



ASPIRE Virtual ACQR Retreat
September 18, 2020

Welcome!

We will begin shortly...

General Housekeeping

- All participants will be muted on entry
- Unmute yourself to participate but remember to re-mute yourself when complete
- We encourage you to use video!
- Feel free to use Zoom chat during the meeting - we will monitor
- Annual gifts sent via mail – Thank you for all you do!

Agenda

9:00 – 9:10	Welcome Nirav Shah, MD
9:10 – 9:30	Announcements / Introductions Kate Buehler, MS, RN, CPPS
9:30 – 9:45	2021 P4P Scorecards Tory Lacca, MBA
9:45 – 10:15	October 2020 Upgrade: Overview Meridith Bailey, MSN, RN Brooke Szymanski-Bogart, MSN, RN, CPN
10:15 – 10:30	Break
10:30 – 11:45	QI Project Implementation Amy Poindexter, Holland Hospital Case Validation Jessica Wren, HFHS Macomb/Wyandotte/Allegiance Data Diagnostic Drilldown Tiffany Malenfant, Beaumont Trenton/Wayne Local QI Tools Pam Tyler, Beaumont Troy/Farmington Hills Failed Case Review Jerri Heiter, St. Joseph Mercy Ann Arbor
11:45 – 12:00	Reminders & Wrap Up

Introductions

Welcome to our Newest ACQRs!

- Kathy Scranton, Mercy Health St. Mary's Grand Rapids
- Jessica Wren, Henry Ford
Macomb/Wyandotte/Allegiance
- Jackie Goatley, Michigan Medicine
- Kristyn Lewandowski, Beaumont Royal Oak
- Kathy Hall, Borgess



Announcements

- MPOG Virtual Retreat October 2, 2020
 - CMS Perspective on Quality Improvement; *Dr. Schreiber (CMS)*
 - Frequency of Difficult Intubations in Obstetric Patients; *Dr. Reale, (Brigham and Women's)*
 - Impact of COVID-19 on Surgical Case Volumes across MPOG; *Dr. Mavrothalassitis (UCSF)*
 - Utilization Patterns of Perioperative NMB Reversal; *Dr. Dubovoy (University of Michigan)*
- Breakout Sessions: 12:15-12:45 pm
 - NSQIP & STS Integration: Allison Janda, MD & Genevieve Bell
 - Import Manager Q&A: Kate Buehler, MS, RN, Mark Dehring, & Chris Heiden
 - DataDirect 2.0 & Phenotype Browser: Mike Burns, MD, PhD, Jay Jeong, and Michelle Romanowski
 - Tips & Tricks for Designing a Research Question: Mike Mathis, MD & Shelley Vaughn, MPH

Congratulations!



Henry Ford Wyandotte
Jimmy Boutin, MD
Daniel Mekasha, MD
ACQR: Jessica Wren, BSN, RN



Henry Ford Macomb
Merajuddin Khan, MD
ACQR: Jessica Wren, BSN, RN



Henry Ford Allegiance
Eric Davies, MD
Gary Loyd, MD
ACQR: Jessica Wren, BSN, RN

2020 Work In Progress...

- Trinity Epic Conversion
 - Also adding St. Mary's Grand Rapids
 - On track to upload by December 2020
- Bronson Import Manager Conversion
 - On track to upload by November 2020
- Borgess onboarding as new site
 - Will continue into 2021



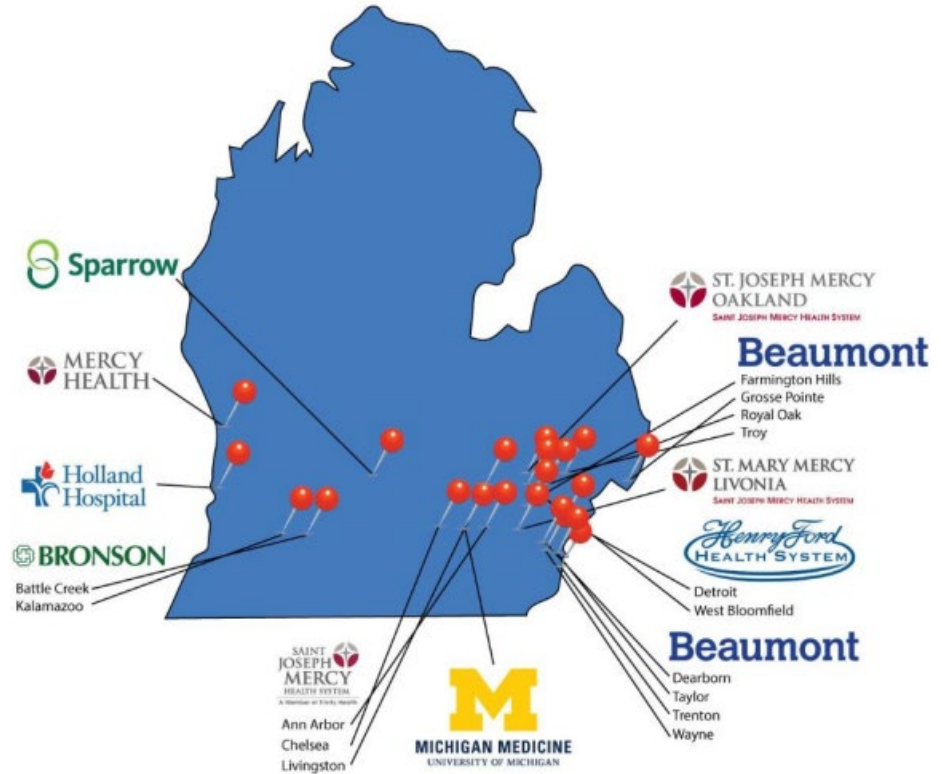
BCBSM Sites 2021

IM Conversion

- Sparrow

New Sites!

- Mid-Michigan Midland
- Spectrum Health System
- METRO Health



MPOG Featured Member

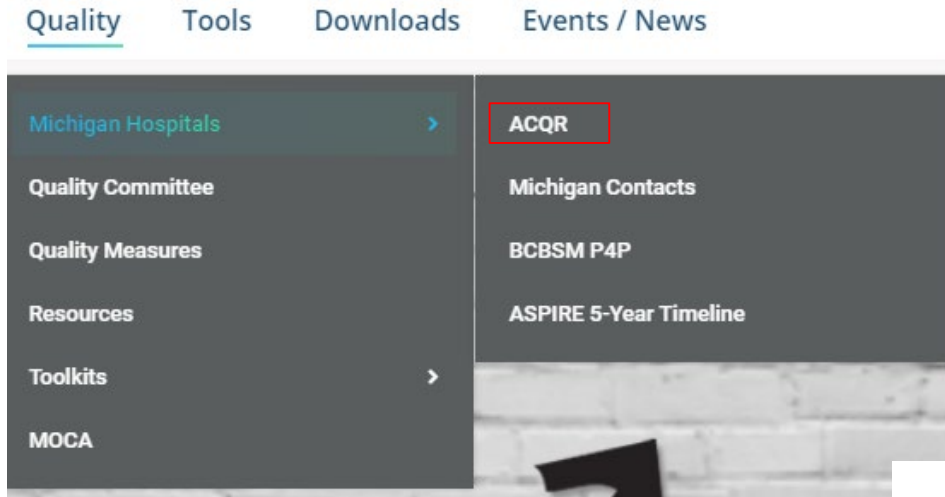
September & October 2020

[MORE INFO](#)



Amy Poindexter, BSN, RN

ACQR Website Updated!



Quick Links



Other Sections Include...

- QI Tools
- ACQR Contacts
- Upcoming Events

Check it out!

<https://mpog.org/acqr-home/>

MPOG Publications 2020

MSA Winter 2020 - Normothermia

University of Michigan

- **Utilization Patterns of Perioperative Neuromuscular Blockade Reversal in the United States: A Retrospective Observational Study From the Multicenter Perioperative Outcomes Group** Dubovoy TZ et al. Anesth Analg. 2020 Jul. [Article](#)
- **Sugammadex versus Neostigmine for Reversal of Neuromuscular Blockade and Postoperative Pulmonary Complications (STRONGER): A Multicenter Matched Cohort Analysis.** Kheterpal S et al. Anesthesiology. 2020 Jun. [Article](#)
- **Risk factors for intraoperative hypoglycemia in children: A Multicenter Retrospective Cohort Study.** Riegger LQ et al Anesth Analg. 2020 Jun. [Article](#)
- **Making Sense of Big Data to Improve Perioperative Care: Learning Health Systems and the Multicenter Perioperative Outcomes Group** Mathis MR et al. J Cardiothorac Vasc Anesth. 2020 Mar. [Article](#)
- **Perioperative Risk and the Association Between Hypotension and Postoperative Acute Kidney Injury** Mathis MR et al. Anesthesiology. 2020 Mar. [Article](#)

University of Arkansas Medical Sciences

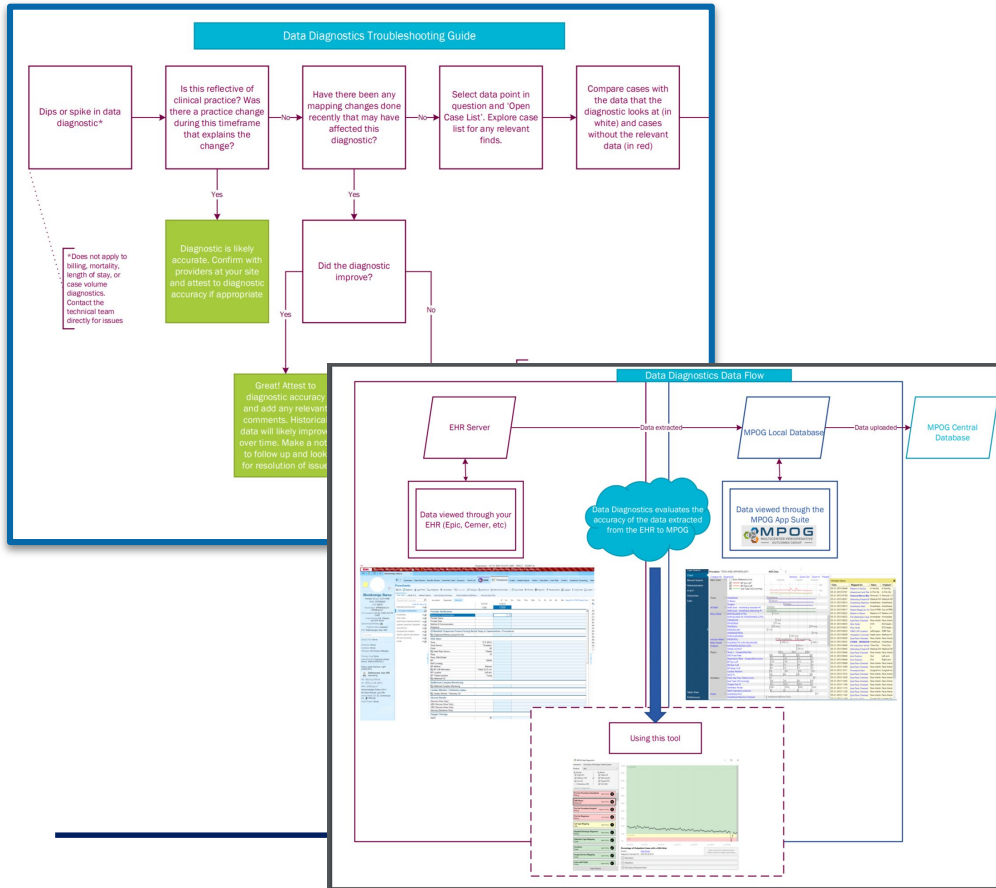
- **Multicenter Perioperative Outcomes Group Enhanced Observation Study Postoperative Pain Profiles, Analgesic Use, and Transition to Chronic Pain and Excessive and Prolonged Opioid Use Patterns Methodology.** Stuart AR et al. Anesth Analg. 2020 Jun. [Article](#)

Planned Measure Release

- **2020 (Q4)**
 - **Opioid Equivalency: Spine (Pediatrics)**
 - **PAIN-01-Peds**
 - Percentage of patients < 18 years old who undergo a surgical or therapeutic procedure and receive a non-opioid adjunct preoperatively and/or intraoperatively.
 - **GLU-05 - Escalated Glucose Treated**
 - Percentage of cases with at least two increasing or equivalent perioperative glucoses > 200 mg/dL with administration of insulin within 90 minutes of second glucose measurement
 - **BP-04-OB**
- **2021**
 - Respiratory Complications
 - Lung Protective Bundle Measure
 - Preop glucose checks for high-risk patients
 - More OB, Cardiac, and Pediatric specific measures

Troubleshooting Guide - New!

MPOG.org > Quality > Resources



MPOG SUITE TRAINING MANUAL

- Module 1: Downloading and Accessing MPOG Suite
- Module 2: Concept Browser
- Module 3: Import Manager Variable Mapping
- Module 4: Location Mapping
- Module 5: Case Viewer
- Module 6: Data Diagnostics
 - Troubleshooting Guide
 - Data Flow
- Module 7: Case Validation
 - Troubleshooting Guide
 - Data Flow
- Module 8: PHI Scrubber
- Module 9: Transfer to MPOG Central
- Module 10: Content Synchronization
- Module 11: Provider Contacts
- Module 12: ASPIRE Dashboards
 - Dashboard Validation
 - Individual Case Review
- Module 13: Measure Case Report
- Module 14: Batch MRN Lookup
- Module 15: Import Manager Assistant
- Module 16: MOCA Attestation Guide
- Module 17: NSQIP Import Tool
- Module 18: Filtering the Dashboard for Desired Time Frame

P4P SCORECARDS

2020 P4P Scorecard Update (post COVID)

- **All:** Attendance at meetings - changed to 2 virtual meetings since MSQC / ASPIRE was cancelled
- **Cohort 1 – 4:**
 - Site based meeting - changed to two meetings to be completed either in-person or virtually
 - Coordinating Center determined no changes needed to performance measures
- **Cohort 5:**
 - Timeliness of regulatory – changed to November 1, 2020
 - Timeliness of submission – changed to December 1, 2020
- **Trinity:**
 - File checker results – changed date to July 1, 2020
 - Timeliness of submission – changed date to December 1, 2020
 - Original Measure 7: Timeliness of monthly provider feedback – removed measure due to late submission, Trinity will not be able to meet this expectation in 2020, Coordinating Center anticipates they will receive provider e-mails early 2021

2021 P4P Scorecard: Cohort 1- 4

- **What's New?**

- Performance Measure: **BP-03** (≥ 87%)
- Cross Cohort Measure: **SUS-01** (≥ 85%)

- **Required Attendance**

- Quality Committee Webex (6) ACQR **or** QI Champion must attend
- Collaborative Meetings (3) ACQR **and** QI Champion must attend

- **Document / Data Submission**

- Selected Site-Directed Measure Form
 - **Deadline: December 11th**
- Site Based Quality Meetings (3)
- Monthly data submission



Nonprofit corporations and independent licensees
of the Blue Cross and Blue Shield Association

2021 P4P Scorecard: Cohort 5

- **What's New?**
 - Performance Measure: **PUL-01 (≥ 90%)**
- **Required Attendance**
 - Quality Committee Webex (6) ACQR or QI Champion must attend
 - Collaborative Meetings (3) ACQR and QI Champion must attend
- **Document Data Submission**
 - Selected Site-Directed Measure Form
 - **Deadline: December 11th**
 - Site Based Quality Meetings (3)
 - ASPIRE Quality Champion and ACQR monthly meetings
 - Monthly data submission
- **Quality Improvement Presentation**
 - Present QI project at either Collaborative or Quality Committee Mtg

Borgess

HFHS – Allegiance,
Macomb and Wyandotte

Mercy St. Mary

October Upgrade Preview

October Upgrade

Infrastructure Improvements

- Dashboard 2.0

Data Diagnostics

- COVID Months 'Ignored'
- COVID Labs
- Microbiology Labs
- Updated thresholds

Variable Mapping

- Search and Sort by variable ID
- Instance Filter

Case Validation

- Ability to comment even if question is 'missing' (PINK)
- 'Tool Tips'
- Revised neuraxial question verbiage to include regional or neuraxial

