

2025 MSTCVS Quality Collaborative 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 and Data Manager Combined Attendance (January 1, 2025 - December 31, 2025)	
The MSTCVS QC physician champion and data manager must both attend all four of the 2025 MSTCVS Quality Collaborative meetings to receive full P4P points. If the physician champion is unable to attend, a surgeon who performs cardiac surgery at the site may attend in their place to receive credit.	
Surgeon and data manager attended 4 quarterly meetings	8 pts
Surgeon and data manager attended 3 quarterly meetings	6 pts
Surgeon and data manager attended 2 quarterly meetings	4 pts
Surgeon and data manager attended 1 quarterly meeting	2 pts
Attended 0 quarterly meetings	0 pts
Quarterly Collaborative Meeting Participation - Alternate Surgeon Attendance (January 1, 2025 - December 31, 2025)	
A non-physician champion who performs cardiac surgery at the site must attend at least one MTSCVS Quality Collaborative meeting to receive full P4P points.	
Alternate surgeon attended 1 quarterly meeting	4 pts
Alternate surgeon attended 0 quarterly meetings	0 pts
Quarterly Data Manager Educational Meeting - Data Manager (January 1, 2025 - December 31, 2025)	
The MSTCVS QC data manger must attend all four of the 2025 MSTCVS Quality Collaborative data manager educational meetings to receive full P4P points.	
Attended 4 data manager educational meetings	4 pts
Attended 3 data manager educational meetings	3 pts
Attended 2 data manager educational meetings	2 pts
Attended 1 data manager educational meeting	1 pts
Attended 0 data manager educational meetings	0 pts
Quarterly PERForm Registry Meeting + Data Quality Report Submission - Perfusionist (January 1, 2025 - December 31, 2025)	
A perfusionist who works at the site must attend three in-person 2025 MSTCVS Quality Collaborative PERForm Registry meetings and submit a PERForm Data Quality Report to receive full P4P points. No points will be awarded if a Data Quality Report is not submitted. <i>(Does not need to be the same perfusionist at each meeting. Perfusionist may represent maximum of two sites if they routinely practice at each site).</i>	
Attended 3 PERForm Registry meetings + Data Quality Report Submission.....	4 pts
Attended 2 PERForm Registry meetings + Data Quality Report Submission.....	3 pts
Attended 1 PERForm Registry meeting + Data Quality Report Submission.....	2 pts
Attended 0 PERForm Registry meetings / No Data Quality Report Submitted	0 pts
<i>*Points will not be awarded if a PERForm Data Quality Report is not submitted</i>	
Collaborative-Wide Quality Initiative (QI): Isolated CABG – Initial Ventilator Hours <6 (January 1, 2025 - December 31, 2025)	
Initial ventilator hours <6 in all risk-adjusted procedures was chosen as the 2025 Collaborative-Wide quality initiative by the Quality Committee.	
2025 Collaborative mean for initial ventilator hours <6 rate of 73% or greater.....	15 pts
2025 Collaborative mean for initial ventilator hours <6 rate of less than 73%	0 pts

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Site Specific Quality Initiative (QI):

Determined by Site by February 2025 (January 1, 2025 - December 31, 2025)

Each MSTCVS Quality Collaborative site must choose a quality initiative to work on for the 2025 calendar year. All initiatives must state baseline data (end-of-year 2024) and target goal(s) (end-of-year 2025 data). Full points will be awarded if year-end improvement goal is met. Initiatives will be approved by the MSTCVS Quality Committee in February 2025. The MSTCVS Quality Committee will review each site’s improvement to determine eligibility for points based on data and submitted progress reports.

Met improvement goal	15 pts
Improved but did not meet goal	10 pts
Implemented plan but did not improve	5 pts
Improved but unable to implement plan or did not submit a report	0 pts

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
Reports include a written QI plan with goals, initiatives, success/barriers and documentation of successful implementation of plan. 2025 year-end data shows that goal was met.	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.	Reports include a written QI plan with goals, initiatives, success/barriers and documentation of successful implementation of plan. Data shows no improvement over 2024 data.	Improved but no plan was implemented. Reports show that QI plan was not able to be implemented. Points will not be awarded if Progress or Final reports are not submitted.

Isolated CABG: O/E Mortality for 12 Months

(January 1, 2025 - December 31, 2025)

The National Society of Thoracic Surgeons (STS) provides an *observed to expected ratio* for mortality that incorporates the patients individualized preoperative status and chance of death based on like patients in the STS national database. Participating sites must have an isolated CABG mortality O/E of less than 1.0 to receive full points.

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 Valve +/- CAB Mortality and Major Morbidity O/E for 36 months

(January 1, 2023 - December 31, 2025)

The National Society of Thoracic Surgeons (STS) provides an *observed to expected ratio* for mortality and major morbidity that incorporates the patients individualized preoperative status and chance of death and major morbidity based on like patients in the STS national database. Participating sites must have an isolated valve +/- CABG mortality and major morbidity O/E of less than 1.0 to receive full points. Procedures include AVR, AVR + CAB, MVR, MVR + CAB, MV repair, and MV repair + CAB.

Individual hospital O/E isolated valve mortality ≤ 1.0	20 pts
Individual hospital O/E isolated valve mortality ≤ 1.5	10 pts
Individual hospital O/E isolated valve mortality > 1.5	0 pts

Extra Credit Opportunities: 1 point per approved activity for surgeons – (maximum 5 extra credit points)

Extra credit points may be awarded to supplement final scores. Maximum Performance Index score per site is 100.

- Surgeons may be awarded 1 extra credit point toward participation measures for approved activities. Examples include but not limited to site visits, work group active participation (includes funded projects workgroup 2/4 meeting attendance), presentation at quarterly MSTCVS-QC or MISHC meetings.
- Five extra credit points may be awarded toward performance measures (#6-9) if all three VBR measures are achieved.