



# HMS

MICHIGAN HOSPITAL  
MEDICINE SAFETY  
CONSORTIUM



# NEWSLETTER



December 2024



## MESSAGE FROM THE DIRECTOR

This year has flown by, and as I reflect on all that we have done as a Collaborative in 2024, it feels like we have accomplished a great deal. This year stands out as truly unique over the 14 years since HMS began. As a CQI, we took the opportunity to reflect on our first 14 years to chart a course for the next 14. Our first step was to revisit our mission and vision. The updated mission and vision, which we shared at our November Collaborative Wide Meeting, captured our reason for being and our aspirations for the future. Over the years, our CQI has welcomed many new faces from multiple disciplines, launched several national partnerships, generated a wealth of new knowledge to better guide the care of hospitalized medical patients, and consistently improved hospital performance across Michigan year after year. It was imperative that our mission and vision reflect the magnitude of our work as a Collaborative.

**HMS Mission Statement:** *We partner with hospitals and clinicians across Michigan to advance the quality and safety of care for hospitalized medical patients using robust clinical data, the dissemination of best practices, facilitated implementation, and the creation of new knowledge.*

**HMS Vision Statement:** *HMS will be the home and trusted partner for hospital-based medical quality and safety efforts in Michigan and serve as a national model for patient-centered, multidisciplinary, data-driven quality improvement.*

In addition to updating our mission and vision, we launched a strategic planning initiative that included input from stakeholder groups across the Collaborative. This planning process involved gathering input, conducting a rigorous assessment of our current state, and collecting ideas to advance our work while safeguarding against threats to our sustainability and growth. We learned a great deal from all of you during this process and deeply appreciate your willingness to come together and invest your time to advance our work. At our November Collaborative Wide Meeting, we shared our 2024 Strategic Plan, which will serve as a guidepost for making decisions and ensuring we are working synergistically to meet the needs of our stakeholders and, most importantly, the patients we collectively serve. Many of these strategic priorities will necessitate changes in our day-to-day operations at the Collaborative, and we at the Coordinating Center are fully aware of the challenges involved. While these changes may be demanding, they are essential for our continued growth and sustainability. We are up to the challenge!

Looking ahead, we are excited about the opportunities and challenges that lie before us. We are committed to expanding our collaborative network, fostering new partnerships, and exploring innovative approaches to quality improvement. We will continue to leverage our collective expertise and resources to address emerging healthcare issues and ensure that all our patients receive the highest standard of care.

As we prepare for the next chapter in our journey, I want to express my deepest gratitude to each and every one of you. Your unwavering dedication, passion, and collaboration are the driving forces behind our success. Together, we have built a strong foundation, and I am confident that we will achieve even greater heights in the years to come.

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



## IN THIS ISSUE

Recent Highlights .....	2-8
Abstractor Spotlights.....	9
Hospital Spotlight .....	10

### Influence of Quality

Data.....	11
QI.....	12-13
National Impact.....	14-17
Important Dates.....	18-19



@HMS MI



[linkedin.com/company/mi-hms](https://www.linkedin.com/company/mi-hms)



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

# RECENT HIGHLIGHTS

## **HMS Partners with the CDC on the NHSN Sepsis Survey Report**

On August 24, 2023, the CDC released the [Hospital Sepsis Program Core Elements](#), developed in collaboration with HMS. These core elements are a framework to assist hospitals in creating multiprofessional programs to enhance early identification, management, and outcomes for patients suffering from sepsis.

One year later, the CDC, in partnership with members of the HMS Sepsis Initiative, produced the report titled “[Hospital Sepsis Management and Practices: Findings from the 2023 NHSN Annual Survey](#).”

This report outlines the practices that U.S. hospitals have adopted to monitor and treat sepsis following the release of the CDC Hospital Sepsis Program Core Elements in 2023. The report is available online and prominently featured on the CDC's sepsis website.



## **HMS Highlighted in the AHRQ Congressional Report**

HMS received notable recognition in the [AHRQ Congressional Report on Sepsis](#), serving as an exemplary model of a voluntary program that advocates for best practices, education, and information-sharing related to sepsis.

### **8.2.2 State voluntary programs**

AHRQ identified voluntary State initiatives in 14 States; such programs promote best practices through provider education and/or hospital collaboration. See Exhibit 8.2 for a map depicting the locations of States voluntary initiatives and Appendix Table E.8.1 for more information about State-level activities and resources related to sepsis. Initiatives are most often facilitated by State hospital associations, although state health departments, universities, and other organizations have also served in this role:

- In 2021, the **Michigan Hospital Medicine Safety (HMS) Consortium** launched the **Sepsis Initiative**, fully implemented in all HMS hospitals by 2023. The Initiative aims to reduce long-term morbidity and short-term mortality through implementing best practices, education, and sharing information.<sup>140</sup>
- An initiative in Indiana developed and disseminated a toolkit to improve sepsis screening and treatment.<sup>141</sup>
- In Kansas, an initiative focused on training sessions for healthcare providers.<sup>142,143</sup>
- Other States facilitated efforts bringing hospitals and partners together to implement best practices for sepsis identification and care and mortality reduction.<sup>143,144,145,146,147,148,149,150,151,152</sup>

Several States (Rhode Island, California, Minnesota, and Wisconsin) had voluntary initiatives prior to 2016 that are not presented, as the initiatives concluded before the sampling period for this report.<sup>153,154</sup>



# RECENT HIGHLIGHTS

## **Sepsis Alliance Day on the Hill 2024**

On September 17, 2024, HMS Sepsis Quality & Patient Safety Program Manager and member of the Sepsis Alliance Board of Directors, Pat Posa, RN, BSN, MSA, CCRN, FAAN, along with many sepsis advocates, participated in Sepsis Alliance Day on the Hill 2024. They met with members of Congress in Washington, D.C., to educate and urge them to support The Sepsis Harm and Cost Reduction Act (H.R. 8078), also known as “Lulu’s Law,” a bipartisan bill with the potential to change the sepsis care landscape.



Republican Senator John James from Michigan has expressed interest in being the lead sponsor and requested data from HMS to illustrate the burden of sepsis in Michigan.

