

# MPOG Pediatric Subcommittee Meeting

October 6, 2020



# Agenda

<b>2:00 – 2:10</b>	<b>Roll Call/Announcements</b>
<b>2:10 - 2:15</b>	<b>Pediatric Quality Dashboard</b>
<b>2:15 - 2:30</b>	<b>Using MPOG Data for Pediatric Research</b>
<b>2:30 - 2:50</b>	<b>Pediatric Measure Updates</b>
<b>2:50 - 3:00</b>	<b>MPOG Peds Measure Review Schedule</b>

# July 2020 Meeting Summary

- Meeting Minutes from July 2020 have been posted to the [website](#)
- Pediatric Measure Performance Review
  - TEMP-04
  - Opioid Equivalency - Tonsil & Adenoidectomy (pediatric)
- Non-Opioid Adjunct Measure Discussion (PAIN-01)
  - Initial measure proposal and discussion of non-opioid adjuncts to include



# Announcements

- Annual MPOG Retreat held virtually last Friday 10/2. All presentations available on our website.
  - CMS perspectives on Quality Improvement
  - Best of MPOG Abstracts
  - MPOG Subcommittee updates
  - Is Equity, Diversity and Inclusion important for perioperative outcomes?
    - *Nathalia Jimenez, MD (Seattle Children's)*
  - Integrating MPOG Data with Surgical Registries
  
- SPA Quality & Safety Meeting this Friday 10/9
  - Update on the work of MPOG pediatric subcommittee will be presented





## Upcoming Meetings

- **Pediatric Subcommittee Meetings**
  - December 15
- **2021 Schedule**
  - February 17
  - May 19
  - August 18
  - October 9 (In person @ SPA)
  - December 15
- **MPOG Annual Retreat 2021**
  - October 8 (San Diego, CA)





**NEW!**  
**Pediatric QI Dashboard**

### Pediatric Anesthesia Dashboard

The following performance metrics exclude patients ≥ 18 years old

October 1, 2019 - August 31, 2020

14,106 Cases 

442 Providers 



Entity

Health System

Time Period

Past 12 Months

Specialty Population

Pediatric

Additional Filters

+ Location

+ Patient Age

+ Patient Gender

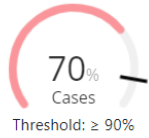
+ Patient Race/Ethnicity

+ Provider Type

+ Surgical Service

<p><b>BP-02</b> Avoiding Monitoring Gaps</p> <p>94% Cases Threshold ≥ 90%</p>	<p><b>GLU-02</b> Low Glucose Treated, Intraop</p> <p>86% Cases Threshold ≥ 90%</p>	<p><b>GLU-04</b> Low Glucose Treated, Periop</p> <p>89% Cases Threshold ≥ 90%</p>	<p><b>MED-01</b> Avoiding Medication Overdose</p> <p>0.1% Cases Threshold ≤ 5%</p> <p>Outcome</p>
<p><b>MORT-01</b> 30 Day Post-Op In-Hospital Mortality Rate</p> <p>0.2% Cases No threshold</p> <p>Outcome</p>	<p><b>NMB-01</b> Train of Four Taken</p> <p>90% Cases Threshold ≥ 90%</p>	<p><b>NMB-02</b> Reversal Administered</p> <p>98% Cases Threshold ≥ 90%</p>	<p><b>PONV-02</b> PONV prophylaxis, Pediatrics</p> <p>82% Cases Threshold ≥ 90%</p>
<p><b>PONV-03</b> Post Operative Nausea or Vomiting</p> <p>9.1% Cases Threshold ≤ 5%</p> <p>Outcome</p>	<p><b>PUL-01</b> Protective Tidal Volume, 10 mL/kg PBW</p> <p>95% Cases Threshold ≥ 90%</p>	<p><b>PUL-03</b> Administration of PEEP</p> <p>100% Cases No threshold</p>	<p><b>SUS-01</b> Low Fresh Gas Flow</p> <p>81% Cases Threshold ≥ 90%</p>
<p><b>TEMP-01</b> Thermoregulation Vigilance - Active Warming</p> <p>97% Cases Threshold ≥ 90%</p>	<p><b>TEMP-02</b> Thermoregulation Monitoring - Core Temperature</p> <p>96% Cases Threshold ≥ 90%</p>	<p><b>TEMP-03</b> Perioperative Hypothermia</p> <p>0.6% Cases Threshold ≤ 10%</p> <p>VBR Outcome</p>	<p><b>TEMP-04-Peds</b> Pediatric Temperature Management</p> <p>70% Cases Threshold ≥ 90%</p>

### Overall Score



### Result Counts

Result	Case Count
Passed	4,443
Flagged	1,886
Excluded	7,777
<b>Total</b>	<b>14,106</b>

### Result Reasons

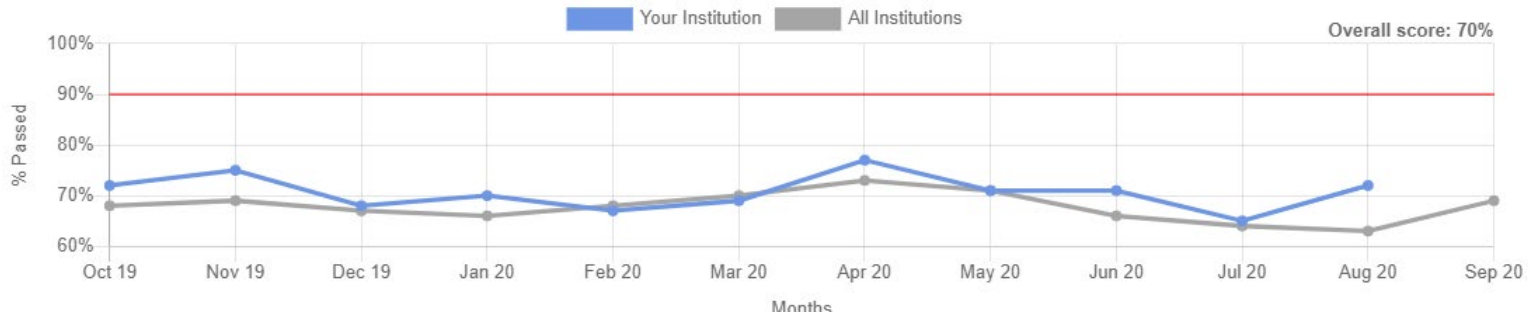
Result	Reason	Case Count
Passed	Median temp >= 36°C	4,443
Flagged	Median temp < 36°C	1,886
Excluded	Case Duration	4,358
Excluded	Diagnostic Procedure	1,270
Excluded	Cardiac Surgical Service	1,122
Excluded	MAC/Sedation Case?	796
Excluded	Core Temperature Route	122
Excluded	Intraop Temperature exists	83
Excluded	Anesthesia CPT	17
Excluded	ASA Class	9
<b>Total</b>		<b>14,106</b>

