Quality Presentation

How we are utilizing Trello

- Presented By: Daniel Applefield, M.D. QI Champion
- Peter Paik, M.D. Resident & Cheryl Quinn RN ACQR
- Date: November 26, 2018



BeRemarkable.

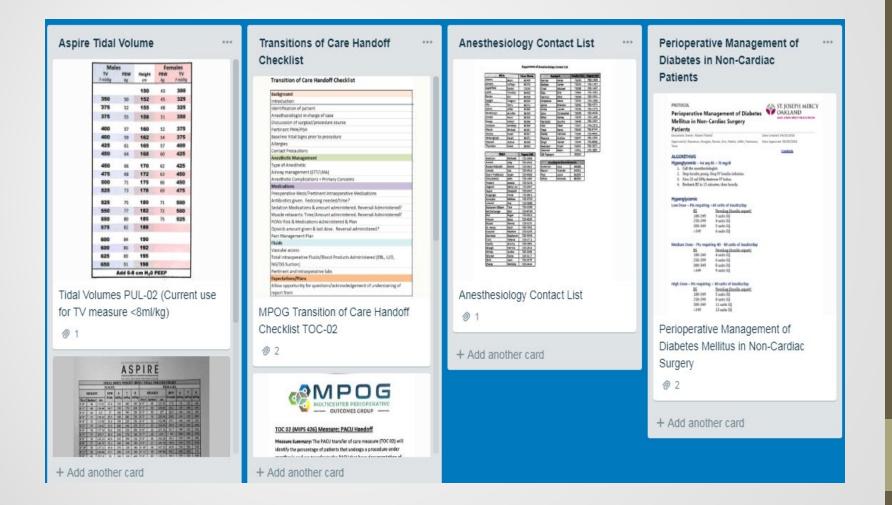
St Joseph Mercy Oakland is a 443 Bed Hospital with an attached Outpatient Surgery Center

- We have averaged 930 surgeries monthly over the past 7 months.
- 410 Inpatient & 520 Outpatient per month.
- Our Anesthesia Staff Consists of :
 - 24 MDA's
 - 18 Residents
 - 28 CRNA's
- OB and Endo are not currently included in MPOG data.

Let's Integrate MPOG's initiatives with our Anesthesia Resident's Quality Improvement requirements!

- After seeing Dr. Traci Coffman's MPOG presentation on Trello in Lansing this summer: What a great platform (FREE Webbased) to use for integration!
- Commonly used information all at your fingertips.
- Endless possibilities.
- Start with P4P measures.
- Adding MPOG Toolkits for Resident education & Quality projects.
- Perioperative Management of Diabetes in Non-Cardiac patients.
- ASA fasting Guidelines.
- ASA difficult Airway Algorithm.

Our Trello Board



Using Trello for Teaching and Quality Improvement

- Design Resident Quality Improvement Projects to encompass the Aspire measures.
- Lead resident will present the Toolkit to the resident group and instruct them on navigating the reference material on our Department's Trello Board. (Project started this past October)
- Lead resident will review failed cases with the resident outliers whose Dashboard measures need to improve to meet the target values set by MPOG.
- Residents with failed cases will submit in writing why the case failed to lead resident.
- Lead resident will either accept the reason or have the resident review the toolkit and pdf that defines the measure in detail.

- We are trying to create an instructional curriculum for the Anesthesia Residents where they police and educate themselves on monitoring the success of Quality Measures defined by MPOG.
- Eventually, this learning tool can be applied across multiple measures and be utilized with subsequent Anesthesia Resident Classes.
- We are in the process of working with a Lead CRNA to help with the education, implementation, and monitoring of MPOG measures with regard to our CRNA's. We hope to be able to utilize the instructional curriculum developed by our Residents in the education of our CRNA practitioners.

Our Trello Board is easy to navigate the referenced Aspire measures and other information for Quality Improvement Success!

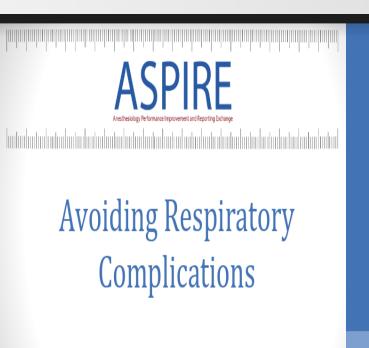
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Pec Block ≣	TRAN-02 @ 1	PUL-02	MED @ 1
Supraclavicular Nerve Block ≣	Pay for performance Toolkits	TOC-02	NMB @ 2
+ Add another card	+ Add another card	+ Add another card	+ Add another card



Perioperative Transfusion Stewardship







PONV-01

ASPIRE ONE PAGE



Measure Abbreviation: PONV 01 (MIPS 430)

*PONV 01 is built to the specification outlined by the <u>Merit Based Incentive Program (MIPS) 430</u>: Prevention of Post-Operative Nausea and Vomiting (PONV) – Combination Therapy measure. MIPS measure specifications are available for download at <u>https://app.cms.gov/resources/education</u>

Description: Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalational general anesthetic, AND who have three or more risk factors for post-operative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively.

NQS Domain: Patient Safety

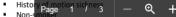
Measure Type: Process

Measure Summary:

The PONV 01 (MIPS 430) measure identifies the percentage of adult patients who undergo a surgical procedure under an inhalational general anesthetic, and who have three or more risk factors for postoperative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively or intraoperatively. The purpose of this process of care measure is to reduce the incidence of postoperative nausea and vomiting in adult surgical patients.^{1,2}

Inclusions:

- All patients, aged 18 years and older, who undergo any procedure including surgical, therapeutic, or diagnostic under an inhalational general anesthetic, AND who have three or more risk factors for PONV.
 - PONV Risk Factors:
 - Female gender
 - History of PONV



Intended administration of opioids for post-operative analgesia. This includes

HOSPITAL GUIDELINES

PROTOCOL

Prophylaxis for and Treatment of Postoperative Nausea and Vomiting

Document Owner: Hassan Hammoud

Date Created: 07/01/2016

Approver(s): Dascenzo, Douglas; Davies, Eric; Hakim, Joffer; Hannawa, Date Approved: 08/22/2016 Tana

CONTENTS

Purpose Scope <u>Risk Assessment Procedure</u> <u>Preoperative Prophylaxis</u> <u>Intraoperative Prophylaxis</u> <u>Treatment of PONV</u> Reference

PURPOSE

Postoperative nausea and vomiting (PONV) are common and distressing to patients. Current guidelines recommend specific prophylaxis based on risk facture and specific treatment when PONV occurs(Gan et al., 2014). This protocol specifies management based on guidelines.

SCOPE

All patients expected to receive general anesthesia in the Main Operating Room or the Ambulatory Surgery Center (ASC).

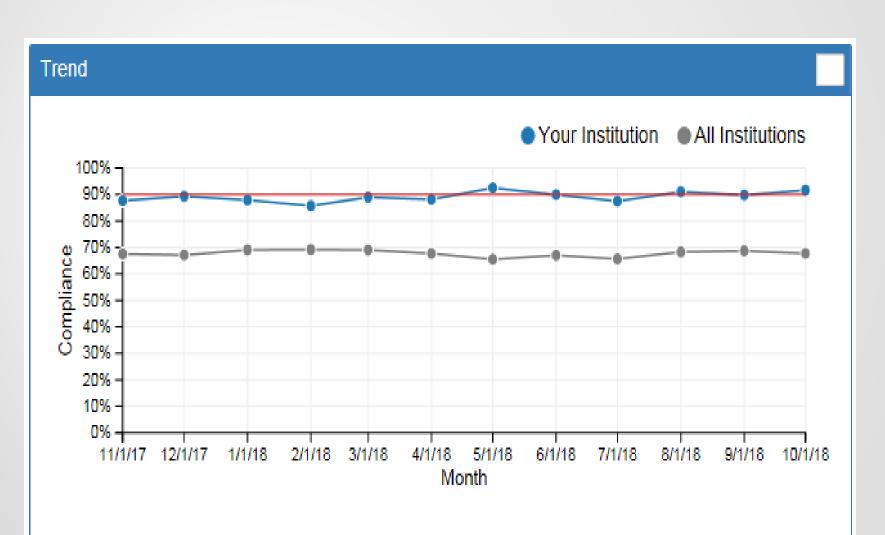


PONV-01

Overall Performance

★ 89%

Target 90%



TRAN-02

Aspire P4P Protocol	
PUL-01	
	_
PONV	
Tranfusion	
Pay for performance Toolkits	
Enter a title for this card	



Measure Abbreviation: TRAN 02

Data Collection Method: This measure is calculated based on data extracted from the electronic medical record combined with administrative data sources such as professional fee and discharge diagnoses data. This measure is explicitly not based on provider self-attestation.

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

NQS Domain: Efficiency and Cost Reduction

Measure Type: Outcome

Measure Summary: The recognition of transfusion-related complications, such as transfusion-related infections and immunosuppression, and evidence documenting lack of efficacy has spurred the development of blood management protocols. This measure identifies blood transfusion cases when the hematocrit was ≤30% or hemoglobin was ≤10 g/dL post-transfusion.

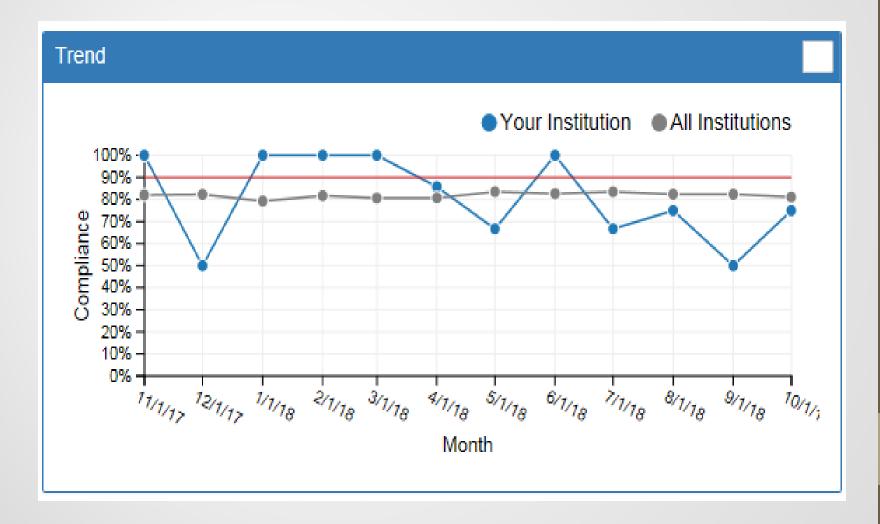
Inclusions: Any patient that receives a red blood cell transfusion. Transfusion is defined as packed red blood cells or whole blood. See MPOG Concept IDs below for complete list.

Exclusions:

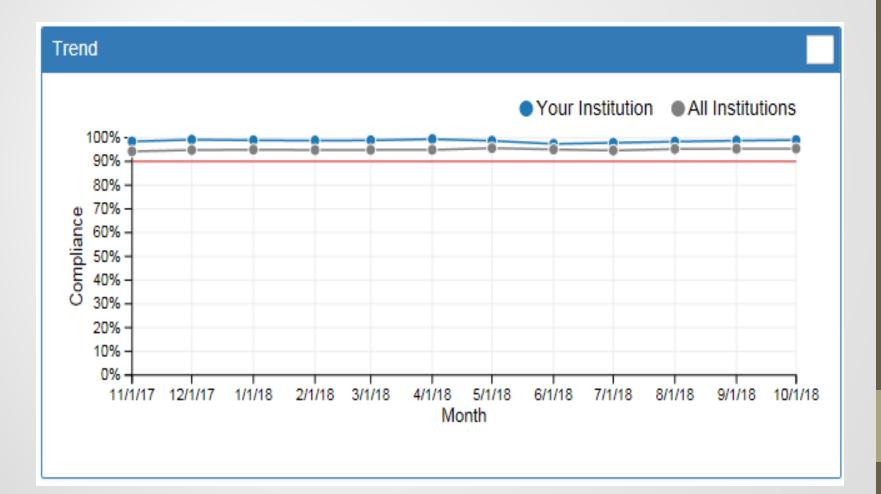
- Patients < 2 years of age
- Patients <12 years old undergoing a cardiac procedure (CPT: 00560, 00561, 00562, 00563, 00567, 00580).
- Pediatric cases (<12 years old) where either the transfused PRBC or EBL was greater than 30cc/kg.
- ASA 5 & 6
- EBL ≥ 2000ml
- Massive Transfusion: Transfusion of 4 or more units of blood. Note for sites that document transfusions in ml instead of units: ASPIRE will default to 350ml/unit.
- 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"
- Exclude patients undergoing cesarean section (CPT: 01961, 01968, 01962, 01963, 01969) with an

TRAN-02

TRAN-02 84% Target 90%







WORKING ON FOR 2019

MPOG Transition of Care



Background	Internet and the second second
Introduction	
Identification of patient	
Discussion of surgical/procedure course	11.50
Pertinent PMH/PSH	
Allergies	
Contact Precautions	
Anesthetic Management	and the second
Type of Anesthetic	
Airway management (ETT/ LMA)	
Anesthetic Complications + Primary Concerns	
Medications	P I I I I I I I I I I I I I I I I I I I
Preoperative Meds	
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Muscle relaxants: Time/Amount administered. Reversa	l administered?
Pain Management Plan	
PONV Risk & Meds Administered	
Fluids	
Vascular access	
Total Intraoperative Fluids/Blood Products Administere	đ
Intraoperative labs	
Expectations/Plans	
Allow opportunity for questions/acknowledgement of u	understanding of report from

