



MSTCVS Quality Collaborative

2019 Site Specific Quality Initiative Final Report

Due to Coordinating Center by March 2, 2020

Hospital: _____

Submitted by: _____ Date: _____

1. Please complete the table below with your hospital's site specific QI name, indicate patient population and data.

Name of QI	2018 Baseline	2019 Goal	Q1 2019	Q2 2019	Q3 2019	Q4 2019	2019 Year End

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: