



MICHIGAN HOSPITAL  
MEDICINE SAFETY  
CONSORTIUM

# NEWSLETTER

July 2024



## MESSAGE FROM THE DIRECTOR

I was delighted to see so many of you at our HMS July Collaborative-Wide Meeting. Many of you traveled long distances to attend, and I am profoundly grateful for your commitment. Your presence and active participation in these meetings are invaluable, fostering robust discussions and meaningful exchanges among colleagues.

I understand that finding time for all-day off-site meetings can be challenging amidst our busy schedules. However, I hope you recognize the significant value these gatherings bring to your hospital teams and, ultimately, to our patients. At the HMS Coordinating Center, we are dedicated to providing you, your team, and your hospital with the resources and opportunities needed to advance our quality goals for hospitalized medical patients.

As I visited your tables during the quality improvement workshop, I witnessed firsthand the power of these meetings and the unique collaborative opportunities we have here in Michigan. It was truly remarkable to see our room brimming with such a diverse, multidisciplinary team. Since HMS began in 2010 with a group of hospitalists, I could have never imagined the depth and breadth of our membership today. We now welcome pharmacists, nurses (including vascular access nurses), quality professionals, administrators, hospital leadership, and physicians from various specialties, including hospitalists, internal medicine, critical care, infectious diseases, oncology/hematology, interventional radiology, and emergency medicine.

This meeting's turnout was so high that we had to turn away several interested attendees due to venue capacity limits. Nevertheless, it fills us with great pride that you find such value in coming together and learning from one another. I also want to extend a special thank you to those who shared your insights during the report-out session.

One standout example came from Katie Derouin at Marshfield Medical Center Dickinson, who shared her experience in educating local nursing home staff on best practices for urine culturing, including for asymptomatic patients, waiting and monitoring rather than testing and sending patients to the ER. This not only enhances the quality of care and promotes antimicrobial stewardship but also prioritizes the patient experience.

Katie is one of our 138 abstractors who are an integral part of our HMS team. This July, we celebrated all our HMS abstractors and their dedication to the collaborative, their teams, their hospitals, and their patients. The work we do would not be possible without your skill, expertise, drive, and compassion. Please know how much we appreciate you! We genuinely value your willingness to share your successes, struggles, and opportunities for improvement—it is your engagement that drives our collective success.

Looking ahead to the next six months, our Coordinating Center will focus on finalizing our strategic plan for the next 3-5 years. As a Collaborative, we will continually strive to advance our work in support of your hospitals, seizing the immense privilege we have here in Michigan with the Collaborative Quality Initiatives.

Thank you all for your unwavering commitment and valued contributions.  
Best regards,

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 .....	1-8
Abstractor Spotlights.....	9
Hospital Spotlight .....	10
<i>Influence of Quality</i>	
Data.....	11-12
QI.....	13-14
National Impact.....	15-18
Important Dates.....	19-20



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

# RECENT HIGHLIGHTS

## **HMS Partners with Sepsis Alliance**

HMS's sepsis work has led to a strong partnership with [Sepsis Alliance](#), the leading sepsis organization in the U.S. Sepsis Alliance works to save lives and reduce suffering by educating the public and leading an alliance of patients, healthcare professionals, and partners committed to preventing and curing sepsis.

On February 1, 2024, HMS and Sepsis Alliance came together to focus on sepsis education and the Collaborative Quality Initiative (CQI) model. The alliance hosted Dr. Amy McKenzie of Blue Cross Blue Shield of Michigan; Dr. Scott Flanders, HMS Program Director; Dr. Megan Cahill of Henry Ford Macomb Hospital; Dr. Hallie Prescott, HMS Quality Improvement Consultant and Sepsis Physician Lead, and Pat Posa, RN, BSN, MSA, CCRN, FAAN, Sepsis Quality and Patient Safety Program Manager for a live [webinar](#) event focused on HMS's work with the [CDC](#), the [HMS Sepsis toolkit](#), and why sepsis is a priority for HMS and BCBSM, in addition to how the CQI model creates mutually beneficial relationships that improve patient care.

Over 500 people attended the February [webinar](#), now available on-demand through the Sepsis Alliance Institute. Many attendees were from outside of Michigan and expressed admiration for the power of the statewide collaborative model.



## **HMS at AACN NTI 2024**

Our HMS Sepsis Quality Program Manager, Pat Posa, RN, BSN, MSA, CCRN, FAAN, presented on the [CDC Hospital Sepsis Program Core Elements](#) in partnership with Sepsis Alliance at the American Association of Critical-Care Nurses National Teaching Institute & Critical Care Exposition 2024 Conference.



# RECENT HIGHLIGHTS

## **March 2024 Collaborative Wide Meeting**

We virtually held our March 2024 Collaborative Wide Meeting on March 12, 2024. After reviewing data, updates, and next steps for our sepsis initiative, we introduced five member hospitals that shared their experiences of achieving high performance in the 2024 HMS performance measure #8 - Increase Discharge/Post-Discharge Care Coordination for Sepsis Patients Discharged to Home-like Setting.

Along with sharing how they've been able to achieve high performance, they also provided their top three recommendations for improving within the following components of the measure:

- Hospital Contact Provided at Discharge
- Scheduled Outpatient Follow-up within 2 Weeks
- Post-discharge Telephone Call

Moreover, Elizabeth Rodriguez, PharmD, BCPS, a clinical pharmacist specialist at McLaren Greater Lansing, discussed her hospital's reduction in antibiotic use for patients with asymptomatic bacteriuria (ASB). She underscored the crucial role of pharmacists in antimicrobial stewardship and outlined the tactics that boosted ASB treatment rates.

The meeting concluded with hospital presentations and interactive Q&A sessions in separate breakout sessions for each HMS initiative: Antimicrobial, Midline (PICC), and Sepsis. The speakers shared their approaches for achieving excellence in reducing questionable pneumonia treatment, appropriate midline usage, and employing balanced fluids in sepsis.



## **Past Collaborative-Wide Meetings**

To review the slides or recordings of the meeting and breakout sessions, visit the HMS [website](#). If you encounter issues with the protected links, please email Casey Gould, [cbodenmi@med.umich.edu](mailto:cbodenmi@med.umich.edu), for assistance.



# RECENT HIGHLIGHTS

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

In April, HMS welcomed two new team members, Rebecca Mayer, MT(ASCP), MPH, and Abigail West, MSN, APRN, AGACNP-BC.

Rebecca is our HMS Education Specialist who previously worked as a performance improvement leader and was the HMS data abstractor at Trinity Health Livonia. She holds a Master's in Public Health from Kaplan University and a Bachelor of Science in Clinical Laboratory Science from Northern Michigan University. Her clinical background includes infection prevention, laboratory information systems, microbiology, and blood bank.



Abigail (Abby) is an HMS Quality Assurance Coordinator co-leading the Sepsis Initiative. Before joining the HMS Coordinating Center, Abby was a nurse practitioner in critical care, neurocritical care, and neurosurgery. She completed a residency in critical care medicine at UMass Memorial Medical Center and received her MSN in adult-gerontology acute care from the Yale University School of Nursing.

## **HMS Strategic Planning Retreat**

During May, HMS organized a strategic planning retreat that brought together HMS leaders and various stakeholders from different disciplines. The goal was to establish a framework that will shape the collaborative's endeavors for the next 3 to 5 years. Leading up to the retreat, the HMS team conducted a pre-assessment involving members and over 40 stakeholders to provide valuable insights for the discussions. This pre-assessment process involved interviewing stakeholders and creating a SWOT analysis for our collaborative and three key initiatives (PICC/Midline, Sepsis, and Antimicrobial). Stay tuned as we will reveal the strategic priorities identified during the retreat in the upcoming months.



Dr. Scott Flanders, HMS Program Director, providing an overview of the day.

# RECENT HIGHLIGHTS

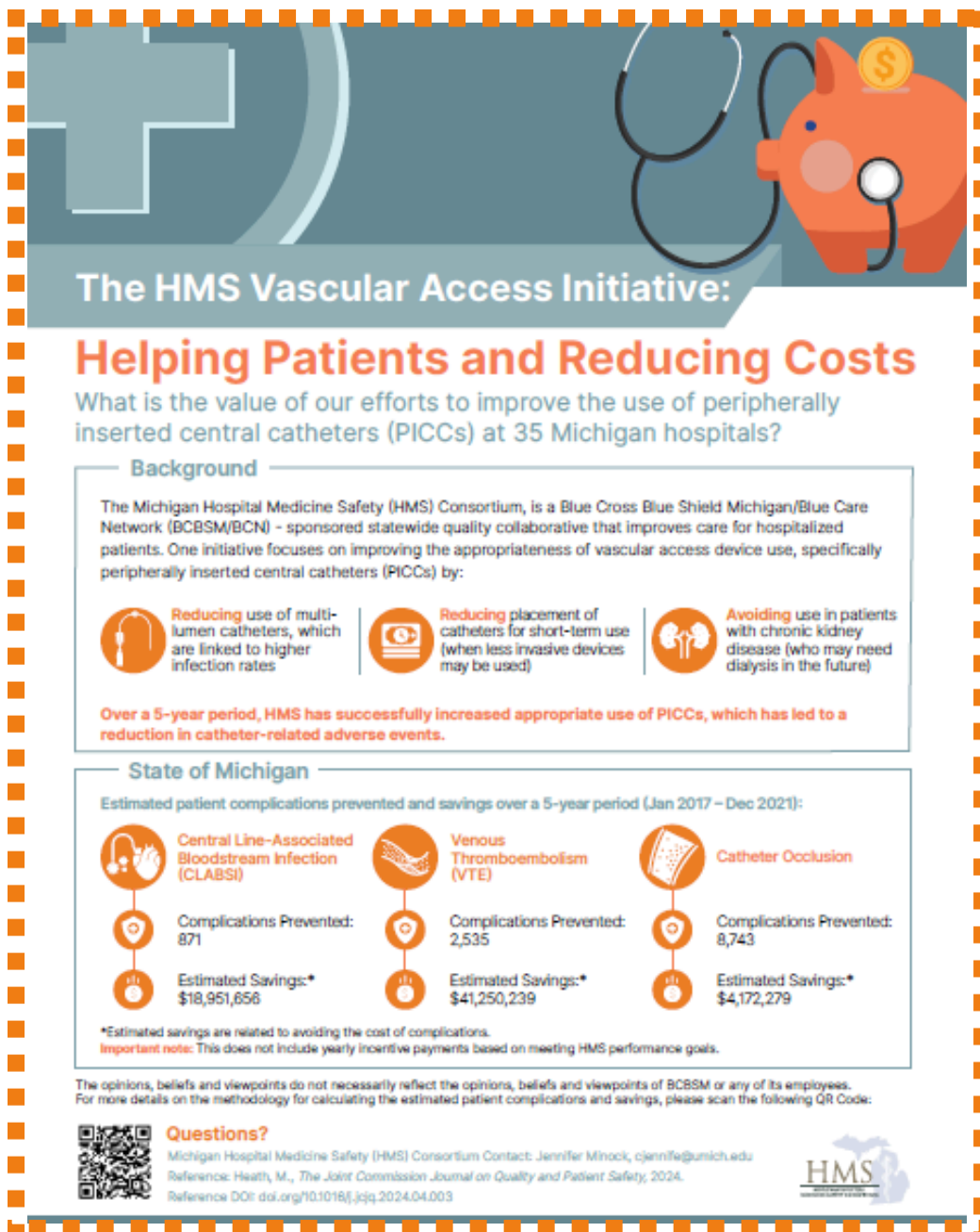
## **HMS Successfully Determines the Value of the PICC Initiative**

We conducted a cost-effectiveness analysis on the Peripherally Inserted Central Catheter (PICC) initiative, aiming to enhance the appropriate utilization of PICCs, commonly used vascular access devices in US hospitals that often lead to various complications. HMS' collaborative quality improvement (QI) model substantially reduced catheter-related issues and avoided significant complication costs across 35 Michigan hospitals.

The one-pager below highlights the estimated complications prevented and savings over five years (2017-2021) for the 35 Michigan hospitals. If you would like your hospital-specific one-pager, please contact Jennifer Minock at [cjennife@umich.edu](mailto:cjennife@umich.edu).

## **HMS Publication and Visual Abstract:**

- [Improving Appropriate Use of Peripherally Inserted Central Catheters Through a Statewide Collaborative Hospital Initiative: A Cost-Effectiveness Analysis](#)
  - [Publication Visual Abstract](#)



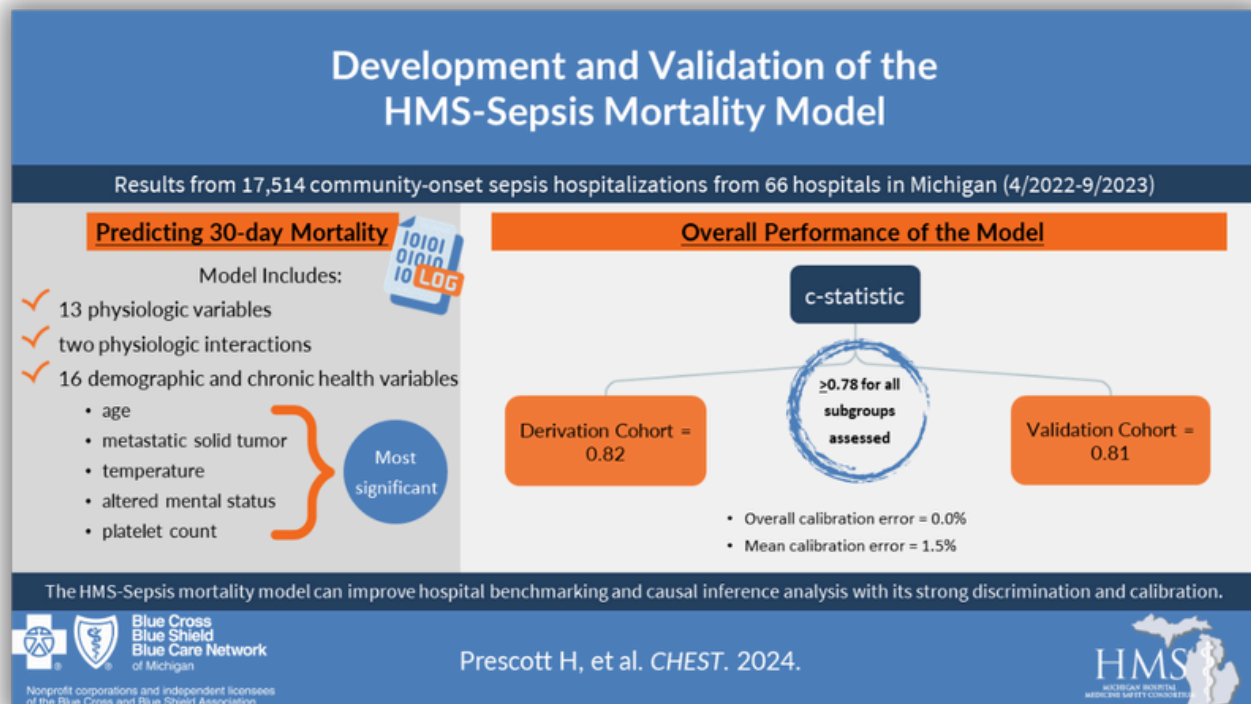
# RECENT HIGHLIGHTS

## **HMS Develops Sepsis Mortality Model**

Using our HMS Sepsis data, we developed a mortality model to track and benchmark mortality over time across the Collaborative. The mortality model will be used in our future quality improvement work to identify higher-performing hospitals and learn from each other to prevent patient deaths from sepsis.

## **HMS Publication and Visual Abstract:**

- [Development and validation of the HMS-Sepsis mortality model](#)
  - [Publication Visual Abstract](#)



## **HMS is now on LinkedIn!**

HMS has a [LinkedIn](#) page. Follow us for the latest updates!

**HMS**  
MICHIGAN HOSPITAL MEDICINE SAFETY CONSORTIUM

**Michigan Hospital Medicine Safety Consortium**

A Collaborative Quality Initiative dedicated to improving the quality of care for hospitalized medical patients.

Hospitals and Health Care · Ann Arbor, MI · 134 followers · 11-50 employees



# RECENT HIGHLIGHTS

## July 2024 Collaborative Wide Meeting

Our recent HMS July Collaborative Wide meeting occurred on July 23rd at Frederik Meijer Gardens in Grand Rapids. This July, we made a change from our usual format. Instead of featuring a panel session with health system leaders, we organized a system-specific quality improvement (QI) workshop for our HMS hospitals. This decision came after identifying opportunities for hospitals to enhance their performance by utilizing their systems more effectively. In response to requests from our hospitals for more interactive sessions with leaders to delve into quality improvement practices, we aimed to create a setting where attendees from each system/site could engage in facilitated discussions and collaborative work on QI initiatives within HMS. Furthermore, we conducted a one-hour report-out session where we listened to challenges faced and new ideas for addressing three out of the four measures listed below.

- Diagnostic Excellence in Asymptomatic Bacteriuria and Questionable Pneumonia Patients
- Vascular Access Device Appropriateness in Special Populations
- Early Identification and Treatment in Patients with Sepsis
- Discharge Care Coordination in Patients with Sepsis

Below, the systems can be seen collaborating as they participate in QI activities that align with their current needs and objectives.

**Process Map Example**

**Process Map Instructions**

- A Process Map is a tool that can be used to record the work that one or several team members perform
- Below are five basic shapes, which each represent a step in the process:
  - Ovals - the start and end of a process
  - Arrows - show the reader what the next step or decision is in the process
  - Squares - tasks that are accomplished
  - Diamonds - decision questions that are made during a process
  - YES/NO Text Box Rectangles - answers to a decision that is made during the process

**Creating a Process Map**

Process: Creating a Process Map	Location: Anywhere
<b>1. Determine the process you want to map and the goal.</b>	<b>Major Step Description and Visual:</b> Write the YSI, at the top of your page, reiterate the goal.
<b>2. Determine the start and end of the process you want to map.</b>	<b>Key Point(s):</b> Place the start and end of a process before you draw the map. The start may be the whole process or just part of it.
<b>3. Determine the 3-7 major steps that make up the process.</b>	<b>Reason Why:</b> To determine the goal of the process to be mapped. To determine how you can best achieve the goal of the process. To determine what you actually do, not what you think you do.
<b>4. Add in other steps that are necessary for the process to be completed.</b>	<b>Process:</b> Add each process step in a box or rectangle and connect each step to the next. Use arrows to show the flow. Add a legend or key to explain the symbols used in the map.
<b>5. Capture feedback on the map.</b>	<b>Map:</b> Share and modify your map with others. Share your map with others. Get feedback on your map. Add a legend or key to explain the symbols used in the map.



Henry Ford Health



Trinity Health



McLaren Healthcare



Ascension



McLaren Healthcare

# RECENT HIGHLIGHTS

## **Continuation of the July 2024 Collaborative Wide Meeting**

To express our gratitude for the hard work and value brought by our HMS abstractors, we organized special lunch sessions dedicated to them during the event.

## **ABX/PICC Abstractor Appreciation Lunch**

HMS abstractor Kim Harman from ProMedica Monroe Regional Hospital shared how their hospital is trying to implement a CAP 5-day Discharge Navigator. Although they have encountered roadblocks, she shared what they learned.

- Patience and persistence when working with the system
- Process of project implementation (what committees to vet, who is our target audience, how to prioritize agenda time, etc.)
- Utilizing HMS analyzed data reports, evidence-based articles found on the HMS website, and utilizing the initiative toolkits.
- A surprising finding was that we needed to educate system leads about HMS and our initiatives.

## **Sepsis Abstractor Appreciation Lunch**

Pat Posa, RN, BSN, MSA, CCRN, FAAN, HMS project lead for sepsis site visits and quality improvement, presented Quality Improvement 101. Pat described quality improvement, how an A3 is one approach to improvement, and how to apply an A3 to the QI process.



**We appreciate  
all that you do**



## PICC/Midline & ABX Abstractor Spotlight



**Laura Weiss RN, MSN**

Corewell Health Beaumont  
Grosse Pointe

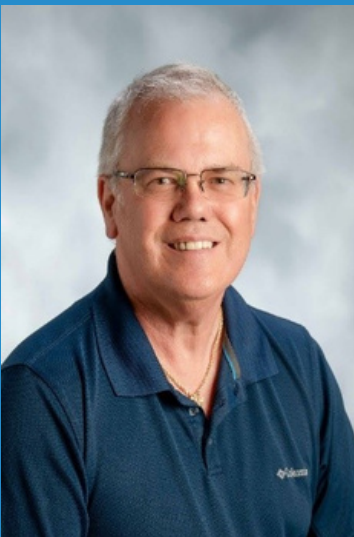
Laura, a nurse with 25 years of experience, earned her BSN from Northern Michigan University and a Master of Science in Nursing from the University of Detroit Mercy. Throughout her career, she has worked in various nursing fields, including pediatrics, obstetrics, ICU, orthopedics, adult medicine home care, and quality management. During the COVID pandemic, Laura briefly returned to the hospital and worked in the ICU. For more than 11 years, she has collaborated with HMS, abstracting cases for Corewell Beaumont Grosse Pointe and handling databases such as VTE, antimicrobial, PICC, Midline, Covid, and sepsis.

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

Keep definitions handy and refer to them consistently in HMS work. Take notes while abstracting cases for easy reference during abstraction or case discussions. Critical thinking skills are essential for HMS abstracting, and a nursing background aids in identifying sources of truth and interpreting medical records and disease progression. Don't hesitate to seek support from other HMS team members when needed; they are a valuable resource for assistance and guidance.

I enjoy seeing the good outcomes of the performance index measures and their impact on our patient population. Working with a hospital team and being a part of the quality improvement process has been very rewarding. It's been a true blessing to work with HMS all these years and grow in my professional career.

## Sepsis Abstractor Spotlight



**Art Wensink, BSN, RN**

Corewell Health Beaumont  
Grosse Pointe

Arthur, a seasoned Registered Nurse with nearly three decades of experience, started his career at the Emergency Center of Henry Ford Bi-County Hospital before transitioning to the Intensive Care Unit in 2001. In 2008, he became part of Beaumont Hospital Grosse Pointe, working across various departments such as the ICU, Outpatient Infusion Center, and External Quality Measures since 2016. Arthur also served as an ICU Nurse in the Army Reserve, achieving the rank of Major before retiring after 27 years, including a deployment to Kuwait in 2021.

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

One significant aspect for Arthur was mastering the Electronic Medical Record (EMR). At Corewell Health, he utilizes an HMS Sepsis Abstractor report that significantly aids the abstraction process, consolidating multiple abstraction areas for efficient navigation. Arthur suggests taking short, frequent 2-3-minute breaks during the day to stretch and re-energize the mind, ensuring mental sharpness as abstraction work can become monotonous.

The opportunity to be involved in improving the overall care our patients receive here at Corewell Health has been very challenging and rewarding. I was lucky to be involved in the PICC/Midline and Antimicrobial Measures and saw firsthand the vast improvements our hospitals made in the required measures. We are just at the beginning of our quality improvement efforts with Sepsis, and I look forward to working with our Sepsis Team here at Grosse Pointe to continue our efforts in improving our patients acute care and long-term clinical outcomes.

# Hospital Spotlight

## **Corewell Health Beaumont Grosse Pointe Hospital**

Corewell Health Beaumont Grosse Pointe Hospital is a 280-bed acute care campus located in the heart of Grosse Pointe. Opened in 1945 by the Sisters of Bon Secours, it was acquired by Beaumont Health System in October 2007. Corewell Health Beaumont Grosse Pointe Hospital offers medical, surgical, emergency, obstetric and critical care services.

The Corewell Beaumont Grosse Pointe HMS Committee has worked hard to meet the performance index measures; they are in constant communication and work very well as a team. The initiatives we have previously put together as a team have helped us meet our threshold and have produced better patient outcomes for the hospital are in constant communication and work very well as a team. The initiatives we have previously put together as a team have helped us meet our threshold and have produced better patient outcomes for the hospital..

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

Laura Weiss, RN, MSN	PICC/Midline/ABX Abstractor
Dr. Basem Almasri	HMS Physician Champion
Dr. Renee Jiddou-Yaladoo	Infectious Disease Physician
Dr. Paul Gryzenia	Interventional Radiology Physician
Karim Mouabbi	Clinical Pharmacist
Quality Manager	Other Members

### **SEPSIS TEAM STRUCTURE**

Art Wensink, BSN, RN	Sepsis Abstractor
Dr. Basem Almasri	HMS Physician Champion
Dr. Glen Clark	Emergency Physician
Sunny Squindo, RN	Sepsis Coordinator
Karim Mouabbi	Clinical Pharmacist
Nursing and administrative managers	Other Members



## **2024 Priorities**

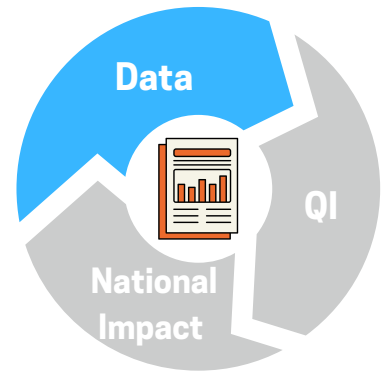
- Prioritize enhancing the questionable pneumonia measure while also sustaining focus on other performance indicators.
- Continuous education and comprehensive case reviews are key priorities.
- Create a systematic plan to enhance discharge follow-up to boost scores across all Corewell Health East hospitals. Involve ED staff to promote the use of the Sepsis Order Set in Epic.

# INFLUENCE OF QUALITY

## Data

### Live Sepsis Reports Available!

The sepsis performance measures report was launched in the sepsis data registry earlier this year. This report features site-specific and collaborative-wide data, along with custom date fields. These reports are accessible for HMS data abstractors and those with reports-only access. If you would like to obtain this reports-only access, please get in touch with Casey Gould at [cbodenmi@med.umich.edu](mailto:cbodenmi@med.umich.edu).



Quarters	2024 Sepsis Performance Measures				
	Q1 2023	Q2 2023	Q3 2023	Q4 2023	Q1 2024
<b>Increase Antibiotics Delivered within 3 hours of Arrival for Patients with Septic Shock* - Measure #7</b>					
Numerator (Hypotensive Cases treated with an antibiotic within 3 hours) *	359	448	562	640	452
Denominator (All cases meeting hypotensive criteria in the first 2 hours) **	561	680	849	973	673
Rate (%)	63.99	65.88	66.2	65.78	67.16
<b>Increase Discharge/Post-Discharge Care Coordination for Patients with Sepsis Discharged to a Home-like Setting - Measure #8</b>					
Numerator: Cases with a Hospital Contact Provided at Discharge	332	515	668	866	649
Rate (%): Cases with a Hospital Contact Provided at Discharge	21.12	28.7	30.56	35.81	41.15
Numerator: Cases Scheduled for PCP/Specialist Follow-Up Within 2 Weeks	255	302	514	564	403
Rate (%): Cases Scheduled for PCP/Specialist Follow-Up Within 2 Weeks	16.22	15.66	23.51	23.33	25.55
Numerator: Cases with a Post-Discharge Call or PCP/Specialist Visit within 3 Days ***	837	979	1,128	1,226	856
Rate (%): Cases with a Post-Discharge Call or PCP/Specialist Visit within 3 Days	53.24	50.75	51.6	50.7	54.28
Numerator: Cases with 1 out of 3 discharge measures met	1,101	1,307	1,606	1,848	1,263
Denominator: (All cases with a qualifying discharge disposition) ****	1,572	1,929	2,186	2,418	1,577
Rate (%)	70.04	67.76	73.47	76.43	80.09
*Hypotensive cohort = <math>\leq 90</math> SBP, vasopressor administration, or a MAP of <math>\leq 65</math> in the first two hours of presentation					
**Cases with a primary discharge diagnosis of sepsis, pneumonia, and respiratory failure that meet the hypotensive criteria above.					
***Passing cases include patients discharged to home with home health care services					
****Discharge Measures are assessed on patients discharged to home, home with healthcare services, custodial nursing, assisted living, and temporary shelter					

[2024 HMS Performance Index & Performance Index Cheat Sheet](#)

Data current as of:	Range:	
02/26/2024	Starting Discharge Date:	Ending Discharge Date:
	11/8/20	12/2/23

2024 Sepsis Performance Measures	
Measure	Overall
<b>Increase Antibiotics Delivered within 3 Hours of Arrival for Patients with Septic Shock (in hypotensive, non-viral sepsis patients) - Measure 7</b>	
Numerator (Hypotensive Cases treated with an antibiotic within 3 hours)	3,294
Denominator (All cases meeting hypotensive criteria in the first 2 hours)	4,999
Rate (%)	65.89
<b>Discharge Composite Measures (1 out of 3 of the below metrics are met) - Measure 8</b>	
Numerator: Cases with a Hospital Contact Provided at Discharge	4,281
Rate (%): Cases with a Hospital Contact Provided at Discharge	30.74
Numerator: Cases Scheduled for PCP/Specialist Follow-Up Within 2 Weeks	2,871
Rate (%): Cases Scheduled for PCP/Specialist Follow-Up Within 2 Weeks	20.61
Numerator: Cases with a Post-Discharge Call or PCP/Specialist Visit within 3 Days	6,314
Rate (%): Cases with a Post-Discharge Call or PCP/Specialist Visit within 3 Days	45.33
Numerator: Cases with 1 out of 3 discharge measures met	9,686
Denominator (All cases with a qualifying discharge disposition)	13,928
Rate (%)	69.54

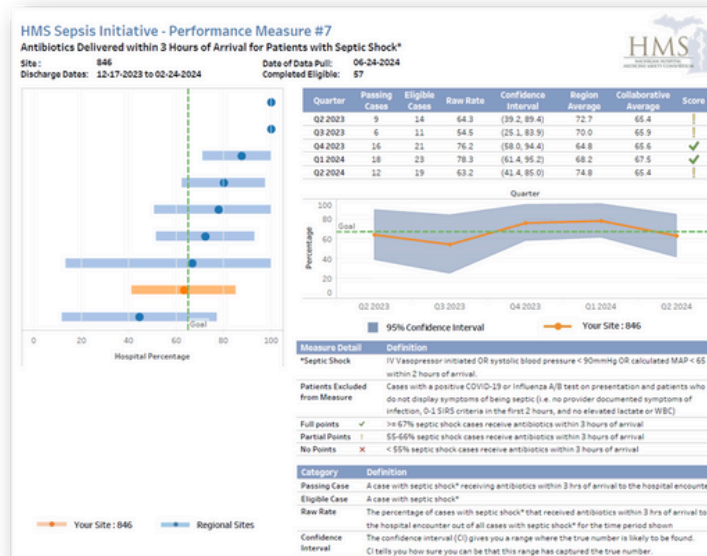
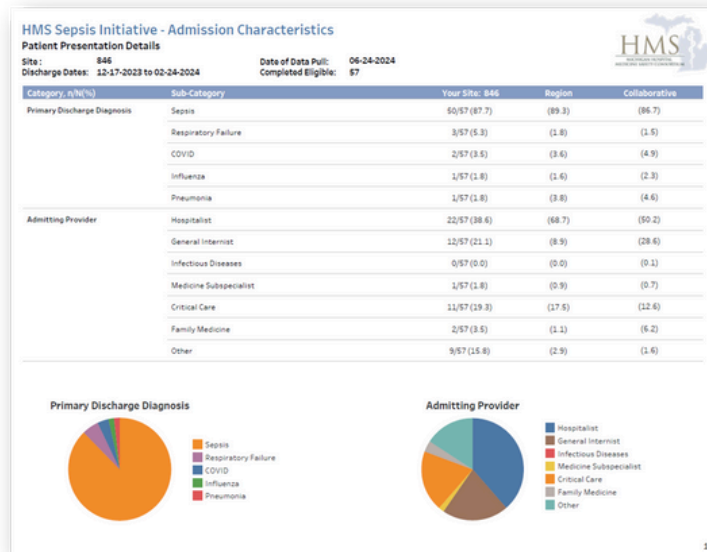
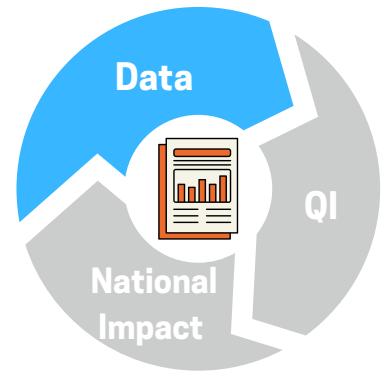


# INFLUENCE OF QUALITY

## Data

### New Quarterly Sepsis Reports Available!

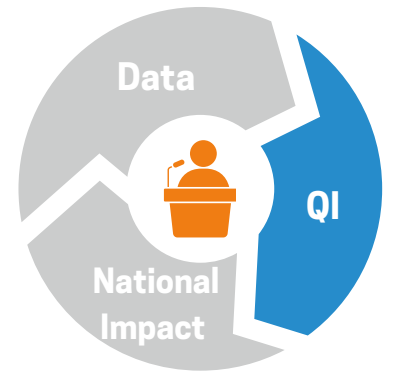
At the July 2024 Collaborative-wide Meeting, HMS shared the new site-specific sepsis reports. These reports allow hospitals to view their quarterly performance and compare it to the collaborative and other hospitals in their region. The collaborative requested a regional comparison, so hospitals have been divided by region based on their geographic location. Other features include performance measure drill-down pages with raw data, definitions, performance over time, and data completeness.



## 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 McLaren Flint. Similarly, Dr. Tejal Gandhi, an HMS physician lead on our Antimicrobial Initiative, recently completed an antimicrobial-focused Grand Rounds presentation at Michigan Medicine.



The goals and objectives of these ABX presentations aim to:

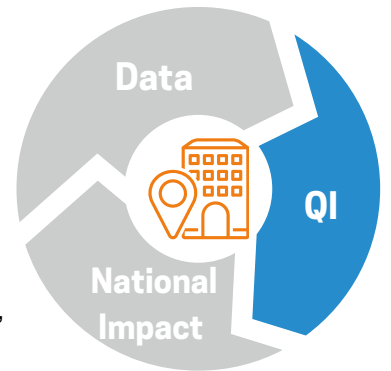
- Discuss the diagnosis and management of asymptomatic bacteriuria (ASB) and urinary tract infections (UTI) in hospitalized patients
  - Discuss strategies to reduce the unnecessary testing and treatment of ASB
- Review appropriate treatment selection/duration for patients with Community-Acquired Pneumonia (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.



## Quality Improvement

### **HMS Begins Sepsis Site Visits**

Now that the sepsis performance measures are in full swing, we're preparing for sepsis site visits in late 2024 and 2025. Our goal is to provide an objective assessment and evaluation of each hospital's sepsis performance, processes, policies, and practices to identify areas for quality improvement to enhance patient safety, satisfaction, and outcomes. These visits also provide an opportunity for feedback and recommendations for each hospital to implement changes and enhance their scores in HMS performance measures. Our current site visits are aimed at early identification and treatment of sepsis, and discharge care and coordination.



### **Trinity Health Abstractors Share Best Practices for Asymptomatic Bacteriuria (ASB)**

Last July, we shared that HMS Abstractors Lisa Smith (Trinity Livingston), Stacey Roberts (Chelsea Hospital), and Andreea Sandu (Trinity Health Ann Arbor) came together to conduct education beyond the hospital setting on the prevention of complications associated with peripherally inserted central catheters (PICCs). Now, the team is adding ASB to the mix. Lisa presented PICC and ASB posters they created at the Michigan Statewide PAC Collaborative meeting. This is a regional meeting involving subacute rehabilitation (SAR), skilled nursing facilities (SNF), and home healthcare (HHC). The presentation was so successful that the group requested resources and links to best practices. Lisa is interested in engaging other Trinity Health abstractors in their continued efforts for post-hospital engagement. Wonderful job, team!!

#TeamWorkMakesTheDreamWork

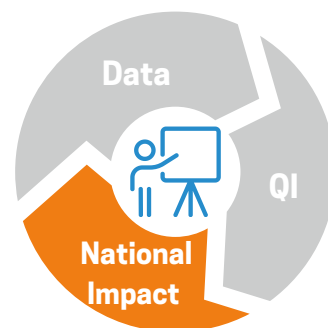


### **The CQI Model and the Outpatient Setting**

Speaking of best practices, Lisa Dumkow, PharmD, a clinical pharmacist in infectious diseases and antimicrobial stewardship at Trinity Health Saint Mary's in Grand Rapids, published an editorial on the challenges of outpatient antimicrobial stewardship and antibiotic prescribing titled, "[More Than One and Done: The Continued Challenge of Identifying Sustainable Outpatient Antimicrobial Stewardship Strategies](#)," in the *Journal of Clinical Infectious Diseases (CID)*. One of the solutions she proposes is our HMS CQI model due to its collaborative quality improvement efforts and having pay-for-performance for meeting antimicrobial stewardship metrics such as reducing the duration of therapy and inappropriate prescribing for community-acquired pneumonia (CAP) and urinary tract infections (UTI).

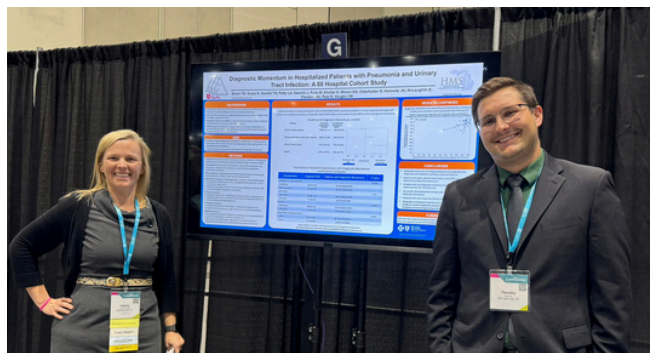
# INFLUENCE OF QUALITY

## Driving HMS Quality Efforts Nationally

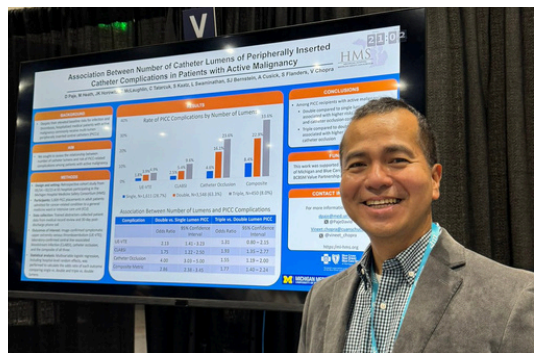


### HMS@ SHM 2024!

HMS members attended the Society of Hospital Medicine's Converge 2024 Conference in San Diego, CA, from April 12 to 15, 2024. See below for highlights.



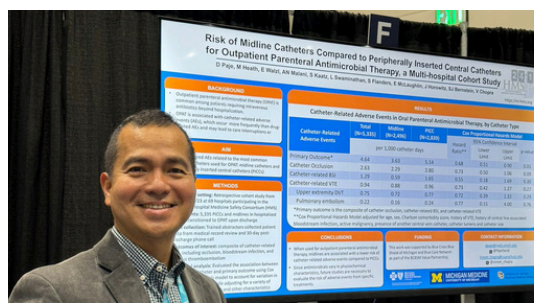
Dr. Valerie Vaughn and Dr. Tim Brash presented their poster on diagnostic momentum in hospitalized patients with pneumonia and UTI.



Dr. David Paje presented his poster on the association between lumens and PICC complications in cancer patients.



Dr. Ashwin Gupta gave an oral presentation on antibiotic de-escalation in patients with community-onset sepsis. Click [HERE](#) to access this manuscript.



Dr. David Paje presented his poster comparing the risk of midlines vs. PICCs for outpatient parenteral antimicrobial therapy.

SAVE THE DATE

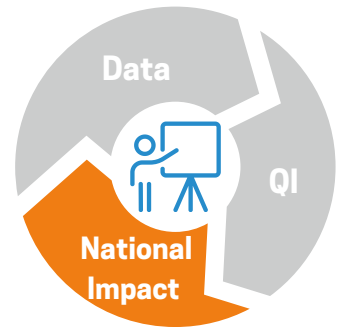
2025

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CONVERGE  
2025

Las Vegas, Nevada  
April 22-25, 2025

# INFLUENCE OF QUALITY

## Driving HMS Quality Efforts Nationally

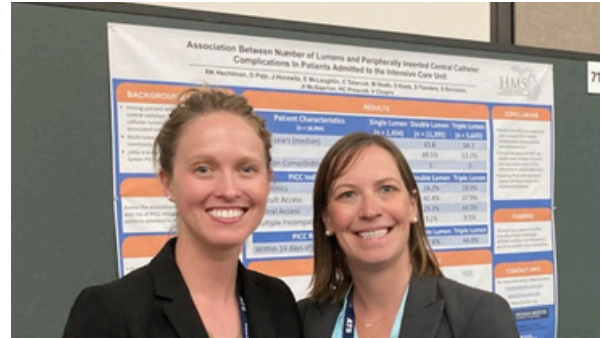


### HMS @ ATS 2024!

HMS members attended the American Thoracic Society's 2024 International Conference in San Diego, CA, from May 17-22, 2024. See below for highlights.



Dr. Rachel Hectman presented during the rapid-fire poster session on preventable mortality among previously healthy patients with sepsis.



Dr. Rachel Hectman presented her poster on the association between the number of lumens and PICC complications in patients admitted to the ICU.



## ATS 2025

May 17-21, 2025 | San Francisco, CA

### HMS Coming to CHEST 2024!

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.

Click below to register today!

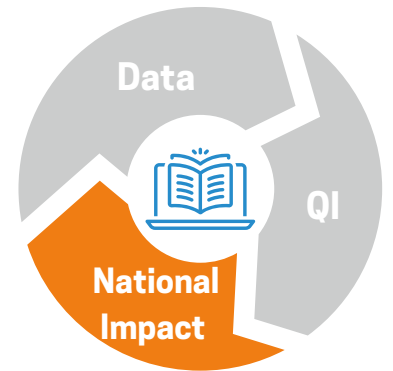
**REGISTER NOW**



October 6-9, 2024 | Boston, MA



## Driving HMS Quality Efforts Nationally



### **HMS Publications - 2024**

Prescott HC, Heath M, Munroe ES, Blamoun J, Bozyk P, Hechtman RK, Horowitz JK, Jayaprakash N, Kocher KE, Younas M, Parks Taylor S, Posa P, Mclaughlin E, Flanders SA. Development and validation of the HMS-Sepsis mortality model. Chest. 2 July 2024. S0012-3692(24)04571-9. doi: 10.1016/j.chest.2024.06.3769.

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

Heath M, Bernstein SJ, Paje D, McLaughlin E, Horowitz JK, McKenzie A, Leyden T, Flanders SA, Chopra V. Improving Appropriate Use of Peripherally Inserted Central Catheters Through a Statewide Collaborative Hospital Initiative, a Cost-Effectiveness Analysis. The Joint Commission Journal on Quality and Patient Safety. Published online 10 April 2024. doi:10.1016/j.jcjq.2024.04.003.

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

Gupta AB, Flanders SA, Petty LA, et al. Inappropriate Diagnosis of Pneumonia Among Hospitalized Adults. JAMA Intern Med. Published online 25 March 2024. doi:10.1001/jamainternmed.2024.0077.

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

Advani SD, Ratz D, Horowitz JK, et al. Bacteremia From a Presumed Urinary Source in Hospitalized Adults With Asymptomatic Bacteriuria. JAMA Netw Open. 2024;7(3):e242283. doi:10.1001/jamanetworkopen.2024.2283.

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

Szymczak JE, Petty LA, Gandhi TN, et al. Protocol for a parallel cluster randomized trial of a participatory tailored approach to reduce overuse of antibiotics at hospital discharge: the ROAD home trial. Implementation Sci. 2024 March 4.

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

White A, Vaughn V, Petty L, Gandhi T, Horowitz J, et al. Development of patient safety measures to identify inappropriate diagnosis of common infections. Clinical Infectious Diseases. 2024 January 31. doi:10.1093/cid/ciae044.

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



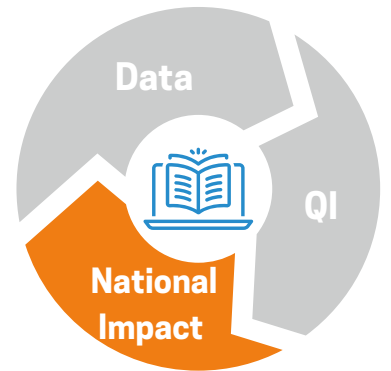
[Altmetric](#) tracks where published research is mentioned online, and provides tools and services to institutions, publishers, researchers, funders, and other organizations to monitor this activity.

## Driving HMS Quality Efforts Nationally

### **HMS Publications mid-December 2023**

Quinn M, Horowitz J, Krein S, Gaston A, Ullman A, Chopra V. The role of hospital-based vascular access teams and implications for patient safety: A multi-methods study. J Hosp Med. 2023 December 15. doi:10.1002/jhm.13253

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



# IMPORTANT DATES

## ***HMS Specific Dates***

*\*Dates subject to change*

<b>August</b>	Early/Mid-August	2024 Sepsis Time Study
	8/13/24	PICC Special Population Workgroup #2 (Virtual) Critical Care 1-2PM (EST)
	8/13/24	PICC Special Population Workgroup #2 (Virtual) Active Malignancy 3-4PM (EST)
<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) Critical Care 1-2PM (EST)
	11/26/2024	PICC Special Population Workgroup #3 (Virtual) Active Malignancy 3-4PM (EST)
<b>December</b>	Early December	HMS Coordinating Center Submits Eligible Physicians to BCBSM for VBR Incentive

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

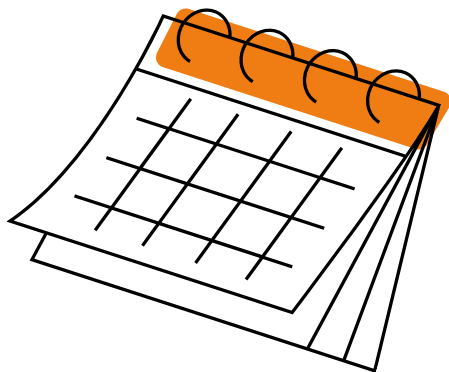
If you or someone on your HMS team would like to present at an upcoming Collaborative-wide Meeting or be featured in our newsletter, click [HERE](#).

# IMPORTANT DATES

If you have someone 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.

## 2024 HMS Abstractor Training Dates

8/8/24	10/17/24
8/22/24	10/31/24
9/5/24	11/14/23
9/19/24	11/28/24
10/3/24	12/12/24



### **2024 National Conferences**

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



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MEDICINE SAFETY  
CONSORTIUM

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