Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, January 23, 2016

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

A	Abdallah, Arbi 'Ben' (Wash U)	P	Lacca, Tory (Michigan)
P	Agarwala, Aalok (MGH)	P	Lins, Steve (Bronson Battle Creek)
A	Ajja, Olivia (St. Joseph Ann Arbor)	A	Lirk, Philipp (AMC)
P	Angel, Alan (Bronson Battle Creek)	A	Lorzano, Alyssa (Oregon)
P	Aziz, Michael (OHSU)	P	Louzon, Kathryn (Beaumont Royal Oak/Troy)
P	Becker, Aimee (Wisconsin)	A	Mack, Patricia (Weill-Cornell)
P	Berris, Joshua (Beaumont FH)	A	Mathis, Mike (Michigan)
P	Bhavsar, Shreyas (MD Anderson)	A	Mathur, Piyush (Cleveland Clinic)
P	Biggs, Daniel (Oklahoma)	P	McKinney, Mary (Beaumont Dearborn/Taylor)
P	Brightman, Deena (Henry Ford)	A	Miletic, Nino (NYU Langone)
P	Katie Bornhoft (Michigan)	P	Moceri, Katie (Michigan)
P	Buehler, Katie (Michigan)	P	Molina, Susan (St. Mary)
A	Carl, Curtis (Sparrow)	P	Moore, James (UCLA)
A	Carlington, Jen (St. Mary)	P	Naik, Bhiken (Virginia)
A	Cuff, Germaine (NYU Langone)	A	Nanamori, Masakatsu (Henry Ford)
P	Coffman, Traci (St. Joseph)	P	Nelson, Anne (Beaumont)
P	Coons, Denise (Bronson Battle Creek/Kalamazoo)	P	Osborne, Jaime (Michigan)
A	Coyle, Nina (PhyMed)	P	Paganelli, Bill (Vermont)
P	Crawford, Joan (Mercy Muskegon)	P	Pace, Nathan (Utah)
A	Cywinski, Jacek (Cleveland Clinic)	P	Pardo, Nichole (Beaumont Grosse Pointe)
P	Davies, Eric (St. Joseph Oakland)	P	Poindexter, Amy (Holland)
P	DeBoer, Jennifer (Holland)	P	Price, Matthew (Beaumont Royal Oak)
A	DeSnyder, Kathy (Beaumont)	P	Popovich, Matt (AQI)
P	Domino, Karen (U of Washington)	P	Quinn, Cheryl (St. Joes Oakland)
A	Dubovoy, Tim (Michigan)	A	Rensch, Bob (Bronson)
A	Fergus, Claudette (PhyMed)	A	Roberson, Nicole (Trinity)
P	Fleisher, Lee (Pennsylvania)	A	Rozewicz, Deb (Bronson)
P	Gates, Liz (Beaumont Royal Oak/Troy)	A	Saager, Leif (Michigan)
A	Giambrone, Greg (Weill-Cornell)	A	Sams, Amy (Bronson)
P	Godbold, Michael (Tennessee)	A	Schoenberger, Rob (Yale)
P	Greilich, Phillip (UT Southwestern)	A	Schwartz, Rob (Holland)
A	Hart, Steve (Utah)	P	Segal, Scott (Wake Forest)
P	Harwood, Tim (Wake Forest)	P	Shah, Nirav (Michigan)
P	Heiter, Jerri (St. Joseph)	P	Shanks, Amy (Michigan)
P	Hightower, William (Henry Ford W. Bloomfield)	A	Sharma, Anshuman (Wash U)
P	Hitti, Nicole (Weill-Cornell)	P	Silvasi, Daniel (Beaumont Troy)
P	Horton, Brandy (A4)	A	Smith, Susan (Beaumont Royal Oak)
P	Housey, Shelley (Michigan)	A	Stefanich, Lyle (Oklahoma)
P	Jameson, Leslie (Colorado)	A	Tom, Simon (NYU Langone)
A	Jeffries, Thomas (St. Mary)	A	Turnbull, Zackary (Weill-Cornell)
A	Kennedy, Jori (Sparrow)	A	Turzewski, Cynthia (St. Mary)
A	Kheterpal, Sachin (Michigan)	P	Tyler, Pam (Beaumont Farmington Hills)
A	King, Lisa (Oklahoma)	P	Wedeven, Chris (Holland)
A	Kraus, Kelli (St. Mary's Livonia)	P	Whitney, Gina (Children's Colorado)
A	Kuck, Kai (Oklahoma)	A	Wilczak, Janet (Beaumont Dearborn/Taylor)
P	Lagasse, Robert (Yale)		
P	LaGorio, John (Mercy Muskegon)		

