



# ASPIRE

Anesthesiology Performance Improvement and Reporting Exchange

## ASPIRE Breakfast meeting at Michigan Surgical Quality Collaborative Committee Meeting December 12, 2014

SCIP 1: Needs to be documented in intraoperative record to count as administered.  
Feedback: ensure that we are 100% on this measure.

- Make threshold 100%
- Emergency cases will be included
- Have a specific measure or filter for emergency cases

NMB 01:

- Thresholds: Year 1 will be making sure we have the right data. At the University of Michigan we are not currently tracking this measure. We found 3,000 ways that people list the TOF across all the MPOG institutions.
  - Currently, people are not consistently entering this data and we need to establish a standardize way of documenting this measure.
  - We are looking at real data in MPOG to determine how this is working.
  - Feedback: When you are talking about quality improvement the threshold is not a meaningful way to measure.
    - For example: If a provider is at 96% one year and then at 92% the next year, they are still above the threshold, but there is a decline in quality. This needs to be addressed.
  - Ensure we are using the words the same way threshold vs. target. We need to set the definition and standardize the language.
  - Monthly tracking is helpful to ensure consistency
  - TOF is a subjective assessment of an objective concept. We need to do the science to define the standard of care.
  - No changes to the measure

NMB2:

1. Exclude cases with defasciculating dose
  - a. Defasciculating Doses
    - i. Rocuronium: about .1 mg/kg, so 10 mg.
    - ii. Cisastracurium: about .02 mg/kg, so 2 mg.

#### GLU 1:

- We found a high amount of variability in centers. As a result we suggest to change the time from 120 minutes prior to anesthesia start/end to 90-minute prior to start/end
  - We do not have good PACU data and we do not want to fail anyone due to the lack of PACU data
  - Highest rated measure but most difficult to define
  - We are limited in the data we have at different sites. We want this measure to be helpful to sites. Things we had to change
    - Time that we measure – 120-minutes to 90-minutes
    - Glucose number – change to 200
  - Can we add it on the interoperative record?
    - At certain institutions we do not measure in the preop unless there is a reason
  - We have an option to create a second measure to get preop and postop lab values.
- Create a second measure for preop and postop
- Change to 200

#### Non-Blinding of Site Level Performance Measure

- We would like to take a moment to introduce this concept and think about incorporating this into our program.
  - Both the Michigan Society of Thoracic and Cardiovascular Surgeons (MSTCVS) and the Michigan Trauma Quality Improvement Program (M-TQIP) collaborations have meetings where they un-blind the data.
    - Each collaborative makes members sign a confidentiality agreement prior to each meeting and data is shared in a 'circle of trust' only among the members of the collaboration
    - Un-blinding gives the collaborations who are not doing well in a particular area an opportunity to seek advice from a collaboration who is doing better
- We encourage institutions to take this concept to their practice for feedback for the next meeting.