

**2021 Michigan Hospital Medicine Safety Consortium Collaborative Quality Initiative Performance Index Scorecard
Cohort 2021 (Sites Starting in 2021)**

Measure	Weight	Measure Description	Points
1	25	Timeliness of HMS Data¹	
		On time ≥ 95%	25
		On time < 95%	0
2	25	Completeness¹ and Accuracy^{2,3} of HMS Data	
		≥ 95% of registry data complete & accurate, semi-annual QI activity surveys completed, AND audit case corrections completed by due date	25
		< 95% of registry data complete & accurate, semi-annual QI activity survey not completed OR audit case corrections not completed by due date	0
3	25	Consortium-wide Meeting Participation⁴ – clinician lead or designee	
		3 meetings	25
		2 meetings	13
		1 meeting	0
		No meetings	0
4	25	Consortium-wide Meeting Participation⁴ – data abstractor, QI staff, or other	
		3 meetings	25
		2 meetings	13
		1 meeting	0
		No meetings	0
Total (Max points = 100)			

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¹ Registry data assessed at year end based on data submitted during calendar year 2021. All required cases must be completed by year end. Final due date will be announced by Coordinating Center. Both semi-annual QI activity surveys must be completed by due dates announced by Coordinating Center.

² Assessed based on scores received for site audits conducted during calendar year 2021. Scores are averaged if multiple audits take place during the year.

³ For audits conducted during the calendar year, audit case corrections must be completed or discrepancies addressed within 3 months of audit summary receipt (due date for case corrections provided in audit summary).

⁴ Based on all meetings scheduled during calendar year 2021. Clinician lead or designee must be a physician as outlined in Hospital Expectations.