



## Summer 2025 Newsletter



### IN THIS ISSUE

Recent Highlights .....	3-11
Strategic Plan & Updates .....	12-13
Member Spotlight .....	14-16

### *Influence of Quality*

Data .....	17
Quality Improvement.....	18-19
National Impact .....	20-22
Important Dates .....	23-24



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# MESSAGE FROM THE PROGRAM DIRECTOR



It was wonderful to see you at our July Collaborative Wide Meeting. At the heart of the Michigan Hospital Medicine Safety (HMS) Consortium is our shared commitment to improving patient care through data-driven, collaborative quality improvement (QI). This mission truly relies on the leadership, insight, and active engagement of each of you. Your enthusiasm and collaboration were evident throughout the meeting, and I hope you left with new ideas, strategies, and inspiration to bring back to your own teams.

Your involvement in translating our data into actionable steps that enhance the care of our patients is key to our success within HMS. As we prepare to launch new initiatives, including our critical care effort in 2026, I encourage each of you to remain actively engaged: attend meetings, participate in QI discussions, share your frontline observations, and champion evidence-based changes within your teams. Your clinical perspective is vital in translating data and guidelines into meaningful bedside improvements.

By working together—across disciplines, institutions, and communities—we not only advance performance measures but also enhance patient experiences and outcomes in ways that numbers alone cannot capture. Your leadership continues to drive these successes, and I am grateful for your partnership in this important work.

As delivering high-quality healthcare becomes increasingly challenging, I want to reassure you that, as a Collaborative, we remain steadfast in our commitment to support one another—even in times of limited resources. Through our shared work, we have a unique and valuable opportunity to learn from each other's experiences and insights, strengthening our efforts to improve patient care together.

Thank you for your dedication to making care safer, more effective, and truly patient-centered.

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

# RECENT HIGHLIGHTS



## Georgiann Ziegler Patient Advisory Council


To date, we have convened two meetings of the Georgiann Ziegler Patient Advisory Council. Our goal is to meet quarterly, engaging a diverse group of patients and caregivers to provide valuable insights, perspectives, and feedback on various HMS initiatives—particularly those focused on Pneumonia, Urinary Tract Infection, and Sepsis.

Our immediate priority is to gather input on our patient-reported outcomes (PROs) processes and survey questions, with the aim of increasing the accuracy and effectiveness of data collection. This feedback is essential to ensure that our improvement efforts align with outcomes that truly matter to patients. Incorporating patient advocates in the development and evaluation of our initiatives is vital to guiding our future direction. Additionally, we are committed to empowering patients and caregivers to share their experiences and perspectives with providers across Michigan, ultimately enhancing the quality of care statewide.

We are still seeking representatives from Northern Michigan and those of diverse ethnic and racial backgrounds; if you know anyone who might be interested, please have them reach out to Caitlin Tatarcuk at [caitliro@med.umich.edu](mailto:caitliro@med.umich.edu).

## HMS is Now on BlueSky!

HMS is excited to announce our presence on the new social media platform, BlueSky, which has gained popularity within the medical community. If you're on BlueSky, be sure to follow us, and we'll follow you back!

[\\_@hms-mi.bsky.social](https://bsky.app/profile/_@hms-mi.bsky.social) 



# RECENT HIGHLIGHTS



## New Critical Care Initiative

In 2026, HMS will be launching a new quality improvement initiative focused in critically ill patients.

### Critical Care Initiative Leadership



Elizabeth Viglianti, MD, MPH, MSc



Paul Bozyk, MD



Pat Posa, RN, BSN, MSA, CCRN, FAAN

### Tentative Critical Care Initiative Timeline



**March – May 2025**  
Cohort Identification  
& Variable  
Determination

**July – Sept 2025**  
Database Build

**Sept – Dec 2025**  
Test Registry with  
Volunteer Abstractors  
– User Experience Pilot

**Jan – March 2026**  
Database Refinements  
Post-Pilot

**April – May 2026**  
Abstractor Training

**June 2026**  
Data Collection  
Starts for all Sites

## HMS at AVA 2025!

Dr. David Paje, HMS PICC Physician Lead, and Lama Hsaiky, BD, PharmD, BCPS, Antimicrobial Stewardship Program Lead for Corewell Health will be presenting during a breakout session, “Appropriate use of Vascular Access Devices in Patients Hospitalized with Cancer and/or For Cancer-related Treatments” at AVA 2025 on September 20<sup>th</sup> from 4:45-5:45PM. If you’re going, you don’t want to miss this!





# RECENT HIGHLIGHTS



## **March 2025 Collaborative Wide Meeting**

We virtually held our March 2025 Collaborative Wide Meeting on March 19, 2025. Dr. Scott Flanders and Elizabeth McLaughlin commenced the meeting by sharing essential updates and underscoring the human impact of HMS' efforts. The agenda included a heartfelt story from sepsis survivor and nurse Kristin Baffo, a review of sepsis data presented by Dr. Hallie Prescott and updates on antimicrobial treatments from Dr. Tejal Gandhi. Keynote speaker Dr. Natasha Bagdasarian emphasized Michigan's dedication to enhancing healthcare quality.

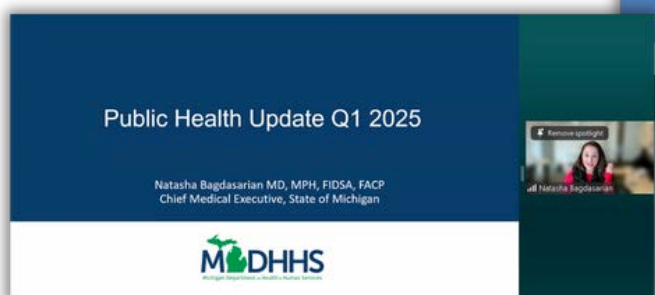
Dr. Flanders introduced Kristin Baffo, a sepsis survivor and nursing manager, who shared her challenging experience with severe health issues. Kristin's story highlighted the significant physical, emotional, and cognitive challenges patients encounter and underscores the need for effective care coordination and empathetic communication in healthcare. Her experience emphasized the importance of involving patients and families in care planning and the lasting effects of critical illness.

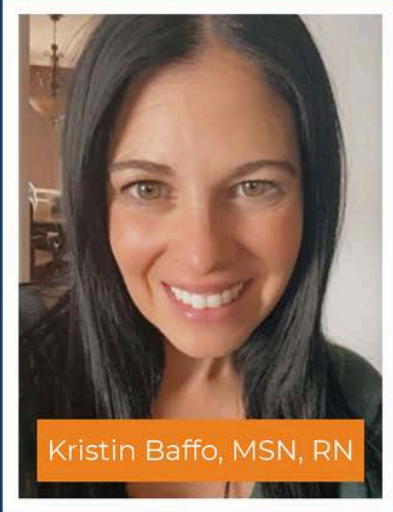
We held interactive sessions that covered a range of topics, including new guidelines for UTI treatments, successful sepsis care improvements in Michigan hospitals, and innovative toolkits for vascular access in oncology and ICU patients. These sessions promoted peer learning and the exchange of strategies aimed at improving patient outcomes.

Dr. Flanders highlighted HMS's national engagement, with upcoming presentations at major conferences and a boost in social media outreach. He announced a new ICU care initiative scheduled to launch in 2026, with support from key stakeholders such as Blue Cross Blue Shield of Michigan.

We had the pleasure of hosting Dr. Natasha Bagdasarian, Chief Medical Executive for the State of Michigan. Dr. Bagdasarian addressed current public health challenges, including declining vaccination rates and emerging threats such as H5N1 and Candida auris. She stressed the need for clinical awareness and proactive public health strategies.

Dr. Flanders commended the meeting's impactful discussions, highlighted ongoing advancements in sepsis and antimicrobial measures, and encouraged continued collaboration and feedback to enhance healthcare delivery across the state. The meeting reinforced the HMS collaborative's commitment to improving patient-centered care through data-driven methods and interdisciplinary teamwork.





Kristin Baffo, MSN, RN

**nurse leader.  
sepsis survivor.  
patient advocate.**

“

I believe we have a real opportunity to improve the post-sepsis experience for patients - preparing them for the reality of sepsis recovery.

KRISTIN BAFFO, MSN, RN

”



## More on Kristin's Story

### **A Sudden Turn in Health**

Kristin Baffo, a dedicated nursing manager and mother of three, was known for her strong health and rarely required medical attention. Her life took a drastic and unexpected turn when she became critically ill and was unable to secure a timely medical appointment. Forced to seek emergency care, she endured an exhausting 18-hour stay in the ER — 12 of those hours waiting for an ICU bed. Eventually diagnosed with sepsis, her condition was far more severe than initially recognized. The experience left Kristin disoriented and unable to advocate for herself — a jarring role reversal for someone deeply familiar with the healthcare system.

### **The Challenges of Recovery**

Surviving sepsis took a heavy toll on Kristin emotionally, physically, and cognitively. Despite her medical expertise, she felt unprepared for the disorientation that followed, especially post-discharge when key follow-up care was missing. Recovery was slow and frightening, with persistent mental fog and limited progress. Only through the support of her healthcare community was she eventually able to access the care she needed.

### **A Voice for Change**

Kristin's later, planned hospital visit highlighted how coordinated care and communication can transform patient experiences. Now serving as a patient advisor for HMS, she draws on her journey to advocate for compassionate, patient-centered care — especially during transitions from hospital to home. Her story underscores the urgent need for systemic improvements in post-sepsis care and discharge planning.

## **Welcome, New HMS Team Member!**

In June, HMS welcomed a new team member, Lubna Hossain. Lubna is an Analyst in the Division of Hospital Medicine, Department of Internal Medicine at Michigan Medicine. Prior to joining the HMS Coordinating Center, Lubna worked as a Social and Clinical Research Specialist at the Carolina Center for Health Informatics. She holds a master's degree in public health with a concentration in epidemiology from the University of North Carolina at Chapel Hill. Her background in public health research encompasses cancer epidemiology, community behavioral health, injury and violence prevention, and health informatics, while being centered on disproportionately impacted populations. She is passionate about leveraging data science tools and evidence-based methods to advance health equity.



## **HMS Has Rebranded!**

We proudly introduced our new HMS logo at the Collaborative Wide meeting on July 16, 2025. In 2024, we developed our strategic plan, which lays out our goals for the next five years, and refreshing our brand was essential to reinforcing that vision. Moreover, we are in the process of updating our website to provide a more contemporary appearance, enhanced accessibility, and improved features.

## **Team Bonding in Action** 🍷

In June, our coordinating center came together for an invigorating off-site event centered around connection, collaboration, and a dash of friendly competition. From ice-breaker challenges to strategy-based games, the atmosphere was electric and filled with laughter. Whether we were solving puzzles, tackling high-ropes courses, or sharing stories over snacks, the day served as a wonderful reminder of the strength of teamwork! Staying connected as a team ensures that we can fully support our HMS members!





# RECENT HIGHLIGHTS



## July 2025 Collaborative Wide Meeting

Our recent HMS Collaborative Wide meeting took place on July 16th at Frederik Meijer Gardens in Grand Rapids. This meeting aimed to maintain our focus on health system-level collaboration while also offering opportunities for interactive learning and peer exchange.

Sage Greenlee, PharmD, BCIDP, Clinical Pharmacy Specialist, ID from Henry Ford Macomb and Amy Beaulac, PharmD, BCPS, Clinical Pharmacy Specialist, ID from Henry Ford West Bloomfield (shown below) presented on the Impact of Transition of Care Antimicrobial Stewardship Interventions on Discharge Prescriptions for Uncomplicated CAP.



A key component of the agenda was an interactive working group session. Participants were organized into groups that consisted of hospitals with similar bed sizes and resource levels. Our objective was to promote meaningful and relevant discussions that addressed the operational realities and challenges faced by hospitals with comparable capacity and infrastructure. Insights gained from this session informed various breakout discussions in the afternoon, some of which concentrated on health system-level issues, while others delved into additional topics related to hospital-level quality improvement (QI) efforts.



Dr. Scott Kaatz, Henry Ford Main



# RECENT HIGHLIGHTS



## July 2025 Collaborative Wide Meeting (cont'd)

In the afternoon, we led a series of breakout sessions:

- ✎ Discharge Care Coordination Measure Updates
  - Presenters reviewed changes to the measure for the 2026 Performance Year and shared supporting research.
  - Best practices and literature were discussed to guide implementation.
  - Participants had time to reflect on how they could apply these updates within their own systems.

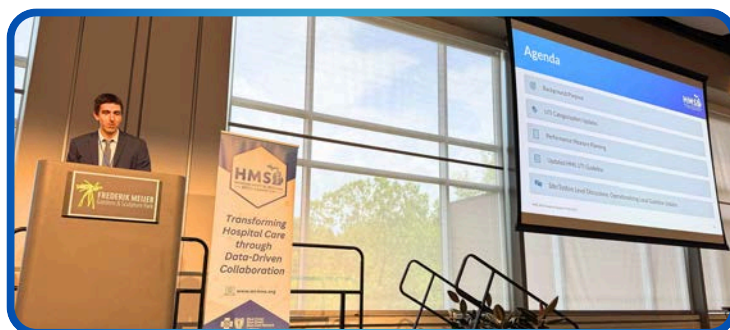
- 📌 Preparing for Updated UTI Guidelines
  - Attendees explored alignment strategies for upcoming IDSA urinary tract infection guidelines.
  - The session covered updated UTI categorizations, performance measures, and treatment recommendations.
  - Participants collaborated to begin integrating these updates into their local clinical operations.

- 🏥 Improving Sepsis Care in the Emergency Department
  - HMS hospitals participated in a panel sharing quality improvement initiatives to enhance sepsis care.
  - The discussion centered on early identification, timely treatment, and effective transitions within the ED.
  - Strategies and evaluations focused on practical improvements and clinical outcomes.

- 👨‍⚕️ Boosting Physician Engagement
  - The session focused on enhancing physician engagement with HMS Value Based Reimbursement measures.
  - Maintenance of Certification (MOC) credit opportunities were introduced as a new incentive.
  - A Q&A allowed attendees to exchange ideas and ask questions about implementation strategies.



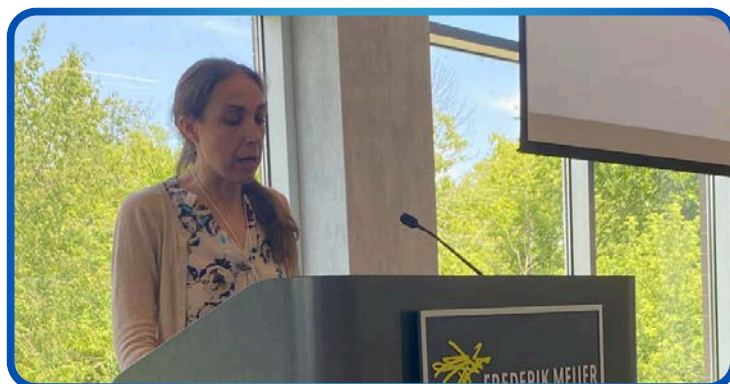
Group Discussions



Dr. Matthew Steinberger, HMS ABX Resource Expert



Dr. Megan Cahill, Henry Ford Macomb



Dr. Anna Conlon, Michigan Medicine



# RECENT HIGHLIGHTS



## July 2025 Collaborative Wide Meeting (cont'd)

The day also included a 2 hour abstractor appreciation and education session with a focus on patient reported outcomes (PROs).



HMS Data Abstractors

The session aimed to sincerely express our gratitude for the remarkable dedication and hard work demonstrated by our abstractors in support of patients throughout Michigan. They not only gather the essential data required to develop best practices aimed at reducing adverse events, but they also actively contribute to quality improvement activities within their hospitals.

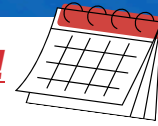


# THANK YOU

# RECENT HIGHLIGHTS



**September is SEPSIS Awareness Month!**



## **Unite for Sepsis Symposium**

Join Sepsis Alliance, in partnership with the Grainger College of Engineering and the Carle-Illinois College of Medicine, for the Unite for Sepsis Symposium on September 8-9 at the University of Illinois at Urbana-Champaign.

Pat Posa, RN, BSN, MSA, CCRN, FAAN, HMS Quality and Patient Safety Program Manager, and Stephanie Parks Taylor, MD, MSc. J Griswold Ruth M.D. and Margery Hopkins Ruth Research Professor of Internal Medicine Chief, Division of Hospital Medicine University of Michigan will both be presenting.



## **Sepsis Alliance Summit 2025**

Sepsis Alliance Summit returns for a 6<sup>th</sup> year this September! This free, virtual 2-day conference (September 24-25) features insightful, innovative presentations from a diverse group of experts, including clinicians, researchers, innovators, and key leaders in the field. HMS Physician Member, Dr. Namita Jayaprakash, Associate Medical Director - Quality and Safety, Emergency Medicine Physician Lead - Henry Ford Health Sepsis Program, will be presenting a session on Day 2 at 3:55P EST - Hospital Acquired Sepsis. Click on the Agenda to view sessions.

## **Sepsis Fundamentals**

Sepsis Alliance Presents: Sepsis Fundamentals is a free multi-part foundational curriculum designed to establish a strong knowledge of key sepsis concepts for nurses and other healthcare professionals, including sepsis coordinators.

HMS Physician lead, Dr. Hallie Prescott is a program speaker!



SEPSIS ALLIANCE PRESENTS:  
SEPSIS FUNDAMENTALS

**Transforming Knowledge into Action:  
Essential Sepsis Training**

Sepsis remains the leading cause of death in U.S. hospitals. Rapid recognition and response are critical to improving sepsis survival rates.

Sepsis Alliance Presents: Sepsis Fundamentals is a free multi-part foundational curriculum designed to establish a strong knowledge of key sepsis concepts for nurses and other healthcare professionals, including sepsis coordinators.

Curriculum includes:  
Sepsis Epidemiology  
Sepsis Recognition  
Sepsis Diagnosis and Treatment  
Sepsis Recovery  
Sepsis Quality Improvement and Patient Safety

This free, self-paced curriculum provides RN CE credits and a course completion certificate.

**Scan the QR Code to  
start learning today**



# STRATEGIC PLANNING & UPDATES



## HMS Strategic Plan Updates

Over the last year, HMS has been working to operationalize our collaborative strategic plan. One of the priorities is provided more targeted approaches to facilitate quality improvement across membership.

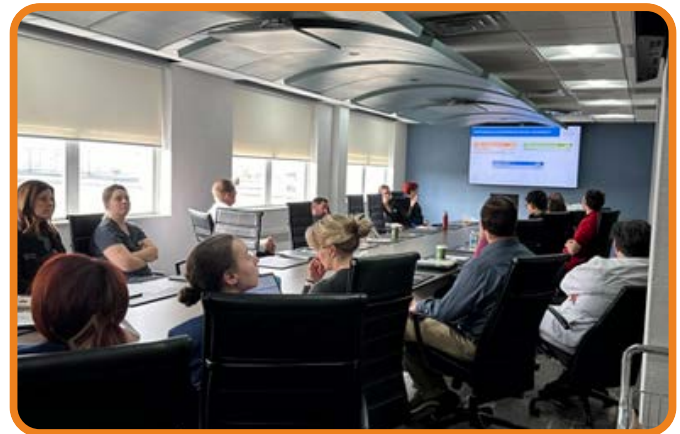
### Site Visits & Mentorship

To enhance quality improvement among lower-performing sites for a given initiative, we will prioritize the following actions:

- Conduct site visits for low-performing participating hospitals
- Develop and implement facilitated QI mentorship cohorts, offering built-in support from the Coordinating Center and regular check-ins
- Facilitate the ROAD Home trial and disseminate key findings to the collaborative

To date, we have conducted 4 site visits at member hospitals. The purpose of a sepsis site visits are to provide an objective assessment and evaluation of your hospital's sepsis performance, processes, policies, and practices to identify areas for quality improvement to enhance patient safety, satisfaction, and outcomes.

***"We are noticing a positive change already after your visit!"***



### Sample Agenda

7:00 - 8:00 AM - Sepsis Grand Rounds Presentation

8:15 - 8:45 AM - Morning Meeting - Review the purpose and goals for the day. Learn about sepsis QI work to date.

9:00 - 11:45 AM - Sepsis Tracer - HMS presents as a sepsis patient and performs a live sepsis simulation starting in the Emergency Department following the patient to the Intensive Care and the Floor

12:30 - 1:00 PM - Debrief Meeting - Review high-level observations and potential opportunities found during each area of the tracer.

### Post Visit

After the visit HMS completes a summary of our findings. Additionally, we will schedule a 6-month meeting post visit to follow-up.



***"The grand rounds provided fantastic information supporting the [HMS] quality initiatives."***

# STRATEGIC PLANNING & UPDATES



## 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 the HMS Data Team?

### Data Analysts



Harsh Bhandari, MS  
Database Analyst/Programmer



Lubna Hossain, MPH  
Database Analyst/Programmer

### How do we support you?

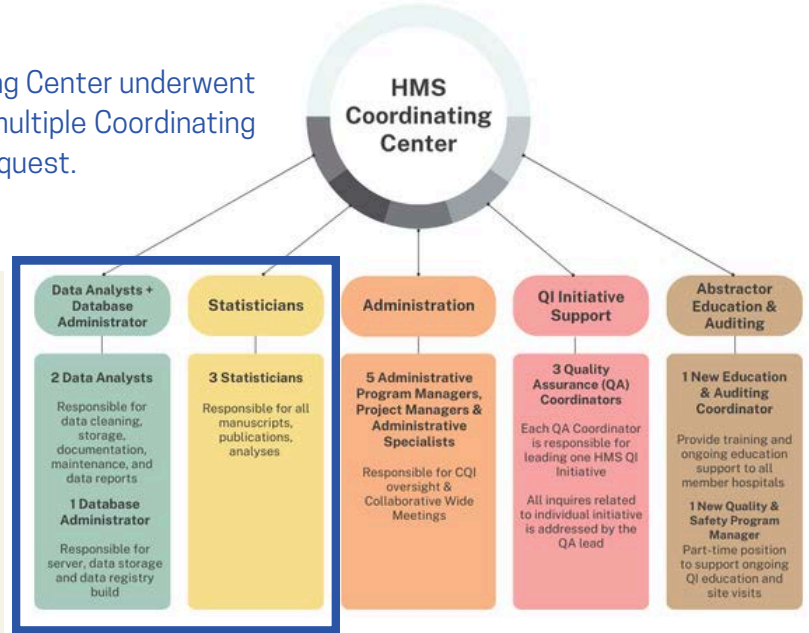
- Development and refinement of data reports
- Data requests
- Inquiries/questions related to data reports
- Facilitation of requests to modify reports
- Assistance with access to site specific data for local QI projects, manuscripts or abstracts
- Identify and refine quality measures
- Assist with registry builds and upgrades



Michael Hess  
Database Administrator

### How do I support you?

- Develop and manage the data registry infrastructure
- Maintain security of data infrastructure
- Consult with members on data registry access issues



### Statisticians



David Ratz, MS



Emily Walzl, MS



Megan Heath, PhD

### How do we support you?

- Statistical expertise for abstracts and/or manuscripts
- Provide explanations on the adjusted model used to assess hospital performance
- Analyze data entered into the registry to identify trends, opportunities for improvement and successes.
- Identify and refine quality measures
- Complete analyses to disseminate across the collaborative and at National forums

# Meet Kristina!

Kristina's nursing career began in 2013, and she has been with MyMichigan Health for over nine years. She spent the bulk of her early career in critical care/progressive care resource pool nursing and earned a handful of specialty certifications and degrees along the way. From 2021 to 2023, she split her time between bedside care and HMS Sepsis abstraction, before fully transitioning to CQI work in late 2023. Her specific CQI role evolved as she layered in increasingly more substantial and refined goals to align with the system's developing needs.

