

HMS

MICHIGAN HOSPITAL MEDICINE
— SAFETY CONSORTIUM —



December 2025 Newsletter



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MESSAGE FROM THE PROGRAM DIRECTOR



Season's Greetings!

As we approach the end of another year, I am proud to reflect on the tremendous strides we have made together in enhancing the care of hospitalized patients. Our collective efforts have resulted in significant improvements across many of our HMS quality measures, leading to meaningful, measurable changes in patient outcomes.

Most notably, this year has seen a reduction in unnecessary antibiotic use and an increase in survival rates for patients hospitalized with sepsis—progress that was clearly demonstrated by the data shared at our November Collaborative Wide Meeting. These accomplishments would not have been possible without your unwavering dedication, resilience, and hard work.

I recognize that the daily demands of healthcare are both challenging and ever-evolving. Yet, despite these pressures, you continue to make a profound difference in the lives of the patients we serve. Your commitment to excellence, willingness to share best practices, and spirit of collaboration set a remarkable example—not only for our community but for the nation and beyond.

As we celebrate this season of gratitude, I want to thank each of you for your contributions and your compassion. Together, we are united in our mission to provide the highest quality care for all patients, and I am truly inspired by what we have accomplished as a Collaborative.

Wishing you and your loved ones a joyful holiday season and a healthy New Year!

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



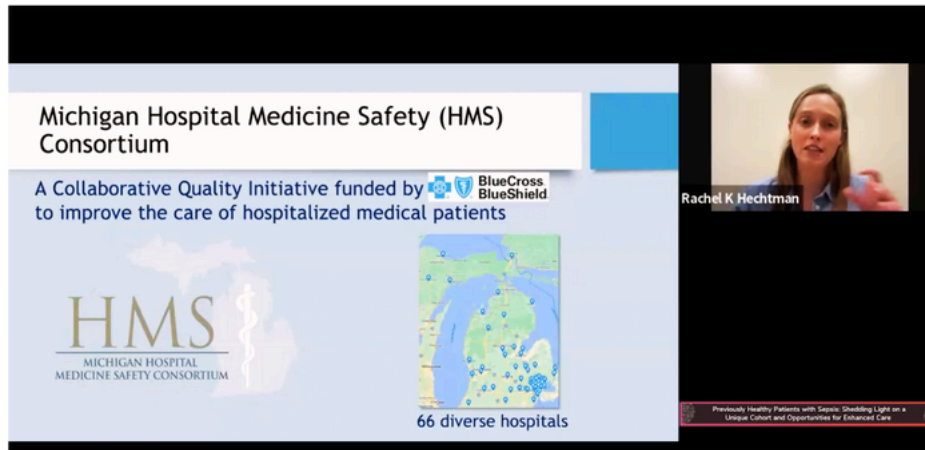
RECENT HIGHLIGHTS



HMS Presents at the 2025 Sepsis Alliance Summit

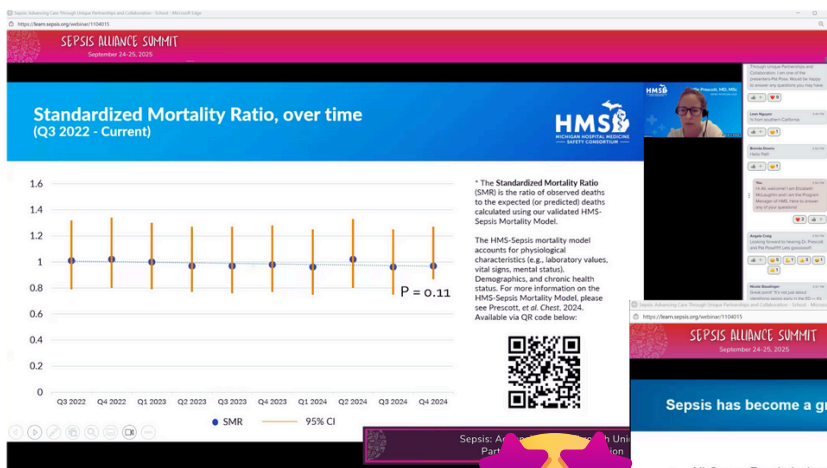
In September, HMS presented at the 2025 Annual Sepsis Alliance Summit. If you would like to view the presentations, please visit the [Sepsis Alliance Website](#):

[Previously Healthy Patients with Sepsis: Shedding Light on a Unique Cohort and Opportunities for Enhanced Care](#)
Dr. Rachel Hechtman, HMS Sepsis Expert shared an analysis looking at previously healthy sepsis patients.



Sepsis: Advancing Care Through Unique Partnerships and Collaboration

Dr. Amy Milewski (BCBSM), Dr. Scott Flanders, Dr. Hallie Prescott and Pat Posa presented the HMS Sepsis Initiative.



