Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, April 22, 2019

Applefield, Daniel (St. Joseph Oakland)	Horton, Brandy (A4)
Angel, Alan (Bronson Battle Creek)	Kaye, Toni (ASA)
Aziz, Mike (OHSU)	Koning-Randall, Kimberly (St. Joseph?)
Bailey, Meridith (MPOG)	Louzon, Kathryn (Beaumont Royal Oak/Troy)
Berris, Josh (Beaumont Farmington Hills)	Lucier, Michelle (Henry Ford)
Biggs, Dan (Oklahoma)	Mathis, Mike (Michigan)
Bledsoe, Amber (Utah)	Malenfant, Tiffany (Beaumont Trenton/Wayne)
Buehler, Katie (MPOG)	McKinney, Mary (Beaumont Dearborn/Taylor)
Chiao, Sunny (Virginia)	Miliken, Christopher (Sparrow)
Clark, David (MPOG)	Naik, Bhiken (Virginia)
Colquhoun, Douglas (MPOG)	Nanamori, Masakatsu (Henry Ford Detroit)
Crawford, Joan (Mercy Muskegon)	Quinn, Cheryl (St. Joseph Oakland)
Dardas, Kalle (Beaumont)	Pardo, Nichole (Beaumont Grosse Pointe)
DePasquale, Will (NYU)	Poindexter, Amy (Holland)
Domino, Karen (U of Washington)	Rensch, Robert (Beaumont Kalamazoo)
Egnatoski, Deborah (Beaumont)	Rosario, Lisa (Beaumont)
Gall, Glenn (A4)	Schmidt, Carol (Beaumont)
Johnson, Ray (Beaumont Wayne)	Schonberger, Rob (Yale)
Harwood, Tim (Wake Forest)	Shannon, Lori (Beaumont)
Heiter, Jerri (St. Joseph A2)	Shah, Nirav (MPOG)
Hightower, William (Henry Ford W. Bloomfield)	Smith, Susan (Beaumont)
Tyler, Pam (Beaumont Farmington Hills)	

Agenda & Notes

1. **Minutes from February 25, 2019 meeting approved**- posted on the website for review. Recording available as well.
2. **Roll Call**: Will contact QI Champions and ACQRs directly to inquire about participation status if missing. Other participants can review meeting minutes and contact Coordinating Center if missing from attendance record.
3. **Upcoming Events**:
   a. *Thanks to all who attended the MSQC/ASPIRE Collaborative meeting earlier this month!*
   b. *July 26, 2019 – ASPIRE Collaborative Meeting*
      i. Lansing, MI
      ii. Performance review component will be ASPIRE sites only
      iii. Un-blinding to see what we can learn from each other and what areas we need to improve in. Will plan to do this on an annual basis.
   c. *October 18, 2019 – MPOG Retreat*
      i. Orlando, Florida
   d. Mark your calendars! Remaining Quality Committee meetings in 2019:
      i. Monday, June 24, 2019 at 10:00 a.m. Eastern
      ii. Monday, September 23, 2019 at 10:00 a.m. Eastern
      iii. Monday, November 25, 2019 at 10:00 a.m. Eastern

4. **MPOG Welcomes Three New Executive Board Members**
   a. Dr. Lee Fleisher – University of Pennsylvania
   b. Dr. Hugh Hemmings Jr. – Weill Cornell Medicine
   c. Dr. Joseph Mathew – Duke University

5. **Recruitment**
   a. 2020 ASPIRE recruitment applications will be available from April 26 through June 12, 2019
   b. Recruitment Steps:
      i. Hospitals must review the ASPIRE Eligibility Requirements and Site Expectations
      ii. Submit an application
      iii. Hospital IT will receive MPOG's extract checking tool (File Checker) in June
         1. Checks data extract prior to loading into sites local database.
      iv. Hospital clinical team must partake in a meeting with the Coordinating Center in June and July
      v. Hospital IT will send file Checker results to Coordinating Center by August 30, 2019
      vi. ASPIRE will announce Cohort 5 sites by September 13, 2019
      vii. Hospital starts preparing for ASPIRE technical implementation September – December
      viii. Cohort 5 sites will start technical implementation on January 6, 2020

6. **Import Manager Conversion – Congratulations!**
   a. **Trinity**
      i. St. Joseph Mercy Ann Arbor/Livingston/Chelsea
      ii. St. Joe Oakland
      iii. Mercy Livonia
      iv. Mercy Muskegon
   b. **Beaumont**
      i. Royal Oak/Troy
      ii. Dearborn/Taylor
      iii. Farmington Hills
      iv. Grosse Pointe
      v. Trenton/Wayne
7. **MPOG Application Suite – April Upgrades**
   a. Case Validation
   b. Data Diagnostics
      i. Concepts relating to each diagnostic will now be listed to help with troubleshooting data/mapping issues.
   c. Transfer Application
   d. Import Manager Assistant: V2 released

