



MICHIGAN HOSPITAL  
MEDICINE SAFETY  
CONSORTIUM

# NEWSLETTER

DECEMBER 2023



## MESSAGE FROM THE DIRECTOR

Wow, what a year it has been! Looking back, I am amazed at the work our Collaborative has accomplished in both depth and breadth of our initiatives and the impact we have had on the patients we serve. Our November Collaborative Wide Meeting is a testament to this great work as we held our first co-sponsored meeting with the Michigan Emergency Department Improvement Collaborative (MEDIC), welcoming 450+ members from both CQI's. We truly appreciate the feedback that incorporating multi-disciplinary providers and care teams is essential to furthering our quality goals and developing more opportunities to collaborate. As we drive toward our quality goals, we will continue to pursue new and innovative approaches to collaboration within each of our initiatives.

I also want to take a moment to reflect on the impact HMS has had nationally. To accelerate our work locally, we must continue to share our work via national forums, such as peer reviewed publications, presentations at national conferences, and pursuit of supplemental grant funding mechanisms. This has been a stellar year for our collaborative in this arena. Our Sepsis team partnered with the Centers for Disease Control and Prevention (CDC) to develop and launch the Core Elements of Hospital Sepsis Programs and several of you presented your impressive local work during the webinar series hosted by the CDC and the American Medical Association. Thank you for your willingness to share your insights and best practices! We only get better by learning from each other. As we shared at our November meeting, our Antimicrobial Use initiative received additional funding from the Agency for Healthcare Research and Quality (AHRQ) to facilitate antimicrobial stewardship at discharge. This funding will significantly expand our scope and resources to help us tackle the challenges and opportunities for improvement at a critical time of care transition: discharge from the hospital. And finally, our PICC and Midline initiatives were featured at the Association for Vascular Access (AVA) in Portland, Oregon. Our partnerships with vascular access experts across the globe and those here in Michigan will be critical as we continue to work collaboratively determining the best vascular devices for our most vulnerable patients, those with active malignancy and who are critically ill.

In September, Dr. Prescott shared our HMS CQI Model at the National Forum on Sepsis in Washington, D.C via a live broadcast. During this forum, attended by numerous prominent healthcare policy leaders including Senator Charles Schumer, Kedar Mate – President & CEO for IHI, Robert Valdez – Director of the AHRQ, Denise Cardo – Director of Division of Healthcare Quality Promotion at the CDC, and Ron Kline – CMO Quality Measurement at CMS, our Sepsis initiative was referenced on multiple occasions and showcased as the up-and-coming Sepsis Group from Michigan. To date, the State of New York has largely dominated Sepsis quality work at the National level. We should all be proud that the entire State of Michigan is helping to drive work at the National level. Dr. Arjun Srinivasan, Deputy Director for Program Improvement in the Division of Healthcare Quality and Promotion at the CDC, said it best: “the CQI’s are not only Michigan treasure, but are a National Treasure”. I look forward to what this next year brings for our collaborative. Let’s continue to make the State of Michigan the best place in the country to receive hospital-based care. Happy Holidays!

Sincerely,

Scott Flanders, MD  
Program Director, Michigan Hospital Medicine Safety (HMS) Consortium  
Chief Clinical Strategy Officer, Michigan Medicine  
Professor of Medicine, Vice Chair, Department of Medicine  
University of Michigan



@HMS MI

[www.mi-hms.org](http://www.mi-hms.org)

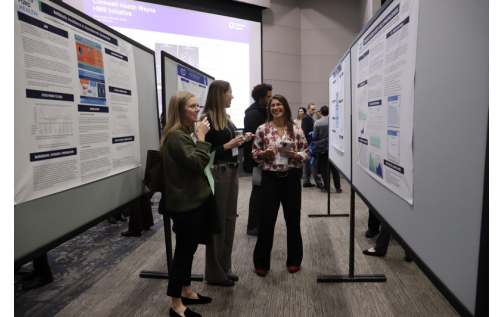
## IN THIS ISSUE

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# RECENT HIGHLIGHTS

## **November 2023 Co-Sponsored Collaborative-Wide Meeting with MEDIC**

HMS held our first co-sponsored Collaborative Wide Meeting with the [Michigan Emergency Department Improvement Collaborative \(MEDIC\)](#) on November 1, 2023 at UM Flint Riverfront Expo Center in Flint, Michigan. The purpose of this co-sponsored meeting was to discuss opportunities to improve patient outcomes and identify areas of bi-directional learning to enhance early identification and treatment of patients with sepsis. This meeting also featured a co-hosted poster presentation session, which was an opportunity for sites from both collaboratives to showcase the work they have accomplished and provide an opportunity for shared learning. A total of 28 posters were featured during this session representing many different hospitals and health systems.



