Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, April 27, 2014

Attendees: P=Present; A=Absent; X=Expected Absence

A	Abdallah, Arbi 'Ben' (Wash U)	A	LaGorio, John (Mercy Muskegon)
P	Agarwala, Aalok (MGH)	A	Levesque, Paula (Beaumont)
P	Ajja, Olivia (St. Joesph)	A	Levy, Warren (Pennsylvania)
A	Aziz, Michael (OHSU)	A	Lirk, Philipp (AMC)
P	Becker, Aimee (Wisconsin)	A	Louzon, Kathryn (Beaumont)
P	Bell, Genevieve (Michigan)	P	Mack, Patricia (Weill-Cornell)
A	Berman, Mitch (Columbia)	A	Madden, Lawrence (Mercy Muskegon)
P	Biggs, Daniel (Oklahoma)	A	Maheshwari, Kamal (Cleveland Clinic)
A	Bonifer, Thomas (Allegiance)	A	Marcoe, Greg (Midland)
P	Buehler, Katie (A4)	A	Morey, Timothy (Florida)
P	Coyle, Nina (PhyMed)	P	Naik, Bhiken (Virginia)
P	Cuff, Germaine (NYU Langone)	A	Noles, Michael (OHSU)
A	Coffman, Natalie (Holland)	A	O'Donnell, Steve (Vermont)
P	Coffman, Traci (St. Joseph)	P	Osborne, Jaime (Michigan)
A	Dalton, John (PhyMed)	A	Pasma, Weize (Utrecht)
P	DeSnyder, Kathy (Beaumont)	P	Pace, Nathan (Utah)
P	Dubovoy, Tim (Michigan)	A	Pagenelli, William (Vermont)
A	Eastman, Jaime (OHSU)	A	Price, Matthew (Beaumont)
P	Epps, Jerry, (Tennessee)	A	Quicci, Jennifer (Anes Staffing Consultant)
A	Fleisher, Lee (Pennsylania)	A	Rinehart, Paige (Tennessee)
A	Fleishut, Peter (Weill Cornell)	A	Robinowicz, David (UCSF)
P	Godbold, Michael (Tennessee)	P	Saager, Leif (Cleveland)
A	Haehn, Melissa (UCSF)	A	St. Jacques, Paul (Vanderbilt)
P	Heiter, Jerri (St. Joseph)	P	Schultz, Kelly (Michigan)
A	Harwood, Tim (Wake Forest)	P	Segal, Scott (Tufts)
A	Hausman, Mark (Michigan)	P	Shah, Nirav (Michigan)
A?	Ianchulev, Stefan (Tufts)	P	Shanks, Amy (Michigan)
A	Jacobson, Cameron (Utah)	P	Sharma, Anshuman (Wash U)
A	Jameson, Leslie (Colorado)	A	Skolnik, Bruce (Beaumont)
P	Johnson, Rachel (Mercy Muskegon)	A	Smith, Jeffrey (McLaren)
A	Kappen, Teus (Utrecht)	A	Smith, Jori (Sparrow)
A	Kendale, Samir (NYU Langone)	A	Smith, Warner (Utah)
A	Kheterpal, Sachin (Michigan)	A	Sommer, Richard (NYU Langone)
A	Kiers, Gerry (St. Joseph)	A	Soto, Roy (Beaumont)
A	King, Lisa (Oklahoma)	A	Stefanich, Lyle (Oklahoma)
P	Kooij, Fabian (AMC)	A	Tom, Simon (NYU Langone)
P	Kuck, Kai (Utah)	A	Tremper, Keving (Michigan)
A	Kuhl, Mackenzie (Marquette)	P	Wedeven, Chris (Holland Hospital)
A	Lacca, Tory (Michigan)	A	Wilczak, Janet (Oakwood)
P	Lagasse, Robert (Yale)	A	Yasick, Tony (Holland)

DePasquale, William (NYU-Langone), Ian?

1. Approve minutes from April 27, 2015
   a. Meeting minutes approved
2. MPOG/ASPIRE Retreat
   a. Friday, October 23rd – day before the ASA in San Diego.
   b. In the process of finalizing a venue – will be near the ASA conference site
   c. Registration is open
   d. Cost is $100 (new this year) – includes food and CME credit
   e. We welcome input – notify Tory for feedback.
   f. Dr. Shah displayed the agenda of the retreat for the group
      i. New this year – in the afternoon, there is a Research track and a Quality track (see agenda for details)
3. ASPIRE Updates – Individual Feedback
   a. Individual feedback emails begin distribution next month. First test site is UMHS and then roll out to all other sites with current uploads.
   b. Dr. Shah displayed examples of the sample emails. The email may contain a link to Galileo (the performance feedback tool), but that may take a while longer to develop.
   c. The quality champion at each site needs to be involved with this roll out of providing information via email since users will not be used to receiving email from ASPIRE.
   d. Most of the individual performance feedback will be shown in graphs. Dr. Shah provided examples of the graphs.
      i. Group question (Dr. Pace) - Re: the graphs – 'What does statistically significant mean?' Dr. Pace will email Dr. Shanks re: statistical comments/questions.
      ii. Group comment (Dr. Lagasse) – Provide a link to the one pager. Keep it mobile-friendly.
      iii. Group question (Dr. Saagher) – 'Can quality champions be provided with screenshots or a PowerPoint to present to their staff?' – Dr. Shah will provide the group with his Grand Rounds slides.
   e. The email will contain a link to failed cases.
4. Data Diagnostics Tool
   a. New version – 2 Beta sites: Washington University and University of Vermont.
   b. Hope to roll out to the rest of the sites within the next couple of weeks.
   c. We will schedule a 15-30 minute meeting with each technical site regarding the upgrade.
   d. Dr. Shah displayed the new version for the group. No questions from the group at this time.
5. Sites Update
   a. Thank you to all of the new sites for the hard work!
6. QCDR Update
   a. 5 Sites have indicated they are a QCDR
   b. Providers will hear from us in the next few weeks - we will talk with OCDR site administration.
   c. Group question (Dr. Lagasse) – 'When will we get to risk-adjusted measures?' Dr. Shah responded that the Outcomes measures will be risk-adjusted. Not sure of the plan to implement risk-adjustment at this point. The Process of Care measures will not be risk-adjusted.
   d. Group question – 'Will the risk-adjusted info be available to all of the sites, not just the QCDR sites? – Dr. Shah replied yes.
7. How can we tell anesthetic technique?
   a. Significant variability
   b. Amy & Shelley are leading the effort

      c. They will reach out to sites to talk about re-mapping and adding documentation

      d. Group feedback requested re: Is there an issue with adding documentation to cases?

           i. Lagasse, Becker, Biggs - anesthesia technique is linked to biking and easy to extract

8. Measure feedback, continuation:

      a. Glu 01 &02 – Suggested to remove labor epidural cases

           i. No sites manage glucose for laboring - approved to remove

9. Discussion points for each measure:

      a. Avoid intraop hypotension

           i. Cumulative measure

           ii. Group question (Dr. Sharma) – 'How would we separate intention to treat?' (should be together). Dr. Shah commented about Counter measure of intent to treat. Dr. Lagasse commented this problem will occur with many of the outcomes measures (need risk-adjustment).

           iii. Group question – 'How do we account for artifact?' Dr. Shah explained our artifact codes and algorithms already in place for research. For example, we already know how to account for flushing an Aline. We plan to use this algorithm for this measure. Dr. Pace requested to know the code – Dr. Shanks will send logic to him.

      b. Avoiding gaps in systolic or MAP measurement

           i. Group feedback requested re: Do we accept 10 minutes or do we do shorter? At Michigan, we have considered 6 minutes.

               1. One site has alert set for 8 minutes

               2. One comment suggested if the interval is too short than we might be looking for the wrong thing.

               3. Dr, Shah suggested breaking up the measure to be pre-incsion and post-dressing. (Some group comments of approval) (Some group feedback of skepticism suggesting it will make people look negligent when they are not.)

               4. Ran out of time for further discussion – will put this topic on the forum.