

Quality Committee Meeting

May 24, 2021

Agenda

Announcements & Upcoming Events

Measure Update Pain 02

Measure Review

TRAN 01 Review - Dr. Linda Liu - UCSF

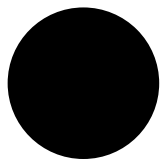
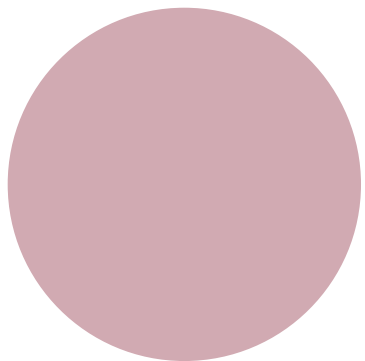
TRAN 02 Review - Dr. John Trummel - Dartmouth

PONV 01 measure updates - Time Permitting

Conclude

Meeting Minutes March 2021

Roll Call – via Zoom or
contact us



Announcements



Featured Member May and June 2021:

Dr. Gary Loyd



MPOG Featured Member
May and June 2021

[MORE INFO](#)

Gary Loyd, MD
Anesthesiologist
Henry Ford Health System

Henry Ford Hospital

The banner features a portrait of Dr. Gary Loyd, MD, an anesthesiologist at Henry Ford Health System, set against a background of the Henry Ford Hospital building. The text 'MPOG Featured Member May and June 2021' is prominently displayed at the top. A 'MORE INFO' button is located below the portrait. The doctor's name and title are listed in a dark box at the bottom right, and the hospital's name is written in a stylized font across the bottom of the image.

Welcome New Sites:

Metro Health Grand Rapids

Froedtert & Medical College of Wisconsin



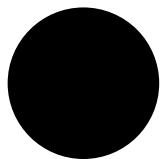
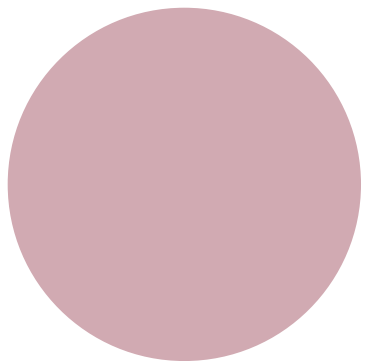
Welcome to Metro Health, Grand Rapids
Our Newest Member Site!

Welcome Froedtert & Medical College of Wisconsin
Our Newest Member Hospital!

[VIEW ARTICLE](#)

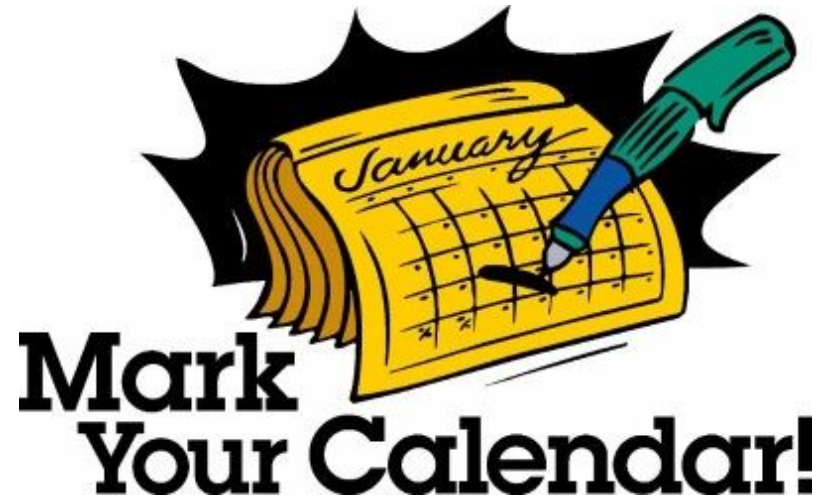
MPOG

The lower section contains two banners. The first banner, on the left, features a photograph of the Metro Health Grand Rapids building with a large orange 'M' logo. The second banner, on the right, features a photograph of the Froedtert & Medical College of Wisconsin building. Both banners include a 'VIEW ARTICLE' button. The MPOG logo is positioned at the bottom right of the entire page.



