



# MSTCVS Quality Collaborative

## 2019 30-Day Readmission QI Final Report

Due to Coordinating Center by March 2, 2020

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

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

1. Please provide your hospital's 30-day readmission data for 2019.

	2018 Baseline	2019 Goal	Q1 2019	Q2 2019	Q3 2019	Q4 2019	2019 Year End
Isolated CAB 30-Day Readmission							

2. Was the progress of this QI reviewed by a multidisciplinary team?

a. If Yes, please list the disciplines that participated:

3. How often did your team meet and review progress of this QI?

4. Please list all interventions/strategies, when they were implemented, and if they were successful:

5. Please describe any challenges or barriers that were encountered and how your team overcame them:

6. Do you have a plan in place to continue/maintain this improvement work?

7. Additional information/comments/observations: