September):

88% (2024 – 88%) systemwide

- Inpatient: 86% ↓ 1% from 2024)
 - 2,556 audits YTD

Ambulatory: 91% ↑ 1% from 2024)

- 3,761 audits YTD

Performance improvement initiative:

Partnered with the bottom quartile inpatient units and ambulatory clinics

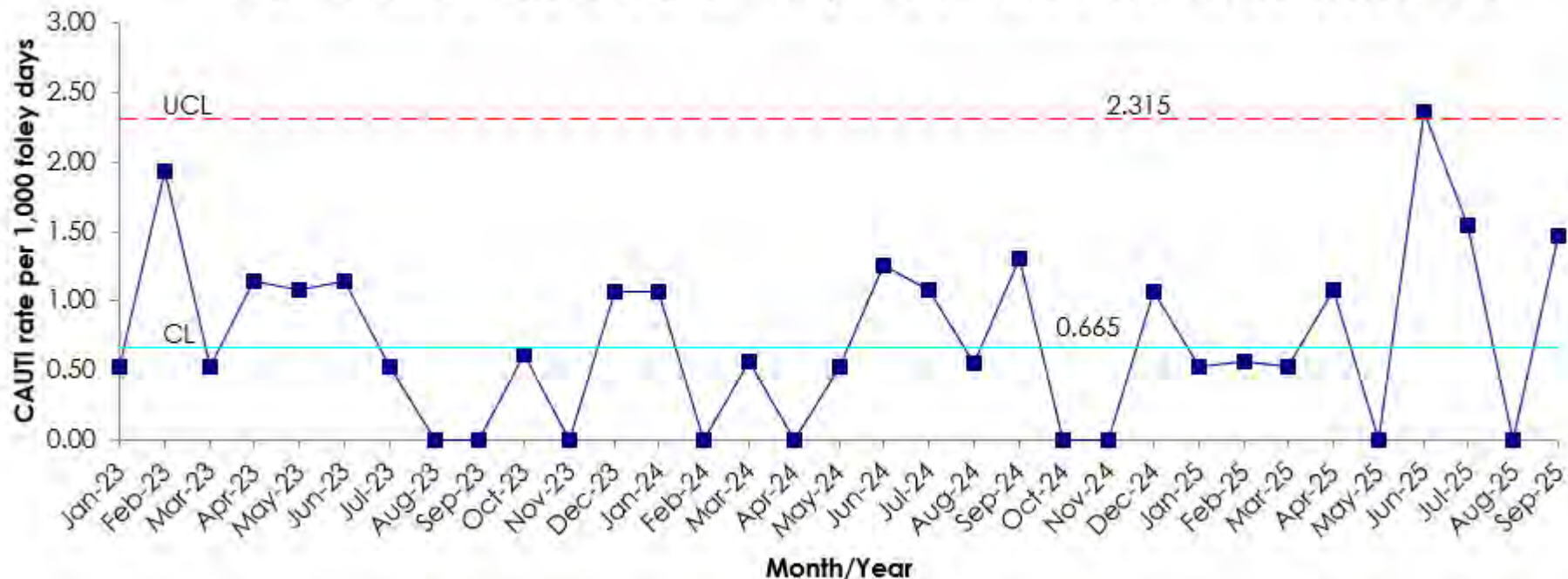
- Compliance improvement over 2024– Inpatient: 11.75% Ambulatory: 6.22%



Hospital-Acquired Infections

CAUTI

Catheter Associated Urinary Tract Infection 2023-2025 YTD



True North

Target - 2023 NHSN SIR
50th Percentile

CAUTI **0.547**

CAUTI - NHSN	2023	2024	2025 YTD*	Green: 95% CI UL <1
Observed CAUTIs	14	13	15	Yellow: 95% CI crosses 1
Predicted CAUTIs	26	25	19	Red: 95% CI >1
Rate (per 1000 catheter days)	0.709	0.652	0.961	
Device Days	19,721	19,943	15,616	
SUR	0.967	1.048	1.039	
SIR	0.524	0.519	0.760	

*Data through September 2025

CLABSI

Central-line Associated Bloodstream Infection 2023 - 2025 YTD



True North

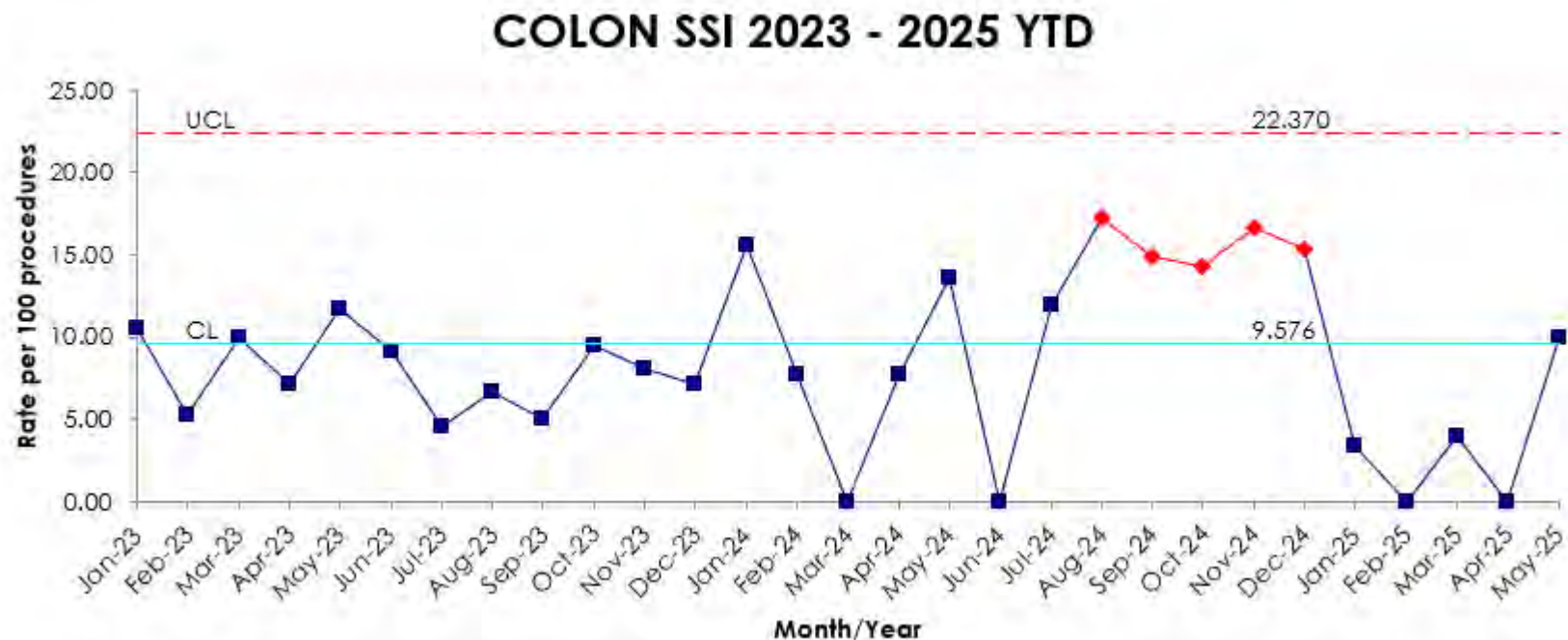
Target - 2023 NHSN SIR
50th Percentile

CLABSI **0.635**

CLABSI - NHSN	2023	2024	2025 YTD*	Green: 95% CI UL <1
Observed CLABSIs	16	11	9	Yellow: 95% CI crosses 1
Predicted CLABSIs	20	20	16	Red: 95% CI >1
Rate (per 1000 catheter days)	0.824	0.566	0.558	
Device Days	19,417	19,428	16,107	
SUR	0.755	0.795	0.862	
SIR	0.769	0.535	0.562	

