

MSTCVS Quality Collaborative 2024 P4P Quality Improvement Initiatives Final Report

Due to the Coordinating Center February 24, 2025

| Hospital Name: | | | | | | | | |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------|----------|----------|----------|---------|--|--|--|
| Submitted by: | | | | | | | | |
| Date: | | | | | | | | |
| 2024 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: | | | | | | | | |
| Baseline Data (Include Time Perio | od): | | | | | | | |
| 2024 Year-End Goal: | | | | | | | | |
| 2024 Year-End Results: | Q1 2024: | Q2 2024: | Q3 2024: | Q4 2024: | CY 2024 | | | |
| 2024 Numerator / Denominator | | | | | | | | |
| Was the progress of this QI reviewed by a multidisciplinary team? If yes, please list discipline | s: | | | | | | | |
| Please describe all interventions a strategies and when they were implemented: | and | | | | | | | |
| Please describe any challenges or barriers that were encountered a how your team overcame them: | | | | | | | | |
| Additional information, comment or observations: | ES, | | | | | | | |



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| 2024 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 | | | | | | | | |
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| Collaborative-Wide Quality Initiative: | Initial Ventilator Hours <6 | | | | | | | |
| Target Patient Population: | Isolated CABG | | | | | | | |
| Baseline Data 2023: | | | | | | | | |
| 2024 Year-End Goal: | 70% | | | | | | | |
| 2024 Year-End Results: | Q1 2024: | Q2 2024: | Q3 2024: | Q4 2024: | CY 2024: | | | |
| 2024 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: | | | | | | | | |
| Additional information, comments, or observations: | | | | | | | | |