# ASPIRE Collaborative Meeting

July 21, 2017

Lansing, MI



# This is the most important thing we do





#### Sites

#### **ASPIRE BCBSM Cohort 1 Hospitals**

- Beaumont Health System Dearborn
- Beaumont Health System Royal Oak
- Beaumont Health System Taylor
- Beaumont Health System Troy
- Mercy Muskegon
- St. Joseph Mercy Ann Arbor
- St. Joseph Mercy Chelsea
- St. Joseph Mercy Livingston
- University of Michigan

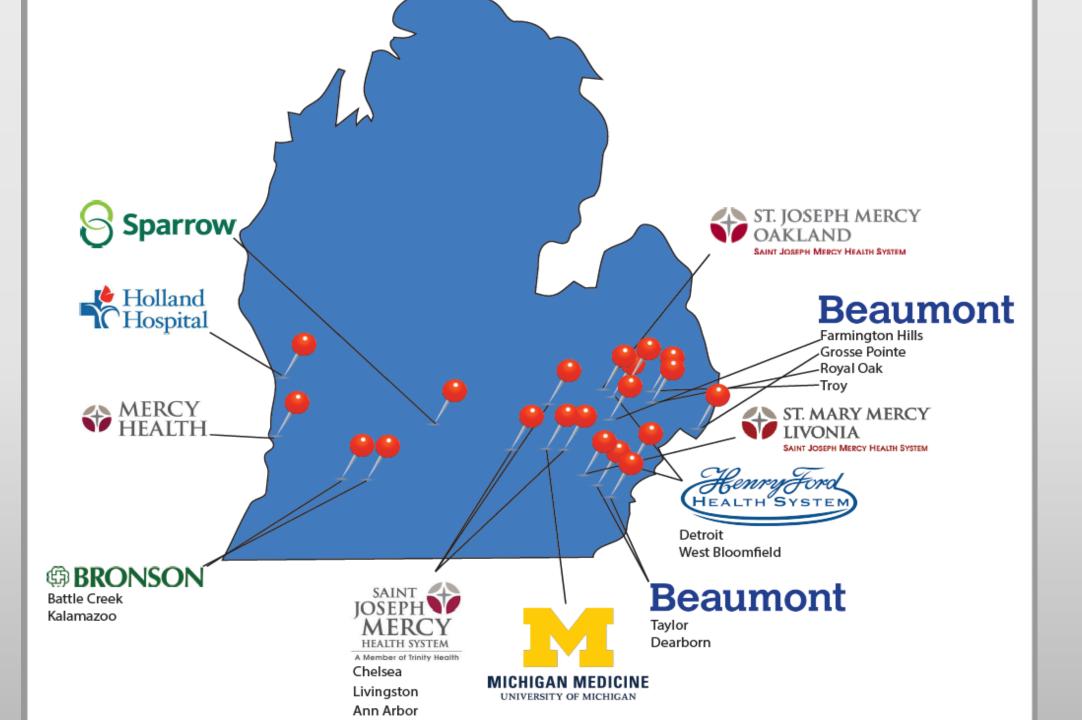
#### **ASPIRE BCBSM Cohort 2 Hospitals**

- Beaumont Health Farmington Hills
- Bronson Medical Battle Creek
- Bronson Medical Kalamazoo
- Holland Hospital
- St. Joseph Mercy Oakland
- St. Mary Mercy Livonia
- Sparrow Hospital

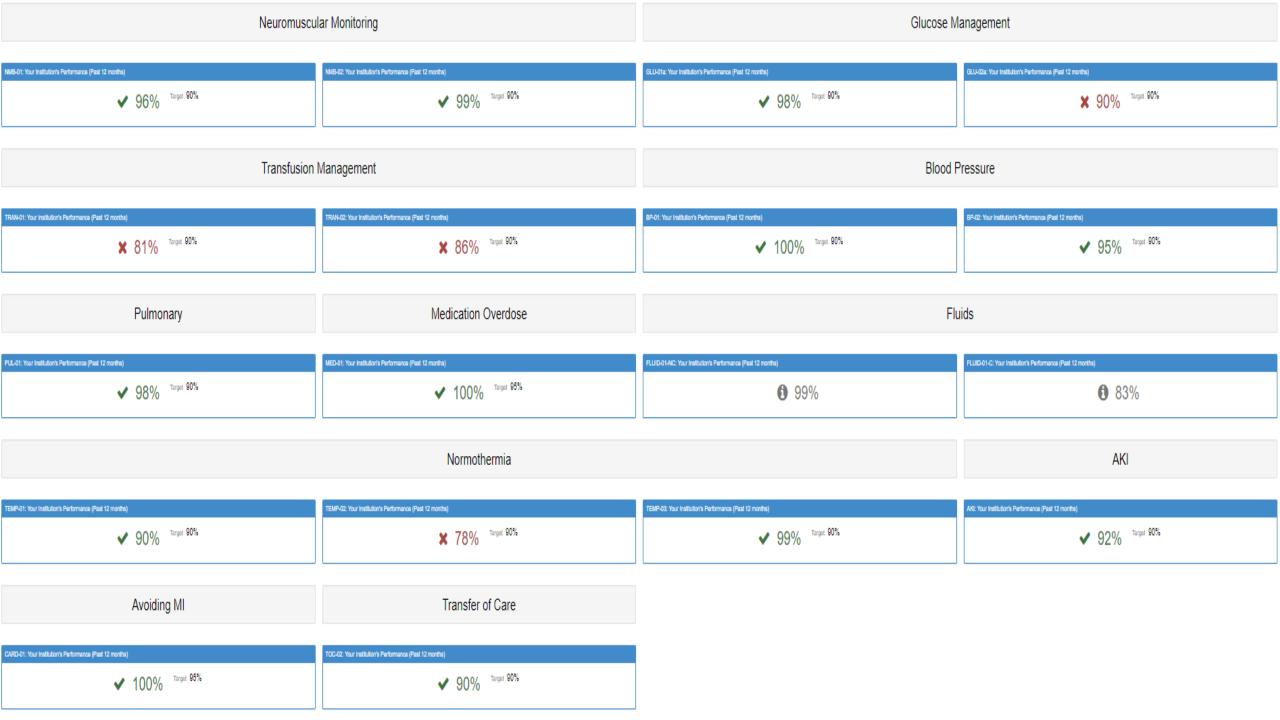
#### **ASPIRE BCBSM Cohort 3 Hospitals**

- Henry Ford Detroit
- Henry Ford Bloomfield Hills
- Beaumont Grosse Pointe



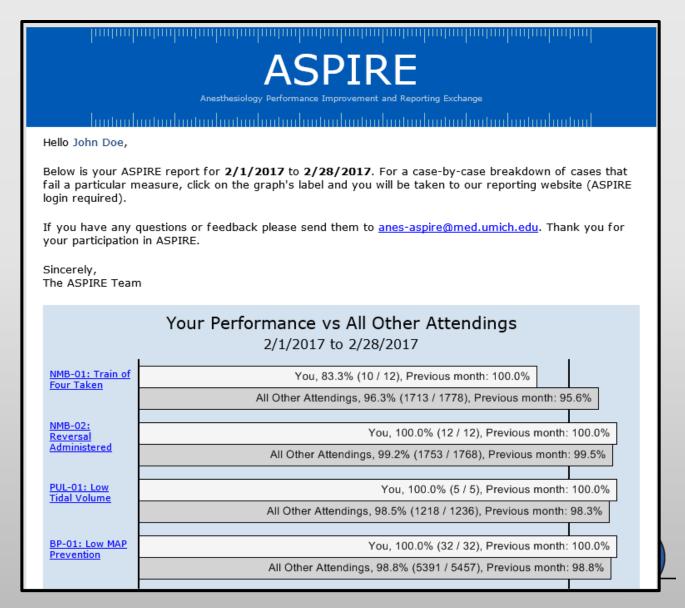






#### Individual Provider Feedback

- Total number of providers sent emails – 2,100
- Total number of emails sent –
   23,000



### Related programs

- QCDR 2017
- MOCA® Part IV (New)



#### THE AMERICAN BOARD OF ANESTHESIOLOGY, INC.

A MEMBER BOARD OF THE AMERICAN BOARD OF MEDICAL SPECIALTIES

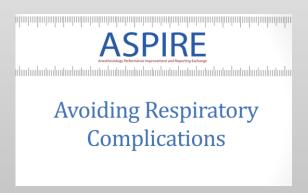
Advancing the Highest Standards of the Practice of Anesthesiology

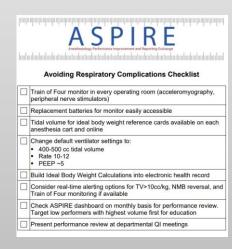
Maintenance of Certification in Anesthesiology Program® and MOCA® are registered certification marks of The American Board of Anesthesiology®

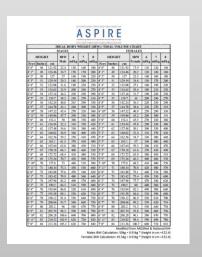


#### Introduction to ASPIRE Toolkits

- ASPIRE Toolkits contain a collection of educational resources, articles, and reference guides.
- Materials within are intended for widespread use across the collaborative to facilitate the sharing of best practices
- First one Avoiding Respiratory Complications







# Avoiding Pulmonary Complications Summarized Reference List. Neuromuscular Biockade 1. Brull SJ, Murphy GS, Residual neuromuscular block: lessons unlearned. Part III methods to reduce the risk of residual vealures. Ameritesia and analgesia. 2010;11(1):1729-301. Review article that examines optimal neuromuscular management strategies used by clinicians to reduce the risk of residual prashysis in the early postoperative period. Current evidence demonstrates that requently utilized clinical tests of neuromuscular inscinent strategies used by clinicians to reduce the risk of residual prashysis. Clinicians are often unable to detect field when TCF ratios are blockade (TCF ratios). O, Completer conversor of neuromuscular inscinent practice for the when TCF ratios are blocked (TCF count of 3.). Electric neuromuscular reversal agent function in more tilkely when antickolinesterases are administered early 1:55:20 mins before estubation) and at shallower depth of block (TCF count of 3.). Section encouncular reversal agent sharp stronged entities with the process of the strategy of the blockers and Severity of Residual Neuromuscular Blockades. Anesthesia and analgesia. 2015;12(1):346-374. A prospective observational study within & Canadian hospitals investigating the incidence of residual Neuromuscular blockades. Primary objective of the RECTE (Besidual Currantena) and its incidence of Tracheal Estubation) study was to investigate the incidence of protoperative residual via Mills (Indented as TCF and Coul, at tracheal estudation, secondary objective was to determine incidence of residual NMB upon ammount in ACU, 302 adult patients undergoing open or biparocopic addominal managements for tracheal Estubation, and 207 patients at PACU arrival. Rocuronium was the NMB used in 1998 percent of case, with remember garbustant received processors. And the patients are tracheal estubation, and 207 patients are reviewed that encodence of residual path was s





