



Member Quality Improvement Initiatives



Support for MVC is provided by Blue Cross Blue Shield of Michigan and Blue Care Network as part of the BCBSM Value Partnerships program. Although Blue Cross Blue Shield of Michigan and MVC 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.

Jessica Souva receives funding from Blue Cross Blue Shield of Michigan through its Value Partnerships Initiative

AGENDA

01.

Survey Details

- Purpose
- Completion rate
- Demographics

02.

Results

- Quantitative
- Qualitative
- Implications

03.

Next Steps

- MVC Offerings
- Best Practice Sharing
- 2025 QI Survey



MVC 2024 Q1 Survey

Survey Details

GOALS



Align MVC & Member Priorities

Inform MVC offerings and development of future measures

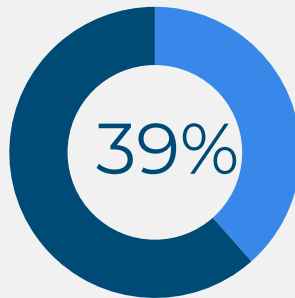
Support Best Practice Sharing

Increase cross-collaboration to achieve shared goals

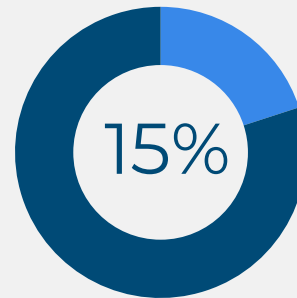


Member Responses

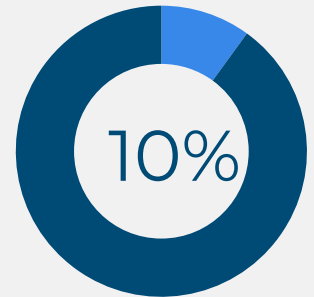
Completion rate and demographics



**40 of MVC's
104 hospitals**



**6 CAH or Rural
Hospitals**



**4 independent
hospitals**



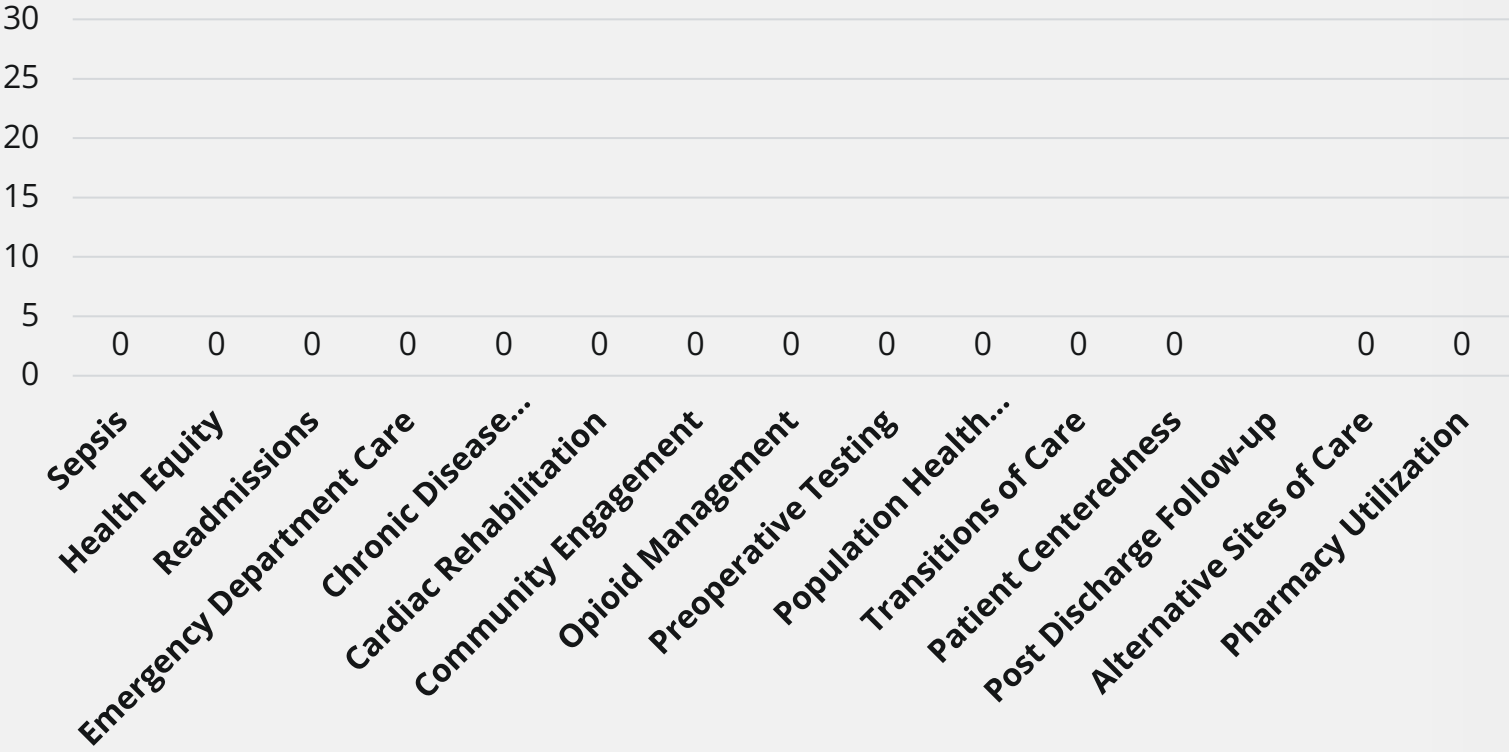
Survey Results

Quantitative, Qualitative, and Implications

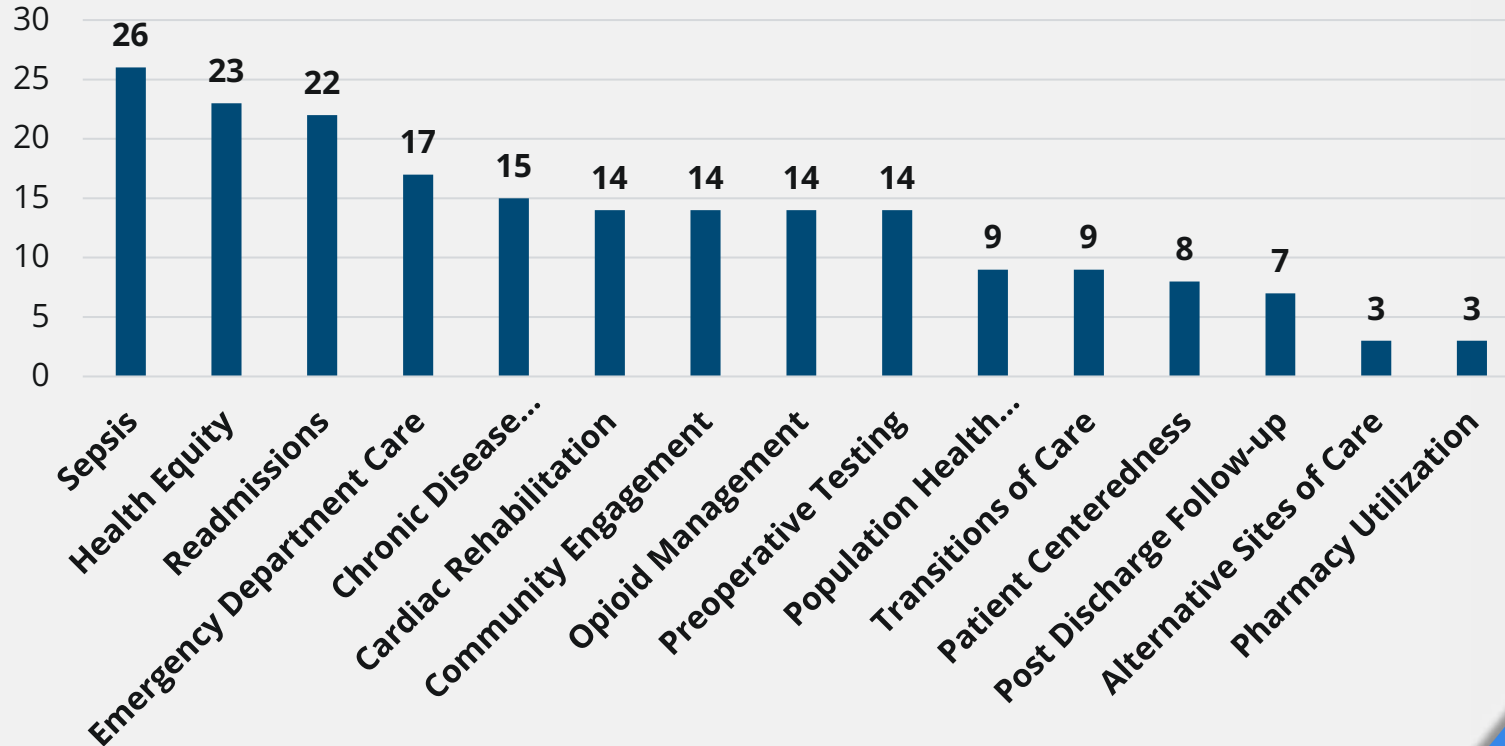
*What do you think were the most
common quality improvement initiatives
in 2024?*



