

2025 Michigan Surgical Quality Collaborative			
Performance Index Scorecard			
Project Time Period: 1/1/2025 – 12/31/2025			
Measure	Weight	Measure Description	Points
1	6	Collaborative Meetings (3 offered) – Surgical Clinical Quality Reviewer (SCQR)	
		2 or more meetings	6
		1 meeting	3
		0 meetings	1
2	6	Collaborative Meetings (3 offered) – Surgeon Champion (SC)	
		2 or more meetings	6
		1 meeting	3
		0 meetings	0
3	4	Conference Calls (3 offered) – SCQR	
		2 or more calls	4
		1 call	2
		0 calls	0
4	4	SCQR Participation/Engagement	
		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	SC Participation/Engagement	
		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	Completeness of Data (maximum 6 pts available)	
		Sampled and incomplete cases ≤ 0.5% total volume	1 or 2 **
		Case Abstraction Audit with ≥ 95% agreement ** (if site does not have audit in 2025, sampled and complete cases < 0.5% total volume will be worth 2 points)	0 or 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
Bonus	5	Site may earn additional points* by completing one of the following: - Complete an additional surgeon engagement activity - Bring an additional surgeon from procedure specific track (ie. Hernia, CRC, Breast or Acute Care Surgery) - Submit a 2nd hernia video by a surgeon different from the first video submission (Must have completed an engagement activity) *Applicable only to Participation category; total score for category may not exceed 30 points	5
Participation Category Subtotal (not to exceed 30 points)			30
7	10	Collaborative Wide Measure: Preop Optimization for elective abdominal hernia surgery:	
		• Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective surgery to ≤ 11.5% or 10% relative reduction compared to 10/1/2023 to 9/30/2024 collaborative rate	
		• Reduce rate of persons with active tobacco use undergoing elective surgery to ≤ 14% or a 10% relative reduction compared to 10/1/2023 to 9/30/2024 collaborative rate	
		Meet both measures	10
Meet one measure	5		
No measures met	0		
8	10	Hospital Wide Measure: Preop Optimization for elective abdominal hernia surgery:	
		• Reduce rate of persons with body mass index (BMI) ≥ 40kg/m2 undergoing elective surgery to ≤ 11.5% or 10% relative reduction compared to 10/1/2023 to 9/30/2024 hospital rate	
		• Reduce rate of persons with active tobacco use undergoing elective surgery to ≤ 14% or a 10% relative reduction compared to 10/1/2023 to 9/30/2024 hospital rate	
		Meet both measures	10
Meet one measure	5		
No measures met	0		
9	5	Complete documentation of designated cancer variables (CRC, Breast, Whipple, Thyroid)	
		90 - 100%	5
		< 90%	0
10	45	Quality Improvement Initiative (QII) - choose from one of the following: <u>Option A: SUCCESS (by invitation only)</u> <u>Option B: Frailty</u> <u>Option C: Breast Surgery</u> <u>Option D: Preoperative Testing (by invitation only)</u> <u>Option E: Colorectal</u> <u>Option F: Hernia</u>	45
Quality Improvement Category Subtotal (not to exceed 70 points)			70
Total Available Points (not to exceed 100 points)			100