Case Viewer

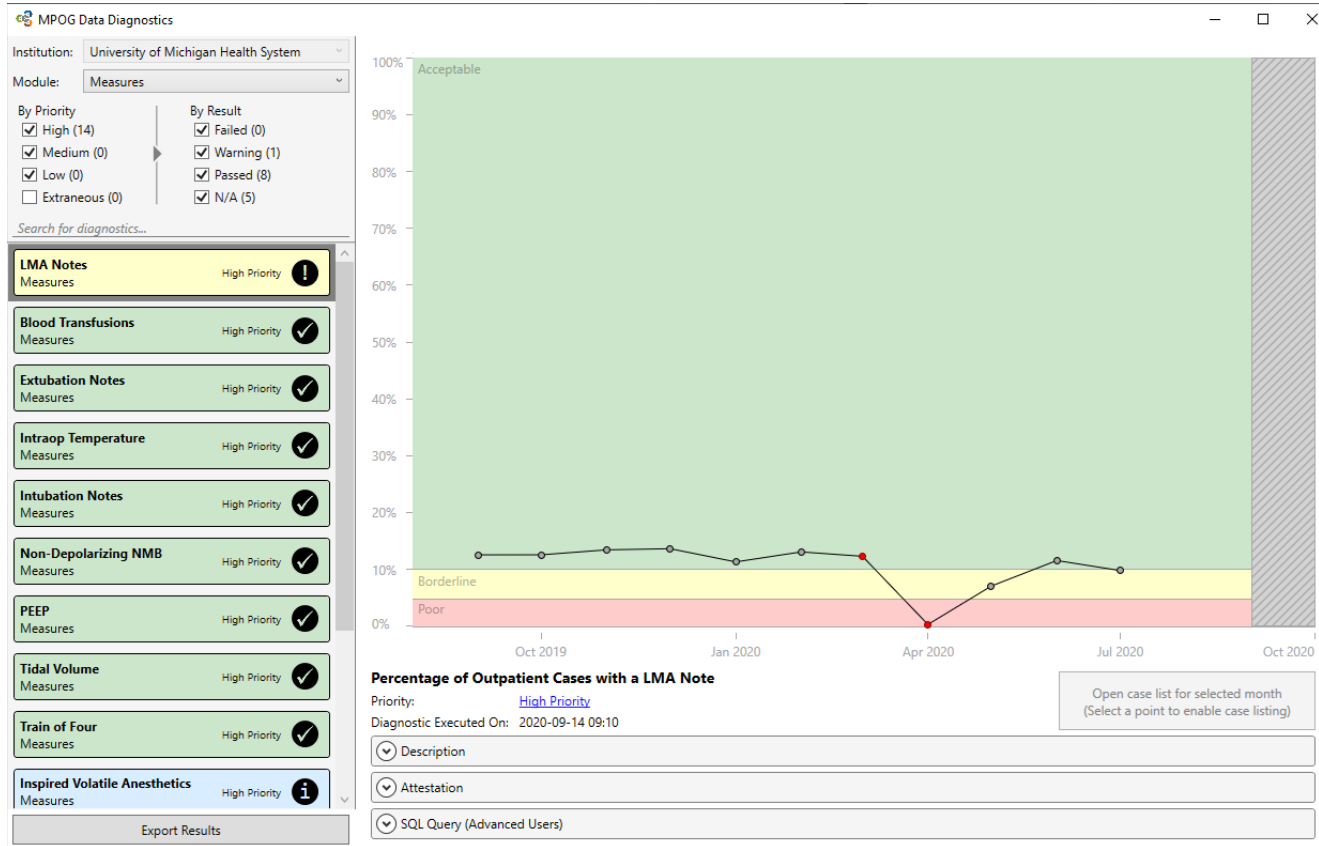
- New Lab Categories (Microbiology, Virology, Immunology)
- Additional Measure 'Sections'
- Medications separated by Administration Route



Dashboard 2.1

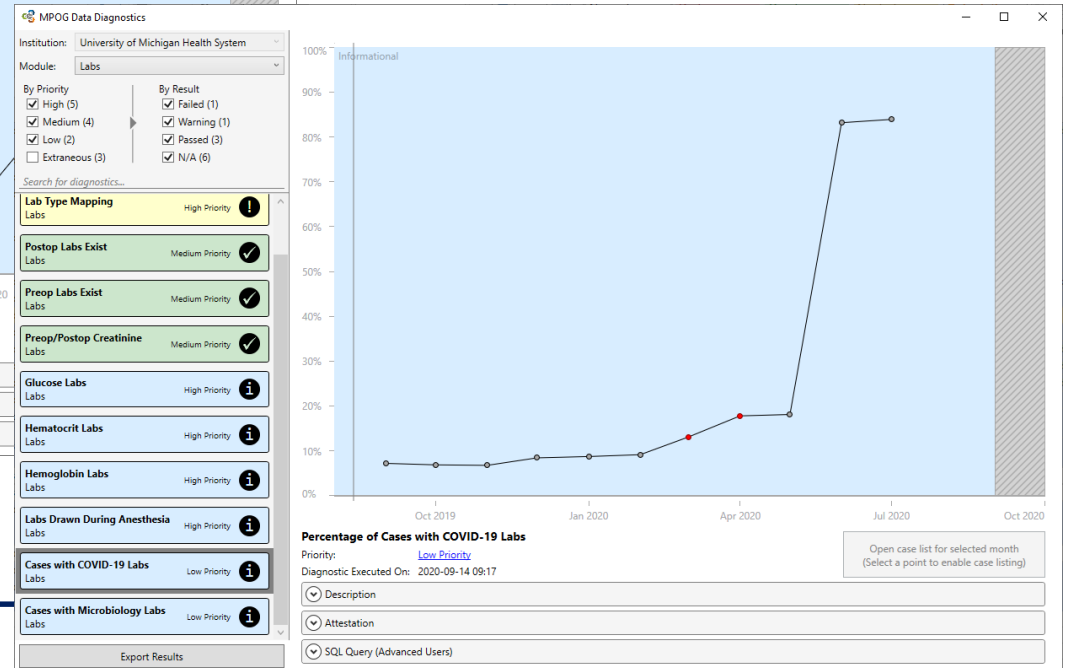
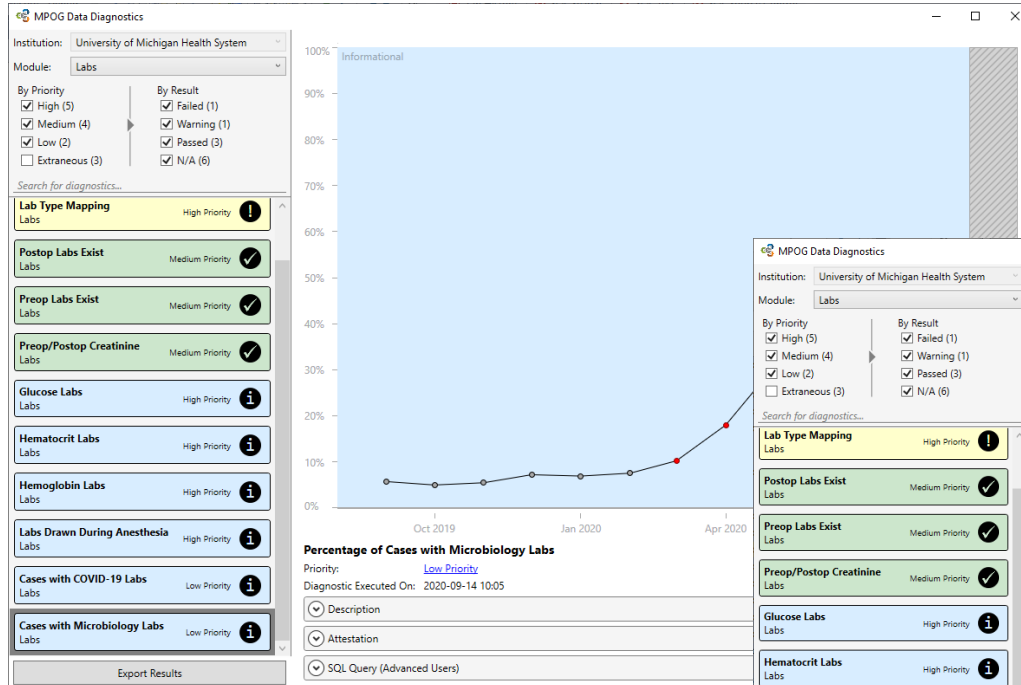
- Thanks for all of your feedback on Dashboard 2.0!
- Phase 1 Release
 - Bug fixes, specifically the automatic logout after 15 minutes of inactivity
 - Performance improvement (faster case list loading)
 - Show 'none' when a responsible provider is not identified
 - Location/Provider Type filters
 - Specialty Dashboards (Cardiac, OB, Pediatrics)
- Phase 2 Release
 - Opioid Equivalency Dashboard
 - Surgical Site Infection Dashboard
 - Individual Dashboards (including MOCA & specialty dashboards)

Data Diagnostics: COVID-19 Months 'ignored'



- Borderline/Poor diagnostic scores for March, April, and May 2020 will no longer flag the diagnostic name on the left as borderline/poor for certain diagnostics
- March/April/May data points will be red as a reminder, regardless of whether or not the graph changed

New Microbiology and COVID-19 Diagnostics



Data Diagnostics: Updated Thresholds

- Adjusted thresholds for some diagnostics based on most recent data from sites
- Addition of thresholds to some diagnostics that were previously informational/blue

Variable Mapping: Can select which changes to adopt

When importing suggested changes from the coordinating center, can now pick and choose which ones to adopt

Import Mappings

Do you want to import the following mappings?

Organization	Variable Type	Variable Name	MPOG Concept Name	MPOG Concept ID	Import?
Test Organization	Ethnicity	White	Not Hispanic or Latino	201	<input checked="" type="checkbox"/>
Test Organization	Ethnicity	Unknown	Unknown	299	<input checked="" type="checkbox"/>
Test Organization	Ethnicity	Multiracial	Other	298	<input checked="" type="checkbox"/>
Test Organization	Ethnicity	Declined	Unknown	299	<input checked="" type="checkbox"/>
Test Organization	Ethnicity	Black	Not Hispanic or Latino	201	<input checked="" type="checkbox"/>
Test Organization	Ethnicity	American Indian	Not Hispanic or Latino	201	<input checked="" type="checkbox"/>

Confirm Import

Cancel

Variable Mapping: Filter on Instance

The screenshot shows the 'MPOG Configuration' window. On the left, there are several configuration options: 'Mapping Type' (dropdown), 'Instance' (dropdown, currently 'Testing'), 'Organization' (dropdown, currently 'All Assigned Organizations'), 'Display Mode' (dropdown, currently 'All Variables'), and a 'Search Filter' text box. On the right, there are 'Import' and 'Export' buttons, a 'Direction' dropdown (currently 'Normal'), 'Options' with 'Auto Search On' and 'Auto Select On' buttons, and another 'Search Filter' text box. Below these are two tables. The left table has columns: ID, Org, Name, Times Used, Mapped As, Type. The right table has columns: Name, ID, Type. Between the tables are buttons for 'Map', 'Unmap', 'Exclude', and 'Examine'.

*Only applies to sites that have more than one Import Manager instance, i.e. Cerner & Epic

Variable Mapping: Other changes

- Improved “auto searching”
 - Improvements to which part of variable name is used for auto searching
- Keyword matching when searching
 - Ex: Searching for 0.9% will also search for Normal Saline

The screenshot displays the MPOG Configuration interface. On the left, there are several configuration options: Mapping Type (dropdown), Organization (University of Michigan Ann Arbor), Display Mode (All Variables), and Search Filter (text input). On the right, a red-bordered window contains additional settings: Direction (Normal), Options (Auto Search On and Auto Select On buttons), and Search Filter (text input). Below these settings are two tables. The left table has columns for ID, Org, Name, Times Used, Mapped As, and Type. The right table has columns for Map, Name, ID, and Type. Buttons for Map, Unmap, Exclude, and Examine are located between the tables.

Case Validation: Tooltips & Comments for 'Missing' Questions

MPOG Case Validation Utility

Case Lookup Information

Patient MRN: _____
Date of Operation: 06/17/2020 - 07:38
MPOG Case ID: 12C4B36B-5EB4-EA11-9109-005056B4993C

Open Case in MPOG Case Viewer

Questions for Validation

Was AACD Patient Available Date/Time (Preop Start) at 06:49? Yes No

Perioperative Times *From 4 Hours Before Anesthesia Start to Anesthesia End + 6 Hours* Add comments here

Was anesthesia start at '2020-06-17 07:38'? Yes No

Was surgical incision at '2020-06-17 08:42'? Yes No

Was Phase I Recovery Room In Date/Time at 11:11? Yes No

Was anesthesia end at '2020-06-17 11:17'? Yes No

Intraop Staff *No Time Restriction* Add comments here

Was there 1 anesthesiology attending(s) that signed into this case? Yes No

Was there 1 anesthesiology CRNA(s) that signed into this case? Yes No

Was there 1 anesthesiology residents that signed into this case? Yes No

Preop Physiologic *From 4 Hours Before Anesthesia Start to Anesthesia Start* Add comments here

Was the systolic blood pressure 104 at 06:51? Yes No

Was the patient's preoperative baseline blood pressure 129 / 59? Yes No

Intraop Physiologic *From Anesthesia Start to Patient Out of Room* Add comments here

Was the highest value for a non-invasive blood pressure (systolic) 125? Yes No

Was the lowest value for a non-invasive blood pressure (systolic) 64? Yes No

Did the patient receive all of following volatile gases:
Isoflurane Yes No

Postop Physiologic *From Patient Out of Room to Anesthesia End + 6 Hours* Add comments here

Save As Image Save Answers Cancel

*Scans physiologic for the following concepts:
3011:BP Sys Invasive Unspecified Site 1
3015:BP Sys Non-invasive
3026:BP Sys Invasive Unspecified Site 4
3030:BP Sys Arterial Line (Invasive, Peripheral)
3041:BP Sys Invasive Unspecified Site 2
3046:BP Sys Invasive Unspecified Site 3
3475:BP Sys Invasive Unspecified Site 5*

Preop Medications

From 4 Hours Before Anesthesia Start to Anesthesia Start

Add comments here

Nothing Found



Comments are now available for blank sections!

Case Validation: Neuraxial question verbiage and Tooltip

MPOG Case Validation Utility

Case Lookup Information

Patient MRN:
Date of Operation:
MPOG Case ID: F689B386-E7CF-E911-90

Questions for Validation

Case Information *No Time Restriction*

Was the patient's name (No First Name) (No Last Name)?

Was the patient's age at the time of operation 37 years?

Is the admission type correctly mapped as 'Admit'?

Was the ASA physical status of the patient 'ASA 2'?

Is the following procedure description correct?
MIDLINE C-SECTION

Was this procedure performed in procedure room 'LD-OR 04'?

Are the following tags correct for procedure room 'LD-OR 04'?
Facility type - Acute care hospital
OB-GYN - Obstetric operating room

Is the primary procedure service correctly mapped as 'Obstetrics / Gynecology'?

Did this patient receive regional or neuraxial anesthesia (with or without general anesthesia)? Yes No

Preop *From 4 Hours Before Anesthesia Start to Anesthesia Start* Add comments here

Was AACD Patient In Facility Date/Time at 17:24? Yes No

Perioperative Times *From 4 Hours Before Anesthesia Start to Anesthesia End + 6 Hours* Add comments here

Save As Image Save Answers Cancel

Is triggered if any of the following concepts are present:

- 50020:Neuraxial Approach
- 50021:Regional - Peripheral Nerve Catheter placed
- 50028:Epidural Complications
- 50034:Neuraxial - Vertebral interspace final (Unspecified)
- 50050:Obstetrics - Labor epidural start
- 50051:Obstetrics - Labor epidural end
- 50065:Regional - Cervical Plexus Block
- 50081:Regional - Adductor Canal Block performed
- 50106:Needle Type (Regional or Neuraxial)
- 50107:Needle Length (Regional or Neuraxial)
- 50108:Needle Diameter (Regional or Neuraxial)
- 50109:Catheter Size (Regional or Neuraxial)
- 50146:Neuraxial technique patient position
- 50147:Neuraxial - Spinal vertebral interspace final
- 50148:Neuraxial - Spinal needle approach
- 50149:Neuraxial - Spinal needle type
- 50150:Neuraxial - Spinal needle diameter (gauge)
- 50151:Neuraxial - Spinal needle length (cm)
- 50152:Neuraxial technique number of attempts
- 50153:Neuraxial - Spinal dermatomal level achieved
- 50154:Epidural anesthesia catheter placement note
- 50155:Epidural vertebral interspace final
- 50156:Epidural needle approach
- 50157:Epidural needle type
- 50158:Epidural needle diameter (gauge)
- 50159:Epidural needle length (cm)
- 50161:Epidural loss of resistance (saline or air)
- 50162:Epidural loss of resistance depth (cm)
- 50163:Epidural catheter type or brand
- 50164:Epidural catheter withdrawn to depth (cm)
- 50165:Epidural dermatomal level achieved
- 50166:Epidural parasthesias during placement
- 50214:Epidural Catheter Removed
- 50329:Neuraxial technique sterile prep and drape note
- 50330:Neuraxial technique sterile prep type detail
- 50333:Neuraxial technique subcutaneous skin infiltrated with local anesthetic
- 50335:Neuraxial insertion parasthesia assessment - note
- 50336:Neuraxial insertion parasthesia yes / no detail
- 50337:Neuraxial insertion aspiration of blood or CSF - note
- 50338:Neuraxial insertion aspiration of blood or CSF - detail
- 50339:Epidural catheter withdrawn to depth (cm) - detail
- 50340:Neuraxial / Regional - Assessment of neuraxial or regional technique
- 50341:Neuraxial / Regional - Assessment of neuraxial or regional technique - detail
- 50344:Epidural catheter secured
- 50347:Epidural meniscus fall assessment - note
- 50348:Epidural meniscus fall yes / no - detail
- 50349:Epidural test dose administered - note
- 50350:Epidural test dose administered - number of ML detail
- 50351:Neuraxial - Spinal placement CSF observed note
- 50352:Neuraxial - Spinal placement CSF observed yes / no detail
- 50353:Neuraxial - Spinal placement Blood observed in spinal needle note
- 50354:Neuraxial - Spinal placement Blood observed yes / no detail
- 50356:Regional - Block performed
- 50363:Neuraxial technique - Sensory Level Tested Left Note
- 50364:Neuraxial technique - Sensory Level Left Detail
- 50365:Neuraxial technique - Sensory Level Left Testing Device Detail
- 50366:Neuraxial technique - Sensory Level Tested Right Note
- 50367:Neuraxial technique - Sensory Level Right Left Detail
- 50368:Neuraxial technique - Sensory Level Right Testing Device Detail
- 50370:Neuraxial technique - Bilateral Sensory Level Tested Note
- 50371:Neuraxial technique - Bilateral Sensory Level Detail
- 50372:Neuraxial technique - Bilateral Sensory Level Testing Device Detail
- 50383:Regional - Supraclavicular Block
- 50384:Regional - Interscalene Block
- 50385:Regional - Infraclavicular Block
- 50386:Regional - Axillary Block
- 50387:Regional - Femoral Nerve Block
- 50388:Regional - Popliteal Block
- 50389:Regional - Sciatic Block
- 50390:Regional - Ankle Block
- 50391:Regional - Bier Block
- 50392:Regional - Block Start Time
- 50393:Regional - Block End Time
- 50394:Regional - Block Assessment
- 50395:Regional - Block inadequate for surgical anesthesia, required conversion to general
- 50396:Regional - Block complications
- 50397:Regional - Bier Block tourniquet release
- 50398:Regional - Lumbar Plexus Block
- 50614:Neuraxial technique - Combined Spinal / Epidural technique note
- 50615:Regional - Pre-Block site, side, procedure verification
- 50629:Regional - Retrobulbar Block by surgeon
- 50635:Regional - Caudal block performed
- 50643:Neuraxial - Epidural placed for postoperative pain control
- 50676:Regional - Block side
- 50677:Regional - Block Location
- 50678:Regional - Motor response to stimulus
- 50679:Neuraxial - complications
- 50680:Neuraxial - spinal performed
- 50687:Neuraxial - comment
- 50690:Categorized note - Regional anesthesia
- 50691:Categorized note - Neuraxial technique
- 50724:Regional - Superior Laryngeal Block
- 50765:Regional - Saphenous Nerve Block
- 50775:Regional - Ultrasound used
- 50798:Regional - Inguinal field Block
- 50808:Regional - Transversus Abdominis Plane (TAP) Block

Case Viewer - Labs

Drug Monitoring	Medication Level - Acetaminophen	<10
	Medication Level - Cortisol	
	Medication Level - Ethanol	None Detecte
	Medication Level - Folic Acid	
	Medication Level - Iron	

Microbiology	Micro - Culture - Anaerobic	
	Micro - Culture (blood)	Staphylococci
	Micro - Culture (CSF)	
	Micro - Culture (deep tissue)	
	Micro - Culture (urine)	No significant
	Micro - Culture (wound)	
	Micro - Isolate - VRE	

Immunology	Immunology - Antibody - IgA Total	246
	Immunology - Antibody - IgG total	1157
	Immunology - Antibody - IgM Total	71

Virology	Micro - Virology - Adenovirus	Not detected
	Micro - Virology - Astrovirus	Not detected
	Micro - Virology - Coronavirus (SARS-CoV-2)	
	Micro - Virology - Norovirus	Not detected
	Micro - Virology - Sapovirus	Not detected

Case Viewer - Meds by Route

Bolus Meds - IV	CALCIUM GLUCONATE		
	CEFOXITIN		
	DEXAMETHASONE		
	DIPHENHYDRAMINE		
	FENTANYL		100 mcg
	MIDAZOLAM		2 mg
	ONDANSETRON		
	PHENYLEPHRINE		
	PROPOFOL		200 mg
	ROCURONIUM		100 mg
SUGAMMADEX			
Bolus Meds -	HEPARIN		
Subcutaneous			
Bolus Meds -	LIDOCAINE 1.5% W/1:200,000 EPINEPH		
Epidural	ROPIVACAINE 0.2%		
Bolus Meds -	ACETAMINOPHEN		
Oral	OMEPRAZOLE		
Bolus Meds -	LIDOCAINE 5%		
Transdermal			
Infusion Meds	ROPIVACAINE 0.2%		
Misc			

Case Viewer - New Sections

Collapse All **Expand All**

Main Chart [-] Show Reference Line

- BP Sys Arterial
- BP Dias Arterial
- BP Sys Cuff
- BP Dias Cuff
- EKG Pulse Rate
- SpO2 Pulse Rate
- End Tidal CO2 (mmHg)

Times [-] **Preop**

Anesthesia
In Room
Surgery
PACU

All Staff [-]

Staff Level - Anesthesia Attending #1
Staff Level - Anesthesia CRNA #1
Staff Level - Anesthesia CRNA #2
Staff Level - Anesthesia Resident - Unsp
Staff Level - Surgical Attending/Procedu
Staff Level - Surgical Resident #1

Bolus Meds - IV [-]

CALCIUM GLUCONATE
CEFOXITIN
DEXAMETHASONE
DIPHENHYDRAMINE
FENTANYL
MIDAZOLAM
ONDANSETRON
PHENYLEPHRINE
PROPOFOL
ROCURONIUM
SUGAMMADEX

Bolus Meds - Subcutaneous [-]

HEPARIN

Bolus Meds - Epidural [-]

LIDOCAINE 1.5% W/1:200,000 EPINEPH
ROPIVACAINE 0.2%

Bolus Meds - Oral [-]

ACETAMINOPHEN
OMEPRAZOLE

Bolus Meds - Transdermal [-]

LIDOCAINE 5%

Infusion Meds - Misc [-]

ROPIVACAINE 0.2%

Bolus Inputs [-]

LACTATED RINGERS

Outputs [-]

ESTIMATED BLOOD LOSS
URINE OUTPUT

11:00:00 11:30:00 12:00:00 12:30:00

Sections

- ABX
- AKI
- BP
- CARD
- GLU
- NMB
- PONV
- PUL
- SUS
- TEMP
- TOC
- TRAN
- General - ETT
- General - LMA
- General - Sedation
- General - Unknown
- Bolus Meds - IV
- Bolus Meds - Subcutaneous
- Bolus Meds - Epidural
- Bolus Meds - Oral
- Bolus Meds - Transdermal
- Bolus Meds - Misc
- Infusion Meds - Misc
- Bolus Inputs
- Infusion Inputs
- Outputs
- Physio
- Perfusion
- Ventilator
- Misc Physio
- Flowsheet
- Notes
- Labs



Case Viewer - Multi-Concept Search

Browse for Cases

Find cases by using one or more of the filters below.

[Age](#)

[CPT Code](#)

[Institution](#)

MPOG Concept ID

50190, 3405



Warning: Without other filters, searching by MPOG Concept ID can be slow and may time out. Consider adding date range filter.

[Opened Date Range](#)

[Primary Surgical Service](#)

[Procedure Text](#)

[Registry Data](#)

[Surgery Date Range](#)

MPOG Application Suite

MPOG
MULTICENTER PERIOPERATIVE
OUTCOMES GROUP

Edit Connections

About

Connection: Central Dev

Case Viewer

Concept Browser

Variable Mapping

STS Import

NSQIP Import

PHI Scrubber

Data Diagnostics

Case Validation

Transfer to MPOG Central

Batch MRN Lookup

Content Synchronization

Research Data Cleaning
Disabled due to insufficient rights or missing connection.

Location Mapping

Provider Contacts

Import Manager Assistant

Break: start again at 10:30



ACQR Tip Sharing Session



ASPIRE

Amy Poindexter, BSN, RN
Holland Hospital ACQR
September 18, 2020



1. PDCA (Plan Do Check Act)

1. Plan

1. Identify area in need of improvement

1. Is it feasible

2. Is it impactful

3. Do you have provider support

4. How will it impact patient
care/satisfaction

1. PDCA (Plan Do Check Act)

1. Plan

1. Identify area in need of improvement

1. Is it feasible

2. Is it impactful

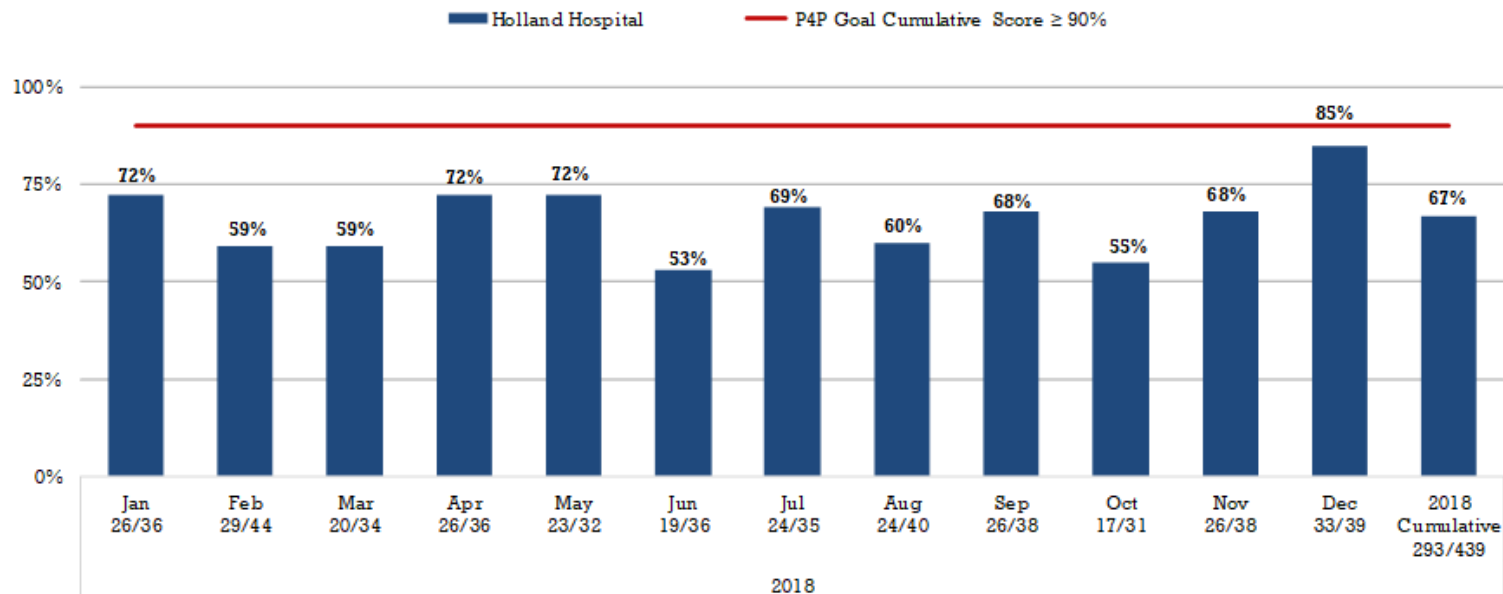
3. Do you have provider support

4. How will it impact patient
care/satisfaction

2. Gather data

3. Define the problem

Transition of Care 1 Documentation of intraop handoff between providers



Numerator: Documentation of intraoperative transfer of care checklist including identification of patient, age, gender, weight, allergies, past medical hx, preop meds, intraoperative anesthetic management, plans for post op care, and introduction of relieving provider to the OR team

Denominator: All patients who had a permanent intraoperative anesthesia staff change (outgoing provider does not return within 40 minutes)

ASPIRE

1. PDCA (Plan Do Check Act)
 1. Plan
 1. Identify area in need of improvement
 1. Is it feasible
 2. Is it impactful
 3. Do you have provider support
 4. How will it impact patient care/satisfaction
 2. Gather data
 3. Define the problem
 4. Analyze cause of the problem
 5. Implement a plan for correction

ASPIRE

BACKGROUND			
ALL STOP	YES	NO	
Introductions	YES	NO	
Identification of Patient	YES	NO	
Discussion of Procedure Performed	YES	NO	
Pertinent PMH/PSH	YES	NO	
Allergies	YES	NO	
Contact Precautions	YES	NO	NA

ANESTHETIC MANAGMENT			
Type of Anesthetic	YES	NO	
Airway Management	YES	NO	NA
Anesthetic Complications/Primary Concerns	YES	NO	

MEDICATIONS			
Preoperative Meds	YES	NO	
Sedation Meds. Reversal administered?	YES	NO	NA
Antibiotics Administered	YES	NO	
Muscle Relaxants: Time Given. Reversal Administered?	YES	NO	NA
PONV Hx & Meds Administered	YES	NO	NA
Pain Management	YES	NO	

FLUIDS			
Vascular Access (other than IV)	YES	NO	NA
Total Intraop Fluids/Blood	YES	NO	
Intraop Labs	YES	NO	NA

EXPECTATIONS/PLANS			
Postop Disposition	YES	NO	
Allow opportunity for questions	YES	NO	

ASPIRE

Reviewed	Patient	Anesthetic	Surgery	Current Status	Plan of Care
Reason	15 min break	30 min break	Transition of Care		

- Patient: Allergies, past medical history, preop meds, contact precautions
- Anesthetic: Type of anesthetic, airway
- Surgery
- Current status: Antibiotics, sedation, PONV, Pain Management, Muscle Relaxants, Reversal, fluids/blood
- Plan of Care: Postop Disposition, opportunity for questions

1. PDCA (Plan Do Check Act)

1. Plan

2. Do

1. Put your plan into action

2. Implement solutions

3. Make sure measure is included in monthly provider emails

1. PDCA (Plan Do Check Act)

1. Plan

2. Do

3. Check

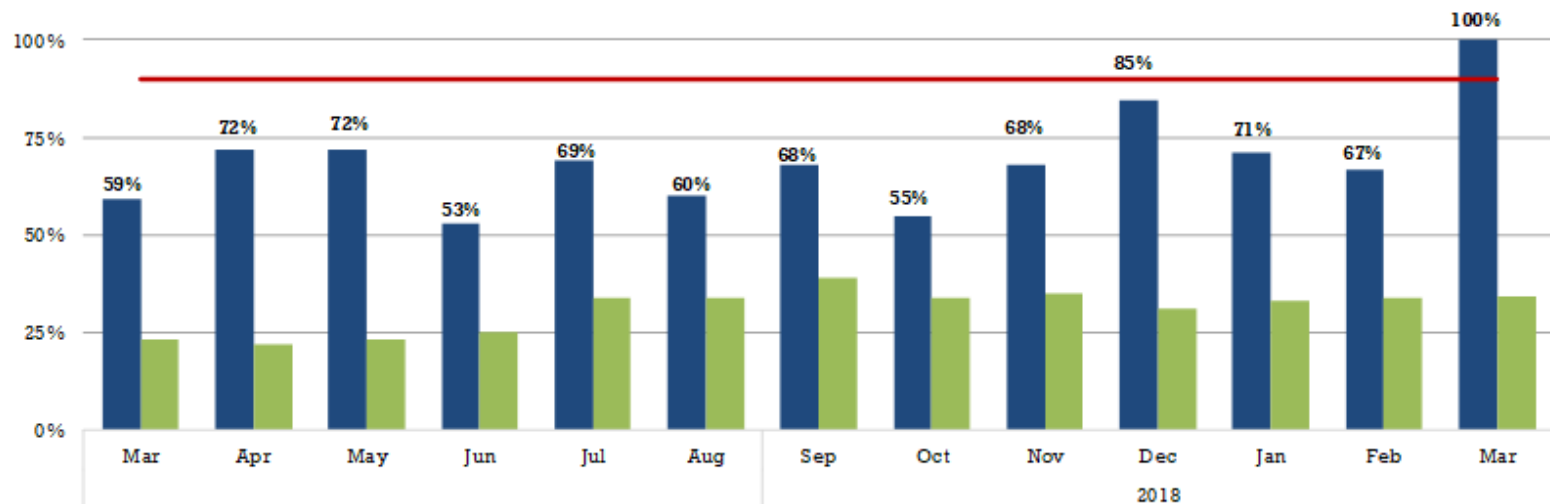
1. Collect data post implementation

2. Identify areas still needing improvement

Transition of Care 1

Documentation of intraop handoff between providers

■ Holland Hospital ■ Collaborative — P4P Goal Cumulative Score $\geq 90\%$



Numerator: Documentation of intraoperative transfer of care checklist including identification of patient, age, gender, weight, allergies, past medical hx, preop meds, intraoperative anesthetic management, plans for post op care, and introduction of relieving provider to the OR team

Denominator: All patients who had a permanent intraoperative anesthesia staff change (outgoing provider does not return within 40 minutes)

1. PDCA (Plan Do Check Act)

1. Plan

2. Do

3. Check

4. Act

1. Modify or add implementation steps if needed

1. PDCA (Plan Do Check Act)

1. Plan

2. Do

3. Check

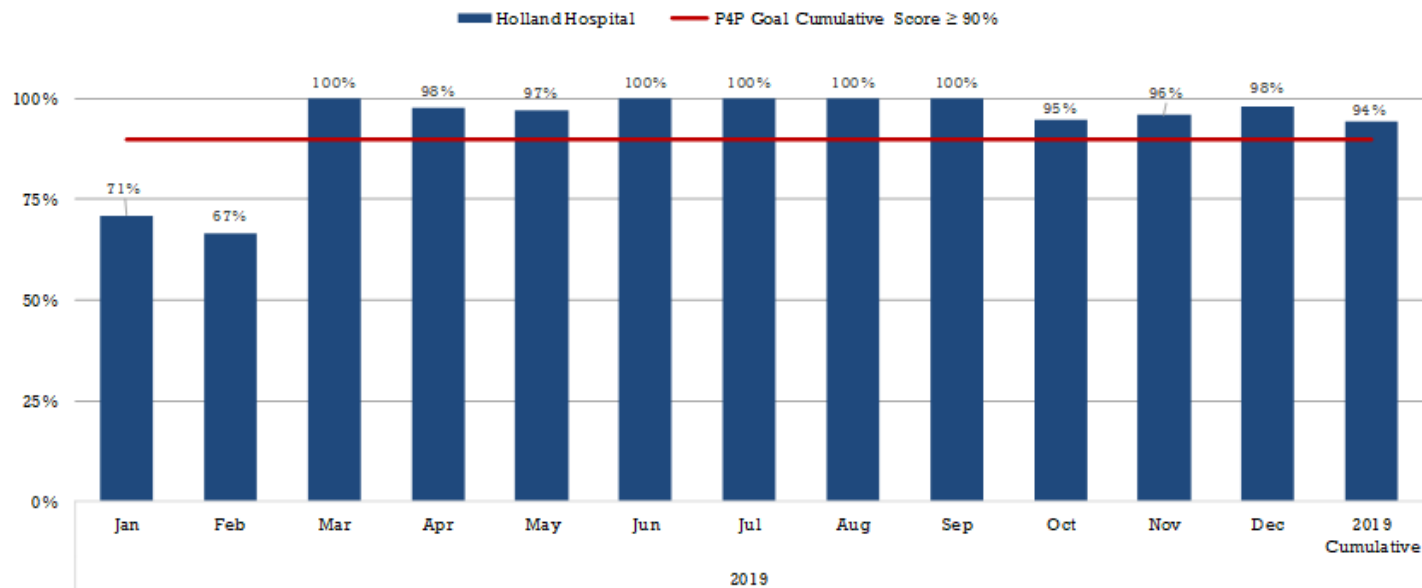
4. Act

1. Modify or add implementation steps if needed

2. Continue high performance

3. Monitor for drops in performance

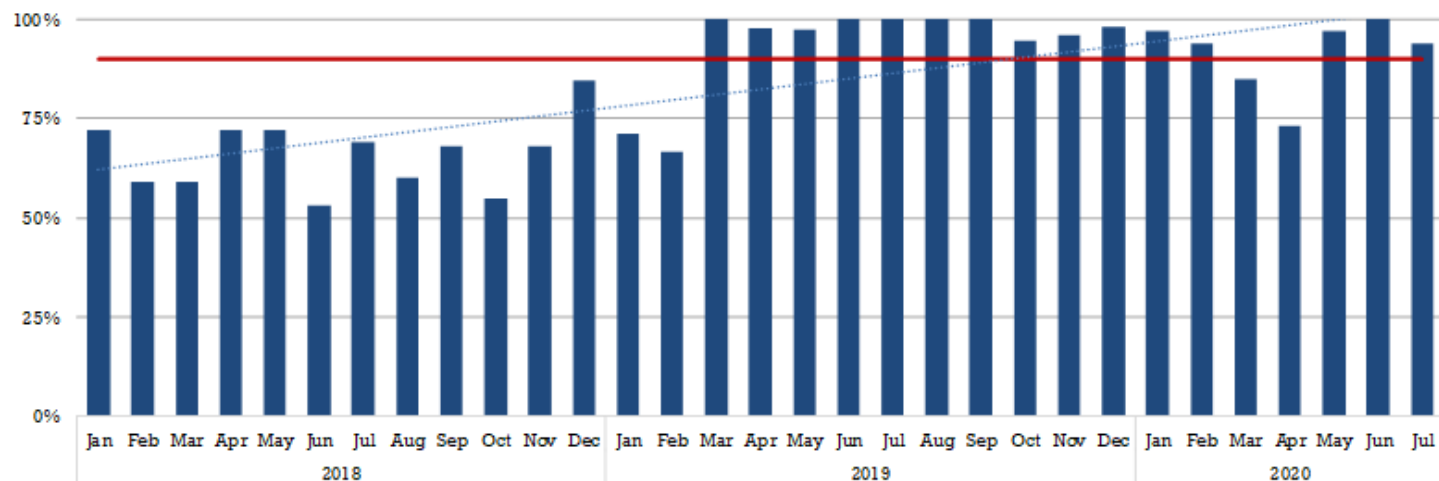
Transition of Care 1 Documentation of intraop handoff between providers



Numerator: Documentation of intraoperative transfer of care checklist including identification of patient, age, gender, weight, allergies, past medical hx, preop meds, intraoperative anesthetic management, plans for post op care, and introduction of relieving provider to the OR team

Denominator: All patients who had a permanent intraoperative anesthesia staff change (outgoing provider does not return within 40 minutes)

Transition of Care 1
Documentation of intraop handoff between providers
 ■ Holland Hospital — P4P Goal Cumulative Score $\geq 90\%$



Numerator: Documentation of intraoperative transfer of care checklist including identification of patient, age, gender, weight, allergies, past medical hx, prep meds, intraoperative anesthetic management, plans for post op care, and introduction of relieving provider to the OR team

Denominator: All patients who had a permanent intraoperative anesthesia staff change (outgoing provider does not return within 40 minutes)

Case Validation Tips

Jessica Wren

ACQR: Allegiance, Macomb, and Wyandotte

- Question Order
- Troubleshooting
- Organization: How I keep everything organized



all for you

Case Validation Tips

Surgeries Anesthesia

Surgeries

- General Information
 - Patient Name
 - Age
- Patient Class
- Room
- Surgical Service

Surgeries

- Adult PCS Perioperative (Flowsheet)
 - Pre-op BP
 - Post-op BP
- *Look at post-op BP first

Case Information
-everything but ASA

Pre-op Physiologic
Post-op Physiologic

⊖ Preop	From 4 Hours Before Anesthesia Start to Anesthesia Start	Add comments here
Was AACD Patient In Facility Date/Time at 08:52? <input type="checkbox"/> Yes <input type="checkbox"/> No		
⊖ Perioperative Times	From 4 Hours Before Anesthesia Start to Anesthesia End + 6 Hours	Add comments here
Was anesthesia start at '2020-09-01 10:39'? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was surgical incision at '2020-09-01 10:45'? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was Phase II Recovery Room Out Date/Time at 11:00? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was anesthesia end at '2020-09-01 11:00'? <input type="checkbox"/> Yes <input type="checkbox"/> No		
⊖ Intraop Staff	No Time Restriction	Add comments here
Was there 1 anesthesiology attending(s) that signed into this case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was there 1 anesthesiology CRNA(s) that signed into this case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was there 0 anesthesiology residents that signed into this case? <input type="checkbox"/> Yes <input type="checkbox"/> No		
⊖ Preop Physiologic	From 4 Hours Before Anesthesia Start to Anesthesia Start	Add comments here
Was the systolic blood pressure 194 at 09:04? <input type="checkbox"/> Yes <input type="checkbox"/> No		
⊖ Intraop Physiologic	From Anesthesia Start to Patient Out of Room	Add comments here
Was the highest value for a non-invasive blood pressure (systolic) 192? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the lowest value for a non-invasive blood pressure (systolic) 145? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the patient receive all of following volatile gases: No Gases Found <input type="checkbox"/> Yes <input type="checkbox"/> No		
⊖ Postop Physiologic	From Patient Out of Room to Anesthesia End + 6 Hours	Add comments here
Was the non-invasive systolic blood pressure 165 at 11:00? <input type="checkbox"/> Yes <input type="checkbox"/> No		
⊖ Preop Medications	From 4 Hours Before Anesthesia Start to Anesthesia Start	Add comments here
Did the patient receive 15 ml of CITRIC ACID/SODIUM CITRATE via oral at 09:35? <input type="checkbox"/> Yes <input type="checkbox"/> No		
⊖ Intraop Medications and Fluids	From Anesthesia Start to Patient Out of Room	Add comments here
Did the patient receive no intraoperative fluids? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the patient receive a bolus total of 150 mg of PROPOFOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the patient receive a bolus total of 150 mg of PROPOFOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the patient receive a bolus total of 150 mg of PROPOFOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the patient receive a bolus total of 150 mg of PROPOFOL? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the patient receive the first bolus of PROPOFOL at 10:44? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the patient receive all of following medications (and only these) as a bolus: PROPOFOL <input type="checkbox"/> Yes <input type="checkbox"/> No		
Were the following infusions started during this time period: No Infusions Found <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the patient receive the last bolus of PROPOFOL at 10:54? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Did the patient receive a total of 150 mg of PROPOFOL (bolus only)? <input type="checkbox"/> Yes <input type="checkbox"/> No		
⊖ Postop Medications	From Patient Out of Room to Anesthesia End + 6 Hours	Add comments here
Did the patient receive 240 ml of Oral Intake - Other via unknown concept at 11:00? <input type="checkbox"/> Yes <input type="checkbox"/> No		
⊖ Labs	From Day Before to Day After	Add comments here
Was there no hemoglobin or hematocrit lab taken during this time? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Was the glucose 129 at 2020-09-01 09:21? <input type="checkbox"/> Yes <input type="checkbox"/> No		

Case Validation Tips

Surgeries Anesthesia

Case Information

Pre-op

Perioperative times

Intraop Staff

Intraop Physiologic

Preop Meds

Intraop Meds and Fluids

Postop Meds

Labs

Anesthesia

- ASA
- Case Tracking Events
- Responsible Staff
- Quick Link to Anesthesia Timeline Report (Intra-op Flowsheet Data)
 - Intra-op BP
 - Gases
- Pre-op and Recovery meds
- Intraprocedure Grid/Graph
- Day of surgery inpatient administered meds

Results Review

- Chemistry
- Hematology
- Glucose, metered

⊖ Preop	From 4 Hours Before Anesthesia Start to Anesthesia Start	Add comments here
	Was AACD Patient In Facility Date/Time at 08:52?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⊖ Perioperative Times	From 4 Hours Before Anesthesia Start to Anesthesia End + 6 Hours	Add comments here
	Was anesthesia start at '2020-09-01 10:39'?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was surgical incision at '2020-09-01 10:45'?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was Phase II Recovery Room Out Date/Time at 11:00?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was anesthesia end at '2020-09-01 11:00'?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⊖ Intraop Staff	No Time Restriction	Add comments here
	Was there 1 anesthesiology attending(s) that signed into this case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was there 1 anesthesiology CRNA(s) that signed into this case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was there 0 anesthesiology residents that signed into this case?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⊖ Preop Physiologic	From 4 Hours Before Anesthesia Start to Anesthesia Start	Add comments here
	Was the systolic blood pressure 194 at 09:04?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⊖ Intraop Physiologic	From Anesthesia Start to Patient Out of Room	Add comments here
	Was the highest value for a non-invasive blood pressure (systolic) 192?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the lowest value for a non-invasive blood pressure (systolic) 145?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the patient receive all of following volatile gases: No Gases Found	<input type="checkbox"/> Yes <input type="checkbox"/> No
⊖ Postop Physiologic	From Patient Out of Room to Anesthesia End + 6 Hours	Add comments here
	Was the non-invasive systolic blood pressure 165 at 11:00?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⊖ Preop Medications	From 4 Hours Before Anesthesia Start to Anesthesia Start	Add comments here
	Did the patient receive 15 ml of CITRIC ACID/SODIUM CITRATE via oral at 09:35?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⊖ Intraop Medications and Fluids	From Anesthesia Start to Patient Out of Room	Add comments here
	Did the patient receive no intraoperative fluids?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the patient receive a bolus total of 150 mg of PROPOFOL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the patient receive a bolus total of 150 mg of PROPOFOL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	Did the patient receive a bolus total of 150 mg of PROPOFOL?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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	Did the patient receive the last bolus of PROPOFOL at 10:54?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Did the patient receive a total of 150 mg of PROPOFOL (bolus only)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⊖ Postop Medications	From Patient Out of Room to Anesthesia End + 6 Hours	Add comments here
	Did the patient receive 240 ml of Oral Intake - Other via unknown concept at 11:00?	<input type="checkbox"/> Yes <input type="checkbox"/> No
⊖ Labs	From Day Before to Day After	Add comments here
	Was there no hemoglobin or hematocrit lab taken during this time?	<input type="checkbox"/> Yes <input type="checkbox"/> No
	Was the glucose 129 at 2020-09-01 09:21?	<input type="checkbox"/> Yes <input type="checkbox"/> No

Case Validation Tips

Aspen, Marion

TRAINING-PLY ANESTHESIOLOGIST H.

Chart Review Summary Results Review Notes MAR Interpreter Services Advance Care Planning Synopsis Blood Orders Manage Orders Intraprocedure Pre-procedure Post-procedure Follow-up

Chart Review Encounters Notes Micro Labs Path Imaging Procedures **Surgeries** Anesthesia Cardiovascular ECG Other Orders Meds Episodes Letters Referrals Misc Reports Media Consents

Refresh (9:04 AM) Select All Deselect All Review Selected Master Report Load Remaining Encounter Add to Bookmarks Lifetime

Filters Default filter Me Anesthesiology Department Admissions

When	Type	With	Description
Upcoming Visits			
10/25/2020	Surgery (Not Scheduled)	General - Aspen, H	REPAIR HERNIA
Today			
Today	Surgery	General - Aspen, H	REPAIR HERNIA INGUINAL [49505 (CPT®)]

Procedure: Procedure, REPAIR HERNIA INGUINAL - Left

Marion Aspen
Female, 18 y.o., 10/6/2001
MRN: 110000014
Language: None
Location: HFH PeriOp-TRN IP OR
Pool 06 Beds
Pt. Loc: HFH MAIN OR
Code/Directives: Not on file (no ACP docs)

Case Validation Tips

Case Information
-everything but ASA

Surgeries

- General Information
 - Patient Name
 - Age
- Patient Class
- Room
- Surgical Service

The screenshot displays a medical software interface with a navigation bar at the top containing tabs for Chart Review, Summary, Results Review, Notes, MAR, Interpreter Services, Advance Care Planning, Synopsis, Blood Orders, Manage Orders, Intraoperative, Pre-procedure, Post-procedure, Follow-up, and Report Viewer. The Report Viewer tab is active, showing a report for Marion Aspen on 10/25/2020. The patient's name, MRN (110000014), and other details are visible. A red circle highlights the patient's name and MRN in the left sidebar. A red oval highlights the Case Information section, specifically the General Information subsection, which includes fields for Date, Location, Patient class, Time, Room, Case classification, Status, and Service.

Marion Aspen
Female, 18 y.o., 10/6/2001
MRN: 110000014
Language: None
Location: HFH PeriOp-TRN IP OR
Pool 06 Beds
Pt. Loc: HFH MAIN OR
Code/Directives: Not on file
(no ACP docs)

Case Information
10/25/2020

General Information
Date: 10/25/2020
Location: HFH MAIN OR
Patient class: Surgery Admit
Time:
Room:
Case classification:
Status: Not Scheduled
Service: General

Case Validation Tips

Pre-op Physiologic
Post-op Physiologic

Surgeries

- Scroll down to **Postop Medication** to see if I/O
 - Adult PCS Perioperative (Flowsheet)
 - Pre-op BP
 - Post-op BP
- *Look at post-op BP first

All Flowsheet Templates (all recorded)

- Adult PCS Body System
- Adult PCS Perioperative
- Agents
- All Vitals
- Anesthesia Checklist
- Anesthesia LDA's
- Anthropometrics
- Assess
- Audit C
- Braden Scale Assessment
- Care Plan (Perioperative/Perianesthesia) (Adult)
- Caregiver
- Case Management
- Checklist
- CLINDOC ALL LDA
- Custom Formula Data
- Discharge Planning
- ED Admissions Approval
- Education
- Encounter Vitals
- General Assessment
- Hester Davis
- Hester Davis Universal Fall Risk Interventions
- I/O
- I/O
- IV Assessment
- LDA's
- MAR Template
- MOSS
- NA Daily Cares/Safety
- NPO Status
- Obs. Patient Care Summary

Postop Medications *From Patient Out of Room to Anesthesia End + 6 Hours*

Did the patient receive 240 ml of Oral Intake - Other via unknown concept at 11:00?

Postop Physiologic *From Patient Out of Room to Anesthesia End + 6 Hours*

Was the non-invasive systolic blood pressure 165 at 11:00?

Preop Physiologic *From 4 Hours Before Anesthesia Start to Anesthesia Start*

Was the systolic blood pressure 194 at 09:04?

Row Name	08/05/20 19:56:50	08/05/20 1834	08/05/20 1801
Vital Signs			
Temp	36.7 °C	—	—
Temp src	Oral	—	—
Pulse	70	—	100
Heart Rate Source	Monitor	—	—
BP	136/65	—	111/52 !
MAP (mmHg)	81	—	—
BP Location	Left upper arm	—	—
BP Method	Automatic	—	Automatic
Patient Position	Sitting	—	Lying
Resp	16	—	—
SpO2	95 %	—	98 %
Oxygen Therapy			
O2 Device	None (Room Air)	—	None (Room Air)
Pain Assessment			
Level of Sedation (LOS/POSS)			1 - Awake and

Case Validation Tips

Case Information
 Pre-op
 Perioperative times
 Intraop Staff
 Intraop Physiologic
 Preop Meds
 Intraop Meds and Fluids
 Postop Meds

Preop	From 4 Hours Before Anesthesia Start to Anesthesia Start
Was AACD Patient In Facility Date/Time at 08:52?	
Perioperative Times	From 4 Hours Before Anesthesia Start to Anesthesia End + 6 Ho
Was anesthesia start at :2020-09-01 10:39?	
Was surgical incision at :2020-09-01 10:45?	
Was Phase II Recovery Room Out Date/Time at 11:00?	
Was anesthesia end at :2020-09-01 11:00?	
Intraop Staff	No Time Restriction
Was there 1 anesthesiology attending(s) that signed into this case?	
Was there 1 anesthesiology CRNA(s) that signed into this case?	
Was there 0 anesthesiology residents that signed into this case?	
Preop Physiologic	From 4 Hours Before Anesthesia Start to Anesthesia Start
Was the systolic blood pressure 194 at 09:04?	
Intraop Physiologic	From Anesthesia Start to Patient Out of Room
Was the highest value for a non-invasive blood pressure (systolic) 192?	
Was the lowest value for a non-invasive blood pressure (systolic) 145?	
Did the patient receive all of following volatile gases:	No Gases Found
Postop Physiologic	From Patient Out of Room to Anesthesia End + 6 Hours
Was the non-invasive systolic blood pressure 165 at 11:00?	
Preop Medications	From 4 Hours Before Anesthesia Start to Anesthesia Start
Did the patient receive 15 ml of CITRIC ACID/SODIUM CITRATE via oral at 09:35?	
Intraop Medications and Fluids	From Anesthesia Start to Patient Out of Room
Did the patient receive no intraoperative fluids?	
Did the patient receive a bolus total of 150 mg of PROPOFOL?	
Did the patient receive a bolus total of 150 mg of PROPOFOL?	
Did the patient receive a bolus total of 150 mg of PROPOFOL?	
Did the patient receive a bolus total of 150 mg of PROPOFOL?	
Did the patient receive the first bolus of PROPOFOL at 10:44?	
Did the patient receive all of following medications (and only these) as a bolus: PROPOFOL	
Were the following infusions started during this time period: No Infusions Found	
Did the patient receive the last bolus of PROPOFOL at 10:54?	
Did the patient receive a total of 150 mg of PROPOFOL (bolus only)?	
Postop Medications	From Patient Out of Room to Anesthesia End + 6 Hours
Did the patient receive 240 ml of Oral Intake - Other via unknown concept at 11:00?	

Anesthesia Record Open Record

REPAIR HERNIA INGUINAL (Left Abdomen) Hunter Aspen 18 y.o.
 Procedure Surgeon Age

Procedure Summary

Date: 09/16/20 Room / Location: HFH OR 01 / HFH MAIN OR
 Anesthesia Stop: HFH OR 01 / HFH MAIN OR
 Procedure: REPAIR HERNIA INGUINAL (Left Abdomen) Diagnosis:
 Abdominal pain (ICD Code: R10.9)
 (hernia repair) (diagnosis)
 Surgeon: Hunter Aspen ASA Status: Not recorded
 Anesthesia Type: Not recorded

Pre-op Diagnosis

Diagnosis: Abdominal pain ICD Code: R10.9

Post-op Diagnosis

Diagnosis: Abdominal pain ICD Code: R10.9

Anesthesia Type

No data filed

Beta Blocker

No data filed

[Quick Link to Printable Anesthesia Graph](#)
[Quick Link to Anesthesia Timeline Report](#)

Intraoperative Grid/Graph

No data available

Case Tracking Events

Event	Time In
In Facility	0730
In Pre-Op	0745
Pre-Op Complete	0815
In Room	1803

Clinical Complications

None

Pre Op Meds from 08/05/2020 1113 to 08/05/2020 1248

Date/Time	Order	Dose	Route	Action
08/05/2020 1208	chlorhexidine (PERIDEX)	15	Swish & Spit	Given
08/05/2020 1220	midazolam 1 mg/mL (VERSED) injection 4 mg	2 mg	Intravenous	Given
08/05/2020 1208	citric acid-sodium citrate (BICITRA) solution 30 mL	30 mL	Oral	Given
08/05/2020 1208	lactated Ringers infusion		Intravenous	New Bag
08/05/2020 1211	pantoprazole (PROTONIX) DR tablet 40 mg	40 mg	Oral	Given
08/05/2020 1242	ropivacaine (P) (NAROPIN) 2 mg/mL (0.2 % injection)	18	Peri-neural	Given
08/05/2020 1235	ropivacaine (P) (NAROPIN) 5 mg/mL (0.5 % injection)	20	Peri-neural	Given

Recovery Meds from 08/05/2020 1416 to 08/05/2020 1540

Date/Time	Order	Dose	Route	Action
08/05/2020 1441	HYDROMORPHONE (DILAUDI) 0.5 mg/0.5 mL injection 0.5 mg	0.5 mg	Intravenous	Given

Day of surgery inpatient Administered Medication
 Taken on 09/16/20

ondansetron (ZOFIRAN) 4 mg/2 mL injection 4 mg
--

Blood Products

None

Intraoperative I/O Totals

None

Responsible Staff

Case Validation Tips

Intraop Physiologic *From Anesthesia Start to Patient Out of Room*

Was the highest value for a non-invasive blood pressure (systolic) 192?

Was the lowest value for a non-invasive blood pressure (systolic) 145?

Did the patient receive all of following volatile gases:
No Gases Found

[Quick Link to Printable Anesthesia Graph](#)

[Quick Link to Anesthesia Timeline Report](#)

Intraprocedure Grid/Graph



Intraprocedure Flowsheet Data

1230-1300 1300-1330 1330-1400 1400-1430

I/O	Value	File Date/Time
None		
Respiratory		
Vent Mode	Spontaneous	08/05/20 1253
	Spontaneous	08/05/20 1255
	Manual Ventilation	08/05/20 1300
Tidal Volume Exp	37 mL	08/05/20 1258
	43 mL	08/05/20 1259
	46 mL	08/05/20 1300
PIP Observed	7 cm H2O	08/05/20 1258
	3 cm H2O	08/05/20 1259
	2 cm H2O	08/05/20 1300
PEEP	5 cm H2O	08/05/20 1258
	2 cm H2O	08/05/20 1259
	2 cm H2O	08/05/20 1300
Other Assessments		
EKG	Sinus Rhythm	08/05/20 1255
	Sinus Rhythm	08/05/20 1300
Vent Mode	Spontaneous	08/05/20 1253
	Spontaneous	08/05/20 1255
	Manual Ventilation	08/05/20 1300
Convective Warmer Temp (C)	Off	08/05/20 1255
	Off	08/05/20 1300
Position/Eye Check	Check	08/05/20 1255
	Check	08/05/20 1300
	Circuit Mask	08/05/20 1255
	Circuit Mask	08/05/20 1300
ET/CO2 Check	Positive	08/05/20 1255
	Positive	08/05/20 1300
BP/Pulse		
NIBP	156/80	08/05/20 1300
	104	08/05/20 1258
	104	08/05/20 1259
	100	08/05/20 1300
NIBP MAP (mmHg)	110	08/05/20 1300
Spo2 Pulse Rate	101	08/05/20 1258
	102	08/05/20 1259

BP/Pulse

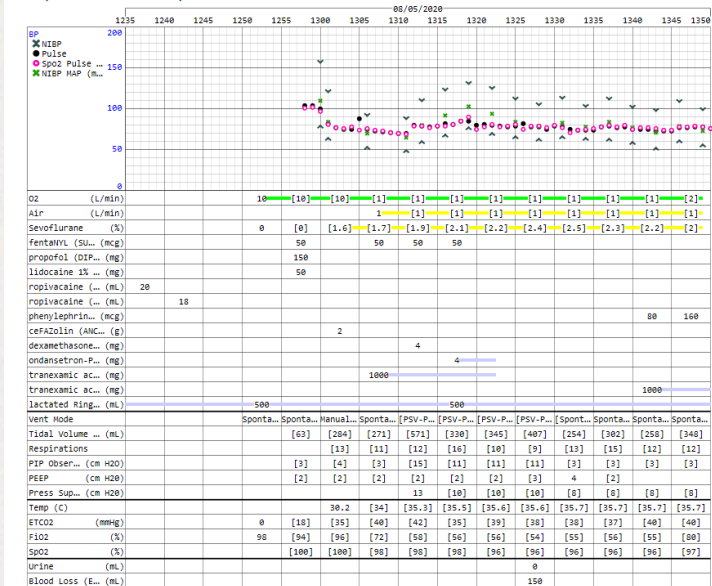
Value	File Date/Time	
156/80	08/05/20	1300
120/65	08/05/20	1301
91/54	08/05/20	1306
87/50	08/05/20	1311
109/61	08/05/20	1313
122/69	08/05/20	1316
130/78	08/05/20	1319
124/71	08/05/20	1322
111/67	08/05/20	1325
107/64	08/05/20	1330

Case Validation Tips

Intraop Medications and Fluids *From Anesthesia Start to Patient Out of Room*

- Did the patient receive no intraoperative fluids?
- Did the patient receive a bolus total of 150 mg of PROPOFOL?
- Did the patient receive a bolus total of 150 mg of PROPOFOL?
- Did the patient receive a bolus total of 150 mg of PROPOFOL?
- Did the patient receive a bolus total of 150 mg of PROPOFOL?
- Did the patient receive the first bolus of PROPOFOL at 10:44?
- Did the patient receive all of following medications (and only these) as a bolus: PROPOFOL
- Were the following infusions started during this time period:
No Infusions Found
- Did the patient receive the last bolus of PROPOFOL at 10:54?
- Did the patient receive a total of 150 mg of PROPOFOL (bolus only)?

Intraoperative Grid/Graph



Day of surgery inpatient Administered Medications *Taken on 09/16/20*

ondansetron (ZOFTRAN) 4 mg/2 mL injection 4 mg

O2 (L/min)	[2]	[2]	[2]	[10]	0									
Air (L/min)	1	1	1	1	1	1	1	1	1	1	1	1	1	1
Sevoflurane (%)	1.9	1.9	1.1	0										
fentanyl (SU... (mcg)	50	50												300 mcg
propofol (DIP... (mg)														150 mg
lidocaine 1% ... (mg)														50 mg
ropivacaine (... (mL)														20 mL
ropivacaine (... (mL)														18 mL
phenylephrin... (mcg)														240 mcg
ceFAZolin (ANC... (g)														2 g
dexamethasone... (mg)														4 mg
ondansetron-P... (mg)														4 mg
tranexamic ac... (mg)														1000 mg
tranexamic ac... (mg)														1000 mg
lactated Ring... (mL)					500	100								1600 mL

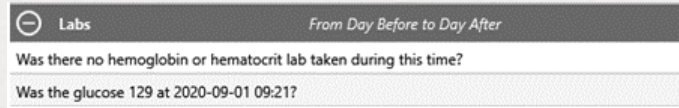
Case Validation Tips

Labs



Results Review

- Chemistry
- Hematology
- Glucose, metered



Results Review | Last Refresh: 9/16/2020 1032 | Time Mark | Back | Forward | View | Hide Tree

Search: [] New results (No timemark set) Newest First

ALL TOPICS	3	2	1
Results	9/15/2020 1120	9/15/2020 1121	9/16/2020 0600
LABORATORY RESULTS			
CHEMISTRY			
HEMATOLOGY			
URINE			
COVID19			
OTHERS			
MPV			
ROUTINE CHEMISTRY			
Sodium		141	
Potassium		3.9	
Chloride		103	
CO2		18	
Anion Gap		29	
CREATININE		0.9	
Calcium		9.2	
GLUCOSE / HEMOGLOB...			
GLUCOSE SERUM		154	
Hemoglobin A1C, POC	5.9		
PREGNANCY TESTING			
Pregnancy, urine, ...			Negative

Results Review | Last Refresh: 9/16/2020 1032 | Time Mark | Back | Forward | View

Search: [] New results (No timemark set)

ALL TOPICS	1
Results	9/15/2020 1116
LABORATORY RESULTS	
CHEMISTRY	
HEMATOLOGY	
URINE	
COVID19	
OTHERS	
MPV	
CBC	
WBC Count	5.0
RBC Count	4.50
HEMOGLOBIN	12.0
MCV	84.0
MCH	27.0
MCHC	31
RDW	12.1
PLATELET COUNT	220
Hematocrit	36

Questions?

