Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, April 9, 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)	Leslie Jameson (Colorado)
Amit Bardia (Yale)	Tory Lacca (Michigan)
Dan Biggs (Oklahoma)	Mike Mathis (Michigan)
Ruth Cassidy (Michigan)	Ozcan Mehmet (Oklahoma)
David Clark (Michigan)	Nathan Pace (Utah)
Germaine Cuff (NYU Langone)	Nicole Pescatore (Michigan)
Robert Craft (Tennessee)	Karen Posner (University of Washington)
Brian Daley (Tennessee)	Robert Schonberger (Yale)
Marcel Durieux (Virginia)	Kevin Schuster (Yale)
Jesse Ehrenfeld (Vanderbilt)	Leif Saager (Michigan)
Shelley Housey (Michigan)	Allie Thompson (Michigan)

Welcome:

- Welcome to the University of Arkansas!

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

PCRC 055: The role of perioperative antibiotics and the risk of surgical site infections after general and vascular surgery

PI: Dr. Robert Schonberger and Dr. Amit Bardia, Yale School of Medicine

- Comment: Two pieces to this project –1) Utilize MPOG dataset to describe pattern of antibiotic utilization; 2) link antibiotic use to NSQIP outcomes
- Q: How are you going to define "appropriate" antibiotics for a specific patient?
    - A: Can follow guidelines linked with CPT codes
    - Q: How will you account for patient allergies? etc.?
        - Comment: By institution, look at percentages of antibiotics used.
        - Comment: Public health relevance for descriptive aim – if certain institutions are using broader spectrum antibiotics then could be actionable change. May not incorporate into the SSI outcome portion of the project.
- Comment: Could be two separate manuscripts – descriptive and outcome.
    - Response: Agreed
- Comment: Choice/dose/redoes are accurately documents; timing may be inaccurate (just keep in mind)
    - Response: potential limitation of the study
    -
- Comment: Include allergies as covariate
    - Response: Agreed
- Comment: Hypothermia – how to reduce temperature artifact?
    - Response: could consider median temperature
- Comment: Valuable study to just describe antibiotic use and any institutional policies regarding default antibiotics
- Comment: Median FIO2
- Q: Has the NSQIP SSI data been validated?
    - A: All NSQIP data is nurse abstracted via chart review; patients receive a letter at 30 days to report back complications and receive follow-up call from nurse
- Comment: Suggest penalized regression to restrict number of covariates
- Comment: Authorship for surgical NSQIP champions
    - Will be part of the analysis/writing/publication
    - For the 6 sites contributing NSQIP data, we reached out to invite surgical champion to the PCRC.
    - Contributing institutions: Utah, Oregon, St Joseph Ann Arbor, Tennessee, Vermont, Virginia, Yale
- Comment: Straightforward technical process for uploading NSQIP data into MPOG

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	**N/A**
NY Langone	**Accept**
Oregon Health Science University	**Electronic Revisions**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**Approve**
University Medical Center of Utrecht	**N/A**
University of California Los Angeles	**N/A**
University of Colorado	**Accept**
University of Michigan	**Accept**
University of Oklahoma	**Accept**
University of Pennsylvania	**N/A**
University of Tennessee	**Accept**
University of Utah	**Electronic Revisions**
University of Vermont	**N/A**
University of Virginia	**Electronic Revisions**
University of Washington	**Approve**
Vanderbilt	**Electronic Revisions**
Wake Forest	**N/A**
Washington University, St. Louis	**N/A**
Weill-Cornell Medical Center – New York Presbyterian	**N/A**
Yale	**Abstain**
Brigham and Women's	**N/A**
MGH	**N/A**

PCRC 051: Is Anesthesia Caregiver Specialization Associated with Improved Postoperative Adverse Outcomes?

PI: Dr. Leif Saager and Dr. Michael Burns, University of Michigan

- Q: How do you adjust for patient or case severity differences within the same type of procedure?
    - A: Propensity score matching will account for that.
- Comment: Consider including OR location into covariates (ambulatory surgery center versus main hospitals versus specific OR location within the main hospital) and require some of the fields to be exact locations (OR location)
- Comment: Need to account for advanced practice professionals that specifically do a type of procedure
- Comment: How are you handling resident cases?
    - Currently we exclude cases with residents.
    - Depending on the centers, this will be a huge chunk of cases.
    - Is there value in looking at residents as a separate group based on faculty involvement?
        - Ignore resident signal and just look at attending signal
- Comment: Concerns over what to include in the model – many characteristics are included in choice of personnel assignment that do not translate into MPOG database (knowledge of faculty skillset)
    - Definitely human factor limitations in what is available in MPOG dataset
- Comments:
    - Retracted paper in Anesthesiology which ranked providers based on volume
    - Propensity score matching – inverse probability weighting
    - Include resident flag on each case
    - Change the word “expert”
- Comment: High volume versus high percentage of cases?
    - Could argue using either
    - Include one as primary analysis and one as a sensitivity analysis
    - Surgical literature indicates surgical volume baseline values
- Comment: Decide which outcomes are biologically plausibly linked to anesthesia provider from the composite outcome
    - May affect the validity of previously published outcomes
    - Shift outcomes to those that are biologically plausible

Final Decision: Revise and Represent

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	**Revise and represent**

Oregon Health Science University	**Electronic revisions**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**Electronic revisions**
University Medical Center of Utrecht	**N/A**
University of California Los Angeles	**N/A**
University of Colorado	**Electronic revisions**
University of Michigan	**Abstain**
University of Oklahoma	**Electronic revisions**
University of Pennsylvania	**N/A**
University of Tennessee	**Electronic revisions**
University of Utah	**Revise and represent**
University of Vermont	**N/A**
University of Virginia	**Revise and represent**
University of Washington	**Revise and represent**
Vanderbilt	**Revise and represent**
Wake Forest	**N/A**
Washington University, St. Louis	**N/A**
Weill-Cornell Medical Center – New York Presbyterian	**N/A**
Yale	**Electronic revisions**
Brigham and Women's	**N/A**
MGH	**N/A**

MPOG PACU data readiness

- 60 PACU concepts developed

Open Discussion

- Please let us know if you submitted an abstract to the ASA using MPOG data

Next Meeting: May 14, 2018