Upcoming Events





Friday, July 16, 2021, ASPIRE Collaborative Meeting - virtual

Friday, October 8, 2021, MPOG Retreat - hopefully in person + virtual

OB Subcommittee Updates

Kate Buehler

OB Subcommittee Updates

- May 5th meeting [minutes](#) & [slides](#) now available
- Neuraxial anesthesia type added to the BP 04 OB Case Report tool
 - Request per subcommittee to enable sites to filter out results by neuraxial type

O	P	Q	R	S
Time of Low Sys BP (Duration)	Total Minutes of Low Sys	Anesthesia Technique Neuraxial	Other Flagged Measures	Primary Anesthesia CPT
	0	Spinal	TEMP03	01961
2021-03-22 11:59 (1 min) ; 2021-03-22 12:06 (3 min)	4	Spinal	BPO3 ; BPO2	01961
	0	Spinal	TEMP03	01961
	0	Epidural		01967
	0	Epidural		01967
2021-03-21 06:26 (1 min) ; 2021-03-21 06:25 (1 min)	2	Spinal		01961
	0	Epidural		01967
	0	Spinal	PONV03 ; TEMP03	01961

- Updating GA 01 (General Anesthesia used in Cesarean Delivery) to highlight cases where neuraxial anesthesia is documented prior to conversion to general anesthesia
- Plan to create new temperature outcome measure (TEMP 05 OB) - Hypothermia (<36 C) in PACU

OB Subcommittee Updates

- If your site is doing any work around standardizing documentation of reason for conversion to GA for cesarean delivery- please contact the Coordinating Center.
- Please review the OB dashboard for BP 04 and GA 01. Consider if the results accurately reflect your practice and if the appropriate cases are being excluded

Next meeting: **August 4th 1pm EST**

For any questions regarding the OB Subcommittee or feedback on the OB measures, please contact: Brooke Szymanski-Bogart bmiszy@med.umich.edu

Pediatric Subcommittee Updates

Meridith Bailey

MPOG Pediatrics Update



- Last meeting was May 19th
 - 33 members in attendance!
- Finalized PONV risk factors for patients 3-17y
 - Females ($\geq 12y$)
 - Inhaled anesthetic duration ≥ 30 minutes
 - Hx of PONV (personal or first-degree relative)
 - At Risk Surgery (Strabismus, adenotonsillectomy, tympanoplasty)
 - Postoperative long-acting opioids (Administered after Induction)
- Reviewed TRAN-01 and TRAN-02 measure criteria related to patients $< 18y$

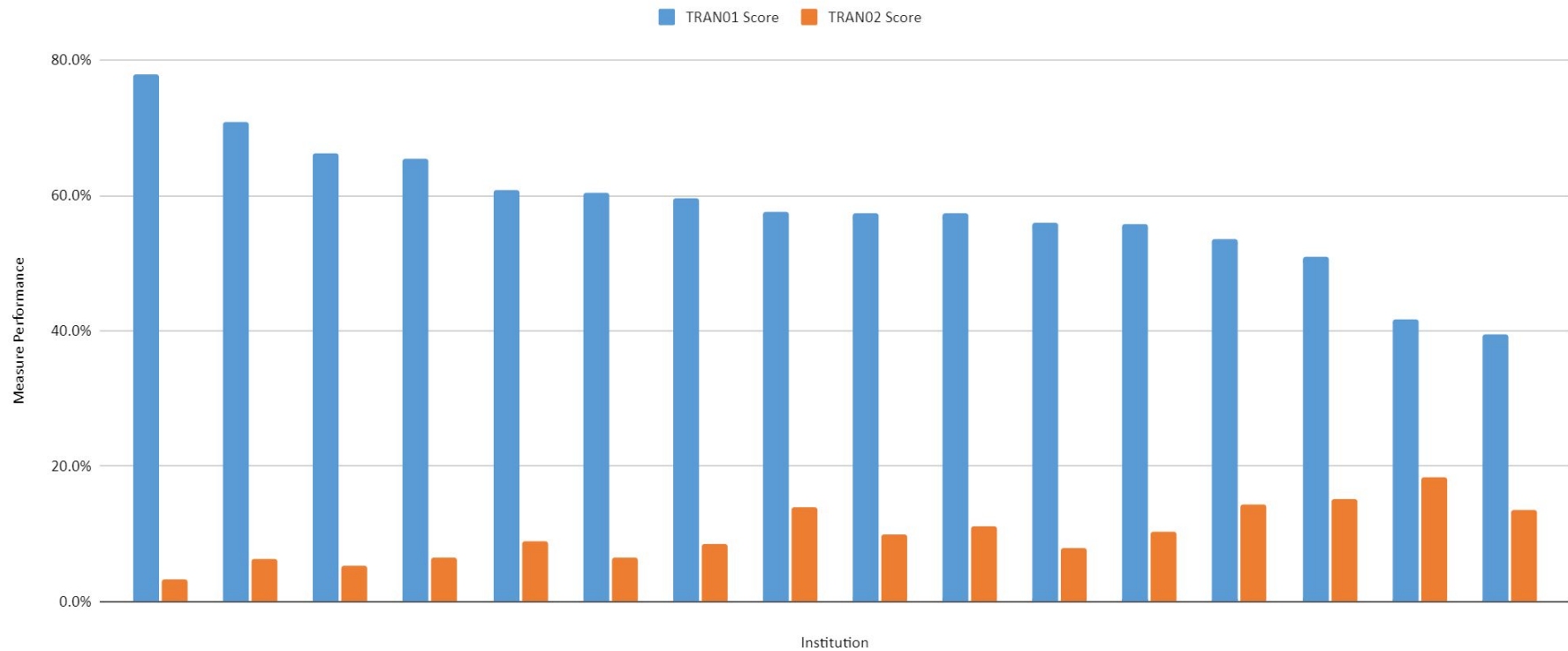
TRAN-01/02 Pediatric Recommendations



- 1 'unit' transfused definition = 15cc/kg
- Massive Transfusion/blood loss: Total transfused volume (or EBL) of 40cc/kg
- Include patients \geq 6mo.
- Exclusions
 - Cardiac bypass cases (and ECMO)
 - All obstetric procedures
 - Revisit Burn case exclusion or refine to TBSA.
- TRAN 02 Success
 - If No Hb/Ht checked within 18 hours of Anesthesia End, the case should be flagged for systematic review

Blood Management Performance (April 2020-2021)

MPOG Peds Institutions Contributing Preop/Postop Data



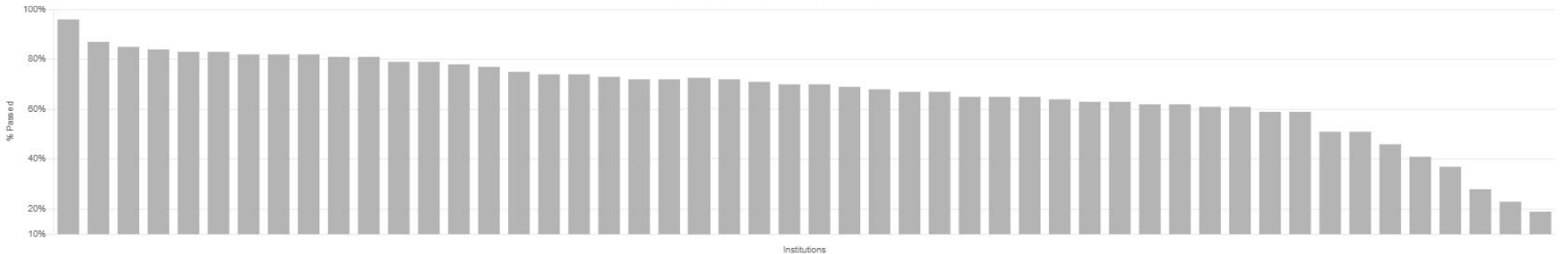
PAIN 02 Measure Update

PAIN 02

Percentage of patients ≥ 18 years old who receive a non-opioid adjunct preoperatively and/or intraoperatively (at least one non-opioid adjunct - medication, regional block, neuraxial block, or local injection)

Released to dashboard 5/4/2021

Modified measure from originally approved specification by removing dexmedetomidine from list of non-opioid analgesic medications based on POFA study



Balanced Opioid-free Anesthesia with Dexmedetomidine versus Balanced Anesthesia with Remifentanyl for Major or Intermediate Noncardiac Surgery

Methods: Patients were randomized to receive a standard balanced anesthetic with either

intraoperative remifentanyl plus morphine (remifentanyl group) or dexmedetomidine (opioid-free group). All patients received intraoperative propofol, desflurane, dexamethasone, lidocaine infusion, ketamine infusion, neuromuscular blockade, and postoperative lidocaine infusion, paracetamol,

nefop **Results:** The study was stopped prematurely because of five cases of severe bradycardia in the dexmedetomidine group. The primary composite outcome occurred in 122 of 156 (78%)

extub dexmedetomidine group patients compared with 105 of 156 (67%) in the remifentanyl group (relative risk, 1.16; 95% CI, 1.01 to 1.33; P = 0.031). Hypoxemia occurred 110 of 152 (72%) of dexmedetomidine group and 94 of 155 (61%) of remifentanyl group patients (relative risk, 1.19; 95% CI, 1.02 to 1.40; P = 0.030). There were no differences in ileus or cognitive dysfunction. Cumulative 0 to 48 h postoperative morphine consumption (11 mg [5 to 21] versus 6 mg [0 to 17]) and postoperative nausea and vomiting (58 of 157 [37%] versus 37 of 157 [24%]; relative risk, 0.64; 95% CI, 0.45 to 0.90) were both less in the dexmedetomidine group, whereas measures of analgesia were similar in both groups. Dexmedetomidine patients had more delayed extubation and prolonged postanesthesia care unit stay.

Measure Review

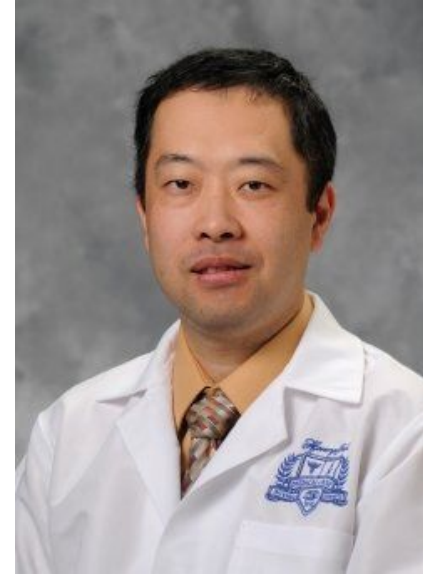
Measure Reviewers - Thank You



Linda Liu, MD
UC San Francisco



John Trummel, MD, MPH
Dartmouth-Hitchcock



Masakatsu Nanamori, MD
Henry Ford Health System

TRAN 01 Measure Review

[Link to document](#)

TRAN 01: Summary of modifications proposed

- 1) 350 cc/unit definition is not consistent across centers, our cases have failed at transfusion #4 (MPOG thinks it's 3.4 units) because we use 300 cc/unit - Liu
- 2) Is it possible to develop exclusion criteria of red blood transfusion associated with profound or prolonged intraoperative hypotension requiring a vasopressor use or sign of the end organ damage? - Nanamori
- 3) There are considerations made for hemodynamics for C/S patients (HR>110, SBP<85, DBP<45, or O2Sat <95%) Should there also be considerations for other surgical patients who are hemodynamically unstable? (ie: where the successive unit is given without stopping for a hct check)? Or else if 2 units are given within 15-30 minutes, they are considered as passed based on 1 prior hct/hgb check? - Liu
- 4) Consideration for separation of cardiac and non-cardiac cases? - Nanamori

TRAN 01 Measure Vote

Please remember: 1 vote per institution

TRAN 02 Measure Review

[Link to document](#)

TRAN 02: Summary of modifications proposed

If No Hb/Ht checked within 18 hours of Anesthesia End, the case should be flagged for systematic review - Shah (based on feedback from Pediatric Subcommittee)

