

Multicenter Perioperative Outcomes Group (MPOG)
PCRC Meeting Notes – Monday, January 14, 2019

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:

| | |
|--|---------------------------------|
| Sharon Abramovitz (Weill Cornell) | Graciela Mentz (Michigan) |
| Dan Biggs (Oklahoma) | Bhiken Naik (Virginia) |
| Matthew Caldwell (Michigan) | Nachamie, Anna (Weill Cornell) |
| Ruth Cassidy (Michigan) | Nathan Pace (Utah) |
| David Clark (Michigan) | Robert Schonberger (Yale) |
| Germaine Cuff (NYU Langone) | Nirav Shah (Michigan) |
| Leslie Jameson (Colorado) | Amy Shanks (Michigan) |
| Srdjan Jelacic (Washington) | Allie Thompson (Michigan) |
| Andrea Kurz (Cleveland Clinic) | Kevin Tremper (Michigan) |
| Tory Lacca (Michigan) | Shelley Vaughn (Michigan) |
| Donald Likowsky (Michigan) | Jonathan Wanderer (Vanderbilt) |
| Todd Liu (Memorial Sloan Kettering) | Nirav Shah (Michigan) |
| Mike Mathis (Michigan) | Jennifer Wagner (Weill Cornell) |
| Patrick McCormick (Memorial Sloan Kettering) | |

PCRC 0075: Anesthetic management of transvaginal cervical cerclage in the Multicenter Perioperative Outcomes Group

PI: Dr. Jennifer Wagner

Institution: Weill Cornell Medicine

- Q: Should the analytic plan allow for testing of equivalence instead of superiority since the previous literature indicates no association?
 - o A: Good point, we will definitely take that into consideration.
- Comment: Procedure text search may help increase the sample size, as opposed to just using the surgical CPT codes.
 - o A: We do want to exclude transabdominal cerclage procedures.
- Comment: How many MPOG institutions have an anesthetic record for cerclage?
- Comment: Statistical Analysis – check that the age/race distribution of the data accurately reflect incidence rates.
- Comment: Based on a DataDirect query, ~2000K cases in MPOG dataset with the relevant CPT code.
- Q: Where do you plan to publish this?
 - o A: Would consider A&A or another similar journal.
- Q: What is the importance of just knowing the anesthetic technique versus outcomes associated with different techniques?
 - o A: Descriptive studies about practice patterns can help guide anesthesia practice.
- Comment: Consider adding exclusion for patients with contraindication for neuraxial.
- Comment: Consider an in-depth description of case and patient characteristics to help inform why the various techniques were chosen.

Final Decision: Accept

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

PCRC 0079: Novel Assessments of Technical and Non-Technical Cardiac Surgery Quality

PIs: Dr. Donny Likosy (UM), Dr. Francis Pagani (UM) and Dr. Steve Yule (B&W)

Institutions: UM/B&W

- Comment: Level of assessment for reviewing these videos will require either a cardiac anesthesiologist fellow or an attending - probably not feasible to use research assistants.
- Comment: We will have online testing and orientation for prospective reviewers to assess their intra and inter-reliability before officially becoming a reviewer.
- Q: How many MPOG institutions will be recruited for this study?
 - o Targeting ~ 10-12 institutions for recruitment
- Q: Where are the reviewers coming from?
 - o A: Reviewers can be from non-participating video tape institutions. Goal is unbiased ratings, so reviewers would not be rating videos from their own institution.
- Q: Any idea how long each tape would take to review based on pilot recordings from University of Michigan?
 - o A: Based on the 6 filmed cardiac surgeries at UM, ~6-8 hours of review time. This is why we want to be able to clip the video length and speed up the replay (2x). Hope is to limit review time to 1-hour.
- Q: May be best to have reviewers review multiple cases for consistency - could they be added as co-investigators on the grant?
 - o A: We anticipate ~1 review/week over the 5-year grant period. Based on that rate, it probably will not be feasible to add every reviewer as a co-investigator on the grant.
- Comment: Project hinges on successful linking of MPOG to STS databases – any participating institution will be providing video tape data, as well as integrated STS data.
- Comment: Investigators would welcome broad input and representation from multiple colleagues on leading intellectual projects based on these data.
- Comment: High and low performing institutions defined based on risk-adjusted rates for outcomes.
- Comment: Handling missing data – would recommend the multiple imputation or complete analysis methods.
- Comment: Mixed-model analysis – cluster of the upper level is what determines the power. Is the level of analysis the surgeon or the institution? Typically need N=30 for adequate power.
- Q: Is there the potential for the Hawthorne Effect?
 - o A: Yes, there is the potential. At the UM pilot videos, that effect seemed to be short-lived in the OR environment. Literature, also supports that Hawthorne Effect goes away over time. If there is an effect, then each operative team would be equally exposed to it.

Final Decision: Accept

| | 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 |
| Duke | 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 | N/A |
| University of Utah | Electronic revisions |
| University of Vermont | N/A |
| University of Virginia | Accept |
| University of Washington | Accept |
| Vanderbilt | Accept |
| Wake Forest | N/A |
| Washington University, St. Louis | N/A |
| Weill-Cornell Medical Center – New York Presbyterian | Accept |
| Yale | Accept |