

2021 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 <u>1 star</u> (>40.1 deductions/case) to <u>5 stars</u> (<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, 2021 - December 31, 2021)	
The MSTCVS physician champion must attend all four of the 2021 MSTCVS Quality Collaborative meetings to receive full P4P points. If the physician champion is unable to attend, the site may send a surgeon in their place to receive credit. * alternate surgeon is a non-physician champion who performs cardiac surgery at the site.	
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, 2021 - December 31, 2021)	
The MSTCVS data manger or a quality representative must attend all four of the 2021 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, 2021 - December 31, 2021)	
The MSTCVS data manger must attend all four of the 2021 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: All Risk Adjustment Procedures (January 1, 2021 - December 31, 2021)			
<p>The review of our 33 sites approach to Left Atrial Appendage Ligation for patients with history of atrial fibrillation/flutter for all cardiac risk model procedures revealed an opportunity to increase adherence with guidelines for atrial fibrillation treatment. The <i>Michigan collaborative mean</i> must be greater than or equal to 83% in order for all sites to receive 15 points.</p>			
Collaborative <i>mean</i> ≥ 83%			15 pts
Collaborative <i>mean</i> >73-82%			5 pts
Collaborative <i>mean</i> < 73%			0 pts
Site Specific Quality Initiative (QI): Determined by Site by February 2021 (January 1, 2021 - December 31, 2021)			
<p>Each MSTCVS quality collaborative site must choose a quality initiative to work on for the 2021 calendar year. All initiatives must state baseline data (end of year 2020) and target goal(s) (end of year 2021 data). Full points will be awarded if year-end improvement goal is met. Initiatives will be approved by the MSTCVS Quality Committee in February 2021. The MSTCVS Quality Committee will review each sites improvement to determine eligibility for points based on data and submitted progress reports.</p>			
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
<p>Reports include a written QI plan with goals, initiatives, success/barriers and documentation of successful implementation of plan. 2021 year end data shows that goal was met.</p>	<p>Reports include a written QI plan with goals, initiatives, success/barriers and documentation of successful implementation of plan. Data shows improvement but did not meet target goal.</p>	<p>Reports include a written QI plan with goals, initiatives, success/barriers and documentation of successful implementation of plan. Data shows no improvement over 2020 data.</p>	<p>Reports show that QI plans was not able to be implemented.</p>
Isolated CABG: O/E Mortality for 12 Months (January 1, 2021 - December 31, 2021)			
<p>The National Society of Thoracic Surgeons (STS) provides an <i>observed to expected ratio</i> for mortality that incorporates the patients individualized preoperative status and chance of death based on like patients in the STS national database.</p>			
Individual hospital O/E isolated CAB mortality ≤ 1.0			20 pts
Individual hospital O/E isolated CAB mortality ≤ 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, 2019 - December 31, 2021)			
<p>The National Society of Thoracic Surgeons (STS) provides an <i>observed to expected ratio</i> for mortality that incorporates the patients individualized preoperative status and chance of death based on like patients in the STS national database.</p>			
Individual hospital O/E isolated AVR mortality ≤ 1.0			20 pts
Individual hospital O/E isolated AVR mortality ≤ 1.5			10 pts
Individual hospital O/E isolated AVR mortality > 1.5			0 pts