

2025 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index Scorecard
 Measurement Period: 07/31/25 – 11/05/25 (ABX Discharges) & 07/01/25 – 10/06/25 (Sepsis Discharges)

Measure	Weight	Measure Description	Points
1	10	Timeliness¹, Completeness², and Accuracy³ of HMS Data (5 metrics)	
		1. ≥ 95% of registry data on time ¹ and complete ² at Mid-Year	
		2. ≥ 95% of registry data on time ¹ and complete ² at End-of-Year	
		3. ≥ 95% of registry data accurate ³	
		4. Audit case corrections completed by due date ³	
		5. Two semi-annual QI activity surveys completed ⁴	
		5 of 5 metrics met	10
4 of 5 metrics met	8		
3 of 5 metrics met	6		
2 of 5 metrics met	4		
1 of 5 metrics met	2		
0 of 5 metrics met	0		
2	10	Consortium-wide Meeting Participation⁵ – clinician lead or designee⁶	
		3 meetings	10
		2 meetings	5
		1 meeting	3
0 meetings	0		
3	10	Consortium-wide Meeting Participation⁵ – data abstractor, QI staff, or other	
		3 meetings	10
		2 meetings	5
		1 meeting	3
0 meetings	0		
4	15	Increase Use of 5 Days of Antibiotic Treatment⁷ in Uncomplicated CAP (Community Acquired Pneumonia) Cases (i.e., reduce excess durations)^{8,9}	
		≥ 75% uncomplicated CAP cases receive 5 days ⁷ of antibiotics OR ≥ 75% relative increase in the number of uncomplicated CAP cases that receive 5 days ⁷ of antibiotics during the current performance year ⁹	15
		54-74% uncomplicated CAP cases receive 5 days ⁷ of antibiotics OR 55-74% relative increase in the number of uncomplicated CAP cases that receive 5 days ⁷ of antibiotics during the current performance year ⁹	8
		≤ 53% uncomplicated CAP cases receive 5 days ⁷ of antibiotics AND ≤ 54% relative increase in the number of uncomplicated CAP cases that receive 5 days ⁷ of antibiotics during the current performance year ⁹	0
5	15	Increase Antibiotics Delivered within 3 hours of Arrival for Sepsis Cases with Hypotension^{8,10}	
		≥ 68% sepsis cases with hypotension ¹⁰ receive antibiotics within 3 hours of arrival	15
		64 – 67% sepsis cases with hypotension ¹⁰ receive antibiotics within 3 hours of arrival	8
≤ 63% sepsis cases with hypotension ¹⁰ receive antibiotics within 3 hours of arrival	0		
6	15	Increase Discharge/Post-Discharge Care Coordination for Sepsis Cases Discharged to Home-like Setting^{8,11,12}	
		≥ 84% sepsis cases discharged to home-like setting ¹¹ received at least 1 of 3 discharge/post-discharge coordination of care measures ¹²	15
		69 – 83% sepsis cases discharged to home-like setting ¹¹ received at least 1 of 3 discharge/post-discharge coordination of care measures ¹²	8
≤ 68% sepsis cases discharged to home-like setting ¹¹ received at least 1 of 3 discharge/post-discharge coordination of care measures ¹²	0		
7	15	Increase Use of Balanced Solutions¹³ over Normal Saline in Patients with Sepsis^{8,14}	
		≥ 17% sepsis cases who have ≥ 75% of their bolus and/or maintenance fluid as balanced solutions ¹³ in the first 48 hours of hospital arrival ¹⁴	15
		9 – 16% sepsis cases who have ≥ 75% of their bolus and/or maintenance fluid as balanced solutions ¹³ in the first 48 hours of hospital arrival ¹⁴	8

		< 8% sepsis cases who have ≥ 75% of their bolus and/or maintenance fluid as balanced solutions ¹³ in the first 48 hours of hospital arrival ¹⁴	0
C	10	Reduce Use of Antibiotics in Patients with ASB (Asymptomatic Bacteriuria) ^{15,16}	
		≤ 10% collaborative-wide average ¹⁶ of positive urine culture cases treated with an antibiotic are ASB cases ¹⁵	10
		> 10% collaborative-wide average ¹⁶ of positive urine culture cases treated with an antibiotic are ASB cases ¹⁵	0
		Total (Max points = 100)	
Optional Bonus Points*			
Optional	5	<p>Participation Bonus Points: Each site has the option of earning up to 5 bonus points toward their participation metrics (1-4) during the performance year. Each opportunity for bonus points is highlighted below with their point allowance:</p> <ul style="list-style-type: none"> • Emergency Medicine Physician¹⁷ attendance at the 2 in-person Collaborative Wide Meetings convened during the performance year (July & November) – 5 points • Present HMS data or about HMS at a national meeting (with approval)¹⁸ – 3 points • Emergency Medicine Physician¹⁷ attendance at 1 in-person Collaborative Wide Meeting convened during the performance year (July OR November) – 2 points • Present at an HMS meeting, event, or webinar during the performance year¹⁹ – 2 points 	5
Optional	2.5	Performance Bonus: Increase success of Patient Reported Outcomes (PROs – phone, email, or text) collection in patients eligible for PROs completion in Antimicrobial Use Cases ^{8,20}	
		≥ 85% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases ²⁰	2.5
		80-84% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases ²⁰	2
		75-79% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases ²⁰	1.5
Optional	2.5	Performance Bonus: Increase success of Patient Reported Outcomes (PROs – phone, email, or text) collection in patients eligible for PROs completion in Sepsis Cases ^{8,20}	
		≥ 70% success of Patient Reported Outcomes (PROs) collection in Sepsis cases ²⁰	2.5
		65-69% success of Patient Reported Outcomes (PROs) collection in Sepsis cases ²⁰	2
		60-64% success of Patient Reported Outcomes (PROs) collection in Sepsis cases ²⁰	1.5
*Earned bonus points will be added to the scorecard total, with the final score not to exceed 100 points overall. Participation bonus points may only apply to participation-based measures (1-3) and performance bonus points may only apply to performance-based measures (4-7).			

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¹ Registry data for all initiatives (Antimicrobial and Sepsis) assessed during mid-year performance evaluation review and at year end based on data submitted during performance year 2025. 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 Completeness of cases is assessed based upon completeness of ALL required forms (including patient reported outcomes in eligible cases) for each case that is marked as Completed in the registry.

³ Assessed based on scores received for site audits conducted during performance year 2025. Scores are averaged if multiple audits take place during the year. 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 Both semi-annual QI activity surveys must be completed by due dates announced by Coordinating Center.

⁵ Based on all Collaborative Wide Meetings scheduled during performance year 2025. Clinician leads or designees may only represent one (1) site per meeting. Data abstractors or other QI staff may only represent one (1) site per meeting.

⁶ Clinician lead or designee must be a physician as outlined in Hospital Expectations. This does not include Residents, Fellows, Interns, or Advanced Practice Professionals.

⁷ Duration is considered appropriate if 6 or fewer days of total antibiotic treatment (inpatient and outpatient) is administered.

⁸ Assessed at year end based on final quarter of data entered (per the data abstraction calendar) in the data registry during the performance year 2025. 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, and reflects the improvement work each hospital is doing over a given performance year.

⁹ Rate of change is based on the adjusted method between Q1 2025 and Q4 2025 and may not reflect raw rates from quarter to quarter.

¹⁰ Hypotension is defined as: vasopressors initiated within two hours of arrival to the hospital encounter OR systolic blood pressure < 90 mmHg within two hours of arrival to the hospital encounter OR calculated MAP < 65 within two hours of arrival to the hospital encounter. Patients excluded from review in this measure include those with viral sepsis (COVID and Influenza), < 2 SIRS, normal WBC, no elevated lactate, and no symptoms of infection.

¹¹ Home-like Setting = home (with or without home services), assisted living, custodial nursing, temporary shelter.

¹² Discharge/post-discharge coordination of care measures:

- Hospital contact information provided at discharge (in discharge paperwork)
- Scheduled for outpatient follow-up within 2 weeks (at time of discharge)
- Post-discharge telephone call **OR** visit with PCP or specialist within 3 calendar days of hospital discharge **OR** patient is discharged to a home-like setting with home health services

¹³ Balanced Solutions are defined as Lactated Ringers or Plasma-Lyte.

¹⁴ Sepsis cases eligible for this measure include all patients receiving ≥ 1 liter of bolus and/or maintenance fluid within the first 48 hours of hospital arrival.

¹⁵ 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.

¹⁶ 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 2025. This is different than the other performance measures in the index, which are applied to each individual hospital.

¹⁷ The Emergency Medicine Physician in attendance at the in-person Collaborative Wide Meeting cannot be a resident, fellow, intern or Advanced Practice Professional. Emergency Medicine Physicians may only represent one (1) site per meeting. The Emergency Medicine Physician may not also be the Physician representing the site for Measure 2 of the Performance Index.

¹⁸ Presenters who are interested in sharing HMS data at a national or international meeting must submit intent to present data to the HMS Coordinating Center and receive approval from our Data, Design, and Publications Committee. Guidelines in the most recent [HMS Publication Policy](#) must be followed.

¹⁹ Bonus points will be awarded to sites who present at an HMS Collaborative Wide Meeting, HMS-sponsored event, HMS Abstractor Conference Call, or HMS webinar during the 2025 Performance Year when requested by the HMS Coordinating Center. Sites may only receive bonus points for 1 presentation per year.

²⁰ This section will be calculated by assessing the number of cases with successful Patient Reported Outcomes (PROs) out of those eligible for PROs.