



# MSTCVS Quality Collaborative 2017 30-Day Readmissions Final Report

Due to Coordinating Center by March 1, 2018

Hospital: \_\_\_\_\_

Submitted by: \_\_\_\_\_ Date: \_\_\_\_\_

1. Please provide your hospital's 30-day readmission data for 2017.

Name of QI	2016 Baseline	2017 Goal	Q1 2017	Q2 2017	Q3 2017	Q4 2017	2017 Year End
Isolated CAB 30-day readmission							

2. How often does your team meet and review progress of these QI(s)?

3. Please list the interventions/strategies that were successful for your QI(s).

Intervention/strategies	Implementation Date

4. Please indicate challenges or barriers to QI(s) implementation if any.

5. Additional information/comments/observations: