



Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS)
Quality Collaborative
2018 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 (January 1, 2018–December 31, 2018) Attended 4 quarterly meetings Attended 3 quarterly meetings Attended < 3 quarterly meetings	10 5 0
#3	5	Quarterly collaborative meeting participation - data manager/representative (January 1, 2018–December 31, 2018) Attended 4 quarterly meetings Attended 3 quarterly meetings Attended < 3 quarterly meetings	5 3 0
#4	5	Quarterly data manager educational meeting - data manager (January 1, 2018–December 31, 2018) Attended 4 data manager meetings Attended 3 data manager meetings Attended < 3 data manager meetings	5 3 0
#5	15	Collaborative-wide quality initiative 2018: CAB Readmissions (January 1, 2018–December 31, 2018) Collaborative mean readmission rate ≤9.5% Collaborative mean readmission rate > 9.5%	15 0
#6*	15	Site specific quality initiative (January 1, 2018–December 31, 2018) 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 (January 1, 2018–December 31, 2018) O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5	20 10 0
#8	20	Isolated AVR: O/E mortality for 36 months (January 1, 2016–December 31, 2018) O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5	20 10 0