

Summer 2026 Newsletter



IN THIS ISSUE

Message from PD.....	2
Recent Highlights	3-11
Member Spotlight	12-14

Influence of Quality

Data	15-16
Quality Improvement.....	17-18
National Impact	19-22
Important Dates	23-24



[@HMS MI](#)



[@hms-mi.bsky.social](#)



[company/mi-hms](#)



[www.mi-hms.org](#)

MESSAGE FROM THE PROGRAM DIRECTOR



It was a pleasure to connect with many of you at our July Collaborative Wide Meeting. I continue to be inspired by the dedication, expertise, and energy you bring to the Michigan Hospital Medicine Safety (HMS) Consortium. Our work is grounded in data-driven quality improvement, but at its core, it is about people—our patients, their families, and the teams who care for them. Thank you for your continued focus on quality improvement and for the thoughtful work you do every day to make care safer, more effective, and more patient-centered.

As we continue to advance HMS initiatives, I hope you enjoyed the presentation by Dr. Rana Awdish, which served as a powerful reminder of the importance of listening closely to the voices of our patients. Data help us identify opportunities, measure progress, and guide improvement, but patients' experiences add critical context that numbers alone cannot provide. Their stories help us better understand where care is working well, where gaps remain, and how our efforts impact patients in real and meaningful ways.

Each of you plays an essential role in bringing the patient perspective into our work. Whether through bedside conversations, patient feedback, family interactions, frontline observations, or the thoughtful collection of patient-centered data, your ability to hear and elevate these experiences is vital. Collecting and reviewing data that reflect patients' experiences, preferences, and outcomes helps us better understand the impact of our care and identify meaningful opportunities for improvement. Listening to patients helps ensure that our quality improvement efforts are not only evidence-based, but also aligned with what matters most to those receiving care.

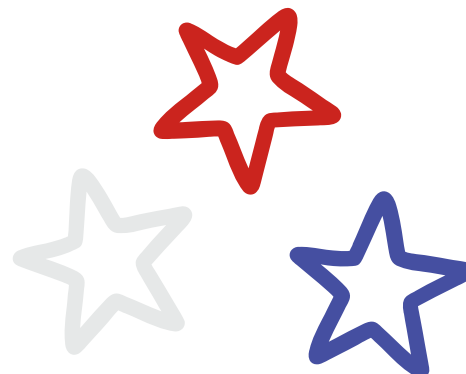
As we prepare for upcoming initiatives, including our new work improving the quality of care for critically ill patients in Critical Care Units (CCUs) across Michigan, I encourage you to continue engaging fully in HMS activities: attend meetings, participate in discussions, share lessons learned, and bring forward the patient stories and perspectives that can help shape our collective improvement efforts. These insights are powerful drivers of change and help us move beyond process measures to truly patient-centered outcomes.

Our Collaborative is strongest when we learn from one another—across hospitals, disciplines, and communities—and when we remain committed to seeing care through the eyes of our patients. By pairing robust data with patient voices, we can design improvements that are more thoughtful, more effective, and more responsive to the needs of those we serve.

Thank you for your continued leadership, partnership, and commitment to making hospital care safer, more compassionate, and truly centered on patients. Your work makes a difference, and I am grateful to be part of this Collaborative with you.

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



March 2026 Collaborative Wide Meeting

More than 360 participants joined the virtual March 11, 2026 HMS Collaborative Wide Meeting to review progress, share data, and refocus improvement efforts on what patients need most—clear communication, reliable care, and better discharge support.

Dr. Scott Flanders highlighted continued improvements across sepsis care and antimicrobial stewardship, recognized top-performing hospitals, and honored HMS's 15th anniversary. He also previewed the upcoming Critical Care initiative, with abstractor training occurring in the Spring and the full launch in June.

A patient panel reminded participants that discharge is often confusing and overwhelming, especially during recovery from sepsis. Panelists emphasized the importance of clear contact information, plain-language instructions, early education, and human post-discharge calls instead of robocalls. Many shared that timely outreach could have prevented complications or readmissions.

Updated sepsis data showed ongoing reductions in mortality, with an estimated 350 lives saved among abstracted cases—nearly 800 statewide when extrapolated. Key drivers of improvement included faster antibiotics for hypotensive patients, increased use of balanced fluids, and a strengthened 2026 discharge composite measure.

Since 2018, HMS hospitals have saved more than 157,000 days of antibiotics. Appropriate five-day treatment for uncomplicated Community-Acquired Pneumonia (CAP) has risen dramatically, though discharge prescribing remains the largest source of excess duration. Reduction of antibiotic treatment of Asymptomatic Bacteriuria (ASB) performance lagged, reinforcing the need for diagnostic stewardship and earlier stop decisions.

Breakout sessions focused on sepsis screening, ICU family engagement, and ROAD Home discharge interventions. Common themes included empowering nurses, standardizing workflows, documenting family involvement more reliably, and using layered interventions to reduce unnecessary antibiotics at discharge.

The meeting closed with a call to start discharge work earlier, ensure patients can reach knowledgeable humans after leaving the hospital, and continue translating data into meaningful bedside change.

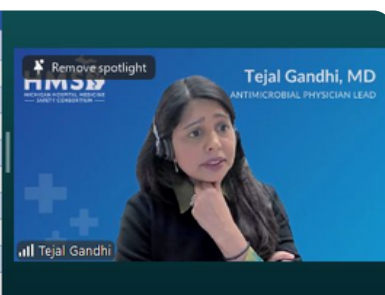


What is the HMS Sepsis Team Working On?

- Partnership with CDC to develop quality measures related to Hospital Sepsis Program Core Elements
- Partnership with Sepsis Alliance to align initiatives in 2026
- Webinar in Q2 2026 regarding Surviving Sepsis Campaign Guidelines
- Sepsis & antimicrobial stewardship
- Developing 2027 performance measures
- Site visits and new cohort of facilitated implementation



# Sites	Top 10 Interventions
9	Stewardship program provides education on improving ABX prescribing for patients with UTI and ASB
9	Clinician audit & feedback
8	General review of fallout cases
7	Reflex urine culture modifications (increasing/changing cutoffs OR removing reflex testing)
6	Require physician order to run urine cultures in ED
6	Require indications in UA/urine culture orders
6	Rejection of some urine cultures (e.g., squamous cells)
5	Removal/change in urine testing from order sets
5	Daily pharmacy review of antibiotics ordered for UTI
5	Framing urine culture results in test reports (e.g., ASB language added)



2027 CWM

Save the Date!
March 17, 2027



HMS at 2026 Critical Care Congress

Dr. Hallie Prescott presents updated Surviving Sepsis Campaign Recommendations

HMS Sepsis Physician Leader Dr. Hallie Prescott presented the latest updates to the Surviving Sepsis Campaign (SSC) Guidelines during the session “*What’s New and Different in the Surviving Sepsis Campaign 2026*” at the 2026 Critical Care Congress in Chicago, IL.