PUL-02

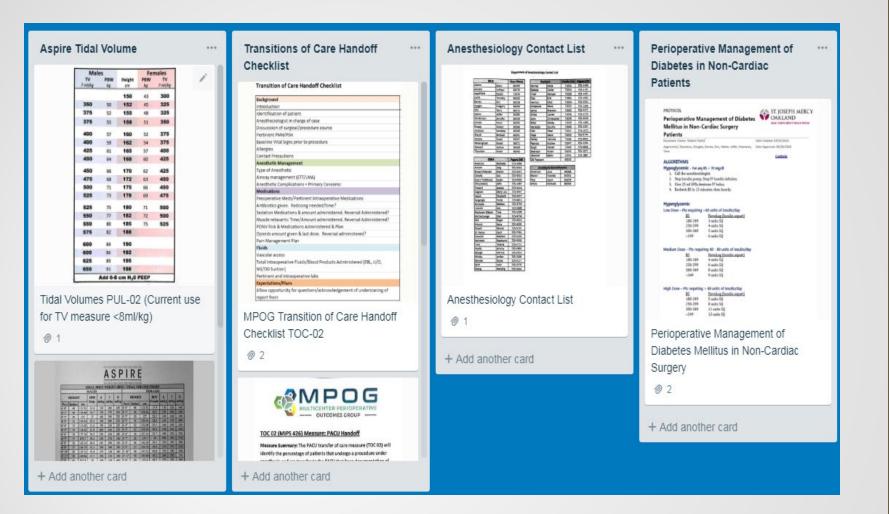
★ 84% Target 90%

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350	50	152	45	325
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375	55	158	51	350
400	57	160	52	375
400	59	162	54	375
425	61	165	57	400
450	64	168	60	425
450	66	170	62	425
475	68	172	63	450
500	71	175	66	450
525	73	178	69	475
525	75	180	71	500
550	77	182	72	500
550	80	185	75	525
575	82	188		
600	84	190		
600	86	192		
625	89	195		
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Mal	es		Fer	nales
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350	50	152	45	325
375	52	155	48	325
375	55	158	51	350
400	57	160	52	375
400	59	162	54	375
425	61	165	57	400
450	64	168	60	425
450	66	170	62	425
475	68	172	63	450
500	71	175	66	450
525	73	178	69	475
525	75	180	71	500
550	77	182	72	500
550	80	185	75	525
575	82	188		
600	84	190		
600	86	192		
625	89	195		
650	91	198		

PUL-01

Currently on each anesthesia machine



We have arranged our dashboard in order of importance and frequently used information

Cardiac Surgery Patient

Protocols

DIABETIC PAT	TENTS ONLY
Initial Blood Glacose	Regular Insulin (units/hr
+125 mg/d	0
126-175 mg/d	4
176-225 mg/df	6
+225 mg/d	1
Blood Glucose for Bolun Dose	Regular Insulin (units)
+190 mg/d	
181-225-mg/df	3
226-275 mg/dl	10
+ 275 mg/dl	15

Subsequent checks of blood plucese:

For every 10% increase in blood glucose level below previous level, increase infusion rate by 2 units/hr. "for every 10% decrease in blood glucose level below previous level, decrease infusion rate by 2 units /hr. When blood glucose fails below 125, stop insulin,

Continue to bolks insulty according to bolks chart above

NON-DIABETIC PATIENTS ONLY Initial Blood Glucose Regular Insulin (units/hr) +125 mg/d 126-175 mg/d 176-225 mg/dl >225 mg/d Blood Glucese for Bulun Dose Regular Insulin (units) +180 maid 181-225 mg/d 226-275 mg/d +275 mg/d

Cardiac Surgery Patient Insulin Protocol

Cardiac Surgery Protocols

· Beta blocker within 24 hours or

contraindication noted (Not on at

home is NOT a contraindication)

Amiodarone protocol unless

· Antihintire within 1 hour prior to

contraindicated

. If not on at home give metoproiol 1mg

Isolated CABG

IVP

All Patients

+ Add another card

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Rescue Protocols POLICY STATEMENT extains to Maliceant Hupertheirs a

colonary inspectations (Mill)

Joir Pades

Bulle syringes Teomy syringes NG tables, probamic and adult

34 visits of Dantrolena

Populareide SPS doctroat Sodium bicarbonate

Regular insulin Galcium chloride 10%

Heparin (\$500 units)

Manufed 206

Lidenaine 2% Other drugs/equipment

Lasie

05

he purpose of this policy is to outline the procedure for the management of a patient with

The Europical Services Department will have a cart stocked for the treatment of malignant hyperforms at all times. This cart will be maintained by the Aresthesia Department and will be stored in the anesthesia worknown.

The mationant bygethermia cart will be incomined once a month for inventory extend drugs etc.

By aphartmap technican. All Sanjatal Services staff must know the location of the cart (in the anesthesia vertexon). The stalignant hyperthermia cart will contain the following

Various sized of luringes and needles, including several tDirs, syringes

Malignant Hyperthermia Protocol

LipidRescue[™]

TREATMENT FOR LOCAL ANESTHETIC-INDUCED

PLEASE KEEP THIS PROTOCOL ATTACHED TO

THE INTRALIPID BAG

In the event of local anesthetic-induced cardiec anest that is <u>unceaperaive to</u> standard therapy, is addition to standard cardio-outnonary resuscitation,

- Follow immediately with an infusion at a rate of 0.35 mL/kgimin.

Repeat balas every 3-8 minutes up to 3 mL/kg total done until

Centleue infusion until homodynamic stability is restored. Increase the

standard likeyay, in addition to standard cardlo-putnonary n intralipid 20% should be given Uv. in the fallowing dose regime:

- Gentinue chest compressions (lipid must circulate)

- Instalipid 30% 1.6 mL/kp over 1 minute

circulation is restored

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CARDIAC ARREST

No takes, postanse and adult Espaigneen needed for astanial line and GMI exertion 3 may Foly calabeter suft unconsider Recei gas sylinges and regulations Recei gas sylinges and regulations Recei gas sylinges and regulations

(Click here to type the parties that are responsible for complying with this document.)

[Dick here to include a glossary of terms or type NONE.]

PURPOSE

SCOPE

POLICY.

INTINTIONS

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Anesthesia Guidelines

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ASA Fasting Guidelines* OB Memorrhage/Uterine Atory Medications mman Bunits in LIV ba W ribster Ingested Material Minimum Fasting Period⁺ Lasta a Loss Wputh 1 unit/n Clear liquids: Breast milk M de delativ Infant formula placetta Nonhuman milk 0.2mg atter pro-IM o look an an and a second Light meal* Fried foods, fatty foods, or Additional fasting time (e.g. 8 or more hours) may be meat needed 0.25 mg q 15 90min max dose 2mg IM These recommendations apply to healthy patients who are undergoing elective procedures. They are not intended for women in labor. Following 600-3100 mg PR the guidelines does not guarantee complete gastric emptying. The fasting periods noted above apply to all ages. Examples of clear liquids include water, fruit juices without pulp, carbonated OB Hemorrhage/Uterine Atony beverages, clear tea, and black coffee. §Since nonhaman milk is similar to solids in gastric emptying time, the amount ingested must be considered when determining an appropriate Medications farting period. "A light meal typically consists of toast and clear liquids. Meals that include fried or fatty foods or meat may prolong gastric emptying time. 01 Additional fasting time (e.g., 8 or more hours) may be needed in these cases. Both the amount and type of foods ingested must be considered when determining an appropriate fasting period. Current NPO Guidelines 01 > Attrialize Consider central census access > weeks that, blood, antient, and D.R. ANTICOLOLIATION QUEELINES FOR NEURAXIAL PROCEDURES Guidelines to Minimute Reix Spinel Hematome with Neuracial Properties STANFORD Minimum time technical tail Case of Indefendentials Collectors a PRE 107 02115-111 when self 1 15 arbitr self 1 162. Once after balling 2 brain Emphasize blood products over constalled. thour which party is all on it houses

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OBGYN

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pulmonary hypertension, continue artery saeocondricto

palpitations, n/u

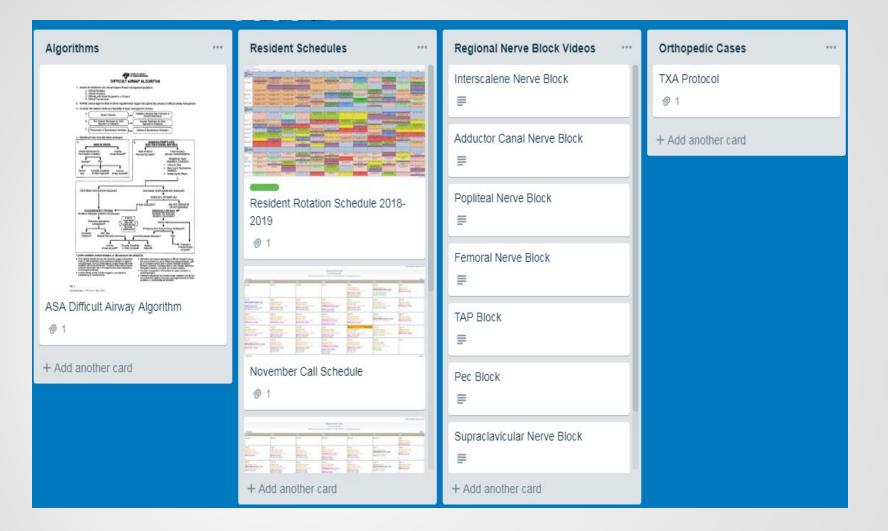
R/C, anaphylaxis HTM

Uterine rugture; N/V

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Cards are easily moved

Information is easily added and updated.



Algorithms and Videos are at our fingertips!

Corneal Abrasion Diagnosis and Treatment

UpToDate" official representation opticiate* © 2010 tip/todos, Inc. and/or its affiliates, et rophs hearingst even antidate.com

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Corneal Abrasion Treatment

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Orthopedic Surgeon Preferences

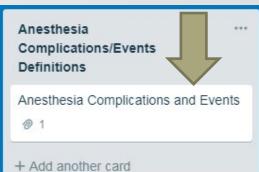
Nerve Block Preferences

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Easy access referencing

Easy to find and reference

A4 Anesthesia Event Definitions

Airway Events

Unanticipated Difficult Intubation: Failure to secure the airway with intended equipment based on an initial airway plan (e.g. change to awake FOI from glidescope)

Traumatic Intubation: Unanticipated loss of a tooth or greater or other airway injury that requires medical or surgical intervention.

