



Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS)
Quality Collaborative
2017 Hospital CQI Performance Index

Measure #	Weight	Measure	Points Earned
#1*	10	Accuracy of data 5-star audit score 4-star audit score 3-star audit score ≤ 2-star audit score	10 8 6 0
#2	10	Quarterly collaborative meeting participation - surgeon lead (Jan 1, 2017–Dec 31, 2017) Attended 4 quarterly meetings Attended 3 quarterly meetings Attended < 3 quarterly meetings	10 5 0
#3	5	Quarterly collaborative meeting participation - data manager/representative (Jan 1, 2017–Dec 31, 2017) Attended 4 quarterly meetings Attended 3 quarterly meetings Attended < 3 quarterly meetings	5 3 0
#4	5	Quarterly data manager educational meeting - data manager (Jan 1, 2017–Dec 31, 2017) Attended 4 data manager meetings Attended 3 manager meetings Attended < 3 quarterly meetings	5 3 0
#5	15	Collaborative-wide quality initiative 2017: CAB Readmissions (Jan 1, 2017–Dec 31, 2017) Collaborative mean readmission rate ≤9.0% Collaborative mean readmission rate > 9.0%	15 0
#6*	15	Site specific quality initiative (Jan 1, 2017–Dec 31, 2017) Met improvement goal Improved but did not meet goal Implemented plan but did not improve Unable to implement plan	15 10 5 0
#7*	20	Isolated CABG: O/E mortality for 12 months (Jan 1, 2017–Dec 31, 2017) O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5	20 10 0
#8	20	Isolated AVR: O/E mortality for rolling 36 months (Jan 1, 2015–Dec 31, 2017) O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5	20 10 0

*Measures updated November 18, 2016