The presentation focused on new and revised SSC recommendations, the methodology and evidence base behind the guideline updates, and critical gaps in current sepsis research, with particular attention to global applicability. The updated guidelines and executive summary are now live and available through Critical Care Medicine.

Access the Guidelines

The full Surviving Sepsis Campaign Guidelines and Executive Summary are now available online:

- [Full Guidelines](#)
- [Executive Summary](#)

Dr. Prescott’s presentation underscored the ongoing evolution of sepsis care and the importance of translating updated evidence into practice across diverse clinical settings. The 2026 guideline updates represent a continued commitment by the Surviving Sepsis Campaign to improving outcomes for patients worldwide.



Hallie Prescott, MD, MSc

RECENT HIGHLIGHTS



HMS at the 2026 Critical Care Congress (cont'd)

Pat Posa Showcases Recent Work from HMS

HMS Sepsis Quality & Patient Safety Manager, Pat Posa, RN, BSN, MSA, CCRM, FAAN, delivered a presentation titled, *“Evaluation of ABCDEF Bundle Implementation and Monitoring Across Michigan ICUs”*. During this presentation, she shared information gathered from QI Surveys from participating HMS hospitals. Most Michigan HMS hospitals report implementing ABCDEF bundle elements for critically ill patients, but nearly a quarter don't monitor compliance at all, and methods/definitions vary widely across sites. Given that fewer than half of critical care patients in the registry are actually admitted by intensivists, this points to a need to better understand bundle awareness and implementation across the range of admitting specialties.

The conference also provided an opportunity to showcase additional work from HMS through poster presentations, including:

- *“Clinical Characteristics and Treatment Patterns Among Younger Versus Older Adults with Sepsis”*
- *“Timely Antibiotics and Fluid Resuscitation Increase Discharge Home After Sepsis”*



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

RECENT HIGHLIGHTS



HMS Sepsis Mortality Model on GitHub

We announced the public release of the HMS-Sepsis Mortality Model. The release includes the full analytic code and a detailed data dictionary, now openly available on GitHub to support transparency, reproducibility, and broader use in sepsis outcomes research.

The peer-reviewed study, “*Development and Validation of the Hospital Medicine Safety Sepsis Initiative Mortality Model*,” was published in CHEST in July 2024 by Dr. Prescott and colleagues. Using data from the HMS-Sepsis registry, the authors developed and validated a risk-adjustment model to predict 30-day mortality among patients hospitalized with community-onset sepsis.

Model Now Live on GitHub

To extend the impact of this work, the HMS team has released the model code and accompanying data dictionary on GitHub:

 **HMS-Sepsis Mortality Model (GitHub):** <https://github.com/mi-hms/HMS-Mortality-Model>

The repository enables researchers, quality improvement teams, and health systems to review, implement, and adapt the model for benchmarking, observational analyses, and evaluation of sepsis initiatives. By making the methodology fully transparent, HMS aims to support reproducible research and facilitate collaboration across institutions.

Citation and Use

Users of the HMS-Sepsis Mortality Model are asked to cite the CHEST 2024 publication:

- Prescott HC, Heath M, Munroe ES, et al. Development and Validation of the Hospital Medicine Safety Sepsis Initiative Mortality Model. Chest. 2024;166(5):1035–1045.

Welcome, New HMS Team Member!

In March, HMS welcomed a new team member, Sarah Seelye. Sarah Seelye, PhD, is the Statistician and Analyst Manager for HMS and serves as a statistician in the Department of Internal Medicine, Division of Pulmonary and Critical Care Medicine at the University of Michigan. Prior to joining HMS, she was a senior statistician and supervisor at the Veterans Affairs Center for Clinical Management and Research, where she supported a wide range of clinical and health services research studies. Her work has focused on applied research and statistical analysis, and she has expertise in study design, advanced data analysis, and reproducible research. Sarah earned her PhD from the University of Michigan.



RECENT HIGHLIGHTS



Critical Care Initiative Updates

In Spring/Summer 2026, HMS launched a new quality improvement initiative focused on critically ill patients in Critical Care Units. In preparation for the June 2026 launch, the HMS Coordinating Center trained 70 abstractors throughout April, May, and June to collect critical care data. The successful launch of the Critical Care Initiative was made possible in large part by the dedication and commitment of our HMS ABX Abstractors, whose participation in training helped inform the registry's design and provided the essential data needed to successfully implement the initiative.



*Critical Care Training - Cohort One
On Site in Ann Arbor, MI*

Sepsis Advocacy on Capitol Hill

HMS Quality & Safety Program Manager, Pat Posa, RN, BSN, MSA, CCRN, FAAN partnered with Sepsis Alliance on Capitol Hill advocating for greater awareness, prevention, and timely treatment of sepsis, a life-threatening medical emergency that affects millions of people each year.

During Hill Day, Pat joined advocates, survivors, clinicians, families, and community leaders in urging lawmakers to make sepsis a national priority. Sepsis can happen to anyone, and while it remains a leading cause of serious illness and death, many cases can be prevented or treated more effectively through early recognition, rapid response, stronger hospital protocols, expanded education, and supportive public health policies.

In meetings with lawmakers, Pat emphasized the urgent need to improve sepsis education for the public and healthcare professionals, support clinicians and hospitals in delivering timely treatment, advance research, and ensure patients and families have access to the resources they need before, during, and after a sepsis diagnosis.

Behind every sepsis statistic is a patient, a family, and a story that deserves action. HMS is grateful to stand alongside those working to raise awareness, strengthen prevention efforts, and improve outcomes for patients and families affected by sepsis.



*Pat Posa, RN, BSN, MSA, CCRN, FAAN with other members of
Sepsis Alliance on Capitol Hill*

RECENT HIGHLIGHTS



July 2026 Collaborative Wide Meeting

Our recent HMS Collaborative Wide meeting took place on July 21st at Kellogg Hotel & Conference Center in East Lansing.

During the main session, two hospitals presented to the Collaborative on initiatives aimed at improving HMS performance across hospital systems. The first presentation, from MyMichigan Health, featured Karrie Neal, MSN, RN; Kristina Cook, MSN, RN, CCRN, SCRNP; and Jennifer Jarvis, PharmD, who shared their work on improving antibiotic delivery for patients with septic shock through a novel approach: administering the first dose via IV push.



L to R: Kristina Cook, MSN, RN; Karrie Neal, MSN, RN; and Jennifer Jarvis, PharmD



Brina Anderson, MHA

The second hospital presentation featured Brina Anderson, MHA, Corporate Manager at McLaren Health Care Corporation. Brina shared McLaren's process for building a systemwide model that unified abstraction resources and established dedicated quality-focused positions. This approach created greater opportunities for improvement across HMS initiatives and other CQIs, while also increasing staff satisfaction.

The Collaborative Wide Meeting continued with updates on our new Critical Care Initiative which was launched officially in June 2026. Huge thank you to the Critical Care Abstractors for going through training and their dedication.

Our July meeting is also a time where we like to take a meaningful pause to thank our talented and dedicated HMS Clinical Data Abstractors. Within the past year, there have been 41 new abstractors trained in one or more HMS initiatives, 91 individual office hours appointments between abstractors and the HMS Education Specialist, Rebecca Mayer, and 7 total abstractor-led presentations on Conference Calls or at Collaborative Wide Meetings. We are so thankful for the engagement and ideas brought forth by HMS abstractors at all sites, as it is only with their partnership and willingness to share that we can continue delivering meaningful meetings, calls, and data.



Kathy Malzahn, BSN, RN, HNB-BC, Marilyn Soboslay, BSN, RN, & Kim McClure, MSN, RN, AHN-BC (CDAs, Henry Ford)



Lori Leman, BSN, RN (CDA, Henry Ford) & Caitlin Tataruk, BSN, RN (HMS QA Coordinator)

As a token of appreciation, the HMS Coordinating Center provided all abstractors in attendance of the meeting with a copy of Dr. Rana Awdish's book "After Shock". For a little added fun, the venue had an Abstractor Lounge equipped with a Photo Booth!

To all our abstractors, thank you for your commitment, expertise, and partnership. The HMS Collaborative is stronger **because of you.**

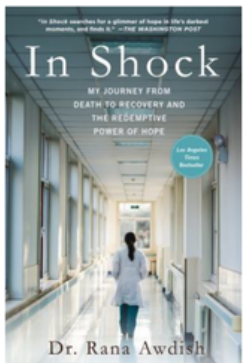
RECENT HIGHLIGHTS



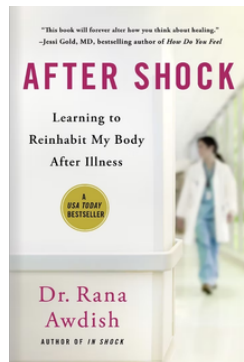
July 2026 Collaborative Wide Meeting (cont'd)

We also welcomed expert guest speaker, Dr. Rana Awdish. Dr. Awdish is a critical care physician, pulmonologist, author and medical director of the Pulmonary Hypertension Program of Henry Ford Hospital. She is best known for her critically acclaimed, bestselling book “In Shock: My Journey from Death to Recovery and the Redemptive Power of Hope”. Her second book “After Shock” was released in June 2026. Dr. Awdish invited us to reimagine sick bodies — not as broken objects to be fixed, but as “sites of meaning, mystery, and quiet wisdom,” and our patients as true partners in their own healing.

We're grateful for the opportunity to learn from leaders like Dr. Awdish whose experiences challenge and inspire us to care more deeply for both our patients and one another. ❤️



**ORDER
NOW**
www.ranaawdishmd.com/book



Dr. Rana Awdish

Dr. Awdish also stayed after the end of the Collaborative Wide Meeting to sign copies of her new book “After Shock” for our data abstractors and made an appearance in the Abstractor Lounge photo booth!



Dr. Awdish and Veronica Kruskamp, BSN, RN (CDA - McLaren)

Dr. Awdish, Laura Weiss, MSN, RN, and Leigh Christy, BSN, RN (CDAs - Corewell Health)



L to R: Marie Pierce, MSN, RN, CCDS; Dr. Awdish; Karen Moore, MBA; & Terry White, BSN, RN (CDAs - McLaren Health Care)

RECENT HIGHLIGHTS



July 2026 Collaborative Wide Meeting: Breakout Sessions

The day ended with 4 breakout sessions. Please see the highlights below:

Sepsis Screening and Response - Part 2: Evaluating Your Process



Megan Cahill, DO, MBA of Henry Ford Health shared the work behind their redesigned sepsis screening alerts in the Emergency Department. A thoughtful reimagining of how the EMR can better support clinicians in identifying & acting on sepsis.



Carly Redstone, MSN, RN of Univ. of Michigan Health shared her team's work evaluating the Sepsis Screening & Response and the power of UM Health sites working together toward an enterprise gold standard.

uUTI & ASB: Finding the Right Flow



Alicia Powell, RN, & Lauren Cianciolo, PharmD, of Memorial Healthcare walked us through their work in antimicrobial stewardship in ASB. A reminder that stewardship is built through partnership across the care team.



James Shen, PharmD, BCIDP, and Michael Barnes, MD, of Trinity Health Oakland shared their antimicrobial stewardship work in ASB by reframing the problem and building better conversations about antibiotic use and documentation.

Breathing Through the Data: A Mechanical Ventilation Education Session

Dr. Paul Bozyk, one of the physician co-leads for the new HMS Critical Care Initiative, led a breakout session on mechanical ventilation - blending clinical education with practical examples to support understanding in abstraction.



RECENT HIGHLIGHTS



July 2026 Collaborative Wide Meeting: Breakout Sessions (cont'd)

Understanding HMS Programs: P4P Performance Index, VBR Measures, MOC and Adjusted Methodology

HMS Program Manager, Elizabeth McLaughlin, MS, RN, and HMS Biostatistician, David Ratz, MS, led a breakout session focused on HMS Pay for Performance (P4P) and Value-Based Reimbursement (VBR) measures. They shared effective strategies for strengthening physician engagement, including opportunities to earn Maintenance of Certification (MOC) credit. The session also included a review of the updated methodology for assessing hospital performance, which is aligned with CMS's national hospital evaluation approach. The breakout concluded with a Q&A to address participant questions.



Want to Learn More?

HMS Program Manager, Elizabeth McLaughlin, MS, RN, will be hosting virtual overview sessions on P4P, VBR, and MOC on August 19, 2026 from 1:00 - 2:00 pm and September 4, 2026 from 10:00 - 11:00 am. Register below!

August 19, 2026
1:00 - 2:00 PM



September 4, 2026
10:00 - 11:00 AM



Need MOC Credits in 2027?

From 2026 through 2027, HMS will facilitate an opportunity to earn 30 Maintenance of Certification (MOC) credits for antimicrobial quality improvement work. All physicians and physician assistants at participating HMS hospitals are eligible to receive 30 credits each.

If you are interested, please complete the Qualtrics survey using this QR code by September 4, 2026. For questions, please contact Elizabeth McLaughlin at emcnair@med.umich.edu.



Meet Kim!

Kim Harman is a Clinical Quality Specialist from Promedica Monroe Regency Hospital. She resides in Erie, Michigan with her husband, twin boys, and new rescue dog. She began her nursing career in 2006, earning an associate degree from a local community college before completing her BSN at Eastern Michigan University. Her clinical background includes med-surg, medical ICU, and 17 years in her favorite specialty, the NICU. She joined the Quality Department in 2022, while continuing her work in the NICU.



Kim Harman, BSN, RN

ProMedica Monroe Regional Hospital

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

One way to improve both the efficiency and quality of data abstraction is to standardize the process through clear workflows and consistent data definitions. I have found that using an abstraction template tool saves time while also helping reduce variation, improve accuracy, and supports a more efficient abstraction process overall.

What tips/tricks/advice do you have for implementing electronic PROs in your hospitals EMR?

My biggest advice is to engage stakeholders to create buy in. It was quite helpful that bonus points are associated with our PROs success rate. Associating the need (creating the survey in MyChart) with reimbursement was key to our success.

What do you enjoy most about being part of HMS?

What I enjoy most about being part of HMS is the collaboration and shared sense of purpose. It is rewarding to be a part of group that is focused on improving patient care, learning from one another, and advancing quality through practical, meaningful work.

ABTRACTOR SPOTLIGHT

Meet Lora!

Lora lives in Toledo, Ohio with her husband, Aaron. Together, they have four children. Their three oldest children have earned degrees in Education, Mechanical Engineering, and Nursing, while their youngest is soon to graduate with a degree in Business.

She has been an RN for 27 years, primarily within the ProMedica Health System. She was a LDRP nurse for the first 10 years, and since then has had roles in areas including Nursing Professional Development, Nursing Academia, and Quality Management. Most recently, she has been a Clinical Quality Specialist and Data Abtractor for the HMS Sepsis Initiative at ProMedica Monroe Regional Hospital since January 2023.



Lora Mintz, DNP, MSN, RN

ProMedica Monroe Regional Hospital

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

For me, using a paper cheat sheet for each case makes abstraction faster and more accurate. I keep it updated with changes and clarifications, and I only use it when it's faster than going back to find certain things later. Always refer to the live version of the Data Definitions when abstracting.

Meet with Rebecca monthly during her Office Hours, even if you don't have a specific question at the time. I have always benefited from it!

What tips/tricks/advice do you have for implementing electronic PROs in your hospitals EMR?

Convert the PROs phone survey to a written survey, including easy-to-follow instructions & prompts for cascading questions, to help the person building it in the EHR. This will save time in having to make corrections. Name the survey something unique to catch the patient's attention when receiving the survey in their portal, rather than disregard it. Something that makes it stand out as being focused on their recovery experience. Also, compose the introductory message the patients will see when opening the survey in their patient portal. Keep it brief, and point out that this survey is different than others they'll receive – focused on their own recovery and how they're doing rather than satisfaction with various things. Tell them how long it will take to complete and that the responses are private. Make the survey as easy to complete as possible.

What do you enjoy most about being part of HMS?

I continuously learn something new, in all kinds of areas. I enjoy the challenge that each new case brings and using the unique circumstances of each case to inform and improve the care we provide going forward.

HOSPITAL HIGHLIGHT

ProMedica Monroe Regional Hospital

ProMedica Monroe Regional Hospital (PMRH) offers a broad range of inpatient and outpatient services in southern Michigan and Ohio. A national leader in the treatment of heart attacks, congestive heart failure, pneumonia, and surgical care, PMRH is also a pacesetter in Michigan for obstetrics, emergency care, intensive care, controlling infections, and organ donation.



Overall HMS Team Structure:

- Dr. Oluchi Opara - HMS Physician Champion, PMRH Hospitalist
- Kristin Smith MHA, RN – ProMedica Director Acute/Provider, Quality and Clinic Risk and Workforce Safety
- Scott Gauthier MSN, RN – PMRH Quality and Customer Service Lead

ABX & Critical Care Team Structure:

- Kim Harman, BSN, RN – PMRH Clinical Quality Specialist, Abstractor
- PMRH Antimicrobial Stewardship Team

Sepsis Team Structure:

- Lora Mintz, DNP, MSN, RN - Clinical Quality Specialist, Abstractor
- PHS and PMRH Sepsis Committees

2026 Goals:

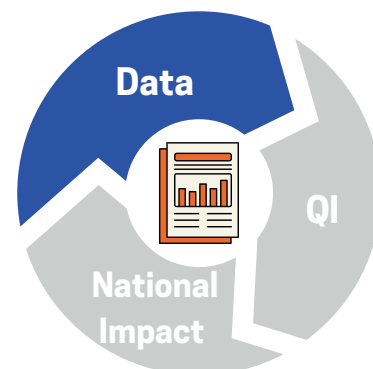
- Process Improvement cycles in key areas of Performance Measures, including increased awareness and collaboration with PMRH providers related to HMS Initiatives
- Collaboration with the PMRH ICU team to ensure success with the new ICU initiative
- Driving improvement by ensuring order sets and disease specific guidelines are up to date
- Obtain remaining committee approvals for the updates to the ProMedica UTI Guideline, in collaboration with ProMedica Antimicrobial Stewardship
- Urine Culture order set updates, roll-out, and follow-up
- Monitoring and improving consistent and correct use of the ProMedica Sepsis order set
- Collaboration with Care Navigation, Nursing Leadership, and others to improve our discharge and post-discharge patient care processes, particularly in the areas of providing PMRH contact information at discharge and facilitating the incoming calls on the units from discharged patients, pre-scheduling follow-up appointments, and incorporating patients' Readmission Risk Score into these processes
- Collaboration with Emergency Medicine, Hospitalist, and ICU providers to identify and minimize barriers to ordering Lactated Ringers over Normal Saline and ordering/administering antibiotics within 3 hours.



Data

New HMS Publication!

HMS data informed a new study published in JAMA Network Open showing that, among 25,481 patients hospitalized with community-onset sepsis across 67 Michigan hospitals, initial fluid resuscitation of ≥ 30 mL/kg was associated with lower adjusted 30-day mortality. This data informed the launch of our new performance measure for 2027 focused on increasing IV fluids at ≥ 30 ml/kg within 6 hours in patients with sepsis. Use the QR Code below to read the study!



