



MICHIGAN MEDICINE  
UNIVERSITY OF MICHIGAN

# *Peeking Through the Keyhole:*

## *A Look at the Michigan Medicine QI*

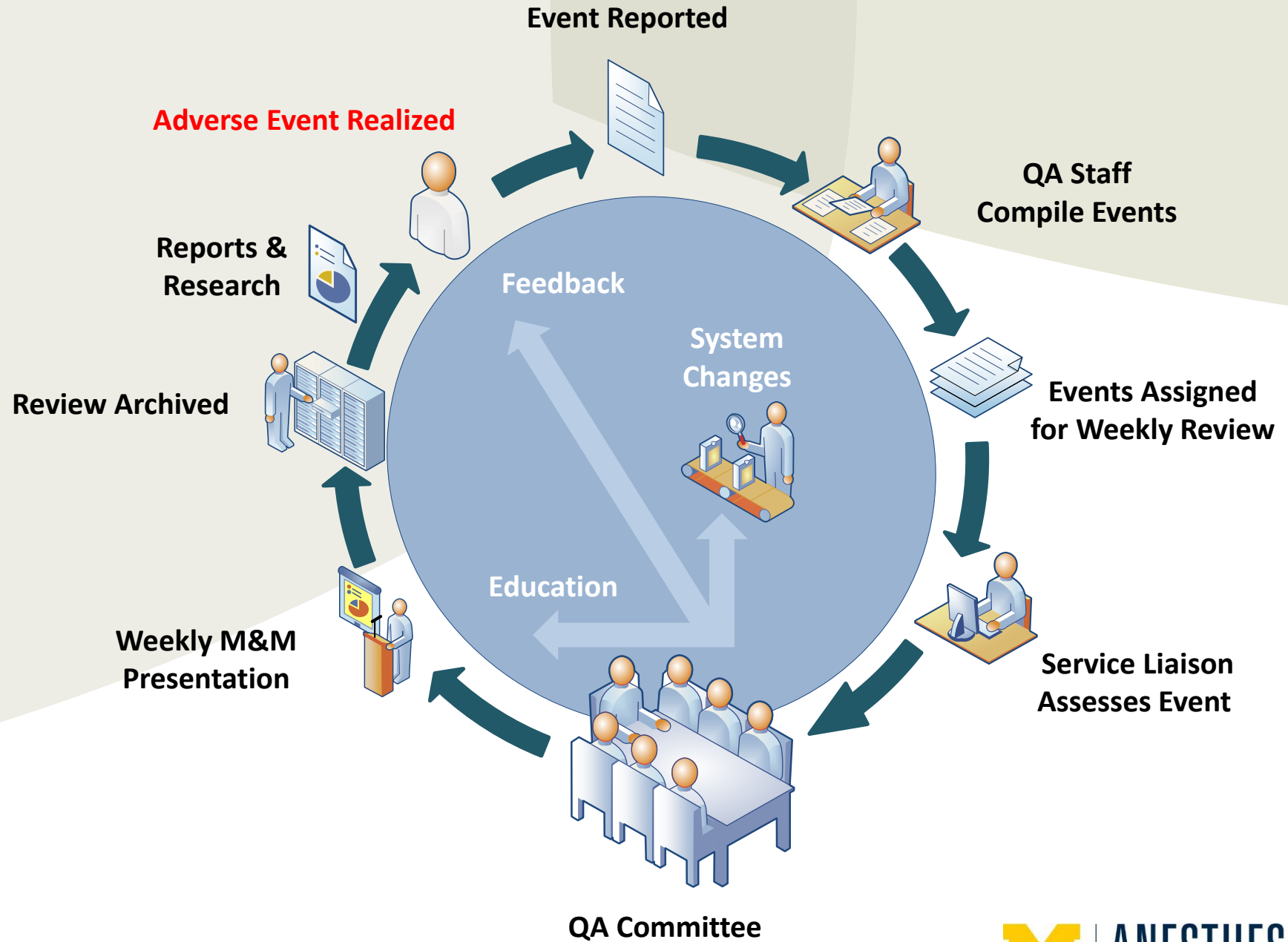


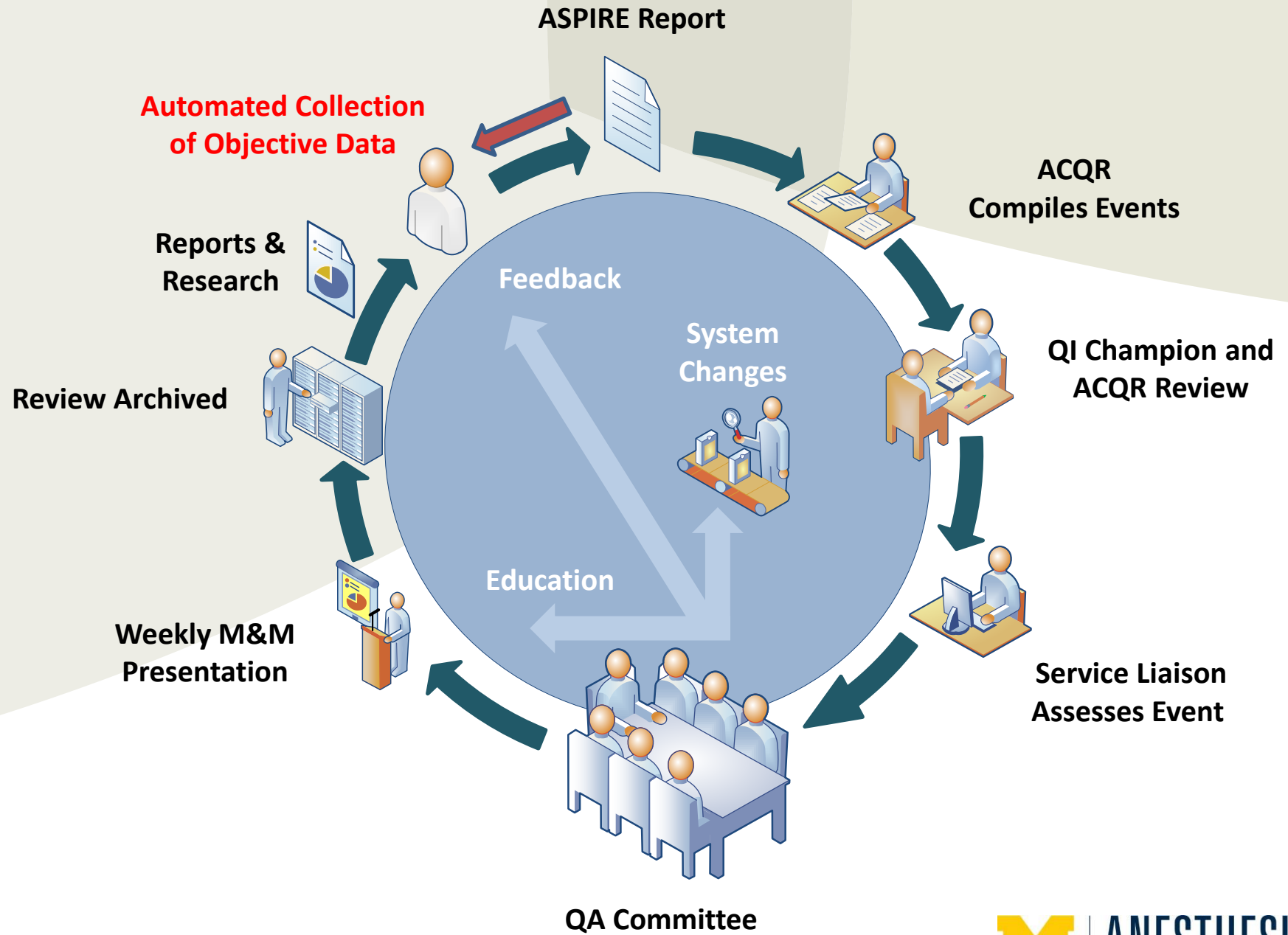
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# Overview

- *QA/QI Program at the University of Michigan*
- *Integrating ASPIRE metrics into QI process*
- *Expanding beyond QI – using ASPIRE for peer review*







# Focused Metric Review: GLU-01

GLU-01: Percent of cases with perioperative glucose > 200 mg/dL with administration of insulin or glucose recheck within 90 minutes of original glucose measurement.		GLU 01a: Perioperative glucose >200 with administration of insulin or glucose recheck within 90 minutes of original glucose measurement for the time period between Anesthesia Start and Anesthesia End.		GLU01b: Perioperative glucose >200 with administration of insulin or glucose recheck within 90 minutes of original glucose measurement for the time period between 2 hours before Anesthesia Start to 2 hours after Anesthesia End.		Success: * Administration of insulin within 90 minutes (either IV or sub Q routes) or * Recheck of glucose level within 90 minutes GLU 01a: Anesthesia Start and Anesthesia End		Inclusions: * Patients with and without diagnosis of diabetes * All patients with glucose level greater than 200 mg/dL between GLU 01b: 2 hours before Anesthesia Start to 2 hours after Anesthesia End		Exclusions: * ASA 5 and 6 cases * Patients < 12 years of age. * Glucose measurements > 200 mg/dL within 90 minutes before Anesthesia End for GLU 01a * Outpatient cases with Anesthesia Start to Anesthesia end time less than 4 hours long * Obstetric Non-Operative Procedures- CPT 01958, 01960, 01967 * Obstetric Non-Operative Procedure Rooms (Rooms tagged as OB-GYN – Labor and Delivery) * Obstetric Non-Operative Procedures with procedure text: "Labor Epidural"		Responsible Provider: The provider signed in at the first glucose recheck or first administration of insulin. If neither occurred, then the responsible provider is the one signed in 90 minutes after the high glucose measurement	
MRN	Surgical Service	DOS	Operating Room	Procedure	GLU-01 Result Reason	IF Insulin/ Time from Glucose lab	IF Recheck/ Time from Glucose lab	Has Anesthesia CPT (Y/N)	Responsible Attending	Responsible CRNA / Resident	Notes		
XXXXX	Transplant	7/31/18	U-OR 17	LAPAROSCOPIC LIVER RESECTIOLAPAROSCOPIC LOW ANTERIOR RESECTION	High Glucose Treated: High glucose: 229 at 11:05 AM, not treated within 90 minutes	N/A	91 min	No	XXXXXXXXX	XXXXXXXXX	following glucose lab taken at 12:36pm. (156)		
XXXXX	Radiology	7/24/18	IRCV07	BILATERAL IR ANGIOGRAM PULMONARY	High Glucose Treated: High glucose: 207 at 12:45 PM, not treated within 90 minutes	N/A	2hr 45min	No	XXXXXXXXX	XXXXXXXXX	12:05 (228), 12:45 (207), 15:30 (138). Next lab in PACU at 17:10 (157)		
XXXXX	Ophthalmology	7/17/18	U-OR 05	LEFT ENUCLEATION	High Glucose Treated: High glucose: 215 at 6:45 PM, not treated within 90 minutes	N/A	>3hrs	No	XXXXXXXXX	XXXXXXXXX	18:45 (215), 21:21 (216)		
XXXXX	Urology	7/2/18	U-OR 29	MIDLINE LAPAROSCOPIC CYSTECTOMY WITH DAVINCI [PHI]	High Glucose Treated: High glucose: 500 at 9:45 AM, not treated within 90 minutes	11:56 (2hrs, 11min)	2 hr 2 min	00864	XXXXXXXXX	XXXXXXXXX	11:47 (251) --> Insulin@11:56 -->14:06 (227)		



# Focused Metric Review: TRAN-02

**TRAN 02:** Percentage of cases with a post transfusion hemoglobin or hematocrit value less than or equal to 10 g/dL or 30%.

Inclusions:

\* Any patient that receives a red blood cell transfusion

Exclusions:

- \* Patients < 2 years of age
- \* Patients <12 years old undergoing a cardiac procedure (CPT: 00560, 00561, 00562, 00563, 00567, 00580).
- \* Pediatric cases (<12 years old) where either the transfused PRBC or EBL was greater than 30cc/kg.
- \* ASA 5 & 6
- \* EBL ≥ 2000ml
- \* Massive Transfusion: Transfusion of 4 or more units or 1200-1700 cc of blood

Success:

- \* Hematocrit value documented as < 30 and/or hemoglobin value documented as <10 g/dL
- \* No hematocrit or hemoglobin checked within 6 hours of anesthesia end

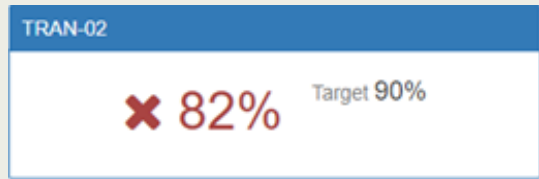
In a normal adult pt, 1 U of RBCs should raise the Hgb level by approx. 1 g/dL and the Hct by 3%

MRN	Surgical Service	DOS	Operating Room	Procedure	TRAN-02 Result Reason	EBL	Pt wt peds pts	Age (if <12)	All Transfusion Times	Hgb/Hct Time - Manual (centricity)	Hgb/Hct Time - Auto-pop (MiChart)	Failed TRAN 01 (Y/N)	Attributable Attendings	Attributable CRNA/Residents	Notes
XXXX	Cardiac	7/31/18	CVC-OR 02	MIDLINE CORONARY ARTERY BYPASS GRAFT	HCT/HGB documented as <= 30/10: No. HCT:34.000 documented at 7:34 PM	0	na	na	1819 (1 PRBC) 1905 (1 whole blood)	1526 (35) 1715 (3) 1800 (17) 1957 (34)	0416 (39.4) 1522 (35) 1728 (30) 1806 (17) 1934 (34)	No	XXXXXXXX	XXXXXXXX	Perhaps rechecking after first unit would have prevented second unit from being needed?
XXXX	Trauma	7/14/18	U-OR 27	I AND D - SPECIFY BODY SITE	HCT/HGB documented as <= 30/10: No. HCT:39.200 documented at 3:02 PM	20	na	na	0840 (1unit)	none	0050 (18.1) 0524 (20) 1502 (39.2)	No	XXXXXXXX	XXXXXXXX	were additional units given on the unit after anes end?
XXXX	Orthopedics	7/3/18	U-OR 34	POSTERIOR THORACIC/LUMBAR SPINAL FUSION WITH STEALTH AND O-ARM	HCT/HGB documented as <= 30/10: No. HCT:31.000 documented at 3:45 PM	1000	na	na	1316 (1 PRBC) 1342 (1 PRBC) 1500 (1 PRBC)	0910 (32) 1145 (31) 1430 (33) 1545 (33)	0913 (32) 1153 (31) 1429 (33) 1542 (33)	Yes	XXXXXXXX	XXXXXXXX	1000cc EBL but never a hct<30; Were VS compromised?
XXXX	Radiology	7/1/18	IRUH01	IR VASCULAR EMBOLIZATION	HCT/HGB documented as <= 30/10: No. HCT:33.000 documented at 2:03 PM	15	na	na	1311 (1 PRBC) 1312 (1 PRBC)	1300 (35) 1403 (33)	0833 (43.2) 1023 (41.7) 1308 (35) 1403 (33)	Yes	XXXXXXXX	XXXXXXXX	??

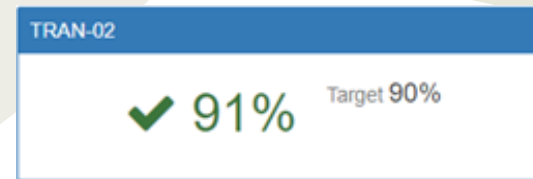


# Monthly Failed Cases Review

- Any P4P or QI project measures

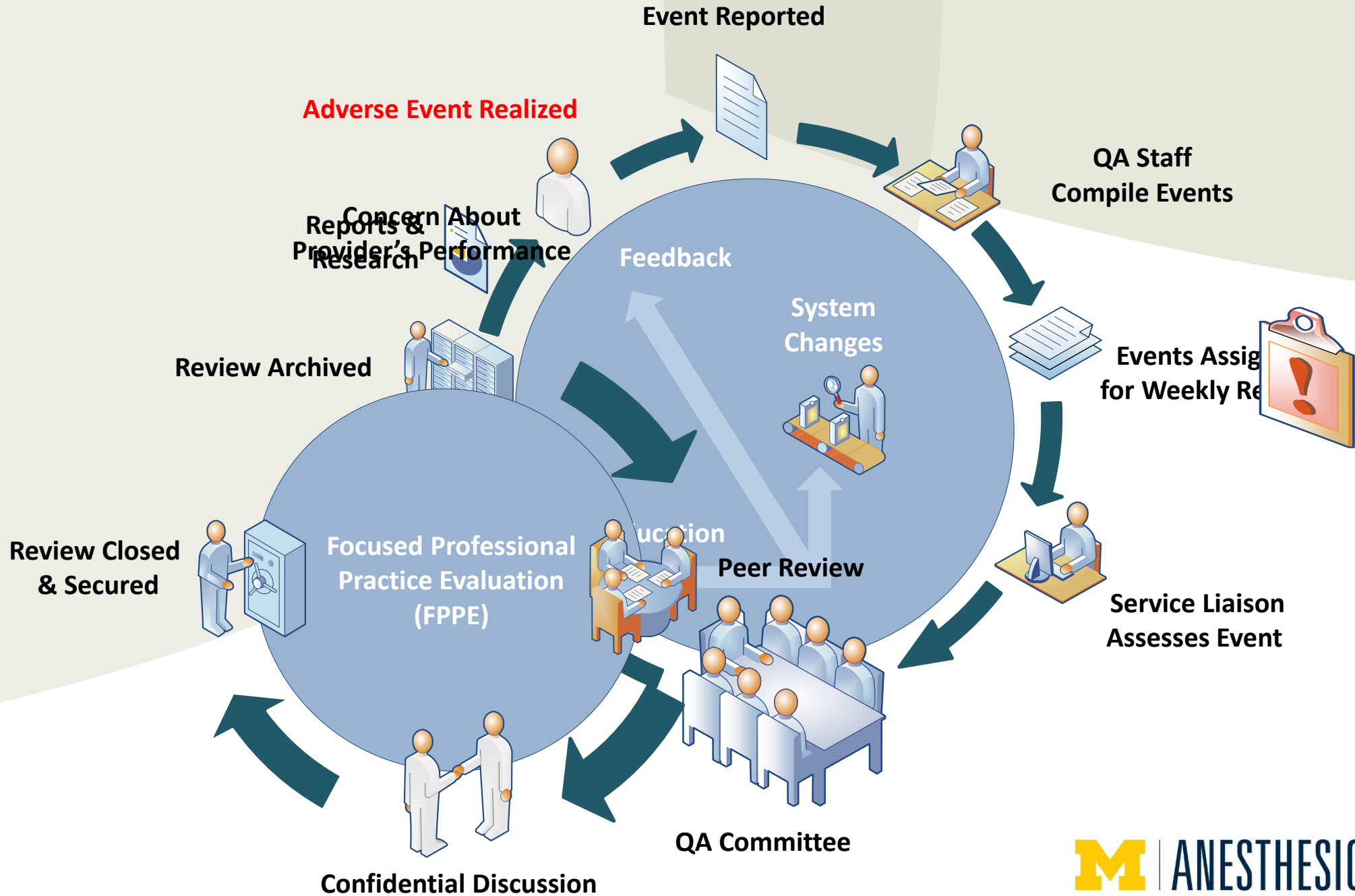


January 2017



July 2018

- Any measures with few (< 15?) failed cases
  - GLU-01, GLU-02, MED-01, TEMP-03
- At the request of individual providers: e.g. TEMP-01







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# Who's Afraid of Peer Review?

*"OPPE is a screening tool to evaluate all practitioners who have been granted privileges and to identify those clinicians who might be delivering an unacceptable quality of care."*

*"It is important to emphasize that OPPE is not designed to identify clinicians who are delivering good or excellent care."*

By Robert A. Wise, M.D.  
Medical Advisor  
The Joint Commission

*"If OPPE is not identifying any practitioner performance issues through its process, then the indications may not be as sensitive as they should be."*

*Methodologies for collecting information:*

*Periodic Chart Review*

*Direct Observation*

*Monitoring of diagnostic and treatment techniques*

*Discussion with other individuals involved in the care of each patient*

**Standards BoosterPak™ for Focused Professional Practice Evaluation/ Ongoing Professional Practice Evaluation (FPPE/OPPE)**



 The Joint Commission

The Joint Commission gratefully acknowledges the financial support provided by Hospira, Inc. for the development of this BoosterPak.