Angela Craig 3:50 PM
Looking forward to hearing Dr. Prescott and Pat Posa!!!!!! Lets gooooo!!!



Angela Craig 4:22 PM
This is such an amazing program!!

- All Cause Readmissions is a CMS STAR measure with increasing weight for health plans – triple weighted for 2025!
- An analysis on trending data identified sepsis as a key driver of admissions and readmissions and is significantly correlated with same diagnosis readmissions.
 - Sepsis is a top-10 diagnostic cause for readmission
 - A literature review found results consistent with plan findings: 17.5% of patients with a sepsis diagnosis were readmitted in 30 days largely due to infectious etiology*

Source: 1. Epidemiology and Predictors of 30-Day Readmission in Patients With Sepsis - CHEST (pubmed.org)

Key customer concerns:

- Sepsis affects at least 1.7 million US adults each year. A significant driver of hospitalizations, sepsis is a leading cause of hospital deaths (1 in 3).
- Up to 80% of sepsis deaths could be prevented with early recognition and proper care.
- Concerns about long lasting impacts and disability for survivors – survivors often face long term health issues like organ dysfunction, cognitive decline, PTSD, and an overall lower quality of life.
- Driving increases in cost of care - Sepsis is the most expensive condition treated in the U.S. hospitals costing \$62 Billion annually

Nicola Staudinger 3:50 PM
Great point! "It's not just about identifying sepsis early in the ED – it's about identifying it accurately, so patients get the right care without unnecessary overtreatment."



RECENT HIGHLIGHTS

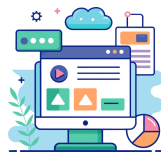
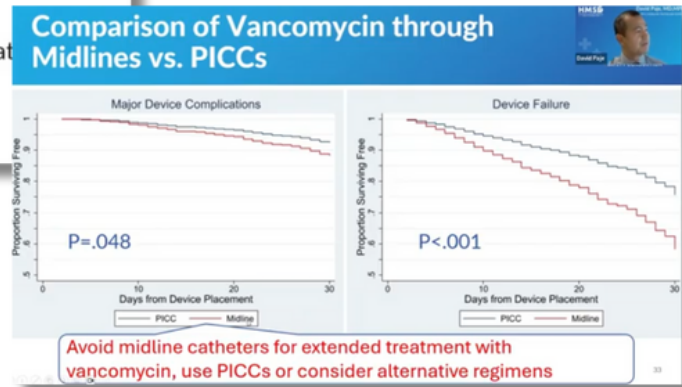


Outpatient Parenteral Antibiotic Therapy (OPAT) Vancomycin Webinar

In October we hosted a webinar to share recent findings from the HMS-PICC/midline data suggesting that while midlines had a lower risk of major device complications compared to PICCs in patients receiving Outpatient Parenteral Antibiotic Therapy (OPAT), midlines have a high risk of serious device-related events and failure compared to PICCs in OPAT patients receiving Vancomycin. We reviewed the data on the ability to safely deliver Vancomycin via midlines and discussed safe alternatives to OPAT. Click [HERE](#) to view the webinar.

Learning Objectives

- Describe the role of midline catheters in outpatient parenteral antimicrobial therapy (OPAT)
- Recognize the importance of infusate-device compatibility and midline catheter-related complications
- Discuss alternatives to OPAT with Vancomycin



NEW HMS Website Launches!

In October we launched our new [website](#)—designed to better serve our collaborative and support our shared mission of improving patient safety across Michigan hospitals.

Here's what you'll find on the new HMS website:

- **Streamlined Navigation:** Quickly find what you need with simplified menus and a clean layout that makes browsing intuitive and efficient.
- **Enhanced Member Portal:** Secure access to past collaborative wide meeting materials, quality administrator and data abstractor resources, and events.
 - Use this [link to request](#) member-only access to review these materials, resources, and events.
- **Curated Quality Initiative Sections:** Browse toolkits, best practice guidelines, educational materials, visual abstracts, and archived webinars.
- **Event Calendar:** Stay up to date with upcoming collaborative meetings, webinars, and training sessions.
- **News & Updates Section:** Get the latest on HMS initiatives, publications, and member highlights.
- **Mobile-Friendly Design:** Access HMS resources from any device—whether you're at your desk or on the go.

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Search

About For Members For Patients Quality Initiatives News & Events Collaborations

Elevating Hospital Care Quality and Safety Together

The Michigan Hospital Medicine Safety Consortium (HMS) unites hospitals and clinicians across Michigan in a powerful data-driven partnership to protect patients from preventable harm. Through our current Antimicrobial Use and Sepsis initiatives, we work to improve treatment practices, reduce complications, and enhance patients safety statewide.

