Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, September 17, 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:

Mike Aziz (OHSU)	Bhiken Naik (Virginia)
Dan Biggs (Oklahoma)	Nathan Pace (Utah)
David Clark (Michigan)	Nichole Pescatore (Michigan)
Karen Domino (U Washington)	Julia Rosenbloom (MGH)
Ruth Cassidy (Michigan)	Saager, Leif (Michigan)
Germaine Cuff (NYU Langone)	Robert Schonberger (Yale)
Adit Ginde (Colorado)	Amy Shanks (Michigan)
Sachin Kheterpal (Michigan)	Allie Thompson (Michigan)
Tory Lacca (Michigan)	Kevin Tremper (Michigan)
Mike Mathis (Michigan)	Shelley Vaughn (Michigan)
Graciela Mentz (Michigan)	Robert White (Weill Cornell)
Anna Nachamie (Yale)	

Miscellaneous Announcements:

- Please register for the MPOG retreat on October 12, 2018 at the Hyatt Regency
- Each PCRC proposal requires IRB approval from the institution responsible for completing the analysis
- External statistics server for all analyses moving forward
- NSQIP export format was changed; MPOG import function will be working on the new format in the next few weeks
- Qualtrics survey will accompany each PCRC manuscript circulated prior to journal submission – please complete the survey to attest to your inclusion in the group authorship designation or acknowledgements section of each manuscript
- October's PCRC will most likely be cancelled – next meeting is November 12, 2018

PCRC 0067: The prevalence of intravenous remifentanil use for labor analgesia in the Multicenter Perioperative Outcomes Group
PI: Dr. Robert White
Institution: Weill Cornell

- Comment: May not be able to call it a prevalence study, but consider a title surrounding safety of remifentanil use
    - Comment: Depending on the number of included sites, may consider referring to this as a characteristic study instead of prevalence study.
- Comment: Pharmacy data may be able to identify these cases
    - Comment: A large portion of the data may not be included in the MPOG data extract
- Comment: Using Data Direct, the research team was able to identify thousands of cases meeting the study inclusion/exclusion criteria
    - Comment: May want to reach out to the institutions triggering the Data Direct query to confirm accurate data.
    - Comment: MPOG could provide the list of institutions with the data meeting the inclusion/exclusion from Data Direct.

Final Decision: Electronic Revision

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

Wake Forest	**N/A**
Washington University, St. Louis	**N/A**
Weill-Cornell Medical Center – New York Presbyterian	**Abstain**
Yale	**Electronic Revision**

PCRC 0068: Racial differences in induction times in pediatric anesthesia practice: A retrospective cohort study from the Multicenter Perioperative Outcomes Group Research Consortium
PI: Dr. Julia Rosenbloom
Institution: Massachusetts General Hospital

- Q: How well is race captured within the MPOG database?
    - A: Not every center contributes race.
    - A: May have enough race data from some centers.
- Q: Are there other factors influencing induction time?
    - A: We tried to capture covariates that may influence induction time.
    - Q: What about surgeon presence? Is that captured within the MPOG dataset?
        - A: May not have the same wait times for pediatrics cases.
    - A: Whatever the delays are, might be interesting to find whether the differences exist by race.
    - Comment: Should capture provider or institution characteristics – OR type, provider ID or frequency of pediatric cases per year by tertile, provider level (resident versus CRNA)
- Comment: Tried to be specific about what groups the cohorts are capturing and included stages of modeling.
- Comment: May have a lot of missing data for height to determine BMI – may consider using standard percentile calculation.
- Q: Have you looked at variability in your local data?
    - A: Results from institutional level data are contained within the power analysis in the protocol.
    - Comment: May want to exclude outliers.
- Comment: Not all centers contribute induction timestamps – and concerns over accuracy of the timestamps.
    - A: Acknowledge the limitation in variability of indication end times. May consider surrogate markers – ventilator parameters, ventilator mode.
- Comment: Findings may be related to IV placement time in peds.
    - Comment: Number of IV attempts may not be well documented.
- Q: What is dependent event for propensity score? What is the imputation procedure?
    - A: Will need to follow-up with statistician.
- Q: How do we know whether to interpret longer induction time as better or worse?
    - A: Study is trying to determine whether the times are different – regardless of better or worse.
- Comment: Exploratory analysis at institution-level to determine whether disparity exists based on institution.
    - Comment:

Final Decision: Accept

Institution	Vote
Academic Medical Center (AMC) Amsterdam	**N/A**
Beaumont	**N/A**
Brigham and Women's	**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**
MGH	**Abstain**
Memorial Sloan Kettering	**N/A**
NY Langone	**Accept**
Oregon Health Science University	**Electronic Revision**
St. Joseph/Trinity	**N/A**
Sparrow	**N/A**
Stanford	**N/A**
University Medical Center of Utrecht	**N/A**
University of Arkansas	**N/A**
University of California Los Angeles	**N/A**
University of Colorado	**N/A**
University of Michigan	**Accept**
University of Oklahoma	**Accept**
University of Pennsylvania	**N/A**
University of Tennessee	**N/A**
University of Utah	**Electronic Revision**
University of Vermont	**N/A**
University of Virginia	**N/A**
University of Washington	**Electronic Revision**
Vanderbilt	**N/A**
Wake Forest	**N/A**
Washington University, St. Louis	**N/A**
Weill-Cornell Medical Center – New York Presbyterian	**Accept**
Yale	**Accept**