



Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS)  
Quality Collaborative  
2024 Hospital CQI Performance Index

Measure #	Weight	Measure	Points Earned
#1	10	<b>Accuracy of data</b> 5-star audit score 4-star audit score 3-star audit score ≤ 2-star audit score	10 8 6 0
#2	8	<b>Quarterly collaborative meeting participation – Surgeon and Data Manager Combined Attendance (January 1, 2024–December 31, 2024)</b> Surgeon and data manager attended 4 quarterly meetings Surgeon and data manager attended 3 quarterly meetings Surgeon and data manager attended 2 quarterly meetings Surgeon and data manager attended 1 quarterly meeting Attended 0 quarterly meetings <i>*Alternate surgeon attendance will count towards this measure</i>	8 6 4 2 0
#3	4	<b>Quarterly collaborative meeting participation – Alternate Surgeon (January 1, 2024–December 31, 2024)</b> Alternate surgeon attended 1 quarterly meeting Alternate surgeon attended 0 quarterly meetings <i>* Alternate surgeon performs cardiac surgery at the site and is not the physician champion</i>	4 0
#4	4	<b>Quarterly data manager educational meeting - Data Manager (January 1, 2024–December 31, 2024)</b> Attended 4 data manager meetings Attended 3 data manager meetings Attended 2 data manager meetings Attended 1 data manager meeting Attended 0 data manager meetings	4 3 2 1 0
#5	4	<b>Quarterly PERForm educational meeting + Quality Report Submission - Perfusionist (January 1, 2024–December 31, 2024)</b> Attended 3 PERForm meetings + Data Quality Report Submission Attended 2 PERForm meetings + Data Quality Report Submission Attended 1 PERForm meeting + Data Quality Report Submission Attended 0 PERForm meetings / No Data Quality Report Submitted <i>*No points will be awarded if a PERForm Data Quality Report is not submitted</i>	4 3 2 0
#6	15	<b>Collaborative-wide quality initiative 2024: Isolated CABG – Initial Ventilator Hours &lt;6 (January 1, 2024–December 31, 2024)</b> Initial Ventilator Hours <6: <b>Mean Collaborative</b> rate of ≥70% Initial Ventilator Hours <6: <b>Mean collaborative</b> rate of <70%	15 0
#7	15	<b>Site specific quality initiative</b> Met improvement goal Improved but did not meet goal Implemented plan but did not improve Improved but unable to implement plan or did not submit plan/progress report	15 10 5 0
#8	20	<b>Isolated CAB: O/E Mortality for 12 months (January 1, 2024–December 31, 2024)</b> O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5	20 10 0
#9	20	<b>Isolated Valve +/- CAB Mortality and Major Morbidity OE for 36 months (January 1, 2022–December 31, 2024)</b> O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5	20 10 0
#10	1	<b>Extra Credit Opportunities: 1 point per approved activity for surgeons</b> <b>Examples include:</b> Site visits Presentation at quarterly collaborative meeting Work group participation	