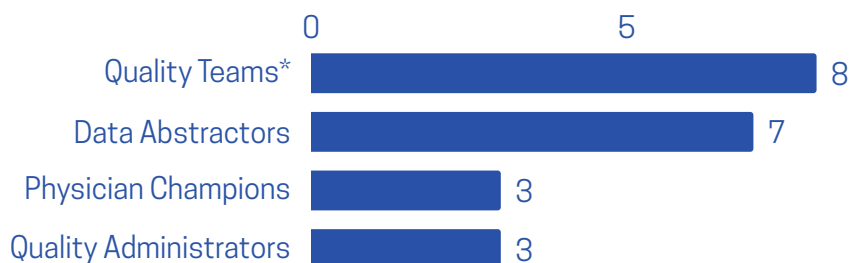


**Kristina Cook, RN**  
MyMichigan Health

Kristina plays a vital role in supporting healthcare teams at multiple MyMichigan Health Hospitals, such as those in **Alma**, **Alpena**, **Midland**, **Saginaw**, and **Sault**. We were excited to learn more about her contributions to the HMS quality improvement initiatives throughout her system by asking her a few questions about her role. We hope our members will find valuable tips and insights to boost their own quality improvement efforts.



### # of Teams Kristina Collaborates with Across 5 Hospitals



\*QI teams - Sepsis huddle, sepsis champions, sepsis committee, sepsis workgroup, sepsis sub-workgroup, several A3 project teams

### What is your current role at HMS?

My role as Lead Data Specialist RN is multi-faceted and developing over time. The overarching theme of my current role is that I leverage being part of a system of several sites all working on the same goals, so I work to streamline our abstraction and QI workflows.

The best part about her involvement with HMS is the opportunity to collaborate with experts at HMS and across the broader collaborative.



### **What are the main responsibilities and tasks you handle on a daily basis?**

Some of my main responsibilities at present include:

- maintaining our sepsis abstraction team's system-based abstraction model, and abstracting a small volume of sepsis cases as needed
- supporting quality improvement work by validating, prioritizing, and sharing site- and system-level HMS data with various committees, workgroups, and performance improvement project teams on a regular basis
- optimizing patient lists and other components of the EMR enhance abstraction workflows
- actively participate on a workgroup dedicated to significantly enhancing our system sepsis program.

One of my favorite things to be part of is collaborating with HMS Coordinating Center to give user feedback and suggestions to enhance the tools we all can benefit from – live reports, data checks, definitions.

### **How do you ensure high data quality and minimize errors in your quality improvement work?**

Our abstraction teams have developed a culture of accuracy and transparency in our abstraction practices. We follow up conference calls with small team meetings to close the loop on any remaining questions we may have, we share valuable audit and ticket feedback, and work through data pull checklists every quarter. We help each other with efficiency and sources of truth.

To ensure high-quality data for quality improvement work, we strive to be as timely and complete as possible, and to validate our “passing” and “fallout” cases for each measure. Observe for trends and variations to prioritize where to focus quality improvement efforts.

### **How do you keep track of and manage different HMS priorities across participating MyMichigan hospitals, and how do you collaborate with healthcare professionals in these efforts?**

We mitigate competing priorities by prioritizing our performance measures from a system-level perspective. Rather than having a performance improvement project for each site that is not meeting a measure, there is a single project looking at the data for all 5 of our sites. For example, one of our sepsis abstractors, Karrie Mungin, is leading a system-based A3 project for the 2025 performance measure #5, to increase antibiotics delivered in 3 hours of arrival to patients presenting with hypotension. The project participants represent multiple disciplines (physicians, pharmacists, nurses, etc) and sites across our system. The benefits to this approach are extensive, as multiple of our participating sites have room for improvement in this measure, and the implemented changes can be applied in our non-participating inpatient sites and emergency departments.

### **How do you engage and motivate healthcare staff to actively participate in quality improvement efforts, and how do you handle resistance?**

My perspective is that most healthcare staff want to participate in quality improvement efforts but find themselves stuck behind competing priorities. Removing barriers is key.

For our abstractors, we try not to “reinvent the wheel”. So, one abstractor may lead a system-based quality improvement project based on a priority performance measure, while another takes the lead on an HMS site visit. The results of both will feed back to the system.

In both cases, the lead is approachable and helpful with the member site staff, which significantly reduces resistance. Further, when staff know their efforts will feed back to the system, that tends to be a great motivator.

### **What skills or traits do you believe are essential for success in your role, and what advice would you give to someone aspiring to excel in this field?**

I would say some of the most important skills are organization, communication, Excel knowledge, analytical skills, work ethic, approachability, flexibility, and willingness to collaborate. Always have short- and long-term goals that align with the site and system goals.

If you or your health system is interested in learning more about Kristina's system model for quality improvement, please contact the Jennifer Minock, [cjennife@umich.edu](mailto:cjennife@umich.edu).

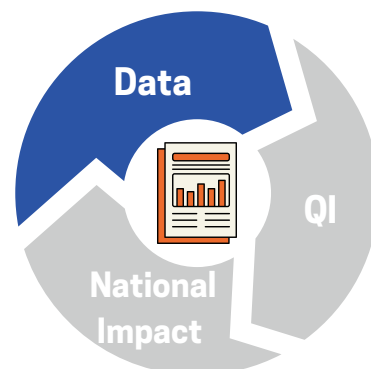


## Data

### Sepsis System-Level Report Updates

We are excited to announce our recent collaboration with Kristina Cook at MyMichigan Health, resulting in enhancements to our sepsis performance measure system-level reports. These updates aim to support users in their quality improvement initiatives within their hospitals. Below are the key modifications made to the report:

- **Site-Level Filter Added:**
  - You can now select specific sites for inclusion in the report. Selections made will apply to all tabs in this report.
    - Note: This filter is functional on every tab except for the “Raw Rate Comparison” tab.
- **Current Quarter Displayed:**
  - The ongoing quarter (Q3 2025) has been incorporated into the raw score percentage in charts and data tables.
- **Separate Tables for Raw Scores:**
  - Raw scores have been organized into distinct tables presented side-by-side.
- **Color-Coding for Adjusted Scores:**
  - Adjusted scores in the report are now color-coded for easier interpretation.
- **New PROs Tab:**
  - We have added a new tab for Patient-Reported Outcomes (PROs).



### NEW REPORT! Sepsis Outcomes

A new report has just been released in the Sepsis registry – the SEP-Outcomes report. This report was introduced during the May Sepsis Abstractor Conference Call. We are still refining the tabs containing the aggregated data, so stay tuned for further updates! In the meantime, we would like to share the tab that presents the Outcomes Information by Case, enabling users to access this valuable data. The following information is available by case:



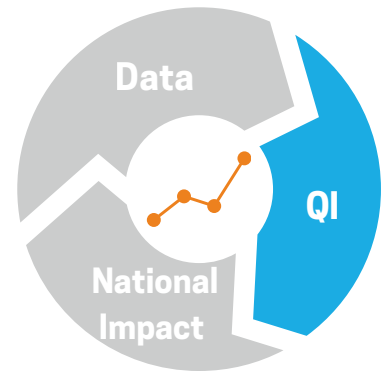
<p>This page shows outcomes information for all sepsis cases entered into the registry for your hospital system. Information in the chart is displayed in chronological order from left to right, reflecting information entered upon arrival to post-discharge. Included in this table is information on performance measures (whether the patient passed, failed, or was not eligible for a performance measure), ADLs, length of stay, discharge status, rehospitalization, and mortality.</p> <p>Data in this table can be filtered by the following variables:</p> <ul style="list-style-type: none"> <li>* In-Hospital Quarter</li> <li>* Discharge Month/Year</li> <li>* Measure #6 Passing or Failed</li> <li>* Measure #6 Passing or Failed</li> <li>* Measure #7 Passing or Failed</li> <li>* Mortality - In-Hospital, within 30 Days, within 60 Days</li> <li>* Rehospitalization - within 30 Days, within 60 Days</li> <li>* Healthy Sepsis Cases</li> </ul> <p>To filter the data shown in the table, simply click on the variables that you would like to filter by in the bar at the top of the report, select the information that you would like to display, then click "OK." The table should automatically update to reflect your choices.</p> <p>* Number of ADLs reported as partial or fully dependent, and mortality</p>											
HMS ID	Cycle	Quarter	Hospital Encounter Date	Primary Discharge Diagnosis	Measure #6 (ABX in 3 Hrs)	Measure #7 (Balanced Fluids)	Number of ADLs reported as partial or fully dependent on admission*	Number of ADLs reported as partial or fully dependent at discharge*	Hospital Length of Stay	Discharge Date	Discharge Status
<p>* Number of ADLs reported as partial or fully dependent: Out of 6 core ADLs (walking, bathing, dressing, toileting, transferring, and managing medications), how many were reported as partial or fully dependent.</p>											
Discharge Status		Measure #6 (Discharge Coord.)		Rehospitalization		Date of First Rehospitalization		Mortality		Date of Death	



## Quality Improvement

### Facilitated Implementation

In response to requests from abstractors for enhanced quality improvement (QI) training, the HMS Sepsis team initiated a Facilitated Implementation program. This program aimed to boost hospitals' performance on HMS 2025 Performance Measure 5: *Increase Antibiotics Delivered within 3 Hours of Arrival for Sepsis Cases with Hypotension*



### **Program Overview**

This program equipped participants with the essential skills for executing an A3 process, which included data collection and review, process mapping, setting SMART goals, conducting root cause analyses, developing and implementing countermeasures, and planning for follow-up. Participants engaged in six monthly meetings where they shared their progress and explored new quality improvement (QI) tools. Monthly homework assignments aimed to ensure that each individual would complete a comprehensive A3 project by the program's conclusion.

### **HMS Facilitators:**

- Pat Posa, RN, BSN, MSA, CCRN, FAAN – Quality and Patient Safety Program Manager
- Abby West, MSN, APRN – Quality Assurance Coordinator, Sepsis Co-Lead



### **The following hospitals participated voluntarily:**

Corewell Health Grosse Pointe  
Corewell Health Lakeland  
Corewell Trenton  
Garden City Hospital  
Henry Ford Main  
Henry Ford Wyandotte  
Hillsdale Hospital  
Karmanos Cancer Center

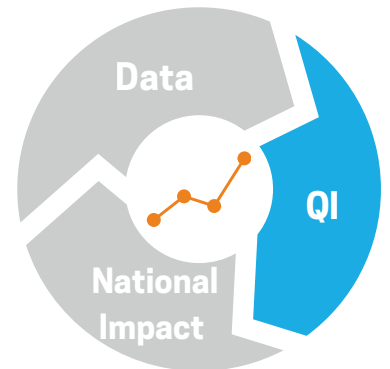
Lake Huron Medical Center  
McLaren Flint  
McLaren Greater Lansing  
McLaren Macomb  
McLaren Port Huron  
MyMichigan Medical Center  
Saginaw  
Trinity Grand Rapids

## Quality Improvement

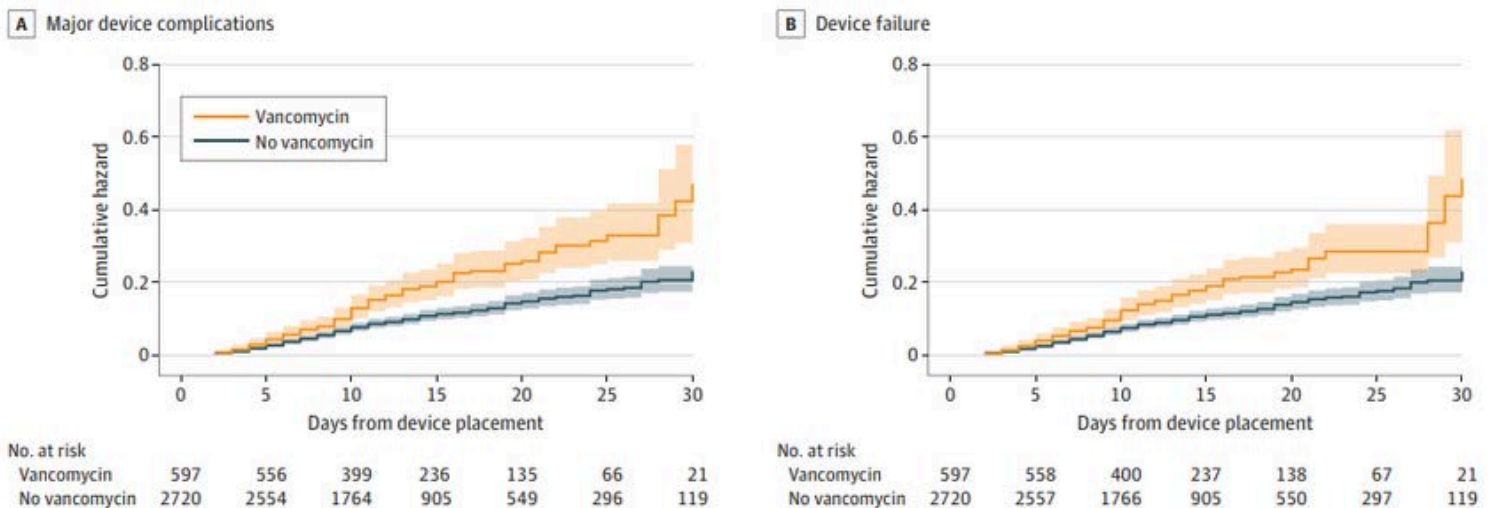
### HMS Data In Action!

On July 21, 2025 we published a research letter in JAMA Internal Medicine based on findings from the HIMS-PICC/midline catheter initiative suggesting that midline catheters are safe for administration of peripherally-compatible Outpatient Parenteral Antibiotic Therapy (OPAT) with a lower risk of serious device-related complications compared to PICCs. However, midline catheters are not optimal for OPAT with antimicrobials that are known to irritate the vascular endothelium, such as vancomycin. The risks of serious device-related events and device failure are higher when vancomycin OPAT is delivered through midline catheters compared to PICCs.

HMS will be hosting a webinar (10/8/25) to review the data on OPAT and safety concerns regarding administration of vancomycin via midline catheters. This webinar is open to individuals at all HMS hospitals who are involved in prescribing and administering OPAT, including members of the vascular access team, quality specialists, hospitalists, interventional radiologists and nurses.



**Figure. Cumulative Hazard Curves of Patients Receiving Outpatient Parenteral Antimicrobial Therapy (OPAT) Through Midline Catheters, by Receipt of Vancomycin**



Paje D, Walzl E, Heath M, et al. Safety of Vancomycin Use Through Midline Catheters for Outpatient Parenteral Antimicrobial Therapy. JAMA Intern Med. Published online July 21, 2025. doi:10.1001/jamainternmed.2025.3110



**October 8, 2025 at 3:00 PM EST**

HMS will be hosting a webinar to review the data on OPAT and safety concerns regarding administration of vancomycin via midline catheters. We will also be discussing safe alternatives to vancomycin OPAT. Use the QR code to the left to REGISTER.



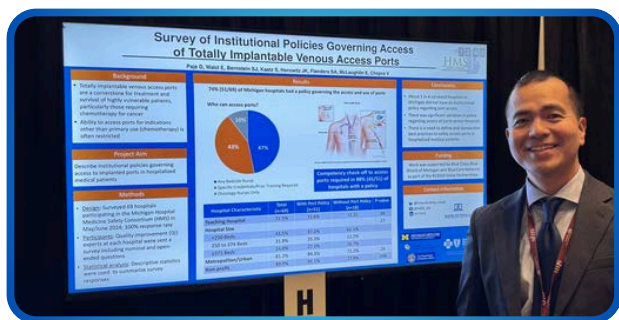
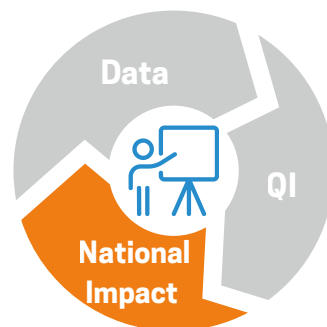
# INFLUENCE OF QUALITY



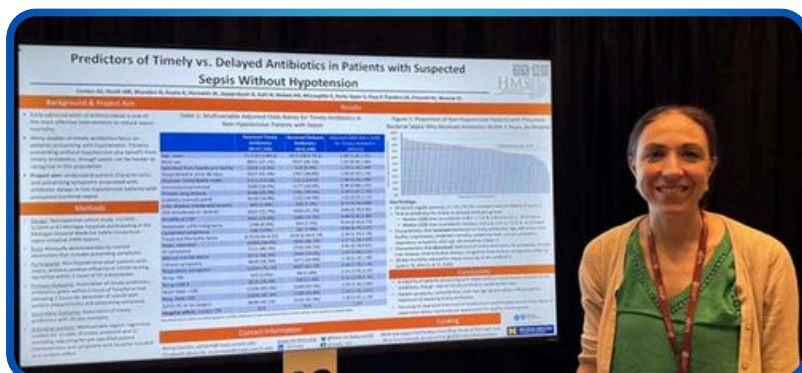
## Driving HMS Quality Efforts Nationally

### HMS@SHM 2025!

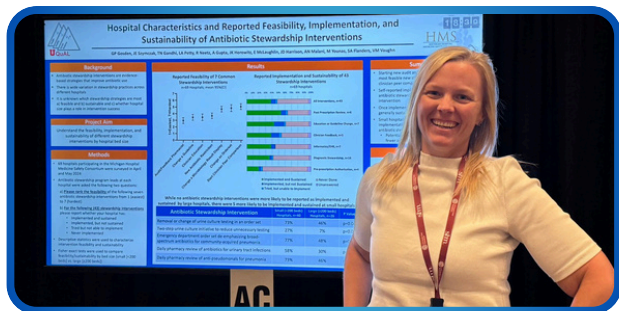
HMS members attended the Society of Hospital Medicine's Converge 2025 Conference in Las Vegas, NV, from April 22 to 25, 2025. See below for highlights.



Dr. David Paje, HMS PICC physician lead, presented on Access Policies for Totally Implantable Ports



Dr. Anna Conlon, Michigan Medicine, presented on Timely Antibiotics in Non-Hypotensive Sepsis Patients



Dr. Valerie Vaughn, HMS ABX physician expert, presented her poster on the Feasibility & Sustainability of Antibiotic Stewardship Interventions



Dr. Stephanie Burdick, Corewell Health Grand Rapids, shared how to tackle clinical complexity.



Dr. Scott Kaatz, Henry Ford Health, led a session on perioperative anticoagulation & antiplatelet management.

## SAVE THE DATE

shm.  
**CONVERGE**

Nashville, TN

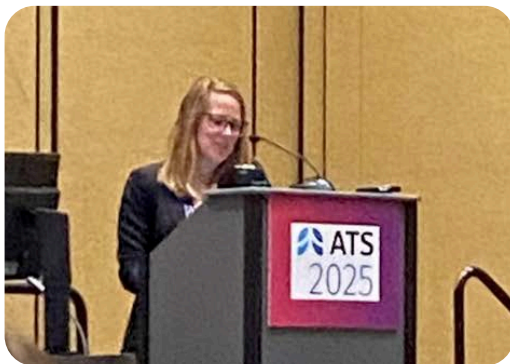
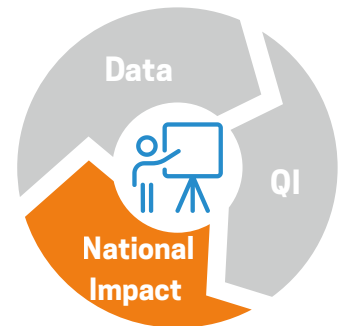
March 29 - April 1, 2026



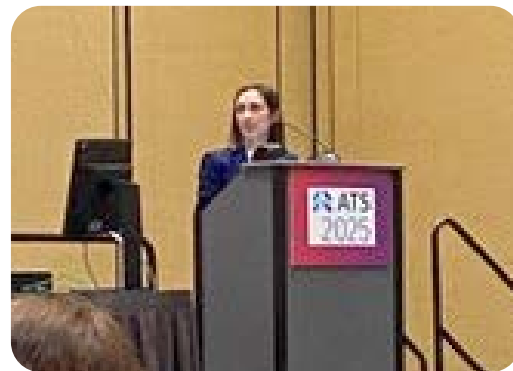
## Driving HMS Quality Efforts Nationally

### HMS@ATS 2025!

HMS members attended the American Thoracic Society's 2025 International Conference in San Francisco CA, from May 17-21, 2025. See below for highlights.



Dr. Elizabeth Munroe shared findings on timely antibiotic treatment in patients with sepsis-induced hypotension



Dr. Claire Shappell data suggesting that despite guidelines treating viral and bacterial sepsis the same, viral sepsis patients often receive less guideline-recommended care.



ATS 2026

# Save the Date

May 15 - 20 • Orlando, FL



Click below to register today!

**REGISTER NOW**



October 19 to 22, 2025 | Chicago, Illinois



## Driving HMS Quality Efforts Nationally

### HMS Publications - 2025

Paje D, Walzl E, Heath M, et al. Safety of Vancomycin Use Through Midline Catheters for Outpatient Parenteral Antimicrobial Therapy. JAMA Intern Med. Published online July 21, 2025. doi:10.1001/jamainternmed.2025.3110

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

Saravolatz L, Gandhi TN, Vaughn VM, Ratz D, Horowitz JK, Gupta A, McLaughlin E, Czilok T, Weinmann A, Paje D, Malani AN, Burdick S, Osterholzer D, Flanders SA, Petty LA. Target Trial Emulation of Empiric Antibiotics on Clinical Outcomes in Moderately Immunocompromised Patients Hospitalized with Pneumonia. Clin Infect Dis. 2025 Jul 2:ciaf344. doi: 10.1093/cid/ciaf344. Epub ahead of print. PMID: 40601818.

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

Prescott HC, Heath M, Jayaprakash N, et al. Concordance of 30-Day Mortality and In-Hospital Mortality or Hospice Discharge After Sepsis. JAMA. Published online April 09, 2025. doi:10.1001/jama.2025.2526.

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

Cagino L, Walzl E, et al. Goals of Care Assessment during Hospitalization for Sepsis. Annals of the American Thoracic Society. 2025 April 1. Epub ahead of print.

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

(Commentary) Paje D. The Achilles' Heel of Midline Catheters. JAMA Netw Open. 2025;8(3):e251268. doi:10.1001/jamanetworkopen.2025.1268.

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

Hechtman R, Heath ME, Horowitz JK, et al. Epidemiology and management of sepsis among previously healthy patients. CHEST Critical Care. 2025 March 12. DOI: 10.1016/j.chstcc.2025.100148.

- [Abstract](#)
- [PlumX Metrics](#)



# IMPORTANT DATES



## HMS Specific Dates

*\*Dates subject to change*

<b>August</b>	Early/Mid-August	2025 Antimicrobial and Sepsis Time Study
<b>September</b>	9/22/25	Q3 2025 Data Pull Date (also used for VBR)
<b>October</b>	Early October	Fall QI Survey Distributed
	10/8/2025	OPAT Vancomycin Webinar from 3-4PM EST
<b>November</b>	11/5/2025	November 2025 Collaborative Wide Meeting (In-person)
<b>December</b>	12/19/25	HMS Coordinating Center Submits Eligible Physicians to BCBSM for VBR Incentive

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

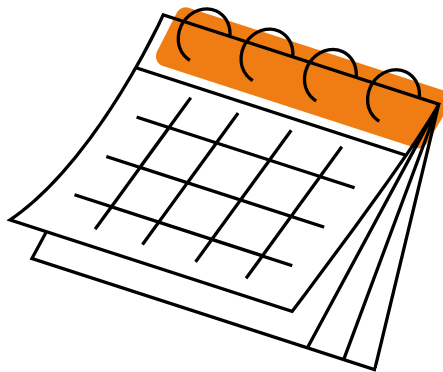
If you or someone on your HMS team would like to present at an upcoming Collaborative-wide Meeting or be featured in our newsletter, click [HERE](#).

# IMPORTANT DATES



If you have someone 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	
8/21/25	10/16/25
9/4/25	10/30/25
9/18/25	11/13/25
10/2/25	12/11/25



## 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](#).



## Contact Us!

If you have any questions, please contact:

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