

**2023 Michigan Bariatric Surgery Collaborative Collaborative Quality Initiative
Performance Index Scorecard**

Measure #	Weight	Measure Description	Points
1	10	Improvement/Excellence In Grade 1 Complication Rate: (Improvement will be measured with a z-score rounded to the nearest whole number using data trended over a 3-yr period from October 1, 2020 to September 30, 2023; Excellence will be measured using OR Dates 10/1/2022 to 9/30/2023 and rounded to the nearest whole number). The better of the two scores will be used.	
		Major improvement (z-score less than -1 or Grade 1 complication rate ≤4%)	10
		Moderate improvement/maintained complication rate (z-score between 0 and -1)	5
		No improvement/rates of grade 1 complications increased (z-score ≥0)	0
2	20	Improvement/Excellence in Serious Complication Rate: (Improvement will be measured with a z-score rounded to the nearest whole number using data trended over a 3-yr period from October 1, 2020 to September 30, 2023; Excellence will be measured using OR Dates 10/1/2022 to 9/30/2023 and rounded to one decimal point). The better of the two scores will be used.	
		Major improvement (z-score less than -1 or serious complication rate ≤2.4%)	20
		Moderate improvement/maintained complication rate (z-score between 0 and -1)	10
		No improvement/rates of serious complications increased (z-score ≥0)	0
3	10	1-Year Follow-up Rates (For OR dates of October 1, 2021 to September 30, 2022) <i>*Adjusted; Rounded to nearest whole number*</i>	
		≥63% OR > 5% relative improvement from previous year (10/1/2020-9/30/2021)	10
		Maintained 1-year follow-up rate/ >0 to <5% relative improvement from previous year (10/1/2020-9/30/2021)	5
		1-year follow-up rate decreased/No improvement in 1-year follow-up rate (10/1/2020-9/30/2021)	0
4	2.5	Compliance with VTE prophylaxis - Pre-operatively:(Calendar Year 2023) <i>*Unadjusted; Rounded to nearest whole number*</i>	
		≥92% compliance with guidelines	2.5
		0 to 91% compliance with guidelines	0
5	2.5	Compliance with VTE prophylaxis - Post-operatively:(Calendar Year 2023) <i>*Unadjusted; Rounded to nearest whole number*</i>	
		≥91% compliance with guidelines	2.5
		0 to 90% compliance with guidelines	0
6	10	Opioid Use - Opioid prescriptions within 30 days (measured in MMEs) ***Collaborative wide measure, (October 1, 2022 to September 30, 2023); Baseline rate used to determine relative reduction 51 MME for OR Dates of 4/1/2021 to 3/31/2022	
		≤50 MME or ≥10% relative reduction in opioid use	10
		5-9% relative reduction in opioid use	5
		< 5% relative reduction	0
7	10	Opioid Use - Opioid prescriptions within 30 days (measured in MMEs) ***Hospital wide measure, Unadjusted; Rounded to the nearest whole number (October 1, 2022 to September 30, 2023); Baseline rate used to determine relative reduction 51 MME for OR Dates of 4/1/2021 to 3/31/2022	
		≤50 MME or ≥10% relative reduction in opioid use	10
		5-9% relative reduction in opioid use	5
		< 5% relative reduction	0
8	5	ED Visits (not resulting in a readmission, "avoidable") ***Collaborative wide measure, unadjusted and rounded to the nearest whole number, OR Dates October 1, 2022 to September 30, 2023	
		≤ 6% Avoidable ED visits	5
		> 6% Avoidable ED visits	0

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9	5	Meeting Attendance - Surgeon: (Calendar Year 2023) **In order for a surgeon to earn meeting attendance credit for a hospital, they must complete <u>10</u> bariatric surgery cases at that hospital for the dates of 1/1/2023 to 12/31/2023	
		Attended 3 out of 3 meetings	5
		Attended 2 out of 3 meetings	3
		Attended fewer than 2 meetings	0
10	5	Meeting Attendance - Abstractor/Coordinator: (Calendar Year 2023)	
		Attended 3 out of 3 meetings	5
		Attended 2 out of 3 meetings	3
11	5	Timely Monthly Data Submissions (30-day information & registry paperwork): (Submitted to coordinating center by the last business day of each month - Please refer to 2023 Data Entry Deadlines Spreadsheet) (Calendar Year 2023) *****In order to be eligible for this measure, you must achieve >90% on the 2023 yearly audit when applicable. If the hospital does not reach >90% for the yearly audit, they will receive 0 points for this measure.	
		On time 11-12 months	5
		On time 10 months	3
		On time 9 months or less	0
12	5	Consent Rate: (October 1, 2022 to September 30, 2023) <i>*Unadjusted; Rounded to nearest whole number*</i>	
		≥90% consented patients	5
		80-89% consented patients	3
		<80% consented patients	0
13	10	Physician Engagement: (January 1, 2023 to December 31, 2023) ** Note: For each site, a surgeon or surgeons must participate in at least 2 of the engagement activities listed below in order to receive the 10 points available for this measure.** ***In order for a surgeon to earn points for a hospital, they must complete 10 bariatric surgery cases at that hospital for the dates of 1/1/2023 to 12/31/2023	10
		Following items count as 1 activity point:	
		Committee participation	
		MBSC survey response	
		Participate in a qualitative interview	
		Coauthor a paper	
		Participate in quality improvement initiatives (MPIRRE/FUTURE/MSHIELD/etc.)	
		Attend or present at a pre-meeting session (IH committee/surgeon skill/etc.) on the day of the MBSC tri-annual meeting	
		Present MBSC data at a MBSC tri-annual meeting	
		Attend quality site visit as a guest surgeon	
		Following items count as 2 activity points:	
		Host quality site visit	
		Present MBSC data at a national meeting	
		Lead author on an MBSC publication	
No participation	0		
Total		100	