Measure Details: Measure #8:

Increase Use of IV Fluids at ≥ 30 ml/kg within 6 hours in Patients with Sepsis

Inclusion Criteria: Includes patients presenting with hypoperfusion in the first 3 hours of arrival. Hypoperfusion is defined as: SBP < 90, MAP < 65, Lactate ≥ 4 , IV Vasopressors initiated within 3 hours of arrival

Exclusion Criteria: Excludes patients presenting with the following comorbidities: ESRD/Stage 5 CKD, Ejection Fraction $\leq 39\%$, Severe-Critical Aortic Stenosis

Comorbidities, Weight-based Initial Fluid Resuscitation, and Mortality in Sepsis

Results from 25,481 patients hospitalized for community-onset sepsis from 67 hospitals across Michigan (Discharged 12/2021-1/2025)

Target Population

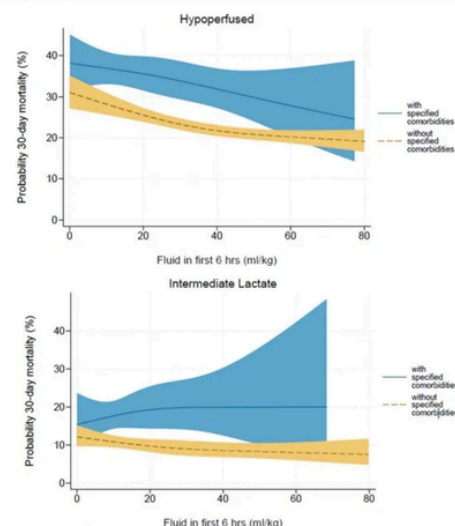
- Hypoperfusion, no severe comorbidities: 12,943 (29.9%)
- Hypoperfusion, severe comorbidities: 1,741 (4.0%)
- Intermediate lactate, no severe comorbidities: 9,974 (23.0%)
- Intermediate lactate, severe comorbidities: 823 (1.9%)



1. Hypoperfusion: Hypotension or lactate ≥ 4 mmol/L
2. Intermediate lactate: lactate 2-4 mmol/L
3. Severe comorbidities: EF $\leq 40\%$, severe to critical aortic stenosis, end stage renal disease

Outcomes

- ≥ 30 mL/kg fluid resuscitation associated with:
 - Lower adjusted 30-day mortality in hypoperfusion without severe comorbidities
 - 26.0% vs 30.4%
 - Lower adjusted 30-day mortality in intermediate lactate without severe comorbidities
 - 12.0% vs 13.9%
 - Hypoperfusion with severe comorbidities:
 - No statistically significant difference, but spline models show decreasing mortality with increasing fluids

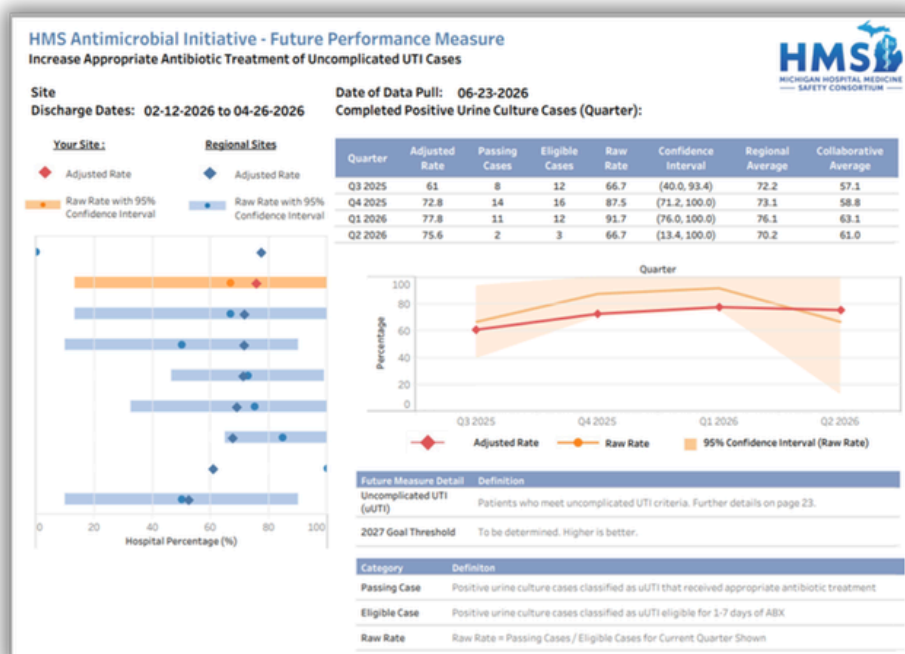
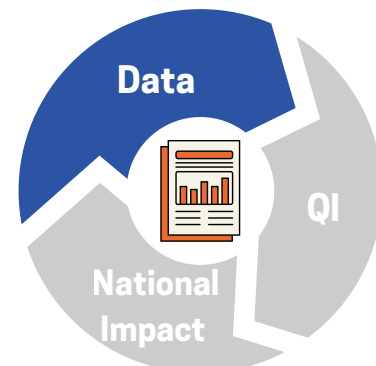


In this cohort study, we found broader application of ≥ 30 ml/kg fluid resuscitation in sepsis—in patients with cardiac or renal comorbidities or intermediate lactate elevations—was associated with reduced mortality.

Data

Updated Antimicrobial Reports

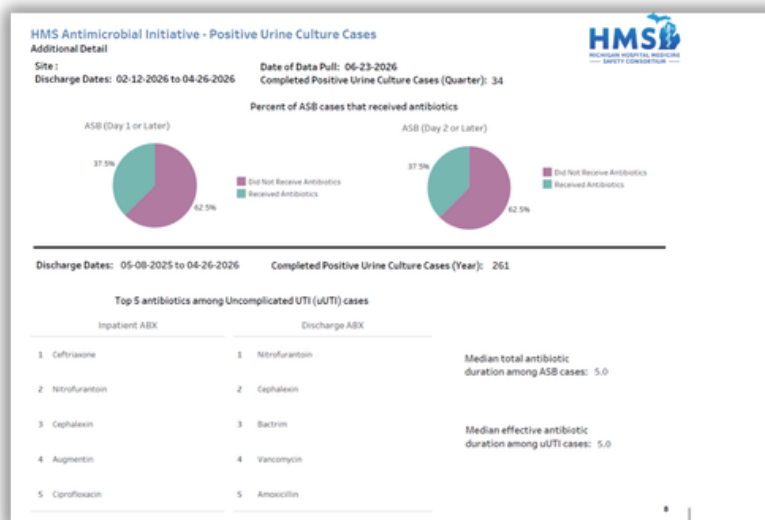
We have now updated our Antimicrobial printed reports to incorporate the 2027 Performance Measure focused on increasing appropriate antibiotic treatment of uncomplicated UTI cases, along with some other additions to assist with local quality improvement.