*Data through September 2025

SSI - Colon



True North

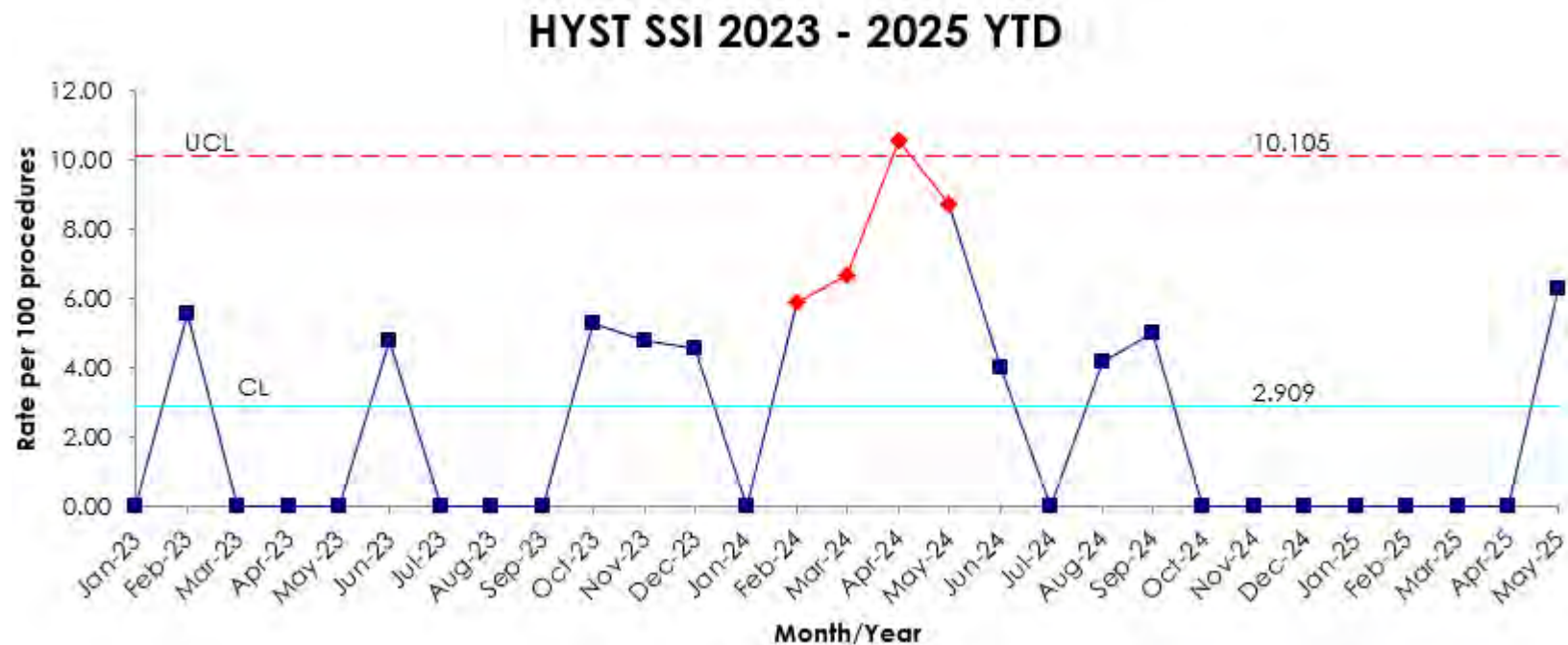
Target - 2023 NHSN SIR
50th Percentile

COLON SSI 0.756

COLO - CMS	2023	2024	2025 YTD*	Green: 95% CI UL <1
Observed SSIs	9	9	5	Yellow: 95% CI crosses 1
Predicted SSIs	8	8	4	Red: 95% CI >1
Procedure Count	269	261	147	Excludes all Superficial Incisional SSIs, as well as Deep Incisional Secondary (DIS) SSIs
YTD Rate	3.35	3.45	3.40	Excludes SSIs reported as 'present at time of surgery' (PATOS).
SIR	1.052	1.119	1.115	*YTD data includes Q2 2025

Due to lag in surveillance/reporting timeframe, data will be updated in November to reflect Q3.

SSI – Hysterectomy



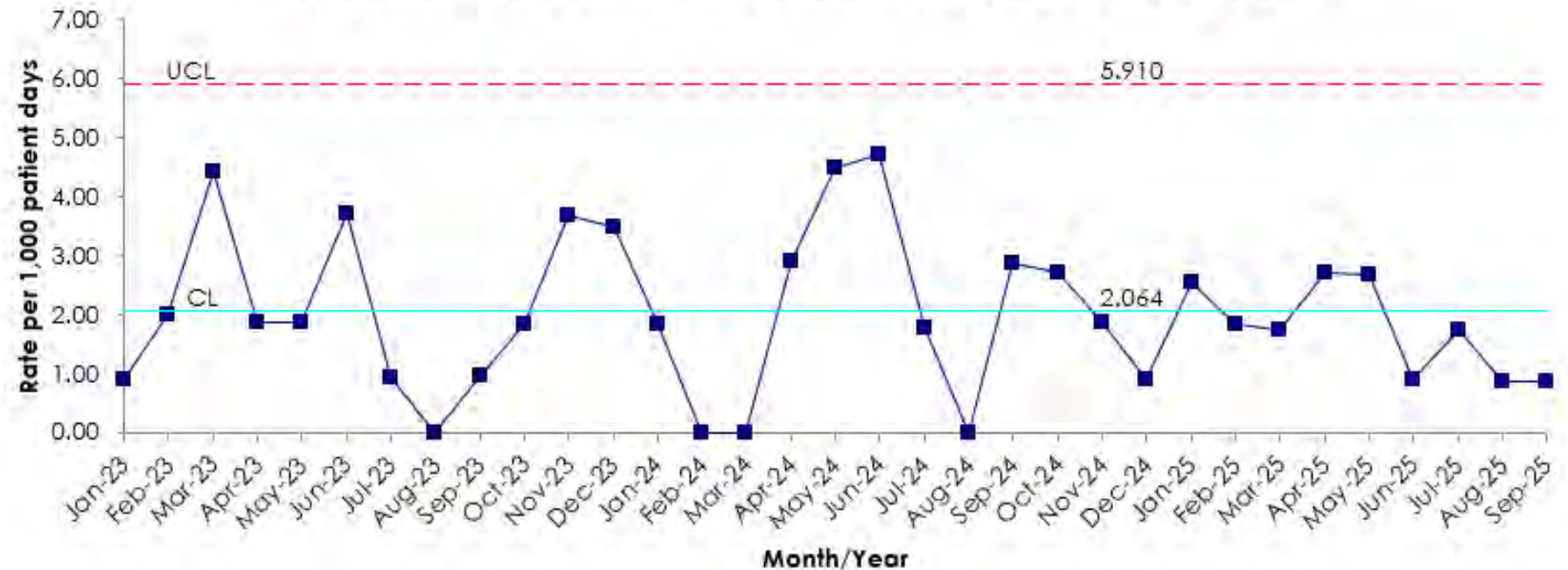
HYST - CMS	2023	2024	2025 YTD*	Green: 95% CI UL <1
Observed SSIs	3	2	1	Yellow: 95% CI crosses 1
Predicted SSIs	2	2	1	Red: 95% CI >1
Procedure Count	245	256	119	Excludes all Superficial Incisional SSIs, as well as Deep Incisional Secondary (DIS) SSIs
YTD Rate	1.22	0.78	0.84	Excludes SSIs reported as 'present at time of surgery' (PATOS).
SIR	1.241	0.790	0.852	*YTD data includes Q2 2025

*YTD data includes Q2 2025

Due to lag in surveillance/reporting timeframe, data will be updated in November to reflect Q3.