## **Georgiann Ziegler Patient Advisory Council**

Established in 2024, the Georgiann Ziegler Patient Advisory Council honors the legacy of Georgiann Ziegler, a committed patient advocate for HMS since 2015. Sadly, Georgiann passed away in 2023. To carry on her vital work and legacy, the newly established council will convene quarterly to offer guidance on various topics, such as patient education materials, communication of patient-reported outcomes, development of future measures and initiatives, and collection of patient stories for presentations. Moreover, we anticipate collaborative opportunities between the HMS Patient Advisory Council and the Michigan Emergency Department Improvement Collaborative (MEDIC) as MEDIC establishes its own patient advisory council.



*Georgiann Ziegler*



# RECENT HIGHLIGHTS

## **HMS Presents at the 2nd Annual MBSC Obesity Summit**

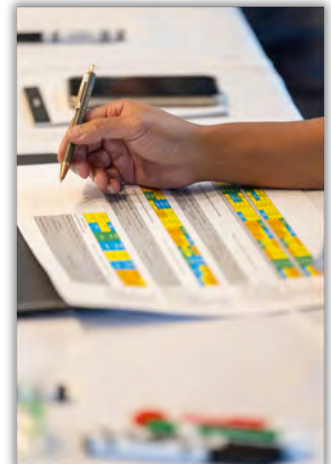
On September 20, 2024, HMS PICC Physician Lead Dr. David Paje and Program Manager Elizabeth McLaughlin, MS, RN, presented "Clinical Insights: The Hospitalized Medical Patient with Obesity" at the 2nd Annual Michigan Bariatric Surgery Collaborative (MBSC) Obesity Summit. The presentation focused on how obesity is associated with care and outcomes for hospitalized medical patients with peripherally inserted central catheters (PICCs), midlines, and community-acquired sepsis.



## **MAGIC Oncology Update**

In early 2024, HMS received a grant from BCBSM to create guidelines for the appropriate use of intravascular devices in patients with active malignancy. These guidelines will be developed using the same thorough process applied to the [Michigan Appropriateness Guide for Intravenous Catheters \(MAGIC\)](#), first published in the Annals of Internal Medicine.

On October 2, 2024, HMS leaders met with national experts in hematology/oncology, infectious diseases, interventional radiology, pharmacy, and vascular access to ensure the guidelines' rigor and to expand their impact. We aim to publish our findings in peer-reviewed journals to enhance their visibility and encourage adoption. Once the MAGIC Oncology Guidelines are released, we will share the results and publication across the entire CQI portfolio, focusing on oncology-related CQIs to ensure wide distribution and significant impact. Special thanks to Dr. Lama Hsaiky (Corewell Health) and Dr. Andrew Kin (Karmanos Cancer Center) for their participation and leadership.

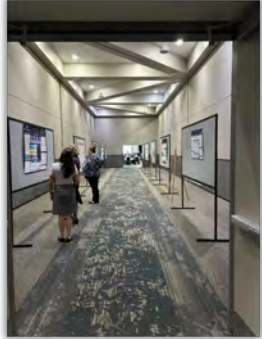
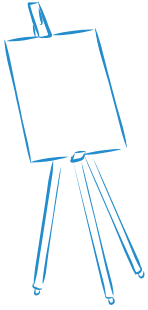




# RECENT HIGHLIGHTS

## **November 2024 Collaborative-Wide Meeting**

Our latest HMS Collaborative-wide meeting took place on November 6, 2024, at the UM-Flint Riverfront Conference Center in Flint, Michigan. We began the day with a poster presentation session, allowing sites to highlight their work and foster shared learning. This session showcased 25 posters from various hospitals and health systems.

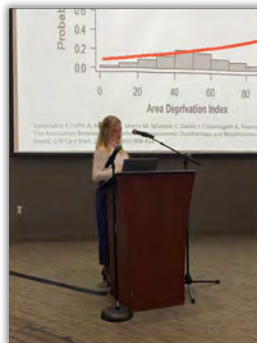


Following the success of the quality improvement workshop during the July Collaborative-Wide Meeting, we organized a similar session at this meeting. Participants collaborated based on their Electronic Medical Record (EMR) systems rather than by hospital affiliation. Hospitals exchanged their experiences on how they have utilized their EMR systems in relation to our HMS initiatives. After the workshop, we gathered in the main room to collectively discuss our findings and insights.



We concluded the meeting by breaking out into four different sessions focused on the following:

- Driving Physician Engagement through Value-Based Reimbursement and Other Strategies
- Reducing Sepsis Readmissions
- Enhancing Antimicrobial Stewardship: Leveraging The Electronic Medical Record (EMR) For Quality Improvement
- Best Practices in Sepsis Care from ED to Patient Follow-up



# RECENT HIGHLIGHTS

## **NEW HMS Strategic Plan**



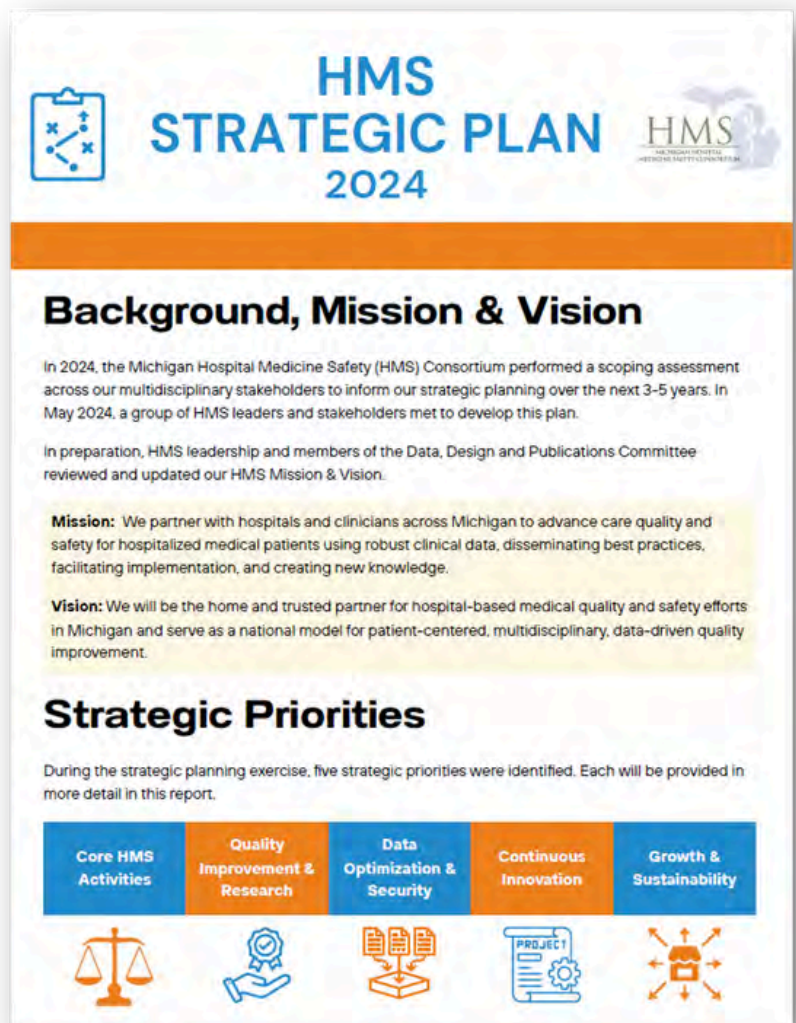
In our July newsletter, we provided insights into the HMS Strategic Planning Retreat held in May of this year. During our November Collaborative-wide meeting, we unveiled our revised mission, vision, and strategic priorities that emerged from the retreat. These strategic priorities will guide our work over the coming years. Thank you to HMS members who engaged in this process.

