

## The Michigan Hospital Medicine Safety

**Consortium (HMS)** is a data-driven collaborative designed to provide the infrastructure needed to facilitate information sharing to support Michigan hospitals in improving patient safety and the quality of care for hospitalized medical patients.

The Michigan Hospital Medicine Safety Consortium will significantly enhance clinical quality and patient safety for hospitalized medical patients in the state of Michigan through rigorous data analysis and facilitation of tailored implementation of best practices.

# OUR MISSION + VISION

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[www.MI-HMS.org](http://www.MI-HMS.org)



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# CONTACT



# THE VALUE OF DATA

**I am happy that the hospital I am a patient at is participating with HMS.** Hospitals should be proud of their involvement and spread the word throughout their health systems.

Georgiann Ziegler, Patient Advocate

**I believe this is the most important quality improvement project I have participated in.** Enrolling hospitals across Michigan and using them as a benchmark to improve quality is an incredible opportunity.

Lawrence Warbasse, MD, Physician Champion, Munson Medical Center

With the number of vascular access devices inappropriately used/inserted, **the Michigan Hospital Medicine Safety (HMS) consortium is an impressive group working together** within a group of hospitals to improve the appropriate use of vascular access devices, apply best practices as demonstrated in their data collection, and to reduce adverse outcomes in the hospitalized medical patient. The model represented in the HMS consortium using a robust data registry to identify and implement best practices, education and application of evidence should be replicated in hospital groups throughout the country.

Nancy Moureau, RN, BSN, CRNI, CPUI, VA-BC, Vascular Access Expert, PICC Excellence, Inc.

As a Chief Quality Officer, I can personally speak to the benefits of being part of the HMS collaborative. One of the benefits of HMS is working alongside 46 other Michigan hospitals with the shared mission of improving the quality of care for the hospitalized medical patient and sharing of best practices across the collaborative. **HMS allows our providers and hospital to learn about creative and innovative quality improvement work occurring at other hospitals** around the state that we may use.

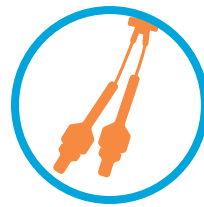
Steven Bernstein, MD, MPH, Michigan Medicine

**TALK ABOUT HMS**



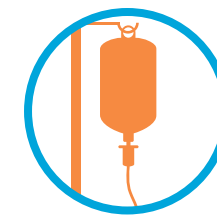
### Antimicrobial Use

- Sharing of HMS antimicrobial data and quality improvement efforts aimed at reducing antimicrobial use satisfies the Joint Commission Antimicrobial Stewardship standards for hospitals.<sup>1</sup>
- Through this initiative, HMS will be assessing the appropriateness of Foley catheter use with the goal of reducing Catheter-Associated Urinary Tract Infection (CAUTI) rates.
- This initiative has the potential to decrease low risk pneumonia admissions and decrease C. difficile rates in addition to the primary goal of increasing appropriate antibiotic use in hospitalized medical patients.
- HMS is partnering with the CDC on this initiative and is positioned to contribute to national guidelines.



### Peripherally-Inserted Central Catheters (PICC)

- Central Line-Associated Blood Stream Infections (CLABSI) lead to thousands of deaths each year and are costly to hospitals.<sup>3</sup> The PICC initiative measures CLABSI rates related to PICC lines and provides resources/strategies to reduce CLABSI and other PICC related complications.
- HMS members developed appropriateness criteria for vascular access device use, which are now being used across the U.S. and internationally.
- Enhancing appropriate use will avoid unnecessary complications for our patients and lower costs.



### Midlines

- An initiative is being launched at the request of HMS member hospitals to better understand the use of midline catheters in HMS hospitals.
- A midline (ML) catheter is a vascular access device with the distal tip dwelling in the basilic, cephalic or brachial vein, at or below the level of the axilla, and distal to the shoulder. Midlines are often used as a substitution for PICC lines.
- Existing data on midline use and associated complications rates is very limited. HMS is uniquely positioned to collect this data and assess midline use. Midline complication rates will be able to be compared against other vascular access devices.



### Venous Thromboembolism (VTE)

- HMS hospitals have found that reducing overuse of VTE pharmacological prophylaxis in low risk patients is associated with a significant decrease in major bleeding. Other benefits include reduced unnecessary drug costs, less nursing time & increased patient satisfaction.
- Improvements in HMS VTE metrics results in increased compliance with current national guidelines and Joint Commission measures.<sup>2</sup>

1. [https://www.jointcommission.org/assets/1/6/New\\_Antimicrobial\\_Stewardship\\_Standard.pdf](https://www.jointcommission.org/assets/1/6/New_Antimicrobial_Stewardship_Standard.pdf)

2. Prevention of VTE in nonsurgical patients: Antithrombotic Therapy and Prevention of Thrombosis, 9th ed: American College of Chest Physicians Evidence-Based Clinical Practice Guidelines

3. [https://www.cdc.gov/nhsn/pdfs/pscma\\_nual/4psc\\_clabscurrent.pdf](https://www.cdc.gov/nhsn/pdfs/pscma_nual/4psc_clabscurrent.pdf)

**INITIATIVES**