Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, February 23, 2015

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

P	Abdallah, Arbi 'Ben' (Wash U)	P	Lacca, Tory (Michigan)
P	Agarwala, Aalok (MGH)	P	Lagasse, Robert (Yale)
P	Ajja, Olivia (St. Joesph)	P	LaGorio, John (Mercy Muskegon)
P	Aziz, Michael (OHSU)	P	Levy, Warren (Pennsylvania)
P	Becker, Aimee (Wisconsin)	A	Lirk, Philipp (AMC)
P	Bell, Genevieve (Michigan)	P	Louzon, Kathy (Beaumont)
A	Berman, Mitch (Columbia)	P	Mack, Patricia (Weill-Cornell)
P	Bhavsar, Shryas (MD Anderson)	A	Madden, Lawrence (Mercy Muskegon)
P	Biggs, Daniel (Oklahoma)	P	Maheshwari, Kamal (Cleveland Clinic)
A	Bonifer, Thomas (Allegiance)	A	Martin, Matt (Munson)
P	Buehler, Katie (A4)	A	Morey, Timothy (Florida)
A	Coffman, Traci (St. Joseph)	P	Naik, Bhiken (Virginia)
P	Coyle, Nina (Phy Med – Nashville)	A	Noles, Michael (OHSU)
P	Cuff, Germaine (NYU Langone)	A	O'Donnell, Steve (Vermont)
A	Cuffman, Natalie (Holland)	A	Osborne, Jaime (Michigan)
P	Dalton, John (PhyMed – Tennessee)	A	Pasma, Weize (Utrecht)
A	Dehring, Mark (Michigan)	P	Pace, Nathan (Utah
P	DeSnyder, Kathy (Beaumont)	A	Pagenelli, William (Vermont)
A	Domino, Karen (Washington)	A	Price, Matthew (Beaumont)
A	Eastman, Jaime (OHSU)	P	Ramachandran, Satya Krishna (Michigan)
P	Epps, Jerry, (Tennessee)	P	Reinhardt, Paige (Tennessee)
A	Fleisher, Lee (Pennsylania)	A	Robinowicz, David (UCSF)
A	Fleishut, Peter (Weill-Cornell)	A	Ruiz, Joe (MD Anderson)
A	Haehn, Melissa (UCSF)	P	Saager, Leif (Cleveland)
P	Harwood, Timothy (Wake Forest)	A	St. Jacques, Paul (Vanderbilt)
A	Jerri Heiter (St. Joseph)	P	Segal, Scott (Tufts)
A	Hausman, Mark (Michigan)	P	Shah, Nirav (Michigan)
A	Ianchulev, Stefan (Tufts)	P	Sharma, Anshuman (Wash U)
A	Jacobson, Cameron (Utah)	P	Skolnick, Bruce (Beaumont)
P	Jameson, Leslie (Colorado)	A	Smith, Jeffrey (McLaren)
A	Kappen, Teus (Utrecht)	A	Sommer, Richard (NYU Langone)
P	Kendale, Samir (NYU Langone)	A	Soto, Roy (Beaumont)
P	Kheterpal, Sachin (Michigan)	P	Stefanich, Lyle (Oklahoma)
P	Kiers, Gerard (St. Joseph)	A	Tom, Simon (NYU Langone)
A	King, Lisa (Oklahoma)	A	Wedeven, Chris (Holland Hospital)
A	Kooij, Fabian (AMC)	A	Wilczak, Janet (Oakwood)
P	Kuck, Kai (Utah)	A	Yasick, Tony (Holland)
A	Kuhl, Mackenzie (Marquette)	A	Lagasse, Robert (Yale)

1. Approve minutes from previous meeting: Minutes approved
2. Review feedback tool V1 – Galileo
   - Establish username/ passwords this week for participating institutions

- o Names and passwords are going to be established for the active sites. Please review the list of names are on the ASPIRE website under tab Performance Measures → Quality Committee Members. If any changes need to be made, please contact Tory Lacca.
- Dashboards
  - o All measures are represented by a performance percentage. The performance will be highlighted in green or red, referencing the threshold number determined in previous discussions. The institutional number is at the bottom and is unique to each institution nobody have access to other institutional codes for other sites.
  - o Each measure summary has the following:
    - Inclusion
    - Exclusions
    - Compliance
    - Responsible provider
      - The graph to the right indicated your performance vs. all institutions and the red bar is the threshold.
      - Question: Do you anticipate adding age?
        - o Answer: As we build out the tool, we will be adding filters and we will include age. The filters will be on a measure-by-measure basis and will depend on the measure.
      - Ranking screen include data over the last twelve months
        - o X-axis is the institution
        - o Y-axis is the compliance percentage
        - o The red bar is the threshold
      - MPOG/ASPIRE is working on determining a standardized approach to data diagnostics to measure data quality.
        - o Question: Will you be categorizing institution? For example, compare a comparing peds to peds, ambulatory centers to ambulatory centers, etc.
          - Answer: The measures were built so that the thresholds apply to a broad range of institution type. We will be determining filters for institutions and categorization.
- Failure reports
- Case Viewer
- Notification plan
  - o How are you going to provide feedback to individual providers?
    - We will hold off on forwarding this to individual providers until we can verify the data quality is good.
    - We plan to create an e-mail from Galileo that the QI Champion can forward to the providers. We ask you to hold off on that for now, until we can get that mechanism in place and ensure data accuracy.
- Training plan
  - o Jaime Osborne, the ASPIRE QI Coordinator will be producing a one-page document for training purposes. We think the tool is intuitive, but we will be making a tip-sheet for assistance.
  - o Question: If we have a provider that does not do something very much, will we make a reliability adjustment for those cases? How do we make it reliable and make it explainable?
    - We will come up with a way to determine this by the March Quality Committee Meeting.
3. Review data/ measures from each institutions (from Genevieve)
    - Institutions who are currently providing data. See Appendix A.
4. Roll call/ Attendance/March 16, 2015 Meeting

- If you have not done so yes, please contact Tory to let her know if you will be attending the ASPIRE Quality Meeting on Monday, March 16, 2015.

5. Documentation needs
   - INF 01 – antibiotic administered
     - This will be recorded at the time of surgical incision. We will be tracking the exact antibiotic being administered. Also, it is important to submit CPT codes, so we can create accurate exclusions. If you are interested in how other sites are documenting this measure, please contact Nirav.
     - Dr. Sharma: We do not have CPT codes at Wash U, but we document the four conditions.
       - Dr. Evers is aware that we need your CPT data for other measures.   The need for CPT codes is necessary across all measures and we will be following up to get them.
   - NMB 01 - train of four counts, acceleromyography results, documentation of extubation, patients transferred to ICU intubated
     - There are variable methods in which sites document extubation and we think we found some ways to account for this in the data. We need explicit documentation that indicates that patients were extubated to provide feedback to your providers to ensure they document this for all cases. We are hoping institutions will make progress in getting the extubation data by the end of the year.
   - NMB 02 - documentation of extubation and patients transferred to ICU intubated
   - GLU 01 - preoperative glucose results, preoperative interventions, PACU glucose results, PACU interventions
   - GLU 02 - preoperative glucose results, preoperative interventions, PACU glucose results, PACU interventions
     - PACU data is needed needed for both GLU 01 and 02
     - Question: Which measures can use the manually documented vitals?
       - We need physiologic data that records minute-to-minute specific data and cannot rely on manually entered.
   - PULM 01 - documentation that a patient either came with or received endotracheal tube
     - We are going to be including patients transferred from the ICU and those transferred to the ICU with an endotracheal tube. Specific documentation on this transfer will be important, so we can provide good feedback.

6. Other Items: We have applied to be a qualified clinical data registry (QCDR) and the proposed measures are under the ASPIRE website (https://www.aspirecqi.org/aspire-qcdr). We will find out in the next week if we have been approved as a QCDR and will let you know. The hope is that we can report for members in 2015 to avoid the 2017 penalty.

Appendix A: Measures available by institutions

Institution	INF-01	GLU-01a	GLU-01b	GLU-02a	GLU-02b	NMB-01	NMB-02	PUL-01
Cornell University Health Center	X							X
Massachusetts General Hospital	X	X	X		X	X	X	
University Medical Center - Utrecht	X	X	X	X	X	X	X	
University of Florida, Gainesville	X	X	X	X	X	X	X	X
University of Michigan Health System	X	X	X	X	X	X	X	X
University of Oklahoma Health Sciences Center	X	X	X	X	X	X	X	X
University of Tennessee Medical Center	X	X	X	X	X	X	X	X
University of Utah Health Care	X	X	X	X	X	X	X	X
University of Vermont - Fletcher Allen Health Care	X	X	X	X	X	X	X	X
University of Virginia Health System	X					X	X	X
University of Washington Medical Center	X	X	X	X	X			
Washington University School of Medicine	X					X	X	X