ASPIRE Collaborative-Wide Meeting Summary
July 20, 2018

Attendance

- 60 ASPIRE participants including 26 anesthesiologists
- Slides and recordings (if available) of the presentations can be accessed on our website
- CME credit (3.75 credits) are available for those that attended the meeting. Please follow the link to complete the evaluation and receive your certificate: Survey Link

Announcements- Tory Lacca

- Meeting dates released for 2019
    - o MSQC / ASPIRE Collaborative Meeting, Friday, April 5, 2019, Schoolcraft College
    - o ASPIRE Collaborative Meeting, Friday, July 26, 2019, Location TBD
    - o MPOG Retreat, Friday, October 18, 2019, Orlando, Florida

ASPIRE Updates- Dr. Nirav Shah

- Opioid equivalency dashboard to be released soon. Examines intraop opioid use across ASPIRE hospitals.
- CPT prediction to be made available in the next month to benefit sites that are not able to send professional fee codes to ASPIRE before dashboard and measure feedback emails are distributed.
- Transfusion Toolkit available!
- Reviewed handover audits and reminded that MQUARK tool available for auditing PACU handoffs
- PROSPER: web-based application fueling a study to collect patient reported outcomes data. Includes surveys and passive data from mobile phones. All sites encouraged to participate. No additional IRB requirement. Just post a flyer in your preop or surgical clinics!
- MOCA attestation reminder: please remind clinicians to attest case review to obtain MOCA credit.
- ASPIRE to partner with Michigan Society of Anesthesiologists (MSA) to help improve anesthesia care in Michigan by informing non-ASPIRE hospitals in Michigan of ASPIRE QI work and opportunities.

Developing a Culture of Performance Improvement- Dr. Jim Bagian

- Providing information on outcomes is only the FIRST STEP
    - o This generates the *discussions* we need to have at ASPIRE collaborative meetings… change only happens when addressing the WHY of the problem
- "Human Error" has preceding cause… extolling providers to try harder is not always the answer

- Systems-based improvements (e.g. redesigning default settings on ventilators) is usually better than requesting providers be more diligent → QI champions should feel empowered to make practice-wide changes
- Culture of Performance Improvement starts with transparency.
- Conduct pilots in small subsamples: Demonstrate that change is feasible by piloting first with volunteers
- Create a respect for work: carve out time for individuals to do the work, don't rely on the work to be done in 'free time'
- Recognize the power of both process and outcome measures: need both!
- More data doesn't necessary mean better. Understand the data available first.

QI Stories

- SJMHS PONV Protocols, Dr. Traci Coffman
    - Using Trello to educate providers regarding QI work including ASPIRE measures
    - PONV measure and algorithm embedded in Trello as a reference for providers
- Beaumont Royal Oak PACU TOC Protocols, Dr. Matt Price
    - Implemented checklist to improve PACU handoffs- posted tools in PACU bay.
    - Addressed cultural issues first by setting expectations for behavior when conducting handoff process.
    - Coaching and audits performed in the PACU to drive change in behavior and workflow
    - Feedback: Could be useful to assess both handover content *and handover behavior*
- Holland Anesthesia Department QI Work, Dr. Chris Wedeven
    - Summarized quality improvement efforts in a community hospital using the private practice anesthesia model.
- Henry Ford Health System W. Bloomfield Lung Protective Ventilation Strategies, Dr. William Hightower
    - Worked with Epic to embed triggers and alerts into the documentation system to aid providers in administering lung protective strategies.

Risk Adjustment and Outcomes Measures- Dr. Mike Mathis

- Outcomes measures should be considered in the context of healthcare value
- Provider attribution becomes more difficult for outcomes that have increased healthcare value but are measured farther out after surgery.
- Importance of risk adjustment explained, specifically in the context of comparing providers or institutions to one another.

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Technical Updates- Katie Buehler

-   Now collecting preop and PACU data from sites using Import Manager
-   Batch MRN Lookup Tool and Measure Case Report Tool: ACQRs using them each month and report greater efficiency in case review as a result
-   Risk Adjusted scores published to dashboard for AKI 01: Available July 23, 2018

Measure Feedback- Dr. Leif Saager

-   Open forum discussion to receive feedback on ASPIRE existing and future measures
-   Potential measure development focusing on specific populations, such as frail adults
-   Operational measures considered as new direction for ASPIRE
-   Number of handovers per case suggested as a new measure in addition to handover performed
-   Combine PEEP and TV measures

How Informational Measures Inform Your Practice and are the Basis of Change- Dr. Douglas Colquhoun

-   Significant variation in approaches to care exist within and between different anesthesia groups.
-   This variation may be an opportunity to discuss practice patterns, rationales and understand impact on patient outcomes
-   However, it is not appropriate to apply thresholds or standards to topics which lack a strong evidence base for a "best practice"