



MSTCVS Quality Collaborative
2020 Site Specific Quality Initiative Final Report
Due to Coordinating Center by March 4, 2021

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	2019 Baseline	2020 Goal	Q1 2020	Q2 2020	Q3 2020	Q4 2020	2020 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: