Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, November 12, 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)	Graciela Mentz (Michigan)
Dan Biggs (Oklahoma)	Patrick McCormick (Memorial Sloan Kettering)
Douglas Colquhoun (Michigan)	Bhiken Naik (Virginia)
Robert Craft (Tennessee)	Bill Paganelli (Vermont)
Germaine Cuff (NYU Langone)	Nichole Pescatore (Michigan)
Alexander Friend (Vermont)	Saager, Leif (Michigan)
Adit Ginde (Colorado)	Robert Schonberger (Yale)
Sachin Kheterpal (Michigan)	Nirav Shah (Michigan)
Tory Lacca (Michigan)	Shelley Vaughn (Michigan)
Mike Mathis (Michigan)	Jonathan Wanderer (Vanderbilt)

Miscellaneous Announcements:

- 2018 MPOG Retreat Recap -thank you for a wonderful and successful retreat!
- NSQIP export format change – MPOG import tool is updated to accommodate this change.
- PEDAL ICU network – will not proceed with official PEDAL application at this time, however, MPOG continues the initiative to capture PACU and floor data in the near future.
- Manuscript Updates:
    - PCRC 047 (Larach) – accepted at Anesthesiology; e-pub soon
    - Quite a few manuscripts under review with journals.
- Friday, November 30th is the deadline to submit letters of intent for IMPACT award. Please refer to the IARS website for more information.
- IMPACT session at the 2019 IARS conference will be Sunday, May 19, 2019. Please mark your calendars if you plan to attend.
- Collaboration among MPOG and local Yale colleagues, submitted NIA R01 looking at elderly induction dosing in the MPOG database and combined with CMS data for outcomes. Received a score within the funding range.

PCRC 0033: Perioperative Neuromuscular Blockade Reversal and the Impact on Post-Operative Complications after Surgery Involving Neuromuscular Blockade Agents
PI: Dr. Sachin Kheterpal
Institution: University of Michigan

- This is the representation of an original protocol – two components to this project, the descriptive analysis and outcomes analysis. We are currently representing changes to the outcomes analytic plan.
- Q: The change from ICD 9 to 10 codes may be occurring at the exact time that sites are starting to use sugammadex. Have you thought about how to account for this?
  - A: Algorithm incorporates ICD 9/10 codes for both comorbidities and outcome variables. We have not seen a change in reimbursement patterns for these conditions, but we will need to include this in the limitations section.
  - A: May be able to look for a big change at the aggregate reversal level – crude rate.
- Q: Time 0 decision (6-month window) – would it be beneficial to include 2 months prior to first case as this could be a mapping issue. Did not map sugammadex for the day it was rolled out – within Epic, folks were not clicking a structured field for sugammadex and MPOG mapping may not have been retroactively applied.
- Q: Post-period are only patients receiving sugammadex. What about the cases receiving neostigmine in the post-period? Why not include them?
  - A: Descriptive paper showed that after sugammadex became available there was clinical bias. Major difference between those receiving neostigmine versus sugammadex in the post-period that we may not be able to control for with covariates (time bias versus selection bias).
- Comment: Is there a way you can determine whether pulmonary complication was due to anaphylaxis versus residual NMB?
  - Great point – what is the best way to identify anaphylaxis?
    - Manual review of cases? Cases receiving any epi after sugammadex was administered.
- Comment: May need to account for cases where sugammadex was given before surgical incision?
  - Yes, we will need to adjust for that.
  - We are trying to use objective ways to account for this -times, dosing amounts

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	**N/A**
Memorial Sloan Kettering	**Accept**
NY Langone	**Accept**
Oregon Health Science University	**N/A**

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	**Accept**
University of Michigan	**Abstain**
University of Oklahoma	**Accept**
University of Pennsylvania	**N/A**
University of Tennessee	**Accept**
University of Utah	**Accept**
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**