2026 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 1 star (>40.1 deductions/case) to 5 stars (<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 Attendance
(January 1, 2026 - December 31, 2026)

The MSTCVS QC physician champion or alternate must attend all four of the 2026 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. *To receive any points, at least one quarterly meeting must be attended by an Alternate Surgeon (a surgeon other than the designated Physician Champion). This requirement applies to any hospital that had an Alternate Surgeon on record at any point during the year. Hospitals with no Alternate Surgeon on record for the* ***entire year*** *are exempt from the alternate surgeon attendance requirement.*

Surgeon attended 4 quarterly meetings **and** an Alternate Surgeon attended ≥1 meeting	8 pts
Surgeon attended 3 quarterly meetings **and** an Alternate Surgeon attended ≥1 meeting	6 pts
Surgeon attended 2 quarterly meetings **and** an Alternate Surgeon attended ≥1 meeting	4 pts
Surgeon attended 1 quarterly meetings **and** an Alternate Surgeon attended ≥1 meeting	2 pts
Surgeon attended 0 quarterly meetings or No Alternate Surgeon attendance	0 pts

Quarterly Collaborative Meeting Participation – Data Manager
(January 1, 2026 - December 31, 2026)

The MSTCVS QC data manager must attend all four of the 2026 MSTCVS Quality Collaborative meetings to receive full P4P points.

Data manager attended 4 quarterly meetings	4 pts
Data manager attended 3 quarterly meetings	3 pts
Data manager attended 2 quarterly meetings	2 pts
Data manager attended 1 quarterly meeting	1 pts
Data manager attended 0 quarterly meetings	0 pts

Quarterly Data Manager Educational Meeting - Data Manager
(January 1, 2026 - December 31, 2026)

The MSTCVS QC data manager must attend all four of the 2026 MSTCVS Quality Collaborative data manager educational meetings to receive full P4P points.

Data manager attended 4 quarterly meetings	4 pts
Data manager attended 3 quarterly meetings	3 pts
Data manager attended 2 quarterly meetings	2 pts
Data manager attended 1 quarterly meeting	1 pts
Data manager attended 0 quarterly meetings	0 pts

Quarterly PERForm Registry Meeting + Quality Report Submission - Perfusionist
(January 1, 2026 - December 31, 2026)

A perfusionist who works at the site must attend all four 2026 MSTCVS Quality Collaborative PERForm Registry meetings and submit a PERForm Quality Report to receive full P4P points. No points will be awarded if a Quality Report is not submitted. *(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).*

Attended 4 PERForm Registry meetings + Quality Report Submission	4 pts
Attended 3 PERForm Registry meetings + Quality Report Submission	3 pts
Attended 2 PERForm Registry meetings + Quality Report Submission	2 pts
Attended 1 PERForm Registry meeting + Quality Report Submission	1 pts
Attended 0 PERForm Registry meetings / No Data Quality Report Submitted	0 pts

**No points will be awarded if a PERForm Quality Report is not submitted*

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Collaborative-Wide Quality Initiative (QI):
Isolated CAB – Reduction in Intra/Postoperative Red Blood Cell Transfusion
(January 1, 2026 – September 30, 2026)

Reduction of intra/postoperative red blood cell transfusions in isolated CAB patients was chosen as the 2026 Collaborative-Wide quality initiative by the Quality Committee.

January-September 2026 Collaborative mean rate of intra/postoperative red blood cell transfusion ≤ 25%	15 pts
January-September 2026 Collaborative mean rate of intra/postoperative red blood cell transfusion > 25%	0 pts

Site Specific Quality Initiative (QI): Determined by Site by November 2025
(January 1, 2026 – September 30, 2026)

Each MSTCVS Quality Collaborative site must select a quality initiative for the 2026 measurement period (January–September). Baseline data, using information available in November 2025, must be provided along with target goals based on that baseline. Progress must be tracked, and both progress and final reports must be submitted for full points. Initiatives will be approved by the MSTCVS Quality Committee in November 2025. Each site's improvement and submitted reports will be reviewed to determine points eligibility.

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, successes/barriers, and documentation of successful implementation. January-September 2026 data shows that the goal was achieved.	Reports include a written QI plan with goals, initiatives, successes/barriers, and documentation of implementation. Data shows improvement but the target goal was not met.	Reports include a written QI plan with goals, initiatives, successes/barriers, and documentation of implementation. Data shows no improvement compared with 2025 baseline.	Reports show that the QI plan was not implemented. Points will not be awarded if progress or final reports are not submitted.

Isolated CABG: O/E Mortality for 12 Months
(October 1, 2025 – September 30, 2026)

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 or equal to 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
(October 1, 2023 – September 30, 2026)

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 or equal to 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 with or without CAB mortality and major morbidity ≤ 1.0	20 pts
Individual hospital O/E isolated valve with or without CAB mortality and major morbidity ≤ 1.5	10 pts
Individual hospital O/E isolated valve with or without CAB mortality and major morbidity > 1.5	0 pts

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

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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 MSTCVS cardiac surgery VBR measures are achieved.