Hospitals now have access to their site-specific performance over time, with comparisons available across both the Collaborative and their region.

Additionally, this measure includes two opportunity categories: 1) excess duration and/or 2) ineffective treatment.

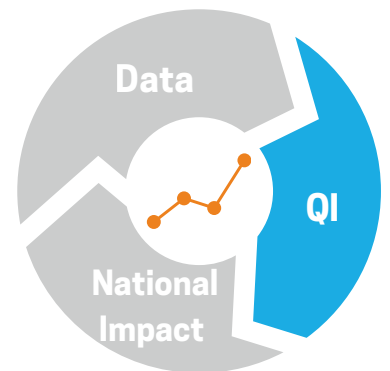
We also added new details on the percentage of ASB cases that received antibiotics, as well as the top five antibiotics used among uncomplicated UTI cases.



Quality Improvement

Critical Care Abstractor Education: ABCDEF Bundle Education Series

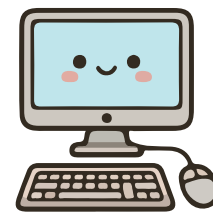
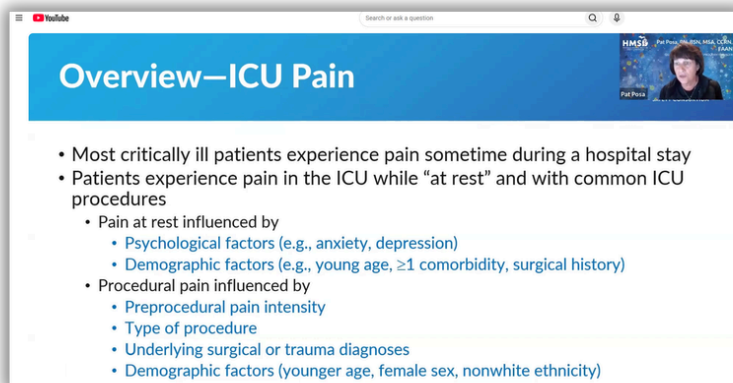
To prepare for the upcoming launch of the Critical Care initiative, HMS Quality & Safety Program Manager, Pat Posa has conducted monthly educational series on the ICU Liberation ABCDEF Bundle over the past year. The educational series is available in our HMS Public Education Portal. To view past recordings, please use the QR code below.



A

Assess, Prevent & Manage Pain

Focuses on routinely evaluating patients' pain using validated tools and treating it promptly with both non-pharmacologic and pharmacologic strategies. The goal is to minimize discomfort while avoiding over-sedation and supporting recovery, mobility, and communication whenever possible.



Resources include guides for navigating where to find data in both Cerner and Epic

B

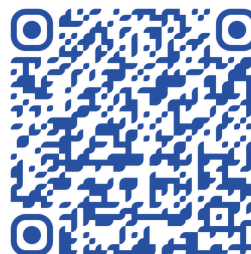
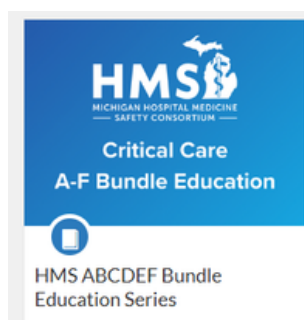
Both Spontaneous Awakening Trials & Spontaneous Breathing Trials

Involves regularly assessing whether patients can safely tolerate reduced sedation and breathe with less ventilator support. Coordinating awakening and breathing trials helps reduce time on mechanical ventilation, decrease ICU complications, and support earlier recovery.

C

Choice of Analgesia & Sedation

Focuses on selecting medications and sedation strategies that keep patients comfortable while avoiding over-sedation. The goal is to prioritize pain control, use the lightest effective sedation, and support wakefulness, mobility, and participation in care whenever possible.

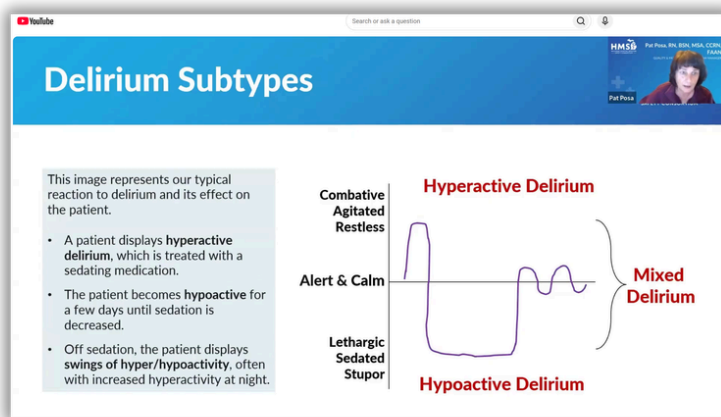
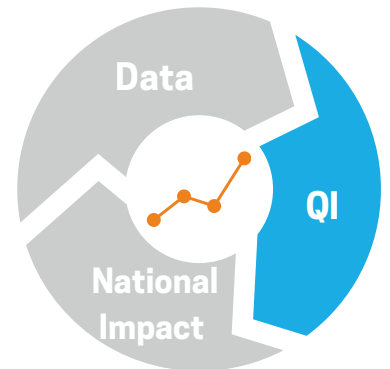


Quality Improvement



Delirium: Assess, Prevent & Manage

Involves routinely screening ICU patients for delirium using validated tools and addressing reversible causes when symptoms occur. Prevention and management strategies include promoting sleep, mobility, orientation, sensory aids, and minimizing unnecessary sedation or medications that may worsen confusion.



Download the slides or the recording to share with your teams!



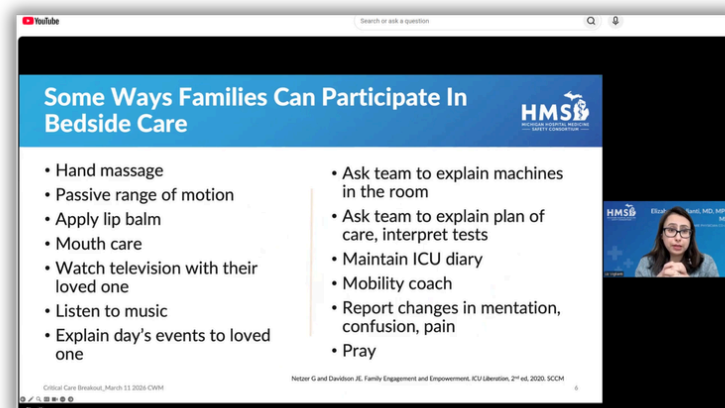
Early Mobility & Exercise

Focuses on helping ICU patients move as early and safely as possible, from passive range-of-motion to sitting, standing, and walking when appropriate. Early activity can reduce weakness, improve recovery, and support better physical and cognitive outcomes after critical illness.