TRAN 02 Measure Vote

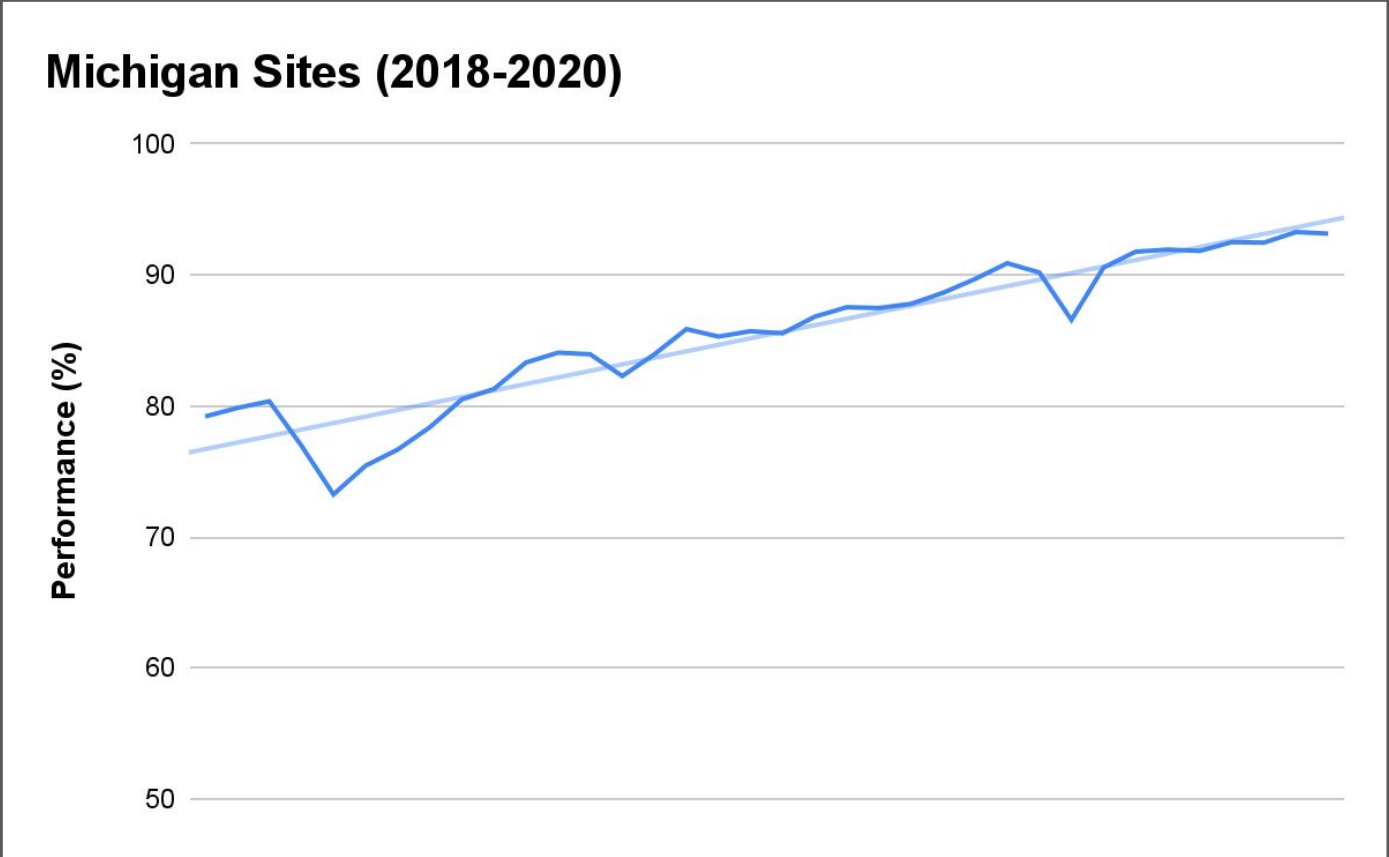
Please remember: 1 vote per institution

PONV Measure Updates

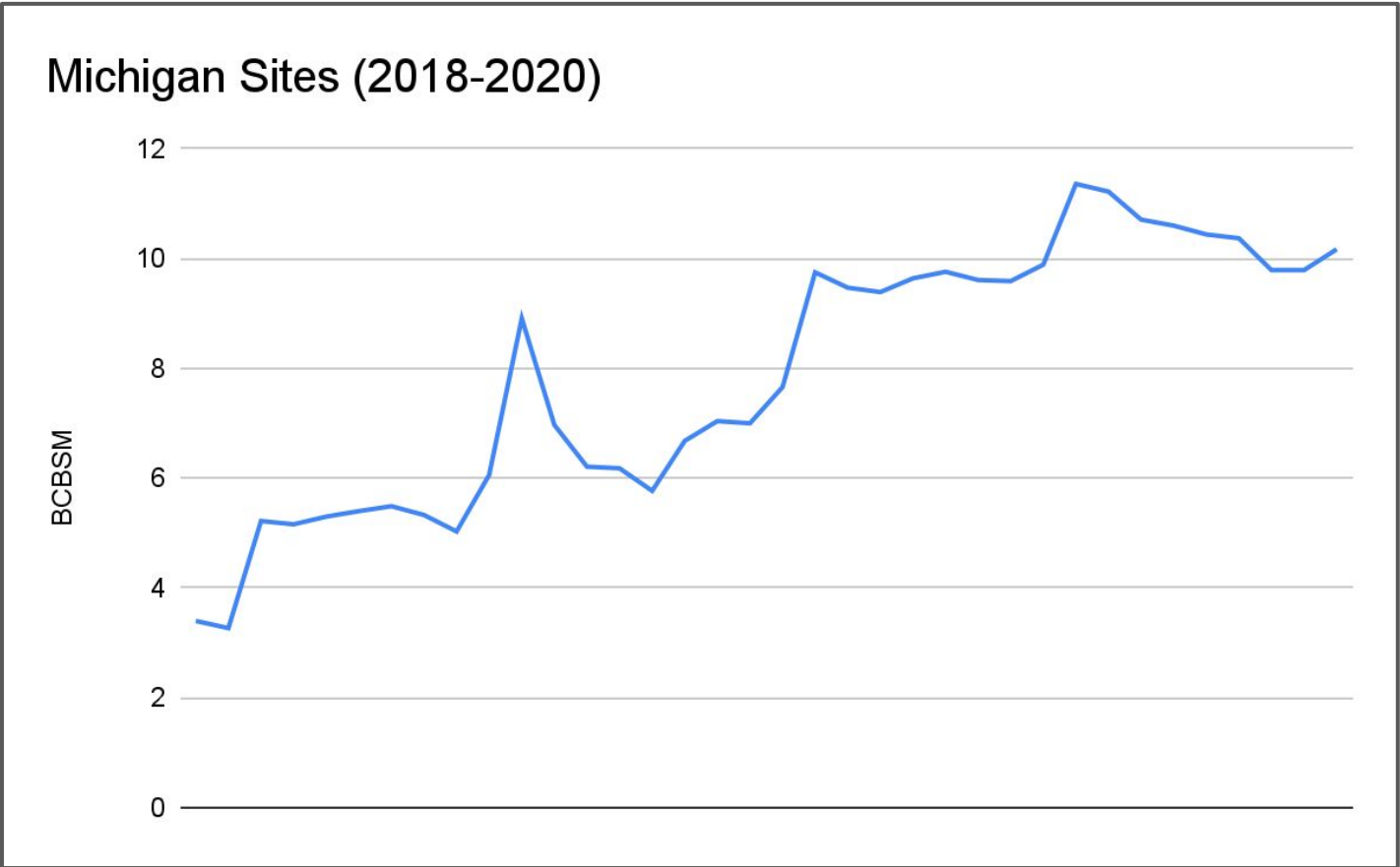
New Guidelines Released

- Fourth Consensus Guidelines for the Management of Postoperative Nausea and Vomiting released August 2020 in Anesthesia and Analgesia
- New guidelines provide updates to both risk factors and prophylaxis recommendations for adults and pediatrics
- MPOG Pediatric Subcommittee creating new measure for pediatrics PONV prophylaxis
- **Need feedback from Quality Committee** for new adult prophylaxis measure
- Consider new measure rather than revision to old measure to enable comparison between two processes and impact on outcome (PONV 03)

