2017 Michigan Surgical Quality Collaborative (MSQC) Collaborative Quality Initiative Performance Index Scorecard			
Measure #	Weight	Measure Description	Points
1	8	**Collaborative Meeting (2) - SCQR**	
		2 meetings	8
		1 meeting	4
		0 meetings	0
2	8	**Collaborative Meeting (2)- Surgeon Champion**	
		2 meetings	8
		1 meeting	4
		0 meetings	0
3	4	**Conference Calls (4) - SCQR**	
		3 or More calls	4
		2 calls	2
		1 call	1
		0 calls	0
4	4	**Conference Calls (4) - Surgeon Champion**	
		3 or More calls	4
		2 calls	2
		1 call	1
		0 calls	0
5	6	**Accuracy and Completeness of Data**	
		Certification Exam	
		Passes SCQR Certification Exam with score ≥ 90%	2
		Thirty Day Follow Up	
		• 4 Quarters - each with 30-day follow up rate ≥ 80%	4
		• 3 Quarters - each with 30-day follow up rate ≥ 80%	3
		• 2 Quarters - each with 30-day follow up rate ≥ 80%	2
		• 1 Quarter with 30-day follow up rate ≥ 80%	1
		• 0 Quarter with 30-day follow up rate ≥ 80%	0
6	10	**Performance Measure - Morbidity (Elective, Core Cases)** *(September 1, 2016-August 31, 2017)*	
		Adjusted Rate < 4.3%	10
		Adjusted Rate 4.3% - 8.2%	5
		Adjusted Rate > 8.2%	0

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Measure #	Weight	Measure Description	Points
7	20	**Collaborative Quality Improvement Initiatives** *(January 1, 2017-December 31, 2017)*	
		Perform one of the following: (1) Conduct Readmission, Sepsis, or Surgical Site Infection case analysis to identify future performance improvement interventions (2) Actively participate in a MSQC workgroup to identify and share successful implementation strategies related to Site Specific Quality Improvement Initiative (3) Demonstrate statistically and clinically significant improvement on one or more high priority QI target measures - Enhanced Recovery Program (Morbidity, Length of Stay, Return to Emergency Department, Readmissions), Sepsis, or Surgical Site Infection - as a result of specific process change	20
		None of the above performed	0
8	40	**Site Specific Quality Improvement Initiative** *(January 1, 2017-December 31, 2017)*	
		Developed and implemented and meets ≥ 95% of target goal	40
		Developed and implemented and meets 75-94% of target goal	36
		Developed and implemented and meets 50-74% of target goal	32
		Developed and implemented and meets 1-49% of target goal	28
		Developed and implemented with no improvement of target goal	20
		Not developed or implemented	0

2017 Michigan Surgical Quality Collaborative (MSQC)
Scoring Criteria for Performance Index Scorecard Measures 6, 7 and 8

Measure #6 Performance Measure - Morbidity *Elective, Core Cases*	**Measure Description**	**Corresponding points will be achieved based on the following:**
	Adjusted Rate < 4.3% **to be validated by statistician** *10 points*	Achievement of Morbidity rate (for elective, core cases) less than 4.3% for the time period 9/1/16-8/31/17.
	Adjusted Rate 4.3% - 8.2% **to be validated by statistician** *5 points*	Achievement of Morbidity rate (for elective, core cases) between 4.3% and 8.2% for the time period 9/1/16-8/31/17.
	Adjusted Rate > 8.2% **to be validated by statistician** *0 points*	Achievement of Morbidity rate (for elective, core cases) greater than 8.2% for the time period 9/1/16-8/31/17.
	The following complications contribute to the Morbidity rate: *Acute Kidney Injury* *Anastomotic Leak* *Cardiac Arrest* *Deep Vein Thrombosis* *Myocardial Infarction* *Pneumonia* *Pulmonary Embolism* *Sepsis, Severe Sepsis, Septic Shock* *Stroke/CVA* *Surgical Site Infection (Superficial, Deep, Organ/Space)* *Unplanned Intubation* *Urinary Tract Infection*	
Measure #7 Collaborative Quality Improvement Initiatives	**Measure Description**	**The site will be expected to perform one of the following to achieve 20 points for this measure:**
	Conduct Readmission, Sepsis, or Surgical Site Infection case analysis to identify future performance improvement interventions	Perform drilldown and submit an annual summary of all patients identified as having either a readmission, sepsis or surgical site infection occurrence.
	Actively participate in a MSQC workgroup to identify and share successful implementation strategies related to Site Specific Quality Improvement Initiative	Provide quality improvement project updates during regularly scheduled group conference calls. Share successes, strategies for overcoming barriers, and provide a variety of resources (i.e. policies, procedures, tracking forms, educational materials) to the group.
	Demonstrate statistically and clinically significant improvement on one or more high priority QI target measures – Enhanced Recovery Program (Morbidity, Length of Stay, Return to Emergency Department, Readmissions), Sepsis, or Surgical Site Infection – as a result of specific process change	Submit baseline and performance data (from the MSQC reporting application) evidencing improvement in QI outcome measure(s) for Enhanced Recovery Program, Sepsis, or Surgical Site Infection related to processes identified in the quality improvement project.
	If none of the above are performed, the site will receive zero points for this measure	

Measure #8 Site Specific Quality Improvement Initiative	**Measure Description**	**Corresponding points will be achieved based on submission of annual summary report including the following:**
	Developed and implemented and meets ≥ 95% of target goal *40 points*	Documentation of successful implementation of defined QI objectives, and process measurement data demonstrating improvement greater than or equal to 95% of target goal
	Developed and implemented and meets 75-94% of target goal *36 points*	Documentation of successful implementation of defined QI objectives, and process measurement data demonstrating improvement of 75-94% of target goal
	Developed and implemented and meets 50-74% of target goal *32 points*	Documentation of successful implementation of defined QI objectives, and process measurement data demonstrating improvement of 50-74% of target goal
	Developed and implemented and meets 1-49% of target goal *28 points*	Documentation of successful implementation of defined QI objectives, and process measurement data demonstrating improvement of 1-49% of target goal
	Developed and implemented with no improvement of target goal *20 points*	Documentation of successful implementation of defined QI objectives, but process measurement data does not demonstrate improvement of target goal
	Not developed or implemented *0 points*	No defined QI objectives and process measurement tracking