



MSTCVS Quality Collaborative 2017 **Site Specific QI** Final Report

Due to Coordinating Center by March 1, 2018

Hospital: _____

Submitted by: _____ Date: _____

1. Please complete the table below with your hospital's site specific QI name, indicate patient population and data. Include data on additional quality initiatives if applicable.

Name of QI	2016 Baseline	2017 Goal	Q1 2017	Q2 2017	Q3 2017	Q4 2017	2017 Year End

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: