

2025 Michigan Surgical Quality Collaborative			
Performance Index Scorecard			
Project Time Period: 1/1/2025 – 12/31/2025			
Measure	Weight	Measure Description	Points
1	6	<b>Collaborative Meetings (4 offered) – Surgical Clinical Quality Reviewer (SCQR)</b>	
		3 or more meetings	6
		2 meetings	3
		1 meeting	1
2	6	<b>Collaborative Meetings (3 offered) – Surgeon Champion (SC)</b>	
		2 or more meetings	6
		1 meeting	3
		0 meetings	0
3	4	<b>Conference Calls (3 offered) – SCQR</b>	
		2 or more calls	4
		1 call	2
		0 calls	0
4	4	<b>SCQR Participation/Engagement</b>	
		Participated in at least one MSQC activity listed in the supplement document.	4
		No Contribution: Did not participate in any activities listed in the supplement document.	0
5	4	<b>SC Participation/Engagement</b>	
		Participated in at least one MSQC activity listed in the supplement document.	4
		No Contribution: Did not participate in any activities listed in the supplement document.	0
6	6	<b>Completeness of Data (maximum 6 pts available)</b>	
		Sampled and incomplete cases ≤ 0.5% total volume	1
		Case Abstraction Audit with ≥ 95% agreement	1
		30 day follow-up rate ≥ 80% for 4th quarter 2024 (October – December cases)	1
		30 day follow-up rate ≥ 80% for 1st quarter 2025 (Jan – March cases)	1
		30 day follow-up rate ≥ 80% for 2nd quarter 2025 (April – June cases)	1
		30 day follow-up rate ≥ 80% for 3rd quarter 2025 (July – September cases)	1
7	10	<b>Collaborative Wide Measure: Preop Optimization for elective abdominal hernia surgery:</b>	
		<ul style="list-style-type: none"> <li>Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective surgery to ≤ 11.5% or 10% relative reduction compared to 1/1/2023 to 12/31/2023 hospital rate</li> <li>Reduce rate of persons with active tobacco use undergoing elective surgery to ≤ 14% or a 10% relative reduction compared to 1/1/2023 to 12/31/2023 hospital rate</li> </ul>	
		Meet both measures	10
		Meet one measure	5
		No measures met	0
8	10	<b>Hospital Wide Measure: Preop Optimization for elective abdominal hernia surgery:</b>	
		<ul style="list-style-type: none"> <li>Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective surgery to ≤ 11.5% or 10% relative reduction compared to 1/1/2023 to 12/31/2023 hospital rate</li> <li>Reduce rate of persons with active tobacco use undergoing elective surgery to ≤ 14% or a 10% relative reduction compared to 1/1/2023 to 12/31/2023 hospital rate</li> </ul>	
		Meet both measures	10
		Meet one measure	5
		No measures met	0
9	5	<b>Complete documentation of designated cancer variables (CRC, Breast, Whipple, Thyroid)</b>	
		90 - 100%	5
		< 90%	0
10	45	<b>Quality Improvement Initiative (QII) - choose from one of the following:</b>	45
		Option A: SUCCESS (by invitation only)	
		Option B: Frailty	
		Option C: Breast Surgery	
		Option D: Preoperative Testing (by invitation only)	
		Option E: Colorectal	
Optional	5	Site may earn an additional points by completing one of the following:	5
		- Complete an additional surgeon engagement activity	
		- Bring an additional surgeon from procedure specific track	
		- Submit a 2nd hernia video by a surgeon different from teh first video submission	
		(Must have completed an engagement activity)	
<b>Total Available Points</b>			<b>100</b>

\*\* Earned bonus points may be added to the process measures component of the scorecard, with final score not to exceed 100 points