MPOG
MULTICENTER PERIOPERATIVE OUTCOMES GROUP

ASPIRE Obstetric Anesthesia Subcommittee Meeting

February 26, 2025

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Agenda

- Announcements
- December meeting recap
- Days before delivery (Pregnancy Phenotype) update
- OB Champion role discussion
- ABX-06 measure released
- 2025 Goals

Announcements

Future Meeting Dates:

- MPOG OB Subcommittee
  - May 14th, 2025, at 1pm EST
  - September 10, 2025, at 1pm EST
  - December 3, 2025, at 1pm EST

The OB Subcommittee is open to anyone, if interested in attending, please email Nicole

In the News

Correspondence | June 2024

Pain during Cesarean Delivery: We Can and Must Do Better

Mark I. Zakowski, M.D.; Kristen Fardelmann, M.D.; Michael P. Hofkamp, M.D.

+ Author and Article Information

Anesthesiology June 2024, Vol. 140, 1236–1237.

https://doi.org/10.1097/ALN.0000000000004968

- Reported incidence of pain during cesarean delivery is approximately 15-23%.
- Adverse outcomes:
  - PPD
  - PTSD
  - Chronic pain
- There are multiple reasons for this of which some are preventable. As physicians, we underestimate the incidence of intra-op pain. Need to address and mitigate risk factors for intra-op pain. Shared decision making and good communication between patient/partner and anesthesia.

December Meeting Recap

- **OB Patient Blood Management Toolkit** now available! Adapt as needed to share this educational resource with your department.
- **OB PCRC update:** All OB Subcommittee members from active MPOG sites will be invited to Perioperative Clinical Research Committee (PCRC) meetings when obstetric anesthesia research projects are proposed. Attendance is optional.
- **GA-01-OB:** General Anesthesia During Cesarean Delivery will remain an informational measure with no threshold to define 'success.'
- **SOAP/OB Subcommittee**: Support overall alignment with SOAP Centers of Excellence (COE)
- **TXA measure**- Subcommittee voted against building TXA measure – percentage of cases with TXA administered with EBL > 1000 ml.
- **Transfusion ≥ 4 units blood products measure**- Subcommittee voted against building measure to assess percentage of cases with transfusion of ≥ 4 units of any blood products.

Pregnancy Phenotype: Days Before Delivery Update

- **Description:** Determines the number of days before delivery using our Obstetric Anesthesia Type (OBAT) Phenotype to determine if a patient had a delivery in MPOG within 42 weeks of an OBAT procedure.

- **Enumerations**:
  - 0= No delivery found in MPOG
  - 1= Delivery found in MPOG within 42 weeks of procedure
  - 2= Delivery found in MPOG more than 43 weeks before procedure
  - 3= Delivery found in MPOG 12 weeks after procedure

- **Phase I**- Coming soon- we anticipate this will be available in DataDirect for researchers to use in the next few weeks!

- *For access to DataDirect, please fill out this form: SignNow – please note, this require your site's Hospital Leader approval (Chair or Director of Research)*

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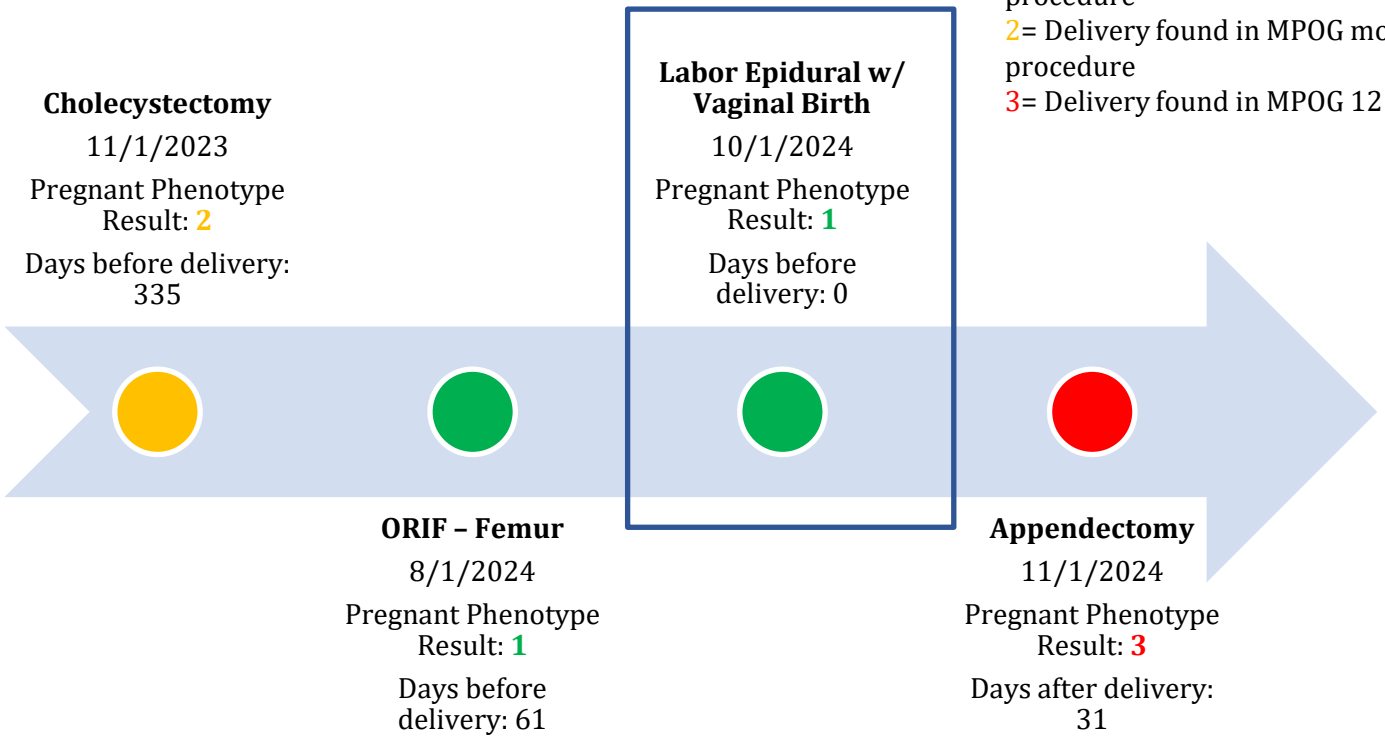
Case Examples

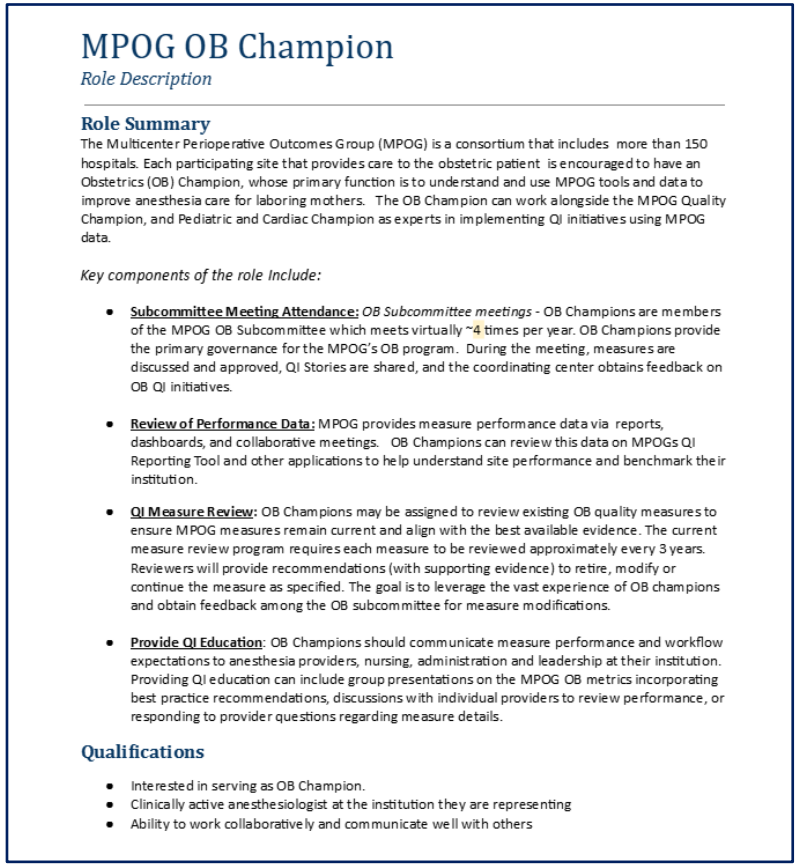
Enumerations:
0= No delivery found in MPOG
1= Delivery found in MPOG within 42 weeks after procedure
2= Delivery found in MPOG more than 43 weeks before procedure
3= Delivery found in MPOG 12 weeks after delivery



OB Champion Role Description

Role Summary

- Each participating site that provides obstetric anesthesia care is encouraged to select an Obstetrics (OB) Champion to participate on the MPOG OB Subcommittee.
- The primary role of an OB Champion is to understand and use MPOG tools and data to improve anesthesia care for laboring mothers.
- The OB Champion can work alongside their MPOG Quality Champion to implement local QI initiatives supported by MPOG data.



MPOG OB Champion

Role Description

Role Summary

The Multicenter Perioperative Outcomes Group (MPOG) is a consortium that includes more than 150 hospitals. Each participating site that provides care to the obstetric patient is encouraged to have an Obstetrics (OB) Champion, whose primary function is to understand and use MPOG tools and data to improve anesthesia care for laboring mothers. The OB Champion can work alongside the MPOG Quality Champion, and Pediatric and Cardiac Champion as experts in implementing QI initiatives using MPOG data.

Key components of the role Include:

- **Subcommittee Meeting Attendance:** *OB Subcommittee meetings* - OB Champions are members of the MPOG OB Subcommittee which meets virtually ~4 times per year. OB Champions provide the primary governance for the MPOG's OB program. During the meeting, measures are discussed and approved, QI Stories are shared, and the coordinating center obtains feedback on OB QI initiatives.
- **Review of Performance Data:** MPOG provides measure performance data via reports, dashboards, and collaborative meetings. OB Champions can review this data on MPOGs QI Reporting Tool and other applications to help understand site performance and benchmark their institution.
- **QI Measure Review:** OB Champions may be assigned to review existing OB quality measures to ensure MPOG measures remain current and align with the best available evidence. The current measure review program requires each measure to be reviewed approximately every 3 years. Reviewers will provide recommendations (with supporting evidence) to retire, modify or continue the measure as specified. The goal is to leverage the vast experience of OB champions and obtain feedback among the OB subcommittee for measure modifications.
- **Provide QI Education**: OB Champions should communicate measure performance and workflow expectations to anesthesia providers, nursing, administration and leadership at their institution. Providing QI education can include group presentations on the MPOG OB metrics incorporating best practice recommendations, discussions with individual providers to review performance, or responding to provider questions regarding measure details.

Qualifications

- Interested in serving as OB Champion.
- Clinically active anesthesiologist at the institution they are representing
- Ability to work collaboratively and communicate well with others

OB Subcommittee Member vs. Champion

MPOG OB Anesthesia Champion	MPOG OB Subcommittee Member
Obstetric anesthesiologist (Does not need to be OB fellowship trained)	OB anesthesia provider, administrator, or QI leader interested in participating in MPOG OB Subcommittee
Votes on behalf of site at OB Subcommittee meetings	Serves as backup to champion for OB Subcommittee votes
Attends MPOG OB Subcommittee meetings	
Conducts measure reviews	

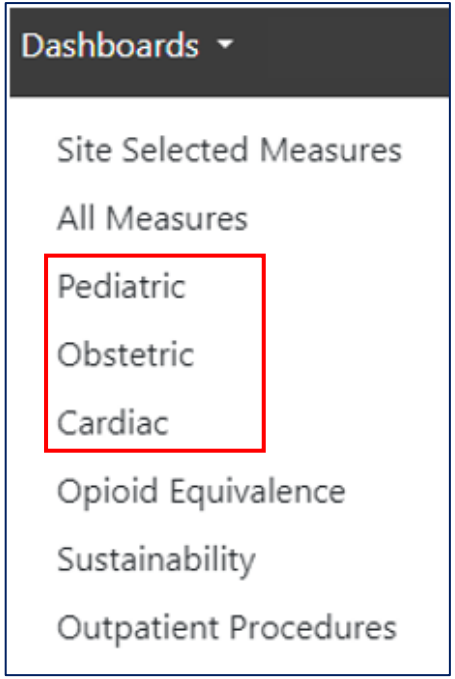
Please reach out to your Quality Champion, Dr. Togioka, Dr. Joshi or Nicole if you are interested in being your site's OB Champion.

Sites without a named MPOG OB Champion:

American University of Beirut Medical Center
Atrium Health (Wake Forest)
Columbia University
Corewell Health: all except Butterworth
Holland Hospital
University of Maryland
Massachusetts General Hospital
Michigan Medicine
MyMichigan - all sites
Nebraska
NYU Langone Medical Center
Temple University Hospital
University of Alabama
University of Arkansas
UCLA
University of Chicago
University of Florida
University of Wisconsin
University of Tennessee
UT Southwestern
Vanderbilt University

Departmental Dashboard Access

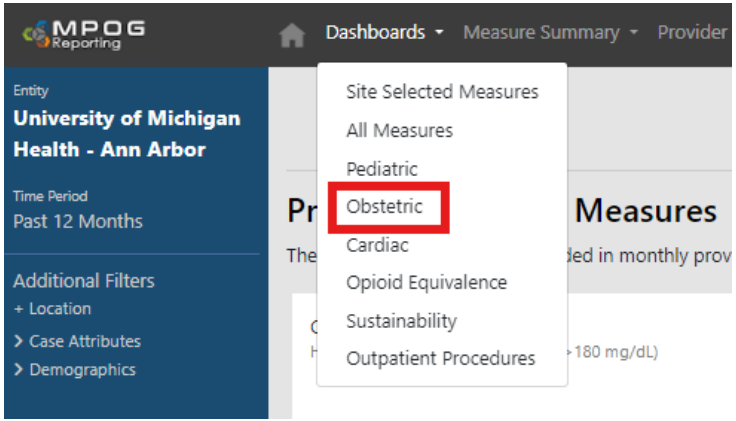
- Subspecialty dashboard access (Obstetrics, Pediatrics and Cardiac) was removed in December 2024.
- Many OB Champions and ACQRs have full departmental dashboard access and may not have noticed a change in access.
- If you have noticed a change in access, please reach out to your Quality Champion and Nicole and we can help get access re-established.



OB Champion Key Responsibilities

Review Performance Data

- MPOG reviews/provides ongoing measure performance data via reports, dashboards, and collaborative meetings.
- OB Champions can review case data using several different tools:
  - QI Reporting Tool
  - Measure Case Report
  - DataDirect



- If interested, please contact Nicole to learn more.

ABX-06-OB -Azithromycin Administration for Non-Elective Cesarean Deliveries

- **Description**: Percentage of standalone cesarean deliveries in which azithromycin was administered 60 minutes before surgical incision

- **Inclusion**: Enumerations 1 and 7 using OBAT (Non-elective cesarean cases.)
  - 1- Conversion (Labor epidural and cesarean delivery charted under one case ID)
  - 7- Conversion (cesarean delivery portion, labor epidural documented on another case ID)

- **Exclusion**: Obstetric Anesthesia Type phenotype:
  - 0 - No
  - 2- Cesarean delivery without a preceding labor epidural
  - 3- Labor Epidural
  - 4- Cesarean Hysterectomy
  - 5- Obstetric Case Unable to Determine
  - 6- Conversion (labor epidural portion)
  - 8- Conversion (cesarean hysterectomy portion)

- Cases with Chorioamnionitis ICD codes: O41.12-O41.1299

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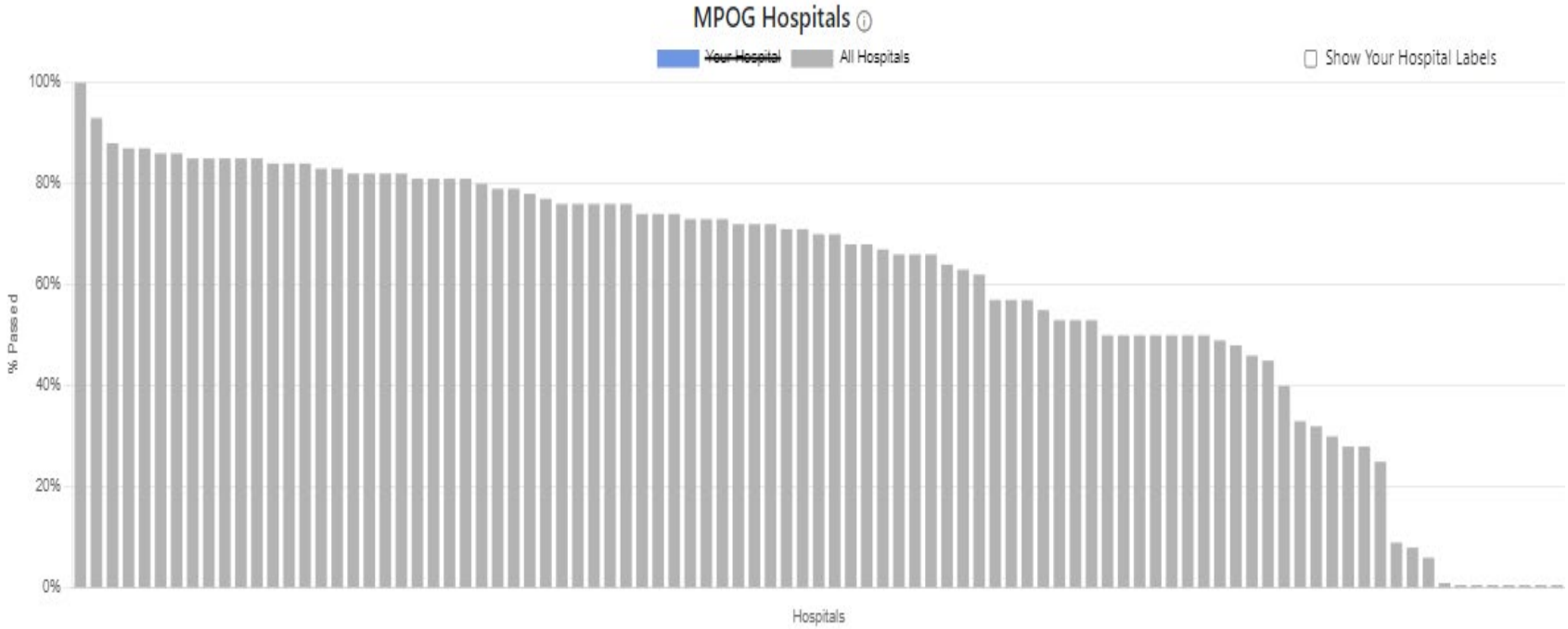
ABX-06 OB - Overall Coordinating Center Score 67%



MPOG OB Subcommittee 2025 Goals

SOAP COE Core Metrics-General Anesthesia Rates

- **GA rate for all cesarean deliveries**
  - Available as MPOG metric: GA-01-General Anesthesia During Cesarean Deliveries
- **GA rate for unscheduled cesarean deliveries**
  - Can be estimated from MPOG metric GA-02
  - MPOG metric GA-02 (% of CD cases where GA was administered after neuraxial labor analgesia)
  - Would miss unscheduled CD not proceed by NA
- **GA rate for scheduled cesarean deliveries**
  - Can be estimated from MPOG metric GA-01 – OBAT enumeration #2
  - OBAT enumeration #2 (CD without preceding NA)
  - Would errantly include unscheduled CD not preceded by NA

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SOAP COE Core Metrics-Neuraxial Labor Analgesia Rates

- **Epidural replacement rate**
  - MPOG measure does not exist
  - We could review the data, may be possible to create
- **Percentage of laboring patients receiving neuraxial labor analgesia**
  - Unable to estimate due to lack of data on patients that deliver without neuraxial labor analgesia
- **PDPH rate & Epidural blood patch rate for PDPH**
  - Difficult to estimate due to lack of data on conservatively treated PDPH
- **Accidental dural puncture rate**
  - MPOG measure does not exist
  - Measure would always underestimate true rate

New Measure Development Discussion

1. **Epidural replacement measure**: Proportion of patients that require a second neuraxial procedure prior to delivery
2. **Temp measure**: Proportion of patients undergoing cesarean delivery with at least one core body temperature measured
3. **Pain Measure**: Two options for pain measures.
   - **Multimodal**: PAIN- Proportion of patients administered at least two non-opioid adjuncts preoperatively or intraoperatively (multimodal)
   - **Inadequate pain control**: Proportion of patients undergoing cesarean delivery with inadequate anesthesia (supplemental analgesia)
4. **Accidental dural puncture measure**: Proportion of patients receiving neuraxial labor analgesia with an unintentional dural puncture

Epidural Replacement Rate

- SOAP COE core metric for neuraxial labor analgesia
- Longstanding interest in this measure on the OB subcommittee
- Methods to capture replacement
  - Two neuraxial procedure notes in a single record or admission
  - Two timestamps for "neuraxial procedure start" or "end"
  - Medications administered?
  - Free text search, challenging
  - Other ideas?
- Questions:
  - How do you document neuraxial procedures?
  - For a CSE or DPE, do you document two procedure notes?
  - Should there be a time threshold?

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Core Body Temperature

- Proportion of patients undergoing cesarean delivery with at least one core body temperature measured
  - SOAP COE measure
  - TEMP-02: Percentage of patients receiving GA that have at least one core body temperature documented
    - Measurement time period: "anesthesia start" to "out of room"
    - Excludes cases < 30 minutes
    - Threshold for success, > 90%
- Questions:
  - Modify to include all CD patients (NA+GA)?
  - Does this impact patient outcomes?
  - How do you measure temperature?

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Multimodal Analgesia during CD

- Proportion of patients administered multimodal analgesia during cesarean delivery
  - SOAP COE measure
  - PAIN-02: % patients receiving at least one non-opioid adjunct between "preop start" and "anes end"
    - Non-opioid analgesics: APAP, NSAIDs, ketamine, clonidine [not dexmedetomidine], local infiltration, any regional block
    - Threshold for success, > 85%
- Questions:
  - Is the measure for success appropriate?
  - Should we include postoperative adjuncts, end +60 min?
  - Should surgeon placed local infiltration count?

Inadequate Anesthesia during Cesarean Delivery

- Untreated intraoperative pain is a significant problem & the #1 cause of litigation in OB anesthesia
- The incidence of intraoperative pain is ≥20%
- Potential measure:
  - Proportion of CD patients having intraoperative pain defined as:
    - Any dose of Ketamine, Nitrous Oxide, or Intraperitoneal Chloroprocaine
    - Propofol > 20 mg, Midazolam > 2 mg
    - Morphine > 10 mg, Fentanyl > 100 mcg, Hydromorphone > 1.5 mg
    - Other ideas?
  - Measurement time-period: "incision" to "surgery end"
- Questions:
  - Should this measure include intraoperative pain assessments?
  - Should we penalize sites that treat intraoperative pain?

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Incidence of Accidental Dural Puncture

- The following proxies for dural puncture can be used
  - Free flow of CSF at time of placement
  - Blood patch within 1 week of neuraxial placement
- Measure would miss PDPH treated conservatively
- Seeking Volunteers:
  - Interest? Send 5-10 cases of confirmed accidental dural puncture to Nicole
  - Send MPOG case IDs only, NO MRNs!
- Questions
  - Ideas for other proxies to identify accidental dural puncture?
  - How does your site document unintentional dural puncture?

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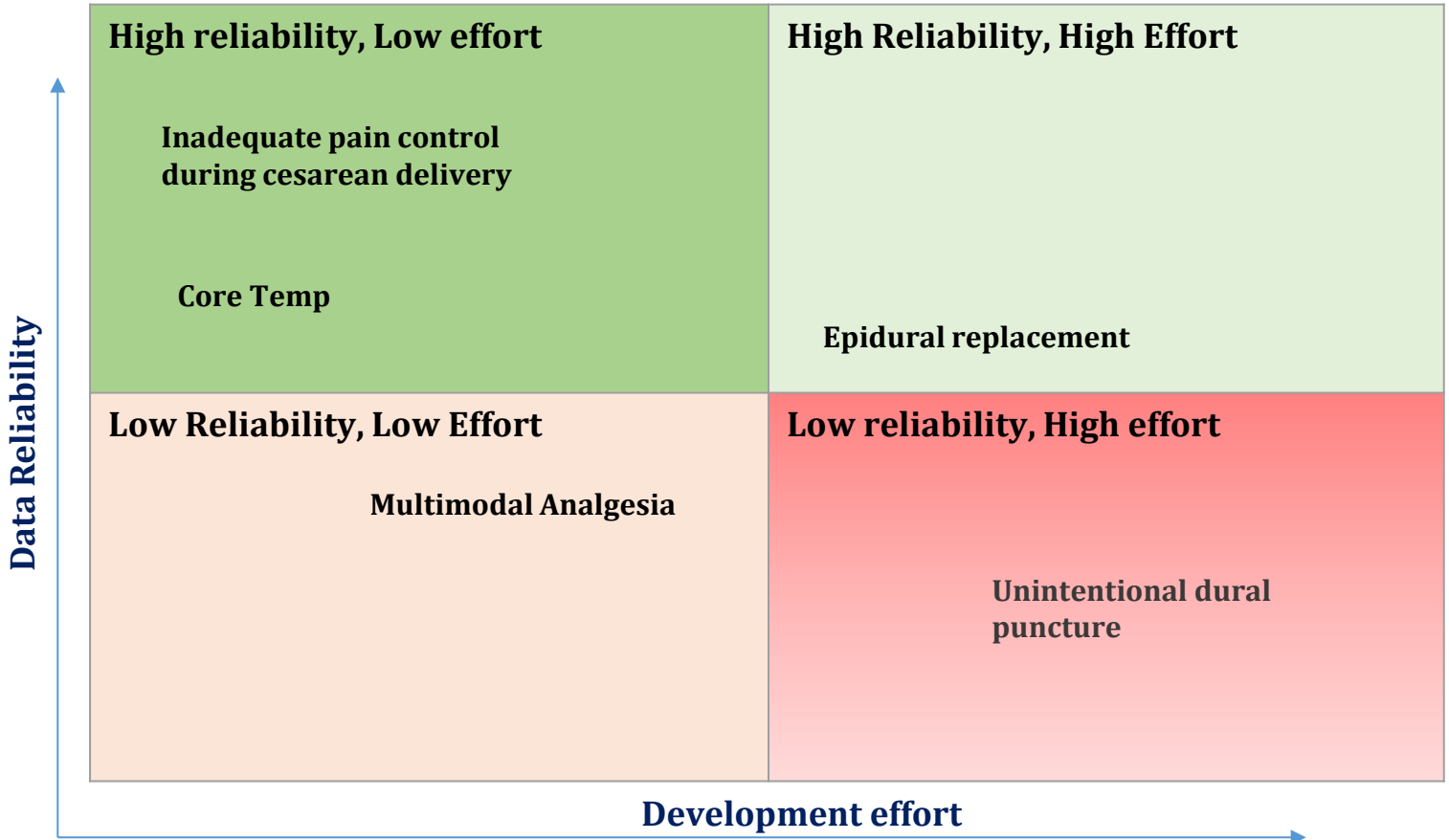
2025 OB Subcommittee Focus

- Will review epidural replacement rate data, PDPH, and wet tap data from MPOG sites with hopes of creating a wet tap measure (likely in 2026).
- We are seeking volunteers to send 5-10 cases of confirmed wet taps to Nicole, MPOG case IDs only (no MRNs!). The Coordinating Center will assess this information to determine next steps for capturing this data.

Measure build effort



THANK YOU!

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