



Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Pediatric Subgroup Meeting Minutes – December 15, 2021

Attendance:

Anna Swenson, University of Minnesota	Kate Buehler, MPOG
Anshuman Sharma, Washington University	Kavitha Raghavan, St. Jude Children’s Hospital
Bishr Haydar, Michigan Medicine	Kesavan Sadacharam, Nemours Children’s Health
Brad Taicher, Duke University	Lori Reigger, Michigan Medicine
Cameron Graydon, Queensland Children’s Hospital	Lucy Everett, Mass General Hospital
Claudia Benkwitz, University of California-San Francisco	Meridith Bailey, MPOG Pediatric Program Lead
David Waisel, Yale University	Morgan Brown, Boston Children’s
Denise Chang, University of California-San Francisco	Nirav Shah, MPOG Associate Director
Ellen Choi, University of Chicago	Priti Dalal, Penn State University
Eva Lu-Boettcher, University of Wisconsin	RJ Rathamurthi, Stanford University
Gennadiy Fuzaylov, Massachusetts General Hospital	Ronnie Rigger, MPOG Coordinating Center
James Xie, Stanford	Ruchik Sharma, University of Virginia
Jerri Heiter, St. Joseph Mercy Ann Arbor	Ryan Bradstreet, Bronson Health
Jessica Wren, Henry Ford Health System	Sydney Brown, Michigan Medicine
Joe Cravero, Boston Children’s	Tiffany Malenfant, MPOG
Jon Halem, Penn State	Vikas O’Reilly-Shah, Seattle Children’s

Meeting Summary

(4:15) 2021 Year in Review

- Membership update: added 3 new pediatric hospitals this year:
 - Helen DeVos Children’s Hospital, Grand Rapids, MI
 - American Family Children’s Hospital, Madison, WI
 - UNC Children’s Health, Chapel Hill, NC
- 1,936,607 total pediatric cases in MPOG as of December 2021
- Congrats to Wes Templeton (Wake Forest) and team on their recent publication in Anesthesiology! [Hypoxemia in Young Children Undergoing One-lung Ventilation: A Retrospective Cohort Study](#)
- MPOG QI measures vetted for Pediatrics
 - TOF Monitoring (NMB 01)
 - Neuromuscular Blockade Reversal (NMB 02)
 - Transfusion Vigilance (TRAN 01)
 - Overtransfusion (TRAN 02)
 - Multimodal Analgesia (PAIN 01)
 - PONV Prophylaxis (PONV 04)
- OME Dashboard now features pediatric-specific measures for Tonsil & Adenoidectomy, Spine, and

(8:05) 2022 Plans

- **Measures**
 - Neuromuscular blocker dosing in Infants (NMB 03-Peds)
 - Antibiotic Timing (ABX 02- Peds)
 - Pediatric Specific Transfusion Vigilance (TRAN 03-Peds)
 - Pediatric-Specific Overtransfusion (TRAN 04-Peds)
- **Phenotypes (for research or quality measure/project development)**
 - [Age \(groups\)](#)
 - [BMI Percentile \(peds\)](#)
 - [BMI Classification \(peds\)](#)
 - [Pediatric Hospital Affiliation](#)
- **Surgical Site Infection Toolkit**
 - Plans to update current toolkit with recent literature
 - Develop pediatric specific [toolkit](#) and publish by end of 2022
 - Contact Meridith if interested in collaborating on this project!
- **2022 Meeting Schedule**
 - Pediatric Subcommittee Meetings:
 - February 16, 2022
 - May 18, 2022
 - August 17, 2022
 - MPOG Updates at SPA Q&S
 - April 2, 2022
 - October 22, 2022
 - MPOG Annual Retreat: October 2022

(12:45) Formation of MPOG Peds Interest Groups

- Member driven component of the MPOG peds subcommittee
- Feature 1-2 projects per meeting
- Goal of fostering collaboration among pediatric anesthesiologists and sparking ideas of how MPOG data can be useful in projects of interest
- Projects of Interest thus far:
 - **(15:00) Postoperative Mortality Rate in Pediatrics** (see slides for presentation from Dr. Ruchika Sharma, UVa and contact her directly if interested in learning more: rs4ad@hscmail.mcc.virginia.edu)
 - Interested in forming a group to review pediatric mortality cases in MPOG with the goal of developing a common risk adjustment model for all children's hospitals to use across the United States.
 - Methodology would include programmatic introspective meetings once a month to review the raw unadjusted mortality cases to guide which risk adjustment model to use (PRAM, ASA score or other)
 - **(29:20) PONV Guideline Validation (see slides for presentation from Dr. Lucy Everett, MGH)**
 - [2020 PONV Guidelines](#) released in A&A
 - If interested in studying compliance with new PONV 04 measure vs. PONV incidence, contact Lucy Everett (LEVERETT@mgh.harvard.edu)
 - Discussion regarding excluding specific case types or only include GA cases as the adult population has opted to do.
 - **Subcommittee recommendation:** Proceed with excluding cases with natural airway cases from PONV 04 for now. In the meantime, continue to move forward

with study to investigate incidence of PONV in patients requiring ‘MAC’ only or GA with natural airway to see if the measure needs to expand to additional case types.

- SSI Prevention
- Minimizing Colloid Use
- One Lung Ventilation

(54:05) Normothermia Measure Review - Vikas O’Reilly-Shah (Seattle Children’s)

- Thermoregulation Vigilance (Active Warming) ([TEMP 01](#))
 - Percentage of cases that active warming was administered by the anesthesia provider
- Core Temperature Monitoring ([TEMP-02](#))
 - Percentage of cases with increased risk of hypothermia that the anesthesia provider documented at least one core temperature intraoperatively for any patient receiving a general anesthetic
- Intraoperative Hypothermia ([TEMP-04](#))
 - Percentage of patients < 18 years old who undergo any procedure greater than 30 minutes and have a Median core/near core body temperature > 36C (96.8F)
- **Postoperative Hypothermia ([TEMP-03](#))**
 - Definition: Percentage of patients who undergo general or neuraxial anesthesia for 60 minutes duration or longer for whom a body temperature was ≤ to 36 degrees Celsius (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time
 - In May 2019 target was raised for all patients regardless of age from 35.5 to 36.0
 - Proposed updates:
 - **Modify temperature target?** (36.0 vs 36.5 for neonates and infants)
 1. *Discussion: US News and World Report uses 36.0 as the standard for their quality metric. Though not a source to necessarily base this ASPIRE measure on, should be considered.*

	36.0 C	36.5 C
Neonates/Infants < 1mo. old	Brozanski et al., 2020 (STEPP IN)	WHO, 1995 Trevisanuto et al., 2018
Children < 5yrs old		Torrosian et al., 2015

■ **Temperature - site of measurement?**

1. In general, approach has been to reject skin temps
 2. Small study examining temperature measurement site during anesthesia. Axillary temperature was significantly lower and less well correlated with core temperature than temporal artery or nasopharyngeal temperature (P < 0.001) ([Sahin et al., 2012](#))
 - a. Handling of temps with no site recorded? (EMR issue)
 - b. Failure to measure?
- **Subcommittee recommendation:** Will move this discussion to the ASPIRE Basecamp Forum as there was not enough time to discuss before the meeting ended.

Meeting Concluded @ 2:02pm