The day started with each collaborative having separate sessions to review the current state of data and initiatives for their respective collaboratives, and then members from both collaboratives joined for a joint session. This session was introduced by Dr. Keith Kocher, Program Director for MEDIC, who welcomed guests and provided an overview of the MEDIC Collaborative. Dr. Scott Flanders then provided a similar overview of HMS for MEDIC members in the audience. Dr. Hallie Prescott then led a session on Improving Care of Patients with Sepsis to highlight the HMS Sepsis Initiative with particular attention paid to the importance of partnership with Emergency Medicine in improving early identification and treatment of patients with sepsis.

We welcomed expert guest, Dr. Arjun Srinivasan (CAPT, USPHS), Deputy Director for Program Improvement at the CDC who provided updates from the regarding the [CDC Core Elements of Hospital Sepsis Programs](#). Dr. Srinivasan provided an introduction to the Core Elements of Hospital Sepsis Programs, stating that it was modeled after the work done by the CDC in the Core Elements of Antibiotic Stewardship. HMS leaders and sepsis experts partnered with the CDC on the development of the Core Elements and were integral to the launch. Dr. Srinivasan stated the following:

*“This is an incredible opportunity for collaboration. The work that you have done within HMS and MEDIC informs the work we need to do Nationally. None of this would be possible without the support from Blue Cross Blue Shield of Michigan.”*



The meeting concluded with an interactive session between HMS and MEDIC members focusing on transitions of care for sepsis patients. The goal of this session was to identify vulnerabilities in the ED-to-inpatient transition process for patients with sepsis at each institution. Each table (which were seated by hospital system) were asked to complete an activity that identified what their institution does well and could improve upon during transitions of care, brainstorm potential interventions to target barriers and areas for improvement, and discuss process breakdowns and how to address them.



# RECENT HIGHLIGHTS

## **2024 Performance Indexes are Available**

The final 2024 Performance Indices approved by BCBSM are now available on the HMS website. Click [HERE](#) to access each index. The two indices are for [Cohorts 2020, 2021, and 2022](#), and [Prior to 2020](#).

The final 2025 Value-Based Reimbursement (VBR) Measures have also been approved by BCBSM and are available on the HMS website. Click [HERE](#) for more information regarding the 2025 HMS VBR Measures.

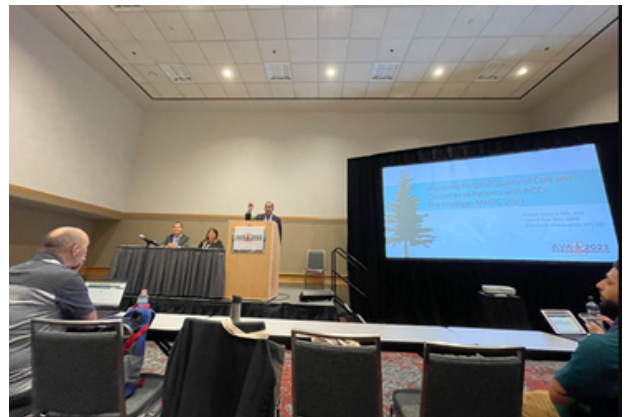
Additional details regarding these measures can also be found on page 8 of this newsletter.

## **HMS @ AVA 2023!**

HMS members attended the Association for Vascular Access (AVA) 2023 Annual Scientific Meeting held in Portland, OR from October 14th to 17th, 2023. See below for highlights.



Dr. David Paje, Caitlin Tatarcuk & Elizabeth McLaughlin sharing our work on the association between the number of catheter lumens and risk of PICC complications in patients with active malignancy



Dr. Vineet Chopra, Dr. David Paje & Elizabeth McLaughlin shared the HMS MAGIC story and our future work on special populations: critical care & hematology/oncology



### **Area of Greatest Need Identified at AVA:**

Guidance on intravascular device decision making for patients with active malignancy and those that are critically ill



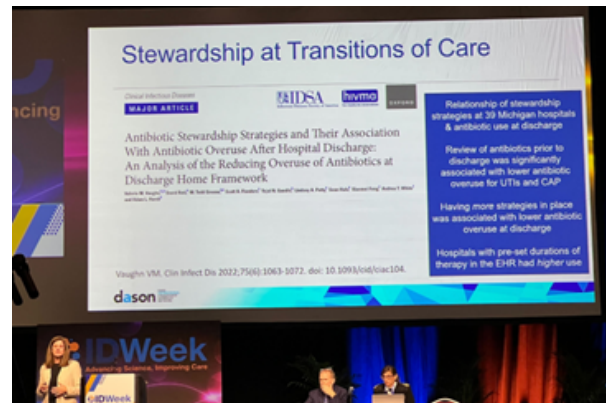
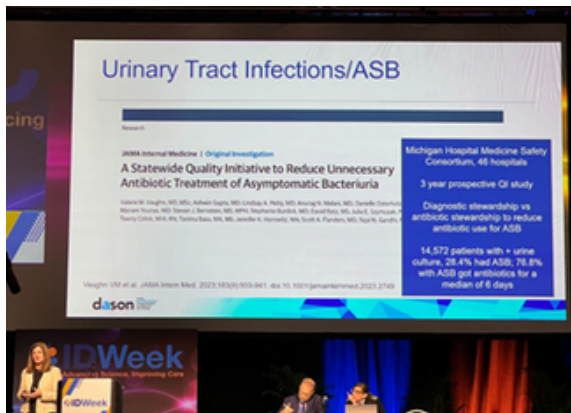
Save the Date for AVA 2024!  
September 28 - October 1, 2024  
Denver, CO



