



HMS STRATEGIC PLAN 2024



Background, Mission & Vision

In 2024, the Michigan Hospital Medicine Safety (HMS) Consortium performed a scoping assessment across our multidisciplinary stakeholders to inform our strategic planning over the next 3-5 years. In May 2024, a group of HMS leaders and stakeholders met to develop this plan.

In preparation, HMS leadership and members of the Data, Design and Publications Committee reviewed and updated our HMS Mission & Vision.

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

During the strategic planning exercise, five strategic priorities were identified. Each will be provided in more detail in this report.

Core HMS
Activities



Quality
Improvement &
Research



Data
Optimization &
Security



Continuous
Innovation



Growth &
Sustainability



Core HMS Activities

HMS General Infrastructure

HMS Committees

HMS is supported by five specialized committees that enhance our collaborative efforts:

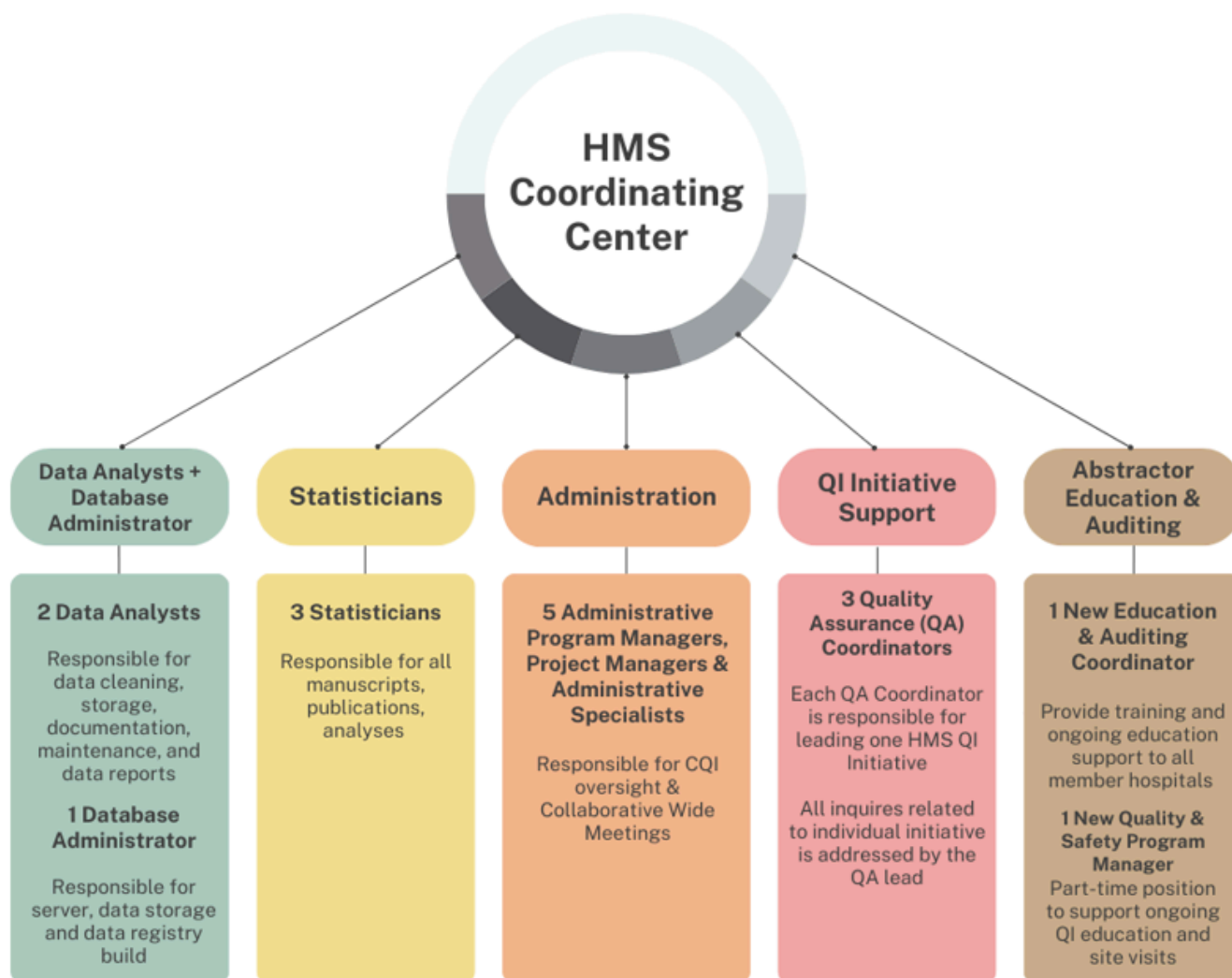
- **Data, Design & Publications** discusses methodological issues, data collection strategies and problems, programming issues, and approaches to analyzing and disseminating the experience of the consortium.
- **ICU Steering** drives improvement efforts in critical care units across Michigan, engages in and supports HMS critical care-focused scholarly work, and identifies opportunities for collaboration across disciplines that care for hospitalized medical patients (e.g., general medicine, emergency medicine, infectious diseases, pharmacy, vascular access, etc.).
- **Executive** addresses implementation strategies, operational issues, and the future direction of the consortium's quality improvement (QI) activities.
- **Georgiann Ziegler Patient Advisory Council** was established in 2024 with a namesake in honor of Georgiann Ziegler, a dedicated patient advocate for the HMS PICC/Midline initiative since 2015. Sadly, in 2023, Georgiann passed away. To continue the important work started in partnership with Georgiann, the council will meet quarterly to provide guidance to the collaborative on various topics, including patient education materials, communication of patient-reported outcomes, development of future measures, and identification of patient stories for presentations. Additionally, we foresee opportunities for collaboration between the HMS Patient Advisory Council and the Michigan Emergency Department Improvement Collaborative (MEDIC) as they work towards creating their patient advisory council.
- **Health Equity Working Group** was established in 2024 to enhance equitable care for vulnerable patients within the collaborative. This group meets monthly to develop initiatives aimed at advancing health equity across our HMS efforts. Additionally, HMS participates in the Michigan Social Health Interventions to Eliminate Disparities (MSHIELD) Taskforce, which seeks to develop a comprehensive and collaborative approach to health equity.

Pay-for-Performance & Value Based Reimbursement Program

HMS is one of 24 Collaborative Quality Initiatives (CQIs) in the Blue Cross Blue Shield of Michigan (BCBSM) Value Partnerships Program. This program consists of a Pay-for-Performance (P4P) for hospitals and a Value Based Reimbursement (VBR) Program for specialty physicians. These programs recognize hospitals and specialists that excel at care quality, cost-efficiency, and population health management. Yearly, HMS develops, measures, and scores member hospitals to facilitate these programs. For more information, visit our [website](#).

New Coordinating Center Staff Structure

To better support HMS member hospitals, the Coordinating Center underwent restructuring in 2024. The new structure transitioned one Quality Assurance Coordinator to a new Education and Auditing Coordinator position. The remaining three Quality Assurance Coordinators are each assigned an HMS initiative(s). Abstractors will now interface with multiple Coordinating Center staff members depending on the nature of their request. For example, data requests and other data-related inquiries will be directed to our data analyst and statistical team, when they would have historically been directed to the site's assigned Quality Assurance Coordinator. This new structure increases efficiency within the Coordinating Center and promotes consistency in support of member hospitals.



Facilitation of Quality Improvement

Development of Future Measures

As HMS hospitals continue to excel in our current Antimicrobial Use and Sepsis measures, it becomes increasingly important to identify and consider new measures to maintain and enhance progress. We seek to identify these new measures from various sources and remain flexible to adapt as new information and priorities emerge. Potential considerations for future measures include:

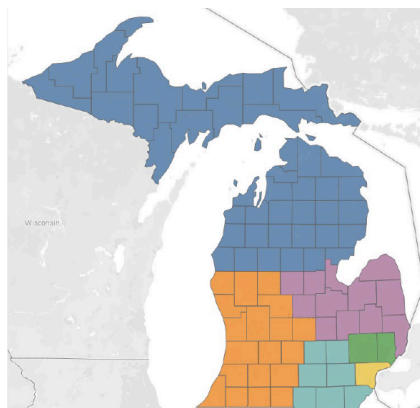
- Updates to national guidelines
- National crises (e.g., the importance of blood culture stewardship during supply chain shortages)
- New opportunities highlighted by national agencies such as the Centers for Disease Control and Prevention (CDC) and Centers for Medicaid and Medicare Services (CMS)

By staying responsive to these evolving elements, we aim to ensure our practices remain at the forefront of patient care and public health.

Updates to Site-Specific Reports

In 2023, HMS conducted a survey among our members to determine their preferred methods for comparing hospital-specific data across the Collaborative. The consensus was to compare hospitals by region. Following this directive and with guidance from the Michigan Collaborative for Type 2 Diabetes (MCT2D), HMS established these regions for our participating hospitals. Comparisons of hospital-specific data to both Collaborative and regional data are now key features of the new reports.

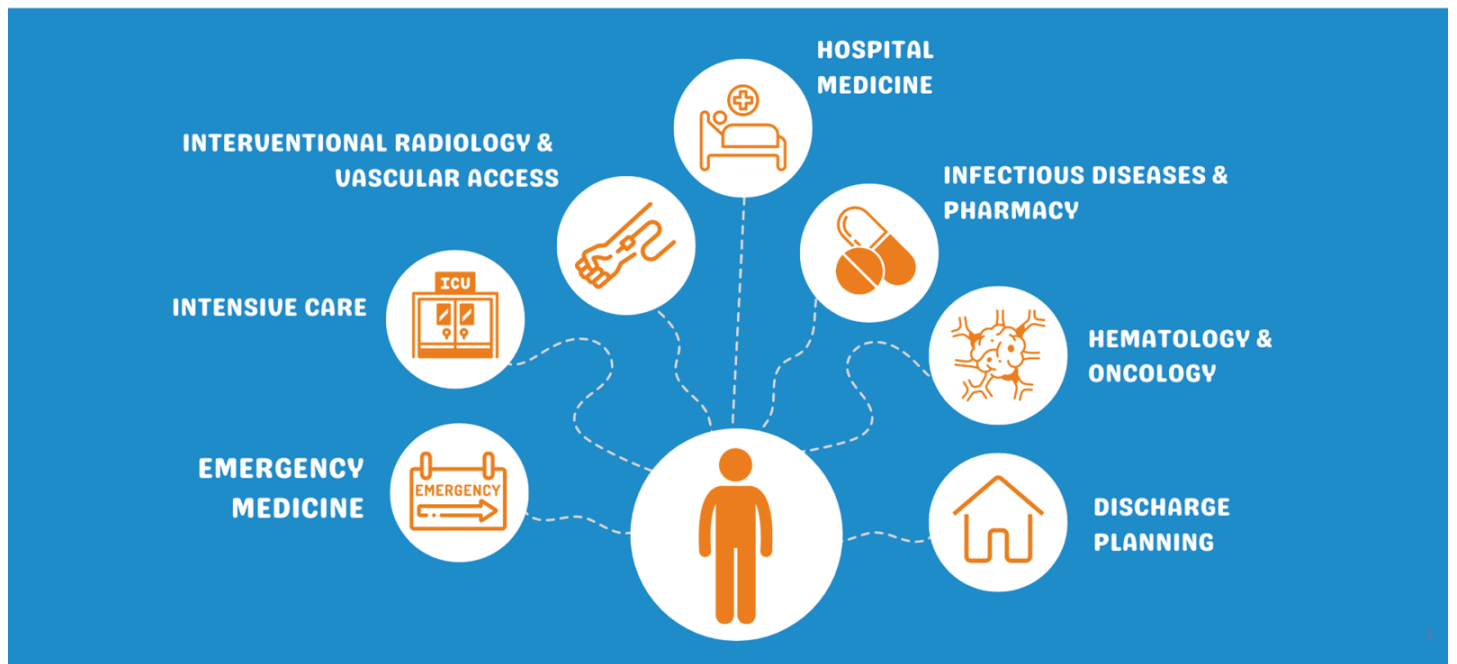
In July 2024, HMS unveiled enhanced site-specific data reports for our Sepsis registry. These new reports were created with valuable input and guidance from the Intensive Care National Audit & Research Centre (ICNARC) in the United Kingdom and were vetted by our core HMS committees.



We will update our HMS reports to align with the format and structure of the new sepsis reports, incorporating user feedback to ensure their utility and effectiveness.

Support and Encourage Multidisciplinary Collaboration

As our quality initiatives have grown, so too has our membership base. To further advance the quality goals of HMS, we will continue to welcome diverse care team members to our meetings and improvement efforts. We aim to foster a broad array of leadership, creating partnerships across care teams. We recognize that some leaders might engage in improvement efforts that extend beyond their primary roles at their local hospitals. Effective care for hospitalized medical patients requires a holistic approach, and by embracing this diversity, we can better address the multifaceted needs of patient care across the State of Michigan.



PICC/Midline Initiative

Special Populations - Critical Care and Active Malignancy

In 2023, HMS members identified two patient populations—critical care patients and those with active malignancy—where optimizing vascular device use remains particularly challenging due to the limited national guidance available. To address this gap, HMS has since engaged with critical care and hematology/oncology experts to explore these specific patient needs and to develop appropriate usage guidelines through collaborative workgroups. These discussions and case reviews will continue through the end of 2024. Upon conclusion, HMS will compile and share the insights and findings with the entire Collaborative for broader application.

MAGIC Oncology

In early 2024, HMS received a grant from BCBSM to develop appropriateness guidelines for intravascular device use in patients with active malignancy. These guidelines will be crafted following the same rigorous process used to create the [Michigan Appropriateness Guide for Intravascular Catheters \(MAGIC\) Guidelines](#), originally published in the Annals of Internal Medicine. To ensure the guidelines' rigor and broaden their impact, we will aim to publish our findings in peer-reviewed journals, thereby enhancing their visibility and adoption. Once the MAGIC Oncology Guidelines are published, we will disseminate the results and publication across the entire CQI portfolio, with particular emphasis on oncology-focused CQIs, to ensure broad distribution and impact.

MAGIC ONCOLOGY TIMELINE



Move to Maintenance in 2025

Starting in 2025, the PICC and Midline initiative will be transitioned to the maintenance phase and the PICC/Midline data registry will be retired. A subset of PICC and Midline data will be collected via the Sepsis registry for both critical care and wards patients to continue to assess data trends and inform future vascular access quality improvement initiatives. We will reallocate the PICC/Midline resources to the Antimicrobial Use initiative allowing us to increase the antimicrobial case volumes.

