Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, August 13, 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:

Miscellaneous Notes:

- ASA registration for the MPOG retreat (October 12, 2018) is open on the website

PETAL and MPOG:

- MPOG is potentially submitting an RFP to capture ICU data as part of the PETAL initiative
- More information to follow if we do submit and are accepted

PCRC 062: Clustering Anesthesiology Case Data and Reinforcement Learning Decision Analysis
PI: Dr. Mike Burns, MD/PhD (University of Michigan)

- Comment: Platform of most common methods used for a specific procedure type in the MPOG universe (educational tool for now)
- Comment: All we can show is the anesthetic path – not necessarily the anesthetic plan
- Comment: Add self-identified training level of the provider
- Comment: If a certain path does not have at least 50 cases, then nothing will be displayed.
- Q: Is the plan to link across surgical registries for outcomes?
    - A: Yes, that would be great to integrate with other registries.
- Q: Are the right decisions being displayed?
    - A:
- Q: Does the path include blood pressure measurements or just medications?
    - A: A-line is in the path; BP measurements will be in the outcomes section
    - A: Path are distinct decision points which occur once or multiple points for the providers.
- Q: Do you have an ongoing INO balance?
    - A: INO balance in an outcome.
    - A: This is more a snapshot tool instead of an intraoperative management tool.
    - Comment: May still be good to display INO balance in the visualization.
- Q: How is case type defined?
    - A: Defined by CPT code and procedure text (natural language processing).
    - A: Groupings are filtered and categorized.
- Q: How much specificity in the last column?
    - A: Will break this up into more groupings. Also, there will be procedure-specific groups.
    - Comment: Display will be targeted for procedure type.

Final Decision: Accept

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**N/A**
Beaumont	**N/A**
Brigham and Women's	**Accept**
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**
MGH	**N/A**
Memorial Sloan Kettering	**N/A**
NY Langone	**N/A**
Oregon Health Science University	**Electronic Revisions**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**Accept**
University Medical Center of Utrecht	**N/A**
University of Arkansas	**N/A**
University of California Los Angeles	**N/A**

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

PCRC 065: Management of mechanical ventilation for major surgery – impact on postoperative complications

PI: Dr. Randal Blank, MD/PhD (University of Virginia)

- Comment:
- Q: Driving pressure has greater importance than previously perceived – has this been around a long time?
    - A: NEJM paper put driving pressure on the map, but there have been other papers.
    - Comment: No studies have looked at changing driving pressure and outcomes.
- Comment: New methods for covariance balancing – allow for continuous treatment rather than dichotomizing.
- Q: Currently, the primary end points are pneumonia, unplanned intubation or failure to ween. Do you think that these exposures of interest are able to impact those specific outcomes as opposed to others?
    - A: We are only able to look at the outcomes available in MPOG data. NSQIP database is not as granular as STS.
- Comment: This proposal includes NSQIP outcomes – we previously said that we would keep surgeon champions informed of any proposals that use NSQIP data. Please forward this proposal on to your surgeon champions. If your NSQIP data upload into MPOG is outdated, please refresh the upload.

Final Decision: Accept

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**N/A**
Beaumont	**N/A**
Brigham and Women's	**Accept**
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**
MGH	**N/A**
Memorial Sloan Kettering	**N/A**
NY Langone	**N/A**
Oregon Health Science University	**Accept**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**Accept**
University Medical Center of Utrecht	**N/A**
University of Arkansas	**N/A**
University of California Los Angeles	**N/A**
University of Colorado	**Accept**
University of Michigan	**Abstain**
University of Oklahoma	**N/A**
University of Pennsylvania	**N/A**
University of Tennessee	**N/A**
University of Utah	**Accept**
University of Vermont	**N/A**

University of Virginia	**Abstain**
University of Washington	**N/A**
Vanderbilt	**Accept**
Wake Forest	**N/A**
Washington University, St. Louis	**N/A**
Weill-Cornell Medical Center – New York Presbyterian	**N/A**
Yale	**N/A**

PCRC 064: The Frequency of Difficult Tracheal Intubation in Obstetric Patients: A Report from the Multicenter Perioperative Outcomes Group Research Consortium
PI: Dr. Sharon Reale, MD (Brigham and Women's Hospital)

- Q: Preliminary estimate of how many C-section cases with GA.
  - A: Approximately 10,000 cases
- Q: Is duration of labor something you would be interested in?
  - A: Duration of labor is not included in MPOG dataset.
- Q: Are you planning on excluding repeat C-sections?
  - A: May need to exclude 2 general anesthesia C-sections.
- Q: When you are matching – were you planning on matching by institution or across institutions.
  - A: Match by institution.
- Comment: Will have to manually review all potential cases for difficult airway.
  - Comment: Expecting to only have to review 300-500 cases.
- Comment: Ensure that predictors of difficult airway are not used as selection criteria.

Final Decision: Accept

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**N/A**
Beaumont	**N/A**
Brigham and Women's	**Abstain**
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**
MGH	**N/A**
Memorial Sloan Kettering	**N/A**
NY Langone	**N/A**
Oregon Health Science University	**Accept**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**Accept**
University Medical Center of Utrecht	**N/A**
University of Arkansas	**Accept**
University of California Los Angeles	**N/A**
University of Colorado	**Accept**
University of Michigan	**Abstain**
University of Oklahoma	**N/A**
University of Pennsylvania	**N/A**
University of Tennessee	**N/A**
University of Utah	**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	**N/A**

Weill-Cornell Medical Center – New York Presbyterian	**N/A**
Yale	**N/A**