ASPIRE Obstetric Anesthesia Subcommittee Meeting

August 4, 2021

Agenda

- Announcements

- May 2021 Meeting recap

- Measure Case Report Tool Overview

- Unblinding data discussion

- General Anesthesia during Cesarean Delivery

  – Standardized documentation reason for GA

  – GA 01 provider attribution

  – GA 02

- TEMP 05

- PONV measures

Announcements

- Remaining 2021 Meeting Dates
  - November 3rd, 1pm EST
- Interest in an in person meeting at ASA in October

May Meeting Recap

- Interest in identifying GA 01 cases where neuraxial anesthesia was used before general anesthesia was used. This has led to the development of a draft measure, GA 02, which we will discuss during this meeting

- Interest in being able to filter BP 04 measure results by type of neuraxial used (spinal, epidural, CSE). We will review the case report tool where this was added

- Normothermia discussion

  – Committee agreed that the best place to start was with a review of TEMP 03 (hypothermia at the end of the case/PACU). A new measure was developed based off this feedback (TEMP 05) and will be reviewed

- Continued discussion regarding standardization of documentation for conversion to general anesthesia

BP 04 - Breakdown by anesthesia type

- Hypotension (SBP <90) during cesarean delivery between neuraxial start and neonate delivered
- Interest at the May meeting to be able to filter cases by anesthesia type
- This functionality was added to the BP 04 'Measure Case Report Tool'

Accessing the Measure Case Report Tool

- Please reach out to support@mpog.zendesk.com if you do not have access
- Available on our website under Tools > Quality Case Reports or through the dashboard

1. You will be prompted to log in with your ASPIRE information
2. Select your institution from the drop down menu (if you have access to multiple)
3. Select the date range you are interested in
4. Select the measures and Pass/Flag/Excluded cases you are interested in
5. Choose 'Generate Report' at the bottom of the page
6. Once report is ready, choose "Download Report"

Measure Case Report

• Institution:	University of Michigan Health System ▾		
• Date Range:	From 5/1/2021	To 5/31/2021	

• Measure:	☐ Check All Measures	☑ Passed	☑ Flagged	☑ Excluded
	☐ ABX01: Antibiotic Timing for Cesarean Delivery	☑ Passed	☑ Flagged	☑ Excluded
	☐ AKI01: Acute Kidney Injury	☑ Passed	☑ Flagged	☑ Excluded
	☐ BP01: Low MAP Prevention < 55	☑ Passed	☑ Flagged	☑ Excluded
	☐ BP02: Avoiding Monitoring Gaps	☑ Passed	☑ Flagged	☑ Excluded
	☐ BP03: Low Map Prevention < 65	☑ Passed	☑ Flagged	☑ Excluded
	☑ BP04: SBP < 90 in Cesarean Deliveries	☑ Passed	☑ Flagged	☐ Excluded

BP 04 Filtering

You will now see a column in the BP 04 Case Report for anesthesia type for easy filtering of cases

	P	Q	
▼	**Total Minutes of Low Sys** ▼	**Anesthesia Technique Neuraxial** ⊤	**Other Flagged Measur**
	0	Spinal	PONV03
	0	Epidural	BP02 ; TEMP01 ; TOC0:
	0	Epidural	
	0	Neuraxial - Unknown Type	TOC01 ; PONV03 ; PON
	0	Epidural	TOC01 ; PONV03 ; PON
	0	Epidural	TEMP01 ; SUS01 ; GA0

Unblinding the OB Data

- MPOG allows participants to view unblinded institutional comparison data on select measures at collaborative meetings yearly
- Facilitates further discussion and provides additional context to the comparison scores on the dashboard
- Would the OB Subcommittee be interested in an unblinded data review once per year?
    - All participants would be required to sign a confidentiality agreement prior to the meeting
    - Only active MPOG sites would be able to participate and view the data
    - We would encourage low/high performers on the OB measures to speak to the care they provide and current barriers they face

General Anesthesia Documentation

- Standardization of documentation for reason to convert to GA

GA 01 Provider Attribution

- Percentage of cesarean delivery cases where general anesthesia was used

- Currently, this measure does not include provider attribution, meaning that individual providers are unable to see their cases for review

- Should provider attribution be added?

- Who should be the attributable provider?

  – The provider signed in a neuraxial start?

  – The provider signed in when general anesthesia was initiated?

GA 02

Description: Percentage of cesarean delivery cases where general anesthesia was administered after neuraxial anesthesia

Measure Time Period: Anesthesia Start to Anesthesia End

Inclusions:

- Cesarean Delivery cases where neuraxial anesthesia was used
    - Cesarean Delivery cases as determined by the "Obstetric Anesthesia Type" Phenotype. Phenotype results included:
        - Cesarean Delivery
        - Conversion (Cesarean Delivery Portion)
        - Conversion (Labor epidural and cesarean delivery combined)
    - Neuraxial anesthesia use is determined by the 'Anesthesia Technique Neuraxial' phenotype. Results included:
        - Combined Spinal Epidural (CSE)
        - Epidural
        - Spinal
        - Caudal
        - Neuraxial - unknown type
        - Neuraxial - multiple types listed

(blue font- parts of the spec that are different from GA 01)

GA 02

Exclusions:

- Cesarean Hysterectomies as determined by the "Obstetric Anesthesia Type" Phenotype.
- Cesarean delivery cases that only use general anesthesia without neuraxial anesthesia
- Non-cesarean delivery cases

Success: Cesarean delivery with neuraxial anesthesia completed without use of general anesthesia
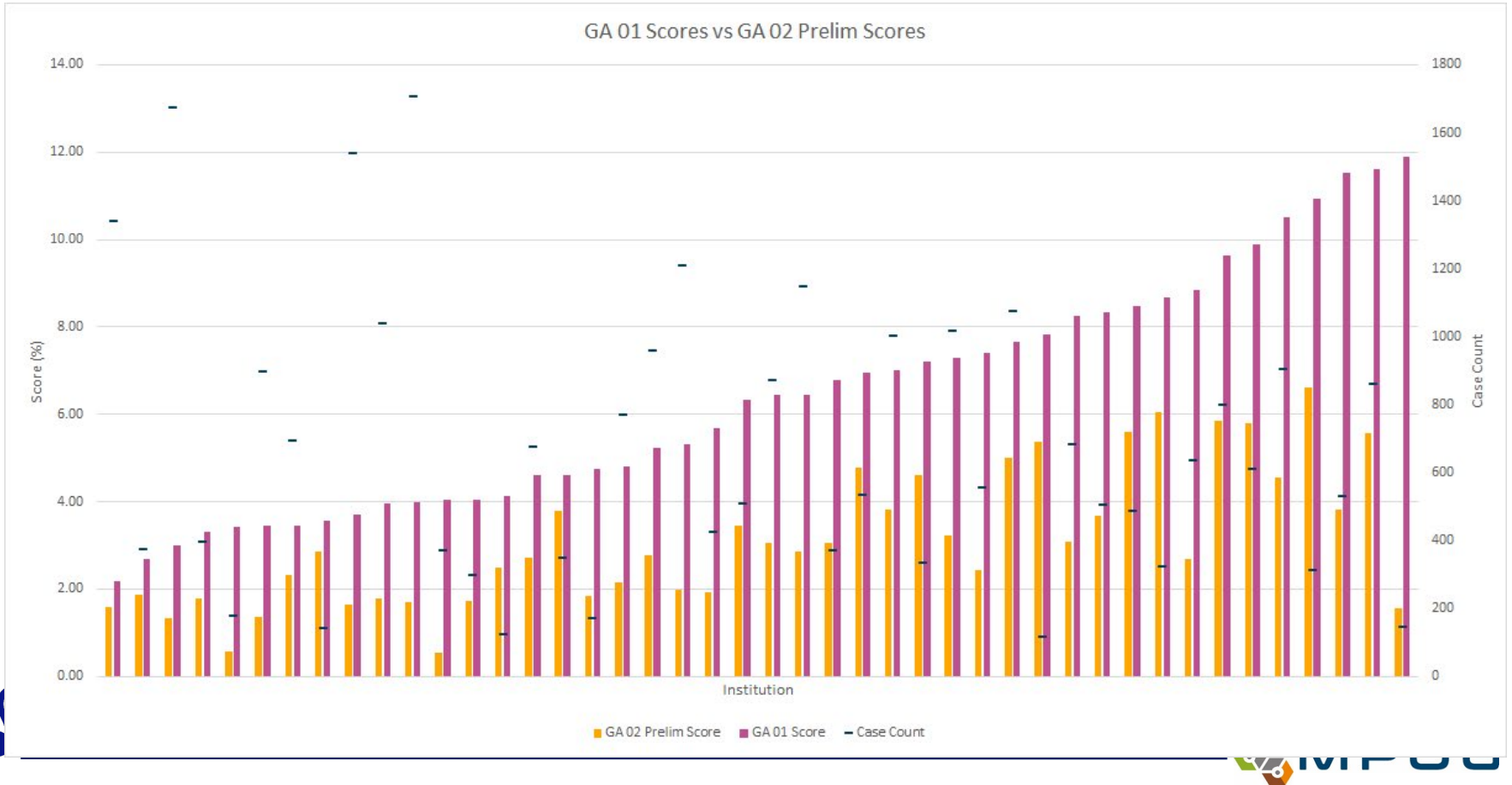
MPOG

GA 02

Other Measure Build Details:

- Use of general anesthesia is determined by the 'Anesthesia Technique: General' phenotype
- Time of general anesthesia administration is defined as the time of the earliest flag considered by the 'Anesthesia Technique: General' phenotype
- Use of neuraxial anesthesia is determined by the 'Anesthesia Technique: Neuraxial' phenotype
- The start time of neuraxial anesthesia is determined by the 'Obstetric Neuraxial Anesthesia Start Time' phenotype.
- Time of general anesthesia administration is defined as the time of the earliest flag considered by the 'Anesthesia Technique: General' phenotype
- Cases where 'measure end' precedes 'measure start' will be excluded from the measure

Responsible Provider: n/a, departmental only measure

Threshold: n/a, Informational only

GA 02

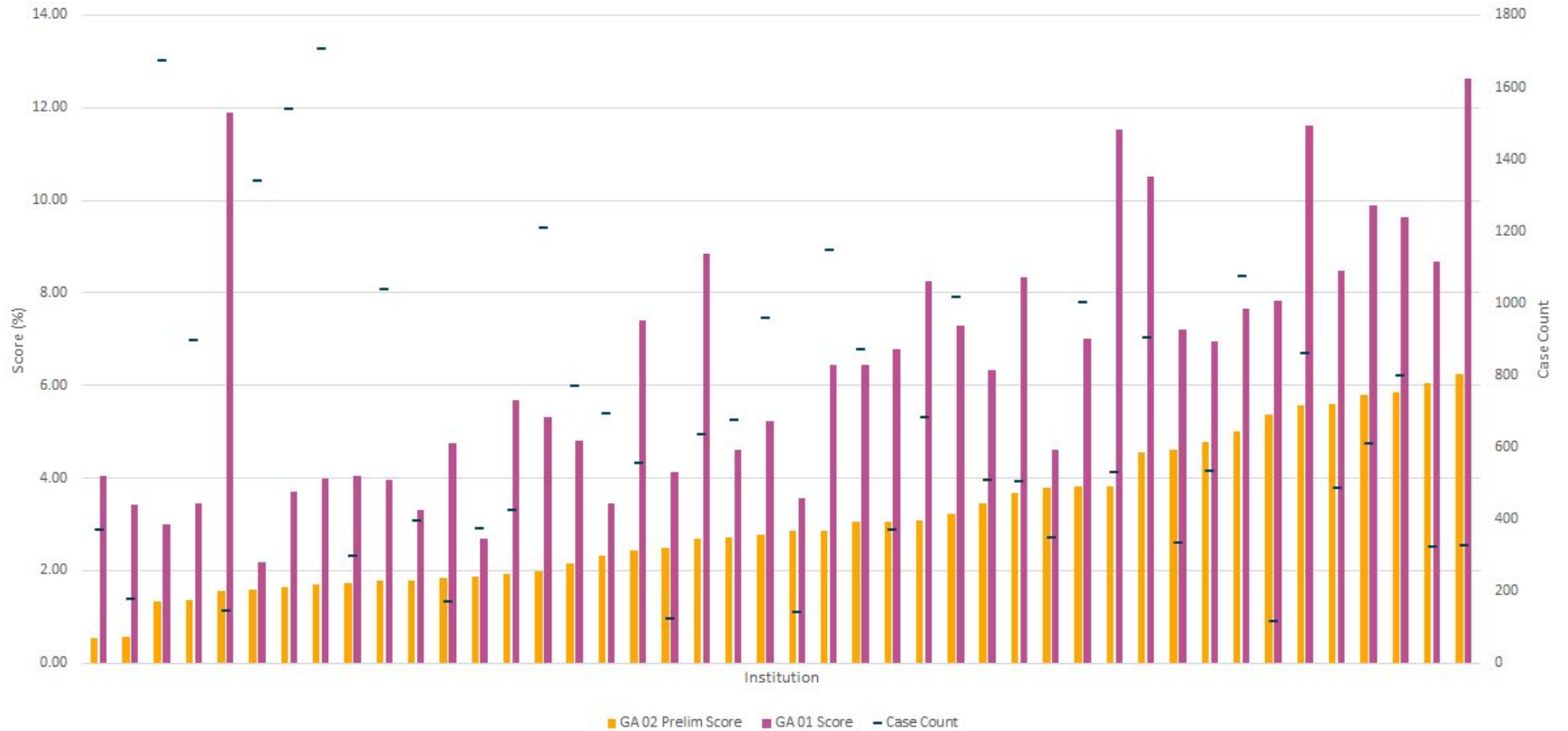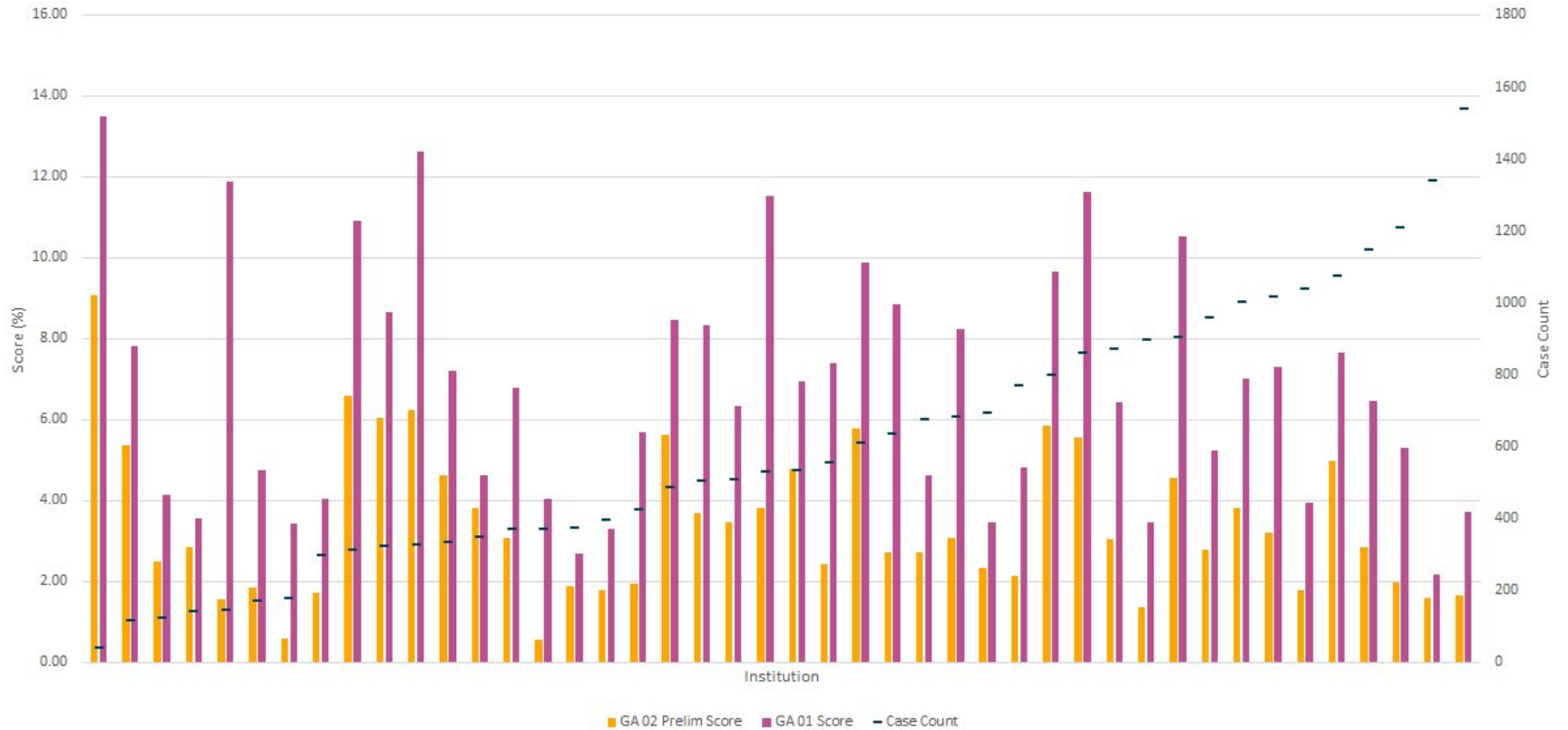GA 01 Scores vs GA 02 Prelim Scores

GA 02

GA 01 Scores vs GA 02 Prelim Scores

GA 02

GA 01 Scores vs GA 02 Prelim Scores

TEMP 05 - OB

Description: Percentage of patients who undergo cesarean deliveries under general or neuraxial anesthesia for whom no body temperature was greater than or equal to 36 degrees Celsius (or 96.8 F) recorded within the 30 minutes immediately before or the 15 minutes immediately after the case

Measure Time Period: 30 minutes before 'anesthesia end' to 15 minutes after

Inclusions:

- Cesarean Delivery cases as determined by the "Obstetric Anesthesia Type" Phenotype. Phenotype results included:
    - Cesarean Delivery
    - Conversion (Cesarean Delivery Portion)
    - Conversion (Labor epidural and cesarean delivery combined)
    - Cesarean Hysterectomy
    - Conversion (Cesarean Hysterectomy Portion)

TEMP 05 - OB

Exclusions:

- Invalid cases where Measure End results prior to Measure Start
- Cases with no temperatures during the measure period

Success: At least one body temperature measurement equal to or greater than 36 degrees Celsius (or 96.8 degrees Fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time.

Other Measure Build Details:

Cases with no temperature measurements within the measurement period will be marked as flagged - Does this criteria make sense for OB?

Temperature documented within the postoperative vital sign note in the anesthetic record or temperatures documented and mapped to the temperature physiologic concepts are acceptable sources for this measure.

Conversion from F to C: F=32 +9/5 (°C)

Artifact algorithm:

- Less than 32.0°C (89.6F)
- Greater than 40.0°C (104.0F)
- Any minute-to-minute jumps >0.5°C equivalent.
    - Example: 0.125°C /15s, 0.25°C / 30s, 1°C / 2mins

THANK YOU!

Nirav Shah, MD

MPOG Associate Director

nirshah@med.umich.edu

Brooke Szymanski-Bogart, MSN, RN, CPN

MPOG QI Coordinator

bmiszy@med.umich.edu