

Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS) Quality Collaborative 2025 Hospital CQI Performance Index

Measure #	Weight	Measure	Points Earned
#1	10	Accuracy of data 5-star audit score 4-star audit score 3-star audit score ≤ 2-star audit score	10 8 6 0
#2	8	Quarterly collaborative meeting participation – Surgeon and Data Manager Combined Attendance (January 1, 2025–December 31, 2025) 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 *Alternate surgeon attendance will count towards this measure	8 6 4 2 0
#3	4	Quarterly collaborative meeting participation – Alternate Surgeon (January 1, 2025–December 31, 2025) Alternate surgeon attended 1 quarterly meeting Alternate surgeon attended 0 quarterly meetings	4 0
#4	4	* Alternate surgeon performs cardiac surgery at the site and is not the physician champion Quarterly data manager educational meeting - Data Manager (January 1, 2025–December 31, 2025) 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	Quarterly PERForm educational meeting + Quality Report Submission - Perfusionist (January 1, 2025–December 31, 2025) 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 *No points will be awarded if a PERForm Data Quality Report is not submitted	4 3 2 0
#6	15	Collaborative-wide quality initiative 2025: All Risk Adjusted Procedures – Initial Ventilator Hours <6 hours (January 1, 2025–December 31, 2025) Initial Ventilator Hours <6: 2025 Mean Collaborative rate of ≥73% Initial Ventilator <6 hours: 2025 Mean collaborative rate of <73%	15 0
#7	15	Site specific quality initiative (January 1, 2025–December 31, 2025) 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	Isolated CAB: O/E Mortality for 12 months (January 1, 2025–December 31, 2025) O/E ≤ 1.0 O/E ≤ 1.5 O/E > 1.5 O/E > 1.5	20 10 0
#9	20	Isolated Valve +/- CAB Mortality and Major Morbidity OE for 36 months (January 1, 2023–December 31, 2025) $O/E \le 1.0$ $O/E \le 1.5$ $O/E > 1.5$	20 10 0
#10	1	Extra Credit Opportunities: Maximum of 5 Extra Credit Points Available 1 point awarded toward participation measures for each approved activity completed by surgeons 5 points awarded toward performance measures if all three VBR measures are achieved	