Family Engagement & Empowerment

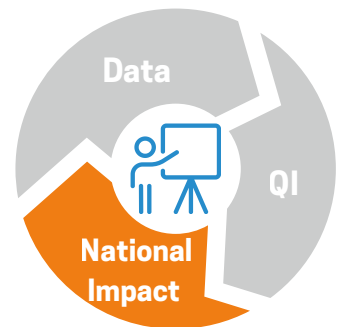
Focuses on actively involving family members in the patient's care through clear communication, education, and shared decision-making. Empowering families helps them support orientation, comfort, mobility, and recovery while reducing anxiety and improving the ICU experience.



Driving HMS Quality Efforts Nationally

HMS @ SHM 2026!

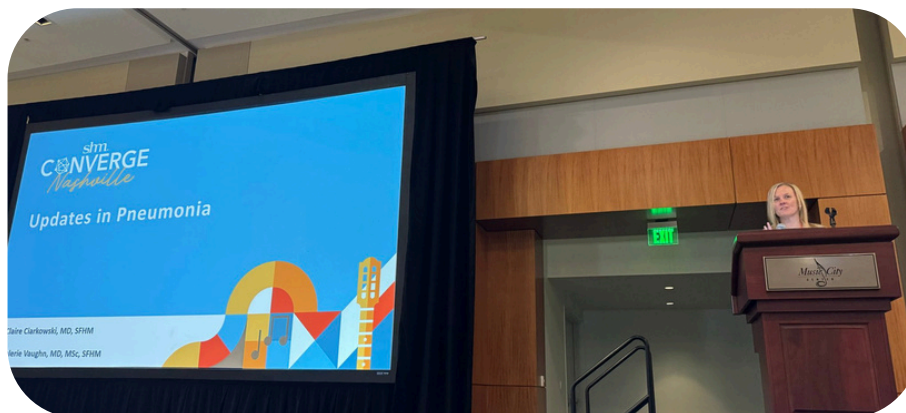
HMS members attended the Society of Hospital Medicine's Converge 2026 Conference in Nashville, TN from March 29 to April 1, 2026. See below for highlights.



Drs. Paul Grant, Scott Kaatz, Vineet Chopra, and HMS Assistant Program Manager, Tawny Czikol



Dr. Valerie Vaughn presented, "Etiologic Agents of Non-COVID Community Acquired Pneumonia Requiring Hospitalization - Analyzing Changes Over Time"



Dr. Valerie Vaughn

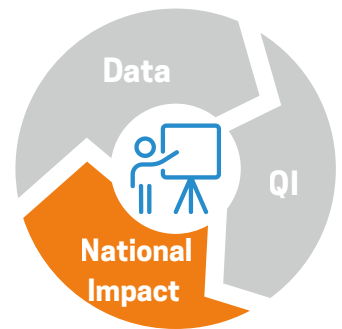
*Save
The
Date*



Driving HMS Quality Efforts Nationally

HMS Joins Healthcare Leaders at Unite for Sepsis Symposium 2026 to Advance Sepsis Care Across the Continuum

HMS was honored to attend the 2026 Unite for Sepsis Symposium and take part in important conversations focused on improving outcomes for patients and families affected by sepsis. Throughout the symposium, healthcare leaders, clinicians, researchers, survivors, health plans, quality collaboratives, and community partners came together to discuss how sepsis care can be strengthened across the full continuum; from early recognition and rapid treatment to discharge planning, home-based support, and long-term recovery.



A key highlight of the event was the session, **“Aligning Systems to Improve Sepsis Outcomes,”** which featured **Dr. Androni Henry, Associate Chief Medical Officer at Blue Cross Blue Shield of Michigan**, as a panelist. The discussion emphasized that improving sepsis outcomes requires coordinated action across the healthcare system. Hospitals, clinicians, payers, quality collaboratives, and community-based partners all play critical roles in supporting early identification, timely intervention, equitable care, and continuous learning. Panelists underscored that sepsis is not solved by a single intervention or at one point in time. Instead, meaningful improvement depends on aligned systems that can recognize risk early, respond quickly, support evidence-based treatment, and ensure patients receive the resources they need after leaving the hospital.

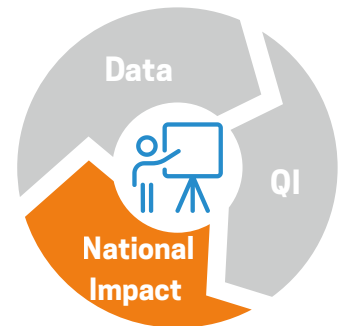


The symposium also featured a powerful panel session with sepsis survivors and nurse researcher Kathryn Bowles, PhD, RN, FAAN, FACMI. The discussion served as a meaningful reminder that recovery from sepsis does not end at hospital discharge. Many survivors face ongoing physical, emotional, and practical challenges, making the transition home a crucial period for support, education, monitoring, and early intervention. Speakers noted that strengthening post-discharge care improves the entire sepsis recovery journey. Another memorable moment came from keynote speaker Stephanie Parks Taylor, MD, MSc, whose remarks reinforced the importance of caring for patients with sepsis across the full continuum of care. Her message emphasized that sepsis care begins with early identification, rapid response, and timely treatment, but must continue well beyond the hospital stay.

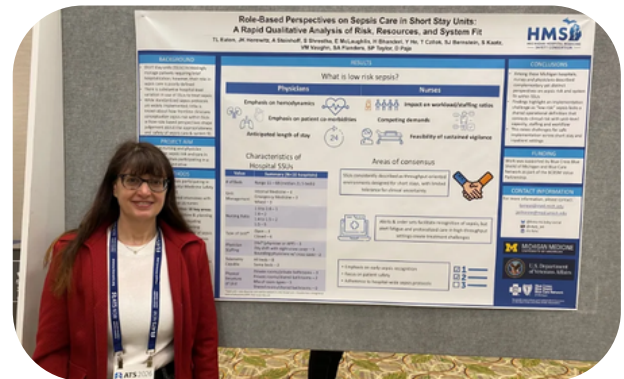
Driving HMS Quality Efforts Nationally

HMS @ ATS 2026!

HMS members attended the American Thoracic Society's 2026 International Conference in Orlando, Florida, from May 15 - 20, 2026. See below for highlights.



Dr. Bhushan Desphande shared HMS findings showing that nearly 1 in 10 of more than 52,000 community-onset sepsis patients were SIRS-negative—less likely to receive early care, yet with higher risk-adjusted mortality. These findings highlight the limitations of SIRS-based screening.



