Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, October 9, 2017

Attendance:

Michael Aziz (Oregon)	**Michael Mathis (Michigan)**
Joshua Berris (Beaumont)	**Masakatsu Nanamori (Henry Ford)**
Ruth Cassidy (Michigan)	**Leif Saager (Michigan)**
Douglas Colquhoun (Michigan)	**Nirav Shah (Michigan)**
Robert Craft (Tennessee)	**Amy Shanks (Michigan)**
Germaine Cuff (NYU Langone)	**Allie Thompson (Michigan)**
Leslie Jameson (Colorado)	**Kevin Tremper (Michigan)**
Shelley Housey (Michigan)	**Marilyn Larach (presenter)**
Sachin Kheterpal (Michigan)	**Wietze Pasma (Utrecht)**
Kai Kuck (Utah)	**Ken Cummings (Cleveland Clinic)**
Thomas Klumpner (Michigan)	**Peter Coles (Bronson-Kalamazoo)**
Kamal Maheshwari (Cleveland Clinic)	**Karen Posner (UWash)**
Dan Biggs (Oklahoma)	**Karen Domino (UWash)**
Paul Picton (Michigan)	**Fabian Kooji (AMC)**

Announcements:

- Annual MPOG Retreat – please register if you have not already done so
- Congratulations to PCRC 021 team on accepted manuscript at A&A
- PCRC 001 revision for BMJ
- EOS enrollment complete – starting on 1-month follow-up calls; preliminary results to be presented at ASA MPOG retreat

PCRC 0048: Trends in intraoperative transfusion thresholds and association with post-operative outcomes: A Report From the Multicenter Perioperative Outcomes Group (MPOG)
Principal Investigator: Douglas Colquhoun, MB ChB, MSc, MPH
Institution: University of Michigan

Discussion/Questions

- Q: Time factor – fixed effect versus mixed effect model depending on whether linear trend in data?
- Q: Altitude factored into transfusion practice at University of Colorado. Should University of Colorado data be a relative change versus absolute value.
    - A: Institution survey for hemoglobin protocol.
    - A: Institution-level analysis built into protocol.
    - A: No formal documentation in EHR of altitude-based reason for hemoglobin level.
    - A: Consider stratifying.
- Q: Why capturing data from only 2012 onward?
    - A: Data has more gaps (spotty) if you look further back; 2012 onward provides continuous data
    - Q: Is 4-center paper from 2010-2016 better than 7-center paper from 2012-2016?
        - A: Snapshot of the data is valuable (characterizing where we are now), even if you cannot define linear trend
- Q: What population is being excluded? Concern over procedural service when populations are very different (cancer patients).
    - A: Surgeries based on 19 bucketed groups for major body region (anesthesia CPT codes)
    - A: Elixhauser comorbidities included in analysis
    - A: Neurosurgery cases currently excluded
    - A: Elixhauser comorbidities for cancer. May consider cancer patient subgroup analysis.
- Q: Depending on the case/surgeon, may transfuse without waiting
    - A: Large blood loss cases will not meet inclusion – only trying to capture discretionary transfusion cases.
- Comment: Could look at specific clusters of patients/case types where transfusions are more common.
- Comment: Analysis should look at hemoglobin and other characteristics that influence transfusion practice.
- Comment: PCRC 022 also looks at transfusion practice.
- Comment: Reason to transfuse is more important than strictly hemoglobin.
- Comment: ASA and post-op renal function should be accounted for in the analysis.
    - A: Yes, both of those are included in our analysis.
- Comment: No direct measure of postoperative transfusion. Consider single-center study to validate capturing postoperative transfusion.
- Comment: What is clinically relevant change in intraoperative hemoglobin transfusion level over time? Change of 1/2? Change of 1? And where the transfusion level started.
    - Q: Absolute level is more important than change.
        - A: One analysis is trying to address this.

FINAL DECISION: Accept

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**Accept**
Beaumont	**N/A**
Bronson	**N/A**
Children's Hospital of Orange County (CHOC)	**N/A**
Cleveland Clinic	**N/A**
Columbia	**N/A**
Henry Ford	**Accept**
Holland	**N/A**
Memorial Sloan Kettering	**N/A**
NY Langone	**Accept**
Oregon Health Science University	**Accept**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**N/A**
University Medical Center of Utrecht	**Accept**
University of Colorado	**Accept**
University of Michigan	**Abstain**
University of Oklahoma	**Accept**
University of Pennsylvania	**N/A**
University of Tennessee	**Accept**
University of Utah	**Accept**
University of Vermont	**N/A**
University of Virginia	**N/A**
University of Washington	**Accept**
Vanderbilt	**N/A**
Wake Forest	**N/A**
Washington University, St. Louis	**N/A**
Weill-Cornell Medical Center – New York Presbyterian	**N/A**
Yale	**N/A**

PCRC 0047: Frequency of Succinylcholine Use in Various Anesthetizing/Sedating Locations
Principal Investigator: Marilyn Larach, MD, FAAP

Discussion/Questions

- Comment: Different from typical MPOG project since historically only present projects from actively contributing institutions. Would like committee's thoughts on whether we should be doing a project like this and on the scientific merit of the project.
    - A: Great proposal, fully in support of it.
    - Q: How good is the classification of mapping locations?
        - A: Some institutions map to ASC, but others could send specific OR numbers or prefixes that signify ASC location.
        - Q: Should we send email to MPOG institutions asking for location mappings if we don't see acute care hospital vs. attached ambulatory vs. free-standing cases?
            - A: Yes, this would be helpful.
- Comment: Current hypothesis aims to inform recommendation for Dantrolene use. MPOG can only offer incidence data on succinylcholine use. Whether Dantrolene should be recommended is patient safety or cost effectiveness project.
    - A: Paper will present the data and in the discussion any limitations of the data, potentially providing a suggestion, but that the action should depend on formal cost-benefit analyses and patient safety outcome data (outside scope of this project). This could help inform MHAUS on where to go next, but not to come out with the Dantrolene recommendation from this paper.
- Comment: Clearly separate science from recommendations.
    - A: Restate MPOG hypothesis.
- Q: Include region of the country?
    - A: Previous literature has looked at region of the country. May fragment the data too much.
- Comment: Manuscript will be circulated to MPOG/PCRC.
- Comment: Consider mapping location completeness when looking at inclusion time periods.

FINAL DECISION: Accept (with changes)

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**Accept**
Beaumont	**N/A**
Bronson	**N/A**
Children's Hospital of Orange County (CHOC)	**N/A**
Cleveland Clinic	**Accept**
Columbia	**N/A**
Henry Ford	**N/A**
Holland	**N/A**
Memorial Sloan Kettering	**N/A**
NY Langone	**Accept**
Oregon Health Science University	**Accept**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**N/A**
University Medical Center of Utrecht	**Accept**
University of Colorado	**Accept w/changes**
University of Michigan	**Accept**
University of Oklahoma	**Accept w/changes**
University of Pennsylvania	**N/A**
University of Tennessee	**Accept**
University of Utah	**N/A**
University of Vermont	**N/A**
University of Virginia	**N/A**
University of Washington	**Accept w/changes**
Vanderbilt	**N/A**
Wake Forest	**N/A**
Washington University, St. Louis	**N/A**
Weill-Cornell Medical Center – New York Presbyterian	**N/A**
Yale	**N/A**