



# MSTCVS Quality Collaborative

## 2019 30-Day Readmission QI Progress Report

Due to Coordinating Center by September 16, 2019

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

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

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

	Baseline Year-end 2018	Q1 2019	Q2 2019
Isolated CAB 30-Day Readmission			

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

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

3. How often does 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 encountered:

6. Additional information/comments/observations: