

Quality Committee Meeting

September 26, 2022 @10:00 ET



Agenda

Announcements

New staff

MPOG Retreat

Michigan site updates (P4P and VBR)

New CaseViewer feedback

Measure Review

[BP 01](#) and [BP 03](#) - Dr. Kamal Maheshwari (Cleveland Clinic)

[PONV 03](#) - Dr. Patricia Fogarty Mack (Weill-Cornell)

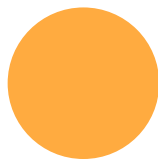
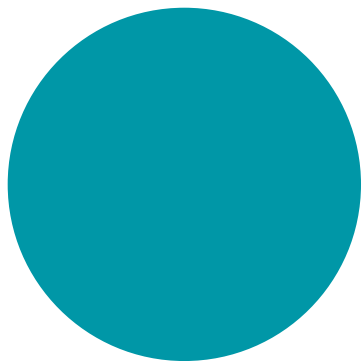
Measure Discussion

SUS 02 (Cardiac Subcommittee updates and short cases)

Meeting Minutes

July 2022

Roll Call – via Zoom or
contact us

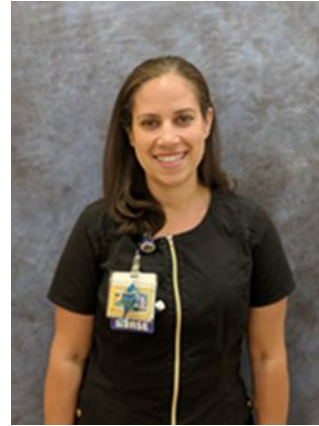


Announcements





Software developer
Measure Spec App
QI Reporting Tool



QI Coordinator
QI Initiatives
Site liaison

Welcome Nicole and Sushma!

MPOG Featured Member September & October 2022

[READ MORE](#)



Lucy Everett, MD
Associate Professor
Massachusetts General Hospital



ACQR Annual Retreat

September 16, 2022



MPOG Annual Retreat

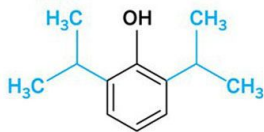
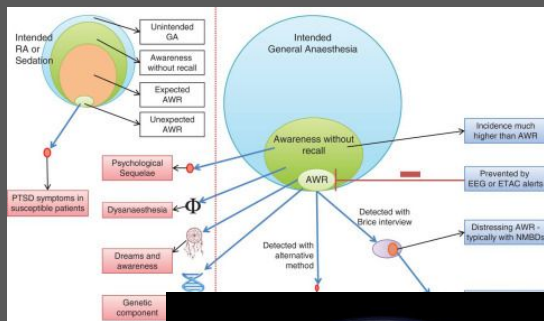
October 21, 2022

New Orleans, LA

Registration Open!

In person + virtual





07:00 – 08:00	Breakfast and Check-in
08:00 – 08:15	Welcome and State of MPOG Sachin Kheterpal, MD, MBA MPOG
08:15 – 08:45	TIVA: Theoretical Foundation and Practical Considerations Talmage Egan, MD University of Utah
08:45 – 09:30	UK National Health Service Perioperative Quality Improvement Programme (Virtual) Ramani Moonesinghe, FRCA MRCP FFICM MD University College London
09:30 - 10:30	Best of MPOG <ol style="list-style-type: none"> 1. Use of Total Intravenous Anesthesia versus Inhaled Anesthesia in Elective Non-cardiac Surgery, Bethany Pennington, PharmD, BCPS, Washington University 2. Intraoperative Oxygen Administration, Josh Billings, MD, Vanderbilt University 3. Staffing Ratios, Mike Burns, MD, PhD, MPOG
10:30 – 10:45	Break
10:45 - 11:45	Intraoperative Awareness George Mashour, MD, PhD Michigan Medicine
11:45 – 1:00	Networking Lunch
1:00 – 1:30	Closed Loop Anesthesia Maxime Cannesson, MD, PhD University of California, Los Angeles
1:30 – 2:10	Research and QI Perspectives on Sustainability <ol style="list-style-type: none"> 1. Elizabeth Hansen, MD, PhD, Seattle Children's Hospital 2. Seema Gandhi, MD, University of California, San Francisco 3. Jeffrey Feldman, MD, Children's Hospital of Philadelphia
2:10 – 2:30	QI and Development update and Wrap up Nirav Shah, MD MPOG
3:00 – LATE	Post-Session Discussions (In-person only) <ol style="list-style-type: none"> 1. THRIVE site investigator launch meeting (3:00 - 6:30) - Sachin and Shelley 2. Office Hours - Research - Mike and Sandy 3. Office Hours - QI and Operations - Kate and Tiffany