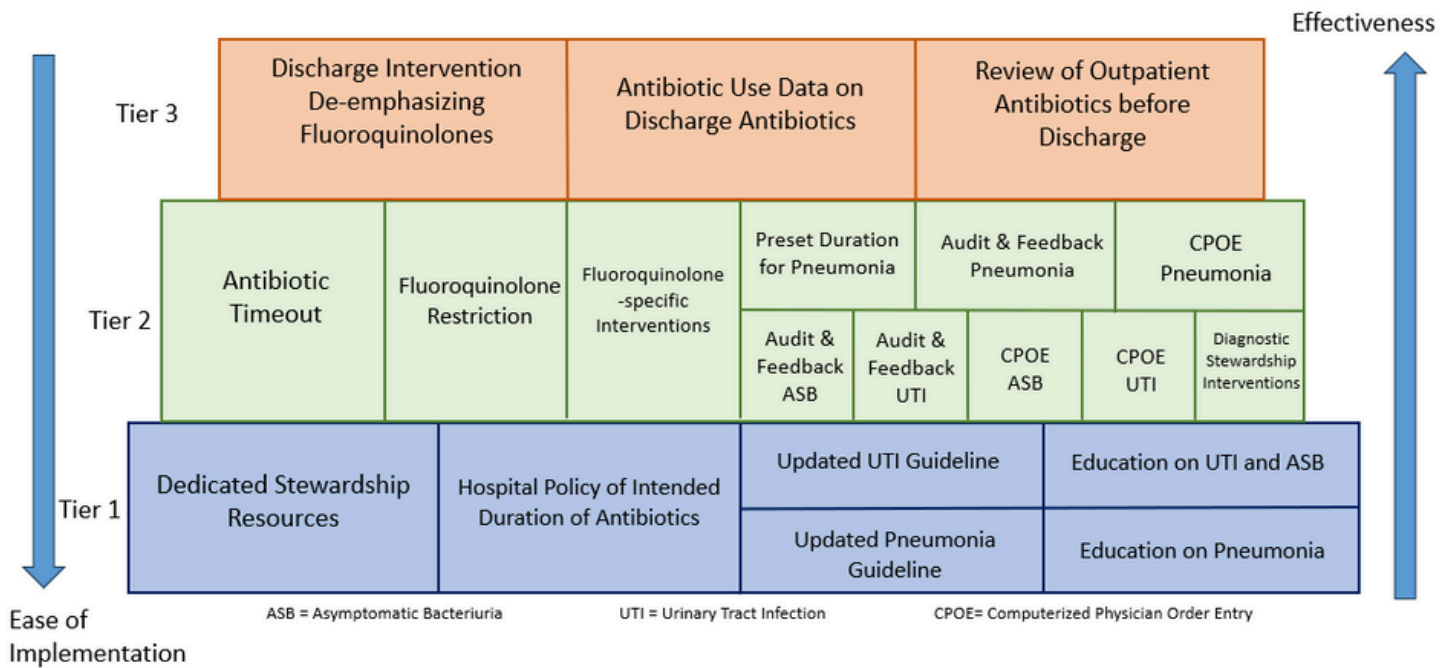
Antimicrobial Use Initiative

Reducing Overuse of Antibiotics at Discharge (ROAD) Home Initiative

HMS has developed a comprehensive framework of interventions aimed at reducing antibiotic overuse at discharge. This initiative recognizes the key opportunity to decrease inappropriate antibiotic durations, particularly for patients with positive urine cultures and pneumonia. In 2023, HMS was awarded a grant from the Agency for Healthcare Research & Quality (AHRQ) to implement this framework in a subset of participating hospitals through the ROAD Home initiative. This randomized control trial is designed to evaluate the effectiveness of different interventions and facilitated implementation to reduce antibiotic overuse at discharge.

In the Fall of 2023, HMS recruited 51 hospitals for this initiative, with 26 randomized to the control group and 25 to the intervention group. Intervention hospitals will receive one-on-one facilitated implementation support from members of the ROAD Home team, which includes HMS antimicrobial experts and leaders. We anticipate applying successful strategies to future quality improvement efforts within the Collaborative.

ROAD Home Framework



Sepsis Initiative

Partnership with the CDC

HMS has enjoyed a longstanding collaboration with the CDC, a relationship that has been instrumental in our Sepsis initiative. In 2023, the HMS Sepsis team partnered with the CDC to develop the [Hospital Sepsis Programs Core Elements](#). This partnership is set to continue as we work together on creating a structural quality measure to assess and benchmark hospital sepsis care practices both within HMS and on a national scale. By leveraging our collaborative experiences and insights, HMS aims to be at the forefront of this critical work. This initiative will empower our member hospitals to better prepare for future national policies and programs.

Quality Improvement & Research

To further our quality mission, HMS will seek to increase our quality improvement and research efforts through four key domains:

Physician Engagement

Physician Specific Awards/Recognitions and Enhancement of the Value Based Reimbursement Program

To enhance the current Value Based Reimbursement (VBR) Program, HMS plans to implement the following key strategies to increase relevance and uptake among specialty physicians:

- Develop illustrative examples showing the financial benefits from VBR incentives
- Continue offering drop-in sessions to address questions from our members
- Provide tailored presentations at member hospitals with a significant number of privately employed physicians
- Engage hospitals that meet VBR measures but have not submitted their NPIs through our Fall Quality Improvement survey
- Reach out to hospitals meeting VBR standards that do not have providers enrolled in the Physician Group Incentive Program (PGIP)
- Support the development of additional VBR measures

These strategies are designed to optimize the program's impact and ensure broad participation and understanding among specialty physicians.

Group Authorship & Acknowledgements

HMS annually publishes approximately 8-10 peer-reviewed articles, featuring authorship by Coordinating Center leaders, members of the Data, Design & Publication Committee, and the ICU Steering Committee. Although authorship is limited by the International Committee of Medical Journal Editors (ICMJE) requirements, opportunities exist for group authorship or acknowledging participating hospitals in the acknowledgements section. These strategies aim to boost engagement and participation across the board.

Communication

Explain the Synergy Between QI and Research

HMS members expressed a perception that the data from the HMS registries is utilized mainly for publication/research purposes. Our longstanding mission is to drive quality improvement by disseminating our work at the national level through peer-reviewed publications, national conferences and presentations, and partnerships with organizations like the CDC. This national focus has enabled our member hospitals to gain traction and increase buy-in from their provider community. We acknowledge that our communication on how this approach drives hospital-specific quality improvement has been limited and irregular. To address this, we will develop a targeted communication strategy to clearly articulate the synergy between our quality improvement efforts and the perceived focus on research.

Share HMS Member Success Stories with Hospital Leadership

Enhance Abstractor Training

HMS members shared several ideas for ways to improve the abstractor training process. In 2024, the HMS Coordinating Center restructured the Coordinating Center to increase efficiency and support for member hospitals. With this new restructuring, an Education and Auditing Coordinator position was created. This role will be active in enhancing and supporting the abstractor education both before,

during and after initial abstractor training. This also includes increasing communication of rationale for data variables and quality improvement survey questions.

Increase Opportunities for Bidirectional Feedback

Feedback will be gathered from hospital members, BCBSM, Coordinating Center physicians and staff, patient representatives, and CQI administration through various mechanisms. These include the biennial Coordinating Center survey, evaluations from collaborative-wide meetings, and a biennial Strengths, Weakness, Opportunities, and Threats (SWOT) analysis.

Targeted Approaches to Facilitate QI Quality Improvement Training

HMS members have shown a keen interest in quality improvement training. In response, we will integrate both basic and advanced quality improvement principles into our existing infrastructure. This will include training sessions at Collaborative Wide Meetings, monthly abstractor conference calls, and additional webinars as needed.

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

CQI Strategic Partnerships

Align Sepsis Measures Across the CQI Portfolio

HMS will take the lead in Sepsis Quality Improvement among the BCBSM CQIs. Over the past several years, HMS has collaborated with various CQIs, including the Michigan Trauma Quality Improvement Collaborative (MTQIP) and the Michigan Surgical Quality Improvement Collaborative (MSQC), to standardize sepsis definitions across our portfolio. Additionally, we have partnered with the Michigan Value Collaborative (MVC) to develop their definition for Sepsis Episodes. Most recently, we are collaborating with MVC to develop post-discharge care coordination measures. We will continue to seek and identify opportunities for synergy across the CQI portfolio.

Strengthen Collaboration with Emergency Medicine

To further enhance care for hospitalized medical patients, forging a strong partnership with emergency medicine is essential. In 2023, HMS co-hosted a Collaborative-Wide Meeting with the Michigan Emergency Department Improvement Collaborative (MEDIC). To encourage continued collaboration, HMS introduced an opportunity for bonus points on our P4P scorecard in 2024, specifically tied to emergency medicine physician attendance at our Collaborative Wide Meetings. Identifying and capitalizing on opportunities to partner with Emergency Medicine and MEDIC will remain a priority in the coming years.

Demonstrating Value by Conducting Economic Analyses

Demonstrating the value of our quality initiatives is a top priority for our funders, partnering hospitals, and the patients we serve. We are committed to evaluating and showcasing the impact of all our quality initiatives to ensure their continued effectiveness and relevance. HMS recently published the value of our PICC initiative in the [Joint Commission Journal on Quality and Patient Safety](#). Demonstrating the impact of quality improvement initiatives can be challenging, but we will leverage our experience and share insights across the entire CQI portfolio.

Data Optimization & Security

Enhance Data Infrastructure & Minimize Risks

All HMS data registries are developed and maintained by the dedicated staff at the Coordinating Center. The lead developer, a professor at the University of Michigan School of Information, is funded by HMS to oversee the construction and upkeep of our registries. This enables HMS to swiftly and cost-effectively implement registry changes as needed. Although the benefits of this arrangement are substantial, several concerns were identified by our participating members. HMS will address these concerns over the next three to five years by:

- Developing standard operating procedures (SOP)
- Annual simulation of implementing a contingency plan
- Expand database training of Coordinating Center staff
- Improving abstractor user experience
- Forecasting and protection against future security concerns
- Improving documentation and usability of code
- Reviewing data collection variables for streamlining.

HMS members additionally expressed concern over the amount of data collected across our initiatives, for both registry data and semiannual QI surveys. HMS will review QI survey questions throughout their creation and data collection variables biennially to streamline data variables as appropriate.

Develop Method for Hybrid Data Collection

Over the next three to four years, HMS will collaborate with member hospitals to develop a voluntary hybrid data collection method for select structured variables from electronic medical records. One of HMS's greatest strengths lies in our unique data, meticulously retrieved by trained abstractors. By automating certain data variables, we can allocate more time to quality improvement, manual data collection for variables not suited to automation, and other vital tasks within the collaborative.

Continuous Innovation

New Initiative (2026)

During the strategic planning process, we discussed several possible new initiatives, including hospital at home, end-of-life care, laboratory stewardship, hospital-acquired conditions, workforce sustainability, anticoagulation stewardship, diagnostic error and a more targeted approach to improving care for critically ill patients. We assessed these initiatives based on the following factors:

- Potential to impact patient outcomes
- Alignment with hospital priorities
- Variability across hospitals
- Important clinical question
- Serves the most vulnerable
- National priority
- Financial impact
- National guidelines
- Identified leader as content expert

We are currently undergoing discussions with stakeholders regarding our next initiative. This includes discussions with local experts, national experts and BCBSM. These discussions will be ongoing during the Fall of 2024 with the goal of launching the new initiative with a pilot program involving volunteer hospitals in 2026.

Growth & Sustainability

Short Stay & Observation

Over the past several years, our member hospitals have increasingly utilized short stay units and observation status, rather than inpatient status, to treat their hospitalized medicine patients. Despite this growth, the quality of care for this patient population remains unclear. To address this, we will be

incorporating observation patients into our antimicrobial and sepsis populations to ensure we remain at the forefront of patient care innovation. HMS has also been awarded a grant from BCBSM to evaluate care practices and outcomes for those patients with sepsis who are being cared for in short stay units and under observation status.

Support Additional Funding Mechanisms

Funding from BCBSM is essential to the infrastructure of our collaborative, enabling us to significantly improve patient outcomes at member hospitals. The collaborative's work would not be possible without the generous support and leadership of BCBSM. In addition to this vital support, it is crucial to identify supplementary funding mechanisms to expand our footprint, enhance our national reach, and bolster support for member hospitals. We have identified the following additional funding opportunities, some of which are already being pursued or have been granted:

- **Philanthropy**
- **Federal (i.e. CDC, NIH, AHRQ, etc.)**
- **Patient-Centered Outcomes Research Institute (PCORI)**
- **Health Services Resources and Services Administration (HRSA)**

Support Out-of-State Partnerships

HMS has been recognized as a leader in enhancing hospital-based patient care and hospitals in other states have expressed interest in joining our collaborative. BCBSM welcomes these discussions, and HMS will provide guidance and expertise as these opportunities arise. Recently, we received requests to replicate the HMS model in Colorado and Utah by HMS leaders Vineet Chopra, MD, MSc (Chair Department of Medicine - University of Colorado) and Valerie Vaughn, MD, MSc (Director of Hospital Medicine Research - University of Utah School of Medicine), respectively. While BCBSM supports expanding to sites outside Michigan, we cannot cover their participation costs. Participating hospitals will be charged a fee determined in collaboration with BCBSM.

Facilitate Partnerships with National Agencies

Since the inception of HMS, forging partnerships with national agencies that influence healthcare policy related to HMS initiatives has been a strategic priority, integral to the growth and success of our collaborative. To date, our most enduring national partnership has been with the Centers for Disease Control and Prevention (CDC). We remain committed to maintaining these invaluable partnerships and will actively seek out additional collaborators. A few of our key partners are listed below:

- **Sepsis Alliance**
- **National Academy of Medicine**
- **Centers for Disease Control & Prevention (CDC)**
- **Centers for Medicare and Medicaid Services (CMS)**

Acknowledgements

On behalf of the HMS Coordinating Center, we would like to thank our hospital partners for their valuable contributions during the strategic planning process.

Contact

Questions? Email HMS Program Manager - Elizabeth McLaughlin (emcnair@med.umich.edu)

Website: mi-hms.org

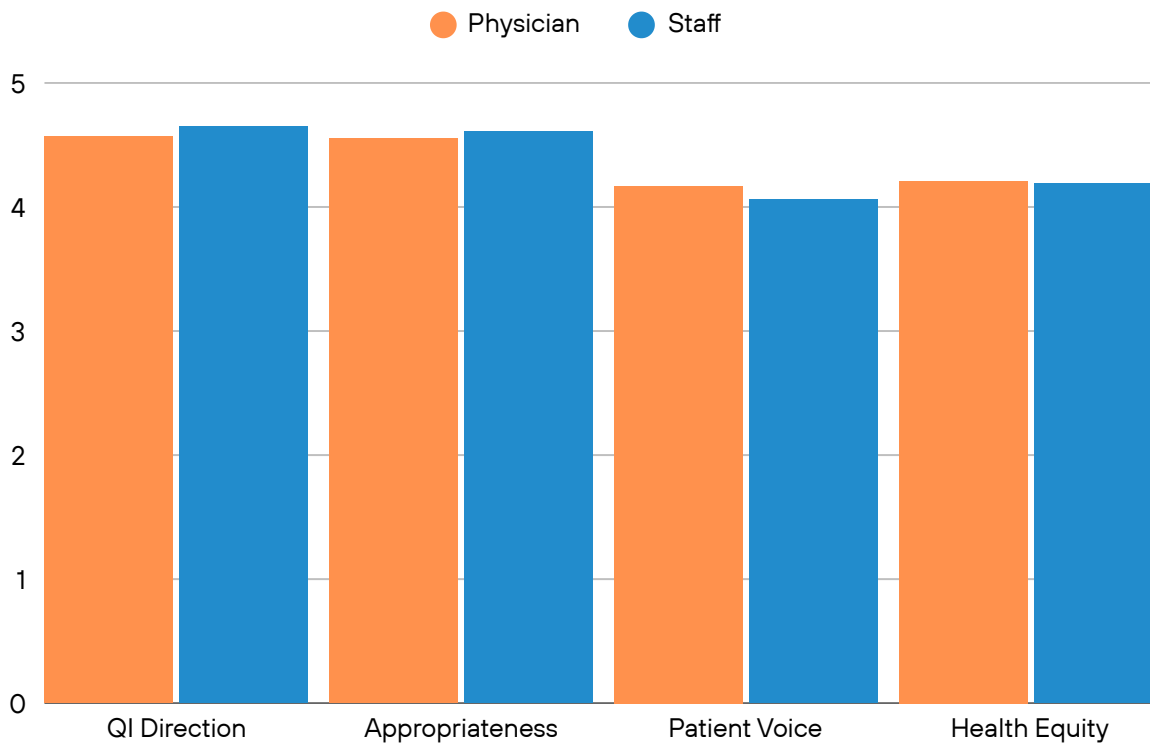
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Appendix

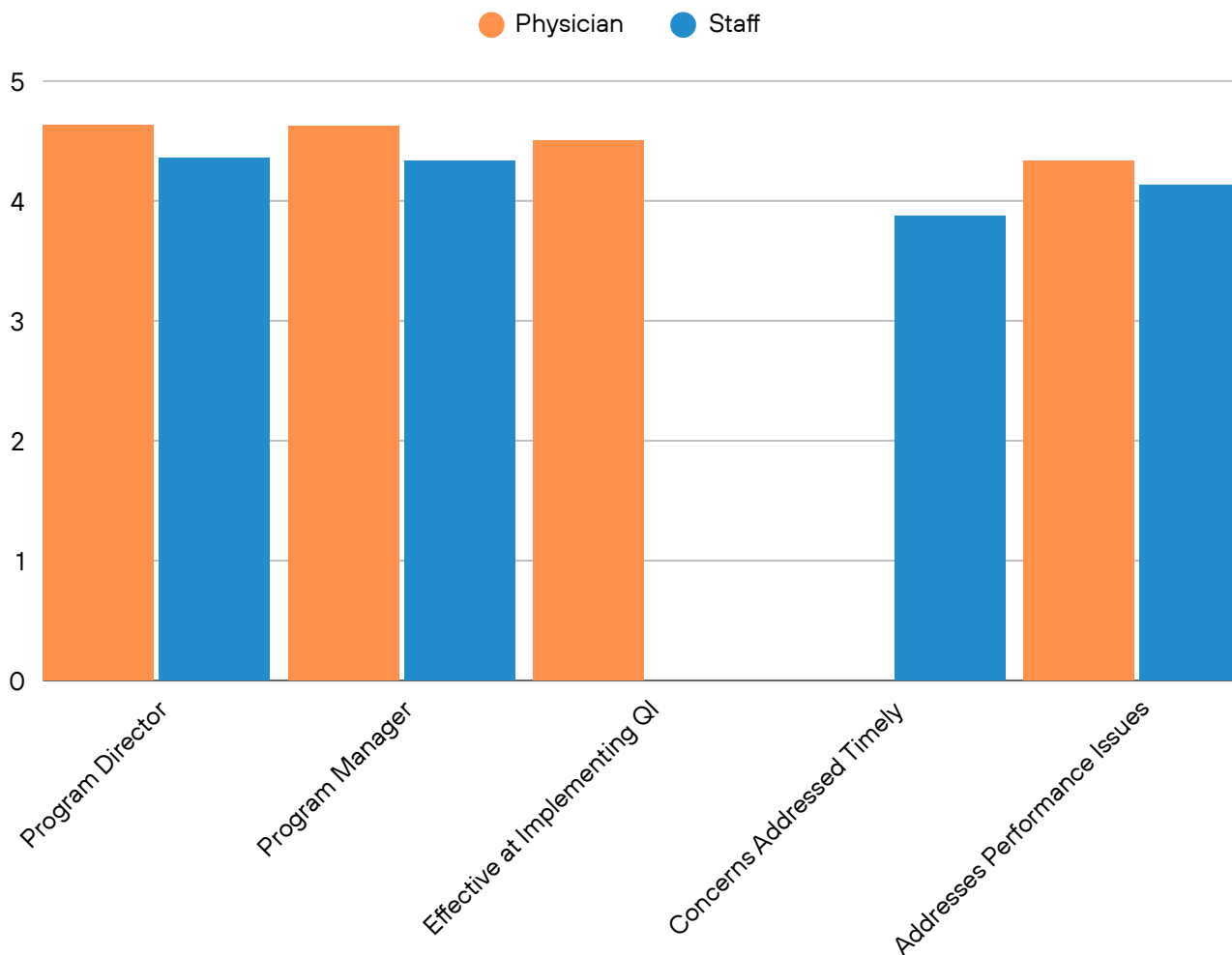
2023 Summary of Biennial HMS Coordinating Center Survey Results

General Vision, Patient Voice & Health Equity



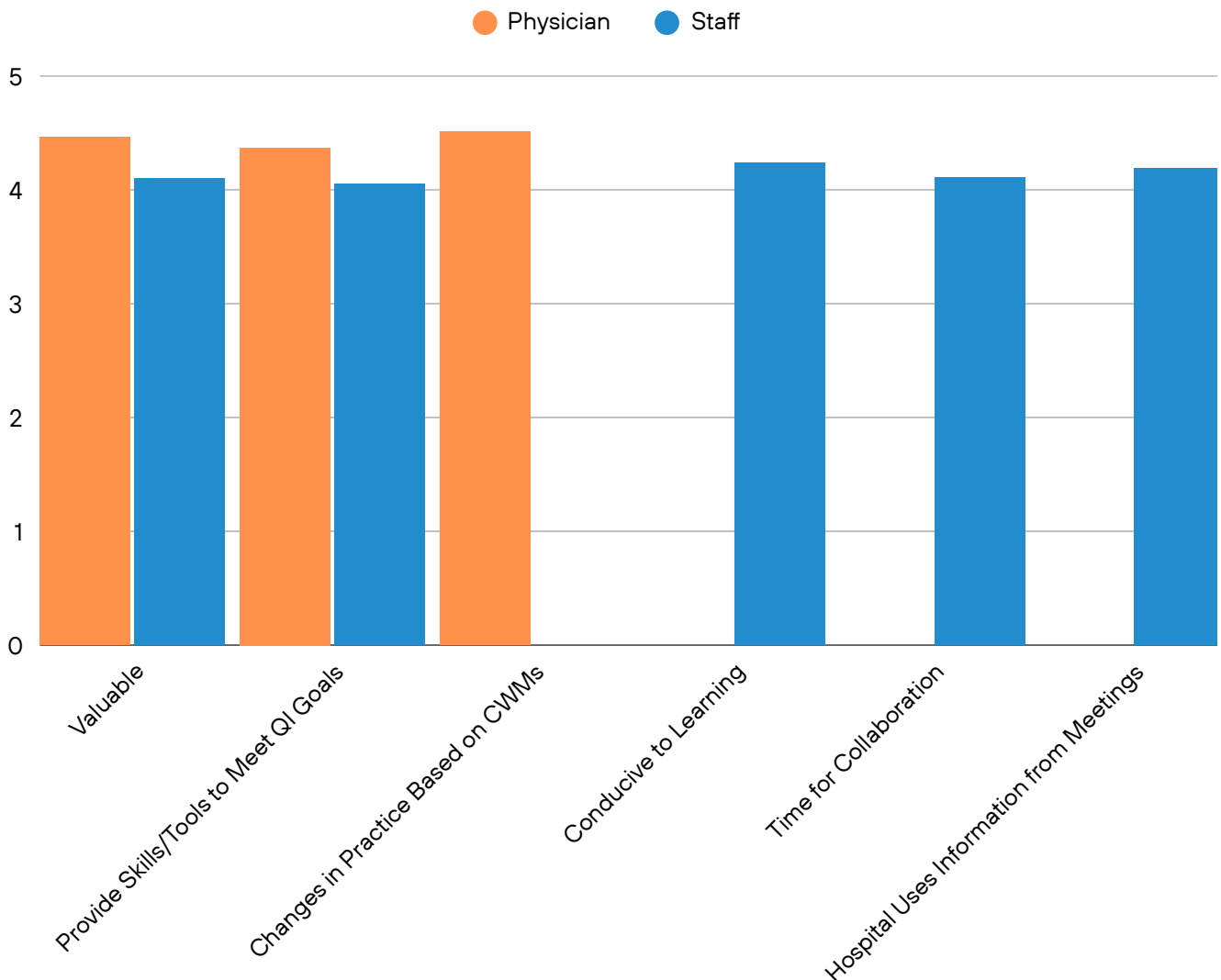
Positive Feedback	Constructive Feedback
<ul style="list-style-type: none">• They do a great job!• Very motivated team	<ul style="list-style-type: none">• Unclear inclusion of patient voice• Opportunities to improve patient reported outcomes (i.e., EMR Integration, reminders on the importance of patient follow-up)• Research vs. QI – “Using data for research”• Limited focus on health equity

Leadership



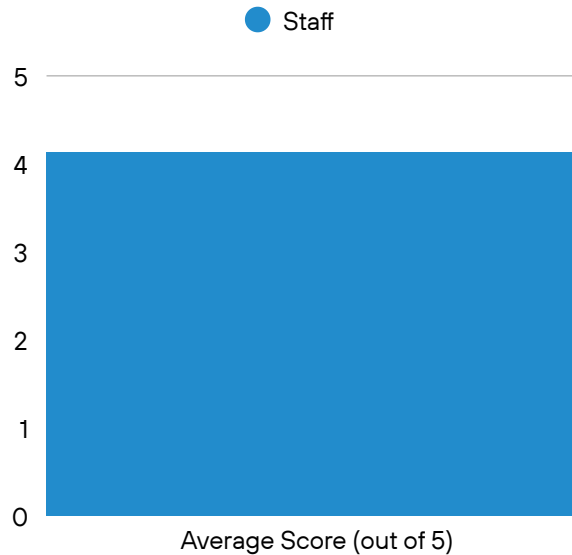
Positive Feedback	Constructive Feedback
<ul style="list-style-type: none"> • I have worked with the coordinating center at HMS for years. I appreciate the very positive relationship between the coordinating center and our hospital. They are always professional, courteous, and responsive to our needs. Thank you!! • Very open to questions! 	<ul style="list-style-type: none"> • Misinterpretation of Program Director & Program Manager • Conflicting viewpoints on follow through from Coordinating Center related to concerns being addressed, feedback received in a timely manner • Request more support for Quality Improvement • Request more understanding of how initiatives connect to the bigger picture of quality priorities in hospital medicine

Collaborative Wide Meetings



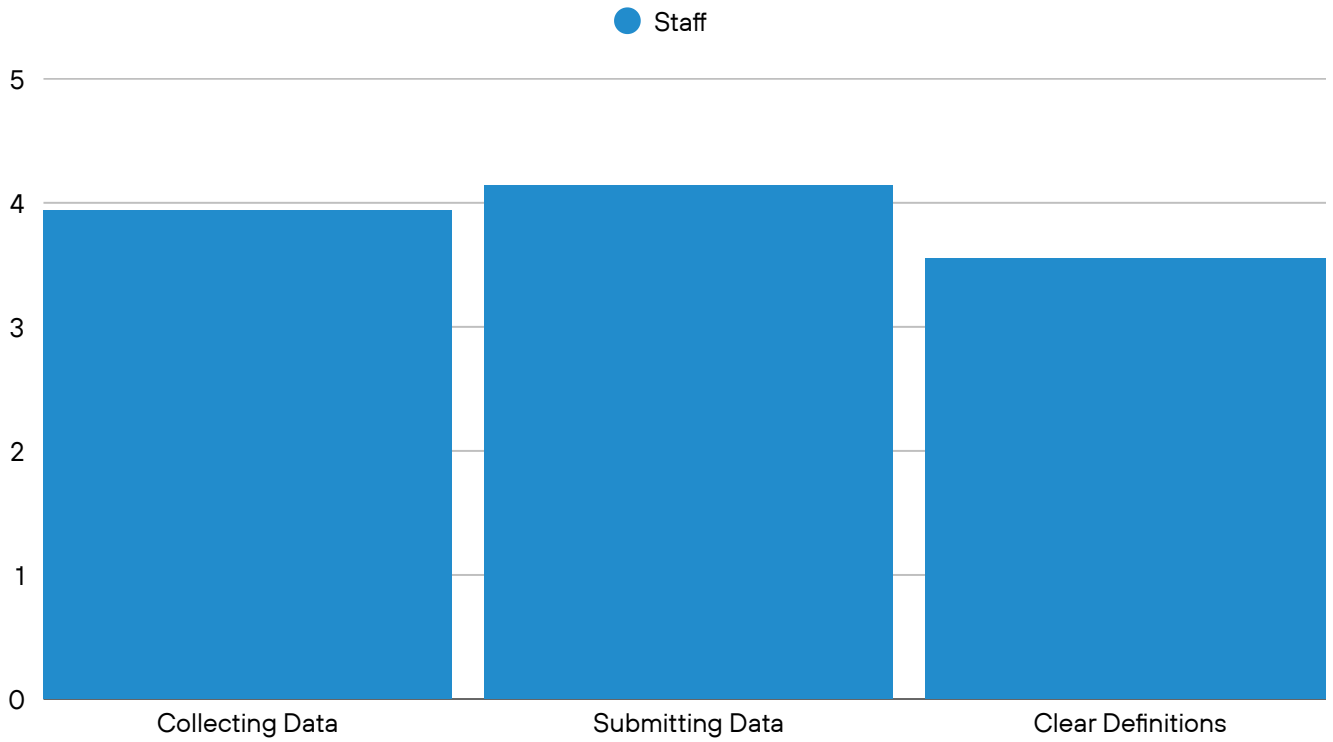
Positive Feedback	Constructive Feedback
<ul style="list-style-type: none"> • CQI is exceptionally effective in helping our hospital reach our goals • Excellent initiative, beneficial to healthcare in Michigan 	<ul style="list-style-type: none"> • Request more virtual meetings. • More evidence-based quality improvement projects focused on sepsis work. • Breakout sessions for collaboration time as well the panel discussions. • Reserve tables to be able to sit with other people from your hospital. • More individualized work with hospitals not meeting goals. • Scheduling more on-site visits and site-specific lectures/presentations.

Abstractor Training

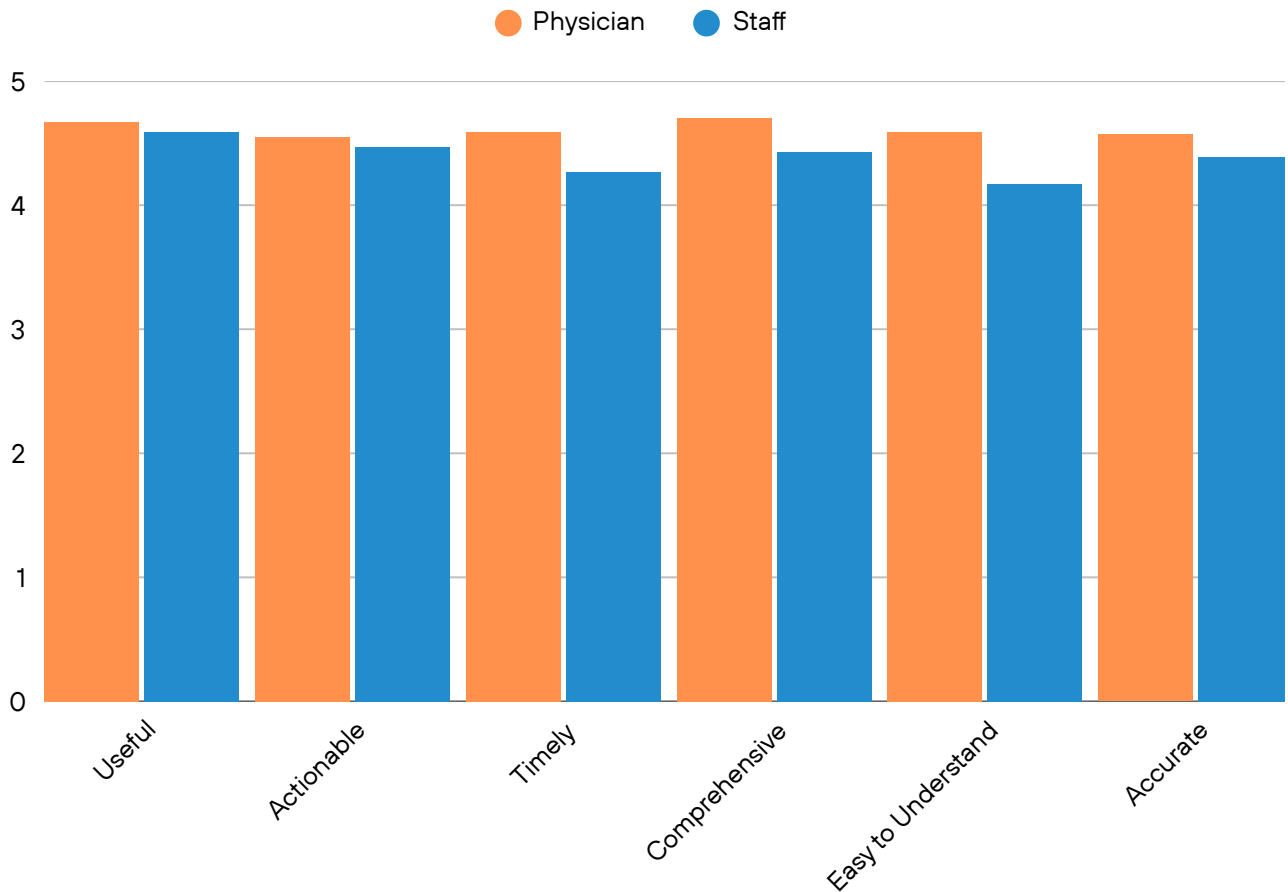


Positive Feedback	Constructive Feedback
<ul style="list-style-type: none"> • Very quick training! • The monthly check-ins have helped. Enjoy abstractor polls in continued learning. We are always continued learning. • “They have done a great job training with abstraction of cases. I also appreciate that they are so responsive to questions. However, I feel more training would have been nice regarding the quality improvement aspect of the role. I was completely unprepared for that part of the role. I also strongly encourage the coordinating center to assign a mentor to new abstractors and/or new participating hospitals. I did ask for that, and the coordinating center was receptive. I feel that without that assigned mentor, I likely would have not continued in the role.” 	<ul style="list-style-type: none"> • I think more emphasis could be placed on learning the report aspect of the database and how to express that information to our team/hospitals. • The CC should consider building a team of abstractors who could be a part of the training team. • Follow up 'drop in' trainings for new abstractors might be useful. • More of a rationale on the data being collected/abstracted. • Empower abstractor to answer questions on their own rather than just instructing them to submit a Zendesk ticket. • Training should be required to be done in person. At least 2 days of training.

Data Registry

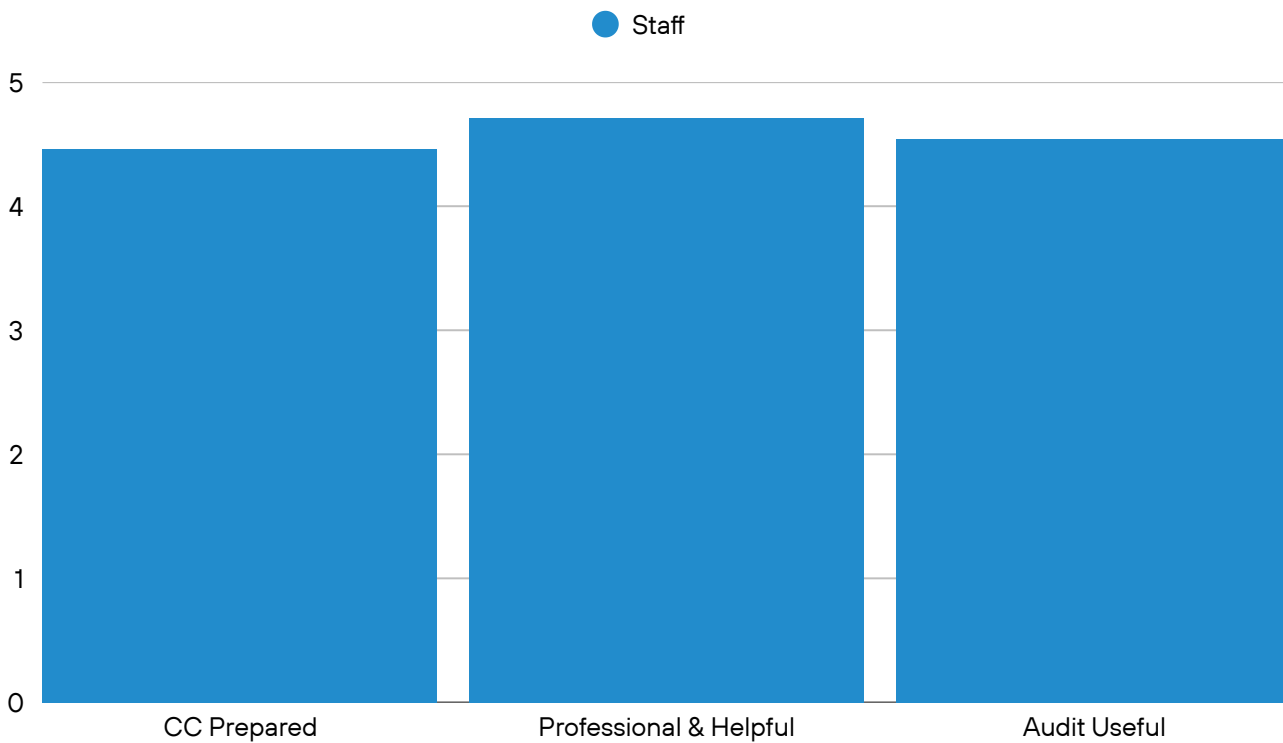


Data Reports



Positive Feedback	Constructive Feedback
<ul style="list-style-type: none"> • The data reports are used and shared widely across our member hospitals and used to set and track their QI goals • The most beneficial report for my site currently is the system comparison. 	<ul style="list-style-type: none"> • Data reports should be sent to the hospitalist each quarter • It would be nice to get a data report in addition to the one we receive (which is very pictorial) that has more detailed information. It would be nice to see running comparisons of prior quarters. • Sepsis – want quarterly reports • I would like to have class sessions regularly available to walk through the reports. • Live reports available at the start of the year with the new performance measures