### Breakdown by Location

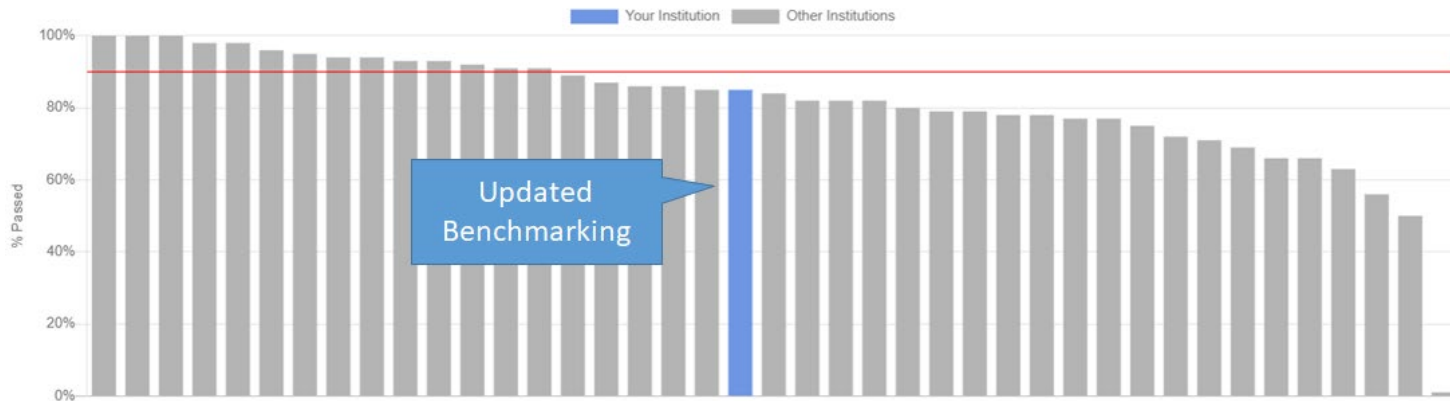




### Performance Trend



### Institution Comparison



## PONV-02: PONV prophylaxis, Pediatrics Cases [More Info](#)

The percentage of pediatric cases with appropriate antiemetic administration for postoperative nausea and

Case Report Download

Show  entries

<a href="#">View Case</a>	<a href="#">Measure Result</a>	<a href="#">Date of Service</a>	<a href="#">Operating Room</a>	<a href="#">Surgical Service</a>	<a href="#">Procedure</a>
<a href="#">View Case</a>	Passed		M-OR 14	Plastics	MIDLINE ORIF MANDIBLE, POSSIBLE ARCH BAR APPLICATION
<a href="#">View Case</a>	Passed		M-OR 13	Otolaryngology	RIGHT COCHLEAR IMPLANT
<a href="#">View Case</a>	Passed		M-OR 12	Otolaryngology	LEFT COCHLEAR IMPLANT
<a href="#">View Case</a>	Flagged				
<a href="#">View Case</a>	Passed		M-OR 14	Plastics	LEFT NEVUS, LESION, OR HEMANGIOMA EXCISION
<a href="#">View Case</a>	Passed		M-OR 13	Otolaryngology	RIGHT TYMPANOPLASTY AND MASTOIDECTOMY

<a href="#">View Case</a>	<a href="#">Measure Result</a>	<a href="#">Date of Service</a>	<a href="#">Operating Room</a>	<a href="#">Surgical Service</a>	<a href="#">Procedure</a>
<a href="#">View Case</a>	Flagged		M-MRI-BAY2	Surgical Service - Not specified	MR HEAD GENERAL ANESTHESIA

Attribute	Value	Result
Anti-Emetic Class Count	1	Failed
Is Valid Case	Yes	Included
Transported to ICU	No	Included
Patient Age	6	Included
Labor Epidural	No	Included
Liver Transplant	No	Included
Lung Transplant	No	Included
Labor Room	No	Included
Medical Exception	No	Included
Anesthesia CPT	01922	Included
Received General Anesthetic After Induction	Yes	Included
Risk Factor Count	2	Included
Responsible Provider	Yes	Included
Patient Transported to PACU	Yes	Info
PONV Risk Factor: Patient Age	Triggered	Info
Anti-Emetic Classes	Other: PROPOFOL	Info
Is Non-Operative Case	No	Included
PONV Risk Factor: History of PONV	Not Triggered [Missing]	Info
PONV Risk Factor: Strabismus	Not Triggered [No]	Info
PONV Risk Factor: Surgery Duration	Triggered [53]	Info

# MPOG Research Process Overview

*From Real-World Data to Actionable Knowledge*

*Michael Mathis, MD*

*Assistant Professor of Anesthesiology*

*Associate Research Director, MPOG*

*Shelley Vaughn, MPH*

*Department of Anesthesiology*

*Lead Research Facilitator, MPOG*



# Types of Research Studies Leveraging MPOG

- Descriptive Studies
- Operational Analyses
- Outcomes Studies
  - MPOG Data
  - MPOG + Surgical Registry

[Anesthesiology](#), 2016 Nov;125(5):904-913.

## Reference Values for Noninvasive Blood Pressure in Children during Anesthesia: A Multicentered Retrospective Observational Cohort Study.

[de Graaff JC](#)<sup>1</sup>, [Pasma W](#), [van Buuren S](#), [Duijghuisen JJ](#), [Nafiu OO](#), [Kheterpal S](#), [van Klei WA](#).

[Anesth Analg](#), 2017 Oct;125(4):1203-1211. doi: 10.1213/ANE.0000000000002305.

## Alarm Limits for Intraoperative Drug Infusions: A Report From the Multicenter Perioperative Outcomes Group.

[Berman MF](#)<sup>1</sup>, [Iyer N](#), [Freudzon L](#), [Wang S](#), [Freundlich RE](#), [Housey M](#), [Kheterpal S](#): Multicenter Perioperative Outcomes Group (MPOG) Perioperative Clinical Research Committee.

[Anesthesiology](#), 2017 Jun;126(6):1053-1063. doi: 10.1097/ALN.0000000000001630.

## Risk of Epidural Hematoma after Neuraxial Techniques in Thrombocytopenic Parturients: A Report from the Multicenter Perioperative Outcomes Group.

[Lee LO](#)<sup>1</sup>, [Bateman BT](#), [Kheterpal S](#), [Klumpner TT](#), [Housey M](#), [Aziz MF](#), [Hand KW](#), [MacEachern M](#), [Goodier CG](#), [Bernstein J](#), [Bauer ME](#): Multicenter Perioperative Outcomes Group Investigators.

## Management of 1-Lung Ventilation—Variation and Trends in Clinical Practice: A Report From the Multicenter Perioperative Outcomes Group

[Colquhoun, Douglas, A.](#), MB ChB, MSc, MPH<sup>†</sup>; [Naik, Bhiken, I.](#), MBBCh<sup>†</sup>; [Durieux, Marcel, E.](#), MD, PhD<sup>‡</sup>; [Shanks, Amy, M.](#), PhD<sup>‡</sup>; [Kheterpal, Sachin, MD](#), MBA<sup>‡</sup>; [Bender, S.](#), Patrick, MD, MPH<sup>§</sup>; [Blank, Randal, S.](#), MD, PhD<sup>‡</sup> on behalf of the MPOG Investigators



The Society  
of Thoracic  
Surgeons

ACS  
NSQIP<sup>®</sup>

# DataDirect: “Democratizing” data access

**MPOG DataDirect** Michael Mathis Logout

**Step 1: Define Project**

**Step 2: Filter**

**Cases**

Perioperative case characteristics from the clinical documentation and professional fee billing systems. Some patient characteristics (ASA status) may change from one case to another and reflect the information known at the time of that case.

Update

Next

Disable this filter

Delete this filter

**Project**

**Test**

Project ID: 6274  
Query Mode: Cohort  
Last updated on 9/14/2020

**Cohort Size**

**Start** 14,584,350 cases  
All Patients 63 institutions

**Demographics** 1,724,500 cases  
Age: 0 years - 18 years 63 institutions  
BMI: 0.0 - 100.0  
Institution: All Institutions

**Cases** 786,864 cases  
63 institutions  
Procedure Date: 01/01/2000 - 10/05/2020  
Anesthesia time: 1 minute - 1440 minutes  
Cardiac Case: No  
AnesTech General: Yes  
Endotracheal Tube: Yes

**Medication Administration** 23,363 cases  
58 institutions  
keep: 10019

**Medication Administration** 2,363 cases  
43 institutions  
keep: 10176

Procedure Date 01/01/2000 to 10/05/2020

CPT Base Units 3 to 30

Weekend Case  Yes  No

Holiday Case  Yes  No

ASA Status  ASA 1  ASA 2  ASA 3  ASA 4  ASA 5  ASA 6

Emergency Status  Yes  No  Unspecified

Admission Type  Inpatient  Outpatient  Other  Unknown

Case Duration Anesthesia time 1 minute(s) to 1440 minute(s)

Cardiac Case  Yes  No

Anesthesia Technique General  Yes  No

Anesthesia Technique LMA  Yes  No

**Step 3: Choose Output**

**Step 4: Finalize**

Email Support/Feedback

*How many...*

*...pediatric patients <18 years...*

*...undergoing general anesthesia with an endotracheal tube...*

*...received albuterol \*AND\* epinephrine during surgery?*

# Phenotypes: *Structured Inferences* from messy data

## Standard MPOG Concepts

Meds	Times
Outputs	Diagnoses
	Events
	Outcomes

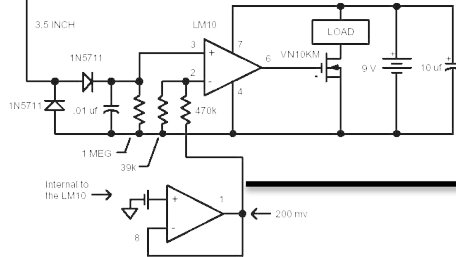
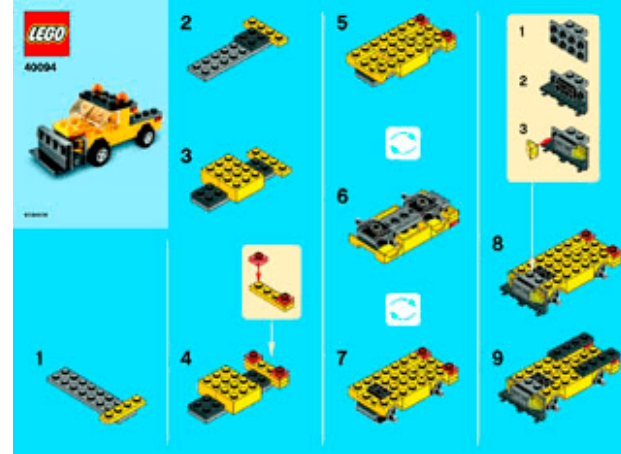


Figure 1. Cellular phone activity detector



## MPOG Phenotypes

Cardiopulmonary Bypass Used  
Anesthesia Technique: General  
Oral Morphine Equivalents  
Baseline Blood Pressure

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# Developing a Research Study



About Join Research Quality Tools Downloads Events / News



## Perioperative Clinical Research Committee (PCRC)

The research committee coordinates the clinical research efforts of MPOG, by reviewing all submitted research proposals and tracking the progress of ongoing research projects. The committee ensures the appropriateness of the clinical research conducted within MPOG and the use of MPOG resources. Only colleagues from active MPOG sites can submit a research proposal to the PCRC for review and it is the responsibility of the MPOG site's Principal Investigator (PI) to review all proposals before submission to the PCRC.