**M | ANESTHESIOLOGY**

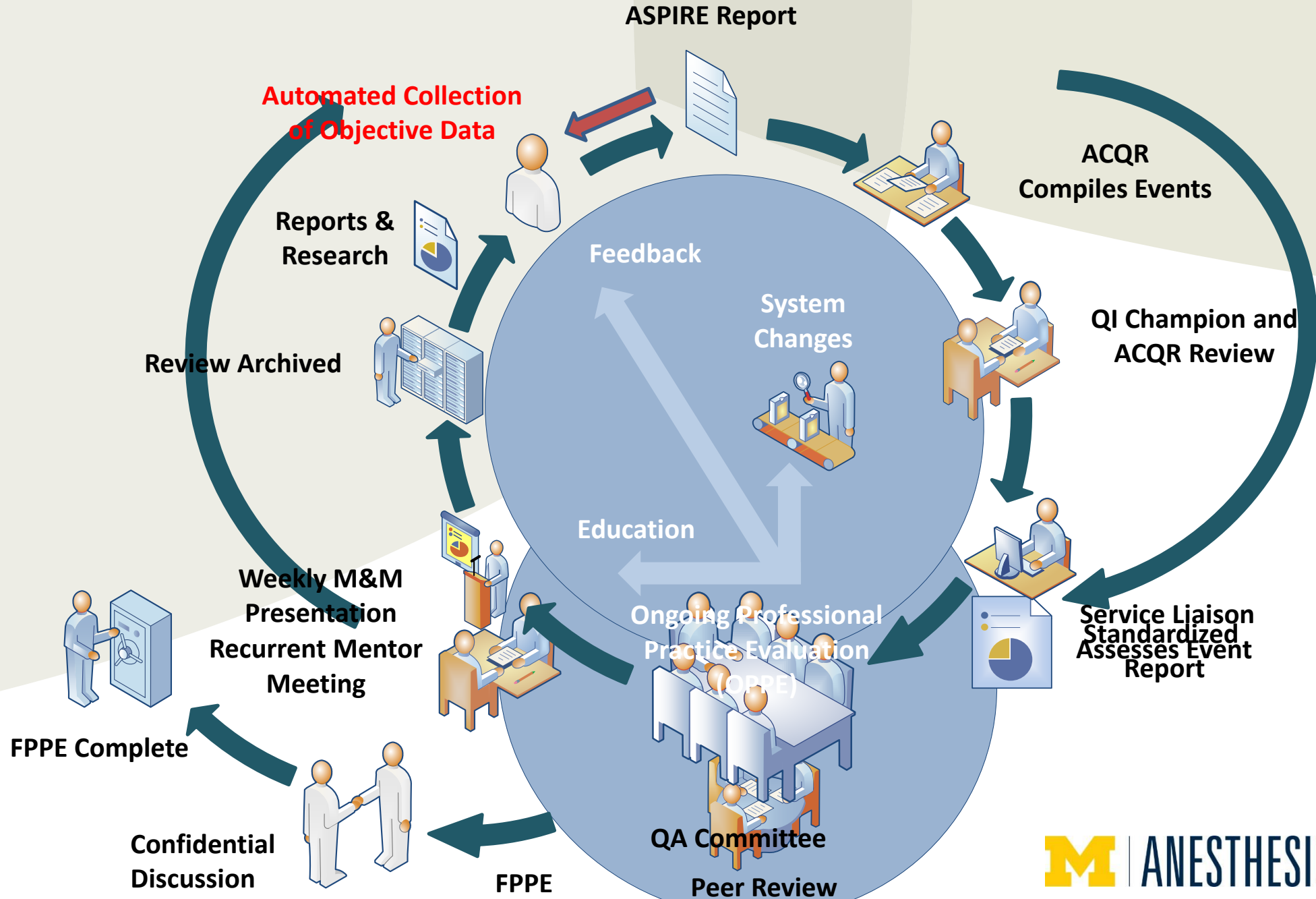


# *Picking the Right Metrics*

- *Relevant to clinical practice*
- *Objective criteria*
- *Meaningful sample size*
- *High level of compliance*
- *Should be part of OPPE*
- *Reported frequently*

***PULM-01, NMB-02, TEMP-03***







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**QUALITY**

THE RACE FOR QUALITY HAS NO FINISH LINE-  
SO TECHNICALLY IT'S MORE LIKE A DEATH MARCH.

[www.despair.com](http://www.despair.com)

# *Thank you*

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**M** | ANESTHESIOLOGY