



# Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS) Quality Collaborative 2019 Hospital CQI Performance Index

Measure #	Weight	Measure	Points Earned
#1	10	<b>Accuracy of data</b> 5-star audit score 4-star audit score 3-star audit score ≤ 2-star audit score	10 8 6 0
#2	10	<b>Quarterly collaborative meeting participation - surgeon lead (January 1, 2019–December 31, 2019)</b> Attended 4 quarterly meetings Attended 3 quarterly meetings Attended 2 quarterly meetings Attended 1 quarterly meeting Attended 0 quarterly meetings	10 8 5 2 0
#3	5	<b>Quarterly collaborative meeting participation - data manager/representative (January 1, 2019–December 31, 2019)</b> Attended 4 quarterly meetings Attended 3 quarterly meetings Attended 2 quarterly meetings Attended 1 quarterly meeting Attended 0 quarterly meetings	5 4 2 1 0
#4	5	<b>Quarterly data manager educational meeting - data manager (January 1, 2019–December 31, 2019)</b> Attended 4 data manager meetings Attended 3 data manager meetings Attended 2 data manager meetings Attended 1 data manager meeting Attended 0 data manager meetings	5 4 2 1 0
#5	15	<b>Collaborative-wide quality initiative 2019: CAB Readmissions (January 1, 2019–December 31, 2019)</b> <b>Collaborative mean</b> readmission rate ≤ 9.5% <b>Collaborative mean</b> readmission rate < 2018 year-end rate <b>Collaborative mean</b> readmission rate > 9.5%	15 5 0
#6	15	<b>Site specific quality initiative (January 1, 2019–December 31, 2019)</b> 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	<b>Isolated CABG: O/E mortality for 12 months (January 1, 2019–December 31, 2019)</b> O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5	20 10 0
#8	20	<b>Isolated AVR: O/E mortality for 36 months (January 1, 2017–December 31, 2019)</b> O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5	20 10 0