# RECENT HIGHLIGHTS

## HMS @ ID Week 2023!

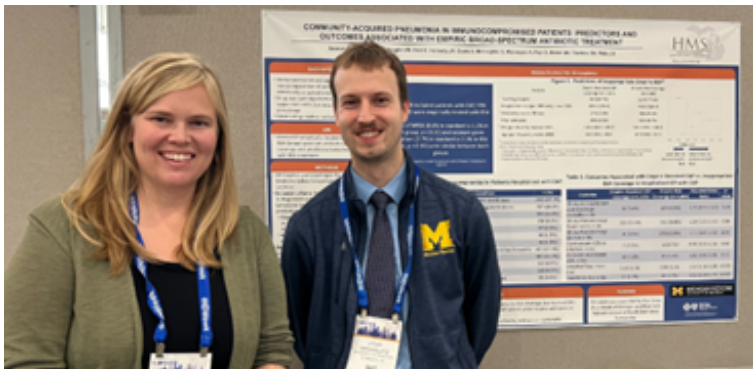
HMS members attended ID Week 2023 held in Boston, MA, from October 11th to October 15th, 2023. See below for highlights.



Double feature of HMS work in the “Influential Papers in Antimicrobial Stewardship” session! Work referenced included reducing antibiotic treatment of asymptomatic bacteriuria and improving antibiotic overuse at discharge.

### Access these 2 manuscripts here:

- Vaughn, V.M., et al. (2023) *A Statewide Quality Initiative to Reduce Unnecessary Antibiotic Treatment of Asymptomatic Bacteriuria*. JAMA Internal Medicine.
- Vaughn, V.M., et al. (2022) *Antibiotic Stewardship Strategies and Their Association with Antibiotic Overuse After Hospital Discharge: An Analysis of The Reducing Overuse of Antibiotics at Discharge (ROAD) Home Framework*. Clinical Infectious Diseases.



Dr. Louis Saravolatz II (Infectious Diseases, Michigan Medicine) and Dr. Lindsay Petty presented their poster on CAP in Immunocompromised Patients: Predictors and Outcomes Associated with Empiric Broad-Spectrum Antibiotic Therapy based around HMS data.



Dr. Nick Mercurio (Infectious Diseases Pharmacist, Beth Israel Deaconess Medical Center – Boston, MA) presented on successful interventions that have improved quality of antibiotic prescribing at discharge, giving special shout out to the ROAD Home Framework/HMS work!

# 2024

Save the Date for ID Week 2024!  
October 16 - 20, 2024  
Los Angeles, CA

Lisa Dumkow, PharmD, BCIDP, Infectious Diseases Pharmacist at Trinity Health Grand Rapids is the SIDP Presentative on the planning committee. ID Week 2024 will be exciting with Lisa at the helm.



# RECENT HIGHLIGHTS

## Launch of CDC Core Elements of Hospital Sepsis Programs

HMS has partnered with the Centers for Disease Control and Prevention (CDC) on the development of the [Core Elements of Hospital Sepsis Programs](#). The Core Elements were officially released on August 24, 2023. The development of a multi-disciplinary hospital sepsis program is critical to monitoring and improving the management and outcomes of patients with sepsis. These core elements can be adapted to fit specific hospital needs and should help healthcare staff improve outcomes from sepsis by aiding in the recognition of sepsis, facilitating the implementation of evidence-based management of sepsis, supporting the recovery of patients after sepsis, and monitoring the impact of hospital-based interventions to improve care and outcomes of sepsis.

Dr. Hallie Prescott (HMS Sepsis Physician Lead) and Dr. Ray Dantes (CDC Physician Expert – Hospitalist) launched the Core Elements to the Media via a live presentation titled “[Media Briefing: Strengthening Survival and Recovery Rates for all Sepsis Patients](#)”

- Of note – HMS is mentioned by Dr. R. Dantes: 29:14



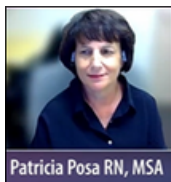
Two associated publications went live to coincide with the launch of the core elements – with HMS authors/contributors:

- [The Centers for Disease Control and Prevention’s Hospital Sepsis Program Core Elements | JAMA](#)
- [Sepsis Program Activities in Acute Care Hospitals - National Healthcare Safety Network, United States, 2022 | Morbidity and Mortality Weekly Report](#)

