



Obstetric Anesthesia Subcommittee Minutes

July 20, 2022

1:00-2:00 pm EST - Zoom

	First Name	Last Name	Institution
X	Ami	Attali	Henry Ford-Detroit
X	Dan	Biggs	University of Oklahoma
X	Christine	Warrick	University of Utah
X	Kathleen	Smith	University of North Carolina
	Laurie	Chalifoux	Spectrum
X	Sharon	Abramovitz	Weill Cornell
	Carlos	Delgado Upegui	University of Washington
X	Kim	Finch	Henry Ford
	Daniel	Grutter	St. Joseph Mercy Ann Arbor
	Ashraf	Habib	Duke
X	Meridith	Bailey	MPOG QI Coordinator
X	Kate	Buehler	MPOG Clinical Program Manager
	Jerri	Heiter	St. Joseph Ann Arbor, Chelsea, Livingston
	Rebecca	Johnson	Anesthesia Practice Consultants
	Wandana	Joshi	Dartmouth
	Rachel	Kacmar	University of Colorado
	Tom	Klumpner	University of Michigan
X	Victoria	Lacca	MPOG Administrative Manager
X	Tiffany	Malenfant	MPOG Clinical Informatics Specialist
X	Angel	Martino-Horrall	Beaumont Health System
	Rebecca	Minehart	MGH
X	Melinda	Mitchell	Henry Ford - Allegiance
X	Ronnie	Riggan	MPOG Admin Assistant
X	Denise	Schwerin	Bronson ACQR

	First Name	Last Name	Institution
X	Monica	Servin	University of Michigan
X	Nirav	Shah	MPOG Quality Director
	Preet	Singh	Washington University
X	Jessica	Wren	Henry Ford
X	Joshua	Younger	Henry Ford-Detroit
X	Andrew	Zittleman	MPOG Clinical Informatics Specialist

A. Announcements:

- a. Upcoming Events
 - OB Subcommittee Meeting: December 7, 1pm EST
 - MPOG Retreat in New Orleans, LA: October 21, 2022
- b. PONV Toolkit Released
 - OB considerations minimally addressed
 - Anyone can access (does not need to be an MPOG active site to download from the MPOG website)
 - Current version of the PONV toolkit focuses on the general adult surgical population, does not focus specifically on obstetric patients and the unique challenges presented with managing PONV for laboring women. If a PONV Prevention/Treatment Toolkit for Cesarean Delivery is of interest to the group, MPOG would partner with the OB Subcommittee team to assemble and publish. Contact kjubcrek@med.umich.edu with any questions/interest.

B. February 2022 Meeting Recap

- a. Reviewed unblinded site performance for PONV measures
 - Subcommittee recommended changes to PONV 05 (prophylaxis measure)
- b. Subcommittee seeking further clarification on the timeframe for MPOG data before and after cesarean delivery cases
- c. Survey distributed after the meeting to all subcommittee members to assess measure focus areas for 2022

C. PONV 05 Updates since February

- a. Percentage of patients, ~~aged 18 years and older~~ undergoing a procedure requiring anesthesia and administered appropriate prophylaxis for postoperative nausea and vomiting, as defined by:
- b. For cesarean delivery cases only (**any age**): At least two prophylactic pharmacologic antiemetic agents from different classes preoperatively or intraoperatively. (per SOAP ERAS 2021 guidelines)
- c. Excludes: Labor epidurals
- d. Risk factors not considered for cesarean delivery patients
- e. Measure time period update:
 - Was: Cesarean delivery start time for conversion cases & preop start for scheduled c-sections

- **Now: 2 hours before cesarean delivery for conversions** & preop start for scheduled c-sections

D. MPOG Obstetric Data Capture Before Surgery

- a. Average across all MPOG sites

Medication Documentation populated in the MPOG database (data capture rate)				
% of cases with medication ___hrs before c-section start	0-1 hrs	1-2 hrs	2-3 hrs	3-4 hrs
Conversions	44%	44%	42%	39%
Cesarean Delivery	70%	20%	14%	12%

Discussion:

- *Kate Buehler (OB Subcommittee Lead)*: By opening up to 2 hours prior to cesarean section start, it did not make a significant difference in PONV O5 scores.
- *Christine Warrick (University of Utah)*: I'm curious to know what the most commonly used agents are for PONV ppx
 - *Kate Buehler (OB Subcommittee Lead)*: This was displayed during a previous meeting- we'll add to this slide deck as well before posting on the website: Ondansetron and Dexamethasone
- *Angel Martino-Horrall (Beaumont)*: Conversion data...is this data from the intraop record or is this the patient received any medication ie oxytocin
 - *Kate Buehler (OB Subcommittee Lead)* : Any medication. Some sites have more cases with medications coming over outside of the intraop period for cesarean deliveries, some sites have less but the average across MPOG was 44% for cesarean conversion cases. We were attempting to get an overall sense of the data coming over as part of the standard MPOG extract from Epic for cesarean delivery cases that start as labor epidurals.
- *Ami Attali (HFHS-Detroit)*: What is the general purpose for only capturing 44% of all medications.
 - *Kate Buehler (OB Subcommittee Lead)*: The MPOG extract is new in terms of capturing data outside of anesthesia start to anesthesia end. We've only recently started to open that window from preop through PACU. These time periods are nebulous for C-section cases. This data pull was to see how the Epic extract captures data for c-sections. We confirmed the standard MPOG extract does pull in medications within 1-2 hours prior to Anesthesia Start. Therefore, we can open up the window for certain measures.
 - *Ami Attali (HFHS-Detroit)*: Opening this window can help capture surgical site infection rates. Our site is asking when and how our antibiotics are coming through and it's difficult for us to pull. It's exciting to see MPOG opening the extract.
 - *Kate Buehler (OB Subcommittee Lead)*: We are working with Epic currently specifically on the OB data extract to improve this data capture. We should be able to use the nursing record for c-section start and other start/end times if it is not available in the anesthesia

record. This way any site that joins MPOG with an Epic EHR may have a more 'turn key' solution to adding data outside of the intraop window.

E. 2022-2023 Planning

a. Survey Results - 10 Total Respondents

- Questions: Submit your level of interest for each proposed measure topics:
 - % of patients with pain ≥ 3 during labor with epidural (within 60 minutes of initiation)
 - Low interest: 2 respondents
 - **Moderate interest: 6 respondents**
 - High interest: 2 respondents
 - % of patients with intraoperative blood product administration
 - Low interest: 0
 - **Moderate interest: 7**
 - High interest: 3
 - Failed extension of epidural for cesarean delivery
 - Low interest: 0 respondents
 - Moderate interest: 1 respondents
 - **High interest: 9 respondents**
 - % of cesarean delivery cases with hypotension intervention
 - Low interest: 3
 - Moderate interest: 3
 - **High interest: 4**
 - Write-in Topics
 - In room to induction complete, time from induction to incision, incision to baby delivered (**limited data in MPOG**)
 - Epidural catheter replacement during labor (**data not available in MPOG**)
 - Labor epidural catheter replacement for cesarean delivery (**data not available in MPOG**)
 - Appropriate dosing of duramorph Available - prelim data will be shared later in presentation

b. Preliminary Performance Data of proposed topics

- This data has been minimally validated
- Blinded - no site names included
- Sites with less than 75 cesarean sections in 2021: not represented
- Topics highlighted:
 - Epidural->General anesthesia
 - Hypotension & treatment of, in cesarean delivery
 - Blood product administration and EBL in cesarean delivery
 - Morphine dosing for spinal/epidurals
- **Goal** - Provide some preliminary results for the measure topics proposed in order to guide the subcommittee to:

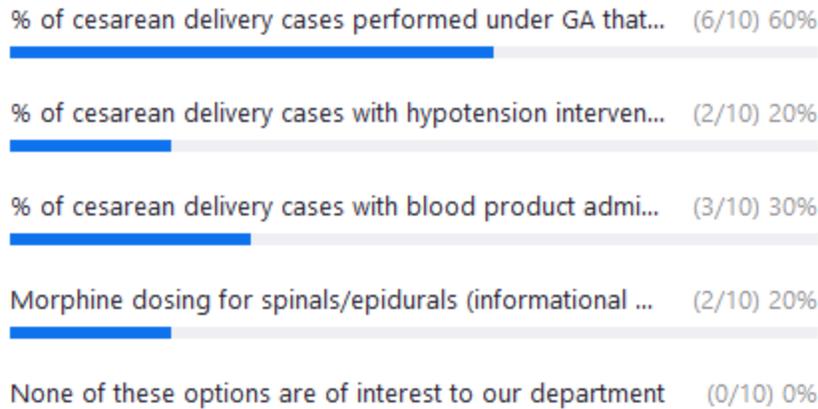
- Select topics for the next 1-3 obstetric measures
 - Facilitate future measure specification discussions for selected topics
- c. **Discussion:** Cesarean Delivery: Vasopressor Use
- *Nirav Shah (MPOG QI Director)*: Is there any discussion among OB anesthesiologists that treatment of hypotension should be bolus vs. infusion?
 - *Josh Younger (HFHS-Detroit)*: This was a debatable point during ASA...didn't want to require centers to only use infusions as it isn't realistic for many non-academic centers.
 - *Monica Servin (University of Michigan)*: For some sites syringes may be cheaper than an infusion, though with an infusion, more med may be wasted
 - *Ami Attali (HFHS-Detroit)*: I think it depends on who makes the syringe. In-house pharmacy making the infusion may be more economical but some sites may not be set up for that
- d. **Discussion:** Cesarean Delivery: PRBC administration
- See slide deck for preliminary data for PRBC administration and blood loss across participating MPOG centers- no additional comments or questions from the committee
- e. **Discussion:** Cesarean Delivery: Morphine Dosing
- Most common Epidural dosing is 3mg, Spinal is 0.15mg
 - *Nirav Shah (MPOG QI Director)*: MPOG is getting better at describing variation of care, if anyone is interested in publishing any of these topics please contact the coordinating center.
 - *Angel Martino-Horrall (Beaumont)*: Could we correlate PONV outcomes based on dosing of morphine for OB patients?
 - *Nirav Shah (MPOG QI Director)*: We could definitely produce these rates but it would be unadjusted so would be difficult to deduce without appropriate statistical analysis to limit or at least take into consideration, the many confounding variables associated with PONV.
- f. Survey results regarding meeting frequency showed that 3 meetings per year is favorable- will continue this cadence for 2023.
- F. Vote on measure topics (via Zoom poll)

OB Subcommittee Measure Selection

Poll | 1 question | 10 of 13 (76%) participated

1. Please choose the measure topic of most interest to your department. (Multiple Choice) *

10/10 (100%) answered



G. Next Steps

- a. Coordinating Center will draft measure specification for % of cesarean cases performed under GA that also had a labor epidural
- b. Measure specification will be posted via Basecamp for subcommittee to provide feedback
- c. Goal:
 - Build one additional obstetric-specific measure by late 2022 - GA 03_OB: % of cesarean delivery cases performed under GA that had a labor epidural
 - Build 1-2 obstetric-specific measures in early 2023
 - Potentially build a measure looking at blood product administration for cesarean delivery
 - After GA 03 is released, will seek out feedback from subcommittee on next steps

H. Additional Comments

- a. Sharon is interested in reporting on morphine dosing
- b. Nirav - once this measure is out we can bring this topic back to the group. I would encourage sites to look at single center analysis for this data.

Meeting concluded at: 1:48pm