C. difficile

Hospital-Onset C. diff Infection 2023 - 2025 YTD



True North

Target - 2023 NHSN SIR
50th Percentile

C. diff **0.346**

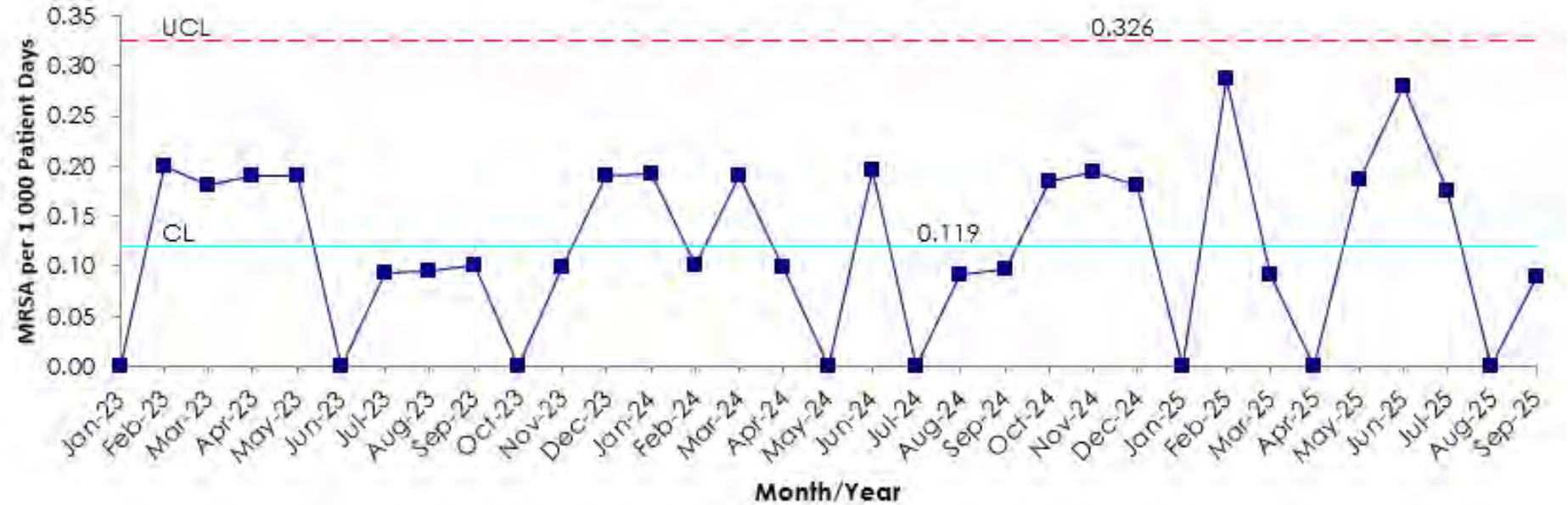
C. diff - NHSN/CMS*	2023	2024	2025 YTD**	Green: 95% CI UL <1
Observed HO C.diff	25	22	18	Yellow: 95% CI crosses 1
Predicted HO C. diff	51	53	41	Red: 95% CI >1
Rate (per 1000 patient days)	0.227	0.198	0.205	
Patient Days	110,039	111,225	87,741	
SIR	0.483	0.412	0.437	

*Main Campus only
**Data through September 2025

MRSA

Methicillin-resistant
Staphylococcus aureus

MRSA Hospital Acquired Bloodstream Infection 2023 - 2025 YTD



True North

Target - 2023 NHSN SIR
50th Percentile

MRSA **0.658**

MRSA - NHSN/CMS*	2023	2024	2025 YTD**	Green: 95% CI UL <1
Observed HO MRSA	14	16	12	Yellow: 95% CI crosses 1
Predicted HO MRSA	9	10	8	Red: 95% CI >1
SIR	1.470	1.538	1.477	

*Main Campus only

**Data through September 2025

PPE Compliance Audits

Rounding to ensure adherence to transmission-based precautions and ensure adequate personal protective equipment (PPE) availability.