Audit

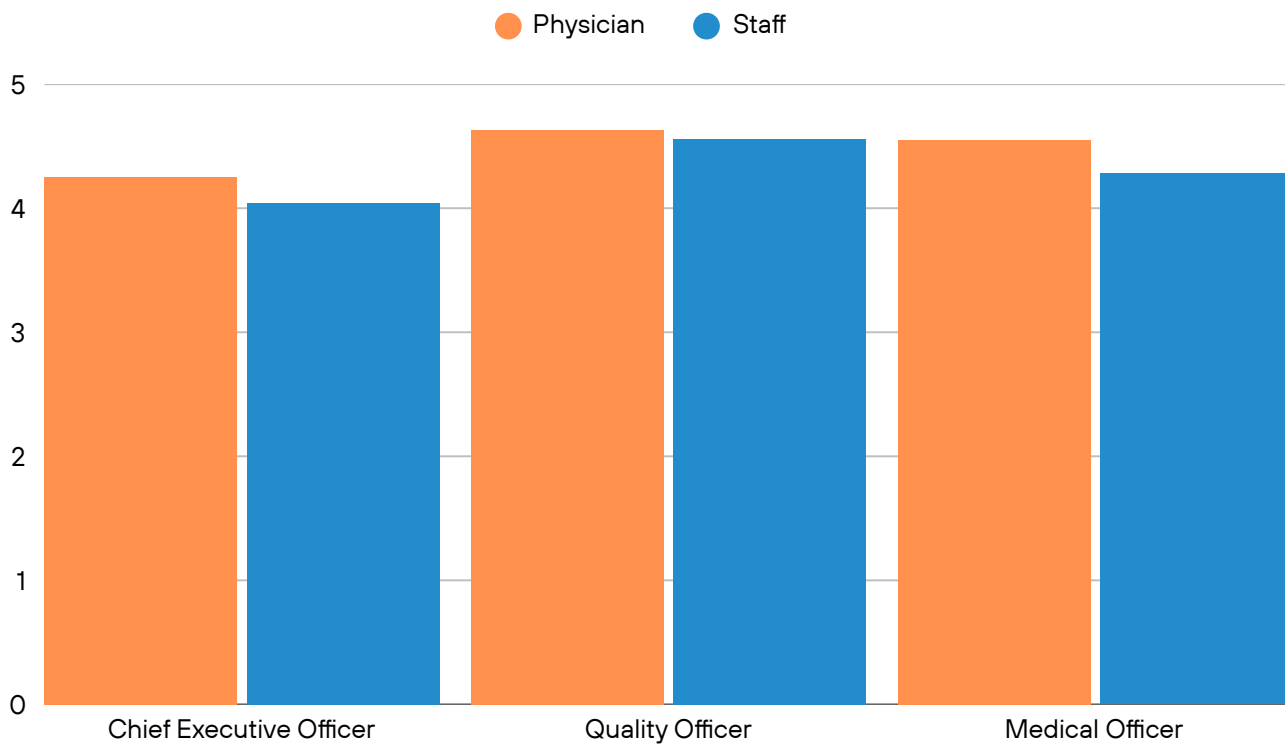


Organizational Support

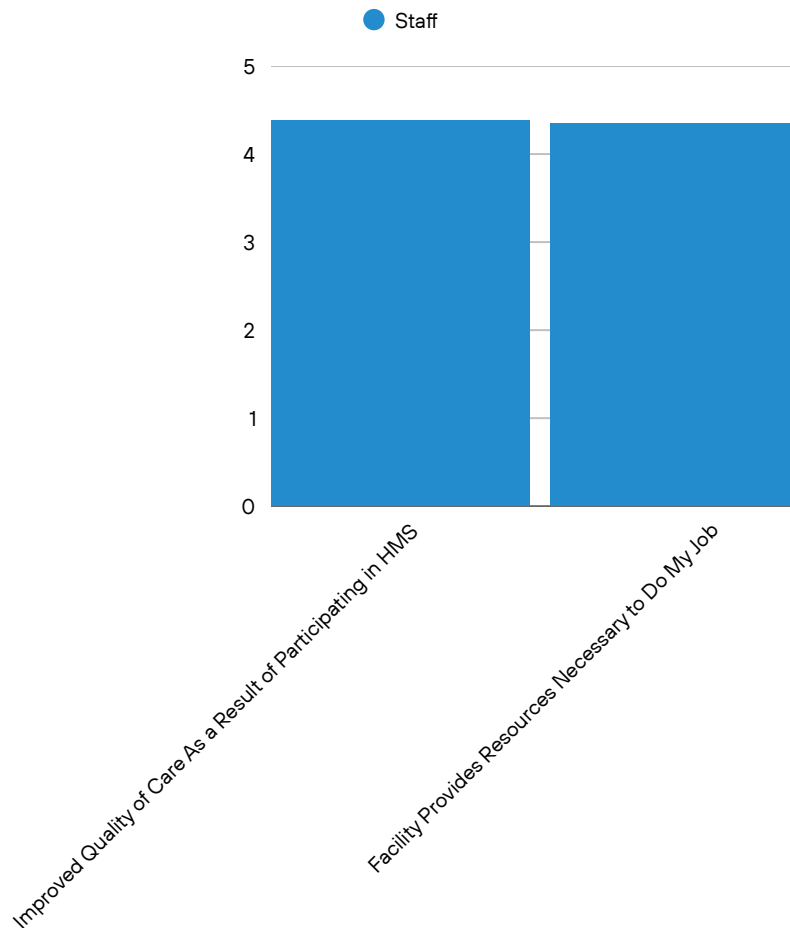
The following leaders in my organization are aware of the work we are doing in the CQI:



My organization receives the necessary support from the following leaders to successfully participate in this CQI project:



Quality Improvement



Constructive Feedback

- Shorter QI surveys
- Live reports ready at start of new year with new performance measures
- I want more robust reports that I can access on demand. Currently we only receive data on the measures, but it would be nice to filter to more granular data for work on our PI projects.
- Ability to run reports so we can compare the hospitals within our own system.
- Those of us involved in HMS should understand what the value is that it brings to our institution.
- Site specific facilitation by the CQI would improve collaboration between roles
- Executive level participation in a collaborative wide meeting.
- Site visits
- Providing actual data to HMS staff members (abstractors, pharmacists, physicians) on the financial incentives the institution receives due to our efforts

HMS SWOT Analysis

S

Strengths

Coordinating Center

- Dedicated physician leaders & staff
- Physician Leaders = National Experts

Data & Infrastructure

- Robust, accurate and novel data

Impact & National Presence

- Successfully improve patient outcomes across diverse Michigan hospitals
- Strong national presence and partnerships (i.e. CDC, etc.)

Site Support

- Strong hospital engagement including leadership
- Collaborative wide meetings, best practice sharing, toolkits, site visits, and system level reporting contribute to site engagement

Research

- Grant funding

W

Weakness

Coordinating Center

- Small coordinating center team (i.e. spread too thin, response time, turnover limits progress)

Data & Infrastructure

- Data collection burden and costs (i.e. downtimes, quirks, changes)
- Limited and accurate patient reported outcomes

Site Support

- QI support for lower performers & the need improved QI methodology

Engagement

- Lack of partnership with Emergency Medicine
- Resource heavy for physicians
- Perception of "Research"

T

Threats

Coordinating Center

- Staff/leadership turnover

Data & Infrastructure

- Data collection burden and costs (i.e. downtimes, quirks, changes)
- Limited and accurate patient reported outcomes

External

- Competing demands of CQI Administration & other CQI's
- For profit private equity teams buying hospitals

Engagement

- Competing/misaligned hospital priorities

BCBSM Funding

O

Opportunities

Data & Infrastructure

- Electronic data capture & more advanced data reporting/reports
- Improve PRO's data through collaboration with other entities to augment data (i.e. outcomes)

Impact & National Presence

- Expand beyond Michigan & drive work at the national level
- Establish additional linkages with SHM (i.e. mentoring groups)

Site Support

- QI work across initiatives
- Improve engagement with physician champions (i.e. VBR, QI support)
- Mentored 1:1 Coaching

Implementation Science

- Increase rigor - cluster-randomized interventions/stepped wedge implementation

Key Partnerships

- Collaborative with other CQI's
- Continued partnership with ED