The following steps outline the process for submitting a research proposal:

STEP 1: BEFORE YOU BEGIN

STEP 2: DETERMINE FEASIBILITY

STEP 3: WRITE RESEARCH PROJECT SPECIFIC IRB AND DRAFT PCRC PROPOSAL

STEP 4: DATA QUERY SPECIFICATION

<b>Title of Study or Project:</b>	Multicenter Review of Practice Patterns Regarding Benzodiazepine Use in Cardiac Surgery
<b>Primary Institution:</b>	University of Michigan
<b>Principal Investigator:</b>	Allison Janda, MD
<b>Co-Investigators:</b>	Allison Janda, MD; Jessica Spence, MD; Timur Dubovoy, MD; Emilie Belley-Côté, MD PhD; Graciela Mentz, PhD; Sachin Kheterpal, MD, MBA; Michael Mathis, MD
<b>Statisticians:</b>	Graciela Mentz, PhD
<b>Type of Study:</b>	<input checked="" type="checkbox"/> Retrospective Observational
<b>IRB Number and Status:</b>	HUM00167369 / approved
<b>Hypotheses/Aims:</b>	We propose to explore data from cardiac surgical patients meeting inclusion criteria, to describe benzodiazepine use during cardiac surgery across MPOG centers. We aim to identify patient factors associated with benzodiazepine use and further describe the timing of administration. We hypothesize that patient, provider, and institutional factors are independently associated with benzodiazepine use during cardiac surgery.
<b>Number of Patients/Participants:</b>	Based on the availability of pertinent perioperative data, we expect approximately 5,000 patients to be included at the University of Michigan, and 60,000 in MPOG.
<b>Power Analysis:</b>	Sample size for this descriptive study are based on the accuracy of the overall estimates of benzodiazepine administration. It was determined that if the true population level use of benzodiazepines ranges between 70% and 90%, we will need a sample between 1,536 to 3,585 patients to estimate descriptive statistics with a precision of 3%.
<b>Proposed statistical test/analysis:</b>	We will produce descriptive statistics including: histograms, mean/median, standard deviation/interquartile ranges, percentiles and Q-Q plots.
<b>Resources (Brief summary of resources for data collection, personnel, financial):</b>	Data collection will include MPOG database queries performed via IT support. Statistical analysis will be conducted by Anesthesiology Department staff in consultation with Graciela Mentz; and in discussion with all co-investigators. Financial support as per the University of Michigan Department of Anesthesiology, NIH-NIGMS, Grant T32GM103730-06; NIH-NHLBI, Grant 1K01HL141701-02, Bethesda, MD



# PCRC Community of Peers



About Join Research Quality Tools

## STEP 8: PCRC REVIEW

The PCRC meets on the second Monday of each month, from 10:00am – 12:00pm Eastern Time Zone. Proposals must be received by the second Friday of each month. Proposals received after this date will not be considered for review.

Members of the PCRC will evaluate proposals based on the following questions:

1. Is the study as presented in the introductions and methods complete and comprehensive?
2. Is the specific study question concisely presented?
3. Will the data requested be suitable for answering the study questions?
4. Are the proposed statistical techniques appropriate?
5. Is the literature review complete and comprehensive?
6. Does the study address a clinically significant healthcare issue?
7. Revised PCRC presentations only: Does the study team adequately respond to the addressable feedback from previous PCRC presentations?

Prior to the PCRC Review, the primary author (or study team presenter) must communicate to the MPOG Coordinating Center the proposed research. This can simply be an oral summary of the proposed research (and Coordinating Center can display the PCRC proposal document on a screen), or a short presentation (e.g. Powerpoint). The presentation length should target 10 minutes.

This site maintains a list of current research projects, along with their respective meeting notes and recordings below, to ensure productive collaboration in research areas. If you are interested in submitting a research project, first review this list to prevent duplication or competition. If you have a similar research area, feel free to contact those involved in the project to determine if collaboration with that project is possible, or a closely related project may be appropriate.

Click on a project title to view a copy of the proposal.

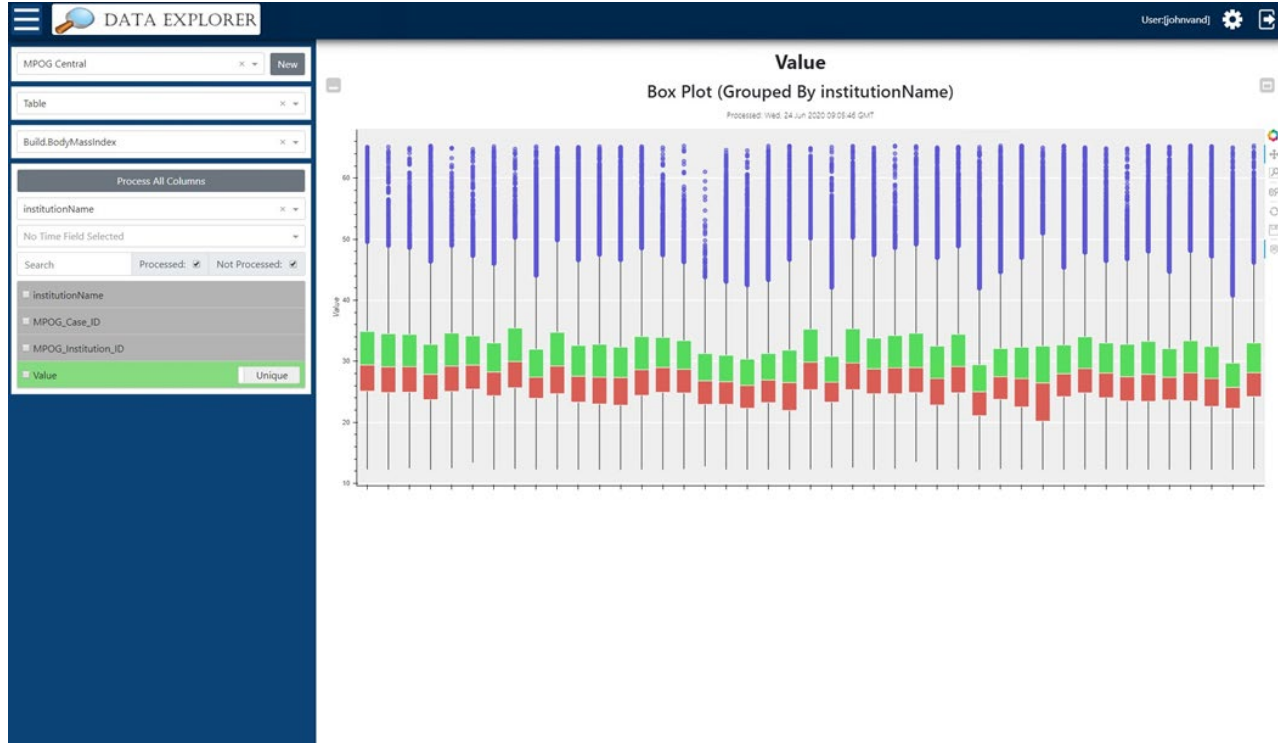
Show 10 entries Search:

Project #	Date Presented	Institution	First Author	Proposal and Supporting Documents	Status
PCRC-0107	04/13/2020	Colorado	<a href="#">Doun</a>	<a href="#">The association between hyperoxia during</a>	Accept with electronic revisions
PCRC-0109	04/13/2020	Michigan	<a href="#">Ylisides</a>	<a href="#">Associations between Intraoperative Blood</a>	Accept with electronic revisions
PCRC-0092	03/09/2020	Massachusetts General	<a href="#">Rosenbloom</a>	<a href="#">The effect of induction time on</a>	Revise and Re-Present





# Data Visualization and Curation



# Writing the Manuscript

## ANESTHESIOLOGY

### Succinylcholine and Dantrolene Available for Malignant Hypertension Treatment

Database Analyses and Systematic Review

Marilyn Green Larach, M.D., F.A.A.P., Thomas T. Klumpner, M.D., Barbara W. Brandom, M.D., Michelle T. Vaughn, M.D., Kumar G. Belani, M.B.B.S., M.S., F.A.A.P., Andrew Herlich, D.M.D., M.D., F.A.A.P., F.A.S.A., Tae W. Kim, M.D., M.E.H.P., Janine Limoncelli, M.D., Sheila Riazzi, M.Sc., M.D., FRCPC, Erica L. Sivak, M.D., John Capacchione, M.D., Darlene Mashman, M.D., Sachin Kheterpal, M.D., M.B.A., on behalf of the Multicenter Perioperative Outcomes Group\*

ANESTHESIOLOGY 2019; 130:41–54

quality in action  
Imp  
Mea  
Mo

Patrick J.  
Meghana

## ANESTHESIOLOGY

### Sugammadex versus Neostigmine for Reversal of Neuromuscular Blockade and Postoperative Pulmonary Complications (STRONGER)

A Multicenter Matched Cohort Analysis

Sachin Kheterpal, M.D., M.B.A., Michelle T. Vaughn, M.P.H., Timur Z. Dubovoy, M.D., Nirav J. Shah, M.D., Lori D. Bash, Ph.D., M.P.H., Douglas A. Colquhoun, M.B.Ch.B., Amy M. Shanks, Ph.D., Michael R. Mathis, M.D., Roy G. Soto, M.D., Amit Bardia, M.D., Karsten Bartels, M.D., Ph.D., Patrick J. McCormick, M.D., M.Eng., Robert B. Schonberger, M.D., M.H.S., Leif Saager, M.D., M.M.M.

ANESTHESIOLOGY 2020; 132:1371–81

## ANESTHESIOLOGY

### Preoperative Risk and the Association between Hypotension and Postoperative Acute Kidney Injury

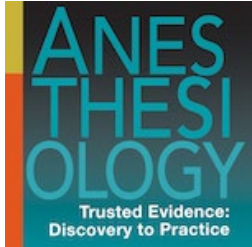
Michael R. Mathis, M.D., Bhiken I. Naik, M.B.B.Ch., Robert E. Freundlich, M.D., M.S., M.S.C.I., Amy M. Shanks, Ph.D., Michael Heung, M.D., Minjae Kim, M.D., Michael L. Burns, M.D., Ph.D.

### Overlapping Surgery and Postoperative Outcomes

PhD; Chris A. Rishel, MD, PhD; Michelle T. Vaughn, MPH; Dr Med, MMM; Lee A. Fleisher, MD; Edward J. Damrose, MD; PhD; for the Multicenter Perioperative Outcomes Group (MPOG)



# MPOG Pediatric Publications



Perioperative Medicine | November 2016

## Reference Values for Noninvasive Blood Pressure in Children during Anesthesia: A Multicentered Retrospective Observational Cohort Study

Jurgen C. de Graaff, M.D., Ph.D.; Wietze Pasma, D.V.M.; Stef van Buuren, Ph.D.; Jesse J. Duijghuisen, M.D.; Olubukola O. Nafu, M.D.; et al

ANESTHESIA &  
ANALGESIA

## Risk Factors for Intraoperative Hypoglycemia in Children: A Multicenter Retrospective Cohort Study

Lori Q. Riegger, MD, Aleda M. Leis, MS, Kristine H. Golmirzaie, MD, and Shobha Malviya, MD



# Writing the Manuscript

- Authorship protocol
  - Byline authors – as per [ICMJE guidelines](#)
  - Acknowledged collaborators – MPOG assists with tracking
- Registration of research protocol
  - Protected version on MPOG website → always
  - Public access version on [Open Science Framework](#) → discretion of PI
- [iThenticate](#) plagiarism checker

# ...so, where do I start?

## Tips & Tricks

See the video series from the MPOG central team below on how to use research tools and processes to their full potential for high-impact research.

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**MPOG Research Process Overview**

See the MPOG research machine from a "high-altitude" perspective, including a roadmap to tools and processes described in more detail in additional videos.

[Presentation Slides](#)  
[Video](#)

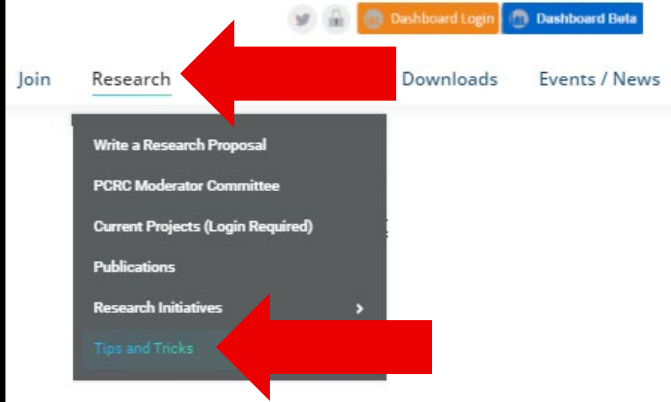
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### Developing an Answerable Research Question

Understand strengths and limitations of the MPOG database, including what types of research questions MPOG data is uniquely suited to answer.

[Presentation Slides](#)  
Video coming soon





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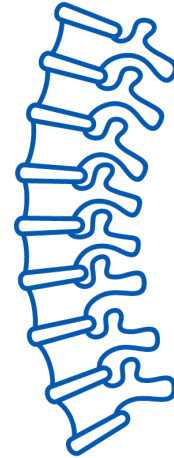
- Write a Research Proposal
- PCRC Moderator Committee
- Current Projects (Login Required)
- Publications
- Research Initiatives
- Tips and Tricks



# Pediatric Measure Performance Review

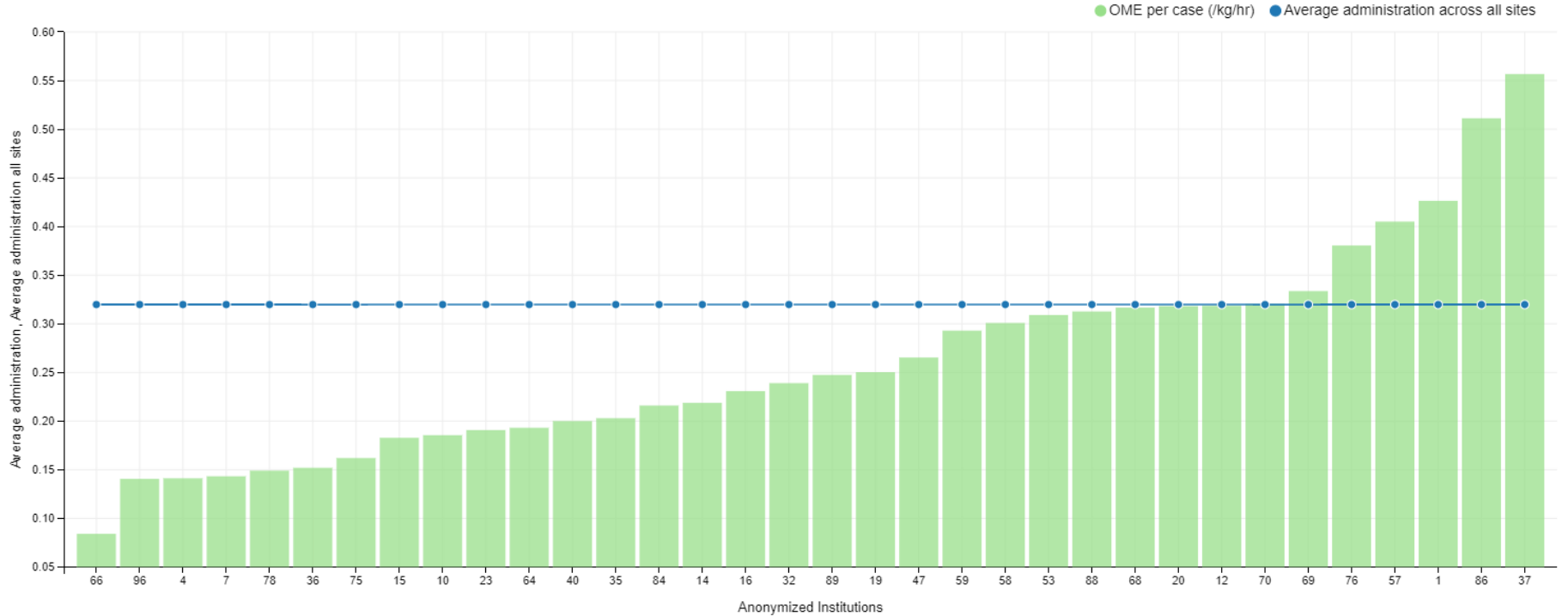
# Opioid Equivalency - Spine (pediatrics)

- Anesthesia Start → Anesthesia End
- Case Cohort – Patients < 18yo
  - **Procedures on cervical spine and cord**
    - not otherwise specified (CPT: 00600)
    - patient in sitting position (CPT: 00604)
  - **Procedures on thoracic spine and cord**
    - not otherwise specified (CPT: 00620)
    - via an anterior transthoracic approach; not utilizing 1 lung ventilation (CPT: 00625); utilizing 1 lung ventilation (CPT: 00626)
  - **Procedures in lumbar region**; not otherwise specified (CPT: 00630)
  - **Extensive spine and spinal cord procedures** (CPT: 00670)
- Measure Specification



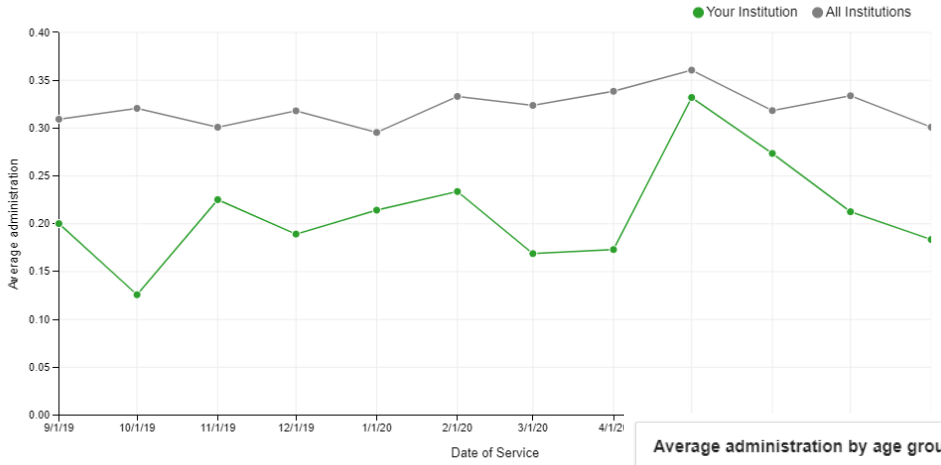
# Opioid Equivalency - Spine

Average administration per case for past 12 months - all institutions

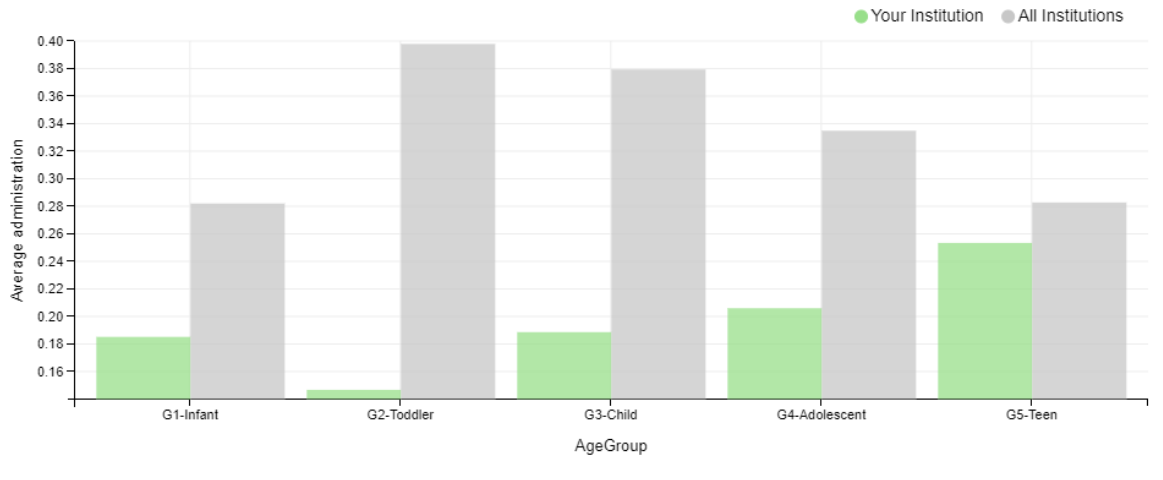




Average administration per case per month

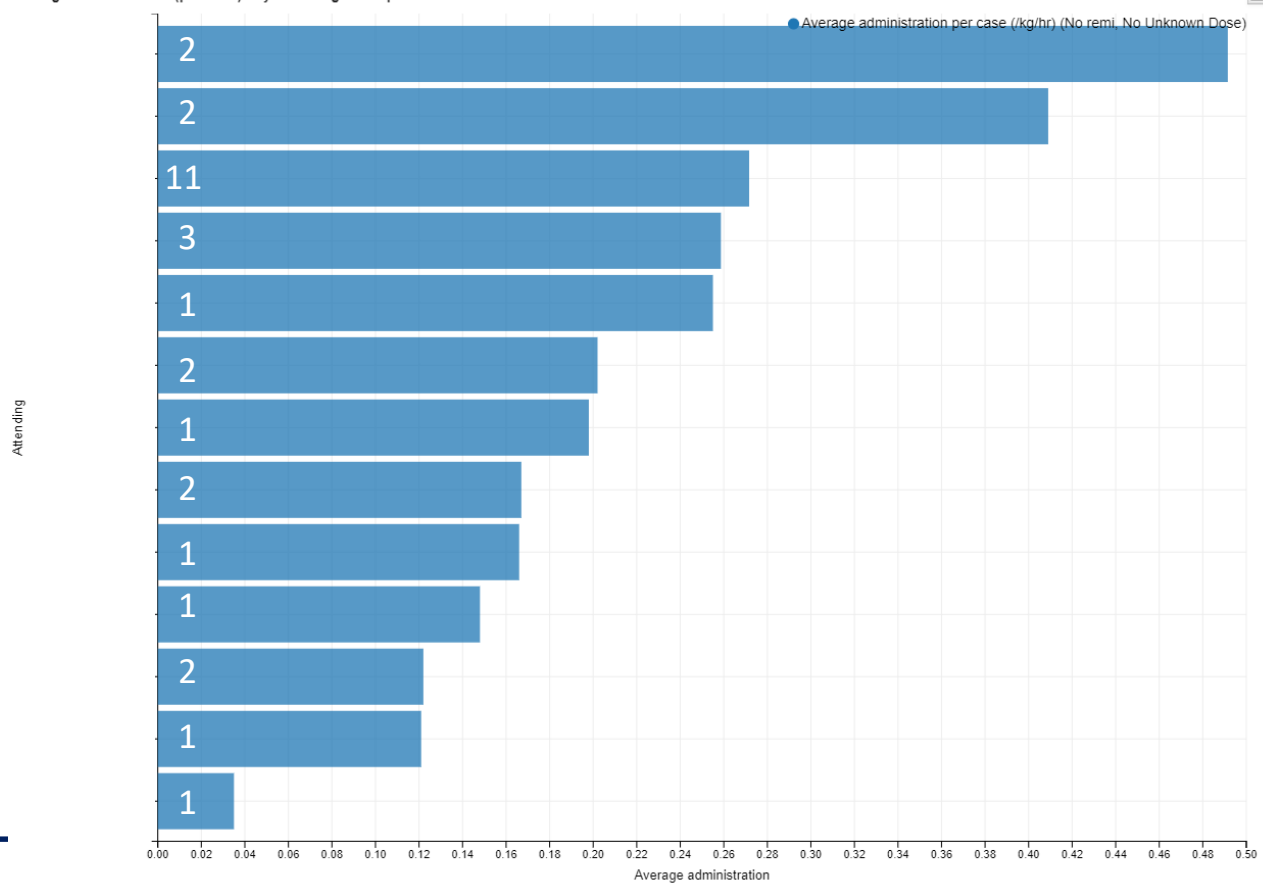


Average administration by age group for past 12 months



# Variation by Provider and Case Count (past 12 mo.)

Average administration (per case) - by attending - over past 12 months



# Opioid Equivalency by Case



Procedure	Operating Room	Anes Duration	CPT	OME(mg/kg/hr)	Remi Administrati	Highest Pain Score in PACU	View Case
MIDLINE POSTERIOR SPINE FUSION THORACOLUMBAR WITH O-ARM	M-OR 08	7.8	00670	0.39	No remi	0	<a href="#">View Case</a>
MIDLINE POSTERIOR SPINE FUSION THORACOLUMBAR WITH O-ARM	M-OR 06	5.5	00670	0.48	No remi	0	<a href="#">View Case</a>
RIGHT OPEN LAMINECTOMY LUMBAR	M-OR 10	4.8	00630	0.17	No remi	0	<a href="#">View Case</a>
POSTERIOR LUMBAR SPINAL FUSION WITH STEALTH	M-OR 06	6.5	00670	0.12	No remi	0	<a href="#">View Case</a>
MIDLINE POSTERIOR SPINE FUSION THORACOLUMBAR WITH O-ARM	M-OR 06	4.2	00670	0.57	No remi	0	<a href="#">View Case</a>
MIDLINE POSTERIOR SPINAL FUSION WITHOUT STEALTH	M-OR 08	6.0	00670	0.15	No remi	0	<a href="#">View Case</a>
MIDLINE GROWING ROD PLACEMENT?WITH O-ARM	Slots	6.1	00670	0.38	No remi	0	<a href="#">View Case</a>
INFUSION PUMP PLACEMENT MIDLINE POSTERIOR SPINE FUSION THORA...	M-OR 08	12.1	00670	0.21	No remi	0	<a href="#">View Case</a>
MIDLINE POSTERIOR SPINE FUSION THORACOLUMBAR WITH O-AR POST...	M-OR 06	8.4	00670	0.28	No remi	8	<a href="#">View Case</a>
MR SPINE CERVICAL ANESTHESIA	M-OR 10	9.0	00670	0.09	No remi	0	<a href="#">View Case</a>
MIDLINE TETHERED CORD RELEAS FLAP CLOSURE	M-OR 10	4.6	00630	0.16	No remi	2	<a href="#">View Case</a>

**PAIN-01**  
**In Development**

# PAIN-01 Update

- **Description:** Percentage of patients < 18 years old who undergo a surgical or therapeutic procedure and receive a non-opioid adjunct preoperatively and/or intraoperatively.
- **Success Criteria:** At least one non-opioid adjunct medication was administered to the patient during the preoperative or intraoperative period.
- **Measure Time Period:** Preop Start → Anesthesia End
- **Exclusions**
  - ASA 5 and 6; Patients transferred directly to ICU
  - Organ Harvest , Cardiac Surgery , Non-operative procedures and Radiology procedures
  - Patients that were not extubated in the immediate postoperative period.
  - Patients not given opioids or non-opioid adjuncts
- **Responsible Provider:** No individual attribution



# Medications and Routes Considered

NON-OPIOID ADJUNCTS
Acetaminophen
Aspirin
Ibuprofen
Naproxen
Celecoxib
Ketorolac
Ketamine
Lidocaine (IV Infusion only)
Dexmedetomidine
Gabapentin
Pregabalin
Clonidine
Esmolol
Magnesium

Routes
Intravenous (bolus and infusion)
Intramuscular (*Ketorolac only)
Oral
Nasal
Enteric Tube

## **Additional Information Provided:**

- Peripheral Nerve Block (Yes/No)
- Neuraxial (Yes/No)
- Spinal (Yes/No)
- Opioids Given in PACU
- Highest Pain score in PACU

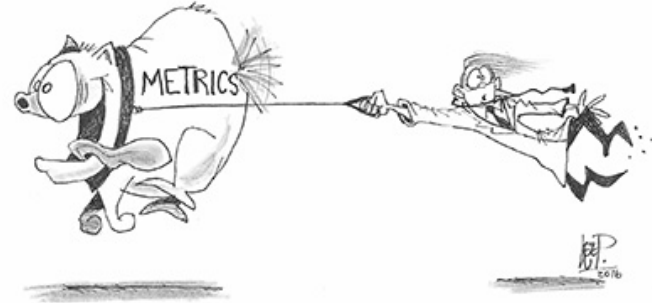




# MPOG Quality Measure Review

# Background

- Coordinating Center has created a review schedule for all measures
  - Quality measures should reflect the latest evidence or may be “topped out” and worth retiring if no longer relevant for QI
- MPOG subcommittee members have tremendous experience and expertise that should be leveraged to keep quality measures current and relevant to pediatrics
- Request MPOG Pediatric Champions collaborate in this review process with other quality committee members





# Plan

- Reviewers will make one of the following recommendations (with supporting evidence)
  1. Continue measure as is
  2. Modify measure
  3. Retire measure
- Considerations
  - Reviewers will be de facto members of MPOG Quality Improvement Measure Workgroup
  - Coordinating Center will not assign more than 2 measures per Quality Champion
  - Coordinating Center team will assist reviewers as necessary to complete review process



# Measures Review Schedule: Pediatrics

## 12/2020

- AKI 01 - Acute Kidney Injury → (**Bishr Haydar**)
- PUL 01 - Protective Tidal Volume, < 10mL/kg PBW → (**Wes Templeton**)
- PUL 02 - Protective Tidal Volume, < 8mL/kg PBW → (**Wes Templeton**)
- TEMP 03 - Postoperative Hypothermia → (**Vikas O'Reilly-Shah**)

## 03/2021

- CARD 02 - Myocardial Infarction → (**Peds Reviewer?**)
- PONV 02 - PONV Prophylaxis, Pediatrics → (**Brad Taicher & Lisa Vitale**)

[Full Schedule](#)



# Next Steps...

- Publish PAIN-01
- Discuss 2021 Goals
  - Call for Measure Survey will be sent out later this month
- Schedule meeting for December

Measure Build	Status
<i>Pediatric Temperature Management (TEMP-04)</i>	<i>Complete!</i>
<i>OME Pediatric Cohort #1 - Tonsillectomy/Adenoidectomy</i>	<i>Complete!</i>
<i>OME Pediatric Cohort #2 - Spine</i>	<i>Complete!</i>
Non-Opioid Adjunct (PAIN-01)	December 2020





Thank you