472 Audits performed YTD (740 2024 YTD)

- Compliance data captured in Veoci
 - Ability to trend compliance by role & location.
- Coaching/feedback provided

PPE Audit Compliance by Question					
Percent of correct isolation sign displayed on pcare		Percent of adequate PPE available in nurse server		Percent of Personnel Compliant with PPE	
2025	99.4%	2025	98.3%	2025	76.0%
2024	99.3%	2024	93.4%	2024	77.4%

IP Accomplishments

- Measles Plan
- Supply Chain collaboration – Third-Party Risk Management process
- Outpatient Health Center - Planning/Activation
- Blood & Bone Marrow Transplant - FACT Accreditation Survey
- Disinfection Management Technologies (DMT) Process
- Multiple high-level disinfection enhancements



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Patient Experience Update

Maureen Sullivan-VP, Patient Experience & Service Excellence

Jen Lastic-Director, Experience Excellence

Topics

- Reputation: CMS Care Compare
 - Patient Survey Star Rating
- HCAHPS Participation
 - Response Rates by Demographic
 - Response Rates by Mode
- OAS (Outpatient and Ambulatory Surgery) CAHPS
 - Performance to Date
 - Improvement Initiatives
- Improving the Patient Experience: Service Excellence
 - Emergency Department
 - Inpatient
 - Ambulatory
- Patient and Family Advisory Council (PFAC)

Reputation – CMS Care Compare

Medicare Care Compare

	Metrohealth System	Uh Cleveland Medical Center	Cleveland Clinic
	2500 Metrohealth Drive Cleveland, OH 44109	11100 Euclid Avenue Cleveland, OH 44106	9500 Euclid Avenue Cleveland, OH 44195
Patient survey rating The HCAHPS star ratings summarize patient experience, which is one aspect of hospital quality. Use the star ratings along with other quality information when making decisions about choosing a hospital.			
Patient survey rating			
Number of completed surveys	953	4082	6953
Survey response rate	13%	18%	24%
Patients who reported that their nurses "Always" communicated well.	79%	78%	78%
National average: 80% OH average: 81%			

Source: Medicare.gov (August, 2025)
Period: 10/1/23 – 9/30/2024

HCAHPS Participation

HCAHPS Participation

Changes in Modes

- Q4 2024: Web outreach added
- Q1 2025: Phone outreach added

Results

- Q1 – Q3 2025: Response rate = 18.5%
- Q1 – Q3 2024: Response rate = 13.5% (5% increase)

Summary

- All but one demographic group (respondents aged 65 and over) saw an increase in response rates in 2025 compared to 2024
- Overall, almost half of all responses in 2025 (48.5%) were a result of phone outreach, followed by mail (39.3%), and web (12.2%)

HCAHPS Response Rates By Demographic (Q1-Q3 2025 vs. Q1-Q3 2024)

Demographic		Q1-Q3 2024		Q1-Q3 2025		Response Rate 2025 vs. 2024
		Response Rate	Returned N Size	Response Rate	Returned N Size	
Age	18-34	3.4%	43	14.9%	123	11.5%
	35-44	4.6%	29	12.6%	59	8.0%
	45-54	6.6%	45	14.0%	73	7.4%
	55-64	14.4%	173	18.2%	179	3.8%
	65 and over	24.5%	497	22.3%	482	-2.2%
Ethnicity	Hispanic	7.6%	50	15.9%	68	8.3%
	Non Hispanic	14.2%	715	18.5%	813	4.3%
	Unknown	17.1%	22	23.3%	35	6.2%
Gender	Female	13.6%	461	18.0%	509	4.4%
	Male	13.4%	326	19.1%	407	5.7%
Race	Asian	15.7%	11	17.2%	13	1.5%
	Black	8.2%	167	15.7%	265	7.5%
	Native American	9.7%	3	13.0%	3	3.3%
	Unknown/Declined	10.6%	48	15.8%	52	5.2%
	White	17.4%	558	20.5%	583	3.1%
Total		13.5%	787	18.5%	916	5.0%

2025 Response Rate > 2024

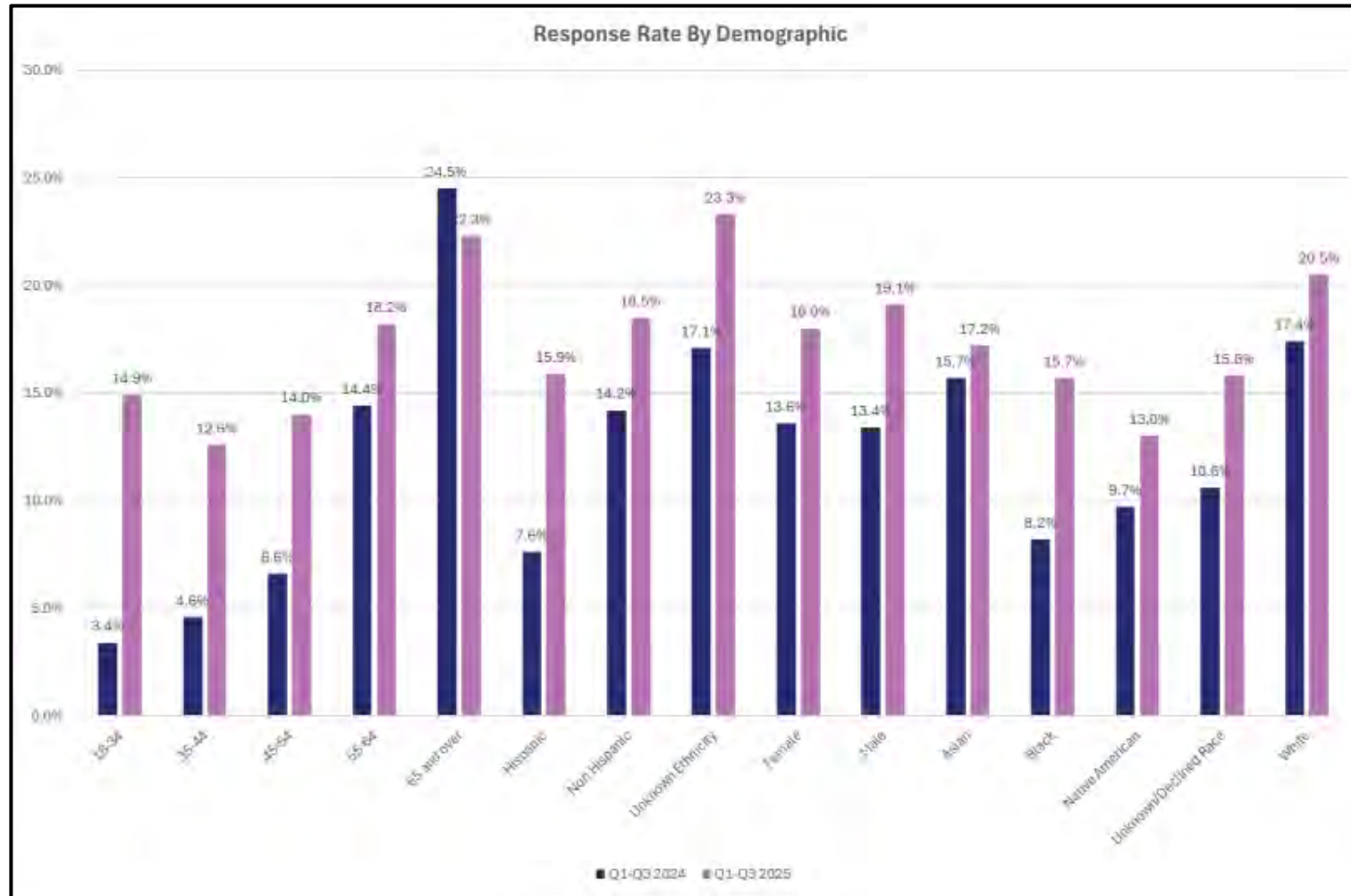
2025 Response Rate < 2024

HCAHPS Survey Mode Breakdown By Demographic (Q1-Q3 2025)

Demographic		Responses By Mode Q1-Q3 2025		
		Mail	Web (New in Q4 2024)	Phone (New in Q1 2025)
Age	18-34 (n=123)	9.8%	17.9%	72.4%
	35-44 (n=59)	22.0%	11.9%	66.1%
	45-54 (n=73)	28.8%	8.1%	63.0%
	55-64 (n=179)	35.8%	11.7%	52.5%
	65 and over (n=482)	51.9%	11.6%	36.5%
Ethnicity	Hispanic (n=68)	17.6%	3.0%	79.4%
	Non Hispanic (n=813)	41.8%	12.5%	45.6%
	Unknown (n=35)	22.9%	22.9%	54.3%
Gender	Female (n=509)	37.3%	13.9%	48.7%
	Male (n=407)	41.8%	10.1%	48.2%
Race	Asian (n=12)	75.0%	8.3%	16.7%
	Black (n=265)	28.3%	7.9%	63.8%
	Native American (n=3)	33.3%	0.0%	66.7%
	Unknown/Declined (n=53)	33.9%	5.7%	60.4%
	White (n=583)	44.1%	14.9%	41.0%
Total (n=916)		39.3%	12.2%	48.5%

Highest Response Mode
Middle Response Mode
Lowest Response Mode

HCAHPS Response Rates By Demographic



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Outpatient and Ambulatory Surgery CAHPS (OAS CAHPS)