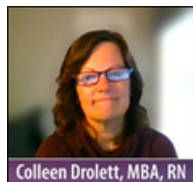
## CDC Core Elements of Hospital Sepsis Programs Webinar Series

To coincide with the launch of the Core Elements of Hospital Sepsis Programs, a Webinar Series sponsored by CDC’s Project Firstline was conducted to present real world examples of the ways that hospitals are addressing the core elements. Many HMS Members were featured during these webinars, as seen below:

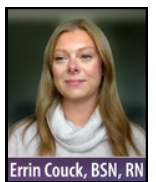
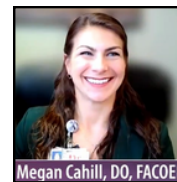
Webinar 1 – [Leadership Commitment](#)  
(featuring Michigan Medicine)  
October 2, 2023 – 3:00 – 4:00 PM



Webinar 2 – [Accountability & Multi-Professional Expertise](#) (featuring Henry Ford Jackson and Corewell Health -Spectrum )  
October 16, 2023 – 1:00 – 2:00 PM



Webinar 3 – [Action](#)  
(featuring Henry Ford Jackson)  
November 2, 2023 – 3:00 – 4:00 PM



Webinar 4 – [Tracking and Reporting](#)  
(featuring Dr. Hallie Prescott)  
November 16, 2023 – 1:00 – 2:00 PM



Webinar 5 – [Education](#)  
(featuring Dr. Stephanie Parks Taylor)  
December 7, 2023 – 1:00 – 2:00 PM

## PICC/Midline & ABX Abstractor Spotlight



Nancy Anderson, RN  
McLaren Greater Lansing

Nancy has been a RN for 26 years. Aside from a very brief stint in travel nursing, she has worked at McLaren Greater Lansing for 23 of those years, starting at the hospital in 2000. Nancy has served on a variety of floors and specialties including Ortho, Step Down, and Med Surg. After her time at the bedside, Nancy has worked as the dedicated HMS Abstractor within our Quality Department for the past 9 years. Nancy is a graduate of Kalamazoo Valley Nursing Program.

*We asked Nancy if she has any tips or suggestions for increased efficiency and quality of data abstraction.*

Nancy's process is to abstract everything from the EMR to a paper abstraction tool, then input it into HMS. She finds this prevents her from having to click multiple times in and out of sections within the EMR. She can gather everything she needs for the various HMS forms at once, saving time.

## Sepsis Abstractor Spotlight



Jennifer Schnepf, BSN, RN  
McLaren Greater Lansing

Jennifer has been a RN for 15 years. Her career started in the acute care setting on the inpatient oncology/surgical floor, but quickly transitioned to the post-acute care setting where she served patients, families, and communities in hospice care for 11 years before joining the team at McLaren Greater Lansing in 2021. Jennifer joined MGL as the HMS Sepsis Pilot abstractor, and has been in the role since. Jennifer is a graduate of Michigan State University Nursing Program, and is currently attending Grand Valley State University working towards her MSN.

*We asked Jennifer if she has any tips or suggestions for increased efficiency and quality of data abstraction.*

Jennifer found abstracting for HMS Sepsis to a paper abstraction tool to be too time consuming. The bulk of Jennifer's abstractions are entered directly from the EMR into the HMS database. The exceptions are the Daily Entry (Days 1-4), Co-Morbid Conditions, and Physical Findings & Symptoms, she uses an excel spreadsheet to capture those pieces. Jennifer also believes in doing the hardest thing first. For the 2 week cycle, this means completing the most challenging and time consuming cases first (ICU and long LOS), and for the individuals case completion it means doing the Daily Entry and Baseline forms first.

### **Nancy and Jennifer's Time Saving Tips:**

- Try to cluster groups of phone calls, to make a large number of initial and/or follow up calls at one time
- Do case sampling in the beginning of the cycle, finding all eligible cases at once. Jennifer says this was a tip she learned from Nancy early on in her HMS Sepsis career and was a game changer in terms of efficiency. You can stay in the Organ Function Calculator mindset for the whole day, keeping your focus on that and speeding up the process.

### **What Jennifer and Nancy Enjoy Most about Being Part of HMS:**

Nancy and Jennifer both enjoy how the work of HMS truly creates change in the care of the patients, and improves patient outcomes. At the hospital level, this means bringing awareness to our teams of the current evidence-based research, educating on practice changes and documentation requirements, and then tracking how this translates to positive impacts for our patients. The work that HMS does keeps the most current evidence-based research and practice at the forefront of QI initiatives. It also encourages discussion and the spirit of inquiry within workgroups and departments. They feel that because of HMS, they are aware of the most current evidence-based research in a way that they would not otherwise be. It's great to be able to bring this back to our teams, because once we know better, we do better. Nancy has been with the program for a while and also appreciates how HMS initiatives change overtime. Once we gain and sustain improvement in an area, we adapt and move on to another of focus, keeping us from staying in one place too long. Jennifer enjoys the collaboration within MGL with various teams and departments, but also with the other HMS Sepsis abstractors in the McLaren system. She loves learning from others successes and leveraging the power of systemness that HMS Sepsis allows for.

