

# ASPIRE Quality Committee Meeting

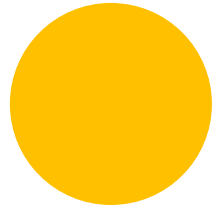
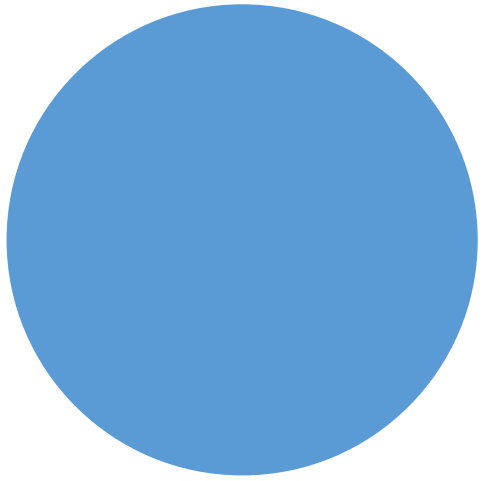
January 25<sup>th</sup> 2021

# Agenda

- Announcements
- Measure Updates (SUS 01 and TEMP 02)
- Measure Review and Vote
  - PUL 01/02 – Drs Tung and Colquhoun
  - TEMP 03 – Drs Tom and O’Reilly-Shah

# Meeting Minutes October 2020

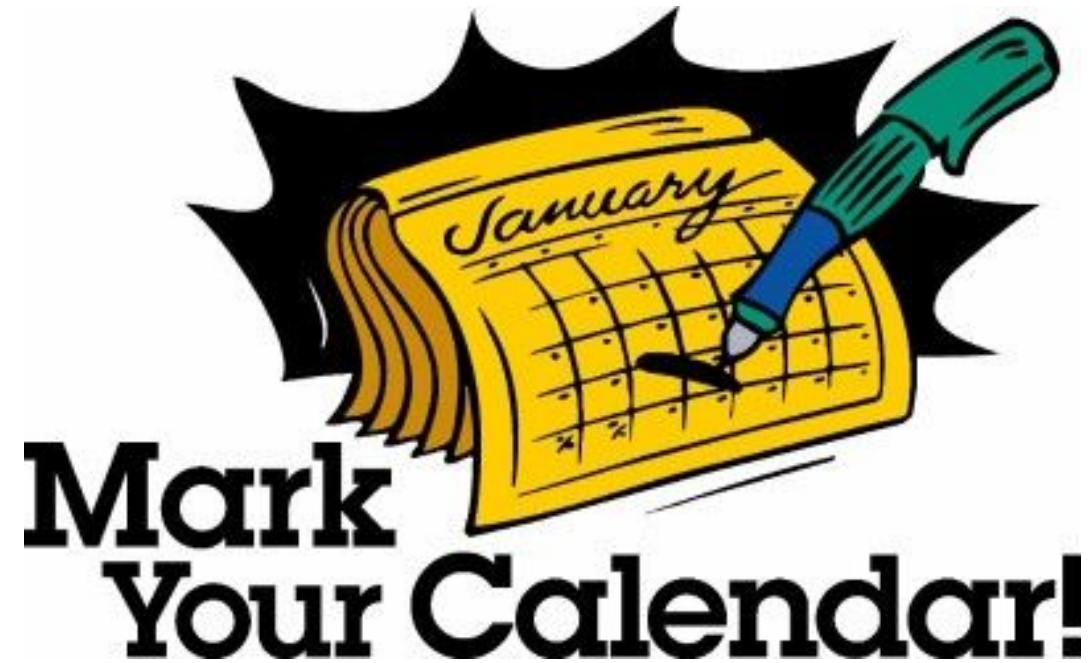
Roll Call – via webex or  
contact us



# Upcoming Events







Friday, April 23, 2021, MSQC / ASPIRE Collaborative Meeting - Virtual  
Friday, July 16, 2021, ASPIRE Collaborative Meeting  
Friday, October 8, 2021, MPOG Retreat

# Import Manager Conversions – 2021 deadline



Trinity Health

Yale HEALTH



# MPOG Featured Member January and February 2021

[MORE INFO](#)



# Beaumont

**Pamela Tyler, RN, BSN**

Anesthesiology Clinical Quality Reviewer (ACQR)

Beaumont Farmington Hills and Troy





# New Michigan Sites for 2021

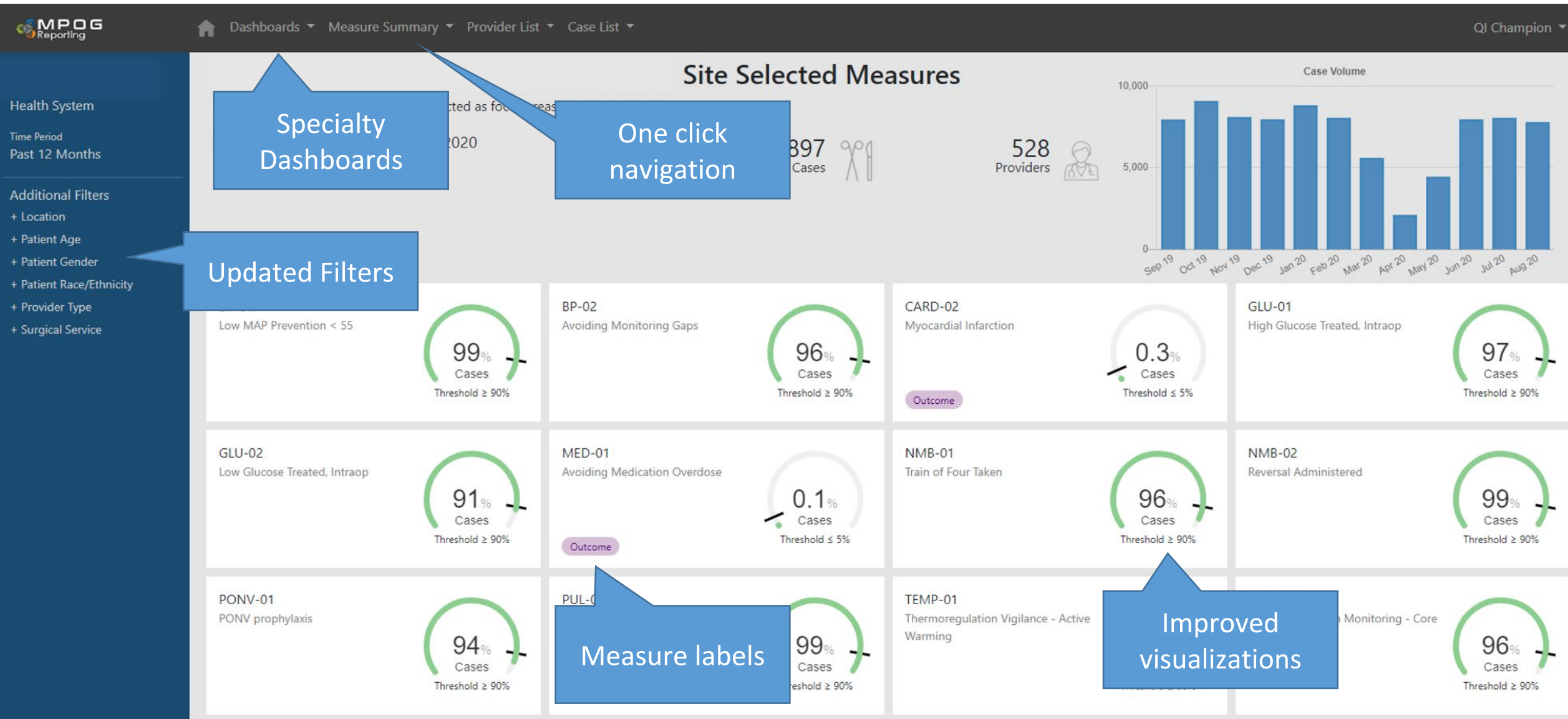


# Dashboard 2.0

## (MPOG QI Reporting App)

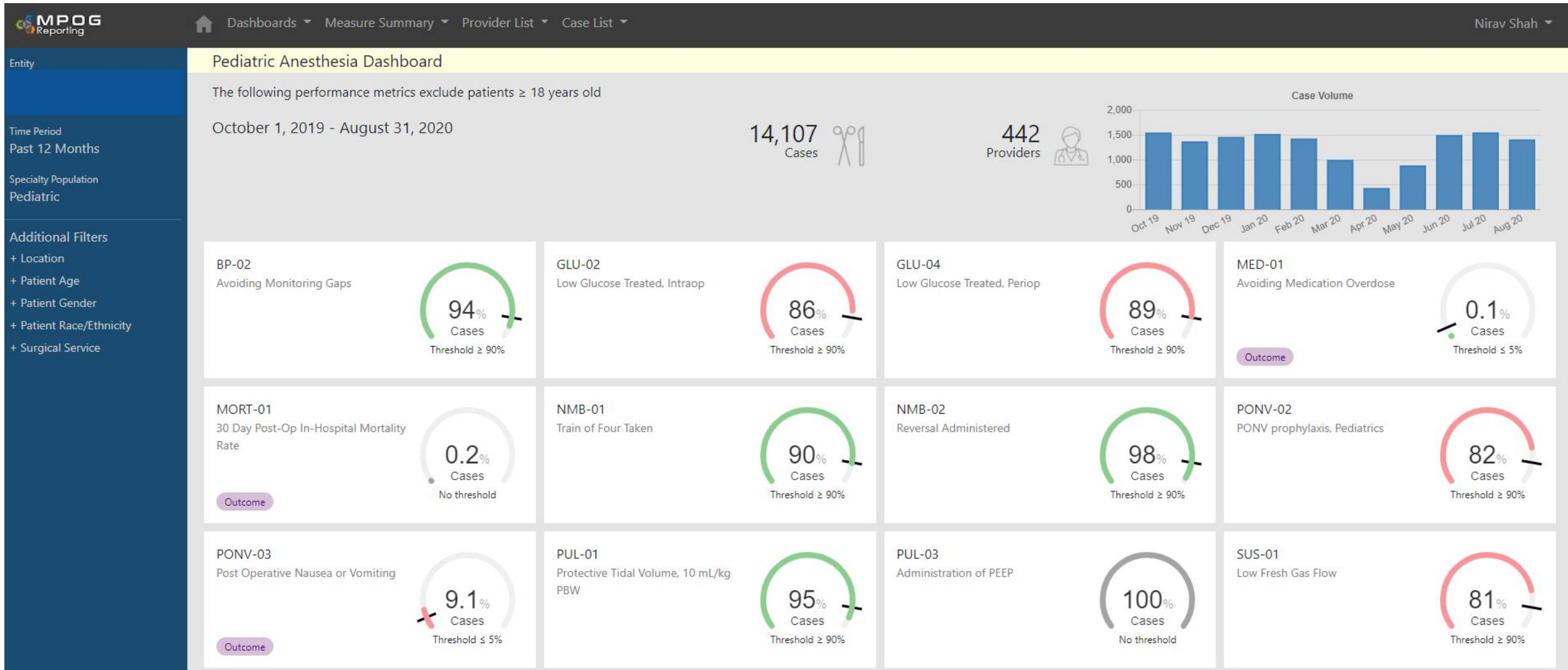
- Transition from beta to general release this week
- Provider feedback emails link to new reporting app
- Old dashboard will still be available until OME moved to new app
- Bug fixes and usability enhancements will continue
- Submit feedback to Coordinating Center: [support@mpog.zendesk.com](mailto:support@mpog.zendesk.com)

# QI Reporting



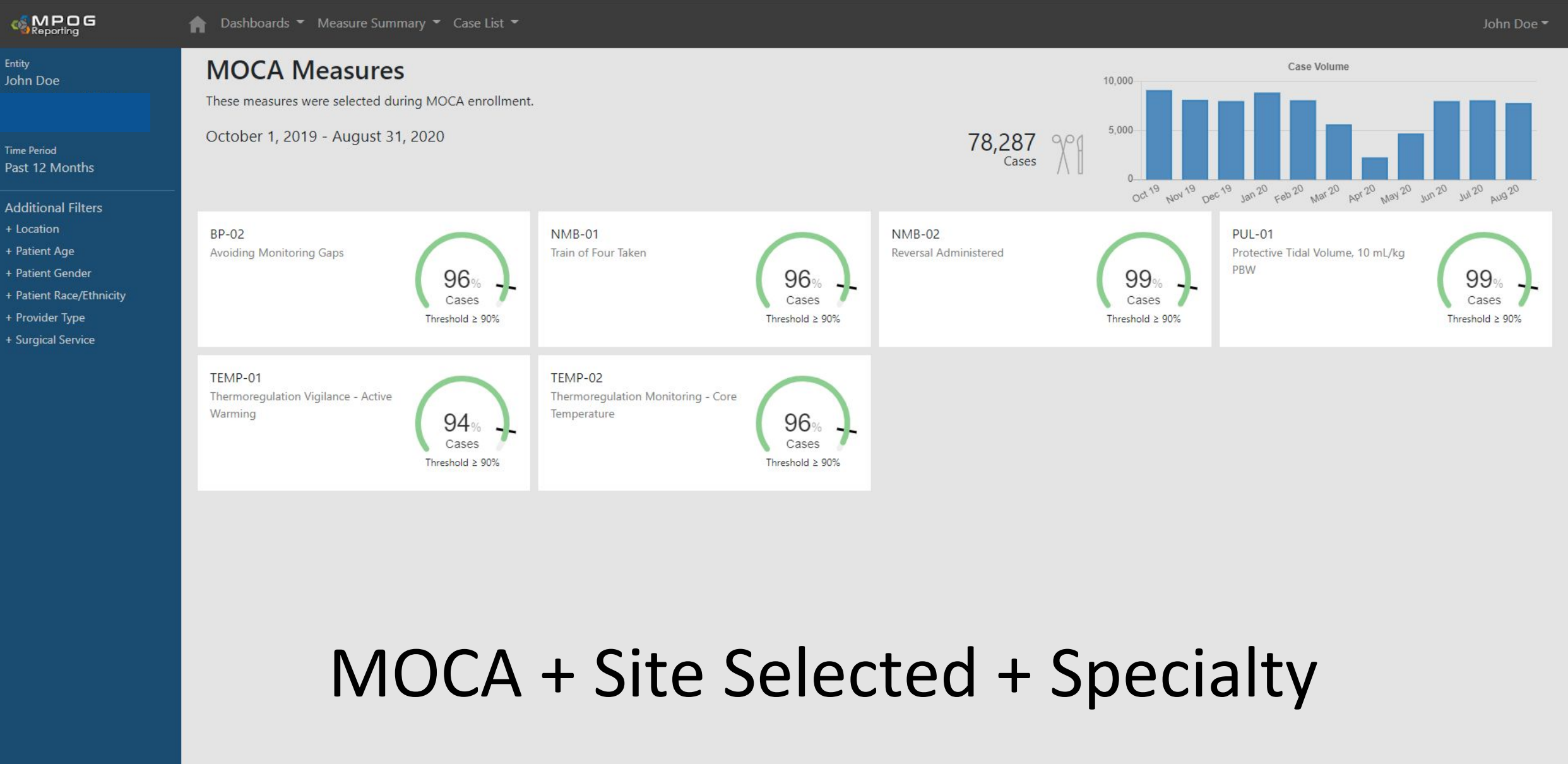


# Subspecialty dashboards - OB / Peds / Cardiac





# Provider dashboards



# P4P Scorecard Changes

Please review at your convenience:

<https://mpog.org/p4p/>

- Cohort 1 - 4 Measures
  - SUS 01
  - BP 03
  - 1 site selected measure
- Cohort 5 Measures
  - PUL 01
  - 1 site selected measure

2021

2020

2019

2018

2017

## ASPIRE 2021 Performance Index Scorecards

- [Cohort 1 – 4 Scorecard](#)
- [Cohort 5 Scorecard](#)
- [Cohort 6 Scorecard](#)
- [2021 P4P Measure Selection Form](#)