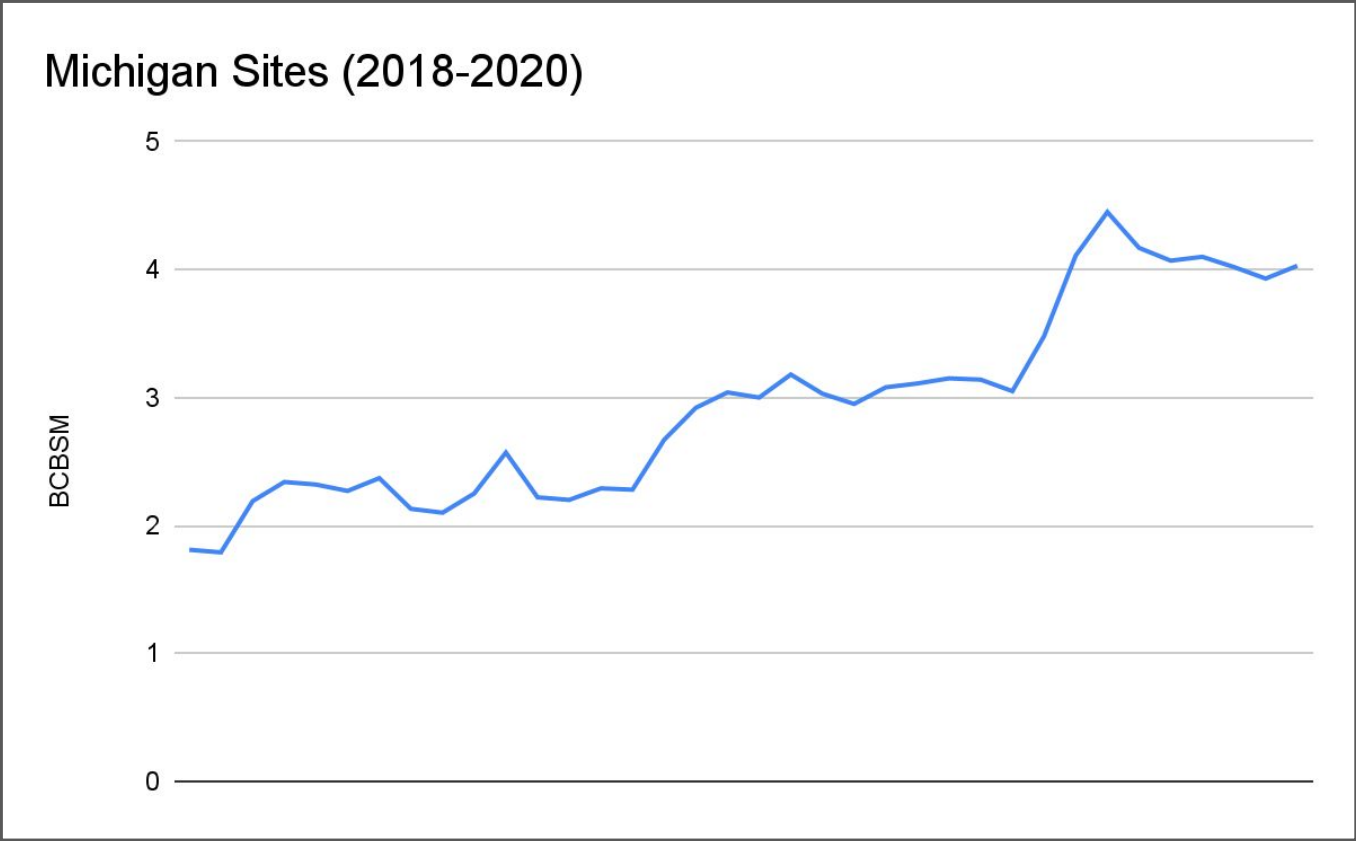
Background: PONV 01 Performance



PONV 03 Performance (Increased Incidence)



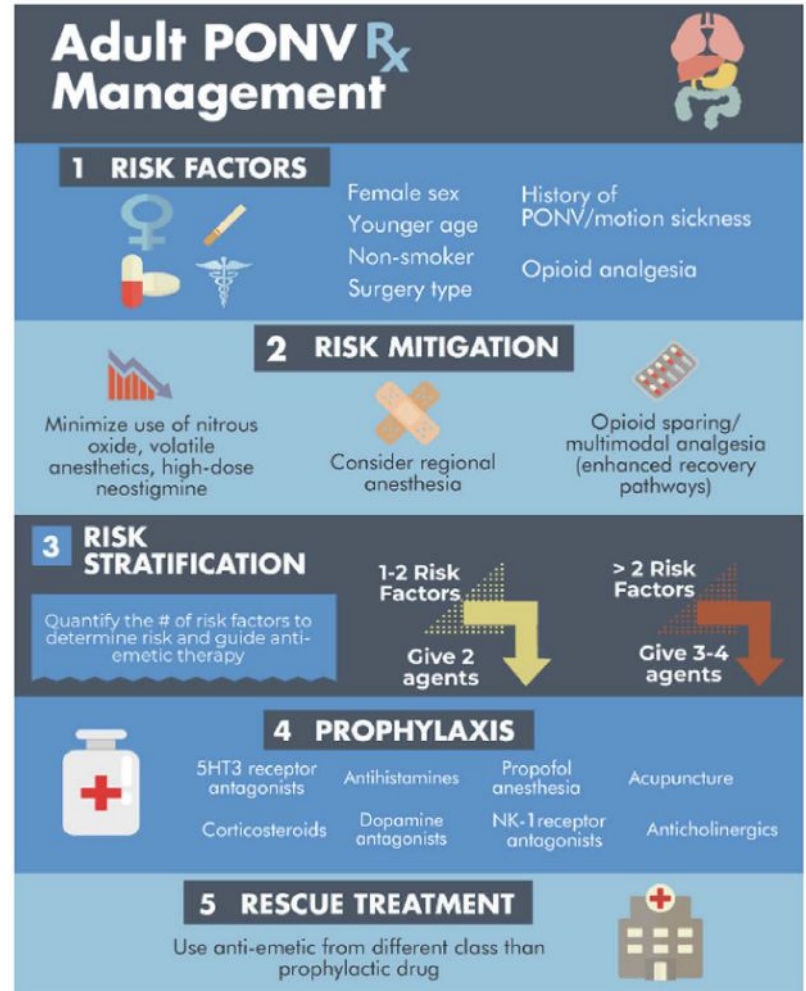
PONV 03b Performance



Need feedback regarding:

1. Risk Factors
2. Inclusions/Exclusions
3. Success Criteria
4. Prophylaxis

[Gan et al. 2020](#)



Proposed Risk Factors

- Female sex
- Non-smoker
- Age < 50 years
- At Risk Surgery
 - Cholecystectomy
 - Laparoscopic
 - Gynecological
- Hx of PONV or motion sickness
- Use of volatile anesthetics and/or nitrous oxide (> 1 hour?)
- Use of opioid analgesia - medium and long acting



Inclusion/Exclusion Criteria

OLD (PONV 01 - 2018) from MIPS Measure

Inclusion

- Received an inhalational general anesthetic
- Has ≥ 3 risk factors for PONV

Exclusion

- Patients less than 18 years old
- Patients transferred directly \rightarrow ICU
- Liver or Lung Transplants
- CPT 00452 (no longer used for clavicle surgery)
- Procedures on the Neck
- Intrathoracic Procedures (CPT 00561)
- Cardiac procedures (CPT 00562, 00563, 00567)
- CPT 00622 (no longer used for thoracolumbar sympathectomy)
- CPT 00634 (no longer used for chemonucleolysis)
- Radiology Procedures (CPT 01916; 01922)
- Cardiac Catheterization procedures (CPT 01920)
- Burn Debridement (CPT 01953)
- Organ Harvest (CPT 01990)
- Anesthesia for other procedures/block only (CPT 01991, 01992, 01996, 01999)
- Labor Epidurals (CPT 01958, 01960)

UPDATE (2021)

Inclusion

- Patients ≥ 18 years old
- Received general anesthesia (inhalational or TIVA)

Exclusion

- Patients < 18 years old
- Patients transferred directly \rightarrow ICU
- Labor Epidural cases
- Organ Harvest (CPT 01990)
- Cases performed without general anesthesia
 - Neuraxial only
 - Regional only
 - MAC/sedation cases

[Gan et al, 2020](#)

Success Criteria

OLD (PONV 01)

- Patients with 3 or more risk factors receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively

NEW (PONV 04)

- Patients with 1 or 2 risk factor(s) receive combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively.
- Patients with 3 or 4 risk factor(s), receive three or more prophylactic pharmacologic antiemetic agents from different classes preoperatively or intraoperatively.

Prophylaxis Considerations

OLD (PONV 01-2018):

- NK-1 Receptor Antagonists
- 5-Hydroxytryptamine (5-HT3) Receptor Antagonists
- Glucocorticoids
- Phenothiazines
- Butyrophenones
- Antihistamines
- Anticholinergics
- Prokinetics (metoclopramide)
- Other:
 - Propofol (infusion only)

NEW (PONV 04 - 2021):

- NK-1 Receptor Antagonists
- 5-Hydroxytryptamine (5-HT3) Receptor Antagonists
 - Remove Dolasetron?
- Glucocorticoids
- Phenothiazines
- Butyrophenones (rename Antidopaminergics)
 - Move metoclopramide to this category
 - Add perphenazine?
 - Keep Haloperidol?
- Antihistamines
- Anticholinergics
- Other
 - Propofol (infusion only)
 - Continue to exclude midazolam?
 - Continue to exclude gabapentinoids?
- Add non-pharmacologic section
 - Include acupuncture (PC6 stimulation)

Another consideration - should we match the inclusion and exclusion criteria for the process and outcome measure

PONV 01 Exclusions

- Patients transferred directly → ICU
- Liver or Lung Transplants
- CPT 00452 (no longer used for clavicle surgery)
- Procedures on the Neck
- Intrathoracic Procedures (CPT 00561)
- Cardiac procedures (CPT 00562, 00563, 00567)
- CPT 00622 (no longer used for thoracolumbar sympathectomy)
- CPT 00634 (no longer used for chemonucleolysis)
- Radiology Procedures (CPT 01916; 01922)
- Cardiac Catheterization procedures (CPT 01920)
- Burn Debridement (CPT 01953)
- Organ Harvest (CPT 01990)
- Anesthesia for other procedures/block only (CPT 01991, 01992, 01996, 01999)
- Labor Epidurals (CPT 01958, 01960)

PONV 03/03b Exclusions

- Patients transferred directly → ICU
- Liver or Lung Transplants
- Organ Harvest (CPT: 01990)
- Labor epidurals
- **MAC cases?**

Next steps

Create Measure Specification

Circulate among Quality Committee for feedback

Review at next Quality Committee meeting (July)

Vote to approve

Thank You