8. **Measure Updates**
   a. **PUL 02** – Cross Cohort P4P measure (i.e. all sites receive the same points for collective effort)
      i. 90% of sites need to be above 75% for all sites to receive full P4P points
         1. Currently showing steady improvement since January 2019
         2. Total of 3 sites currently performing below 75%
      ii. Tidal volumes less than 8 cc/kg IBW
      iii. Updated Toolkit
         1. New literature since release of ARC Toolkit in 2017
         2. Neuromuscular Blockade Considerations
         3. New focus and introduction to ASPIRE Measures (NMB 01/02, PUL 01/02/03), including links to measure specs for reference
         4. PEEP – Optimal amount is undefined (we know non-zero is better than too high)
         5. Reduce modified driving pressures (PIP-PEEP < 16 cmH2O)
         6. Revert to 5 ft. when assigning Tidal Volume for all patients under 5 ft.
      iv. New visualizations
         1. Tidal Volume for Ideal Body Weight conversion tool.
         2. *Revert to 5ft. when assigning TV for all patients < 5ft. tall
      v. Flolan (epoprostenol) as exclusion for PUL 02
         1. Used to treat pulmonary arterial hypertension
         2. Flolan distorts ability to measure tidal volumes
         3. When inhaled Flolan is part of our circuit, the TV becomes inaccurate
         4. Plan: exclude cases with administered Flolan
   b. **TEMP 03** – Change to 36.0
      i. Built to match MIPS 424. No longer have that obligation with withdrawal from QCDR
      ii. The Outcomes Research Consortium guidelines state intraoperative core temperatures should usually be maintained > 36 degrees C unless hypothermia is specifically indicated.
      iii. The NICE proposed Clinical Practice Guidelines for Management of Inadvertent Perioperative Hypothermia in Adults. [48] They define hypothermia as core temperature less than 36.0°C.
      iv. 2014 ACC/AHA Guidelines on Perioperative Cardiovascular Evaluation and Management of Patients Undergoing Non-cardiac Surgery Makes Class IIb recommendation (Level of Evidence: B) that maintenance of normothermia may be reasonable to reduce perioperative cardiac events in patients undergoing non-cardiac surgery.
      v. Will send out email survey to all sites. Will change by July Meeting.
      vi. **Discussion**:
         1. *Carol Schmidt (Beaumont – Royal Oak)* - Other groups are moving towards this direction as well (MSQC etc.) Some are even higher than 36.0. When monitoring SSIs NHSN uses temps higher than 36.0
         2. *Dr. Sunny Chao (University of Virginia)* – This change is reasonable, but will reduce percent compliance. Will the current temperature definition be used for MOCA or is the plan to retroactively change the definition to 36.0 degrees?

      a. *Dr. Nirav Shah (University of Michigan)* - To be consistent with other MOCA Part IV programs we will no longer require improvement to award points. MPOG is now awarding points if a provider simply reviews their cases from the previous month.

   3. *Dr. Robert Schonberger (Yale)* – What was the reasoning behind MPOGs decision to not be in QCDR moving forward?

      a. *Dr. Nirav Shah (University of Michigan)* – OCDR was originally started based on our hope that there would be some overlap between QI and P4P initiatives. We found that 1) not as many sites enrolled as we thought would take advantage of the QCDR program and therefore determined the "Juice wasn't quite worth the squeeze." 2) We ran into issues, with TEMP 03 for example, where we had to comply with a national benchmark which limited our QI work. 3) After several discussions with CMS, it became clear that If there was a self-reported measure for temp outcomes, CMS treated it the same as an EHR data report such as MPOG. Self-reported measurements tend to have higher performance and we didn't want MPOG sites to be penalized for poorer performance based on type of reporting.

c. **Change Outcome Measures to Inverse Measures**

   i. Change from "higher is better → lower is better" (i.e. AKI would change from 92% to 8%)

   ii. This will apply to outcomes measures. MPOG will send mock ups of this change to inform sites on what to expect.

   iii. Existing Measures

      1. AKI 01
      2. CARD 02
      3. TEMP 03
      4. TRAN 02

   iv. New Measures

      1. PONV 03
      2. CARDS 03
      3. Outcome measures from surgical registries

   v. **Discussion**: Should outcomes measures be changed to inverse measures?

      1. *Dr. Robert Schonberger (Yale)* – Looks nicer aesthetically. Agrees with this change.
      2. *Dr. William Hightower (Henry Ford West Bloomfield)* – Agrees with this change. A visual difference between the process and outcomes measures will be nice.

Meeting concluded at 10:50am