# Hospital Spotlight

## **McLaren Greater Lansing (MGL)**

McLaren Greater Lansing has 240 acute care beds with a Level II trauma center and is located in our capital city of Lansing, Michigan. We moved to a state of the art new hospital building and a new healthcare campus on March 6, 2022. McLaren Greater Lansing is part of a much larger, fully-integrated health care delivery system that includes 13 hospitals in the State of Michigan.

TEAM STRUCTURE	
Nancy Anderson, RN	PICC/Midline/ABX Abstractor
Jennifer Schnepf, BSN, RN	Sepsis Abstractor
Dr. Michael Kowalczyk	HMS Physician Champion
Betsy Rodriguez	HMS Clinical Pharmacy Specialist
Dr. Tressa Gardner	Chief Medical Director of Emergency Services and interim HMS Sepsis Physician Champion
Joe Zeman	HMS Sepsis Clinical Pharmacy Specialist



### MGL 2023 Priorities

- Increase use of 5 days of antibiotic treatment in Uncomplicated Community-Acquired Pneumonia cases and decrease any excess durations
- Increase use of balanced solutions (e.g., lactated ringers) over other fluids for sepsis fluid resuscitation

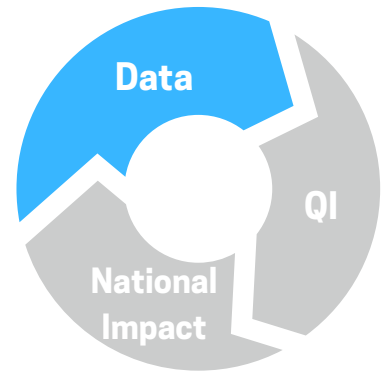
### MGL 2024 Priorities

- Reduce use of antibiotics in patients with asymptomatic bacteriuria
- Decrease door-to-antibiotic times for patients with sepsis, specifically antibiotics delivered within 3 hours of arrival for patients with septic shock
- Increasing the frequency of antibiotics being delivered within 1 hour of order for patients with sepsis

# INFLUENCE OF QUALITY

## Data

On September 18, 2023, HMS released the [2024 Performance Index](#) and [2025 Value Based Reimbursement \(VBR\) Submission](#) information. Information regarding these new measures were also shared in detail at the November 1, 2023 Collaborative Wide Meeting and three virtual informational sessions hosted by HMS Program Manager, Elizabeth McLaughlin. To view the slides from these sessions, please click [here](#).



The main updates to the 2024 HMS Performance Index are as follows:

- All sites will now be assessed on the Antimicrobial Use Performance Measures
- Reducing Use of Antibiotics in Patients with Questionable Pneumonia has been added to the Reduce Use of Antibiotics in Patients with ASB as a Diagnostic Excellence measure
- Reduce Use of Inappropriate Empiric Broad-Spectrum Antibiotics for Patients with Uncomplicated CAP has been transitioned to a Collaborative Wide Measure
- Two new Sepsis Measures have been introduced for all sites:
  - Increase Antibiotics Delivered within 3 hours of Arrival for Patients with Septic Shock
  - Increase Discharge/Post-Discharge Care Coordination for Patients with Sepsis

### Reporting Plan for 2024:

To prepare for the introduction of the 2024 HMS Performance Measures and 2025 VBR Submissions, the HMS Coordinating Center is currently working to update our Live Database Reports and our Quarterly Reports to account for all changes from 2023 to 2024.

In particular, with the addition of the Sepsis Performance Measures, we are making our Live Database Reports more detailed with additional information on fallout cases and site performance. HMS is also working hard to completely revamp our Quarterly Sepsis Report to provide more detail around the Sepsis Performance Measures, Outcomes, Sepsis Process Measures, and Demographic information.



### Biennial Coordinating Center Survey:

Every 2 years BCBSM conducts a survey to obtain feedback from participating hospitals on individual CQIs and Coordinating Centers. To facilitate increased participation, the individual Coordinating Centers distribute the survey to members via email. The HMS survey will be distributed to all physicians, as well as administrative and quality staff and will be sent from Casey Gould on January 16, 2024. The deadline for completion is February 6, 2024. This survey is very important to us as a CQI and we use this information to help drive our CQI work.





