

ASPIRE Quality Committee Meeting

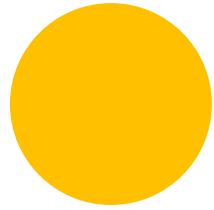
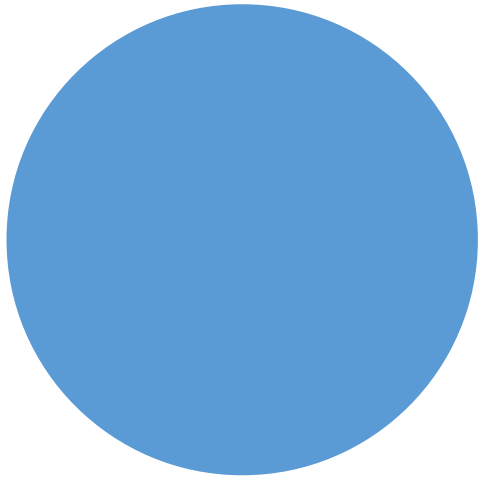
June 22nd, 2020

Agenda

- Upcoming events
- COVID procedure reports across MPOG
- Mortality specification and voting
- Measure review process

Meeting Minutes April 2020

Roll Call – via webex or
contact us



Upcoming Events



ASPIRE Virtual Summer Meeting

July 17th 2020

Michigan sites
performance review

Speakers



Gary Loyd, MD



Matt Wixson, MD

2020 Quality
Committee
Meetings on
Monday

**August 24, 2020 at 10:00 a.m.
October 26, 2020 at 10:00 a.m.**

MPOG Annual Retreat

October 2nd 2020

virtual – details TBD

Cardiac Subcommittee:
thank you for your
interest!

A photograph of a conference room with a long, dark table and several black chairs. A computer mouse is on the table. The room has large windows in the background, letting in bright light. A dark grey semi-transparent box is overlaid on the left side of the image, containing the main title and a list of names. A small white box with a blue link is also on the table.

MPOG Welcomes Three New Executive Board Members

[MORE INFO](#)

Michael Avidan, MBBCh, FCA SA - Washington University, St. Louis

Michael Gropper, MD, PhD - University of California, San Francisco

George Mashour, MD, PhD - Michigan Medicine



**Dr. Julie Huffmyer from the University of Virginia
Receives Research in Education Grant Using ASPIRE Data**

[MORE INFO](#)



MPOG Featured Member

May and June 2020

*"This is the classic puzzle that drew me to MPOG.
There are so many declarations about....."*

[CLICK HERE FOR MORE INFO](#)