ABOUT US

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 improvements.

RECENT HIGHLIGHTS



November 2025 Collaborative Wide Meeting

The HMS Collaborative-Wide meeting was held on November 5th at Suburban Collection Showplace in Novi. This event reinforced our commitment to health system-level collaboration and provided opportunities for interactive learning and peer exchange.

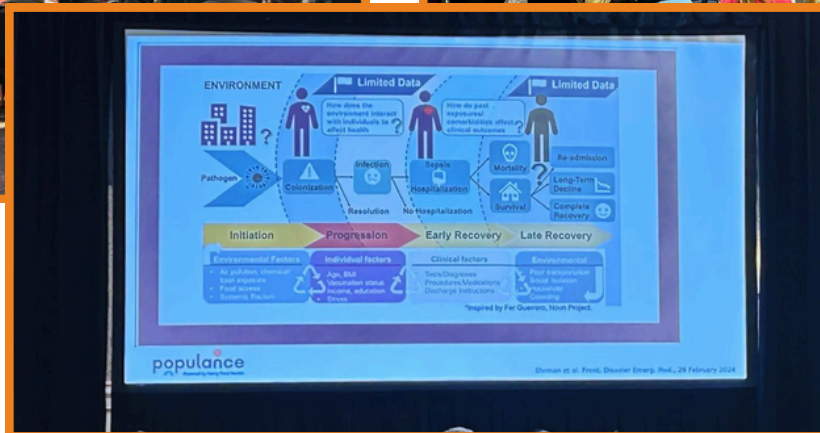
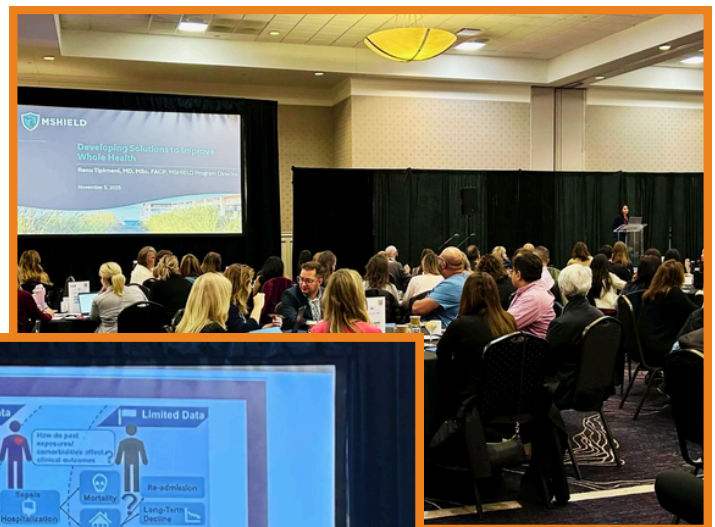
Recognizing the growing need for post-discharge support in areas such as mental health, financial resources, and functional limitations (including self-care and transportation), HMS partnered with MSHIELD CQI to co-lead a session focused on promoting whole health through data-driven community partnerships.

Featured Presentations:

- Dr. Renu Tipirneni, MD, MSC, FACP, MSHIELD Program Director, presented “*Developing Solutions to Improve Whole Health*”, highlighting resources available for patients after discharge.
- Two HMS member hospitals shared strategies to address these needs:
 - Dr. Peter Watson, MD, MMM, FACP, SFHM, Chief Clinical Success Officer at Populance (a Henry Ford Health subsidiary), presented “*Social Screening and Support for Patients Recovering from Sepsis*”.
 - Stephanie Pins, MSA, CPHQ, Director of Value Analysis and Enhancement at MyMichigan Health, presented “*Impacting Health for All People*”.

A key component of the agenda was an interactive working group session, where participants were grouped by hospital size and resource levels to discuss strategies for supporting patients at discharge and post-discharge.

Additionally, Bridget Demler, MHA, MSN, CCRN, Angela LillibrIDGE, MSN, RN, and Erin Upston, RN, MSN, from Bronson Battle Creek and Bronson Methodist Hospital, shared insights on the Sepsis Facilitated Implementation Program: Improving Time to Antibiotics for Patients Presenting with Sepsis and Hypotension.



RECENT HIGHLIGHTS



November 2025 Collaborative Wide Meeting (cont'd)

During lunch, hospitals showcased their latest quality improvement projects by sharing posters.



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

Welcome to HMS - New Member Orientation

- An introduction to HMS's mission, structure, key performance measures, and QI resources, plus opportunities for engagement and collaboration.

From Evidence to Action: Promoting Balanced Crystalloid Solutions in Sepsis Treatment

- Guidance on applying the A3 QI process to increase use of balanced solutions, including barriers, best practices, and practical tools for implementation.

Urine It Together: Collaborating on UTI Guideline Implementation

- Strategies for implementing updated IDSA UTI guidelines, including EHR enhancements and education plans, with collaborative discussion on next steps.

Abstractor Education Series: ABCDEF Bundle - Element B

- Focused on Spontaneous Awakening Trials (SATs) and Spontaneous Breathing Trials (SBTs), this session reviewed documentation challenges and best practices to improve abstraction accuracy and patient outcomes.

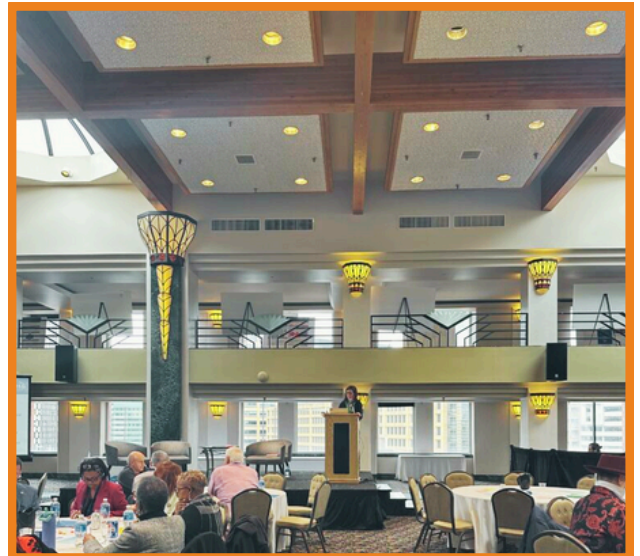
RECENT HIGHLIGHTS



HMS at the Henry Ford Health 9th Annual Patient Advisor Retreat

At the 9th Annual Patient Advisor Retreat hosted by Henry Ford Health, Elizabeth McLaughlin (HMS Program Manager) and Caitlin Tatarcuk (Quality Assurance Coordinator) facilitated an engaging session attended by nearly 100 patient advisors, caregivers, and advocates. Their dialogue centered on the critical importance of the hospital discharge process within overall care delivery, highlighting the necessity of effective post-discharge care coordination.

Participants worked together to identify the strengths of current procedures, examine areas needing improvement, and share insights on optimizing transitions from hospital to home. This session encouraged meaningful discussions aimed at enhancing patient experiences and outcomes during this vital stage of care.



HMS Presents at MIDS/MDHHS Annual Fall Scientific Conference

On November 13, 2025, HMS members took part in the Annual Fall Scientific Conference organized by the Michigan Infectious Disease Society (MIDS) and the Michigan Department of Health and Human Services (MDHHS). The event commenced with a warm welcome and introductions by Dr. Anurag Malani, HMS member and MIDS President. Our HMS antimicrobial physician lead, Dr. Tejal Gandhi shared valuable insights gained from the HMS collaborative. Additionally, HMS member Lisa Dumkow, PharmD, BCIDP, FIDP, presented on advancements in therapeutics for multi-drug resistant Gram-negative infections.



RECENT HIGHLIGHTS



HMS Presents at MTS/SCCM 2025

On November 21, 2025, HMS members participated in a collaborative scientific session organized by the Michigan Thoracic Society (MTS) and the Michigan Chapter of the Society of Critical Care Medicine (SCCM).

- Presenters included:
 - Dr. Hallie Prescott, Sepsis Physician Lead at HMS
 - Dr. Paul Bozyk, Critical Care Physician Co-Lead at HMS
 - Pat Posa, RN, BSN, MSA, CCRN, FAAN, Quality and Patient Safety Program Manager at HMS



They delivered a presentation titled “Michigan Hospital Medicine Safety (HMS) Consortium – Quality Improvement Updates.”

Additionally, HMS member Dr. Zahia Esber shared the most recent advancements in pulmonary care.

Our New Data, Design, and Publications Abstractor Representatives!

ABX/Critical Care DDP Rep



Jennifer Hall, BSN, RN
Corewell Health Wayne Hospital

“I am dedicated to serving as a thoughtful resource during subcommittee meetings, offering insight into abstraction-related topics. By providing input on data collection and quality improvement, I aim to shape processes that make abstraction more efficient and accurate - benefiting both my peers and the collaborative.”

Sepsis DDP Rep

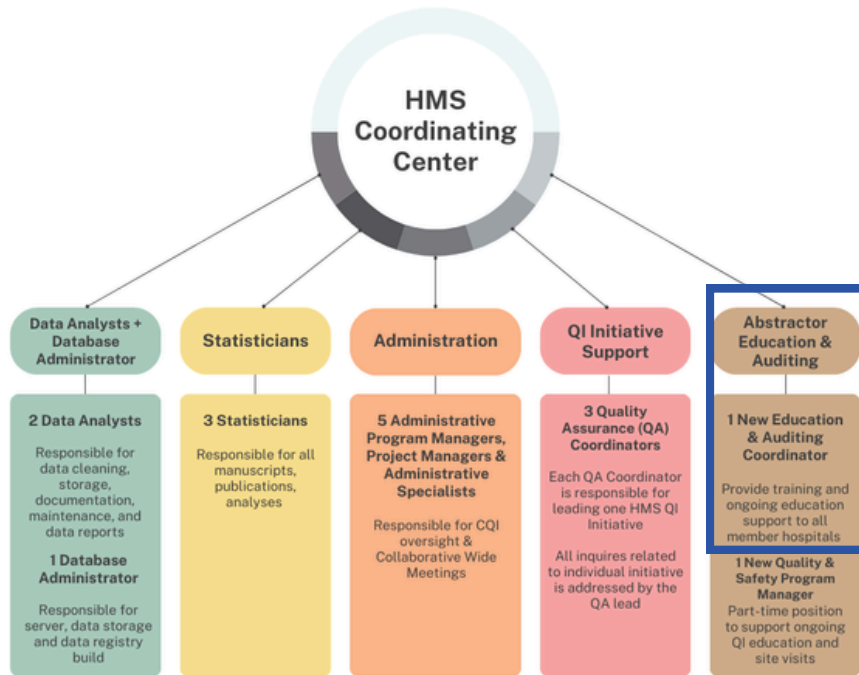


Karrie Mungin, MSN, RN
MyMichigan Health Alma & Alpena

“The Sepsis Data, Design, & Publications (DDP) Abstractor Representative role is an opportunity to utilize nursing knowledge and abstraction experience to progress the Collaborative to improve patient outcomes. My goal is to incorporate voices of all abstractors and foster collaboration to achieve project targets and advance quality patient care in sepsis.”

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 your Education Specialist?



Rebecca Mayer, MT(ASCP), MPH

How do I support you?

- Lead for annual site audits
- Lead for abstractor training
- Training content development
- Training date planning & coordination
- Abstractor perspective
- Abstractor resources/tools
- Training management system support
- Educational guidance & consultation

Meet Kim!

Kim lives in Niagara, WI with her husband and their four children. She became a nurse in 2014 while working as a patient support tech at the Indiana Heart Hospital. She then worked as an RN on the pediatric cardiac step-down unit at Riley Hospital for Children in Indianapolis for 5 years before moving North to work in the Emergency Department at Marshfield Medical Center-Dickinson since 2018.

Kim recently joined the Quality team at Marshfield in June of this year and has been enjoying the new role as the **HMS ABX Abstractor** in addition to her MEDIC Abstractor duties.



Kim Jefferson, RN

*Marshfield Medical Center -
Dickinson*

Do you have any tips or suggestions for increased efficiency and quality of data abstraction?

I am still learning myself to increase efficiency and quality but utilizing the Data Definitions as well as effectively navigating our EMR has been key. Reaching out to our previous abstractor Katie has also been extremely helpful, and when I am in a good rhythm I try not switch tasks until I feel the burnout.

What do you enjoy most about being part of HMS?

I love that we are all working in our individual healthcare systems and sharing data to improve patient outcomes. It is great to see HMS willing to help our sites improve quality initiatives with numerous resources and the site visits are extremely beneficial!



Meet Wendy!

Wendy lives in Quinnesec with her husband, Steve, daughter, Lydia (also a RN at the hospital in the OR), son, Luke, and father, Butch. She has worked in the healthcare field since 2003. Wendy graduated from Bay College in Escanaba, MI, with her Associated Degree in Nursing in 2009. Her nursing background includes inpatient med/surg, dialysis, school, nursing homes, emergency department, home health, and quality management.

Wendy has worked several times for Marshfield Medical Center – Dickinson over the years. Wendy has been the **HMS Sepsis abstractor** for approximately 3 years. She also is the CMS SEP-1 Core Measure abstractor.



Wendy Decker-McMillan, RN
*Marshfield Medical Center -
Dickinson*

Do you have any tips or suggestions for increased efficiency and quality of data abstraction?

- Use the HMS resources – that’s what they are there for
- Don’t be afraid to ask questions (or use Zendesk)
- Pay attention in the zoom meetings as your co-abstractors might be presenting on their own tips and tricks - that you could borrow

What do you enjoy most about being part of HMS?

Wendy thoroughly enjoys digging into the data of the charts, figuring out the “puzzle” of the patients, and knowing that she is making a difference in the quality of care of the patients.



HOSPITAL HIGHLIGHT

Marshfield Medical Center – Dickinson

Marshfield Medical Center – Dickinson is a fully integrated medical campus located in Iron Mountain, MI, that provides comprehensive inpatient and outpatient health care to residents in the Upper Peninsula of Michigan and northeast Wisconsin. Marshfield Medical Center – Dickinson is a Critical Access Hospital and is accredited by The Joint Commission.



ABX Team Structure:

- Kim Jefferson, BSN, RN - Abstractor
- Dr. Kenneth Friar, MD - Physician Champion
- Tara Kapeles, MS, BSN-RN - Manager Quality Management

Sepsis Team Structure:

- Wendy Decker-McMillan, RN - Abstractor
- Dr. Brian Brazeau, MD - Physician Champion, Emergency Dept.
- Dr. Troy Ahlstrom, MD - Physician Champion, Inpatient
- Tara Kapeles, MS, BSN-RN - Manager Quality Management

2025 Achievements:

- HMS on site visit and Grand Rounds
- Improved on use of LR, met goal for 2025
- Improved on follow up with patients after discharge
- Educated staff at nurses' skills day
- Educated community at YMCA outreach program
- Launched Firstline, a mobile-friendly clinical decision support tool designed to streamline the identification and selection of appropriate antimicrobial therapies

2026 Goals:

- Educate each department and staff on Sepsis
- Increase public awareness of Sepsis, including EMS and Home Health
- Improve use of LR in emergency and inpatient departments for more favorable patient outcomes
- Work with ED physician champion and nurse champion to increase compliance with HMS teachings through education
- Increase pharmacy involvement in rounding
- Close collaboration with departments involved in new critical care component

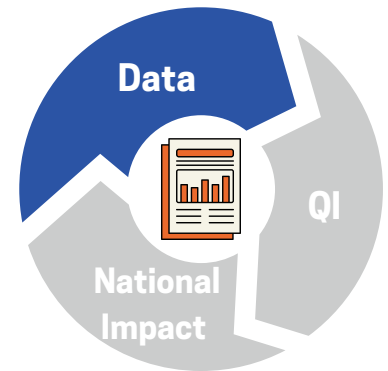


Data

Corewell Wayne's HMS Antimicrobial Newsletter!

Many member hospitals are actively implementing strategies to enhance antibiotic use for patients with community-acquired pneumonia and urinary tract infections. One effective approach taken by Corewell Health Wayne is the dissemination of information regarding the HMS Antimicrobial Initiative and their performance through a newsletter that highlights our current 2025 performance measures:

- Increase the use of 5 days of antibiotics for uncomplicated CAP to over 75%
- Reduce antibiotic use in patients with asymptomatic bacteriuria to below 10%



The newsletter also includes the rationale and guidelines for each measure, along with the hospital's current performance metrics.



Q4 2024 CAP DATA

We have made significant progress in optimizing the treatment duration for uncomplicated CAP: XX% of our adult patients¹ at Wayne received the **recommended 5-day course of antibiotics**. We are confident that we can sustain this success.

USEFUL TIPS

Review the number of inpatient antibiotic days, including those administered in the emergency department, before prescribing outpatient antibiotics.

COMMUNITY-ACQUIRED PNEUMONIA

Recent data indicates that patients with uncomplicated community-acquired pneumonia (CAP) do not benefit from antibiotic regimens exceeding **five days**. Symptoms may persist after bacterial eradication due to inflammatory immune responses, and chest x-ray changes may also improve more slowly. However, extending antibiotic treatment beyond five days has not demonstrated additional benefits for uncomplicated pneumonia. In contrast, patients with more complicated pneumonias, such as those with underlying co-morbidities or resistant pathogens, will require longer treatment courses. This HMS initiative focuses exclusively on adult non-ICU and non-pregnant patients¹ with uncomplicated CAP, as defined by HMS (see below for further restrictions).

DURATION OF ANTIMICROBIAL THERAPY (INCLUDES IV & ORAL)	
UNCOMPLICATED CAP	<p>5 Days if patient is afebrile for 48 hours and has an more than one sign of clinical stability* by day 5 of treatment. Therapy can be continued for patients who are febrile or clinically unstable* on day 5 of treatment.</p>
COMPLICATED CAP	<p>7 Days if patient is afebrile for 48 hours and has an more than one sign of clinical stability* by day 7 of treatment. (Note: Antimicrobial duration should be no more than 7 days.) Therapy can be continued for patients who are febrile or clinically unstable* on day 7 of treatment.</p>

*Signs of Clinical Stability: O2 saturation > 90% on one oxygen requirement; SBP > 100 mm; RR < 24 bpm; SPO2 > 90% resting, without nasal cannula (different than baseline).

¹These guidelines are for adult non-pregnant and non-ICU patients. Furthermore, they are not intended for patients who have a moderately compromised immune system, structural lung disease, moderate to severe COPD, or respiratory cultures with *Staphylococcus aureus* or a non-fermenting gram-negative bacillus.

ASYMPTOMATIC BACTERIURIA

Recent data indicates that testing for urinary tract infections (UTIs) is not recommended in the absence of symptoms. Additionally, patients with abnormal urinalysis results and/or positive urine cultures who are **asymptomatic** do not benefit from antibiotic therapy and should not receive treatment, even if multi-drug-resistant bacteria are isolated in culture. However, patients who are symptomatic should receive appropriate antibiotic therapy. This HMS initiative for ASB focuses exclusively on adult non-ICU and non-pregnant patients¹ (see below for further exclusions).

S/S of UTI:

- Urgency, frequency, and/or dysuria in the absence of an indwelling catheter
- Fever >38°C
- Acute mental status change (WITH leukocytosis, hypotension <90 SBP, or 2 SIRS criteria)
 - SIRS criteria: HR >90, RR >20, temperatures <36°C or >38°C, WBC <4,000 cells/mm³ or >12,000 cells/mm³
- Costovertebral pain or tenderness
- Flank pain
- Suprapubic pain or tenderness
- Acute hematuria
- Increased spasticity or autonomic dysreflexia in spinal cord patients

¹These guidelines are for adult non-pregnant and non-ICU patients. Furthermore, they are not intended for patients undergoing urologic procedures during their hospitalization, patients who have undergone urinary diversion surgery or have urinary stents or percutaneous nephrostomy tubes, patient who meet criteria of severe sepsis or septic shock, or surgical patients.

Q4 2024 ASB DATA

We did not meet our 2024 goal for the treatment of ASB: >XX% of our adult patients¹ at Wayne receive antibiotic treatment for ASB. The primary issue is the lack of documented UTI signs or symptoms in the EHR.

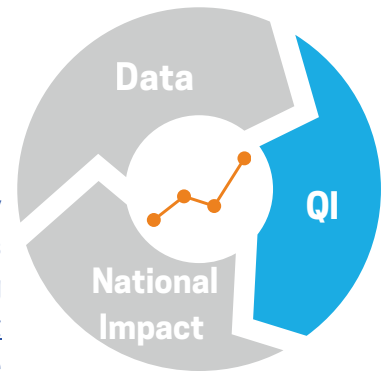
USEFUL TIPS

Utilize a Smartphrase when initiating treatment for urinary tract infections to ensure proper documentation of UTI symptoms.

Quality Improvement

You're Invited to the MAGIC ONC Webinar!

We are pleased to invite you to attend an upcoming Michigan Hospital Medicine Safety (HMS) webinar titled "Appropriate Selection and Management of Intravenous Access Devices in Adult Patients with Cancer?". This virtual session will focus on the sharing the results of the [Michigan Appropriate Guide for Intravenous Catheters in Adult Patients with Cancer \(MAGIC-ONC\): Results from a Multispecialty Panel Using the RAND/UCLA Appropriateness Method](#).



The session will feature two expert speakers: Dr. David Paje, MD, MPH from Michigan Medicine, and Dr. Ajay Major, MD, MBA from the University of Colorado School of Medicine. Together, they discuss the need for guidance on selection and management of intravenous catheters in patients with cancer, as well as key MAGIC-ONC appropriateness recommendations using clinical vignettes.

When:

- **2-3PM EST on January 29, 2026**

Who should attend:

- This webinar is particularly relevant for individuals managing the care of patients with cancer, including hematologists, oncologists, hospitalists, vascular access teams, nurses, interventional radiologists, quality specialists, and others engaged in deciding which vascular access devices are appropriate for use in patients with cancer. We invite you to share this e-mail as appropriate with your colleagues.

Where:

- Virtually via Zoom Webinar. Use the QR code below to REGISTER.

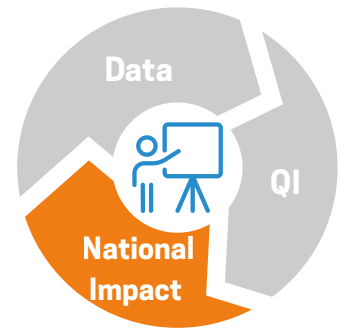
Pharmacy CE and medical CME will be offered for this event. Additional details will be distributed at the webinar.



Driving HMS Quality Efforts Nationally

HMS Presents at 2025 ID Week

From impactful presentations to thoughtful discussions on stewardship, diagnostics, and quality, it was an inspiring week with leaders advancing infection-related care at ID Week in Atlanta, GA from October 19-22, 2025.