Michigan Sites Only:
2023 P4P & 2024 VBR

2024 VBR Measures

Performance Period: 12/1/2022-11/30/2023

PAIN 02	Multimodal Analgesia	Target: ≥85%
SUS 01	Fresh Gas Flow, ≤3 L/min	Target: ≥85%
GLU 03	High Glucose Treated: Preop-PACU	Target: ≥78%

- Members of a Physician Organization for at least 1-year
- Provider must have at least 2 years of data in ASPIRE to be eligible
- Performance calculated at hospital level- providers practicing at more than one hospital are assigned to the hospital where they performed the most cases
- Additional reimbursement assigned at provider level:
 - 2 out of 3 measures met: 3%
 - 3 out of 3 measures met: 5%

2024 VBR Smoking Measures

DRAFT

Performance Period: 12/1/2022-11/30/2023

SMOK-01	Smoking Tobacco Status Documentation	Target: $\geq 70\%$ (12-month average)
SMOK-02	Smoking Tobacco Cessation Intervention	Target: $\geq 10\%$ (best month)

- Standard VBR rules apply (see previous slide)
- Additional 2% for meeting threshold on both measures

2023 P4P

Aligned with VBR: SUS 01 and GLU 03

Newest Cohort (Sparrow and My Michigan sites): P4P points skewed towards participation; performance measure: NMB 01

Participation required at all meetings (backup + hybrid)

Scorecards posted on [website](#)

2023 P4P Scorecard: Cohorts 1 – 6

Measure #	Weight	Measure Description	Points
1	5%	Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at meetings. Three total meetings with six opportunities for attendance.	
		6 / 6 Meetings	5
		5 or Less Meetings	0
2	5%	Attend ASPIRE Quality Committee e-meetings: ASPIRE Quality Champion or ACQR attendance across six meetings	
		5 - 6 / 6 Meetings	5
		4 or less Meetings	0
3	5%	ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data by the 3rd Wednesday of each month for January - November and by the 2nd Wednesday of the month for December. Data must be of high quality upon submission, >90% of diagnostics marked as 'Data Accurately Represented.'	
		10 - 12/12 Months	5
		9 or Less Months	0
4	5%	Site Based Quality Meetings: Sites to hold an onsite in-person or virtual meeting following the three ASPIRE Collaborative meetings to discuss the data and plans for quality improvement at their site	
		3 Meetings	5
		2 or less Meeting	0
5	10%	ACQR attendance at Fall ACQR Retreat	
		Yes	10
		No	0

P4P Scorecard: Cohorts 1 - 6

6	25%	Glucose (GLU 03) Percentage of cases with perioperative glucose > 200 mg/dL with administration of insulin or glucose recheck within 90 minutes of original glucose measurement. (cumulative score January 1, 2023 - December 31, 2023)	
		Performance is $\geq 80\%$	25
		Performance is $\geq 75\%$	15
		Performance is $\geq 70\%$	10
		Performance is $< 70\%$	0
7	20%	Sustainability (SUS 01) percentage of cases with mean fresh gas flow (FGF) equal to, or less than 3L/min, during administration of halogenated hydrocarbons and/or nitrous oxide (cumulative score January 1, 2023 - December 31, 2023)	
		Performance is $\geq 95\%$	20
		Performance is $\geq 92.5\%$	15
		$< 92.5\%$	0
8	25%	Site Directed Measure: Sites choose a measure they are performing above/below ASPIRE threshold or needs improvement by December 9, 2023 (cumulative score January 1, 2023 through December 31, 2023)	
		Performance is $\geq 90\%$; $\leq 10\%$; $\leq 5\%$ or show $\geq 25\%$ improvement	25
		Performance is $\geq 85\%$; $\leq 15\%$; $\leq 10\%$ or show $\geq 15\%$ improvement	15
		Performance is $\geq 80\%$; $\leq 20\%$; $\leq 15\%$ or show $\geq 10\%$ improvement	10
		Performance is $< 80\%$; $> 20\%$; $> 15\%$ or show $< 10\%$ improvement	0

• GLU-03 $\geq 80\%$

• SUS-01 $\geq 95\%$

P4P Scorecard: Cohort 7

New Sparrow sites

New MyMichigan sites

Measure #	Weight	Measure Description	Points
1	20%	Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at meetings. Three total meetings with six opportunities for attendance.	
		6 / 6 Meetings	20
		4 - 5 / 6 Meetings	10
		3 or Less Meetings	0
2	10%	Attend ASPIRE Quality Committee e-meetings: ASPIRE Quality Champion or ACQR attendance across six meetings	
		6 Meetings	10
		5 Meetings	5
		4 or Less Meetings	0
3	20%	ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data by the 3rd Wednesday of each month for January - November and by the 2nd Wednesday of the month for December. Data must be of high quality upon submission, >90% of diagnostics marked as 'Data Accurately Represented.'	
		11 / 12 Months	20
		10 / 12 Months	10
		9 / 12 Months	5
		8 Months or Less	0
4	10%	ASPIRE Quality Champion and ACQR monthly meetings	
		12 / 12 Months	10
		11 / 12 Months	5
		10 / 12 Months	0
5	10%	Site Based Quality Meetings: Sites to hold an onsite in-person or virtual meeting following the three ASPIRE Collaborative meetings to discuss the data and plans for quality improvement at their site	
		3 Meetings	10
		2 Meetings	5
		1 or Less Meetings	0
6	10%	ACQR attendance at Fall ACQR Retreat	
		Yes	10
		No	0