OAS CAHPS Scores - August 2025 YTD

OASCAHPS: OUTPATIENT SURGERY AND PROCEDURE OVERALL

Question	NRC Avg	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025 QTD	2025 YTD	2025 vs. 2024
		n=124	n=105	n=102	n=71	n=40	n=212	
Overall rating of facility	86.9%	80.3%	85.7%	90.1%	85.9%	90.0%	88.7%	3.1%
Would recommend facility	83.0%	80.6%	79.8%	84.2%	78.9%	82.1%	82.0%	0.3%
Drs/ nrs made patient comfortable	96.4%	96.8%	95.1%	98.0%	91.4%	97.4%	95.7%	0.7%
Drs/ nrs courtesy and respect	97.9%	98.4%	95.2%	97.1%	93.0%	100.0%	96.2%	-0.8%
Check in process ran smoothly	95.6%	98.4%	95.2%	99.0%	88.7%	95.0%	94.8%	-0.5%
Clerks/ receptionist s were helpful	96.1%	98.4%	96.2%	97.1%	92.9%	94.9%	95.3%	0.8%
Clerks/ receptionist s courtesy and respect	97.8%	100.0%	95.2%	99.0%	98.6%	97.4%	98.6%	3.3%
Facility was clean	97.7%	95.9%	98.1%	97.0%	97.2%	100.0%	97.6%	1.0%
Drs/ nrs explained procedure understandably	93.2%	90.2%	94.3%	94.1%	94.4%	95.0%	94.3%	1.9%
Received info about getting ready for procedure	93.6%	91.9%	94.3%	96.1%	93.0%	97.5%	95.3%	1.4%
Received info about procedure	92.0%	87.9%	95.2%	96.1%	88.6%	97.4%	93.8%	1.6%
Process of anesthesia explained understandably	94.2%	92.0%	96.0%	95.8%	98.1%	93.8%	96.2%	0.4%
Anesthesia side effects explained	85.5%	83.9%	82.7%	86.3%	88.9%	87.5%	87.4%	-0.1%
Prepared for what to expect during recovery	86.4%	82.6%	89.4%	92.9%	85.7%	87.5%	89.5%	2.3%
Received written discharge instructions	96.6%	99.2%	98.0%	98.0%	100.0%	100.0%	99.1%	0.6%
Received info on what to do re: nausea/ vomiting	79.0%	77.7%	71.0%	78.8%	85.3%	79.5%	81.1%	2.5%
Received info on what to do re: pain	91.1%	92.5%	90.2%	90.0%	91.5%	100.0%	92.4%	2.3%
Received info on what to do re: signs of infection	83.3%	79.8%	77.8%	78.8%	82.9%	90.0%	82.3%	4.5%
Received info on what to do re: bleeding	84.6%	83.3%	78.2%	81.4%	88.7%	90.0%	85.6%	3.1%

Surgery/Procedure Preparation Guide and After Visit Summary

1. What to Expect During Recovery

- Information on how to control pain and expectations on numbness post-procedure.

2. Patient Preparation for Recovery

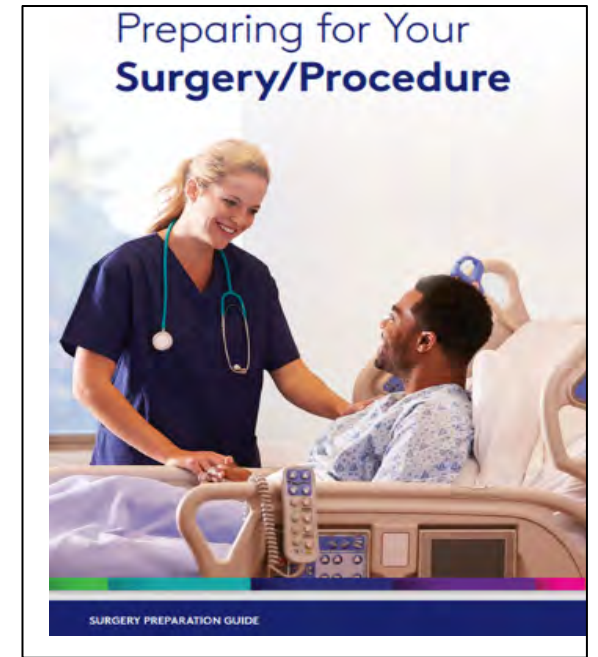
- Information on how to prepare at home and advice on diet, rest, and activity levels.

3. Common Post-Procedure Concerns

- Infection: How to monitor for signs of infection and when to seek help.
- Bleeding: What to expect and how to manage minor bleeding.
- Nausea and Vomiting: Strategies to manage these common side effects.

4. Who to Contact

- Information on who to reach out to for any questions or complications during recovery.



Empathy in Action - Surgery and Procedural Areas

- Launched Empathy in Action Service Excellence Session this month for Patient Service Representatives (PSRs) and Patient Admission Specialists (PAS 1's) who check in surgical patients in Glick Center.
- Topics/Objectives:
 - Define Empathy; Empathy vs. Sympathy
 - Discuss the importance of effectively validating all emotions.
 - Explore the components of behavioral empathy.
 - Discuss the importance of empathy in healthcare.
 - Demonstrate learning by engaging in scenarios (role play).
 - Share key takeaways/reflections.

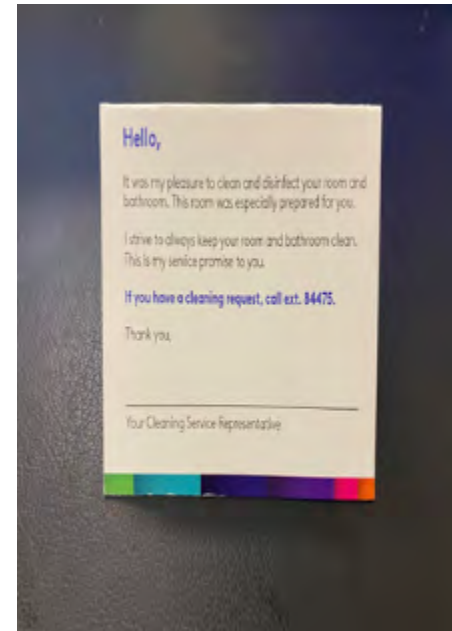
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		n=124	n=105	n=102	n=71	n=40	n=212	
Clerks/receptionists were helpful	96.1%	98.4%	96.2%	97.1%	92.9%	94.9%	95.3%	0.8%
Clerks/receptionists courtesy and respect	97.8%	100.0%	95.2%	99.0%	98.6%	97.4%	98.6%	3.3%

Cues of Clean

This space has been carefully cleaned and disinfected for your comfort and safety. Your health and well-being are our top priority.

