

2020 MSTCVS Quality Collaborative Quality Initiative Performance Index – Supporting Documentation

Accuracy of data: Accuracy of Capturing all Critical Data Elements

Each site receives an audit score based on the number of deductions per case represented on a rating system from 1 star (>40.1 deductions/case) to 5 stars (<8.0 deductions per case.)

5-star audit score	10 pts
4-star audit score	8 pts
3-star audit score	6 pts
< 2-star audit score	0 pts

Quarterly Collaborative Meeting Participation - *Surgeon Lead* (January 1, 2020 - December 31, 2020)

A physician that performs cardiac surgery at the site must attend all four of the 2020 MSTCVS Quality Collaborative meetings to receive credit. Full points are earned when an alternate surgeon attends at least one meeting. Alternate surgeon is a physician that performs cardiac surgery at the site and is not the physician champion.

Attended 4 quarterly meetings; one alternate surgeon*	10 pts
Attended 4 quarterly meetings	8 pts
Attended 3 quarterly meetings; one alternate surgeon*	7 pts
Attended 3 quarterly meetings	6 pts
Attended 2 quarterly meetings; one alternate surgeon *	5 pts
Attended 2 quarterly meetings	4 pts
Attended 1 quarterly meeting; one alternate surgeon *	3 pts
Attended 1 quarterly meeting	2 pts
Attended 0 quarterly meetings	0 pts

Quarterly Collaborative Meeting Participation - *Data Manager/Representative* (January 1, 2020 - December 31, 2020)

The MSTCVS data manger or a quality representative must attend all four of the 2020 MSTCVS Quality Collaborative meetings to receive full P4P points.

Attended 4 quarterly meetings	5 pts
Attended 3 quarterly meetings	4 pts
Attended 2 quarterly meetings	2 pts
Attended 1 quarterly meeting	1 pts
Attended 0 quarterly meetings	0 pts

Quarterly Data Manager Educational Meeting - *Data Manager* (January 1, 2020 - December 31, 2020)

The MSTCVS data manger must attend all four of the 2020 MSTCVS Quality Collaborative data manager educational meetings to receive full P4P points.

Attended 4 data manager meetings	5 pts
Attended 3 data manager meetings	4 pts
Attended 2 data manager meetings	2 pts
Attended 1 data manager meeting	1 pts
Attended 0 data manager meetings	0 pts

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Collaborative-Wide Quality Initiative (QI):

**Left Atrial Appendage Ligation for patients with history of atrial fibrillation/flutter: Isolated CAB
(January 1, 2020 - December 31, 2020)**

The **Michigan collaborative mean** must be greater than or equal to 75% in order for all sites to receive 15 points.

Collaborative mean \geq 75%	15 pts
Collaborative mean >60-74%	5 pts
Collaborative mean < 60%	0 pts

Site Specific Quality Initiative (QI):

Determined by Site by February 2020 (January 1, 2020 - December 31, 2020)

Each MSTCVS quality collaborative site must choose a quality initiative to work on for the 2020 calendar year. All initiatives must state baseline data (end of year 2019) and target goal(s) (end of year 2020 data). Full points will be awarded if year-end improvement goal is met. Initiatives will be approved by the MSTCVS Quality Committee in February 2020. The MSTCVS Quality Committee will review each site's improvement to determine eligibility for points based on data and submitted progress reports.

Met improvement goal	15 pts
Improved but did not meet goal	10 pts
Implemented plan but did not improve	5 pts
Unable to implement plan	0 pts

Met improvement goal	Improved but did not meet goal	Implemented plan but did not improve	Unable to implement plan
Reports include a written QI plan with goals, initiatives, success/barriers and evidence of successful implementation of plan. 2020 year end data shows that goal was met.	Reports include a written QI plan with goals, initiatives, success/barriers and evidence of successful implementation of plan. Data shows improvement but did not meet target goal.	Reports include a written QI plan with goals, initiatives, success/barriers and evidence of successful implementation of plan. Data shows no improvement over 2019 data.	Reports do not show that a QI plan was implemented or reports not received by due date.

Isolated CABG: O/E Mortality for 12 Months (January 1, 2020 - December 31, 2020)

The National Society of Thoracic Surgeons (STS) provides an *observed to expected ratio* for mortality that incorporates the patients individualized preoperative status and chance of death based on like patients in the STS national database.

Individual hospital O/E isolated CAB mortality \leq 1.0	20 pts
Individual hospital O/E isolated CAB mortality \leq 1.5	10 pts
Individual hospital O/E isolated CAB mortality > 1.5	0 pts

Isolated AVR: O/E Mortality for 36 Months (January 1, 2018 - December 31, 2020)

The National Society of Thoracic Surgeons (STS) provides an *observed to expected ratio* for mortality that incorporates the patients individualized preoperative status and chance of death based on like patients in the STS national database.

Individual hospital O/E isolated AVR mortality \leq 1.0	20 pts
Individual hospital O/E isolated AVR mortality \leq 1.5	10 pts
Individual hospital O/E isolated AVR mortality > 1.5	0 pts