**Mission:** We partner with hospitals and clinicians across Michigan to advance care quality and safety for hospitalized medical patients using robust clinical data, disseminating best practices, facilitating implementation, and creating new knowledge.

**Vision:** We will be the home and trusted partner for hospital-based medical quality and safety efforts in Michigan and serve as a national model for patient-centered, multidisciplinary, data-driven quality improvement.

### **Strategic Priorities**

- Core HMS Activities
- Quality Improvement & Research
- Data Optimization & Security
- Continuous Innovation
- Growth & Sustainability



To request a copy of our HMS Strategic Plan, please contact Casey Gould at [cbodenmi@med.umich.edu](mailto:cbodenmi@med.umich.edu).

# STRATEGIC PLANNING & UPDATES

In 2024, the Michigan Hospital Medicine Safety (HMS) Consortium conducted a comprehensive scoping assessment involving our diverse multidisciplinary stakeholders to guide our strategic planning for the next 3-5 years. Subsequently, in May 2024, a team of HMS leaders and stakeholders convened to craft this strategic plan. To improve communication and transparency regarding the implementation of this plan, we will feature several key updates in each of our newsletters.

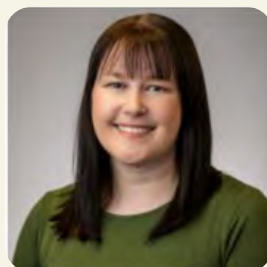
## New Coordinating Center Staff Structure

To better support HMS member hospitals, the Coordinating Center underwent restructuring in 2024. Members will now interface with multiple Coordinating Center staff members depending on the nature of their request.

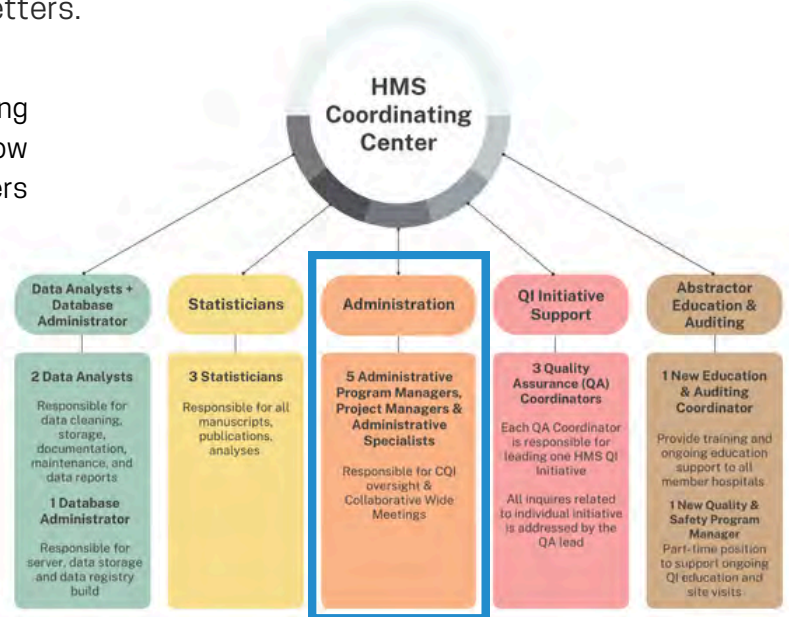
## Who is HMS Administration?



Elizabeth McLaughlin, MS, RN  
HMS Program Manager



Tawny Czilok, MHI, BSN, RN  
HMS Assistant Program Manager



### How do I support you?

- General CQI & HMS questions
- Program administration
- Pay for performance program
- Value based reimbursement
- Strategic planning & partnerships
- Opportunities for increased engagement in CQI
- Scholarly work
- Requests to join HMS committees

### How do I support you?

- General HMS questions
- High level abstraction/initiative-specific questions
- Abstraction case volumes
- FTE model
- Time study inquiries
- Database upgrade inquiries
- Performance measure inquiries



Casey Gould, BBA  
Administrative Specialist Associate



Jennifer Minock, MHA  
Project Senior Manager

### How do I support you?

- First contact for Collaborative Wide Meeting logistics
- Meeting attendance questions
- Contact information updates
- First contact for registry login issues
- First contact for access to live data reports

### How do I support you?

- General HMS questions
- Social media inquiries (i.e. X, LinkedIn, etc)
- Website usability/functionality
- Second contact for registry login issues
- Second contact for access to live data reports
- Patient Reported Outcomes (PROs) related questions
- Health Equity related questions
- Quality Improvement (QI) survey related questions
- Site visit/Grand Rounds related questions



Jennifer Horowitz, MA  
Research Area Specialist Lead

### How do I support you?

- Engagement in scholarly work
- Inquiries regarding HMS Data Use & Publications Policy
- ROAD Home initiative questions
- MAGIC\* Oncology initiative questions



# RECENT HIGHLIGHTS

## **PICC/Midline Initiative Transitions to Maintenance Phase**

As improvement in PICC/Midline performance has plateaued and PICC-related complications are infrequent, the initiative will shift to maintenance starting in 2025. A subset of PICC and Midline data will be assessed in the sepsis registry for critical care and ward patients, enabling ongoing assessment of data trends and guiding future vascular access quality improvement efforts. This initiative will be removed from the 2025 performance index scorecard. Key changes include:

- The number of abstractor FTEs will stay the same, with PICC/Midline cases substituted by additional antimicrobial cases.
- We will start gathering data on observation-only patients alongside inpatients.
- The abstraction requirement for ABX cases will be adjusted to align with the 1.0 FTE requirement.