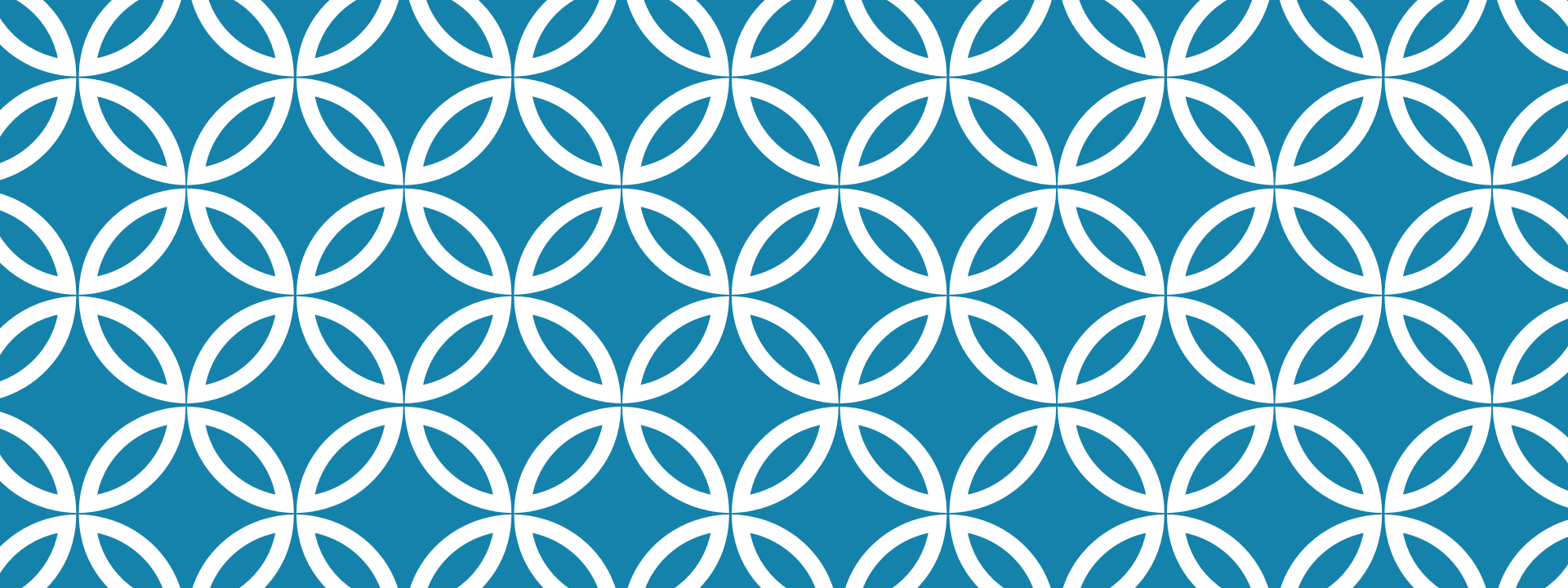


all for you

Thank you!



all for you



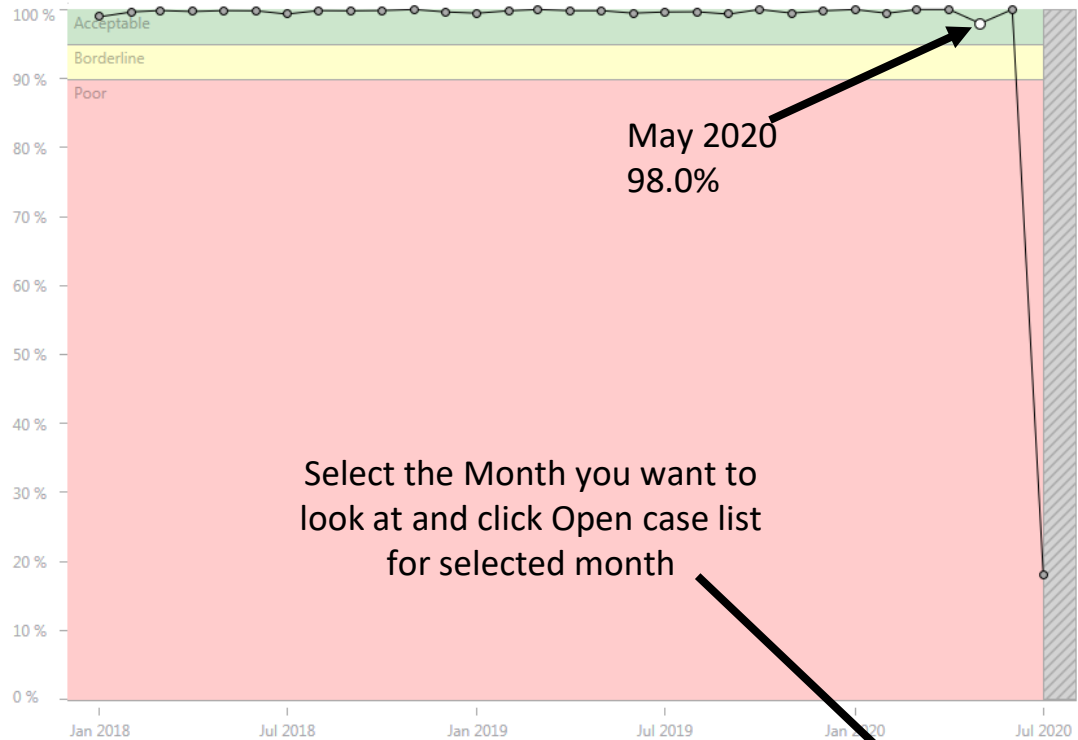
CASE DRILLDOWN WITH DATA DIAGNOSTICS, MEASURE PROVIDER GUIDE, NEWSLETTERS, AND MONTHLY AGENDA

Beaumont ACQRs

T. Malenfant, MSN, RN-BC
P. Tyler, BSN RN
M. Mckinney, RN
N. Pardo, BSN RN
K. Lewandowski, RN

CASE DRILLDOWN USING DATA DIAGNOSTICS





Percentage of Cases with Intraop Bolus Medications

Priority: [High Priority](#)
Diagnostic Executed On: 2020-07-16 10:00

Open case list for selected month

Percentage of Cases with Intraop Bolus Medications

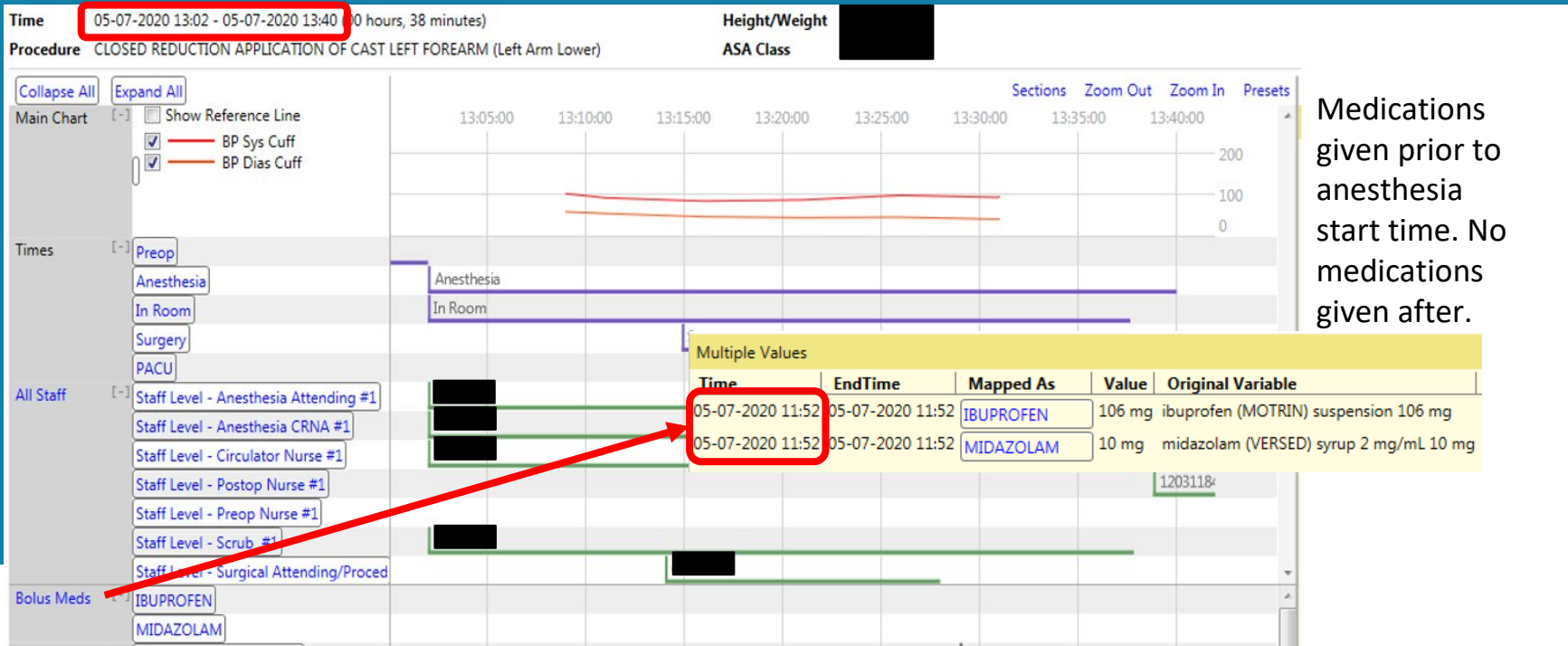
The selection has 148 cases available, with 145 cases meeting the diagnostics criteria.

Procedure	Date	Has Intraop Bolus Meds?	
FIRST METATARSAL PHALANGEAL JOINT ARTHRODESIS RIGHT FOOT (Right Foot)	05-28-2020 00:00	No	
CLOSED REDUCTION APPLICATION OF CAST LEFT FOREARM (Left Arm Lower)	05-07-2020 00:00	No	
Labor Epidural	05-20-2020 17:45	No	
CYSTOSCOPY, LEFT RETROGRADE PYELOGRAM, LEFT URETEROSCOPY, LASER LITHOTRIPSY, STONE BASKET EXTRACTIIION, LEFT URETERAL STENT PLACEMENT (Left)	05-21-2020 00:00	Yes	
Labor Epidural	05-21-2020 23:55	Yes	
Labor Epidural	05-24-2020 22:31	Yes	
COLONOSCOPY WITH COLD FORCEPS BIOPSY (N/A)	05-26-2020 00:00	Yes	
ESOPHAGOGASTRODUODENOSCOPY WITH COLD FORCEPS BIOPSY (N/A)	05-26-2020 00:00	Yes	
LAPIDUS BUNIONECTOMY, CALCANEAL OSTEOTOMY ACHILLES TENDON LENGTHENING, EXOSTECTOMY TALONAVICULAR JOINT ALL LEFT FOOT ([PHI] ANCHORAGE LAPIDUS PLATE, SYNTHES TITANIUM WEDGES, SYNTHES BME STAPLES (Left)	05-26-2020 00:00	Yes	
GREENLIGHT LASER VAPORIZATION OF THE PROSTATE WITH XPS LASER (N/A Bladder)	05-26-2020 00:00	Yes	
EXCISION UPPER BACK SOFT TISSUE MASS ASSIST:RESIDENT (N/A Back)	05-26-2020 00:00	Yes	

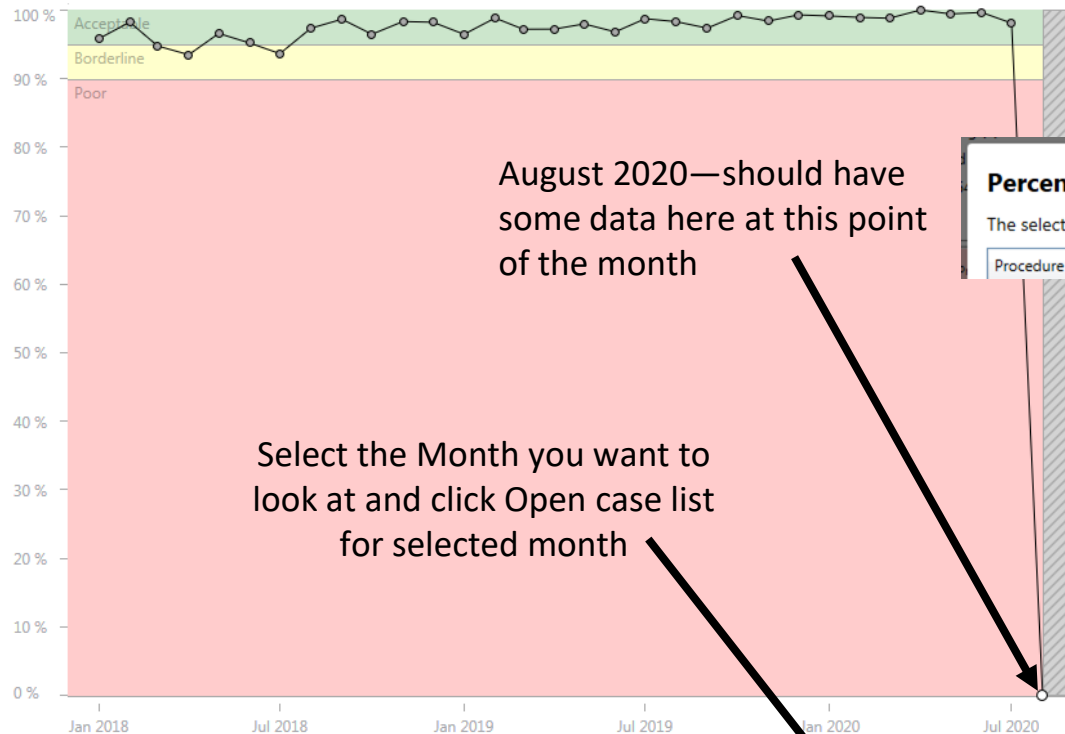
Open Case

Cancel

Click on Has Intraop Bolus Meds to filter by Yes and No Choose a case that has No Intraop Bolus meds and click Open Case to open Case Viewer



When Case Viewer opens, click on Bolus meds. The Yellow box will open on the right side showing all of the “bolus” meds that were documented and handed off. Compare this information with what is documented in your EHR. If there is something missing, check your mapping and Import Manager Assistant.



August 2020—should have some data here at this point of the month

Select the Month you want to look at and click Open case list for selected month for selected month

Percentage of Cases with Intraop Bolus Medications

The selection has 282 cases available, with 0 cases meeting the diagnostics criteria.

Procedure	Date	Has Intraop Bolus Meds?
-----------	------	-------------------------

Open the case list for August 2020, it shows that 0 cases meet the diagnostics criteria. The data should have started the handoff process for procedures in the beginning of the month.

Percentage of Cases with Intraop Bolus Medications

Priority: High Priority
 Diagnostic Executed On: 2020-08-19 07:30

Open case list for selected month

Import Manager Assistant

Log Viewer Instance/Destination Database: (All) Module: (All) Source System: (All)

Overview

Module: All Target Date Range: 8/1/2020 to 8/19/2020 Had Error: Yes No

Queue Entry ID	Destination Database	Module	Target Date	Date Queued	Priority
1705621	MPOG_MAS_IM_GP	Payers	8/14/2020	8/20/2020 5:03:31 AM	50
1705622	MPOG_MAS_IM_DB	PeriopObservations	8/14/2020	8/20/2020 5:03:31 AM	50
1705623	MPOG_MAS_IM_TV	PeriopObservations	8/14/2020	8/20/2020 5:03:31 AM	50
1705624	MPOG_MAS_IM_RO	HospitalMortality	8/14/2020	8/20/2020 5:03:31 AM	50
1705625	MPOG_MAS_IM_DB	Payers	8/14/2020	8/20/2020 5:03:31 AM	50
1705626	MPOG_MAS_IM_RO	Payers	8/14/2020	8/20/2020 5:03:31 AM	50
1705627	MPOG_MAS_IM_FH	PeriopObservations	8/14/2020	8/20/2020 5:03:31 AM	50

Next step is to check Import Manager Assistant. Filter for date range, and check the Handoff Queue and Overview.

1 2 3 4 5 6 7

8 9 10 11 12 13 14

15 16


Details for 8/1/2020

Instance	Destination Database	Status	Last Import	Last Consume	Last Handoff	Queued for Handoff	Import Error	Consume Error	Handoff Error
BeaumontMPOG	MPOG_MAS_IM_DB	Queued for Handoff	8/7/2020 4:01:22 AM	8/7/2020 6:13:45 AM	N/A	8/7/2020 5:03:37 AM	(none)	(none)	(none)
BeaumontMPOG	MPOG_MAS_IM_FH	Queued for Handoff	8/7/2020 4:01:22 AM	8/7/2020 6:13:45 AM	N/A	8/7/2020 5:03:37 AM	(none)	(none)	(none)
BeaumontMPOG	MPOG_MAS_IM_GP	Queued for Handoff	8/7/2020 4:01:22 AM	8/7/2020 6:13:45 AM	N/A	8/7/2020 5:03:37 AM	(none)	(none)	(none)
BeaumontMPOG	MPOG_MAS_IM_RO	Queued for Handoff	8/7/2020 4:01:22 AM	8/7/2020 6:13:45 AM	N/A	8/7/2020 5:03:37 AM	(none)	(none)	(none)

This data has never handed off, and should be at priority 10. We export the handoff log and send it to Genevieve, and she is able to give us a script for our IT team to re-prioritize the handoff.

Feedback/Questions?

MEASURES
PROVIDER GUIDE,
NEWSLETTERS, AND
FAILED CASE
SUMMARY



ASPIRE Measures Provider Guide: 2020

- ▼ **TOC 01: Patients who undergo a procedure under anesthesia in which a permanent intraoperative anesthesia staff change occurred.**
- ▼ **TOC 02: All patients receiving anesthesia care and admitted to PACU receive a formal transfer of care.**
- ▼ **TOC 03: All patients receiving anesthesia care and admitted to ICU receive a formal transfer of care.**
- ▼ **Pul 1: Median tidal volume < 10ml/kg IBW, ET & PPV PIP>6 on vent.**
Excludes LMA.
- ▼ **Pul 2: Median tidal volume < 8ml/kg IBW, ET & PPV PIP>6 on vent.**
Excludes LMA
- ▼ **Pul 3: Percentage of cases in which Positive End Expiratory Pressure (PEEP) is used.**
(as defined by median PEEP \geq 2)
- ▼ **Temp 1: Use of active warming (forced air) or core or peripheral site temp measure \geq 36.0 C within 30 minutes of anesthesia end.**
Includes GA or Neuraxial cases but NOT MAC cases. Cases 60 minutes or longer.
- ▼ **Temp 2: Core Temp source documented in assessment between case start and stop.**
ONLY GA cases.

- ✔ **Temp 2: Core Temp source documented in assessment between case start and stop.**
ONLY GA cases.
- ✔ **Temp 3: Temp between 36.0/ 96.8 is documented within 30 minutes immediately before or 15 minutes after anesthesia end time.**
All GA and Neuraxial cases 60 minutes or longer.
- ✔ **Temp 4: Percentage of patients < 18 years old who undergo any procedure greater than 30 minutes and have a Median core/near core body temperature > 36C (96.8F)**
- ✔ **PONV 01: Patient receives combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively.**
18 Older receiving inhalational GA with 3 or more risk factors for PONV
- ✔ **PONV 02: Patient receives combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively.**
Ages 3-17 receiving inhalational GA with 2 or more risk factors for PONV
- ✔ **PONV 03: Percentage of patients, regardless of age, who undergo a procedure and have a documented nausea/emesis occurrence postoperatively or receive a rescue antiemetic during the immediate postoperative period.**
- ✔ **Tran 1: HGB/HCT (any value) documented 90 minutes prior to transfusion and/or HGB/HCT 8/24 within 36 hours of the transfusion.**
{FYI always redraw a HGB/HCT (Hemi-q, i-stat) in-between units and document results, in EPIC, prior to hanging a subsequent unit. No waiting for recirculation needed.}

▼ **Tran 2: HGB/HCT \leq 10/30 post transfusion.**

Considerations: All hemoglobin/hematocrit lab values drawn after the last transfusion and within 18 hours after anesthesia end will be evaluated. If the lowest of these values is \leq 10g/dL or \leq 30%, the case will pass.

If the hemoglobin or hematocrit at the time of transfusion (within 90 minutes before) is less than or equal to 8/24, the case will pass.

No hematocrit or hemoglobin checked within 18 hours of anesthesia end the case will pass.

▼ **NMB 1: TO4 of at least $\frac{1}{4}$ must be *documented in the flowsheet* after last dose of NDMR.**

This includes a defasciculating dose before succinylcholine.

▼ **NMB 2: Reversal agent given before extubation.**

▼ **BP 1: MAP < 55 for cumulative time of 20 min.**

▼ **BP 2: Keep BP gaps < 10 minutes. ALL cases.**

▼ **BP 3: MAP <65 for cumulative time of 15 minutes.**

▼ **AKI: Non- Urology Procedures. Creatinine not > 1.5 times within 7 days or 0.3 mg/dl within 48 hours.**

▼ **Card 2: Trop \leq 0.6 within 72 hours from anesthesia end. ALL Cases.**

▼ **Card 3: Trop \leq 0.6 within 72 hours from anesthesia end in high cardiac risk patients.**

▼ **Med 1: Absence of Narcan & Flumazenil. ALL Cases.**

- ✚ **Sus 01:** cases with mean fresh gas flow equal to, or less than 3L/min, during administration of halogenated hydrocarbons and/or nitrous oxide.
- ✚ **Gluc 1:** Glucose > 200, recheck glucose within 90 min or insulin given. ALL Cases.
Exclusion of Note: Outpatient procedures of less than 4-hour duration.
- ✚ **Gluc 2:** Glucose < 60 with dextrose given or recheck within 90 min.
ALL Cases
- ✚ **Gluc 3:** Glucose >200mg/dL with administration of insulin or glucose recheck within 90 minutes of original glucose measurement. This measure spans from preop through PACU.
- ✚ **Gluc 4:** Glucose <60 with administration of dextrose containing solution or glucose recheck within 90 minutes of original glucose measurement. This measure spans from preop through PACU.
- ✚ **ABX 1:** Percentage of cesarean deliveries with documentation of antibiotic administration initiated within one hour before surgical incision. For Vancomycin, 120 minutes before measure end time.
- ✚ **Mort 1:** Percentage of patients with in-hospital death reported within 30 days after procedure.
Institutional measure - individual provider attribution not applicable

Please refer to: <https://mpog.org/quality/our-measures/>
Site has all the specifications and references used to determine measure requirements



2019 Measure Focus-Recap

In 2019, we focused on 2 measures as part of our ASPIRE/MPOG score. The measures are cumulative, 1/1/19-12/31/19. These measures are TRAN 02 and PONV 01. We are also required to have 10 audits per month for TOC 02. **We received full points for TOC 02 and PONV 01!** **Great job! We did not receive points for TRAN 02.** What happened? Low number of transfusions during the year. A small number of cases that were flagged made it difficult to get the score above the goal.

2020 Measure Focus

These measures are all calculated as cumulative scores, procedure dates 1/1/20-12/31/20. The measures we will focus on in 2020 are BP 03, PUL 02, and TOC 01. The goal for each measure is >90% for the year. **Handoff should be documented every time there is a provider change. This is being done at all 8 Beaumont Hospitals.**

Epic Updates/Issues

- **March Upgrade:**
 - o 2 new BPAs for PONV in the Intraprocedure workspace, based on number of risk factors.
 - o Risk score section will be in Anesthesia PreProcedure. The PONV scoring tool in the Preop and PAT nurse navigators will be retired.
 - o The PONV Risk Factor section in the OHS Anesthesia Pre-Evaluation note - Review of Symptoms tab will be retired. PONV may be documented on the Review of Symptoms tab in the positive history of anesthetic problems area.
- **Epic Issue:** For TEMP 01, some cases appear to have future documentation. For example, the warming device was documented on 1/2/2020 at 1530, but Epic shows it as documented 1/9/2020 at 0000. This is an Epic issue, and they are working on it—the fix should be in the next Epic upgrade.

Measure Updates

- TOC 01**—2020 P4P—should now be on monthly emails
- New wording**—Changed “Failed cases” to “Flagged cases”

Newsletters sent to all CRNAs and MDAs every 2 months. Includes any updates from MPOG re: new measures, measure updates, and important information from MPOG Collaborative Meetings.

INSIDE THIS ISSUE

1. Announcements
1. 2019 Measure Focus-Recap
1. 2020 Measure Focus
1. Epic Updates/Issues
1. Measure Updates
2. Spotlight On...BP 03
2. Contact Information

Announcements

Measures Under Development

- **GLU 03/04:** cases where either high or low glucose checked/treated preop through PACU—similar to Glu 01/02
- **OB ABX 01**—antibiotics given within 1 hour before C-section incision
- **PEDS temp**—informational measure

Provider Feedback Emails:

- Contact Tiffany Malenfant, MSN, RN-BC, ACQR if you need to have your account activated or for any questions re: failed cases

MPOG Technical Support

- For any issues with logging on, activating your MPOG account, or accessing your cases, contact support@mrog.zenelisk.org

MOCA—

- You can check MOCA status and enroll at <https://mrog.org/quality/moca/> It should be the same username and password that you use for ASPIRE/MPOG to review your failed cases.

Spotlight on...BP 03

What it is: intraop hypotension (MAP <65mmHg) sustained for less than 15 minutes total. The 15-minute time frame is cumulative throughout the case, starting with the first documented BP after anesthesia start time through either patient out of room time, data capture end, or anesthesia end—whichever is documented first.

Success: MAP <65 for total of <15 minutes OR MAP >65 throughout case. **Goal:** ≥90%

Inclusions:

- Invasive and non-invasive BP, both manual and automated entry
- ALL patients, > 18 y.o., receiving general anesthesia or MAC

Exclusions:

- Labor epidurals
- Baseline MAP <65—baseline = highest MAP documented in preop (4 hours before anesthesia start)
- Cardiac procedures—cardiac surgery with pump, cardiac surgery with hypothermic arrest, CABG with and without pump
- Transplant procedures

Questions recently asked:

- How is the 15 minutes calculated?
 - The time between each documented BP after a documented MAP <65 counts toward the total
 - If the MAP is < 65, and BP checked again 3 minutes later is > 65, that counts as 3 minutes
 - If the MAP is < 65 and the next BP is checked > 5 minutes later with a MAP >65, it will only count as 5 minutes toward the total
 - If there are two BP readings documented at the same time (i.e. Invasive and non-invasive), the higher reading will be used
 - If the SBP and DBP are < 5mmhg apart, the value will be removed as artifact
- Why is it a flat 15 minutes? Can it be calculated as a percentage of the case instead?
 - Answer from MPOG:
 - “I think a provider suggested this at one of the Quality Committee when BP 03 was initially introduced/rolled-out. However, the literature uses a standard time period which was our reasoning for going that route.”
 - Per the literature, MAP < 65 is associated with increased risk of AKI, myocardial injury, mortality
 - **References:**
 - <https://anesthesiology.pubs.asahq.org/article.aspx?articleid=2756352>
 - [https://bianaesthesia.org/article/S0007-0912\(19\)30050-9/fulltext](https://bianaesthesia.org/article/S0007-0912(19)30050-9/fulltext)
 - <https://link.springer.com/article/10.1007/s00134-018-5224-7>
 - <https://anesthesiology.pubs.asahq.org/article.aspx?articleid=2579833&resultClick=3>
 - <https://anesthesiology.pubs.asahq.org/article.aspx?articleid=1918179&resultClick=3>

Contact Information

Tiffany Malenfant, MSN, RN-BC, ACQR, Beaumont Trenton and Wayne Tiffany.Malenfant@Beaumont.org

ASPIRE Champion Beaumont Wayne

We have a new Anesthesia Group starting at 4 of our hospitals in August, and in 3 of our hospitals in January. This newsletter is 4 pages, and gives an overview of what ASPIRE is and a condensed version of the Provider Guide.

Beaumont ASPIRE/MPOG Newsletter

Introduction 2020

INSIDE THIS ISSUE

1. What is ASPIRE/MPOG?
1. Contact Information
2. ASPIRE/MPOG Measures
3. 2020 Measure Focus
3. BP 03
4. PUL 02
4. TOC 01

Contact Information:

Tiffany Malenfant, MSN RN-BC
ACQR Beaumont Tarrant, Wayne,
and Taylor

Tiffany.Malenfant@Beaumont.org

Mary McKinney, RN
ACQR Beaumont Dearborn
Mary.Mckinney@beaumont.org

MPOG Technical Support
For any issues with logging on or
accessing your cases, contact
support@MPOG.zendesk.org

Beaumont

1

ASPIRE



What is ASPIRE/MPOG?

Blue Cross Blue Shield of Michigan (BCBSM) and the Multicenter Perioperative Outcomes Group (MPOG) launched a collaboration in 2015 to improve anesthesiology practices, reduce anesthesiology-related complications and improve patient outcomes across the state of Michigan.

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE) is the BCBSM funded Collaborative Quality Initiative (CQI) for anesthesia.

- Goal is to study unexplained variation in practice and determine best practices for anesthesia providers
- Established with support of BCBSM and individual CQIs such as MSQC
- Governed by the ASPIRE Quality Committee which consists of members of each institution.
- Built on experience and infrastructure of MPOG

Performance feedback emails are sent to individual providers monthly. These emails are non-punitive and are sent in the spirit of quality improvement. You will be given access to Galileo, which is the web-based feedback tool used by ASPIRE/MPOG. This will allow you to see your failed cases and the Intraoperative Case Viewer.

MPOG is a non-profit academic consortium of more than 100 investigators representing >50 hospitals across 18 states and 2 countries.

For more information, go to <https://mpog.org/>

ASPIRE/MPOG Measures

- † **TOC 01:** Patients who undergo a procedure under anesthesia in which a permanent intraoperative anesthesia staff change occurred. **P4P—2020 Measure Focus**
- † **TOC 02:** All patients receiving anesthesia care and admitted to PACU receive a formal transfer of care.
- † **TOC 03:** All patients receiving anesthesia care and admitted to ICU receive a formal transfer of care.
- † **PUL 01:** Median tidal volume < 6ml/kg IBW. ET & PPV PIP-6 on vent. Excludes LMA. **P4P—2020 measure focus**
- † **PUL 02:** Median tidal volume < 6ml/kg IBW. ET & PPV PIP-6 on vent. Excludes LMA. **P4P—2020 measure focus**
- † **PUL 03:** Percentage of cases in which Positive End Expiratory Pressure (PEEP) is used. (as defined by median PEEP ≥ 2)
- † **TEMP 01:** Use of active warming (forced air) or core or peripheral site temp measure ≥ 36.0 C within 30 minutes of anesthesia end. Includes GA or Neuraxial cases but NOT MAC cases. Cases 60 minutes or longer.
- † **TEMP 02:** Core Temp source documented in assessment between case start and stop. ONLY GA cases.
- † **TEMP 03:** Temp between 36.0/ 96.8 is documented within 30 minutes immediately before or 15 minutes after anesthesia end time. All GA and Neuraxial cases 60 minutes or longer.
- † **TEMP 04:** Percentage of patients < 18 years old who undergo any procedure greater than 30 minutes and have a Median core/near core body temperature > 36C (96.8F)
- † **PONV 01:** Patient receives combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively. 18 and older
- † **PONV 02:** Patient receives combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively. Ages 3-17 receiving inhalational GA with 2 or more risk factors for PONV
- † **PONV 03/PONV 03b:** Percentage of patients, regardless of age, who undergo a procedure and have a documented nausea/vomiting occurrence postoperatively or receive a rescue antiemetic during the immediate postoperative period
- † **TRAN 01:** HGB/HCT (any value) documented 90 minutes prior to transfusion and/or HGB/HCT 8/24 within 36 hours of the transfusion.
- † **TRAN 02:** HGB/HCT ≤10/30 post transfusion.
- † **NMB 01:** TQ4 of at least 14 must be documented in the *flowsheet* after last dose of NDMR. This includes a defasciculating dose before succinylcholine.
- † **NMB 02:** Reversal agent given before extubation.
- † **BP 01:** MAP < 55 for cumulative time of 20 min.
- † **BP 02:** Keep BP gaps < 10 minutes. ALL cases.
- † **BP 03:** MAP < 65 for cumulative time of 15 minutes. **P4P—2020 Measure Focus**
- † **AKI:** Non-Urology Procedures. Creatinine not > 1.5 times within 7 days or 0.3 mg/dl within 48 hours.
- † **CARD 02:** TroP ≤ 0.6 within 72 hours from anesthesia end. ALL Cases.
- † **CARD 03:** TroP ≤ 0.6 within 72 hours from anesthesia end in high cardiac risk patients.
- † **MED 01:** Absence of Narcan & Flumazenil. ALL Cases.
- † **SUS 01:** cases with mean fresh gas flow equal to, or less than 3L/min, during administration of halogenated hydrocarbons and/or nitrous oxide.
- † **GLU 01:** Glucose > 200, recheck glucose within 90 min or insulin given. ALL Cases. Exclusion of Note: Outpatient procedures of less than 4-hour duration
- † **GLU 02:** Glucose < 60 with dextrose given or recheck within 90 min. ALL Cases
- † **GLU 03:** Glucose >200mg/dL with administration of insulin or glucose recheck within 90 minutes of original glucose measurement. This measure spans from prep through PACU.
- † **GLU 04:** Glucose <60 with administration of dextrose containing solution or glucose recheck within 90 minutes of original glucose measurement. This measure spans from prep through PACU
- † **ABX 1:** Percentage of cesarean deliveries with documentation of antibiotic administration initiated within one hour before surgical incision. For Vancomycin, 120 minutes before measure end time.
- † **Mort 1:** Percentage of patients with in-hospital death reported within 30 days after procedure. Institutional measure - individual provider attribution not applicable
<https://spec.mpoG.org/Measures/Public>

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2020 Measure Focus

These measures are all calculated as cumulative scores, procedure dates 1/1/20-12/31/20. The measures we will focus on in 2020 are BP 03, PUL 02, and TOC 01. The goal for each measure is $\geq 90\%$ for the year.

PUL 02 is a cross cohort measure, with a goal of 13 out of 15 Michigan ASPIRE sites scoring $\geq 90\%$

BP 03

What it is: intraop hypotension (MAP < 65 mmHg) sustained for less than 15 minutes total. The 15-minute time frame is cumulative throughout the case, starting with the first documented BP after anesthesia start time through either patient out of room time, data capture end, or anesthesia end—whichever is documented first.

Success: MAP ≤ 65 for total of < 15 minutes OR MAP > 65 throughout case, **Goal:** $\geq 90\%$

Inclusions:

- Invasive and non-invasive BP, both manual and automated entry
- ALL patients, > 18 y.o., receiving general anesthesia or MAC

Exclusions:

- Labor epidurals
- Baseline MAP < 65 —baseline = highest MAP documented in preop (4 hours before anesthesia start)
- Cardiac procedures—cardiac surgery with pump, cardiac surgery with hypothermic arrest, CABG with and without pump
- Transplant procedures

Questions recently asked:

- How is the 15 minutes calculated?
 - The time between each documented BP after a documented MAP < 65 counts toward the total
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 - If there are two BP readings documented at the same time (i.e. Invasive and non-invasive), the higher reading will be used
 - If the SBP and DBP are < 5 mmHg apart, the value will be removed as artifact
- Why is it a flat 15 minutes? Can it be calculated as a percentage of the case instead?
 - Answer from MPOG:
 - The literature uses a standard time period which was our reasoning for going that route.
 - Per the literature, MAP < 65 is associated with increased risk of AKI, myocardial injury, mortality
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 - [https://bjanaesthesia.org/article/S0007-0912\(19\)30050-9/fulltext](https://bjanaesthesia.org/article/S0007-0912(19)30050-9/fulltext)
 - <https://link.springer.com/article/10.1007/s00134-018-5224-7>
 - <https://anesthesiology.pubs.asahq.org/article.aspx?articleid=2579833&resultClick=3>
 - <https://anesthesiology.pubs.asahq.org/article.aspx?articleid=1918179&resultClick=3>

PUL 02

What it is: Percentage of cases with median tidal volumes less than or equal to 8 ml/kg of Ideal Body Weight (IBW). The patient's IBW can be found in Epic in the banner by the patient's height and weight. The P4P goal is 90%, and is cumulative from Jan. 1, 2020-Dec. 31, 2020.

Success: Median tidal volume ≤ 8 ml/kg predicted body weight for the time period between Case Start and Case End.

Inclusions: All patients > 12 years old undergoing endotracheal intubation.

Exclusions:

- ASA 5 and 6 cases
- Patients < 20 kg
- Patients ≥ 18 years old with a height < 121.9 cm (48 in) OR > 213.4 cm (84 in)
- Patients 12-17 years old with a height < 91.4 cm (36 in) or > 213.4 cm (84 in)
- Cases where Enofortamol is administered as an inhalational agent
- Cases without a documented sex
- Cases without a documented height
- Cases in which patients are mechanically ventilated for less than 45 cumulative minutes.
- One lung ventilation procedures as indicated by intraoperative notes

TOC 01

What it is: Documentation of provider hand-off/transfer of care whenever permanent intraop staff change occurs between the in-room providers. The P4P goal is 90%, and is cumulative from Jan. 1, 2020-Dec. 31, 2020.

Success: Documentation of intraoperative transfer of care report in EPIC within 15 minutes of the staff change. **This measure is being used at all 8 hospitals as P4P. It is being suggested at all Beaumont sites to document a handoff with every staff change, regardless of time period.

Inclusions:

- ALL patients who undergo a surgical, therapeutic, or diagnostic procedure under anesthesia and a permanent in-room provider staff change occurs

Exclusions:

- Labor epidurals
- OB non-operative procedures
- cases with no permanent staff relief
- handoff between two supervising anesthesiologists if there is a CRNA in the room












Questions recently asked:

- What is a permanent staff change?
 - Permanent staff change is defined as either staff relief for > 40 minutes, OR staff change where the provider handing off the case does not return prior to case end (any time frame).
- Who is responsible for documenting the handoff?
 - The in-room provider who is leaving and giving report is responsible for documenting the handoff. The in-room provider is the provider who stays in the room with the patient. For example, in a case that has a supervising anesthesiologist and CRNA, the CRNA is the in-room provider.
- Where do I document?
 - Events \rightarrow Anesthesia Handoff

The last 2 pages give an introduction to our 2020 P4P measures and an overview about each measure.











Blank 2020 Monthly Agenda

Measure	Current Score (%)	Flashcard	Example Findings	Directions/Plan																																																																		
BP 03 2020 P4P Goal: ≥90%	[Yellow Box] Target: 90 YTD: [Yellow Box]	MAP < 65 for cumulative time of 15 min	- # of flagged/failed cases <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>MINUTES BELOW 65</th> <th># OF CASES</th> </tr> </thead> <tbody> <tr><td>16-19</td><td></td></tr> <tr><td>20-29</td><td></td></tr> <tr><td>30-39</td><td></td></tr> <tr><td>40-49</td><td></td></tr> <tr><td>50-59</td><td></td></tr> <tr><td>60-69</td><td></td></tr> <tr><td>70-79</td><td></td></tr> <tr><td>80-89</td><td></td></tr> <tr><td>90-99</td><td></td></tr> <tr><td>100+</td><td></td></tr> </tbody> </table> # of failed cases by service: <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>SERVICE</th> <th># OF CASES</th> </tr> </thead> <tbody> <tr><td>Cardiac</td><td></td></tr> <tr><td>General</td><td></td></tr> <tr><td>Gynecology</td><td></td></tr> <tr><td>Ophthalmology</td><td></td></tr> <tr><td>Orthopedics</td><td></td></tr> <tr><td>Neurosurgery</td><td></td></tr> <tr><td>Otolaryngology</td><td></td></tr> <tr><td>Plastics</td><td></td></tr> <tr><td>Podiatry</td><td></td></tr> <tr><td>Thoracic</td><td></td></tr> <tr><td>Urology</td><td></td></tr> </tbody> </table>	MINUTES BELOW 65	# OF CASES	16-19		20-29		30-39		40-49		50-59		60-69		70-79		80-89		90-99		100+		SERVICE	# OF CASES	Cardiac		General		Gynecology		Ophthalmology		Orthopedics		Neurosurgery		Otolaryngology		Plastics		Podiatry		Thoracic		Urology		# of cases by ASA level <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>ASA LEVEL</th> <th># OF CASES</th> </tr> </thead> <tbody> <tr><td>1</td><td></td></tr> <tr><td>2</td><td></td></tr> <tr><td>3</td><td></td></tr> <tr><td>4</td><td></td></tr> </tbody> </table> # of cases by Age range <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>AGE RANGE</th> <th># OF CASES</th> </tr> </thead> <tbody> <tr><td>0-17</td><td></td></tr> <tr><td>18-49</td><td></td></tr> <tr><td>50-79</td><td></td></tr> <tr><td>80+</td><td></td></tr> </tbody> </table>	ASA LEVEL	# OF CASES	1		2		3		4		AGE RANGE	# OF CASES	0-17		18-49		50-79		80+	
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TOC 01 2020 P4P Goal: ≥90%	 Target: 90 YTD: 	Permanent (>40 minute) intraop handoff	- # of flagged/failed cases o details	-
ABX 01— OB *New	 Target: 90	Antibiotic timing for C-section delivery—antibiotics administered before initial incision (procedure start)	- # of flagged/failed cases o details	-
NMB 01	 Target: 90	TO4 of at least ¼ must be <i>documented in the flowsheet</i> after last dose of NDMR. This includes a defasciculating dose before succinylcholine.	- # of flagged/failed cases o details	-
NMB 02	 Target: 90	Reversal agent given before extubation (Adult cases >3 hours & Peds >2 hrs since last dose of NDMR)	- # of flagged/failed cases o details	-
GLUC 01	 Target: 90	Glucose > 200, recheck glucose within 90 min or insulin given. ALL Cases, (excluding outpatient <4 hours)	- # of flagged/failed cases o details	-
GLUC 02	 Target: 90	Glucose < 60 with dextrose given or recheck within 90 min.	- # of flagged/failed cases o details	-
GLU 03	 Target: 90	Glucose >200mg/dL with administration of insulin or glucose recheck within 90 minutes of original glucose measurement. This measure spans from preop through PACU	- # of flagged/failed cases o details	-
GLU 04	 Target: 90	Glucose <60 with administration of dextrose containing solution or glucose recheck within 90 minutes of original glucose measurement. This measure spans from preop through PACU	- # of flagged/failed cases o details	-
TRAN 01	 Target: 90	HGB/HCT documented 90 minutes prior to transfusion and/or HGB/HCT 8/24 within 36 hours of the transfusion. Including H/H drawn between units	- # of flagged/failed cases o details	-
BP 01	 Target: 90	MAP < 55 for cumulative time of 20 min.	- # of flagged/failed cases o details	-

BP 02	■ Target: 90	Keep BP gaps < 10 minutes. ALL cases.	- <u># of flagged/failed cases</u> o details	-
PUL 01	■ Target: 90	VT < 10mL/kg IBW-excludes LMA	- <u># of flagged/failed cases</u> o details	-
PUL 03	■ No target set	Cases with PEEP (as defined by PEEP greater than or equal to 2)	- <u># of flagged/failed cases</u> o details	-
SUS 01	■ Target: 90	Percentage of mean fresh gas flow equal to, or less than 3L/min during administration of halogenated hydrocarbons and/or nitrous oxide.	- <u># of flagged/failed cases</u> o details	-
TEMP 01	■ Target: 90	Use of active warming (forced air) or core or peripheral site temp measure \geq 36.0°C (96.8°F) within 30 minutes of anesthesia end. GA or Neuraxial cases, NOT MAC. >60min	- <u># of flagged/failed cases</u> o details	-
TEMP 02	■ Target: 90	Core Temp source documented in assessment between case start and stop. GA only	- <u># of flagged/failed cases</u> o details	-
TEMP 04-- Peds	■ Target: 90	Peds only—median core temp > 36°C (96.8°F)	- <u># of flagged/failed cases</u> o details	-
*New				
TOC 02	■ Target: 90	All patients receiving anesthesia care and admitted to PACU receive a formal transfer of care.	- <u># of flagged/failed cases</u> o details	-
TOC 03	NA Target: 90	All patients receiving anesthesia care and admitted to ICU receive a formal transfer of care.	- <u>Waiting on Epic build</u>	- Waiting on Epic build
PONV 01	■ Target: 90	Patient receives combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively. \geq 18 years old, with inhalational GA and \geq 3 risk factors	- <u># of flagged/failed cases</u> o details	-
PONV 02	■ Target: 90	Patient receives combination therapy consisting of at least two prophylactic pharmacologic anti-emetic agents of different classes preoperatively or intraoperatively. 3-17 years old, with inhalational GA and \geq 2 risk factors	- <u># of flagged/failed cases</u> o details	-

Outcomes Measures

CARD 02	 Target: <5	Trop \leq 0.6 within 72 hours from anesthesia end (if drawn). ALL Cases.	- <u># of flagged/failed cases</u> o details	-
CARD 03	 Target: <5	Percentage of patients with high risk comorbidities with severely elevated postoperative troponin levels (Troponin I > 0.6) High risk surgeries and/or CAD, CHF, CKD, DM	- <u># of flagged/failed cases</u> o details	
AKI	 Unadjusted=  Target: < 10	Non- Urology Procedures. Creatinine not > 1.5 times within 7 days or 0.3 mg/dl within 48 hours.	- <u># of flagged/failed cases</u> o details	-
MED 01	 Target: <5	Absence of Narcan & Flumazenil. ALL Cases failed case.	- <u># of flagged/failed cases</u> o details	-
MORT 01 *New	 No Threshold	30-day post-op in-hospital mortality rate	- <u># of flagged/failed cases</u> o details	-
PONV 03	 Target: <5	Documentation of PONV or antiemetic given within 6 hours of anesthesia end	- <u># of flagged/failed cases</u> o details PONV 01 o # passed o # failed o # excluded	-
PONV 03b	PONV03b:  Target <5	PONV03b: looks specifically at cases with documentation of PONV	- <u># of flagged/failed cases</u> o details	-
TRAN 02	 Target: <10	HGB/HCT \leq 10/30 post transfusion (within 18 hours) or last pretransfusion (within 90 min) H&H \leq 8/24 or no H&H within 18 hours of anesthesia end	- <u># of flagged/failed cases</u> o details	-
TEMP 03	 Target: <10	One temp \geq 36° C (or 96.8° F) is documented within 30 minutes immediately before or 15 minutes after anesthesia end time. GA and neuraxial cases, >60min	- <u># of flagged/failed cases</u> o details	-

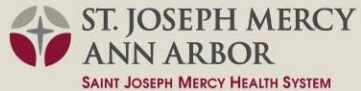
Feedback/Questions?

ASPIRE

Failed/ Flagged Case Review

ACQR Virtual Retreat 2020

Presented By: Jerri Heiter



BeRemarkable.

OVERVIEW OF FAILED CASE REVIEW

Multiple Measures.....

Review below threshold

Focus Measures.....

P4P QI Measure

Volume.....

Measure specification....

Number & Size of Site

Anesthesia type

Less at OP sites

Duration of case

More at IP sites

Inclusion Criteria

Cases / Month.....

0 → Hundreds

Monthly Review.....

P4P – All

Below Threshold - majority



- MD Champion communication
 - Progress
 - Trends
- Individual Provider Questions
 - Review cases – Provide Feedback
- True Fail Trends Specifics
 - Site
 - Provider
 - Service type
 - Documentation Capture
 - Request Coordinator Review

And then...

➤ Case Report Download

Case Report Download

Show 10 entries

➤ ID Cases in Case View or

Batch MRN Lookup

➤ Look up Case in EMR

➤ Compare Values and Accuracy

Data Review and Trends

AKI

	A	B	C	D	E	F	G	H	I
1	2020 AKI-01: Acute Kidney Injury Cases								
2	The percentage of cases where postoperative acute kidney injury occurred					Highest Postop Creatinine			
3	15 Cases	Date of Service	OR	Surgical Service	Procedure	Preop Creatinine	within 7 days	Result Reason	COMMENTS
4									
5		2020-01-21 08:15:00	AA OR 19	Cardiac	Replace Valve Aortic Transfemoral	1.32	1.63	AKI Stage: 1	1.56 - 1/23/20
6		2020-01-16 13:05:02	AA OR 10	Otolaryngology	Tracheostomy	0.98	1.31	AKI Stage: 1	.93 - 1/19/20
7		2020-01-15 09:58:00	CH MOR 03	Orthopedics	Arthroplasty Hip Total	1.93	2.45	AKI Stage: 1	No additional Labs

PUL 02

	A	B	C	D	E	F	G	H		
1	PUL-02: Protective Tidal Volume, 8 mL/kg PBW Cases									
2	The percentage of cases with median tidal volume less than 8 mL/kg PBW						"Actual tidal volume" trumps "set			
3	59 Cases	DATE	OR	Surgical Service	Procedure			Median Tidal Volume:IBW Ratio		
4										
5	>10cc - 2 Cases	2020-01-24 07:57:00	CH MOR 01	General	Cholecystectomy Laparoscopic			9.157472		
6		2020-01-24 07:31:00	AA OR 14	Gynecology	Hysterectomy Total Laparoscopic			9.85841		
7	> 9cc - 12 Cases	2020-01-23 15:55:00	AA OR 06	General	Mastectomy Simple			8.329375		
8		2020-01-23 13:55:00	CH MOR 03	Neurosurgery	Decompression Lumbar			8.133945		
9	<8.2cc- 13 Cases	2020-01-23 13:01:00	AA OSC 09	Orthopedics	Repair Tendon Achilles			8.52659		
2	"Actual tidal volume" trumps "set tidal volume" if there are at least 45 valid "actual tidal volume" measurements. If there are no values for "actual tidal volume", "set tidal volume" is used.									
3	Median Tidal Volume:IBW Ratio	Other Failures		Responsible Attending		AGE	ASA	WT (kg)	Gender	Height
4		Fail BP 03 - 37 Cases							Males - 6	

Failed Case Review Workflow

- ☯ Concentrate on a Few Measures
- ☯ Examine Relevancy & Quality Improvement Opportunity
- ☯ Monthly or Bi Monthly reviews & discussions
- ☯ Organize excel sheets to facilitate your specifics
- ☯ Non punitive Quality Improvement Initiative
- ☯ Needle may move Slow

Thanks



Reminders and Wrap-Up

- **MPOG Application Suite upgrades**
 - Scheduled for the week of **October 12th**, the suite might be temporarily inaccessible during that time. MPOG technical team will schedule a 30 minute meeting with each site's technical team to apply upgrade.
- **Continue to update Provider Contacts**
- **Mark Your Calendars!!**
 - 2021 ACQR Retreat: September 17, 2021
- **Q & A**