# Provider Feedback Email Selection Notification

- We are going to send email to sites (Quality Champions and ACQRs) 2x/year that remind you of the measures on your emails
- MI sites: we will also let you know if your P4P measures are on your emails
- Your opportunity to review and modify your emails
- 1<sup>st</sup> one – February 2021



Dear MPOG QI Leader,

We are sending you this notification as part of a biannual program to remind/inform you of the QI measures that ASPIRE includes in your providers' monthly feedback emails, and to give your institution the opportunity to modify them.

**\*Please note:** Your site emails do not currently include the following [Pay-for-Performance \(P4P\) Scorecard](#) metrics for 2021. Please reply to this email to request adding them.

- BP-03: Low Map Prevention < 65
- CII-02: High Chance Treated Device



GLU 05

Hyperglycemia  
Treatment

New Measure

# Hyperglycemia Treatment (GLU 05)

## Description

- Percentage of cases with a blood glucose >200 mg/dL with documentation of insulin treatment

## Measure Time Period

- Preop start through PACU end

## Inclusions

- All patients with a documented blood glucose level greater than 200 mg/dL between Preop Start and PACU End

## Exclusions

- ASA 5 and 6 cases
- Patients < 12 years of age.
- Glucose measurements > 200 mg/dL within 90 minutes before measure end
- Outpatient cases with Anesthesia Start to Anesthesia End time less than 4 hours long
- Labor Epidural
- Documented blood glucose <200 within 90 minutes of a blood glucose >200 mg/dL excludes the glucose >200mg/dL

## Success

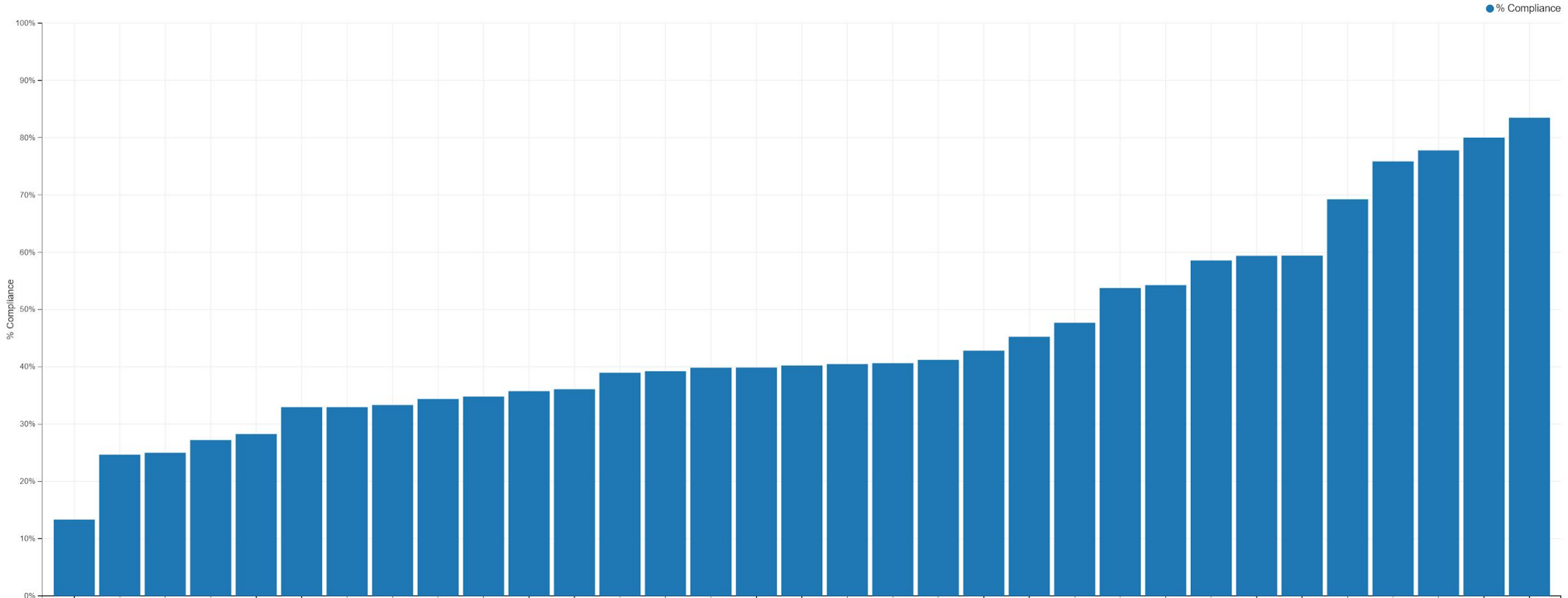
- Administration of insulin within 90 minutes of blood glucose >200 mg/dL

