

2018 MSTCVS Quality Collaborative Quality Initiative Performance Index – Supporting Documentation

<p>Accuracy of data: Accuracy of Capturing all Critical Data Elements</p>
<p>Each site receives an audit score based on the number of deductions per case represented on a rating system from <u>1 star</u> (>40.1 deductions/case) to <u>5 stars</u> (<8.0 deductions per case.)</p> <p style="margin-left: 20px;">5-star audit score 10 pts 4-star audit score 8 pts 3-star audit score 6 pts < 2-star audit score 0 pts</p>
<p>Quarterly Collaborative Meeting Participation - Surgeon Lead (January 1, 2018 - December 31, 2018)</p>
<p>The MSTCVS physician champion must attend all four of the 2018 MSTCVS Quality Collaborative meetings to receive full P4P points. If the physician champion is unable to attend, the site may send a surgeon in their place to receive credit.</p> <p style="margin-left: 20px;">Attended 4 quarterly meetings 10 pts Attended 3 quarterly meetings 5 pts Attended < 3 quarterly meetings 0 pts</p>
<p>Quarterly Collaborative Meeting Participation - Data Manager/Representative (January 1, 2018 - December 31, 2018)</p>
<p>The MSTCVS data manger or a quality representative must attend all four of the 2018 MSTCVS Quality Collaborative meetings to receive full P4P points.</p> <p style="margin-left: 20px;">Attended 4 quarterly meetings 5 pts Attended 3 quarterly meetings 3 pts Attended < 3 quarterly meetings 0 pts</p>
<p>Quarterly Data Manager Educational Meeting - Data Manager (January 1, 2018 - December 31, 2018)</p>
<p>The MSTCVS data manger must attend all four of the 2018 MSTCVS Quality Collaborative data manager educational meetings to receive full P4P points.</p> <p style="margin-left: 20px;">Attended 4 data manager meetings 5 pts Attended 3 data manager meetings 3 pts Attended < 3 data manager meetings 0 pts</p>
<p>Collaborative-Wide Quality Initiative (QI): Isolated CAB Readmission Within 30 Days of Discharge (January 1, 2018 - December 31, 2018)</p>
<p>Determined by the MSTCVS Quality Committee, readmission was selected as an opportunity to learn/share with the entire group methods to decrease hospital readmissions for the benefit of all patients. The Michigan collaborative mean must be less than or equal to 9.5% in order for all sites to receive 15 points.</p> <p style="margin-left: 20px;">Collaborative <i>mean</i> readmission rate ≤ 9.5% 15 pts Collaborative <i>mean</i> readmission rate > 9.5% 0 pts</p>

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Site Specific Quality Initiative (QI):			
Determined by Site by February 2018 (January 1, 2017 - December 31, 2018)			
<p>Each MSTCVS quality collaborative site must choose a quality initiative to work on for the 2018 calendar year. All initiatives must state baseline data (end of year 2017) and target goal(s) (end of year 2018 data). Full points will be awarded if year-end improvement goal is met. Initiatives will be approved by the MSTCVS Quality Committee in February 2018. The MSTCVS Quality Committee will review each sites improvement to determine eligibility for points based on data and submitted progress reports.</p> <p style="margin-left: 40px;">Met improvement goal 15 pts Improved but did not meet goal 10 pts Implemented plan but did not improve 5 pts Unable to implement plan 0 pts</p>			
Met improvement goal	Improved but did not meet goal	Implemented plan but did not improve	Unable to implement plan
<p>Reports include a written QI plan with goals, initiatives, success/barriers and documentation of successful implementation of plan. 2018 year end data shows that goal was met.</p>	<p>Reports include a written QI plan with goals, initiatives, success/barriers and documentation of successful implementation of plan. Data shows improvement but did not meet target goal.</p>	<p>Reports include a written QI plan with goals, initiatives, success/barriers and documentation of successful implementation of plan. Data shows no improvement over 2017 data.</p>	<p>Reports show that QI plans was not able to be implemented.</p>
Isolated CABG: O/E Mortality for 12 Months			
(January 1, 2018 - December 31, 2018)			
<p>The National Society of Thoracic Surgeons (STS) provides an <i>observed to expected ratio</i> for mortality that incorporates the patients individualized preoperative status and chance of death based on like patients in the STS national database.</p> <p style="margin-left: 40px;">Individual hospital O/E isolated CAB mortality \leq 1.0 20 pts Individual hospital O/E isolated CAB mortality \leq 1.5 10 pts Individual hospital O/E isolated CAB mortality $>$ 1.5 0 pts</p>			
Isolated AVR: O/E Mortality for 36 Months			
(January 1, 2016 - December 31, 2018)			
<p>The National Society of Thoracic Surgeons (STS) provides an <i>observed to expected ratio</i> for mortality that incorporates the patients individualized preoperative status and chance of death based on like patients in the STS national database.</p> <p style="margin-left: 40px;">Individual hospital O/E isolated AVR mortality \leq 1.0 20 pts Individual hospital O/E isolated AVR mortality \leq 1.5 10 pts Individual hospital O/E isolated AVR mortality $>$ 1.5 0 pts</p>			