Cardiovascular Events

New arrhythmia: Persistent ECG abnormality causing hemodynamic compromise and requiring continued intervention.

Persistent hypotension requiring treatment: Sustained MAP < 55 for greater than or equal to 15 minutes regardless of intervention.

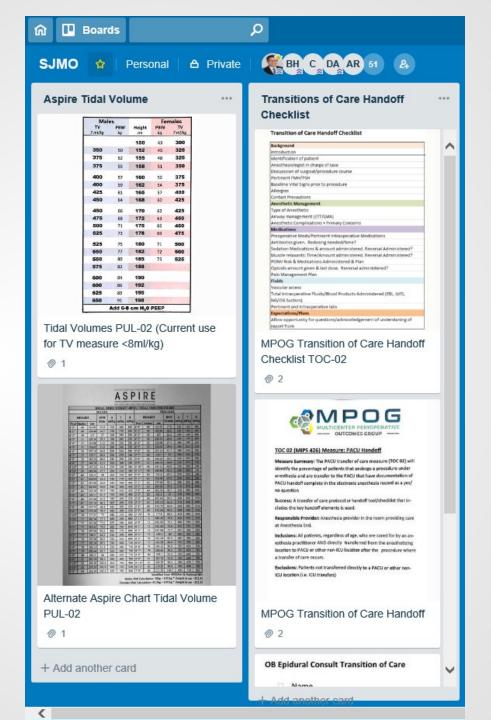
Cardiac Arrest (requiring CPR): The cessation of cardiac mechanical activity as confirmed by the absence of signs of circulation.

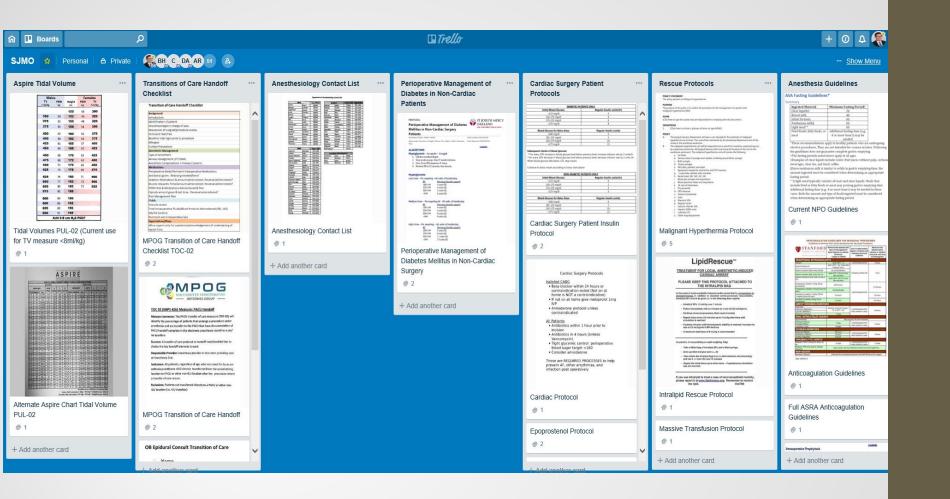
Myocardial Infarction: Detection of a rise of cardiac biomarkers and/or ECG changes consistent with cardiac ischemia or infarction.

Respiratory Events:

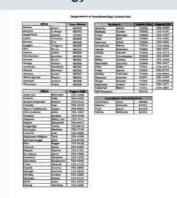


Aspiration: Substantial entry of material from oropharynx or GI tract into the larynx and





SJMO	☆	Personal	۵	Private
Anesthe	siolog	y Contact L	ist	



Anesthesiology Contact List

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Perioperative Management of Diabetes in Non-Cardiac Patients

PROTOCOL Perioperative Management of Diabetes Meditus in Non-Cardiac Surgery Patients Diamento Surger Machine Statistics Marchine Statistics Marchine

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Perioperative Management of Diabetes Mellitus in Non-Cardiac Surgery

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Cardiac Surgery Patient	
Image: Control in the second	
Cardiac Protocol 1 Epoprostenol Protocol	
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SJMO 🏫 Personal

