Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, March 16, 2016

Attendees: P=Present; A=Absent; X=Expected Absence

P	Joshua Berris – Beaumont	**P**	Tory Lacca, MBA – U Michigan
P	Daniel Biggs, MD – Oklahoma	**P**	Bhiken Naik – U of Virginia
P	Robert Craft – Tennessee	**P**	Bala Nair, PhD – U of Washington
P	Jurgen de Graff - Utrecht	**P**	Nathan Pace, MD – Utah
P	Greg Giambrone, MS – Weill Cornell	**P**	William Paganelli, MD – Vermont
P	Shelley Housey, MPH – U Michigan	**P**	W. Pasma - Utrecht
P	Sachin Kheterpal, MD – U Michigan	**P**	Amy Shanks – U of Michigan
P	Kai Kuck - Utah	**P**	Scott Springman – U of Wisconsin

Ground Rules for PCRC:

1. Each protocol must have specific testable hypothesis with data available in MPOG data structure
2. People requesting specific data elements must also supply that data type to MPOG. If you don't submit that data type currently, then you can't get that type of data type out. However, if you have a co-investigator from another site that does supply that data, then you can ask for that type of data. The reason is so someone on the research team understands the limitations of each data element being requested and used
3. To ensure that there is not a lack of clarity about what the status of the proposal is, each proposal will get the following overall decision at the end of each presentation and discussion
    a. Accept with minimal or no changes required
        i. E-mail revision to PCRC
    b. Accept with moderate changes required
        i. Represent at a future PCRC
        ii. E-mail Revisions to PCRC
    c. Revise and reconsider at future meeting
    d. Reject
4. Meeting will be recorded to be shared later with members of MPOG via the MPOG website. There were no objections to this via the members that were on the call.

Meeting Minutes

- Dr. Berman's alarm limit study has been circulated for approval. Please email comments to Sachin, Shelley and Dr. Berman
- AKI revision to was circulated last week for approval
- Transfusion study addition to statistical analyzes was circulated last week for approval
- Jurgen de Graaff has resubmitted his manuscript
- Mike Aziz has resubmitted his manuscript on Failed DL
- MPOG as a group currently does not have any procedural manuscripts. These will be brought to PCRC for review. To kick start this process internally, we have existing data diagnostics and we are going to submit a couple abstracts to the ASA (deadline April 5th). Are people ok with this?
    - There are no objections to this from the PCRC group

Proposal: Phantom Limb pain After major amputation: a retrospective Transatlantic study with Active follow-up (PLATA 2) – PCRC 0030

PI: Philipp Lirk, MD PhD

Institution: AMC – Amsterdam

1. Is the first phase of this purely descriptive to describe how amputations are managed or are you trying to illicit the relationship between the two?
    a. Ideally would like to get patient outcomes from having a patient go on-line and complete the questionnaire.
2. Find the patients via MPOG case ID's and then we would send to back the site and they will contact the patient to fill out the questionnaire. MPOG will aggregate the data but MPOG will not see the ID's of the patients.
3. MPOG has approximately 8,000 patients that fit the inclusion criteria. Many of whom that are probably not alive anyone. The form will allow us to identify who completed the questionnaire.
4. Do we want a descriptive paper alone or do we wish to as the initial project contacting the patients?
    a. How about if we do two separate manuscripts? First phase, describing these patients and the second project is collecting the data.
        i. There was agreement this was a good idea by PCRC members
5. Change the primary outcome to exposure to a regional technique. Percentage of patients that get a block/spinal/etc. We could include hospital level reporting mortality in this as well.
6. Question about the use of MPOG for this purpose. The site IRB clearly states we will not contact MPOG. I separate IRB will need to be done as at each site for this project.
7. Procedures of interest – upper and lower extremities?
    a. Yes look at the entire range of amputations
8. If we are looking at adjuncts, these may not be included in the anesthesia record but rather the hospital record. We may not have great data for this in MPOG. What are truly focused on?
    a. Primary anesthetic
    b. How are the multimodal adjuncts documented at each site?
        i. These are not documented at any site except for Utrecht and Michigan
        ii. Multimodal defined as ketamine intraoperative we can address
        iii. Multimodal defined as preop use is not documented
        iv. Multimodal is a weak secondary analysis
9. Time span – Jan 2011 – current
10.

Voting:

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**Abstain**
Beaumont	**Revise – Electronic**
Cleveland Clinic	**Not on call**
Columbia	*
Mercy Health System	*
New York University	*
Oregon Health Science University	**Revise – Electronic**
St. Joseph	*
University Medical Center of Utrecht	**Revise – Electronic**
University of Colorado	*
University of Florida	*
University of Michigan	**Revise – Electronic**
University of Pennsylvania	*
University of Oklahoma	*
University of Tennessee	**Revise – Electronic**
University of Utah	**Revise – Represent**
University of Vermont	**Revise – Electronic**
University of Virginia	**Revise – Electronic**
University of Washington	*
Vanderbilt	*
Washington University , St. Louis	*
Weill-Cornell Medical Center – New York Presbyterian	**Revise – Electronic**
Yale	*

*Not on call

Final Decision : Revise – Electronic Revisions