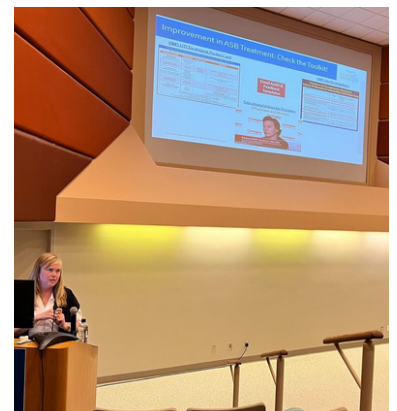
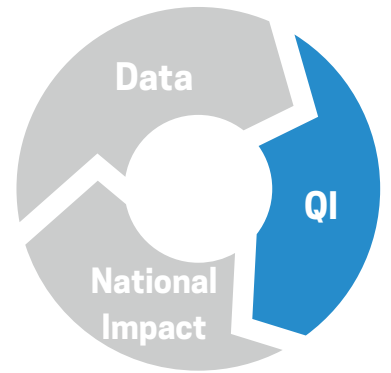
## Quality Improvement

### **Antimicrobial Use Grand Rounds**

Dr. Lindsay Petty, an HMS physician lead on our Antimicrobial Initiative, recently completed an antimicrobial-focused Grand Rounds presentation at Ascension Macomb Oakland Hospital. Similarly, Dr. Tejal Gandhi, an HMS physician lead on our Antimicrobial Initiative, recently completed an antimicrobial-focused Grand Rounds presentation virtually at Trinity Health Livonia.

The goals and objectives of these ABX presentations were to:

- Discuss the diagnosis and management of asymptomatic bacteriuria (ASB) and urinary tract infections (UTI) in hospitalized patients
  - Discuss strategies to reduce the unnecessary testing and treatment of ASB
- Review appropriate treatment selection/duration for patients with Community-Acquired Pneumonia (CAP)
  - Discuss strategies to improve appropriate treatment durations for patients with CAP
  - Review new ATS/IDSA CAP Guidelines and appropriate empiric antibiotic use for CAP
- Examine each hospital's performance in specific measures related to patients with CAP and UTI compared to the rest of the HMS collaborative.

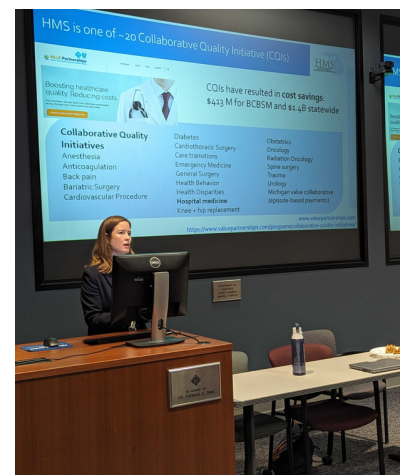


### **Sepsis Grand Rounds**

Dr. Hallie Prescott, the HMS physician lead on our Sepsis Initiative, recently completed a sepsis-focused Grand Rounds presentation at McLaren Macomb hospital.

The goals and objectives of the presentation were to:

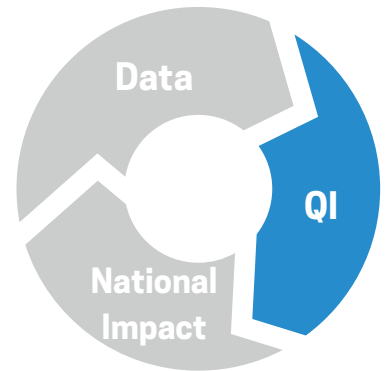
- Provide an introduction to the Hospital Medicine Safety Consortium
- Give a background on the HMS Sepsis initiative and why sepsis is such a large focus for institutions
- Provide information on the comparison of HMS to CMS
- Review guideline recommendations for sepsis management, including:
  - Antimicrobial timing
  - Fluid type
  - Fluid resuscitation volume
  - Peri-discharge management
- Review newer data that may impact future guideline recommendations
- Share site-level performance data



# INFLUENCE OF QUALITY

## Quality Improvement

On November 16, 2023, HMS announced the launch of the [Sepsis Initiative Toolkit](#) via a webinar for all HMS hospitals and any other interested healthcare professionals. This webinar reviewed content and resources available within the Sepsis Toolkit. The toolkit consists of eight sections, each with its own resources, evidence-based data, and local, national, or international examples of processes. In an effort to improve Sepsis care not only in Michigan, but throughout all of healthcare, we included resources for hospitals of all sizes and types. This includes those wanting to start sepsis programs, those who have existing sepsis programs and want more direction, and those who have programs that are robust and simply need maintenance. The purpose of this toolkit is to have resources and examples readily available and relevant to any hospital that may access it, especially HMS hospitals.



## Tier 1: Implement Global Strategies to Improve Care for Patients with Sepsis and Septic Shock



To access the recording of this webinar, please visit [this link](#).

To view the slides from this webinar, please visit [this link](#).

For HMS members who have additional tools or resources that they would like added to the toolkit, please email your site's Quality Assurance Coordinator or [HMS-QACoordinators@med.umich.edu](mailto:HMS-QACoordinators@med.umich.edu). If you are a non-HMS site and are interested in adding to the HMS Sepsis Toolkit or have questions about the toolkit, please email [HMS-SepsisToolkitTeam@med.umich.edu](mailto:HMS-SepsisToolkitTeam@med.umich.edu).

## Driving HMS Quality Efforts Nationally

### **Reducing Overuse of Antibiotics at Discharge (ROAD) Home AHRQ Grant**

Members of the Michigan Hospital Medicine Safety Consortium (HMS) antimicrobial leadership team and collaborative members including Valerie Vaughn, MD MSc; Tejal Gandhi, MD; Lindsay Petty, MD; Julie Szymczak, PhD; and Robert Neetz, PharmD, have been approved for a \$2.5 million research funding award by the Agency for Healthcare Research (AHRQ) to study “Reducing Overuse of Antibiotics at Discharge: The ROAD Home Trial” as part of HMS.

Antibiotic overuse at hospital discharge is common and increases the risk of side effects to patients after they leave the hospital. In the US, antibiotics prescribed at discharge account for half of antibiotic use—and up to 90% of days of overuse—related to hospitalization. To address this issue, the ROAD Home study team developed the ROAD Home intervention to improve antibiotic prescribing at discharge. Rather than a “one-size-fits-all” approach, the ROAD Home intervention tailors strategies to improve antibiotic prescribing at discharge to the needs and resources of local hospitals.

First, the ROAD Home study team will identify current needs, priorities, and resources related to antibiotic prescribing at discharge. Second, the ROAD Home study team will work with hospitals to build a customized toolbox to improve prescribing. Finally, the ROAD Home study team will work with hospitals to put these tools into practice.

To kick off the work on the ROAD Home Trial, five individual informational sessions were held at the November 1, 2023 HMS Collaborative Wide Meeting. To date, a total of 41 hospitals have signed up to participate in the ROAD Home Trial. Additional sites are encouraged to reach out if they are interested in participating!

The ROAD Home project is an extension of the quality improvement initiatives HMS has been focusing on related to the diagnosis and treatment of pneumonia and urinary tract infection since 2017. As part of the grant, the team will develop a ROAD Home discharge stewardship toolkit that will be distributed to all Michigan hospitals. Additionally, the ROAD Home trial will inform broad national dissemination efforts to ensure that reductions in harm and improvements in quality due to antibiotic stewardship are equitably distributed, reaching all patients regardless of where they receive care.

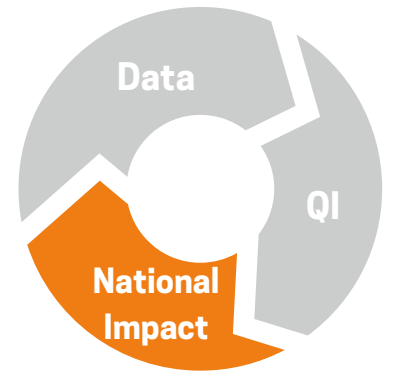


Robert Neetz, PharmD, BCPS, antimicrobial stewardship program lead pharmacist for MyMichigan Health leading one of the sessions at the November 1, 2023 Collaborative Wide Meeting

# INFLUENCE OF QUALITY

## Driving HMS Quality Efforts Nationally

On September 13, 2023, Dr. Hallie Prescott, the HMS Sepsis Physician Lead, presented at [The National Forum on Sepsis](#) presented by END SEPSIS, The Legacy of Rory Staunton. At this Forum, leaders in government, public health, medicine, private industry, and patient advocacy analyzed recent gains and future plans and what they mean for the healthcare system and the American public.

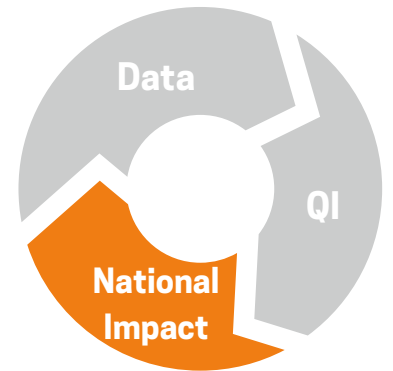


Dr. Prescott presented during Panel 2: New Data and New Ideas on a National Approach to Quality Improvement. She presented on HMS, the HMS Sepsis Initiative, and key features associated with success in quality improvement related to sepsis. HMS was recognized by the END SEPSIS initiative and many of the panelists of the session as a national leader in quality improvement in sepsis, which is a testament to the work and contributions of all HMS member sites and representatives.

Additionally, Dr. Denise Cardo, Director of the Division of Healthcare Quality Promotion at the National Center for Emerging and Zoonotic Diseases at the Centers for Disease Control and Prevention, presented during the first panel of the Forum on the Core Elements of Hospital Sepsis Programs. As detailed on page 5 of this newsletter, HMS was instrumental in the creation and development of the CDC Core Elements of Hospital Sepsis Programs. Dr. Hallie Prescott was featured in Dr. Cardo's presentation for her role in the development of these Core Elements, as well as the many other individuals who contributed to their creation.

Please visit the following [link](#) to view the recording of the END SEPSIS National Forum. Dr. Hallie Prescott's portion of the presentation begins at 3 hours and 4 minutes into the recording.

## Driving HMS Quality Efforts Nationally



### **HMS Publications since July 2023**

Vaughn, V.M., Krein, S.L., B.A., Hersh A., et al. (2023). *Excellence in Antibiotic Stewardship: A mixed methods study comparing High, Medium, and Low Performing Hospitals*. *Clinical Infectious Diseases*. doi:10.1093/cid/ciad743

- [Abstract](#)
- [Altmetric Score](#)

Vaughn, V.M., Gupta, A., Petty, L.A., et al. (2023). *A Statewide Quality Initiative to Reduce Unnecessary Antibiotic Treatment of Asymptomatic Bacteriuria*. *JAMA Internal Medicine*. doi:10.1001/jamainternmed.2023.2749

- [Abstract](#)
- [Visual Abstract](#)
- [Altmetric Score](#)

Prescott, H.C., Posa, P.J., & Dantes, R. (2023). *The Centers for Disease Control and Prevention's Hospital Sepsis Program Core Elements*. *JAMA*. doi:10.1001/jama.2023.16693

- [Abstract](#)
- [Altmetric Score](#)

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- [Visual Abstract](#)

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- [Abstract](#)



# IMPORTANT DATES

## ***HMS Specific Dates***

*\*Dates subject to change*

<b>January</b>	1/14/24	Case Volumes and Case Abstraction for the 2023 Performance Year Due
	1/16/24	HMS Coordinating Center Survey Distributed
	Late January	MiShare Reports Distributed (Q4 2023 Data)
<b>February</b>	2/1/24	Sepsis Alliance Webinar - HMS Sepsis
	2/6/24	HMS Coordinating Center Survey Deadline for completion
	Mid-late February	2023 Performance Indexes sent to abstractors and administrators for review before submissions to BCBSM
<b>March</b>	3/1/24	VBR Incentive begins for eligible specialty physicians for 2024
	3/12/24	March 2024 Collaborative Wide Meeting (Virtual)
	Mid-March	Case Volume Predictions
<b>April</b>	Early April	Spring QI Survey Distributed
	4/3/24	PICC Special Population Workgroup Session #1 (Virtual)
	4/8/24	Q1 2024 Data Pull Date
	Late April	MiShare Reports Distributed (Q1 2024 Data)
<b>June</b>	6/24/24	Q2 2024 Data Pull Date
	Late June	Mid-year 2024 Performance Indexes sent to abstractors and administrator for awareness purposes
<b>July</b>	7/23/24	July 2024 Collaborative Wide Meeting (In-person)
<b>August</b>	Early/Mid-August	2024 Sepsis Time Study
	8/13/24	PICC Special Population Workgroup #2 (Virtual)
<b>September</b>	9/23/24	Q3 2024 Data Pull Date (also used for VBR)
<b>October</b>	Early October	Fall QI Survey Distributed
<b>November</b>	11/6/2024	November 2024 Collaborative Wide Meeting (In-person)
	11/26/2024	PICC Special Population Workgroup #3 (Virtual)
<b>December</b>	Early December	HMS Coordinating Center Submits Eligible Physicians to BCBSM for VBR Incentive

Check [HERE](#) for updates to our HMS Calendar !

If you or someone on your HMS team would like to present at an upcoming Collaborative-wide Meeting or be featured in our newsletter, click [HERE](#).

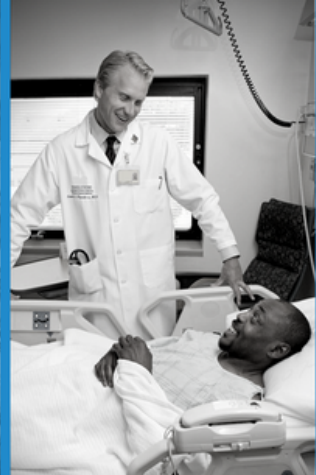
# IMPORTANT DATES

If you have someone that is in need of Clinical Data Abstractor Training on any one of these dates, the deadline for requesting enrollment in a training date is one week prior to the training date. Please reach out to your site's Quality Assurance Coordinator for more information.

2024 HMS Abstractor Training Dates		
1/11/24	5/16/24	9/19/24
1/25/24	5/30/24	10/3/24
2/8/24	6/13/24	10/17/24
2/22/24	6/27/24	10/31/24
3/7/24	7/11/24	11/14/23
3/21/24	7/25/24	11/28/24
4/4/24	8/8/24	12/12/24
4/18/24	8/22/24	
5/2/24	9/5/24	

## **2024 National Conferences**

- To view the 2024 national conferences HMS members attend and present at, click [HERE](#).
- If you would like your presentation or poster highlighted on our list of 2024 national conferences, click [HERE](#).



# HMS

MICHIGAN HOSPITAL  
MEDICINE SAFETY  
CONSORTIUM

## Contact Us!



If you have any questions, please contact:

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