

# IN CASE YOU MISSED IT

SCQR NEWSLETTER | JUNE 2022 | ISSUE ONE



## JUNE SCQR MEETING

We have a great meeting planned for all SCQRs which is coming up on Friday, June 17<sup>th</sup> at the H Hotel in Midland.

See [this email](#) for more details and registration, and [this page](#) for the agenda and other details.

## DEFINITIONS FAQs

### SEPSIS

You can't use intraop findings to assign sepsis – all the criteria have to be met preop or postop.

If there is no new source of infection postop before POD7 and no deterioration to meeting severe sepsis/septic shock criteria, you have to wait until postop day 7 and all the criteria have to be met at that point.

Using the grid on p. 157, sepsis is always the starting point if some of the criteria are met preop (it doesn't go back to SIRS/non-sepsis). There does need to be deterioration to Severe Sepsis/Septic Shock if assigned before POD7 when there is no new infection source postop.

### MULTIMODAL PAIN MGMT

Meds that do NOT count as 'other' MMPM:

- Flexeril/cyclobenzaprine
- Hydrocortisone
- Solu-Cortef
- Lidocaine IV (which is not a continuous infusion)
- Chloraseptic lozenges
- Magnesium
- Propofol

Please contact [msqc-info@med.umich.edu](mailto:msqc-info@med.umich.edu) before selecting 'other' if a medication administered is not listed in the definition.

## SUCCESS PROJECT

If you or your team are interested in joining the SUCCESS project, please notify [Jessica Ameling](#) by 6/24. More details are [here](#).

## MFA

"Authy" is the new multi-factor authentication (MFA) security measure for Arbor Metrix Workstation login.

Please log in using [this link](#) and reach out if you have any issues, or review this [help document](#).

## QI REPORTS

We are still testing and we know you are eagerly awaiting all of the QI report dashboard updates. We will let everyone know when these are available. You can still access your data using Source Data Export, and as a reminder of how to use this, there is a video [here](#).



## SCQR Spotlight

Several SCQRs worked with the HBOM team to design patient-facing tobacco cessation posters which are available [here](#). Kudos to:

Sandi Osterland, MyMichigan West Branch Hospital  
Angela Medrano, Huron Valley Sinai Hospital  
Maryellen Cusick, Beaumont Taylor

### Reminder from the CSCs:

Please continue to use the MSQC Program Manual as you abstract cases. The 2022 version is available in the Workstation Resources. As always, after you review the Manual and you still have questions, please email the [MSQC Definition Help Line!](#)

## MSQC QUICK LINKS

01

[Unlock case request](#)

02

[Update contact information](#)

03

[Data Definitions questions form](#)

04

[MSQC Workstation](#)

05

[MSQC Tool Kits](#)

06

[MSQC changelog](#)

## 2022 Quality Improvement Resources

As a reminder, this webpage includes:

- Project kickoff recording and slides with information about requirements for root cause analysis
- QI Tips and Tricks document with information to pull the required reports and data
- QI Project Tracking Sheet which you should be using now to track the activities and progress
- P4P Scorecard
- Hernia abstraction resources and Synoptic Op Note guide