

ASPIRE Pediatric Subcommittee Meeting April 21, 2020



Agenda

- Upcoming Events and Announcements
- December 2019 Meeting Recap
- Pediatric Measure Specification Review
 - Temperature Management
 - Non-Opioid Adjunct Administration/OME

2020 Pediatric Subcommittee Meetings

- July (Webex)
- October at ASA (in person)
- December (Webex)

Other 2020 MPOG Meetings

- MPOG Quality Committee Meetings (web)
 - April 27th , June 22nd , August 24th , October 26th
- MPOG Annual Retreat October 2nd, ASA-Washington DC

2019 Peds Subcommittee Meeting: Recap

- Meeting Minutes from December 2019 have been posted to the website
 - <u>Minutes</u>
 - <u>Slides</u>
- 23 Pediatric Anesthesiologists were in attendance
- 2020 plans: build 2-3 pediatric specific measures
 - Temperature management
 - Postoperative respiratory complications
 - Add tonsillectomy and spine cases to oral morphine equivalency dashboard
 - Intraoperative hypotension (informational measure)



SPA Quality & Safety Measure Workgroup

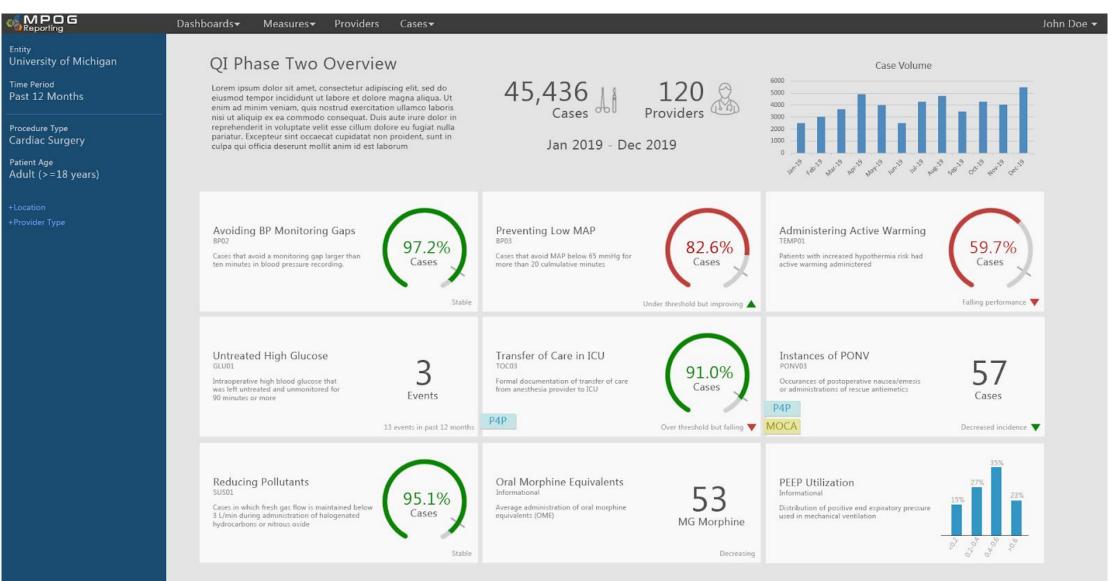


- Brad Taicher MD, PhD (Duke) presented an intro to MPOG at SPA Q&S meeting in February.
- Proposed the formation of a metric workgroup within SPA Q&S to help inform the MPOG subcommittee of best practices in pediatric anesthesia.
- First in person workgroup meeting planned for October at ASA
- All members of the SPA Q&S committee are welcome to join, regardless of involvement with MPOG.

Contact Meridith (<u>Meridith@med.umich.edu</u>) If interested in Joining.



Improved QI Dashboard – May 2020 Release



Measure Build Temperature Management



Overview of Temperature measure updates...

- Focusing on hypothermia only \rightarrow more frequent among pediatric cases
- Low median temperature value will flag cases for review
 - Consecutive temperature: difficult from a technical perspective.
 - Average temperature not utilized since it can be impacted by over-warming a patient at the end of a case.
- Nadir temp < 35C will flag cases for review
 - Seamon et al (2012) determined that a single intraoperative temperature measurement less than 35C increased surgical site infection risk by 221% per degree below 35C (p=0.007)
- Time Period: Intraoperative
 - Many patients are hypothermic for a significant duration of the procedure despite having a temperature > 36C postop.
 - Baseline temperature and the first temp value postop will be listed for each case as information only to assist in case review.



Measure Specification:

Intraoperative Temperature Management - TEMP 04 (Peds)

- Description: Percentage of patients < 18 years old who undergo any procedure greater than 30 minutes whom have a median core/near core body temperature < 36°C (96.8°F) or nadir temp < 35°C (95°F)
- Measure Time Period: Patient in Room to Patient out of Room

<u>Algorithm for determining Measure Start/End Times</u>

Measure Start Time

- Patient In Room. If not then,
- Induction End. If not then,
- Procedure Start. if not then,
- Anesthesia Start

Measure End Time

- Patient Out of Room. If not then,
- Procedure End. If not then,
- Anesthesia End



TEMP 04 (Peds)

Core or Near Core Temperature Monitoring Includes:

 Pulmonary Artery, Distal Esophageal, Nasopharyngeal, Temporal, Tympanic, Bladder, Rectal Temperature, Axillary Temperature (arm must be at patient side) or Oral Temperature

• Case Exclusions:

- ASA 5 and 6
- Cases < 30 minutes duration
- Unlisted Anesthesia procedure (CPT: 01999)
- Organ Harvest (CPT: 01990)
- Obstetric Non-Operative Procedures (CPT: 01958, 01960, 01967)
- Cardiac Surgery (CPT: 00561, 00562, 00563, 00566, 00567, 00580)
- Responsible Provider: Provider present for the longest duration of the case per staff role.



TEMP 04 (Peds)

- Success Criteria: The median temperature intraoperatively is ≥ 36 C (96.8F) or is the nadir ≥ 35 C (95F).
- We will "clean" temperature values using the following artifact algorithm:
 - Less than 32.0°C (89.6F)
 - Greater than 40.0°C (104.0F)
 - Any minute-to-minute jumps > 0.5°C equivalent.
 - Will account for initial warm up of probe placement
- Feedback requested: In addition to baseline temp and first postop temp, what other data (if any) should be displayed as a "case detail"?



Next steps

- Publish temperature management measures
- Finalize specification for opioid equivalency send to group and publish measure
- Send out specifications for proposed measures



Thank you