



# MSTCVS Quality Collaborative

## 2018 Site Specific Quality Initiative

### Identification Form

Due to Coordinating Center by February 5, 2018

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

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

#### Important Dates:

**February 5, 2018** - Submit 2018 Site Specific QI Identification Form to Coordinating Center

**September 18, 2018** - Submit Progress Reports to the Coordinating Center

**March 1, 2019** - 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 (2017 year-end) and a target goal (2018 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 [Melissa Clark](#) if you need assistance selecting a QI.*

1. Please identify your site specific quality improvement initiative(s) for 2018. (Cannot be 30-day readmission).  
And please use the most recent data available for your baseline quality initiative(s) rate.

| 2018 Quality Initiative (s) | Indicate Patient Population  | Baseline Data 2017 Year-End* | Target Goal 2018 Year-End |
|-----------------------------|--|------------------------------|---------------------------|
|                             | <input type="checkbox"/> Isolated CAB<br><input type="checkbox"/> Isolated AVR<br><input type="checkbox"/> 'Other' _____ |                              |                           |
|                             | <input type="checkbox"/> Isolated CAB<br><input type="checkbox"/> Isolated AVR<br><input type="checkbox"/> 'Other' _____ |                              |                           |

\*Can be revised when 2017 year-end data is available.

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

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

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