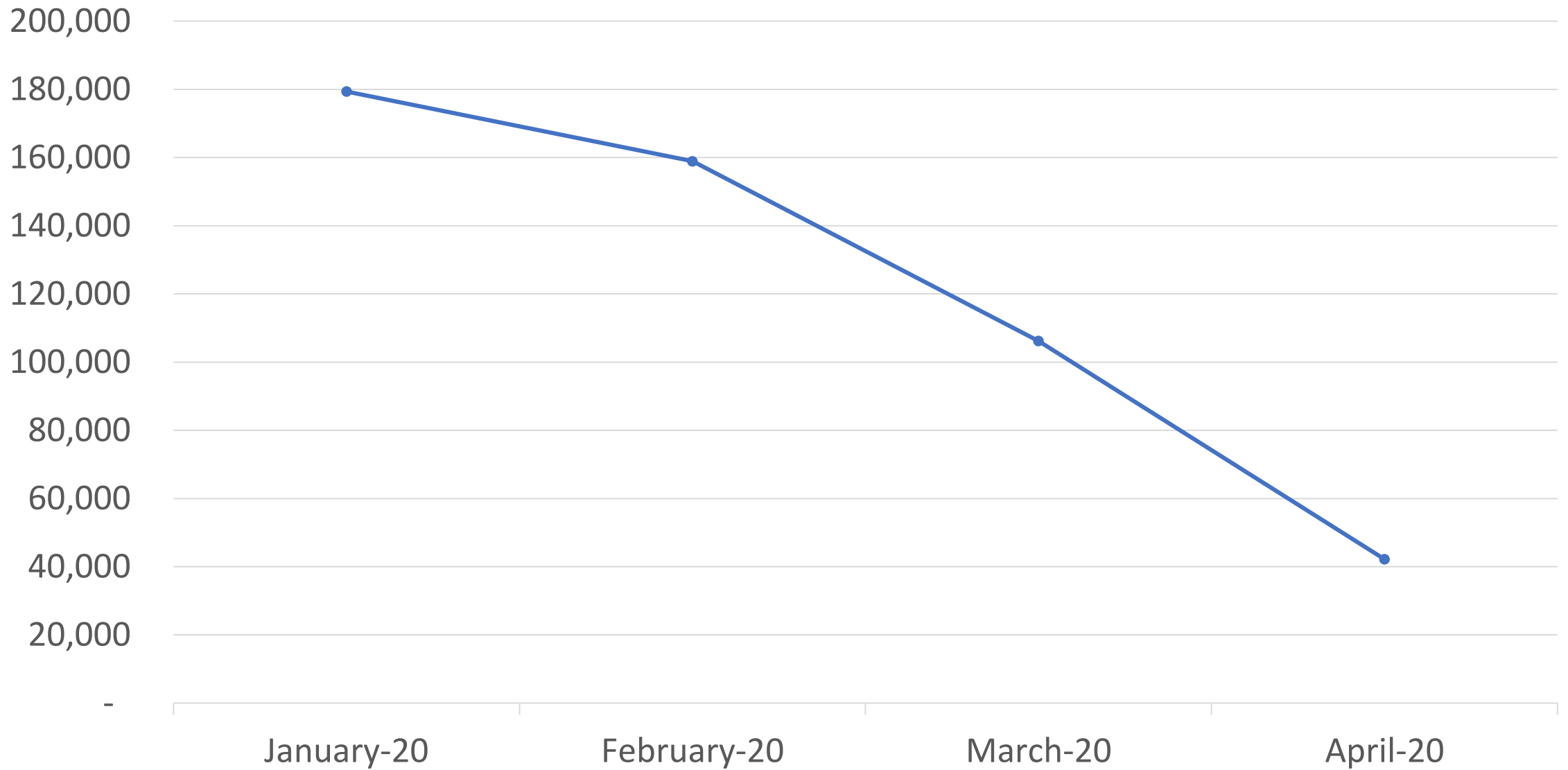
Anschutz Medical Campus

Leslie Jameson, MD
Associate Professor of Anesthesiology
University of Colorado

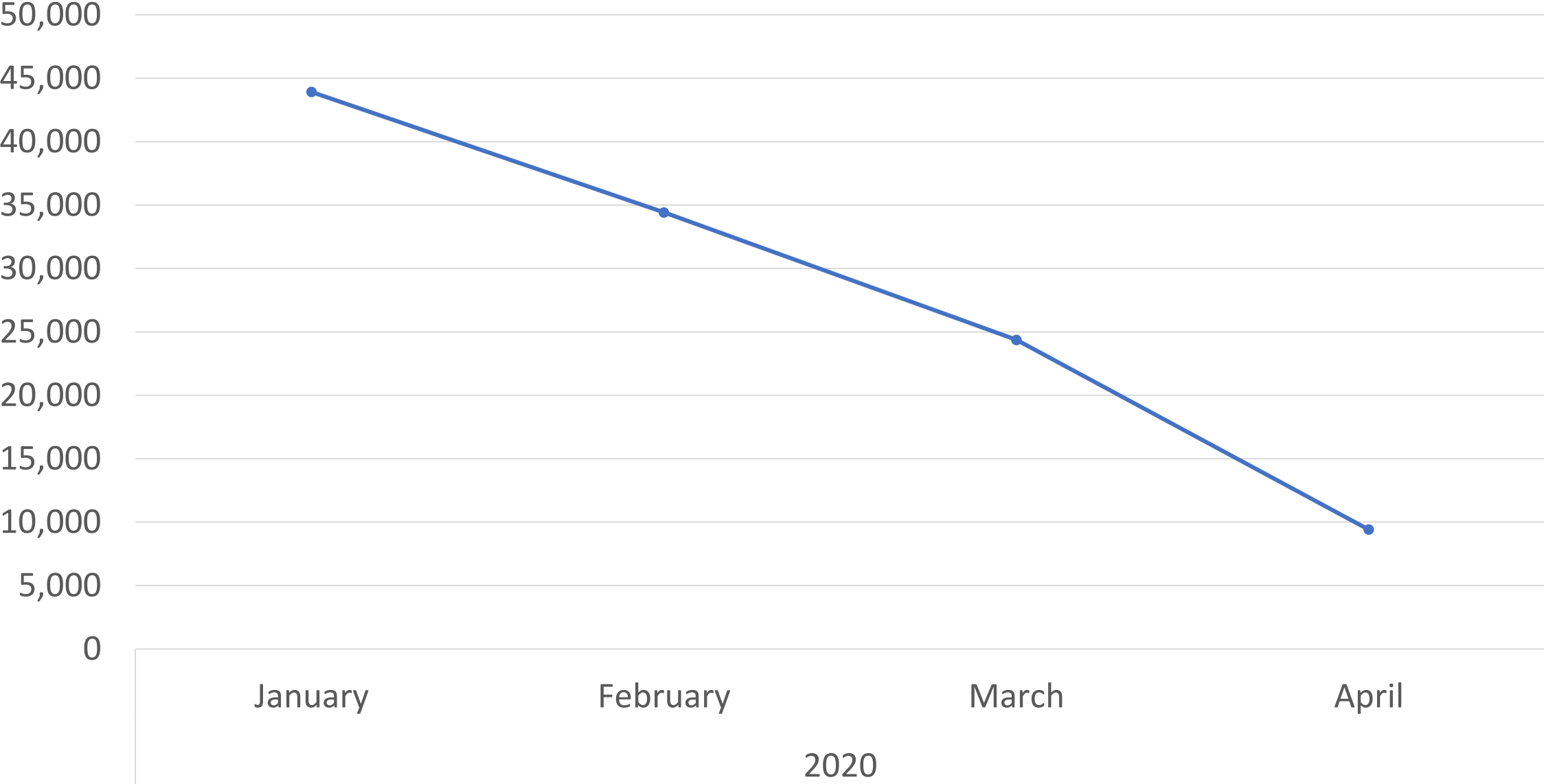


What happened across
MPOG during COVID?

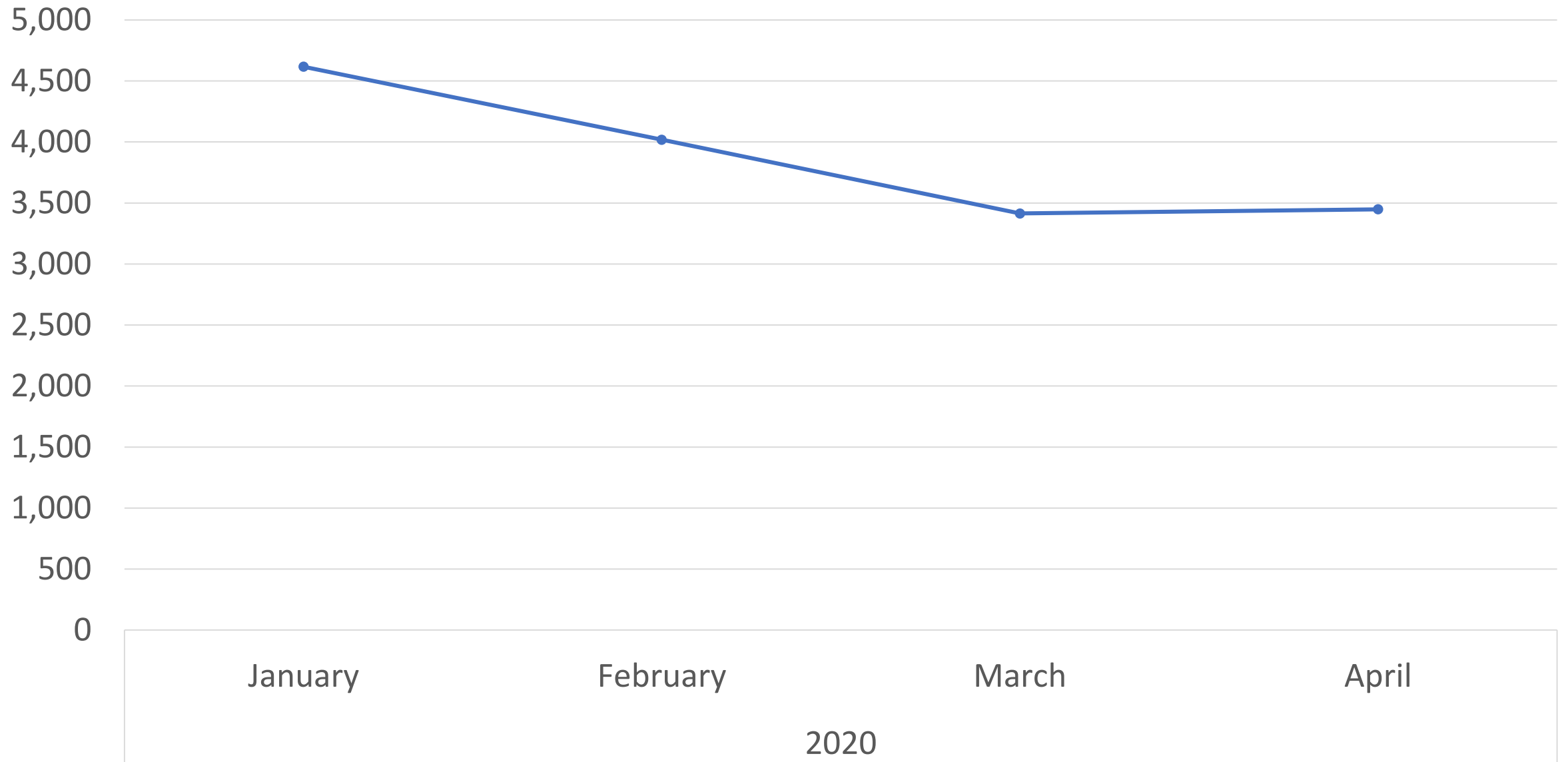
MPOG Case Volume



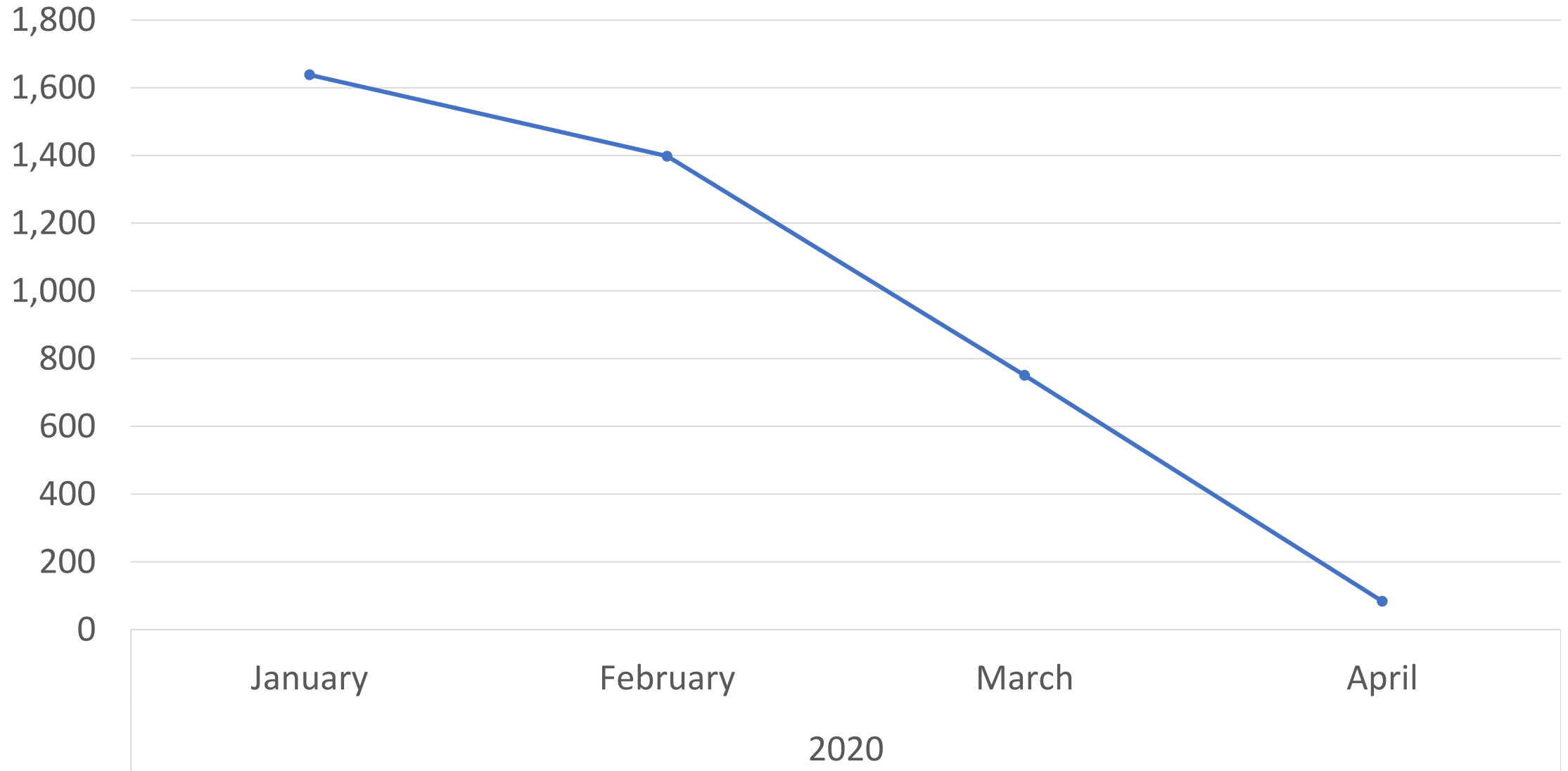
MPOG Case Volume- Michigan Sites Only



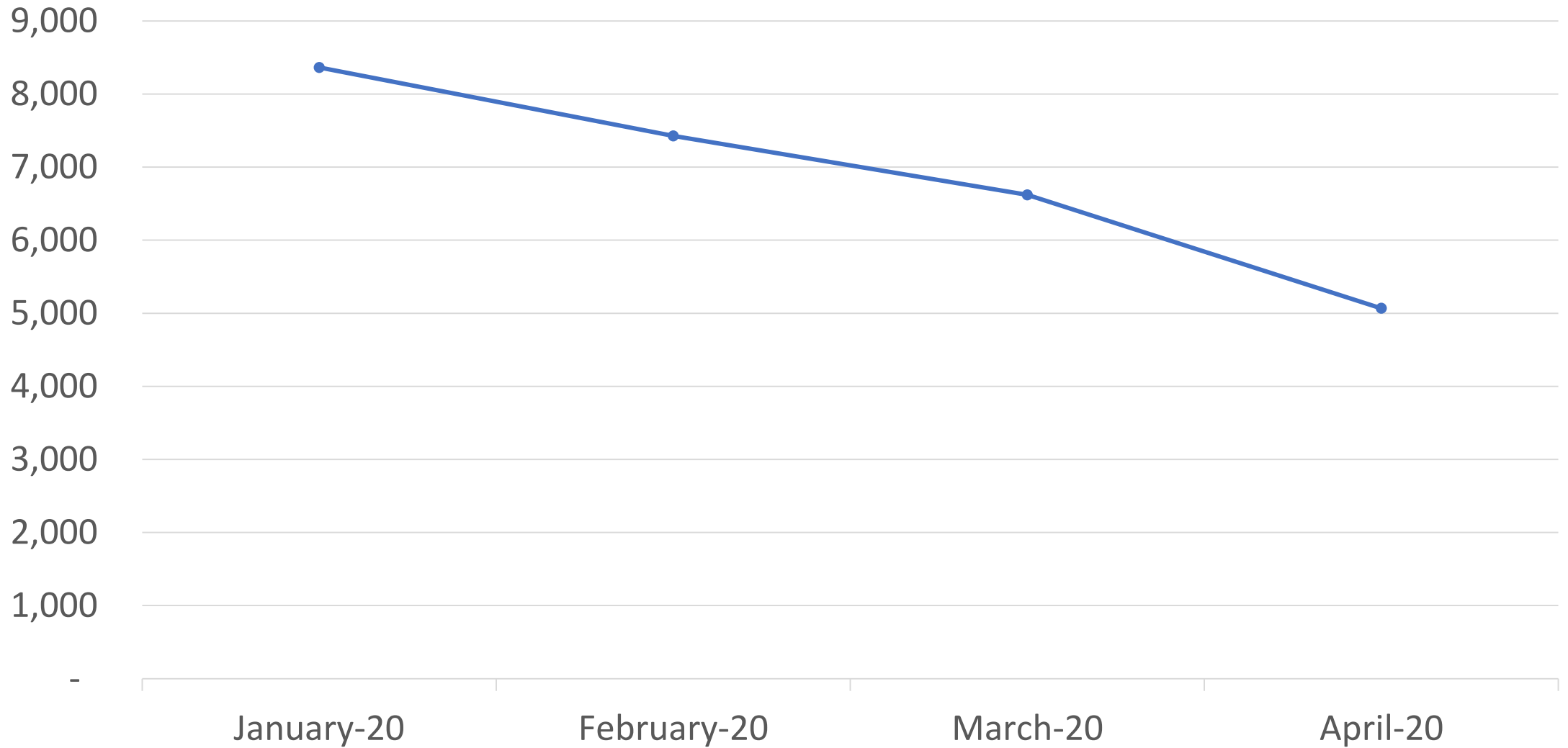
Neuraxial for Labor Epidural Cases



Total Hip Arthroplasty Cases



MPOG Cases - Emergent Status



Measure Updates

In hospital mortality (MORT 01)
Glycemic management

MORT 01 Exclusions

- Measurement of in hospital 30 day mortality rate
- Exclusions developed after literature review and discussion at the coordinating center
- Intended to exclude cases where inpatient mortality is highly unlikely due to procedural or anesthetic care

MORT 01 Exclusions - Poll