## Other Measure Build Details

- Each blood glucose is evaluated separately. One instance of untreated blood glucose  $>200\text{mg/dL}$  will flag the case
- Active infusion of an insulin infusion at the time of high glucose will count as treatment for this measure.
- If no end time is available for an insulin infusion, the 'measure end time' will be considered the insulin infusion end time
- Sites not contributing preop and PACU data are not eligible to participate in this measure

# GLU 05 screenshot

Compliance by Institution ✎





**PAIN 01 (Peds)**

**Multimodal Anesthesia**

**New Measure**

## Description

- Percentage of patients < 18 years old who undergo a surgical or therapeutic procedure and receive a non-opioid adjunct preoperatively or intraoperatively

## Measure Time Period

- Preop Start to Anesthesia End

## Inclusions

- Patients < 18 years old who undergo any procedure requiring care by anesthesia providers

## Exclusions

- ASA 5 and 6
- Cardiac Surgery, Obstetric Procedures, Radiology Procedures, Non-invasive imaging, radiation therapy, MRI, interventional radiology, ABR testing, other non-operative procedures
- Patients who remained intubated postoperatively
- Spinal, Combined Spinal/Epidural or Unknown Anesthesia Technique: Neuraxial

## Success

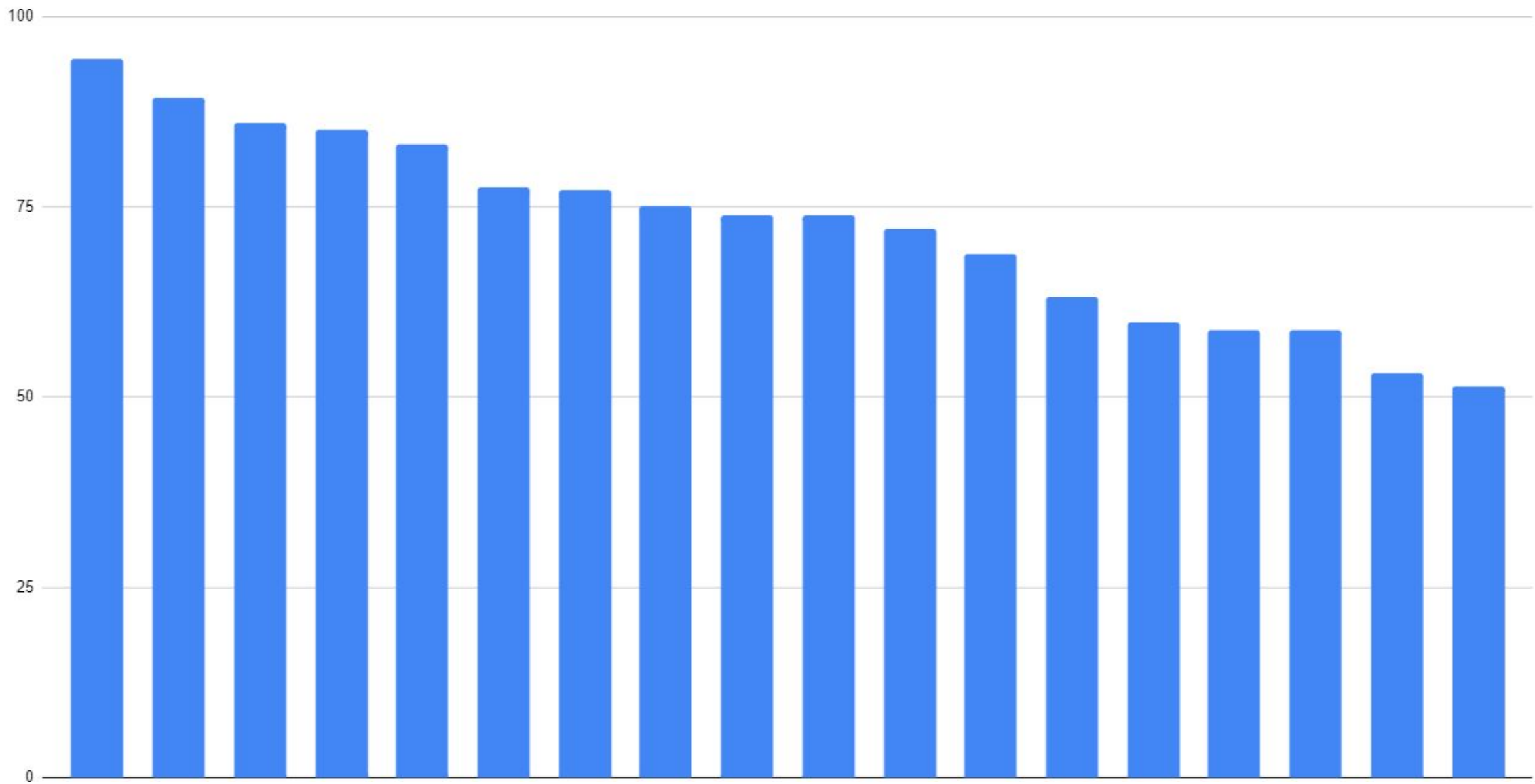
- At least one non-opioid adjunct (medication, regional block, caudal, or epidural) was administered to the patient during the preoperative or intraoperative period.