If you need any additional cleaning services, please call us at **216-778-4475, option # 1.**

Thank you for choosing MetroHealth!



Question	NRC Avg	Q3 2024	Q4 2024	Q1 2025	Q2 2025	Q3 2025 QTD	2025 YTD	2025 vs. 2024
		n=124	n=105	n=102	n=71	n=40	n=212	
Facility was clean	97.7%	95.9%	98.1%	97.0%	97.2%	100.0%	97.6%	1.0%

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Improving The Patient Experience: Service Excellence

Emergency Department Patient Experience Improvement Approach

- Empathy in Action Training
- Process Improvements
- Culture Change Initiatives



Impact of Empathy Training

- Staff demonstrating improved listening & compassion
- Increased scores for courtesy/respect domains
- Patients reporting stronger trust in providers
- Patient survey comments highlight compassion and responsiveness

2025 Goal Tracking Metric	2024 Baseline	JAN 2025	FEB 2025	MAR 2025	APR 2025	MAY 2025	JUN 2025	JUL 2025	AUG 2025	2025 YTD
Emergency Composite Measures (Real Time) ²	n=10,480	n=916	n=930	n=894	n=805	n=873	n=812	n=894	n=883	n=7,007
Rate Emergency Department	62.2%	67.3%	67.3%	69.3%	68.9%	67.6%	66.5%	63.9%	64.8%	66.9%
Good Communication B/W Staff	58.3%	65.9%	63.2%	65.3%	66.8%	66.6%	66.4%	60.3%	65.6%	65.0%

Individual Metric Tracking

1-2 Stars	3 Stars	4 Stars	5 Stars
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Empathy in Action - Inpatient

- Empathy in Action launched in August
 - Sessions scheduled at a variety of times to accommodate different shifts
 - Sessions are held three times monthly
- CEUs offered to encourage participation
- Empathy built into Nurse Education Day curriculum in 2026 for sustainment
- Session Objectives:
 - Define the concept of empathy and its importance in healthcare
 - Discuss the importance of effectively validating all emotions
 - Explore the components of behavioral empathy
 - Demonstrate learning by engaging in scenarios (role play)
 - Share key takeaways/reflections

Thank you to the Nursing Professional Development Team for their support and collaboration!

Improving Provider Communication: Listen, Explain, Courtesy & Respect

Format

- Small group sessions
- Modeled after Emergency Department Resident Communication Program

Objectives

- Reinforce Service Excellence behaviors: making a connection
- Discuss communication strategies and best practices to enhance the patient experience
 - Introduce yourself, your role, and your team: This builds trust, reduces confusion, shows respect, and encourages greater patient participation in their own care.
 - Sit, if possible: Being at patient eye level signals to patients that they have provider's full attention. Even brief conversations feel more meaningful, and less rushed.
- Incorporate patient feedback/voice of patient to cultivate empathy in everyday practice

Sponsors

- William Cook, MD – Program Director, Internal Medicine
- Nikhil Patel, MD, MBA – Physician Advisor, Patient Experience
- Thomas Noeller, MD – Medical Director, Simulation Institute

Ambulatory Improvement Initiatives

- Survey data was used to identify the top key drivers for improvement that have high correlation to the **system goal: “Would Recommend the Practice”**
 - Key Drivers of Focus:
 1. Communication About Wait Time
 2. Provider Explain
 3. Good Communication Between Staff
- Multi-Disciplinary working groups were established to discuss interventions and to integrate best practices into workflows, aimed at improving experience and strengthening communication
 - Working Group 1: Communicating Delays/Keeping Patients Informed/ Patient Expectations
 - Working Group 2: Provider Communication
 - Working Group 3: Communication Between Providers and Staff
- Each working group provides monthly progress updates to an oversight committee comprised of ambulatory leadership.

Patient and Family Advisory Council (PFAC)

Patient and Family Advisor Collaboration

- Quality and Safety: Falls education and falls prevention, infection prevention/hand hygiene)
- Service Excellence and Communication Training: Voice of patient used to inform service/empathy training curriculum and clinical vignettes
- Technology User Experience: MyChart/MyChart bedside, registration kiosks
- Facility Design & Accessibility: Voice of patient preferences; Roll throughs/walkthroughs in clinics and sites for wayfinding improvements, collaboration with Arts in Health
- Storytelling: Patient panels for nurse education days, orientations, conferences
- Patient Education: Patient-facing education material review (e.g., After Visit Summaries, Surgical Educational Booklet)
- Care Innovation and Community Improvement (CICIP): Quality improvement program for Ohio Medicaid patients

Patient and Family Advisory Councils

- System Patient and Family Advisory Council
- Pride Patient and Family Advisory Council
- Neurodevelopmental Center Patient and Family Advisory Council
- Old Brooklyn Medical Center Senior Care Patient and Family Advisory Council



Closing