We're proud of the HMS community's impact this year:

- HMS data featured in sessions on safer antibiotic durations for uncomplicated UTIs and awareness of peripheral IVs
- Contributions supporting new pneumonia eQMs and EMR tools that optimize antibiotic use
- Stewardship leaders leading discussions about practical, scalable strategies to build lasting stewardship programs
- HMS work shaping national dialogue on pneumonia prescribing and sepsis measures



Dr. Matthew Steinberger presents, “A Target Trial Emulation of Short vs Long Antibiotic Duration for the New Definition of Uncomplicated UTI”

Driving HMS Quality Efforts Nationally

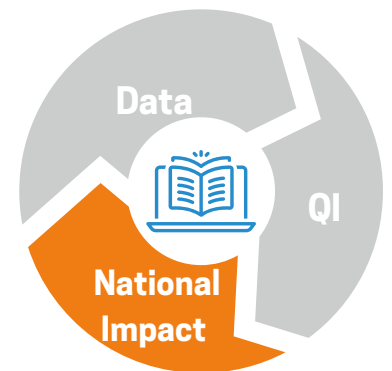
HMS Publications since July - 2025

Vaughn VM, Horowitz J, Gandhi T, et al. Developing an approach to enhance recruitment for a cluster-randomised implementation trial: leveraging deliberative participation and credible messengers. *BMJ Open* 2025;15:e094925. doi:10.1136/bmjopen-2024-094925.

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

Major A, Paje DG, Taxbro K, et al. The Michigan Appropriateness Guide for Intravenous Catheters in Adult Patients With Cancer (MAGIC-ONC): Results From a Multispecialty Panel Using the RAND/UCLA Appropriateness Method. *Ann Intern Med*. [Epub 4 November 2025]. doi:10.7326/ANNALS-25-02523.

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



IMPORTANT DATES



HMS Specific Dates

**Dates subject to change*

January	1/11/2026	Case Volumes and Case Abstraction for the 2025 Performance Year Due
	1/12/2026	Quarter 4 2025 Data Pull (Use for end of year scoring)
	1/29/2026	MAGIC ONC Webinar from 2-3 PM EST
	Early February	Data Reports Distributed (Q4 2025 Data)
February	Mid-late February	2025 Performance Indexes sent to abstractors and administrators for review before submissions to BCBSM
	2/28/2026	Final 2025 pay for performance scorecards due to BCBSM
March	3/1/2026	VBR Incentive begins for eligible specialty physicians for 2026
	3/11/2026	March 2026 Collaborative Wide Meeting (Virtual)
	3/22/2026	2026 SCCM Critical Care Congress
	3/30/2026	2026 Society of Hospital Medicine (SHM) Converge
April	4/6/2026	Q1 2026 Data Pull Date (Used for mid-year performance index)
	4/7/2026	Critical Care Abstractor In-Person Training Session One
	Early April	Spring QI Survey Distributed
	4/21/2026	Critical Care Abstractor In-Person Training Session Two
	Late April	Data Reports Distributed (Q1 2026 Data)
	4/28/2026	Mid-year 2026 Performance Indexes sent to abstractors and administrators for awareness purposes
May	5/17/2026	2026 ATS Conference
	5/19/2026	Critical Care Abstractor In-Person Training Session Three & Virtual Session
June	6/22/2026	Q2 2026 Data Pull Date
July	7/21/2026	July 2026 Collaborative Wide Meeting (In-person)
August	TBD	2026 Antimicrobial & Sepsis Time Study
September	10/5/2026	Q3 2026 Data Pull Date (Used for end of year scoring & VBR)
October	Early October	Fall QI Survey Distributed
November	11/5/2026	November 2026 Collaborative Wide Meeting (In-person)
December	TBD	HMS Coordinating Center Submits Eligible Physicians to BCBSM for VBR Incentive

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

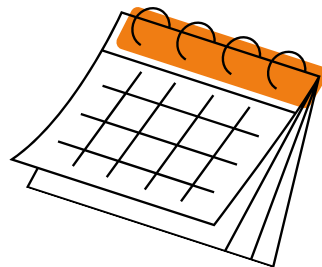
If you or someone on your HMS team would like to present at an upcoming Collaborative-wide Meeting or be featured in our newsletter, click [HERE](#).

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.

2026 HMS Abstractor Training Dates	
1/8/26	6/25/26
1/22/26	7/9/26
2/5/26	8/6/26
2/19/26	8/20/26
3/5/26	9/3/26
4/2/26	9/17/26
4/16/26	10/1/26
4/30/26	10/15/26
5/14/26	10/29/26
5/28/26	11/12/26
6/11/26	12/10/26



2026 National Conferences

- To view the 2026 national conferences HMS members attend and present at, click [HERE](#).
- If you want your presentation or poster highlighted on our list of 2026 national conferences, click [HERE](#).



Contact Us!

If you have any questions, please contact:

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