*To all hospitals that participated in these workgroups!*

## **PICC Special Population Workgroups**

In 2023, HMS members identified two patient populations—critical care patients and those with active malignancies—where optimizing the use of vascular devices poses significant challenges due to the scarcity of national guidelines. To bridge this gap, HMS has collaborated with experts in critical care and hematology/oncology to assess the specific needs of these patients and to create suitable usage guidelines through joint workgroups. These discussions and case evaluations concluded on November 26, 2024. The next steps are to compile and disseminate the insights and findings to the entire Collaborative for wider application.

## **Key Takeaways**

### **Active Malignancy**

- Device Choice
  - Depends on type of cancer (i.e., solid tumor vs acute leukemia)
- Medication Delivery
  - If medication requires intermittent delivery, can lumen be used for multiple purposes
- Central Access
  - Can peripheral devices be used to mitigate the use of multi-lumen devices
- Reimbursement Considerations
  - Ports are often placed as outpatient procedure
- Education Needs
  - Documentation/list of irritants vs. vesicants

### **Critical Care**

- Device Choice
  - Variability in vascular access device choice/recommendations
- Policy Variability
  - Difference in policies regarding ICU vascular access device appropriateness
- Stocked Lines
  - Differences in types of lines stocked in ICUs, i.e. only stocks triple lumens
- De-Escalation Policy
  - Identified a need for vascular access device de-escalation policies
- Education Needs
  - Lack of consistent or reliable approach for trainees



# PICC/Midline & ABX Abstractor Spotlight



**Chad Schultz, RN**  
*Holland Hospital*

Chad Schultz is a Performance Improvement Analyst RN for the Quality Department of Holland Hospital in Holland, MI. Chad initially graduated with a BA in teaching, and later obtained a nursing degree from Muskegon Community College. He started his nursing career at Hospice of Holland as an admissions nurse for five years. He then spent three years in the Care Management department at Holland Hospital as a Care Transitions nurse. In 2021, he joined the Quality team, working as an abstractor for the Hospital Medicine Safety (HMS) Consortium and assisting with data reporting for various committees.

Chad loves spending time with his family, whether on vacations or out in the yard. His wife and three children enjoy watching family videos he creates of their times together. Chad also enjoys baking and perfecting various pizzas and breads.

When asked for tips on improving efficiency and data abstraction quality, and what he enjoys most about being part of HMS, Chad shared the following insights:

- Use Word documents for worksheet forms used for initially recording abstraction data, rather than paper. It feels like there is less eye strain and it is easier for me to add and edit data.
- I enjoy being part of something that is designed to bring better short- and long-term patient outcomes through the evaluation and implementation of best practices. The flexibility is also very nice!

# Sepsis Abstractor Spotlight



**Katie Ruffner, RN**  
*Holland Hospital*

Katie and her husband live in Zeeland with their two kids and a Golden Retriever named Dexter. They love to travel and spend most of their summers on their boat on Lake Michigan. Katie graduated from Muskegon Community College and has been a nurse for over 10 years. Her career began at an LTACH, and she quickly moved into Home Health Care/Hospice. The reward of helping patients be successful in their homes is what Katie enjoyed most. She has been at Holland Hospital since 2013 and has been a part of the Quality Team for three years. She is the sole abstractor for HMS Sepsis at Holland Hospital and enjoys working closely with its Sepsis Team to continue improving the care of their patients.

When asked for tips on improving efficiency and data abstraction quality, and what she enjoys most about being part of HMS, Katie shared the following insights:

- Take your time to get to know your EMR.
- Work on memorizing and understanding the questions.
- Find a process that works for you. I go through the abstraction forms a certain way. It helps me get through the EMR quickly and efficiently.
- Utilize areas where you can modify your search criteria. I go through things on a daily search to minimize the amount of information that I am looking at.
- 

HMS abstraction can be a lot, but being a part of a positive change within my hospital makes the work exciting and enjoyable. We all want to care for our patients appropriately, and being a part of the process to ensure that we do that is rewarding.

# Hospital Spotlight

## *Holland Hospital*

Holland Hospital is a 189-bed facility located in Holland Michigan with over 2,000 employees. Holland Hospital has served the West Michigan lakeshore region since 1917, earning national recognition for delivering top quality care, exceptional patient experiences and superior value.



### **PICC/Midline/ABX TEAM STRUCTURE**

Chad Schultz, RN	PICC/Midline/ABX Abstractor
Dr. Thomas Pfothenhauer	HMS Physician Champion
Kate Hubber	Performance Improvement Manager

### **SEPSIS TEAM STRUCTURE**

Katie Ruffner, RN	Sepsis Abstractor
Dr. Thomas Pfothenhauer	HMS Physician Champion
Melissa Durfee	ED Project Manager
Chelsea Lubben	Director, Inpatient Physician Operations
Adam March	Manager, Float Team and Clinical Projects

### **2024 Priorities**

- Increasing awareness for new providers on improving the CAP 5-Day performance measure, particularly with antibiotic orders at discharge. Analyzing antibiotic fallouts.
- Making changes to ensure that we met the sepsis measures by gaining access to the many different EMR systems used by our affiliated PCP offices as well as other area Hospital System EMRs.
- Added a statement in our discharge paperwork of who the patients should call if they had any questions prior to their follow up appointment.

- Possible addition of an abbreviated list of criteria for UCAP antibiotic use to Power Plans to increase exposure to these HMS guidelines.
- Continue to improve how we are doing with the sepsis antibiotic measure and improve our balanced solution use. We are in the process of implementing a Sepsis Alert (like a code Sepsis) which will give our Triage nurses the ability to prioritize the patient and obtain key labs if they meet certain criteria. This alert also has a step by step on the key things that need to be completed which includes the use of balanced solutions over NS.
- Continuing education to staff and providers regarding timely antibiotics and use of balanced solutions.

### **2025 Priorities**

# INFLUENCE OF QUALITY

## Data

### 2025 Performance Index is Now Accessible

The approved 2025 Performance Index for all hospitals is now available on the HMS website. Click [HERE](#) to view the index. Additionally, the final 2026 Value-Based Reimbursement (VBR) Measures are approved from BCBSM and can be found on the HMS website. We have developed a new VBR measure for critical care physicians focused on transitions of care out of the ICU. Click [HERE](#) for further details on the 2026 HMS VBR Measures.

Details on these new measures were presented during the Collaborative Wide Meeting on November 6, 2024, and in three virtual informational sessions led by HMS Program Manager, Elizabeth McLaughlin. To access the slides from these sessions, please click [HERE](#).

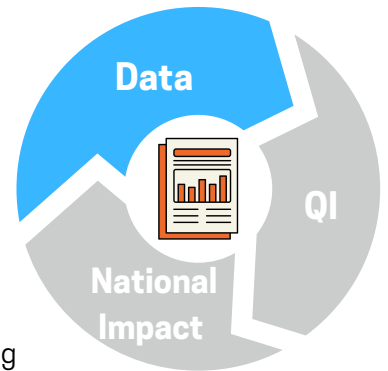
The main updates to the 2025 HMS Performance Index are as follows:

- Credit will be awarded for attending one Collaborative-wide meeting. Previously, no credit was awarded for attending one meeting.
- The antimicrobial measure reducing use of inappropriate empiric broad-spectrum antibiotics for patients with uncomplicated CAP has been removed from the scorecard and transitioned to maintenance
- The antimicrobial measure reducing use of antibiotics in patients with questionable pneumonia has been removed from the scorecard and transitioned to maintenance
- The antimicrobial measure reducing use of antibiotics in patients with asymptomatic bacteriuria (ASB) has been transitioned to a Collaborative-wide Measure
- One new Sepsis Measures have been introduced for all sites:
  - Increase use of Balanced Solutions over Normal Saline in Patients with Sepsis

Optional Bonus Points are listed below.

BONUS

Optional Bonus Points*			
Optional	5	<b>Participation Bonus Points:</b> Each site has the option of earning up to 5 bonus points toward their participation metrics (1-3) during the performance year. Each opportunity for bonus points is highlighted below with their point allowance: <ul style="list-style-type: none"><li>• Emergency Medicine Physician<sup>17</sup> attendance at the 2 in-person Collaborative Wide Meetings convened during the performance year (July &amp; November) – 5 points</li><li>• Present HMS data or about HMS at a national meeting (with approval)<sup>18</sup> – 3 points</li><li>• Emergency Medicine Physician<sup>17</sup> attendance at 1 in-person Collaborative Wide Meeting convened during the performance year (July OR November) – 2 points</li><li>• Present at an HMS meeting, event, or webinar during the performance year<sup>19</sup> – 2 points</li></ul>	5
Optional	2.5	<b>Performance Bonus:</b> Increase success of Patient Reported Outcomes (PROs – phone, email, or text) collection in patients eligible for PROs completion in Antimicrobial Use Cases <sup>8,20</sup>	
		≥ 85% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases <sup>20</sup>	2.5
		80-84% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases <sup>20</sup>	2
		75-79% success of Patient Reported Outcomes (PROs) collection in Antimicrobial Use cases <sup>20</sup>	1.5
Optional	2.5	<b>Performance Bonus:</b> Increase success of Patient Reported Outcomes (PROs – phone, email, or text) collection in patients eligible for PROs completion in Sepsis Cases <sup>8,20</sup>	
		≥ 70% success of Patient Reported Outcomes (PROs) collection in Sepsis cases <sup>20</sup>	2.5
		65-69% success of Patient Reported Outcomes (PROs) collection in Sepsis cases <sup>20</sup>	2
		60-64% success of Patient Reported Outcomes (PROs) collection in Sepsis cases <sup>20</sup>	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).			





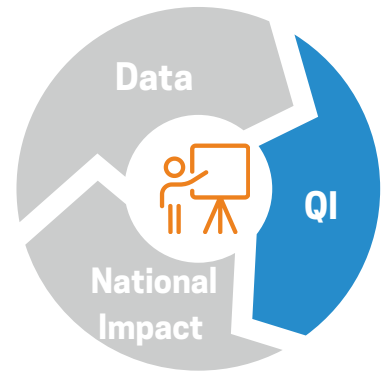
# INFLUENCE OF QUALITY

## Quality Improvement

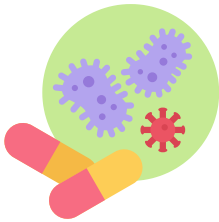
### Site Visits

Since July, we have conducted three site visits at member hospitals:

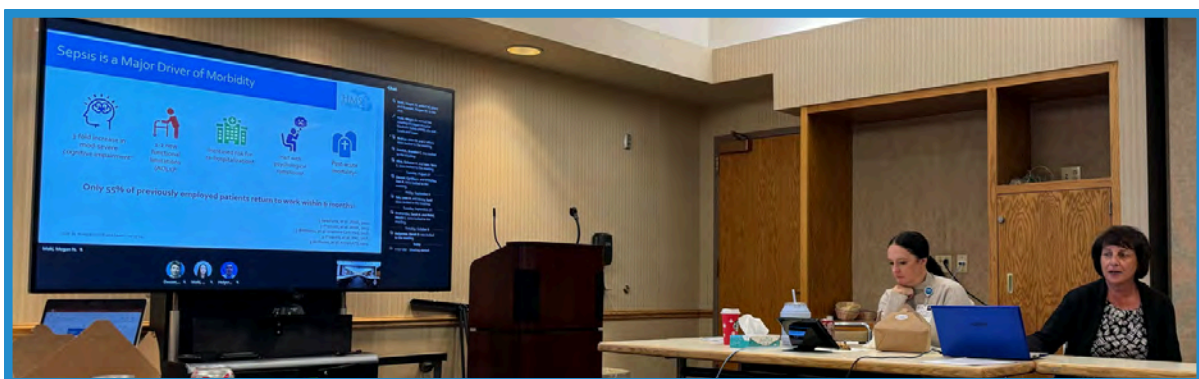
- OSF St. Francis Hospital - ABX & Sepsis Combined
- McLaren Flint - Sepsis Only
- McLaren Greater Lansing - Sepsis Only



At OSF St. Francis, Dr. Lindsay Petty, HMS Antimicrobial (ABX) Physician Lead, discussed the diagnosis and management of asymptomatic bacteriuria (ASB) and urinary tract infections (UTI) in hospitalized patients and reviewed appropriate treatment selection/duration for patients with Community-Acquired Pneumonia (CAP). Pat Posa, RN, BSN, MSA, CCRN, FAAN, HMS Sepsis Quality & Patient Safety Program Manager, discussed the early identification and treatment of sepsis patients and examined their performance in our measures.



Dr. Lindsay Petty presenting at OSF St. Francis



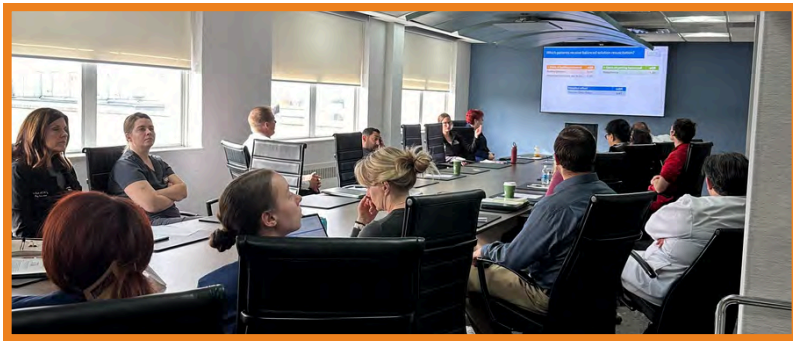
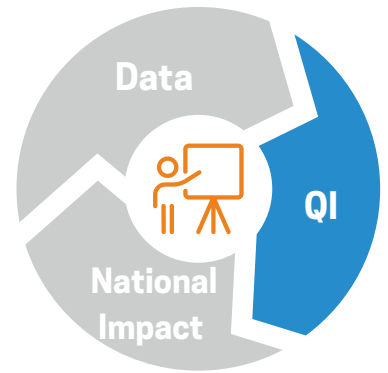
Pat Posa presenting at OSF St. Francis

These enlightening sessions focused on enhancing engagement and improving clinical outcomes through a strong emphasis on evidence-based practices. By fostering direct connections with healthcare professionals, a collaborative atmosphere was cultivated, encouraging the exchange of questions and shared experiences to address common challenges encountered in hospital settings. The discussions not only identified areas for improvement but also motivated participants to implement changes in their own practices, all while collectively striving to elevate the quality of patient care for all.

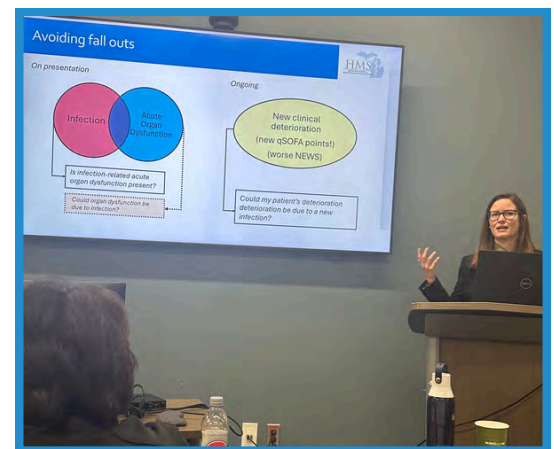
# INFLUENCE OF QUALITY

## Quality Improvement

Both site visits to McLaren Flint and McLaren Greater Lansing focused on the early identification and treatment of patients with sepsis. Dr. Hallie Prescott, HMS Sepsis Physician Lead, presented a Grand Rounds-style presentation that covered literature updates and best practices for antimicrobial timing, fluid resuscitation volume, optimal fluid type, and the use of peripheral vasopressors for patients with sepsis. Additionally, the HMS team conducted a tracer throughout the hospital. During this tracer, a team member portrayed a simulated patient, allowing us to "walk the process" from the Emergency Department to the ICU and patient floors, while addressing the care of a sepsis patient and interacting with nursing staff and providers. Staff members shared what is functioning effectively and offered feedback on the barriers and challenges they encounter. This process provides valuable insights into the entire patient flow and identifies potential opportunities for improving care transitions for both receiving and handing off patients.



McLaren Flint



Dr. Hallie Prescott presenting at McLaren Greater Lansing

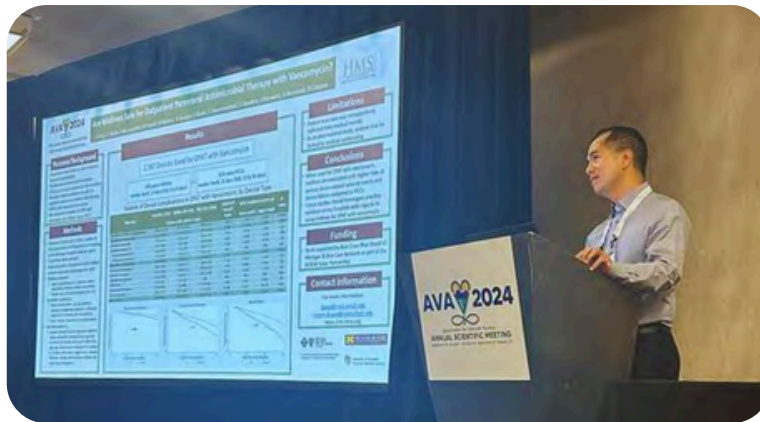
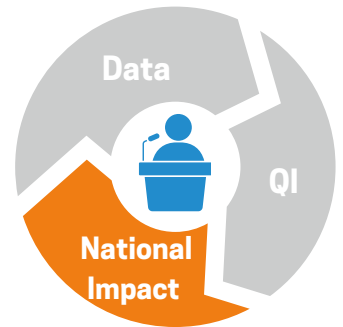
The site visits were highly interactive, fostering an environment where hospital staff could share their experiences and challenges in implementing best practices. Attendees appreciated the opportunity to engage in meaningful discussions about optimizing patient outcomes through evidence-based approaches. Feedback from these site visits highlighted the importance of ongoing education and collaboration among healthcare teams to drive quality improvement and enhance patient safety. As we continue our efforts, we remain committed to supporting our member hospitals with resources and expertise to achieve sustainable advancements in patient care.

