

**2020 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index Scorecard  
Modified Performance Index- COVID19 Pandemic**

Measure	Weight	Measure Description	Points
1	15	<b>Timeliness of HMS Data<sup>1,8</sup></b>	
		On time ≥ 95%	15
		On time < 95%	0
2	15	<b>Completeness<sup>1</sup> and Accuracy<sup>2,3</sup> of HMS Data</b>	
		≥ 95% of registry data complete & accurate, semi-annual QI activity surveys completed, AND audit case corrections completed by due date	15
		< 95% of registry data complete & accurate, semi-annual QI activity survey not completed OR audit case corrections not completed by due date	0
3	20	<b>Consortium-wide Meeting Participation<sup>4</sup> – clinician lead or designee</b>	
		3 meetings <sup>5</sup>	20
		2 meetings	10
		1 meeting	0
		No meetings	0
4	20	<b>Consortium-wide Meeting Participation<sup>4</sup> – data abstractor, QI staff, or other</b>	
		3 meetings <sup>5</sup>	20
		2 meetings	10
		1 meeting	0
		No meetings	0
5	15	<b>PICC Quality Improvement</b>	
		Complete Steps 1-3 in PICC Tier II Toolkit in assigned complication group	15
		Steps 1-3 in PICC Tier II Toolkit not completed in assigned complication group	0
6	10	<b>Antimicrobial Quality Improvement- Guidelines<sup>7</sup></b>	
		Submit UTI and pneumonia guidelines developed locally <sup>6</sup>	10
		Local UTI and pneumonia guidelines not submitted	0
7	5	<b>Antimicrobial Quality Improvement- Intervention Description<sup>7</sup></b>	
		Submit a description of one intervention you have done, are doing or plan on doing for each <ul style="list-style-type: none"> <li>• Decrease antibiotic treatment for patients with uncomplicated CAP to 5 days or less</li> <li>• Decrease treatment of ASB</li> <li>• Decreasing inappropriate Fluoroquinolone (FQ) use for UTI</li> </ul>	5
		Description of interventions not submitted	0
<b>Total (Max points = 100)</b>			

# 2020 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index – Supporting Documentation

---

<sup>1</sup> Registry data assessed at year end based on data submitted during calendar year 2020. All required cases must be completed by year end. Final due date will be announced by Coordinating Center. Both semi-annual QI activity surveys must be completed by due dates announced by Coordinating Center.

<sup>2</sup> Assessed based on scores received for site audits conducted during calendar year 2020. Scores are averaged if multiple audits take place during the year.

<sup>3</sup> For audits conducted during the calendar year, audit case corrections must be completed or discrepancies addressed within 3 months of audit summary receipt (due date for case corrections provided in audit summary).

<sup>4</sup> Based on all meetings scheduled during calendar year 2020. Clinician lead or designee must be a physician as outlined in Hospital Expectations.

<sup>5</sup> The 3 Consortium Wide Meetings for 2020 include the following:

- July 29, 2020 Collaborative Wide Meeting (Virtual)
- October 1, 2020 Sepsis Symposium (Virtual)
- November 4, 2020 Collaborative Wide Meeting

<sup>6</sup> CAP Institutional guidelines should:

- Recommend 5-day antibiotic treatment duration for uncomplicated CAP
- Review the risk factors for multi-drug resistant organisms (MDRO) (i.e. provide guidance on when anti-pseudomonal and anti MRSA coverage is needed)
- Provide recommendations for transition to oral therapy
- De-emphasize fluoroquinolones

UTI Institutional guidelines should:

- Recommend against sending urine cultures in the absence of urinary symptoms
- Recommend against treating a positive urine culture in the absence of urinary symptoms
- De-emphasize fluoroquinolones
- Provide recommendations for transition to oral therapy

<sup>7</sup> In January 2021, HMS will distribute a survey to all abstractors/quality leads to obtain the information required for this measure. It is the abstractor/quality leads responsibility to work with key stakeholders who are involved with and lead the quality improvement work at each hospital related to the area of assessment.

<sup>8</sup> Case volumes for hospitals with submitted attestations during the COVID pandemic period defined by BCBSM or those participating in the Mi-COVID19 initiative at any time during the calendar year will not be factored into the total case volumes for this measure or will have adjusted case volumes dependent upon the date of their return to HMS abstraction (if applicable).