



Please share something about patient safety and quality that you are proud of in your organization/department on the sticky notes and place in the chat! We will record these for future learnings!

February 2026



New Members and Recognitions



MICAH QN Executive Committee



MICAH QN Executive Committee

- Mariah Hesse, University of MI Health System Sparrow Clinton and Carson, Chief Nursing Officer - President (Officer)
- Jen Anderson, University of MI Health System, Quality | Community Hospital Lead PI Specialist - Vice-President (Officer)
- Christi Salo, Munising Memorial Hospital, Chief Nursing Officer - Treasurer (Officer)
- Barb Wainright, Corewell Health, Quality Improvement Specialist, Lead Quality, Safety & Experience - Secretary (Officer)
- Heather Schragg, Eaton Rapids Medical Center, Director of Quality, Risk Management, Medical Staff Services - Strategy Group #3 Leader
- Kena Nicholson, Schoolcraft Memorial Hospital, Quality Coordinator - Strategy Group #2 Leader
- Tiffany Friar, University of MI Health System Sparrow Eaton and Ionia, Chief Nursing Officer - Strategy Group #1 Leader
- Christine Bissonette, Kalkaska Memorial Hospital, Service Line Director, Acute Care Services - Member
- Todd Peltola, Baraga Community Hospital, Director of Quality and Risk - Member
- Darcy Donnelly, Aspirus Keweenaw, Director of Nursing - Member
- Julia Harbuck-Valley, Scheurer Health, Quality Manager – Member
- Kimberly Shiner, Director of Compliance, Quality & Risk Management, Schoolcraft Memorial Hospital – Member
- Jennifer S. Duke, Patient Safety Quality Specialist, MyMichigan Health System – Member

Putting in the Work so that #NOCAHLEFTBEHIND!

- Monthly MICAH QN Executive Committee Meetings
- Roles on State and National Committees representing CAHs
- Strategic Planning for the Network
- Consistently thinking about Member engagement
- New MICAH QN Member Orientations
- Consistently Modeling – How Do We Improve?
 - Evaluation Feedback and Changes
 - Documenting Successes!





Barb Wainright

Congratulations on your retirement and THANK YOU for everything you have done for MICAH!

Reminder: MICAHA QN Priorities

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



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**
 - MICAHA QN Expertise Excel – **See Handout!**
 - Collection of Best Practices & Sharing of Best Practices at each meeting.
 - **2025 Data: Eleven Peer Presentations!**
 - Eaton Rapids Medical Center – Closing the gap on HCAHPS
 - Mackinac Straits Health System – Rounding with a Purpose
 - McLaren Caro & Thumb - OP18B Best Practices
 - UMH Sparrow Carson & Clinton - Just in Time Audits and Provider Education
 - Schoolcraft Memorial Hospital - Sepsis Screening Tool
 - Aspire Rural Health System - Provider Communication Success Story –
 - OSF – Escanaba - Utilizing MBQIP Metrics to Drive Change – OP-18B Lean Project Success Story
 - UMH Sparrow Eaton/Ionia - Sepsis - Continuing the Journey – Information Sharing and Information Gathering
 - ProMedica– Lessons Learned - Sepsis - Continuing the Journey – Information Sharing and Information Gathering
 - OSF Escanaba – Success Case Analysis
 - Munson – OP18B
- **Ensuring MICAHA QN is represented on appropriate National and State Committees**
 - MICAHA QN Executive Committee reports out on updates from State & National committees at every EC meeting.
- **Understanding the Future State of CAHs**
 - Focus on CMS Star Rating Thus Far, eCQMS, Planning content related to Current Administration Priorities

Performance Improvement

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

How we get there:

➤ **Data Management and Analysis**

- MICAH QN Data Presentation at each quarterly meeting – **New in 2025: MICAH QN Scorecard**
- 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
- Lean Projects at Individual CAHs
- IHI Open School



Safety

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

How we get there:

- **Leverage the Culture of Safety Survey**
- **Provide Targeted Education on Key Areas of Harm**
 - Sepsis



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

February 2026 Meeting Highlights

Connection!

- Safety Story – Opportunity for MI CAH Leaders to share lessons learned surrounding patient safety with their peers.
- Facilitated Discussion Long-Stays for Behavioral Health Patients

Data:

- MICAH QN Core Measure Report Out

Partner Updates

- Superior Health Quality Alliance
- BCBS (PG5 P4P)
- National Rural Rating System
- MDHHS – Pediatric Readiness Assessment



Safety Story

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





Strategy Group #3 – CAH Priorities!

Information Sprints Bringing What CAH Quality Leaders Need to Know Now

Diving Deeper into Transitions of Care

Strategy Group #3 – CAH Priorities! Information Sprints Bringing What CAH Quality Leaders Need to Know Now

Chair: Heather Schragg, Eaton Rapids
Medical Center

Members:

- Jen Anderson (UMH Sparrow)
- Kathleen Miedema (Beacon Health System)
- Julia Guest (Corewell Health)
- Julia Swank (Munson Healthcare)
- Julie Cross (Munson Healthcare)
- Melissa Schneider (Trinity Health Shelby)
- Britney McPheron (Trinity Health Shelby)
- Megan Maki (OSF Healthcare)
- Andrea Porter (MyMichigan)
- Jennifer Dyke (ProMedica)
- Mariah Hesse (UMH Sparrow)
- Kim Shiner (Schoolcraft Memorial Hospital)
- Tesia Looper (iMPROve Health)
- Alex Callaway (Munson Health System)

- Barbara L. Wainright (Corewell Health)
- Christi Salo (Munising Memorial Hospital)
- Debbie Lull (Mackinac Straits Health System)
- Tammy Lovitt (Helen Newberry Joy Hospital)

*Thank
you!*



Strategy Group #3 – CAH Priorities!

The Why

MI CAH quality leaders are consistently inundated with new information that often impacts their day-to-day work. This Strategy Group works to distill the “noise” and bring the most pertinent hot topics to the membership.

The Aim

To assess new & timely topics that MI CAH quality leaders need to be aware of and provide education on those topics.



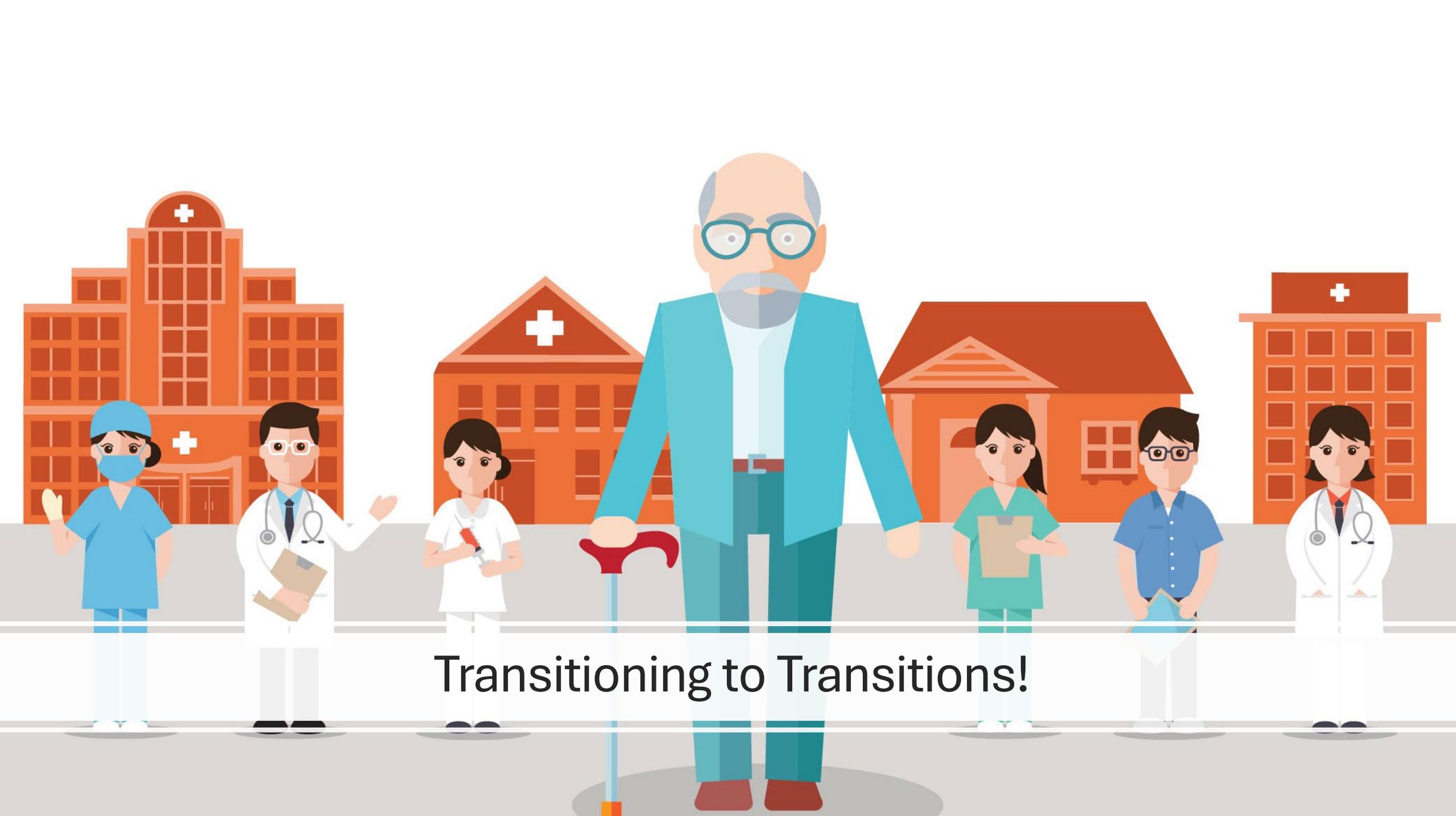
Where We've Been/Key Accomplishments

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

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
- ✓ HCAHPS Resources: Peer Presentations, Data Analysis, Solution Starters





Transitioning to Transitions!



Transitions of Care Roundtables

Transitions of Care Roundtables (At November Meeting)

- Inpatient to Community Care Partner (SNF, LTC, etc.)
- Inpatient/ED Discharge with PCP Follow-Up
- Inpatient/ED Discharge to Behavioral Health Resources

Next Steps: Diving Deeper into Inpatient/ED Discharge to Behavioral Health Resources.



Behavioral Health Boarding in Critical Access Hospitals



Purpose of the Discussion: Behavioral health boarding continues to be one of the most pressing and complex challenges facing CAHs. Feedback from MICAH-QN members, including insights gathered during the Transition of Care Roundtables in November, highlighted that CAHs are experiencing increasing difficulty managing behavioral health patients who require extended stays while awaiting transfer to appropriate inpatient psychiatric facilities.

Key challenges identified include:

- Increasing length of stay for behavioral health patients in emergency departments
- Limited statewide inpatient psychiatric capacity
- Emergency department staff providing care outside their typical scope, often for extended periods
- Increased risk of workplace violence and staff burnout
- Limited access to trained sitters and behavioral health-specific staff

MICAH-QN members acknowledged that expanding inpatient psychiatric bed capacity is beyond the scope of MICAH QN. However, there is a clear opportunity to improve the care experience and outcomes for patients who remain in CAHs during these extended boarding periods, recognizing that prolonged behavioral health stays have become a reality rather than an exception. These challenges contribute to significant operational strain and safety concerns. Rural patients often remain in CAHs for hours, and sometimes days, while awaiting appropriate placement or transfer.

MICAH QN can support CAHs by:

- Identifying and sharing best practices for behavioral health care delivery within CAH emergency departments
- Supporting staff education, protocols, and practical resource development for extended behavioral health stays
- Aligning improvement efforts with emerging rural behavioral health transport and pilot initiatives
- Exploring data sharing and collaborative learning opportunities related to length of stay and care approaches

**Small Group Activity:
Participants will break into
small groups to identify and
share best practices for
behavioral health care in CAH
emergency departments and
explore strategies to better
support staff and patients
during extended boarding
situations**

Bright Spot & Best Practice Wins

- What is something your organization has implemented that has noticeably improved behavioral health boarding care?
- When behavioral health boarding goes well at your facility, what does that look like?
- What is one change your team made that produced better outcomes or smoother workflows?
- Can you share a moment when staff felt especially supported while caring for a behavioral health patient?

Teamwork

- What small or low-cost solution has made a meaningful difference for your team?
- What workflow or communication strategy has helped reduce chaos or confusion during boarding?
- What has helped your team maintain consistency across shifts?
- How has your team successfully engaged leadership support for behavioral health initiatives?

Staff Engagement

- What has helped build staff confidence in managing behavioral health patients?
- What support strategies have helped sustain staff resilience or morale?

Peer Learning

- What is working better today than it was two years ago, and what helped drive that improvement?
- What is one best practice from your organization that you believe every CAH should consider?



Transition to Strategy Group #2





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

Members

Chair: Tiffany Friar, UMH Sparrow Eaton & Ionia

Members:

- Jennifer Dyke (ProMedica)
- Montserrat Gower (Beacon Health)
- Kathleen Miedema (Beacon Health)
- Christine Bissonette (Kalkaska Memorial Hospital)
- Christi Salo (Munising Memorial Hospital)
- Melissa Schneider (Trinity Health Lakeshore)
- Megan Maki (OSF Healthcare)
- Andrea Porter (MyMichigan)
- Britney L. McPheron (Trinity Health Lakeshore)
- Julia Guest (Corewell Health)
- Jen Anderson (UMH Sparrow)
- Barbara L. Wainright (Corewell Health)



Strategy Group #1 – Making Care Safer

The Why

Every patient deserves safe and high-quality care. MI CAH Quality leaders strive each day for zero harm, and to provide the highest level of care.



The Aim

This Strategy Group aims to provide an opportunity to identify common areas for CAH improvement and share best practices. By analyzing patient safety data & aligning CAH priorities, this group offers best practice and peer sharing opportunities, with the intention of improving patient outcomes.



The IMPACT (Key Accomplishments & Successes)

Successes:

- Consistent process for receiving feedback from membership on patient safety priorities.
- Currently, feedback has been received from SG#1 around patient safety priorities, with Sepsis being identified as a top priority. After that analysis, another survey was deployed to understand the nuances of opportunities within Sepsis care.

How have we impacted the MICAH QN?

- SG #1 has built a safe space around patient safety/quality where everyone feels comfortable sharing their specific opportunities related to patient safety.
- SG #1 has consistent attendance and engagement of MICAH QN members.
- SG #1 has increased training opportunities for Patient Safety training (Basic Certificate in Patient Safety and Quality, Lean Training).

Opportunities:

- More robust set of Patient Safety Data (readmissions, infections, falls, etc). MCRH in process of getting access to NHSN.

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:**

- Assessment Findings Prioritized **Sepsis**

- Best Practice Sharing from:

- Schoolcraft
- UMH Sparrow Carson & Clinton
- ProMedica

- Additional resource around celebrating successes – Success Cause Analysis (OSF Healthcare)



Today: Pivoting to Pediatrics



Why? Pediatric readiness is one of those “**low-volume, high-risk**” issues that squarely fits within rural quality, safety, and systems-of-care priorities.

It’s a Patient Safety Imperative: Children represent a small percentage of visits in most CAHs , but when they do present, they are often high-acuity cases (trauma, respiratory distress, sepsis, behavioral health crisis). Research supported by the Health Resources and Services Administration and the Emergency Medical Services for Children Program has shown that hospitals with higher pediatric readiness scores have **significantly lower mortality rates for children**, especially in emergency settings

It Strengthens Trauma & Transfer Systems: Many CAHs participate in trauma networks aligned with the American College of Surgeons standards. Pediatric readiness aligns closely with trauma verification expectations and EMS system coordination. For rural hospitals that rely heavily on transfers, readiness improves both the *quality of stabilization* and *receiving hospital confidence*.

It Reduces Risk & Liability: Pediatric medication errors are among the most common safety events in emergency care, especially in low-volume settings. Weight-based dosing, equipment sizing, and airway management create real risk. Quality leaders should view pediatric readiness as a medication safety initiative, a competency management strategy & a risk mitigation approach.

It Supports Workforce Confidence & Retention: Rural clinicians frequently report anxiety about pediatric emergencies. When CAHs invest in readiness training staff report increased confidence and decreased burnout related to pediatric cases.

It’s a Community Trust Issue: In rural communities, the hospital is the safety net, parents expect local stabilization, and even if children are transferred, families want to know their local hospital can competently assess and stabilize their child.

Today: Pivoting to Pediatrics

Children have unique health needs in emergencies, requiring specialized care. High levels of Pediatric Readiness is associated with 76% lower mortality risk for children cared for in an ED. All EDs across the nation are invited to participate in this assessment, a nationwide opportunity for every ED to evaluate their Pediatric Readiness, using national EMSC guidelines and recommendations from AAP, ACEP, ACS and ENA. The updated [2026 assessment](#) is based on [revised joint standards](#) developed by professional societies representing emergency physicians, emergency nurses, pediatricians, and trauma surgeons.

Today:

- Learn more about the history of pediatric readiness and evolution of the national QI initiative and assessment
- See where to access support resources and services as your team prepares for the 2026 assessment and how to use these tools after you receive your Gap Report
- Understand what Michigan EMSC offers Pediatric Champions and teams working on pediatric readiness now, and the plans for future recognition of your efforts

Guest Presenter:

Samantha Wrobleski, DO, MPH
EMS for Children Coordinator
Division of EMS and Systems of Care
Bureau of Emergency Preparedness, EMS and
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Services

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MICHIGAN
EMSC State Partnership Program

MICAH QN Meeting Schedule

MICAH QN Member Meeting Calendar (2026)

- February 20th, 2026 – Virtual
- May 2026 – Grand Traverse Resort,
Traverse City, MI
- August 21st, 2026 – Virtual
- October/November 2026 – In
alignment with MI CAH Conference,
held at the Park Place Resort, in
Traverse City MI.