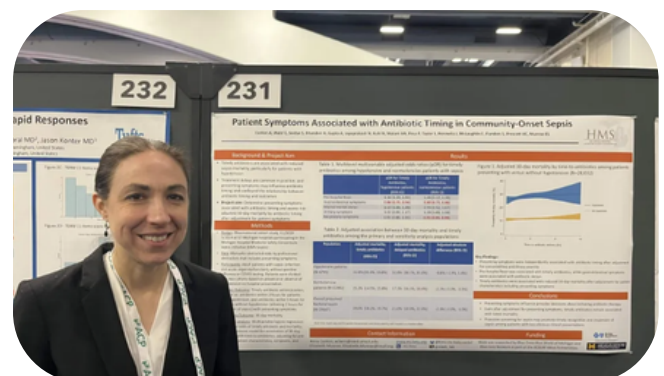
HMS Project Manager, Jennifer Horowitz, shared new work from HMS exploring how clinicians navigate sepsis care in short-stay units—including why “low risk” can mean something different to nurses and physicians. Thank you to everyone who shared their experiences and helped inform this work.

ATS 2027
Save the Date
May 14 - 19 | New Orleans, LA

HMS @ ACP 2026!

HMS members attended the American College of Physician's (ACP) 2026 International Conference in San Francisco, California, from April 16-18, 2026.

Dr. Anna Conlon shared our HMS work examining the relationship between presenting symptoms in community-onset sepsis and antibiotic timing, reinforcing that timely antibiotic administration is associated with lower mortality.



Dr. Anna Conlon
Internist, University of Michigan Health

Driving HMS Quality Efforts Nationally

HMS Publications - Since December 2025

Gupta A, Heath M, Walzl E, et al. Antibiotic De-Escalation in Adults Hospitalized for Community-Onset Sepsis. JAMA Intern Med. Published online December 22, 2025. doi: 10.1001/jamainternmed.2025.6919.

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

Prescott HC, Heath M, Walzl E, McLaughlin E, Horowitz J, Jayaprakash N, Flanders SA, Dantes RB, Posa PJ. CDC's Hospital Sepsis Program Core Elements are associated with improved management and outcomes of sepsis. American Journal of Respiratory and Critical Care Medicine. Published January 23 2026.

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

Prescott H, Weinstein J, Seelye S, et al. Timely Antibiotics and Fluid Resuscitation are Associated with Increased Discharge to Home After Sepsis. CHEST. [Epub 13 March 2026]. doi:10.1016/j.chest.2026.03.002.

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

Gupta A, Walzl E, Ratz D, et al. Outcomes associated with empiric azithromycin use among patients hospitalized with non-severe community-acquired pneumonia: emulation of a target trial. Clinical Infectious Diseases. Published April 3, 2026. <https://doi.org/10.1093/cid/ciag222>

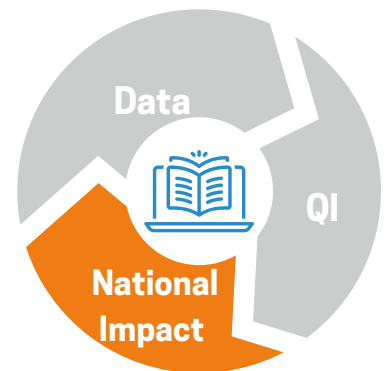
- [Abstract](#)
- [Altmetric Score](#)

Doumat G, Ratz D, Horowitz JK, et al. Short Versus Longer Antibiotic Duration for Community-Acquired Pneumonia: A Multicenter Target Trial Emulation. Ann Intern Med. [Epub 14 April 2026]. doi:10.7326/ANNALS-25-03538.

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

Munroe E, Walzl E, Seelye S, et al. Comorbidities, Weight-Based Initial Fluid Resuscitation and Mortality in Patients with Sepsis. JAMA Network Open. Published June 12, 2026. doi:10.1001/jamanetworkopen.2026.18232

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



IMPORTANT HMS DATES

**Subject to Change*



August	Aug 7, 2026	Sepsis database downtime begins at 5pm EST
	Aug 10, 2026	Sepsis Abstractor Conference Call
	Aug 14, 2026	Sepsis database downtime ends (email will go out when database is live)
	Aug 17, 2026	ABX/Critical Care Abstractor Conference Call
September	Sep 1, 2026	Survey to capture UTI Guidelines Distributed
	Sep 12, 2026	2027 Performance Year begins
	Sep 14, 2026	Sepsis Abstractor Conference Call
	Sep 21, 2026	ABX/Critical Care Abstractor Conference Call
	Sep 28, 2026	Fall QI Survey Distributed
October	Oct 5, 2026	Q3 2026 Data Pull Date (Used for end of year scoring & VBR)
	Oct 12, 2026	Sepsis Abstractor Conference Call
	Oct 19, 2026	ABX/Critical Care Abstractor Conference Call
November	Nov 5, 2026	November 2026 Collaborative Wide Meeting (In-person) (Vibe Credit Union Showplace, Novi, MI)
	Nov 9, 2026	Fall QI Survey Due (with NPIs for VBR)
	Nov 30, 2026	2026 Performance Indexes sent to abstractors and administrators for review before submissions to BCBSM
December	TBD	HMS Coordinating Center Submits Eligible Physicians to BCBSM for VBR Incentive
	Dec 7, 2026	Sepsis Abstractor Conference Call
	Dec 14, 2026	ABX/Critical Care Abstractor Conference Call
	Dec 18, 2026	Final 2026 pay for performance scorecards due to BCBSM

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

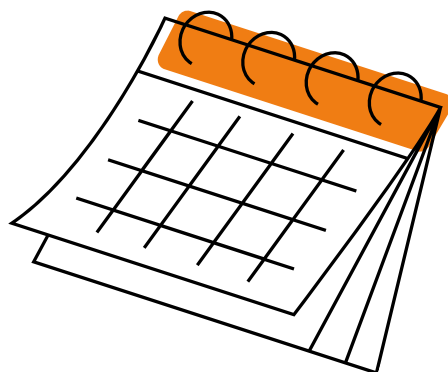
If you or someone on your HMS team would like to present at an upcoming Collaborative-wide Meeting or be featured in our newsletter, click [HERE](#).

IMPORTANT TRAINING 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	
8/20/26	10/15/26
9/3/26	10/29/26
9/17/26	11/12/26
10/1/26	12/10/26



2026 National Conferences

- To view the 2026 national conferences HMS members attend and present at, click [HERE](#). (You must be logged in as an HMS member to view)
- 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:

Elizabeth McLaughlin, MS, RN
HMS Program Manager
emcnair@med.umich.edu



**Blue Cross
Blue Shield
Blue Care Network**
of Michigan

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

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