



Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Pediatric Subgroup Meeting Minutes – February 16, 2022

Attendance:

Morgan Brown, Boston Children's	Ruchika Sharma, University of Virginia
Lauren Madoff, Boston Children's	Brad Taicher, Duke
Ellen Choi, University of Chicago	Vivian Onyewuche, Henry Ford Detroit
Olga Eydlin, NYU Langone	Archana Ramesh, Yale New Haven
Lucy Everett, Massachusetts General	Jerri Heiter, St. Joseph Mercy Ann Arbor
Amber Franz, University of Washington	Jessica Wren, Henry Ford Macomb/Wyandotte
Ruchika Gupta, University of Michigan	James Xie, Stanford Hospital
Bishr Haydar, University of Michigan	Manal Saad, MPOG Coordinating Center
Lori Riegger, University of Michigan	Nirav Shah, MPOG Coordinating Center
Lisa Vitale, University of Michigan	Kate Buehler, MPOG Coordinating Center
David Moore, Vanderbilt Medical Center	Meridith Bailey, MPOG Coordinating Center
Amanda Lorinc, Vanderbilt Children's	Ronnie Riggat, MPOG Coordinating Center
Eva Lu-Boettcher, University of Wisconsin	Andrew Zittleman, MPOG Coordinating Center
Wes Templeton, Wake Forest	Mike Burns, MPOG Coordinating Center
Susan Vishneski, Wake Forest	Tory Lacca, MPOG Coordinating Center
Vikas O'Reilly-Shah, Seattle Children's	Rob Coleman, MPOG Coordinating Center

Meeting Summary

(19:20) Upcoming Events

- Mar 5, 2022 SPA Quality & Safety Meeting (virtual)
- April 1-3, 2022 SPA-AAP Conference, Tampa, FL
 - Meridith attending in person. If interested in meeting up to discuss MPOG peds program don't hesitate to reach out! (meridith@med.umich.edu)

(20:20) December 2021 Meeting Recap

- **PONV-04-peds**
 - Updated to exclude 'MAC/Sedation' cases (natural airway cases) as determined by the [Anesthesia Technique: General](#) phenotype
- **PAIN-01-peds**
 - Updated to exclude EP/Cath and Open Cardiac cases as determined by the new [Procedure Type: Cardiac Surgery](#) phenotype
 - Local anesthetic algorithm improved
 - Update will be pushed to the QI dashboard on 2/21/22
- **Postoperative Hypothermia (TEMP-03)**
 - Should the temperature threshold for neonates and infants be updated from 36C to 36.5C?
 - Option 1: Keep measure threshold at 36°C , add age group filter to dashboard

- Option 2: Build new measure (TEMP-08-ped), Limit to patients age < 1mo, threshold of 36.5°C
 - Blinded data across MPOG pediatric sites for postoperative hypothermia was presented (see slides)
 - Discussion:
 - *Vikas O'Reilly-Shah (Seattle Children's)*: Issue with TEMP 08 may result in low volume; may be better to go with option 1 since you can view all different age groups and potentially more data
 - *Lisa Vitale (University of Michigan)*: Do we have any data regarding what percentage of these cases are already being flagged?
 - See slide 10-11 of slide deck for performance scores for normothermia in neonates & infants
 - *Wes Templeton (Wake Forest)*: Scores are not great for maintaining normothermia in infants at the 36.5 threshold. Almost ¾ of sites are above 20% incidence of hypothermia with the 36.5 definition
 - *James Xie (Stanford)*: You'd obviously be quite alarmed with such a high flag rate - depends on how you use this data to drive change though (or not). If we don't call it out, we might not have an impetus to improve?
 - **Conclusion:** Will move this proposal to the pediatric basecamp forum to see if we can gain consensus around option 1 (threshold remains at 36 and add filters to dashboard) vs. option 2 (build new TEMP 08 measure for pts < 1 month with 36.5 threshold)

(33:10) Formation of MPOG Peds Interest Groups

- Member driven component of the MPOG peds subcommittee
- Fostering collaboration among pediatric anesthesiologists and sparking ideas of how MPOG data can be useful in projects of interest
- Goal to feature 1-2 projects per meeting
- Introduced a pediatric mortality workgroup during the last subcommittee meeting
- Members of this workgroup will
 - Receive a monthly report of mortality cases (cardiac and/or non-cardiac) from your institution to review
 - Perform standardized review of cases
 - Meet regularly to discuss findings with other MPOG pediatric reviewers and identify trends
- If interested in joining contact Meridith (meridith@med.umich.edu)
- Blinded mortality rates across MPOG pediatrics sites was presented. See slides.

(38:10) Survey Results: MPOG Peds 2022 Planning

- 20 Survey Responses. Thank you!!
- **Pediatric Workgroup Interests**
 - Mortality (8)
 - PONV (7)
 - Surgical site Infection (6)
 - Normothermia (3)
 - Pain Management (2)
 - Cardiac (1)
- **High QI Interest**
 - (5) Neuromuscular Blockade (Assessment / Reversal / Residual Blockade)

- (5) Normothermia
- (4) Cardiac Specific (ERAS / Early Extubation / FEIB / NIRS Monitoring)
- (4) Postoperative Nausea and Vomiting
- **Medium QI Interest**
 - (3) Glycemic Management
 - (3) Infection Control
 - (3) Medication Safety
 - (2) Pain Management / Regional Anesthesia
 - (2) Blood Management
- **Other Reported QI Interests**
 - Cardiac Arrest
 - Operational Efficiency
 - PACU Length of Stay
 - Decreased Case Cancellations
 - Throughput
 - *Minimizing Colloid Use
 - NPO Compliance
 - *Sustainability
 - Clinical Deterioration
 - Liver Transplant
 - *Low MAP
 - EEG Monitoring
- **Discussion:** What pediatric QI measures should MPOG consider building this year?
 - *Wes Templeton (Wake Forest)*: NMB residual blockade
 - *Brad Taicher (Duke)*: Linking process measures to outcomes would be ideal.
 - *Vikas O'Reilly-Shah (Seattle Children's)*: Sustainability would be a great focus area. ASPIRE has a SUS 01 measure examining gas flows in the OR but may be interesting to specifically examine volatile use in the pediatric population given the unique use case of 'masking down' patients with gas
 - *Nirav Shah (MPOG Quality Director)*: SUS 02 will be coming soon to assess global warming footprint using FGF and inspired gas used.
 1. *Vikas O'Reilly-Shah (Seattle Children's)*: Peds-version of that measure may consider evaluating global warming footprint (same measurement) but only for the time period of induction
 - *Vikas O'Reilly-Shah (Seattle Children's)*: DEI is a key focus area at our site and would be great to be able to evaluate ASPIRE measures in the context of potential disparities
 - *Nirav Shah (MPOG Quality Director)*: there is a race/ethnicity filter on the ASPIRE dashboard that can help facilitate this assessment
 - **Conclusion:** Key focus areas seem to be sustainability, NMB, and DEI. Bishr to reach out to the SPA workgroup to get the sustainability conversation started and determine what measure may be a good first step.

(56:50) Next Meeting: Unblinded Pediatric Data Review

- We will begin sharing unblinded data at our next pediatric subcommittee meeting on May 18th, 2022
- Site QI Champions will be notified that unblinded data will be shared. They will have the opportunity to opt out
- All participants will be required to sign a confidentiality agreement prior to the meeting
 - A separate registration for this meeting will be required

- Only active MPOG sites will be able to participate and view the data
 - We encourage low/high performers on the pediatric measures to speak to the care they provide and current barriers they face. Facilitates further discussion and provides additional context to the comparison scores on the dashboard
- (58:50) **FLUID-02-PEDS** (Minimizing Colloid Use in pediatrics)
- Brad Taicher proposed a new fluid measure: see slide 27 for specification details.
 - Discussion:
 - *Vikas O'Reilly-Shah (Seattle Children's)*: No longer stocked on anesthesia carts in ORs at our center which has drastically mitigated the use since providers have to contact pharmacies to obtain and administer.
 - *Meridith Bailey (MPOG Coordinating Center)*: If there is no opposition to building this measure, we can move forward with coding and will present preliminary results at the next subcommittee meeting.
 - **Conclusion**: Move forward with building FLUID-02-PEDS

Meeting Concluded @ 151 pm EST