Categories of Quality Improvement Initiatives



Categories of Quality Improvement Initiatives



7 System-Level High Priority Quality Improvement Initiatives



My Michigan Health
UNIVERSITY OF MICHIGAN HEALTH

Community Engagement 



MUNSON HEALTHCARE



Ascension



My Michigan Health
UNIVERSITY OF MICHIGAN HEALTH

Emergency Dept Care 



McLaren



My Michigan Health
UNIVERSITY OF MICHIGAN HEALTH

Health Equity 



Trinity Health

Population Health 



My Michigan Health
UNIVERSITY OF MICHIGAN HEALTH

Preop Testing 



MUNSON HEALTHCARE

Readmissions 



HENRY FORD HEALTH



Trinity Health



UP HEALTH SYSTEM

Sepsis 

Sepsis

Sep-1 Bundle Compliance

- Excellence/review committees
- Clinical Champions
- Order sets and improved provider documentation

Reduction in Sepsis LOS, Readmissions & Post-op Sepsis

- Improving patient/family discharge education
- Raising awareness of follow-up resources and ensuring follow-up appointments are timely
- Improved Sep-1 Bundle Compliance

Improving Teamwork & Communication

- “Code Septic Shock” or “Code Sepsis”
- Bedside huddles



Health Equity



Health Equity Opportunities in Michigan

A state-of-the-state report on hospital-level health equity priorities, barriers, and opportunities in Michigan

December 2024

Community Health Workers & Nurses

- Help hospitals have a better understanding of barriers in the community
- Connect patients with under-utilized resources

Community Organization Partnerships

- Provide support for food insecurity, transportation & RX coverage
- MCRH provides tools for adopting new initiatives and best practices

Designated Executive Leader & Committees

- Admission screening pages for data collection and identifying at-risk patients
- Patient voice



Readmissions

Community
Paramedicine

Case Review
Committee

Patient &
Family
Education

Risk
Identification &
Early
Intervention

Care
Coordinators

Follow-up
Appointment
Scheduling

Emergency Department Care

Process Improvement

- Medication error reduction
- Express care & timely treatment

Patient Experience

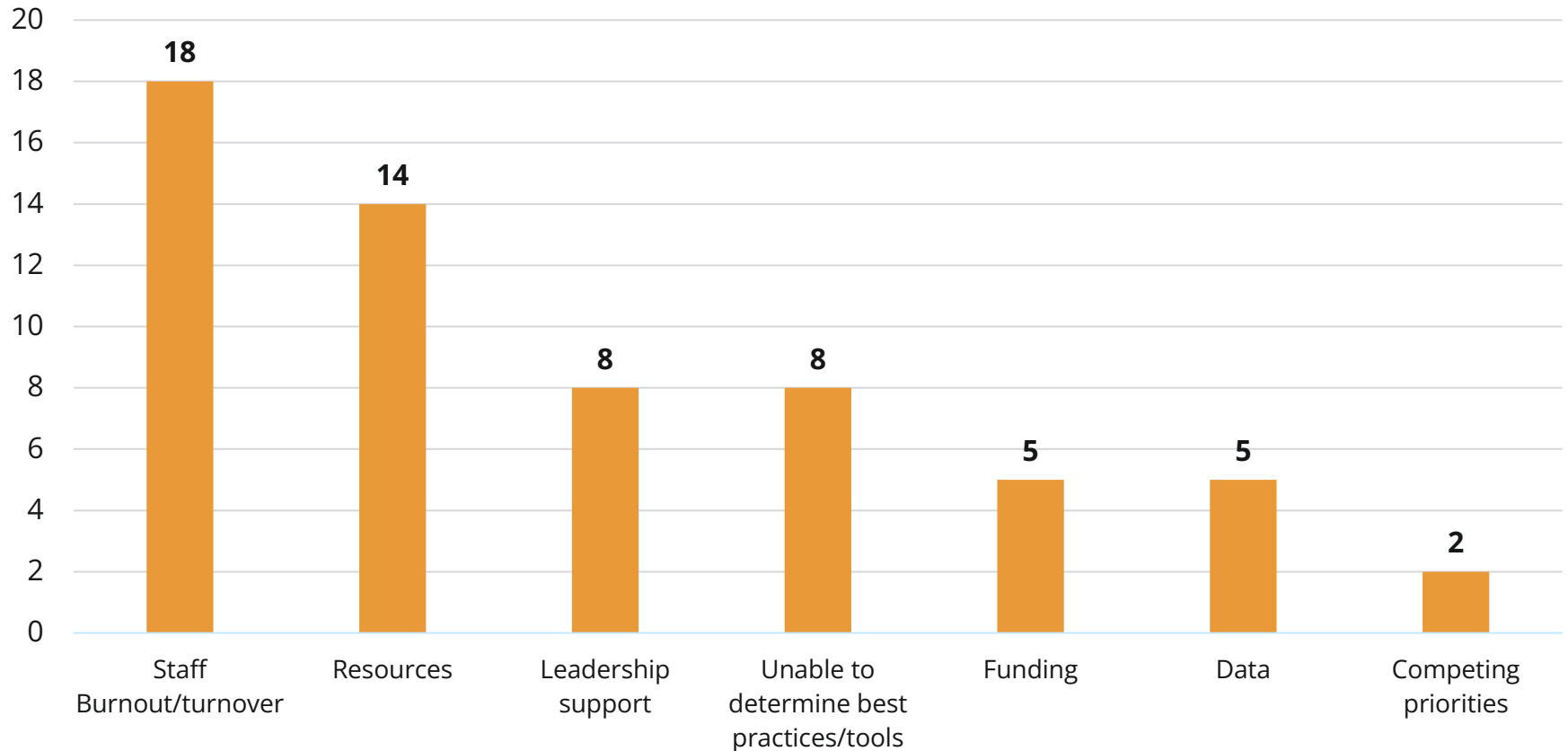
- Wait time reduction
- Reduction in left without being seen

Community Mental Health Partnerships

- Focus on care of patients with psychiatric symptoms
- CMH staff providing direct ED services



Barriers to Implementation



Strategies to Address Barriers

“Making inequities more visible. Our goal is to reduce HTN disparity by 3%, culture of inclusion.”

“Working with the appropriate stakeholders (ED leadership)- making data transparent”

There was creation of a dashboard that shows detailed information including provider performance. The sepsis coordinator has been part of new hire education for the ED and ICU. ED and inpatient nurse leaders are engaged in sepsis initiatives and attend monthly meetings.

“Having the MVC reports helps greatly in starting to prioritize where to start.”

Success Stories



Education and awareness have given opportunity to think about SDOH in rural communities



Patient and staff satisfaction improved because there is improved and more in-depth/thorough and detailed screenings being completed... allowing for more crucial conversations with patients and their families about end-of-life care/ treatment planning BEFORE illness strikes or is severe.



The biggest impact has been expanding the availability of leadership in the department and ensuring oversight on as many shifts as possible. In addition to collaboration throughout the hospital. Key stakeholders across the hospital meet regularly to discuss current state, barriers, gaps and additional needs for improvement. These same key stakeholder will also engage and work directly with frontline staff (e.g., if we have a STEMI fall out, the cath lab manager goes directly to the ED to discuss the barriers to timely EKG or cath lab activation with the staff. While also engaging with the staff after successful cases and showing the impact their timely care has on the patient).



How Did MVC Use the Survey Data?

Presenter Outreach

Survey submitters indicated how they would share their initiatives with other members.

2025 Engagement Point Menu

System-level point offerings and more flexibility

2025 Offerings

Workgroup topics, networking event discussions, and meeting



Next Steps

2025 Quality Improvement Initiative Survey



2025 QI Survey

June 1 – June 30