#### **Quality Improvement Toolkits**

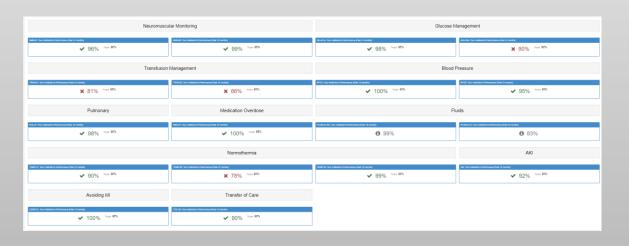
#### Introduction to ASPIRE Toolkits

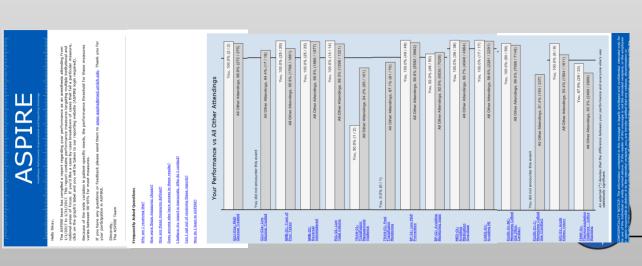
ASPIRE toolkits are designed to improve care and patient outcomes through the adoption of best practices. ASPIRE Toolkits contain a collection of educational resources, articles, and reference guides. Materials within are intended for widespread use across the collaborative to facilitate the sharing of best practices.



# Avoid Measure and Project Overload

- Collecting and analyzing vast amounts of data
- 18 measures, but cannot have 18 QI programs
- Collaborative focused + site focused





## Strong partnership with BCBSM



- Great support from CQI leadership
- Approval for 2018 recruitment
- Advisory role at ABA/ASA events
- Potential for additional uplift to BCBSM fee schedule



# Agenda

9:00 a.m. – 9:15 a.m. Welcome

Nirav Shah, MD

Associate Program Director, ASPIRE

9:15 a.m. – 10:00 a.m. Thermoregulation and Heat Balance

Leif Saager, MD

University of Michigan

10:00 a.m. - 11:00 p.m. Lessons Learned - QI Stories

Antibiotic Prophylaxis Timing

Twisha Patel, PharmD - University of Michigan

Developing a Document Repository for QI

Eric Davies, MD - St. Joseph Oakland

SSI Prevention Project

Steven Lins, MD - Bronson Battle Creek

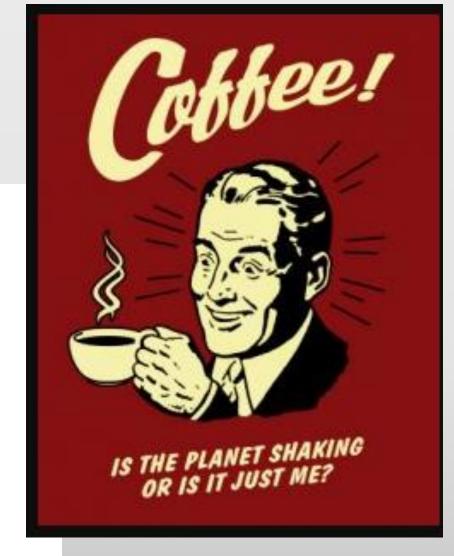
Leveraging ASPIRE and EPIC data for Practice Improvement and Reporting

Joshua Berris, DO - Beaumont Farmington Hills

11:00 a.m. - 11:30 a.m. App Updates

Katie Buehler, MS, RN, CPPS

QI Coordinator, ASPIRE





### Afternoon....

11:30 a.m. – 12:30 p.m. Lunch

12:30 p.m. – 1:30 p.m. ASPIRE Quality Committee Meeting

Nirav Shah, MD

Associate Program Director, ASPIRE

1:30 p.m. – 2:00 p.m. ASPIRE Updates, Wrap up and Questions

Nirav Shah, MD

Associate Program Director, ASPIRE







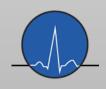
Isaac Kohane, MD, PhD Harvard Medical School

Ashish Jha, MD, MPH Harvard TC Chan School of Public Health



Michael S Avidan, MBBCh Washington University





## Next Up, Thermoregulation and Heat Balance

- Leif Saager, MD
- Assistant Professor, Anesthesiology
- Associate Director of Research for MPOG
- Michigan Medicine