## Other Measure Build Details

- Infiltration of local anesthetic is not considered for this measure due to documentation limitations. Systemic lidocaine administered via IV infusion is considered an adjunct (ie alternative to regional anesthesia techniques).
- Intramuscular route only valid if used for ketorolac
- To minimize false positives, dexamethasone given alone is not considered a non-opioid adjunct for this measure.

## Medications included

- Acetaminophen, aspirin, ibuprofen, naproxen, celecoxib, ketorolac, ketamine, dexmedetomidine, gabapentin, pregabalin, clonidine, esmolol, magnesium, lidocaine infusion



# Pediatric Anesthesia Subcommittee

Co-chairs

Meridith Bailey, Bishr Haydar,  
Vikas O'Reilly Shah, Brad Taicher

# Pediatric Subcommittee Update

- Next Meeting February 17th @ 1p eastern
- 2021 Goals
  - Update PONV-02 to reflect new consensus guidelines
  - Detailed review of current MPOG measures
  - Develop phenotypes specific to pediatrics



# OB Subcommittee Updates

Co-chairs

Brooke Szymanski Bogart, Rachel Kacmar, Daniel Biggs

Next Meeting: February 3rd 1-2pm ET

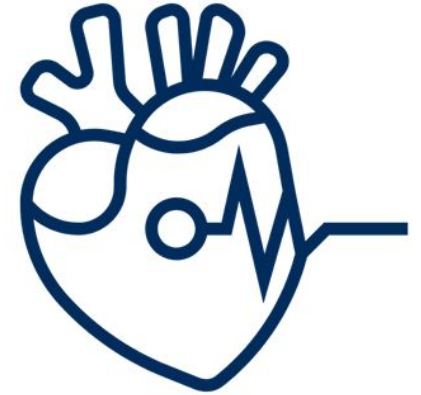


# Cardiac Anesthesia Subcommittee

Co Chairs

Allison Janda, Kate Buehler

# Cardiac Subcommittee Update



- Meeting Doodle Poll for a February meeting will be posted shortly
- Measure Build Discussions (current)
  - Temperature management
  - Glucose management
- 2021 Goals
  - Complete the cardiac-specific temperature measure
  - Develop 1-2 additional cardiac measures
  - Discuss selection of outcome measures for STS-MPOG sites

# Cost Avoidance Analysis

## Aim:

- Leverage the payment data captured by the Michigan Value Collaborative (MVC) to examine the difference in healthcare costs before and after ASPIRE quality improvement participation, and the difference in costs between institutions that do and do not participate in ASPIRE.

## Hypothesis:

- Participation in ASPIRE is associated with reduced payments for high volume procedures included in the MVC database.

## Results:

- For all payers across all procedure types, we found **significantly greater reduction in post-discharge (-\$419.29, SE \$113.59, p=0.0002) and total episode payments (-\$718.62, SE \$316.94, p=0.02)** for procedures performed in ASPIRE hospitals compared to non-ASPIRE control hospitals

# Measure Questions

SUS 01  
TEMP 02

## SUS 01 – FGF less than 3/min when using an inhalational agent

- From our colleagues at Yale (Bob Lagasse)
- “cardiac guys are using a fair amount of nitric oxide, ...and pointed out that the delivery system requires a FGF of 8 liters/min (to assure FGF > minute ventilation). Is it possible to add administration of nitric oxide as an exclusion criteria for SUS 01
- **Seems reasonable. Will exclude cases with nitric oxide unless there are objections**

## Temp 02 – Core temperature route

- From Memorial Sloan Kettering (Patrick McCormick)
- “I was reading this recent update on temperature monitoring:

<https://pubs.asahq.org/anesthesiology/article/134/1/111/108291/Perioperative-Temperature-Monitoring> - Dan Sessler, and wondered if “Zero heat flux” should be added as a specific temperature source. According to the article it is much more accurate than a traditional skin temperature probe.

- **Will add zero heat flux temperature source if any site uses it**

# Measure Review Process

PUL 01/02 – Drs Tung and Colquhoun  
TEMP 03 – Drs Tom and O'Reilly-Shah

# Background

- MPOG QI measures need to be reviewed to stay current and relevant
- Should reflect latest evidence and consensus of the MPOG Quality Committee
- All MPOG measures should be reviewed every three years
- Coordinating Center will request/assign MPOG Quality Champions and other MPOG members to sign up for measure review
- Reviewers will make one of the following recommendations (with supporting information)
  - Continue measure as is
  - Modify measure
  - Retire measure

PUL 01 and 02 - Douglas Colquhoun presenting



# PUL 01 and PUL 02 Vote (via Zoom Polling)

One vote per institution

1. Continue
2. Retire
3. Modify



# TEMP 03

## **Description**

Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom at least one body temperature was less than or equal to 36 degrees Celsius (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time

## **Inclusions**

All patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer.

# Exclusions

- MAC, PNB cases
- Labor Epidurals, Labor epidural conversions to Cesarean Delivery, Emergency Cases, Cardiac Cases, Organ Harvest
- Cases with an intraoperative note mapped to intentional hypothermia
- Other Cases - Radical clavicle or scapula surgery, Thoracolumbar sympathectomy, Lumbar chemonucleolysis, Diagnostic arteriography/venography, Anesthesia for diagnostic or therapeutic nerve blocks/injections, Other anesthesia procedure, Acute Pain Management

# TEMP-03 Review

- Conclusion: generally fine as is
  - Science around adverse effects of hypothermia is uncontroversial
  - Increasing emphasis on patient satisfaction/experience
- Literature review from last few years
  - NICE guidelines update (2016): update on appropriate measurement sites (axilla, sublingual)
  - Studies in obstetric subspecialty
  - Peds
- Questions/potential updates to metric content

# TEMP-03 Review

- Questions going forward
  - Role of subspecialties (cardiac, peds, OB)
  - Timing/nature of measurement (single-point vs AUC)
  - Adding section for history (“version control”) and areas of debate, to guide future discussion
- Peds questions
  - Skin temperature appropriateness
  - 36.5C cutoff for neonates

# Temp 03 Vote (via Zoom Polling)

One vote per institution

1. Continue
2. Retire
3. Modify





Thank you