# INFLUENCE OF QUALITY

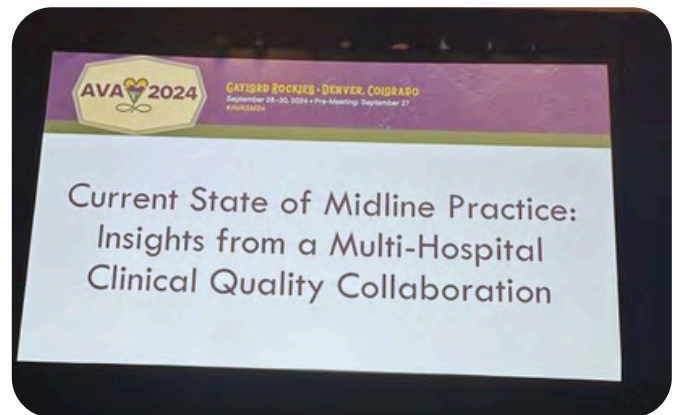
## Driving HMS Quality Efforts Nationally

### **HMS @ AVA 2024!**

HMS members attended the Association for Vascular Access Annual Scientific Meeting in Denver, CO from September 28-30, 2024. See below for highlights.



Dr. David Paje presented his poster on the safety of vancomycin use via midline devices in patients with outpatient antimicrobial therapy.



Drs. Vineet Chopra, David Paje, and Michael Stern (Corewell Health) presented on the HMS Midline Initiative.

**SAVE THE DATE**

**2025**



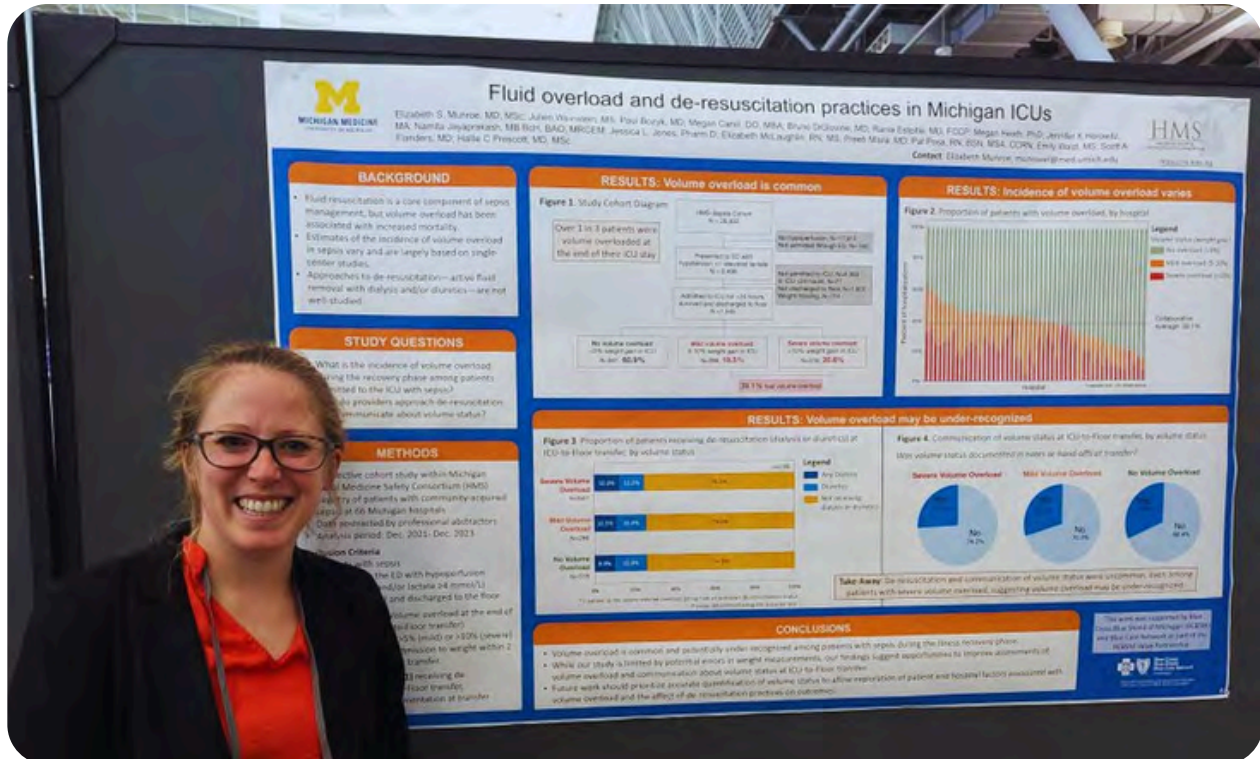
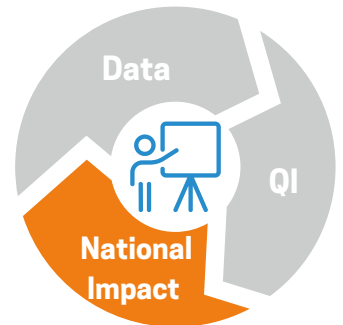


# INFLUENCE OF QUALITY

## Driving HMS Quality Efforts Nationally

### HMS @ CHEST 2024!

HMS attended CHEST 2024 in Boston, MA, from October 6-9, 2024. See below for highlights.



Dr. Elizabeth Munroe presented her poster on fluid overload and de-resuscitation practices across Michigan hospitals

Dr. Elizabeth Munroe's paper, "[Use and Outcomes of Peripheral Vasopressors in Early Sepsis-Induced Hypotension Across Michigan Hospitals: A Retrospective Cohort Study](#)," and a complementary editorial by Dr. Ian Barbash titled, "[Real World Data on Peripheral Vasopressors in Septic Shock](#)," were published in the April edition of CHEST.

- Dr. Munroe's paper was also selected for the April feature [Chest Journal Podcast](#).
- Lastly, she has been invited to present this work at the CHEST 2025 Annual Meeting.



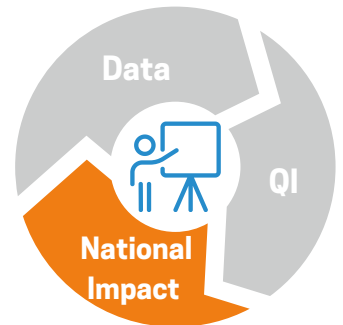
October 19-22, 2025 | Chicago, IL

# INFLUENCE OF QUALITY

## Driving HMS Quality Efforts Nationally

### HMS @ ID Week 2024!

HMS attended CHEST 2024 in Los Angeles, CA, from October 16-19, 2024. See below for highlights.



