



# MSTCVS Quality Collaborative

## 2020 Site Specific QI Progress Report

Due to Coordinating Center by September 14, 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	Targeted Patient Population	Baseline 2019	2020 Goal	Q1 2020	Q2 2020
	<input type="checkbox"/> Isolated CAB <input type="checkbox"/> Isolated AVR <input type="checkbox"/> _____				

2. How often does your team meet to review progress of this QI?
3. Please list all interventions/strategies, when they were implemented, and if they were successful:
4. Please describe any challenges or barriers encountered:
5. Additional information/comments/observations:



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6. Please complete the table below with information related to the VBR measure 'Monthly Multidisciplinary Team Meetings'

Date	Topic	Team Members/Disciplines Present