



MSTCVS Quality Collaborative
2023 P4P Quality Improvement Initiatives
Final Report
 Due to the Coordinating Center February 12, 2024

Hospital Name:	
Submitted by:	
Date:	

2023 Site-Specific QI *Final* Reporting (P4P Measure #7)
**P4P points will not be awarded without evidence that a plan was implemented and/or if no reports are submitted*

Site-Specific Quality Initiative:					
Target Patient Population:					
Exclusions (if any):					
2022 Baseline Performance:					
2023 Year-End Target Performance:					
2023 Year-End Results:	Q1 2023:	Q2 2023:	Q3 2023:	Q4 2023:	CY 2023:
2023 Numerator / Denominator					
Was the progress of this QI reviewed by a multidisciplinary team? If yes, please list disciplines:					
Please describe all interventions and strategies and when they were implemented:					
Please describe any challenges or barriers that were encountered and how your team overcame them:					
Maintenance or continuation plan and next steps:					
Additional information, comments, or observations:					

2023 Collaborative-Wide QI *Final* Reporting (P4P Measure #6)

**P4P points will not be awarded without evidence that a plan was implemented and/or if no reports are submitted*

Collaborative-Wide Quality Initiative:	Multiple Arterial Grafting				
Target Patient Population:	Isolated CABG				
2022 Baseline Performance:					
2023 Year-End Target Performance:	38.3% (3% higher than 2022 calendar year mean)				
2023 Year-End Results:	Q1 2023:	Q2 2023:	Q3 2023:	Q4 2023	CY 2023:
2023 Numerator / Denominator					
Was the progress of this QI reviewed by a multidisciplinary team? If yes, please list disciplines:					
Please describe all interventions and strategies and when they were implemented:					
Please describe any challenges or barriers that were encountered and how your team overcame them:					
Maintenance or continuation plan and next steps:					
Additional information, comments, or observations:					