

2018 Michigan Surgical Quality Collaborative (MSQC)
Collaborative Quality Initiative Performance Index Scorecard

Measure #	Weight	Measure Description	Points
1	8	Collaborative Meeting (3) - Surgical Clinical Quality Reviewer (SCQR)	
		3 meetings	8
		2 meetings	4
		1 meeting	2
		0 meetings	0
2	8	Collaborative Meeting (3) - Surgeon Champion	
		3 meetings	8
		2 meetings	4
		1 meeting	2
		0 meetings	0
3	4	Conference Calls (3) - SCQR	
		3 calls	4
		2 calls	2
		1 call	1
		0 calls	0
4	4	Conference Calls (3) - Surgeon Champion	
		3 calls	4
		2 calls	2
		1 call	1
		0 calls	0
5	6	Accuracy and Completeness of Data	
		Certification Exam OR Inter-rater Reliability Audit	
		Passes the SCQR Certification Exam with score $\geq 90\%$, or IRR with score $\geq 95\%$	2
		Thirty Day Follow Up (1/1/2018 - 12/1/2018)	
		30-day follow up rate $\geq 80\%$	4

6	50	Site Specific Quality Improvement Initiative (QII)¹ QI Implementation scores will be prorated based on specific deliverables, see Scoresheet in Attachment 1. (1/1/2018 - 12/1/2018)	
		Scores \geq 94 points on selected QI implementation project	50
		Scores 74-93 points on selected QI implementation project	45
		Scores 50-73 points on selected QI implementation project	40
		Scores 1-49 points on selected QI implementation project	20
		No implementation	0
7	20	Outcome Measure² (1/1/2018 - 12/1/2018)	
		Demonstrate \geq 10% reduction	20
		Demonstrate 7.5 - 9.99% reduction	15
		Demonstrate 5 - 7.49% reduction	10
		Demonstrate 2.5 - 4.99% reduction	5
		Demonstrate $<$ 2.5% reduction	0

¹ For the 2018 Site Specific Quality Improvement Initiative (QII), sites will choose from **one** of the following:

- A. Increase Surgeon Engagement
- B. Reducing Surgical Site Infection (SSI)
- C. Reduce Postoperative Opioid Prescribing
- D. Enhanced Recovery

²The 2018 Outcome Measure will be determined based upon the Quality Improvement Initiative (QII) chosen by the site. Outcome measure performance will be validated by a MSQC statistician.

Measure 6 QII Option:	Measure 7 Outcome Measure:
A. Increase Surgeon Engagement	Reduction in Surgical Site Infection (SSI) rate
B. Reducing Surgical Site Infection (SSI)	Reduction in Surgical Site Infection (SSI) rate
C. Reduce Postoperative Opioid Prescribing	Reduction in at least one utilization measure (Length of Stay, Emergency Department visits, Readmission)
D. Enhanced Recovery	Reduction in at least one utilization measure (Length of Stay, Emergency Department visits, Readmission)

**Attachment 1:
Quality Improvement Initiative
Project Specific Scoresheet**

Measure 6, Option A: Increase Surgeon Engagement	Point Value
Conduct informational meeting by March 31, 2018	10
90% of eligible surgeons signed up by December 1, 2018	20
All participating surgeons have accessed reports 2x	20
Conduct Post-implementation meeting	10
90% of eligible surgeons complete a video upload (one or more)	20
Each surgeon completes 10 peer reviews	10
One surgeon attends video coaching session	10

Measure 6, Option B: Reducing Surgical Site Infections	Point Value
Capture workstation elements for 100% of selected population	20
Demonstrate 80% compliance with identified SSI preop process measures	20
Demonstrate 80% compliance with intraop process measures	20
Demonstrate 80% compliance with postop process measures	20
Submit patient education material	10
Submit order set	10

Measure 6, Option C: Reduce Postoperative Opioid Prescribing	Point Value
Select a revised prescribing target	30
Capture discharge opioid prescription in workstation for 100%	20
Demonstrate 90% compliance with opioid prescribing target	20
80% of selected population has complete 30-day Pain/Opioid assessment	20
80% of selected population has email address entered for 90-day PRO	10

Measure 6, Option D: Enhanced Recovery	Point Value
Capture the ERP tab for 100% of selected population	20
Demonstrate 80% compliance with identified preop measures	20
Demonstrate 80% compliance with identified intraop measures	20
Demonstrate 80% compliance with identified postop measures	20
Demonstrate staff engagement (submit meeting minutes)	10
Submit order set, protocol or patient education materials	10