2024 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index Scorecard Measurement Period: 08/01/2024-11/06/2024 (PICC Insertions/Hospital Discharges)- **Hospitals Enrolled Prior to 2020**			
Measure	Weight	Measure Description	Points
1	5	**Timeliness of HMS Data at Mid-Year and End of Year[1]**	
		On time ≥ 95% at Mid-Year AND End of Year	5
		On time ≥ 95% at Mid-Year OR End of Year	3
		On time < 95% at Mid-Year AND End of Year	0
2	5	**Completeness[1] and Accuracy[2,3] of HMS Data**	
		≥ 95% of registry data complete & accurate, semi-annual QI activity surveys completed, AND audit case corrections completed by due date	5
		< 95% of registry data complete & accurate, semi-annual QI activity survey not completed OR audit case corrections not completed by due date	0
3	10	**Consortium-wide Meeting Participation[4] – clinician lead or designee**	
		3 meetings	10
		2 meetings	5
		1 meeting	0
		No meetings	0
4	10	**Consortium-wide Meeting Participation[4] – data abstractor, QI staff, or other**	
		3 meetings	10
		2 meetings	5
		1 meeting	0
		No meetings	0
5	10	**Increase Use of 5 Days of Antibiotic Treatment[5] in Uncomplicated CAP (Community Acquired Pneumonia) Cases (i.e., reduce excess durations)[6,7]**	
		≥ 70% uncomplicated CAP cases receive 5 days[5] of antibiotics **OR** ≥ 70% relative increase in the number of uncomplicated CAP cases that receive 5 days[5] of antibiotics during the current performance year[8]	10
		55-69% uncomplicated CAP cases receive 5 days[5] of antibiotics **OR** 50-69% relative increase in the number of uncomplicated CAP cases that receive 5 days[5] of antibiotics during the current performance year[8]	5
		< 55% uncomplicated CAP cases receive 5 days[5] of antibiotics **AND** < 50% relative increase in the number of uncomplicated CAP cases that receive 5 days[5] of antibiotics during the current performance year[8]	0
6	10	**Reduce Use of Antibiotics in Patients with ASB (Asymptomatic Bacteriuria)[9] and Questionable Pneumonia[6,7,10]**	
		≤ 13% of positive urine culture cases treated with an antibiotic are ASB cases[9] **AND** ≤ 11% of pneumonia cases treated with an antibiotic are questionable pneumonia[10]	10
		≤ 13% of positive urine culture cases treated with an antibiotic are ASB cases[9] **OR** ≤ 11% of pneumonia cases treated with an antibiotic are questionable pneumonia[10]	5
		> 13% of positive urine culture cases treated with an antibiotic are ASB cases[9] **AND** > 11% of pneumonia cases treated with an antibiotic are questionable pneumonia[10]	0
7	15	**Increase Antibiotics Delivered within 3 hours of Arrival for Septic Shock Patients[11,21]**	
		≥ 67% septic shock cases[11] receive antibiotics within 3 hours of arrival	15
		55 – 66% septic shock cases[11] receive antibiotics within 3 hours of arrival	10
		< 55% septic shock cases[11] receive antibiotics within 3 hours of arrival	0
8	15	**Increase Discharge/Post-Discharge Care Coordination for Sepsis Patients Discharged to Home-like Setting[12,13,21]**	
		≥ 65% sepsis cases discharged to home-like setting[12] received at least 1 of 3 discharge/post-discharge coordination of care measures[13]	15
		45 – 64% sepsis cases discharged to home-like setting[12] received at least 1 of 3 discharge/post-discharge coordination of care measures[13]	10
		< 45% sepsis cases discharged to home-like setting[12] received at least 1 of 3 discharge/post-discharge coordination of care measures[13]	0
9	15	**Reduce Inappropriate PICC Placements in Special Populations – Active Malignancy[14] or Critical Care[15]**	
		Active Malignancy[14]	

		≤ 25% of PICCs placed in active malignancy cases[14] are triple lumens and in for ≤5 Days **AND** participation in special population workgroup[16,17,18]	15
		≤ 25% of PICCs placed in active malignancy cases[14] are triple lumens and in for ≤5 Days **OR** participation in special population workgroup[16,17,18]	10
		> 25% of PICCs placed in active malignancy cases[14] are triple lumens and in for ≤5 Days **AND** No participation in special population workgroup[16,17,18]	0
		OR	
		Critical Care (ICU)[15]	
		≤ 30% of PICCs placed in critical care cases[15] are triple lumens **AND** Participation in special population workgroup[16,17,18]	15
		≤ 30% of PICCs placed in critical care cases[15] are triple lumens **OR** Participation in special population workgroup[16,17,18]	10
		> 30% of PICCs placed in critical care cases[15] are triple lumens **AND** No Participation in special population workgroup[16,17,18]	0
C	5	**Reduce Use of Inappropriate Empiric Broad-Spectrum Antibiotics[19] for Patients with Uncomplicated CAP (Community Acquired Pneumonia)[20]**	
		≤ 10% **collaborative-wide average[20]** of uncomplicated CAP cases receive an inappropriate broad-spectrum antibiotic empirically[19]	5
		> 10% **collaborative-wide average[20]** of uncomplicated CAP cases receive an inappropriate broad-spectrum antibiotic empirically[19]	0
		Total (Max points = 100)	
Optional Bonus			
Optional	5	Specialist[18] attendance at 3 of the virtual special population workgroup meetings[17] during the calendar year in the hospital's pre-determined workgroup area **OR** Specialist[18] attendance at 1 or more of the special population workgroup meetings[17] that is not the hospital's pre-determined workgroup area during the calendar year	5
Optional	5	Emergency Medicine Physician attendance at all 3 collaborative wide meetings convened during the calendar year (July & November)	5