P4P Scorecard: Cohort 7

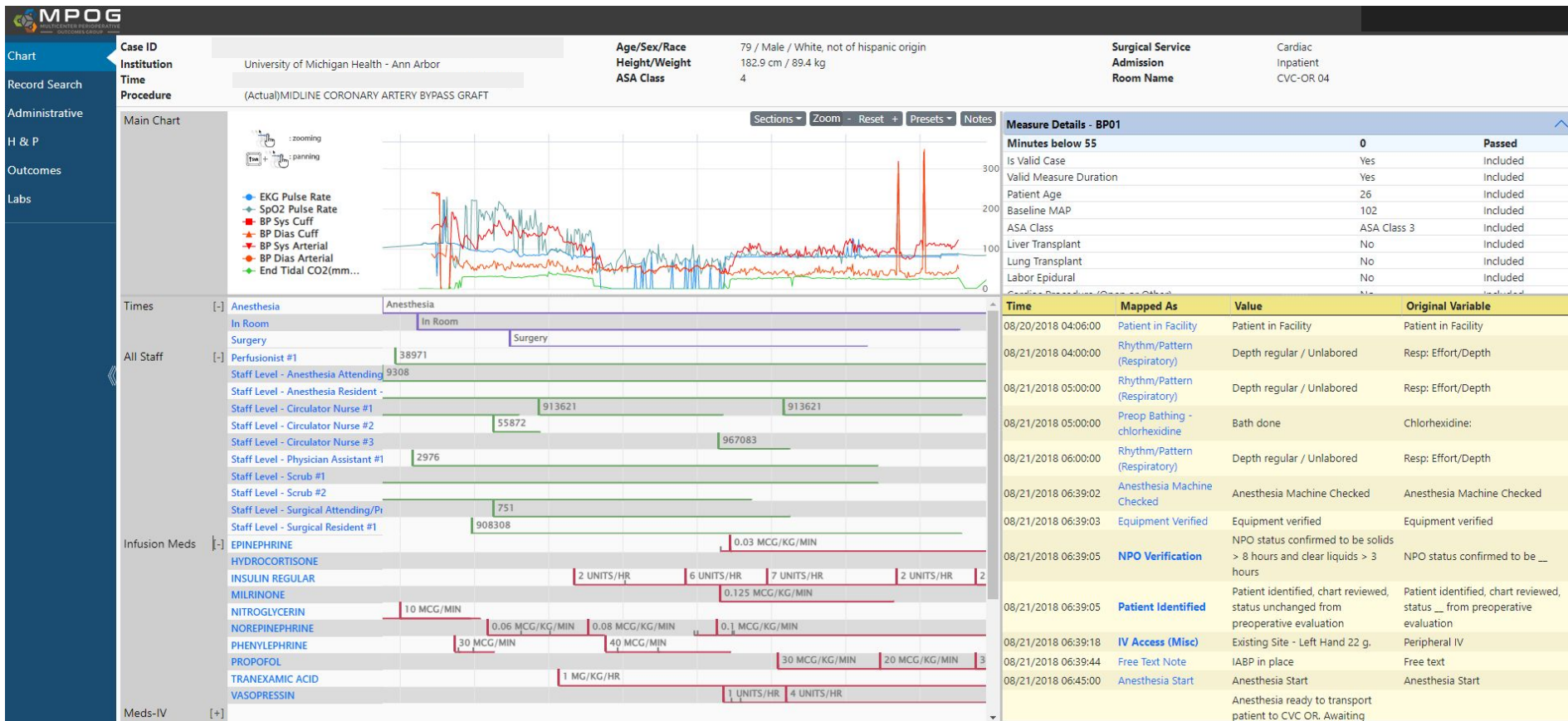
7	10%	Neuromuscular Blockage (NMB 01) Percentage of cases with a documented Train of Four (TOF) after last dose of non-depolarizing neuromuscular blocker(cumulative score 1/1/2023 - 12/31/2023)	
		Performance is $\geq 90\%$	10
		Performance is $< 90\%$	0
8	10%	Site Directed Measure: Sites choose a measure they are performing above/below ASPIRE threshold or needs improvement by December 9, 2023 (cumulative score January 1, 2023 through December 31, 2023)	
		Performance is $\geq 90\%$; $\leq 10\%$; $\leq 5\%$ or show $\geq 25\%$ improvement	10
		Performance $< 90\%$; $> 10\%$; $> 5\%$ or show up to 25% improvement	5
		Performance $< 90\%$; $> 10\%$; $> 5\%$ or shows no improvement	0

NMB-01 $\geq 90\%$

The logo consists of a large white circle with a dark blue border, centered on a dark blue background. Inside the circle, the text "WebCaseviewer" is written in a bold, dark blue, sans-serif font.

WebCaseviewer

New Web CaseViewer released August 2022



Existing Toolkits



Acute Kidney Injury (AKI)

[Click Here](#)



Acute Respiratory Complications

[Click Here](#)



Perioperative Transfusion Stewardship

[Click Here](#)



Postoperative Nausea and Vomiting (PONV)

[Click Here](#)



Surgical Site Infection

[Click Here](#)



Measure Review BP 01 and BP 03

Dr Kamal Maheshwari
Cleveland Clinic

BP 01 and BP 03 Vote


1 vote/ site

Continue as is/ modify/ retire

Need > 50% to retire measure

Coordinating center will review all votes after meeting to ensure no duplication





Measure Review PONV 03

Dr. Patricia Mack Fogarty
Weill Cornell

PONV 03 Vote

1 vote/ site

Continue as is/ modify/ retire

Need > 50% to retire measure

Coordinating center will review all votes after meeting to ensure no duplication



SUS 02 Measure Discussion

Cardiac Subcommittee updates - Make all SUS measures consistent by excluding cases with nitric oxide administration for all SUS measures

Threshold update - Percentage of cases where carbon dioxide equivalents (CO_2 eq) normalized by hour for cases receiving halogenated agents and/or nitrous oxide is less than **CO_2 eq of 2% sevoflurane at 2L FGF = 2.83 kg CO_2 /hr** during the maintenance period of anesthesia

Threshold Discussion - did we move too far, too fast with SUS 02?

Exclusion discussion: Are we creating noise by including short cases? For example, a case that uses 15 mins of N_2O will have CO_2 eq >>> 2.83 kg CO_2 /hr. Should we be flagging these cases?



Thank You!