

**2021 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index Scorecard  
Cohort 2020 (Sites Starting in 2020)**

Measure	Weight	Measure Description	Points
1	15	<b>Timeliness of HMS Data<sup>1</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	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	20
		2 meetings	10
		1 meeting	0
		No meetings	0
5	15	<b>PICC Quality Improvement<sup>6</sup></b>	
		Convene at least quarterly vascular access committee meetings to review PICC use and outcomes <b>AND</b> use MAGIC or a related decision-tool to determine PICC appropriateness	15
		Convene a vascular access committee to review PICC use and outcomes <b>OR</b> use MAGIC or a related decision-tool to determine PICC appropriateness	10
		No vascular access committee meetings convened AND no use of MAGIC or a related decision-tool to determine PICC appropriateness	0
6	10	<b>Antimicrobial Quality Improvement- Guidelines<sup>6</sup></b>	
		Submit UTI and pneumonia guidelines developed locally <sup>5</sup>	10
		Local UTI and pneumonia guidelines not submitted	0
7	5	<b>Antimicrobial Quality Improvement- Intervention Description<sup>6</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</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>			

# 2021 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index – Supporting Documentation

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<sup>1</sup> Registry data assessed at year end based on data submitted during calendar year 2021. 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 2021. 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 2021. Clinician lead or designee must be a physician as outlined in Hospital Expectations.

<sup>5</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>6</sup> In December 2021/January 2022, 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.