[1] Registry data for all initiatives (Antimicrobial, PICC/Midline and Sepsis) assessed during mid-year performance evaluation review and at year end based on data submitted during calendar year 2024. All required cases must be completed by the mid-year performance evaluation review AND by year end. Mid-year due date and final due date will be announced by Coordinating Center.

[2] Assessed based on scores received for site audits conducted during performance year 2024. Scores are averaged if multiple audits take place during the year. Both semi-annual QI activity surveys must be completed by due dates announced by Coordinating Center.

[3] For audits conducted during the performance 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) or end of performance year deadline – whichever comes first.

[4] Based on all meetings scheduled during calendar year 2024. Clinician lead or designee must be a physician as outlined in Hospital Expectations.

[5] Duration is considered appropriate if 6 or fewer days of total antibiotic treatment (inpatient and outpatient) is administered.

[6] Assessed at year end based on final quarter of data entered (per the data abstraction calendar) in the data registry during the performance year 2024. To determine the final score, an adjusted statistical model will be utilized. The method for obtaining each hospital's adjusted performance measurement utilizes all available data from the most recent 4 quarters. The collaborative wide average and collaborative wide improvement or decline, as well as the average rate change over time of each individual hospital are incorporated into the final adjusted rate. Each hospital's adjusted rate reflects both change in performance over time and overall performance relative to the collaborative averages. The adjusted performance is a more stable and reliable estimate of each hospital's current performance, their performance relative to collaborative as a whole, and reflects the improvement work each hospital is doing over a given performance year.

[7] The adjusted model for this measure includes all cohorts.

[8] Rate of change is based on the adjusted method between Q1 2024 and Q4 2024 and may not reflect raw rates from quarter to quarter.

[9] Antibiotic treatment for ASB is assessed based on treatment on day 2 or later of the entire hospital encounter. This portion of the measure is assessed out of all positive urine culture cases abstracted during the performance year.

[10] Questionable pneumonia is defined as cases abstracted into the pneumonia registry who do not meet the clinical and radiographic criteria to be classified as Community Acquired Pneumonia. Antibiotic treatment for these cases is assessed on day 3 or later of the hospital encounter. This portion of the measure is assessed out of all pneumonia cases abstracted during the performance year.

[11] Cases with septic shock are defined as those with hypotension (vasopressors initiated within two hours of arrival OR systolic blood pressure < 90 mmHg within two hours of arrival OR calculated MAP < 65 within two hours of arrival). Patients excluded from review in this measure include those with < 2 SIRS, normal WBC, no elevated lactate, and no symptoms of infection.

[12] Home-like Setting = home (with or without home services), assisted living, custodial nursing, temporary shelter.

[13] Discharge/post- discharge coordination of care measures:

- Hospital contact information provided at discharge (in discharge summary)
- Scheduled visit with Primary Care Physician (PCP) within 2 weeks (at time of discharge)
- Post-discharge telephone call or PCP visit/home health services within 3 calendar days of hospital discharge

[14] PICC placements where the medical record reflects a cancer diagnosis **AND** the PICC was placed for a cancer-related admission.

[15] PICC placements where the patient was in the ICU at the time of PICC insertion.

[16] Participation in Special Population Workgroup

- At least 3 individuals representing the following roles must attend 3 of the 3 tri-annual initiative specific work group meetings:
    - 1 Quality Professional
    - 1 Physician (the physician in attendance for at least 1 of the 3 meetings per year must be a specialist in the special population area)
    - 1 Vascular Access Team Member or Interventional Radiologist Representative

[17] Initiative specific workgroups will take place virtually during the calendar year 2024.

[18] Specialist is considered Critical Care, Oncology or Hematology Physician

- Oncology workgroup area = Oncology or Hematology Physician
- Critical Care (ICU) workgroup area = Critical Care Physician

If hospital does not have a specialist either employed at the hospital or contracted by the hospital, the HMS Physician Champion is acceptable, however, must be approved by the Coordinating Center.

[19] Empiric antibiotic therapy is assessed on day 2 of the hospital encounter for Uncomplicated CAP cases that are eligible for 5 days of antibiotic therapy.

[20] Assessed at year end based on the collaborative-wide average for the final quarter of data entered (per the data collection calendar) in the data registry during the performance year 2024. This is different than the other performance measures in the index, which are applied to each individual hospital.

[21] Assessed at year end based on the raw rate for the individual site for the final quarter of data entered (per the data collection calendar) in the data registry during the performance year 2024. This is different than the other site-only performance measures, which are based on the adjusted rate for the site.