A Private

Rescue Protocols ... POLICY STATEMENT This policy pertains to Malignant Hyporthe 1 In purpose of this policy is to outline the procedure for the management of a patient with allower transformers, Man. SCOM [Click here to type the parties that are responsible for complying with this document] DETENTIONS Elick here to include a glossary of terms or type NENE ! POLICY The Surgical Services Department will have a cart spocked for the transmert of multiplanet hyperthematic and trans, "This cart will be maintained by the Anesthenea Department and will be "The multiplanet Department of an will be maintained by the Anesthenea Department and will be the multiplanet Department of the Multiplanet Department of the Services, and the Services of the Services and Repaired Department and the Services and the services of the Services and Repaired Department and the services of the Services and Repaired Department and the services of the Services and Repaired Department and the services of the Services and Repaired Department and the services of the Services of the Services Services Services and the services of the Services of the Services Services Services and the services of the Services of the Services Services Services Services and the services of the Services of the Services Se Ice Packs Ine Plank Vannou Sand of spiringes and needles, including several KDNs, spilinges Bulls synnages Tacimy synnages NG takes, pendenci and adult Equipament needled for activati line and (XVP insertion 3) and y falsy california with successful Record shots Bry (J. IK. 297, SP) Blood gas syringes and requisitions Blood specimen takes and requisitions 36 vials of Dantrolene 38: vals of Dartsdens Procenamide Soft deverse Soft deverse Softens his arbonate Lesix Manesiol 20% Repuirs mailer Calcus of Monde 10% Heparis (2000 units) Edocation 2% Other drugslessconent Malignant Hyperthermia Protocol 0 5 LipidRescue[™] TREATMENT FOR LOCAL ANESTHETIC-INDUCED CARDIAC ARREST PLEASE KEEP THIS PROTOCOL ATTACHED TO THE INTRALIPID BAG In the event of local anesthetic-induced cardiac anest that is <u>unreappealed to</u> <u>standard therapy</u>, is addition to standard cardio-pulmonary resuscitation, intrustrat 27% should be given iv, in the tatheting does regime. - Intralipid 20% 1.5 mL/kg over 1 minute - Follow Immediately with an infusion at a rate of 0.25 mL/kg/min. - Continue chest compressions (lipid must circulate) Repeat bolias every 3-6 minutes up to 3 mL/kg total door until circulation is restored Gostinee infusion until homodynamic stability is restared, increase the rate to 0.5 mL/kg/min if BP declines. - A maximum total dose of 8 mL/kg is recommended in practice, in resuscitating on adult weighing 70kg: - Take a 800ml bag of Introlipial 20% and a 80ml springe. - Draw up Shet and give star Ly., X2 – Then actach the intralipid dag to an iv administration are (macrodrip) and run if Δv over the next 18 minutes Repart the initial bolize up to twice more – if spontaneous circulation has not returned. If you use Intralipid to treat a case of local anaesthetic toxicity, please report it at <u>www.lipidreacue.org</u>. Remember to restock the lipid, Ver7/05 Intralipid Rescue Protocol @ 1 Massive Transfusion Protocol @ 1 + Add another card

BH C DA AR 51 A

Anesthesia Guidelines

ASA Fasting Guidelines*

Ingested Material	Minimum Fasting Period
lear liquids t	2h
ireast milk	4b
infant formula	60
enhaman milkj	65
Aght meal**	6h
iried foods, fatty foods, or neat	Additional farting time (e.g 8 or more hours) may be needed

These recommendations apply to healthy patients who are undergoing elective procedures. They are not intended for women in labor. Pollowing the guidelines does not guarantee complete gastric emptying +The fasting periods noted above apply to all ages.

Examples of clear liquids include water, fruit juices without pulp, carbonated beverages, clear tea, and black coffee.

§Since nonhuman milk is similar to solids in gastric emptying time, the amount ingested must be considered when determining an appropriate farting period.

"A light most typically consists of tosst and clear liquids. Meals that include fixed or fatty foods or meat may prolong gatric emptying time. Additional fasting time (e.g. 0 or more hours) may be needed in these cases. Both the amount and type of foods ingested must be considered when determining an appropriate fasting period.

Current NPO Guidelines

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Anticoagulation Guidelines

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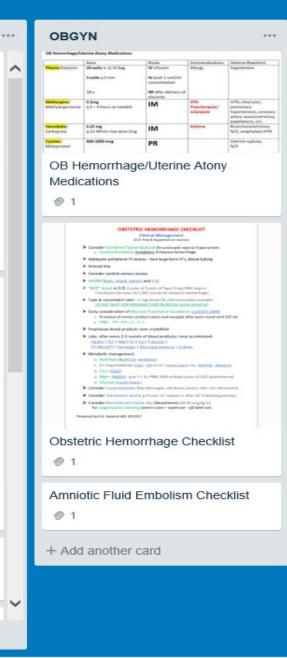
Full ASRA Anticoagulation Guidelines

Contents

@ 1

Intraoperative Prophylaxis

+ Add another card



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2018 A SPIRE P4P Measure Details

PONV-01

@ 1

Intraoperative Prophylaxis

Risk Score	Prevalence PONV	Prophylaxin No of Anti-emetics	Examples*			
0	10%	0-1	* Ondanzetron			
1	20%	Å	+ Ondansetron ± Decamethasone			
2	40%	1	+ Ondansetron + Desamethazene			
3 HIGH RISK	60%	3	+ Ondansetron + Dexamethazone + Dramamine FO			
4 HIGH RESK	2 40% 3 50% HIGH ROK 4 80% HIGH ROK ROM	4	Oudancetron Devamethasene Dramanine PO Alternatives to volatile anecthetics*			

Desamethasone 8 mg IV is given within REST 30 min of procedure (diabetics may still receive Desamethasone).

Odametron 4 mg IV is given within LAST 30 min of procedure.

* Consider proposed TEVA without volatile anesthetics for highest risk patients or regional with proposed sedation if possible.

PONV Department Guidelines

03

PUL-02

@ 1

TRAN-02

1

Pay for performance Toolkits

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PONV-	01		
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ntraoperative P	rophylaxis	_	
Rask Score	Prevalence PONV	Prophylaxia	Examples*
0	10%	No of Anti-emetics 0-1	* Ondanzetron
1	20%	1	+ Ondansetron ± Decamethatone
1	40%	1	Ondansetron Desametharone
	60%	3	+ Ondanietron
HIGH R25K	-	1	+ Dexamethatone + Dexamethatone + Deamamine FO
4	80%	4	+ Oudansetron
HIGH R25K			+ Dexamethatione + Dramanine PO
1.353			2 Alternatives to volatile anesthetics"
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All ASPIRE Measure Details *** AKI ~ @ 1 BP 02 CARD @ 1 FLUID @ 2 GLU 02 MED @ 1 NMB 02 OPIOID @ 1 PONV 02 PUL @ 2 TEMP V + Add another card

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Interscalene Nerve Block	Orthopedic TXA Protocol	PONV-01	PONV-01	AKI ^
Adductor Canal Nerve Block	Dr. Ritter TXA Dosing 1) 10mg/tg Loading dose 2) Maintenance 1-5 mg/tg/hr based off clinical picture and surgeon preference	D Simperative Prophylaxis Extended Distance Prophylaxis Extended Distance Transform Transform Transform total and mittig T total and mittig t	1 Intrasperative Prophylaxis Intrasperative Prophylaxis Intrasperative Prophylaxis Intrasperative International Internation	BP ∅ 2
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Supraclavicular Nerve Block ≣		TRAN-02	TOC-02 @ 1	NMB @ 2
Axillary Nerve Block ≡		Pay for performance Toolkits	TRAN-02	OPIOID ⊘ 1 ✓
+ Add another card		+ Add another card	+ Add another card	+ Add another card

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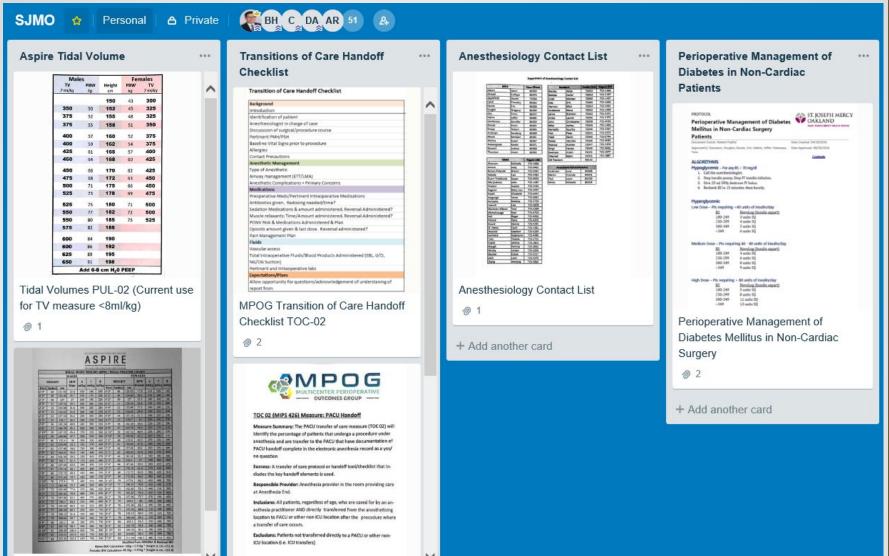
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2	40%	2	+ Ondansetron + Dexamethazone			2 40	% 2	+ Ondanzetron + Dexamethazone		CARD	
J HIGH RISK	60%	3	- Ondansetron - Dexamethasone - Dramamine PO		3	GH 5K	N 3	+ Ondansetron + Dexamethanone + Dramamine PO		@ 1	
4 HIGH RISK	80%	4	Ondansetren Devamethasene Deramannine P0 Alternatives to volatile anesthetics*		- 1	4 80 GH SK	N 4	Ondansetron Dexamethasone Dramamine P0 Alternatives to volatile anothetics*		FLUID	
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Corneal Abrasion Diagnosis

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