Dr. Valerie Vaughn presented on diagnostic stewardship & shared a poster presentation on characteristics/outcomes associated with ASB among patients with neurogenic bladder



October 19-22, 2025 | Atlanta, GA

## Driving HMS Quality Efforts Nationally

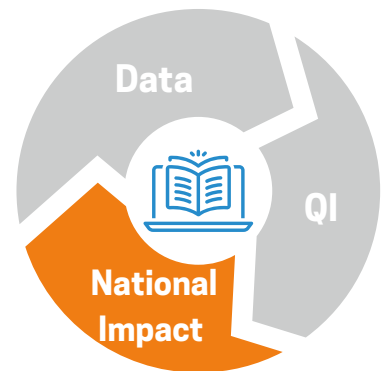
### **HMS Publications - Since July 2024**

Paje D, Walzl E, Heath M, McLaughlin E, Horowitz JK, Tatarcuk C, Swaminathan L, Kaatz S, Malani AN, Vaughn VM, Bernstein SJ, Flanders SA, Chopra V. Midline vs Peripherally Inserted Central Catheter for Outpatient Parenteral Antimicrobial Therapy. JAMA Intern Med. 2024 Nov 11:e245984. doi: 10.1001/jamainternmed.2024.5984. Epub ahead of print. PMID: 39527077; PMCID: PMC11555572.

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

Vaughn VM, Dickson RP, Horowitz JK, Flanders SA. Community-Acquired Pneumonia: A Review. JAMA. Published online September 16, 2024. doi:10.1001/jama.2024.14796.

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





# IMPORTANT DATES

## **2025 HMS Specific Dates**

*\*Dates subject to change*

<b>January</b>	01/19/25 @ 6:30 pm	Case volumes and case abstraction due for the 2024 Performance Year
	Early February	Data reports distributed (Q4 2024 Data)
<b>February</b>	Mid-late February	2024 performance indexes sent to abstractors and administrators for review before submissions to BCBSM
	Mid February	Spring QI survey distributed
	02/28/25	Final 2024 pay for performance scorecards due to BCBSM
<b>March</b>	03/01/25	VBR Incentive begins for eligible specialty physicians for 2025
	03/19/25	March 2025 Collaborative Wide Meeting (Virtual)
	Mid-March	Case volume queries distributed to inform 2025 data abstraction payments
<b>April</b>	04/07/25	Q1 2025 data pull date
	Late April	Data reports distributed (Q1 2025 Data)
<b>June</b>	06/23/25	Q2 2025 data pull date
	Late June	Mid-year 2025 performance indexes sent to abstractors and administrator for awareness purposes
<b>July</b>	07/16/25	July 2025 Collaborative Wide Meeting (In-person)
<b>August</b>	Early/Mid-August	2025 antimicrobial & sepsis time study
<b>September</b>	09/22/25	Q3 2025 data pull date (also used for VBR)
<b>October</b>	Early October	Fall QI survey distributed
<b>November</b>	11/05/25	November 2025 Collaborative Wide Meeting (In-person)
<b>December</b>	12/19/25	HMS Coordinating Center Submits Eligible Physicians to BCBSM for VBR Incentive

### **2025 National Conferences**

- To view the 2025 national conferences HMS members attend and present at, click [HERE](#).
- If you want your presentation or poster highlighted on our list of 2025 national conferences, click [HERE](#).

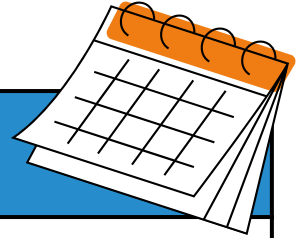
Check [HERE](#) for updates to our HMS Calendar !

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 who requires Clinical Data Abstractor Training on any of these dates, the deadline for requesting enrollment in a training date is one week before the training date. Please reach out to the coordinating center for more information.

## 2025 HMS Abstractor Training Dates



1/9/25

4/3/25

9/18/25

1/23/25

4/17/25

10/2/25

2/6/25

5/1/25

10/16/25

2/20/25

5/15/25

10/30/25

3/6/25

5/29/25

11/13/25

3/20/25

6/12/25

12/11/25

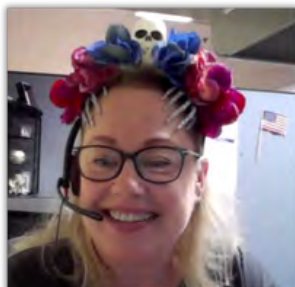
Be on the lookout for abstractor office hours with HMS Education Specialist, Rebecca Mayer. These usually take place on a training date without trainees.



Check out the fun from the Halloween office hours!



Rebecca Mayer, HMS Education Specialist



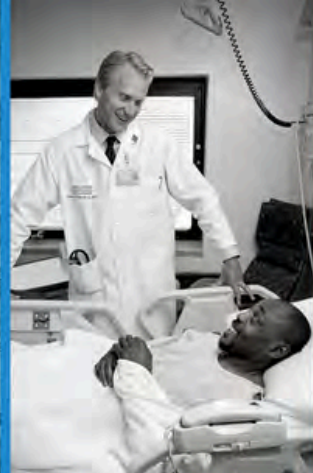
Susan Reitzel  
McLaren Bay Region



Kimberly Harman  
Promedica



Lisa Snapper  
UM-Health West



# HMS

MICHIGAN HOSPITAL  
MEDICINE SAFETY  
CONSORTIUM

## Contact Us!



If you have any questions, please contact:

Jennifer Minock, MHA  
HMS Project Manager  
[cjennife@umich.edu](mailto:cjennife@umich.edu)

Elizabeth McLaughlin, MS, RN  
HMS Program Manager  
[emcnair@umich.edu](mailto:emcnair@umich.edu)



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association

Support for the Michigan Hospital Medicine Safety Consortium is provided by Blue Cross and Blue Shield of Michigan (BCBSM) as part of the BCBSM Value Partnerships program. BCBSM's Value Partnerships program provides clinical and executive support for all CQI programs. Although Blue Cross Blue Shield of Michigan and HMS work collaboratively, the opinions, beliefs and viewpoints expressed by the author do not necessarily reflect the opinions, beliefs and viewpoints of BCBSM or any of its employees.