



Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS)
 Quality Collaborative
 2016 Hospital CQI Performance Index
Pneumonia Prevention Site Participants

Measure #	Weight	Measure	Points Earned
1	10	Accuracy of data 4 or 5 star audit score 3 star audit score ≤ 2 star audit score	10 5 0
2	10	Quarterly collaborative meeting participation - surgeon lead (Jan 1, 2016–Dec 31, 2016) 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, 2016–Dec 31, 2016) 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, 2016–Dec 31, 2016) Attended 4 data manager meetings Attended 3 manager meetings Attended < 3 quarterly meetings	5 3 0
5	15	Collaborative-wide quality initiative 2016: CAB Readmissions (Jan 1, 2016–Dec 31, 2016) Collaborative mean readmission rate ≤ 9.0% Collaborative mean readmission rate > 9.0%	15 0
6	15	Site specific quality initiative (Jan 1, 2016–Dec 31, 2016) Developed and implemented with evidence of improvement Developed and implemented with no evidence of improvement Not developed or implemented	15 10 0
7	20	Isolated CABG: O/E mortality for rolling 24 months (Jan 1, 2015–Dec 31, 2016) O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5	20 10 0
8	10	Isolated AVR: O/E mortality for rolling 36 months (Jan 1, 2014–Dec 31, 2016) O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5	10 5 0
9	10	Pneumonia Prevention Site Participants - Isolated CABG) Postoperative pneumonia (Jan 1, 2016-Dec 31, 2016) Collaborative mean rate ≤ 1.9 % Collaborative mean > 1.9%	10 0