Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, March 12, 2018

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 no changes
    b. Accept with minor changes send revision electronically
    c. Accept with major changes and represent at PCRC
    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.

Attendance:

Michael Aziz (Oregon)	Meghan Lane-Fall (Pennsylvania)
Amit Bardia (Yale)	Sean Mackey (Stanford)
Josh Berris (Beaumont)	Mike Mathis (Michigan)
Dan Biggs (Oklahoma)	Patrick McCormick (Memorial Sloan Kettering)
Ruth Cassidy (Michigan)	David Monks
Douglas Colquhoun (Michigan)	Anna Nachamie (Weill Cornell)
Germaine Cuff (NYU Langone)	Nicole Pescatore (Michigan)
Alex Evers (Wash U)	Leif Saager (Michigan)
Adit Ginde (Colorado)	Nirav Shah (Michigan)
Shelley Housey (Michigan)	Allie Thompson (Michigan)
Sachin Kheterpal (Michigan)	Kevin Tremper (Michigan)
Kai Kuck (Utah)	Richard Urman (Brigham & Womens)
Tory Lacca (Michigan)	Robert White (Weill Cornell)

Welcome

- New members: Brigham and Women's, MGH, UCLA

IARS/Clinical Research Consortium: Tuesday, May 1, 2018 from 1:00 p.m. – 4:00 p.m. in Chicago

- MPOG Happy Hour Monday April 30th 18:00-20:00 CST Hyatt Regency Lobby Bar
- 4/6 current CTN proposals utilized MPOG infrastructure

PCRC 056: The Association of Race with Utilization of Antiemetic Prophylaxis in the Multicenter Perioperative Outcomes Group

PI: Robert White, Weill Cornell

- Q: Do we have insurance type in the MPOG dataset?
  - A: No, instead we are using race as the primary predictor.
- Q: Any plans to look at interactions between race and other sociodemographic variables?
  - A: Yes, part of our a priori plan is stratified analyses – we will stratify on gender, age to determine if any confounders
- Q: What is the rationale for including all case types in a wide bucket? Would it make sense to look at one specific case type?
  - A: Initial plan is to look at most frequent procedures and include all for generalizable. Secondary analysis may include stratification for procedure type. Some planned exclusions a priori. For increased generalizability and external validity, we would like to include all cases.
- Comment: Institutional policy around standards for PONV prophylaxis – surprised the previous paper was able to show variability.
  - A: Agreed, that is where the Bayesian analysis may be beneficial. Some hospitals have alerting systems for PONV risk factors, while other hospitals do not.
- Q: Hypothesis focuses on 2 PONV medications (dexamethasone, ondansetron) - how will you account for other medications?
  - A: We will adjust for the other ones in the analysis, however these are the two primarily used ones.
  - Comment: If your hypothesis only focuses on 2 – what about those with multiple risk factors?
  - Q: Should we change the hypothesis to focus on all ant-emetic medications?
    - A: Yes, since you have to take the PONV risk factors/compliance into account with your analysis.
  - Comment: Exposure variable should be number of anti-emetics (instead of specific ones), since different institutions use different medications.
    - Comment: Agreed.
- Comment: Use of volatile anesthesia concept ID should be included as a confounder since it has been shown to increase risk for PONV.
  - Comment: Will also add propofol infusion concept.
- Comment: Different anti-emetic usage across various procedure types.
- Comment: Institutional, provider practice patterns - may want to control for anesthesia attendings who are high/medium/low anti-emetic administrations. You could use the data to determine a physician-level variable.
- Comment: Should you include pain management information.
  - Comment: May be a follow-up study. Might be harder to capture pain management aspects.

Final Decision: Accept with electronic revisions

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**N/A**
Beaumont	**N/A**
Bronson	**N/A**
Children's Hospital of Orange County (CHOC)	**N/A**
Cleveland Clinic	**N/A**

Columbia	**N/A**
Henry Ford	**N/A**
Holland	**N/A**
Memorial Sloan Kettering	**N/A**
NY Langone	**Accept with electronic revisions**
Oregon Health Science University	**Revise and represent**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**Accept with electronic revisions**
University Medical Center of Utrecht	**N/A**
University of California Los Angeles	**N/A**
University of Colorado	**Accept with electronic revisions**
University of Michigan	**Accept with electronic revisions**
University of Oklahoma	**Accept with electronic revisions**
University of Pennsylvania	**N/A**
University of Tennessee	**N/A**
University of Utah	**Accept with electronic revisions**
University of Vermont	**N/A**
University of Virginia	**N/A**
University of Washington	**N/A**
Vanderbilt	**N/A**
Wake Forest	**N/A**
Washington University, St. Louis	**Accept with electronic revisions**
Weill-Cornell Medical Center – New York Presbyterian	**Abstain**
Yale	**Accept with electronic revisions**

PCRC 026: Intraoperative Transitions of Anesthesia Care and Postoperative Adverse Outcomes

PIs: Leif Saager and Meghan Lane-Fall
Institutions: Michigan and Pennsylvania
Status: Re-present

- Since last presentation of PCRC 026, we've added NSQIP outcomes, short care episodes, time of day when handovers occur, checklist items for handovers/structured interview delivered over the phone to each institution to identify institutional variation, MVC data for Michigan hospitals
- Q: Do we have any way of examining scheduled versus actual duration in the MPOG database?
    - A: We have actual surgical duration, but not scheduled duration.
    - Comment: What about deviation from mean/median case duration?
        - A: Glance article just published looked at duration variability by CPT codes.
    - Comment: Can we compare across same surgeon?
        - A: Would have very small sample size per surgeon.
    - Comment: Define institution and anesthesia CPT codes for prolonged procedure if >75th percentile.
- Q: Fellow, attending, resident may be present – fellow sometimes stays throughout the case – but not the resident. How will you manage this?
    - A: If one person leaves, not a handover. Looking for role-to-role handover. Calculate overall number of handovers and stratify by roles.
    - A: May need to add elements to structured interview – and describe the role that fellows play.
- Q: Are you including OB cases?
    - A: Exclude labor and delivery cases. And any non-operative obstetric procedures.
- Q: Is there an opportunity to use knowledge from cognitive interview and produce a set of questions that can be built out for future studies – validated/tested questions.
    - A: Absolutely a possibility. Should follow up offline on how to delve into creating long-term concepts/variables available for future use from these interviews.

Final Decision: Accept

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**N/A**
Beaumont	**N/A**
Bronson	**N/A**
Children's Hospital of Orange County (CHOC)	**N/A**
Cleveland Clinic	**N/A**
Columbia	**N/A**
Henry Ford	**N/A**
Holland	**N/A**
Memorial Sloan Kettering	**Accept with electronic revisions**
NY Langone	**Accept with electronic revisions**
Oregon Health Science University	**Accept**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**Accept**
University Medical Center of Utrecht	**N/A**
University of California Los Angeles	**N/A**

University of Colorado	**Accept**
University of Michigan	**Abstain**
University of Oklahoma	**Accept**
University of Pennsylvania	**Abstain**
University of Tennessee	**N/A**
University of Utah	**Accept**
University of Vermont	**N/A**
University of Virginia	**N/A**
University of Washington	**N/A**
Vanderbilt	**N/A**
Wake Forest	**N/A**
Washington University, St. Louis	**N/A**
Weill-Cornell Medical Center – New York Presbyterian	**N/A**
Yale	**Accept**

Updates

- MPOG EOS update
    - Please upload and link EOS data to MPOG data

- PROSPER presentation
    - PROspective Study of Perioperative Experience and Recovery (PROSPER)
    - Active and passive patient reported outcomes captured via smartphone application to help understand daily experience before/after surgery
        - Active completion of validated surveys
        - Passive activity data collection by phones
    - Download the MyDataHelps application from app store
        - Currently available for iPhone users, Android version should be available soon
    - Current pilot at the University of Michigan in a passive way (no study coordinators) via flyers in clinics and patient rooms
        - May look at more active recruitment methods
        - Hoping to rollout to other institutions in 4-6 weeks
    - Will distribute included surveys to institutions
    - As part of the consent process, we ask for surgical location – will probably install blinded-record index to hash characteristics and match to MPOG Case ID within the registry

- MPOG PACU data readiness
    - Sites are starting to test PACU data submission into MPOG

- ASA Abstract deadline upcoming – please inform the coordinating center if you are submitting an abstract using MPOG data

- MPOG membership fee structure
    - Budget plan for sustainability of MPOG
    - January 2019 tiered participation plan