Please use Webex poll to provide feedback.

- v
 - ASA 6
 - Central Line Placement (CPT 00532)
 - Diagnostic Imaging/Radiology (CPT 01922)
 - Gastrointestinal Endoscopy (CPT 00731, 00740, 00810, 00811, 00812, 00813)
 - ECT (CPT 00104)
 - Electrophysiologic Procedures (CPT 00537)
 - Lithotripsy (CPT 00872, 00873)
 - External Cephalic Procedure (CPT 01958)
 - Pain procedures (CPT 01991, 01992, 01995, 01996)
 - Bronchoscopy (CPT 00520)
 - Cardioversion(CPT 00410)
- If no, what changes would you suggest?

MORT 01 Calculation

- Post-operative mortality ratio literature supports calculation where each patient who died counts only once in the numerator, but each procedure counts individually in the denominator
- Example: A patient has a Whipple procedure, had multiple bring backs for anastomotic leaks, and then died of sepsis. The patient would count once in the numerator, but all cases would be counted in the denominator.
- Represents the risk associated with each case

$$\frac{\text{\# of patient who died}}{\text{\# of total procedures}}$$

MORT 01 Calculation - Poll

Please use Webex poll to provide feedback

- Do you agree with the following calculation for determining inpatient morality?:

$$\frac{\text{\textit{\# of patient who died}}}{\text{\textit{\# of procedures}}}$$

- If no, what changes do you suggest?

Final question: Overall measure voting – Use Webex

- Choose one of the following:
 - Accept
 - Accept with revisions
 - Reject

Glycemic Management Survey Results

- Thank you to everyone who participated – 35 responses!
- Measure update plan
 - Will keep hyperglycemia threshold at 200mg/dL for glucose measures as opposed to lowering to 180mg/dL (60% vs. 34%)
 - Will keep timeframe for treatment of hyperglycemia at 90 minutes as opposed to shortening to 60 minutes (63% vs. 34%)
 - Will develop treatment measure (54% support)
 - Will require two *escalating* glucose measurements before requiring treatment, instead of only one high glucose measurement (61 vs. 39%)
 - Will include Preop through PACU in the measure (81%)
 - Will maintain institution level attribution only for hyperglycemia in preop and PACU for GLU 03

Measure Review Process

Background

- MPOG QI measures need to be reviewed to stay current and relevant.
- MPOG QI measures may be “topped out” or no longer relevant for QI, and should be retired
- Should reflect latest evidence and consensus of the MPOG Quality Committee
- MPOG Quality Champions have tremendous experience and expertise that should be leveraged
- All MPOG measures should be reviewed every three years

Plan

- Coordinating Center will create a review schedule for all measures
- Coordinating Center will request MPOG Quality Champions and other MPOG members to sign up for measure review
- Coordinating Center may also assign/ request specific members to review measures in their area of expertise.
- Reviewers will make one of the following recommendations (with supporting information)
 - Continue measure as is
 - Modify measure
 - Retire measure

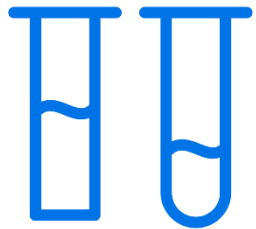
Considerations

- Coordinating Center will not assign more than 1-2 measures per year/ per Quality Champion
- Coordinating Center may assign multiple members for a single measure or group of measures
- Reviewers will be de facto members of MPOG Quality Improvement Measure Workgroup
- Coordinating Center team will assist reviewers as necessary to complete review process

Microbiology Concepts

MPOG Lab Concepts - Microbiology

- New Microbiology Category with prefix 'Micro'
 - Culture type (aerobic, anaerobic, AFB etc.)
 - Specimen type (wound, CSF, fluid etc.)
- Immunology – Antibody tests
- **COVID-19 Related Concepts available**
 - Micro – Virology – Novel Coronavirus (COVID-19)
 - Immunology – Antibody – COVID19 - IgG



MPOG Concept Name	Concept ID
Micro - Virology - Novel Coronavirus (COVID-19)	3403
Immunology - Antibody - COVID19 - IgG	3404
Micro - Culture - Aerobic (blood)	5155
Micro - Culture - AFB (blood)	5156
Micro - Culture - AFB (non-blood)	5157
Micro - Culture - Anaerobic	5158
Micro - Culture - Anaerobic (blood)	5159
Micro - Culture - Fungus	5160
Micro - Culture - Fungus (blood)	5161
Micro - Culture - Yeast	5162
Micro - Culture (blood)	5163
Micro - Culture (CSF)	5164
Micro - Culture (deep tissue)	5165
Micro - Culture (foreign body)	5166
Micro - Culture (IV catheter tip)	5167
Micro - Culture (non-sterile body fluid)	5168
Micro - Culture (respiratory)	5169
Micro - Culture (sterile body fluid)	5170
Micro - Culture (stool)	5171
Micro - Culture (urine)	5172
Micro - Culture (urogenital)	5173
Micro - Culture (wound)	5174
Micro - Isolate - Staphylococcus	5175
Micro - Isolate - VRE	5176
Micro - Virology - Adenovirus	5177
Micro - Virology - Astrovirus	5178
Micro - Virology - Coronavirus (SARS-CoV-2)	5179
Micro - Virology - Human Metapneumovirus	5180
Micro - Virology - Human Rhinovirus-Enterovirus	5181
Micro - Virology - Norovirus	5182
Micro - Virology - Parainfluenza Virus	5183
Micro - Virology - Respiratory Syncytial Virus	5185
Micro - Virology - Rotavirus	5184
Micro - Virology - Sapovirus	5186
Immunology - Antibody - IgA Total	5187
Immunology - Antibody - IgG total	5188
Immunology - Antibody - IgM Total	5189
Immunology - Antibody - IgG/IgM	5190



Thank you