Agenda & Notes

1. Announcements
   a. Next quarterly meeting: Friday, April 28. Will co-host with MSQC at Schoolcraft College in Livonia. Will have an agenda focused on both anesthesia and surgeon topics. Bhiken Naik coming to discuss intraop topics- agenda will be posted soon.
   b. ASPIRE only quarterly meeting to be held Friday, July 21, 2017 10a-2p in Lansing.
   c. MPOG meeting next year will be in Boston in October 20, 2017.
2. Minutes from November 28, 2016 meeting approved.
3. QCDR Update
   a. 2016 data submission in progress- 11 sites participated this year.
   b. All 2015 providers accepted without penalty.
   c. Will send out participation agreement for 2017 soon- awaiting feedback from UM legal on verbiage. Cost associated with QCDR participation this year: $250/provider.
   d. Let Dr. Shah or Katie Buehler via email know if interested in participating for 2017.
4. Performance Summary in ASPIRE Dashboard
   a. Many QI champions have requested that performance be listed by provider in Galileo dashboard- for QI champion review only.
   b. ASPIRE is now examining visualization options within Galileo.
      i. Can list in grid format for each measure, by provider- displays % passed, Cases passed, cases failed, cases included, % of institution fails
      ii. Clicking on provider name (row) would take you to the failed case list for that provider.
      iii. Would have the ability to export as a CSV file to Excel and manipulate/filter within Excel.
      iv. Filters in Galileo will also apply.
      v. Question posed to group: Should ASPIRE list provider names in Galileo or limit to staff IDs?
         1. Dr. Davies suggests listing the grid by staff ID in order to review performance without bias. Also would like to see statistical difference for variation from the mean- similar to what is displayed in the provider email as an asterisk. Dr. Jameson agrees to keep listing by staff ID rather than name.
         2. Dr. Berris suggests listing by name in the grid- easier to identify providers to direct feedback.
         3. Agreed to keep two versions available- one anonymized and one identified.
5. Failed case grid updates
   a. Updated failed case review grids based upon feedback from ACQRs and QI champions.
   b. Will send update via forum as they are rolled out by measure.
6. Provider emails
   a. 1000 providers sent emails monthly
   b. Likely to double by the end of the year with additional sites joining this year.

      c.   Emails fall under auspices of QI and Peer Review should the information be discovered for legal purposes.

      d.   Emails are sent to a variety of email address account types: gmail, yahoo, etc. ASPIRE recommends that all sites use a hospital-based email for the performance feedback emails.

      e.   Bottom line: Emails do contain individual provider performance information and want to ensure that each site is still comfortable with this process. No feedback provided on call.

7.   Measure Updates

      a.   NMB 01: will now allow a TOF of 0 for sugammadex administration.

      b.   CARD 01: Proposed to committee that ASPIRE modifies the troponin level to be lower than 1.0. Very little variability in performance with the measure as written. Can use normal reference range for each institution to establish a new standard. For example, new measure could be 2x the reference range.

      c.   Dr. Fliesher suggests 3x the reference range may be more appropriate as without at least a significant increase, the literature does not provide consistent guidance as far as an intervention.

8.   New measures

      a.   PONV (QPP 430)

            i.   Most sites will be able to participate in measure with existing documentation.

            ii.   Once the measure is built, the site can notify ASPIRE if interested in including in provider specific emails.

           iii.   Still planning to begin collecting PACU data in 2017. Once this data is available, will be able to build more measures relative to rescue therapy for PONV, pain, etc.

           iv.   Suggestion to evaluate over-treatment for a future ASPIRE measure.

      b.   TOC (QPP 426)

            i.   PACU Handoff of care measure: 'yes or no'

            ii.   Will include a checklist of elements that need to be included to be compliant with the measure. Sites will need to either include the checklist on the site website or build into the EMR.

           iii.   Second component for ASPIRE only (not for QCDR purposes): handoff audit. Separate score for the 'yes/no' section and a second score for the audit.

           iv.   Audit component will be an in-person audit process. Someone internally viewing handoffs and marking off which elements of the checklist discussed. Number and frequency yet to be determined.

      c.   Normothermia (QPP 424)

            i.   Temperature outcome measure: specifically looks for a temperature 30 minutes before or 15 minutes after anesthesia end. Core temp not required.

            ii.   Will require that PACU data is submitted for participation.

9.   Topics tabled for next meeting

      a.   Peds subgroup

      b.   Call for Measures

Meeting concluded at 1103.

4/14/2020