



MSTCVS Quality Collaborative 2017 Hospital Specific Quality Initiative Identification Form

Due to Coordinating Center by February 6, 2017

Hospital Name:

Person Submitting Form: _____ Date: _____

Important Dates:

- February 6, 2017** - Submit 2017 Site Specific QI Identification Form to Coordinating Center
- September 18, 2017** - Submit Progress Reports to the Coordinating Center
- March 1, 2018** - Submit Final Report to the Coordinating Center

Points for the *site specific quality initiative* (QI) metric will be awarded based on the development and implementation of the QI with evidence of improvement. All hospital specific QIs must identify baseline data (2016 year-end) and a target goal (2017 year-end). Full points will be awarded if year-end goal(s) are met. *All QI must be approved by the MSTCVS quality committee. Contact [Patty Theurer](#) if you need assistance selecting a QI.*

1. Please identify your site specific quality improvement initiative(s) for 2017. (Cannot be 30-day readmission). And please use the most recent data available for your baseline quality initiative(s) rate.

2017 Quality Initiative (s)	Baseline Data 2016 Year-End*	Target Goal 2017 Year-End

*Can be revised when 2016 year-end data is available.

2. Please list the names and titles of the QI team for each initiative.

3. Please list preliminary development plan (interventions and objectives) for improvement.
