

# ASPIRE Obstetric Anesthesia Subcommittee Meeting February 3, 2021





### Agenda

- Announcements
- October 2020 Meeting recap
- ABX 01 Provider attribution discussion
- BP 04 Prelim data review
- GA 01 Measure spec discussion
- 2021 Planning Survey Results and next steps





#### **Announcements**

- 2021 Meeting Dates
  - May 5<sup>th</sup>, 1pm EST
  - August 4<sup>th</sup>, 1pm EST
  - November 3<sup>rd</sup>, 1pm EST
- Obstetric Anesthesia Type Phenotype Completed







#### October Meeting Recap

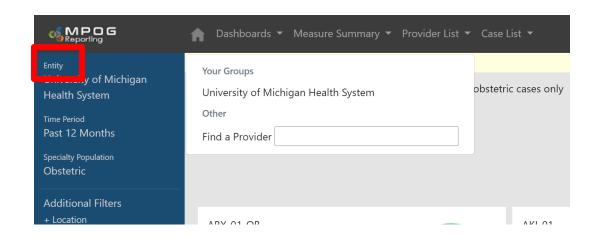
- BP 04: Prolonged Hypotension Measure update and discussion
- GA 01: General Anesthesia for Cesarean Delivery Measure
  - Unable to capture reason for GA in MPOG Data
  - Will require review at the local level
  - Number of cases per month is small

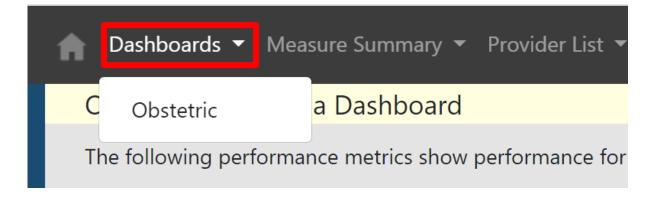




#### October Meeting Recap

- OB Dashboard
  - Please reach out with any feedback!
- Steps to access OB Departmental Dashboard
  - Change 'Entity' in upper left corner to your institution
  - Choose 'Dashboards', then 'Obstetric' from banner along the top



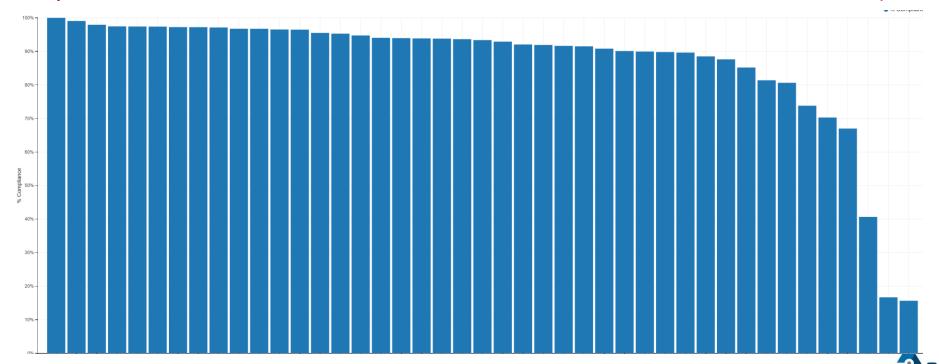






#### **ABX 01**

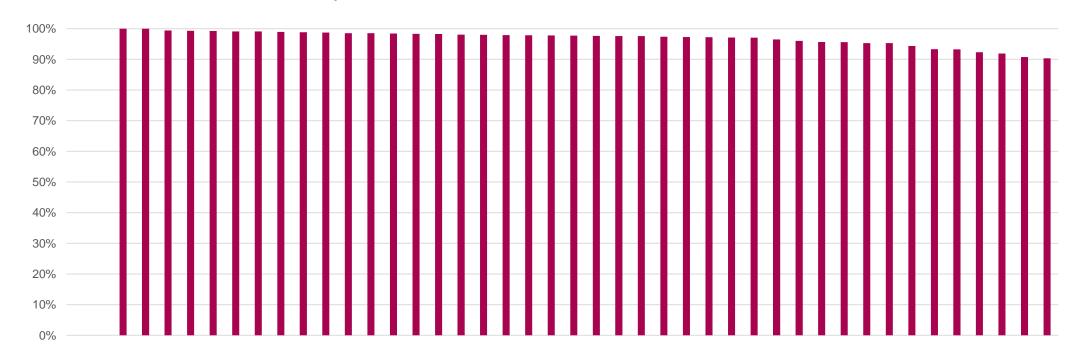
- Percentage of cesarean deliveries with documentation of antibiotic administration initiated within one hour before surgical incision
- Currently does not have provider attribution
- Which providers should be notified/listed in association with the case (if any)?





#### **BP 04**

- Hypotension (SBP <90) during cesarean delivery between neuraxial start and neonate delivered
- Final validation in progress. All scores >90% across MPOG
- BP 04 will be available on departmental level OB Dashboards soon







#### GA 01 – Spec review

- **Description:** Percentage of cesarean delivery cases where general anesthesia was used
- Measure Time Period: Anesthesia Start to Anesthesia End
- Inclusions: All cesarean delivery cases (scheduled or conversion)
- Exclusions:
  - Cesarean hysterectomies Keep exclusion?
  - Non-cesarean delivery cases
  - Add any more exclusions?
- Success: Cesarean delivery completed without use of general anesthesia

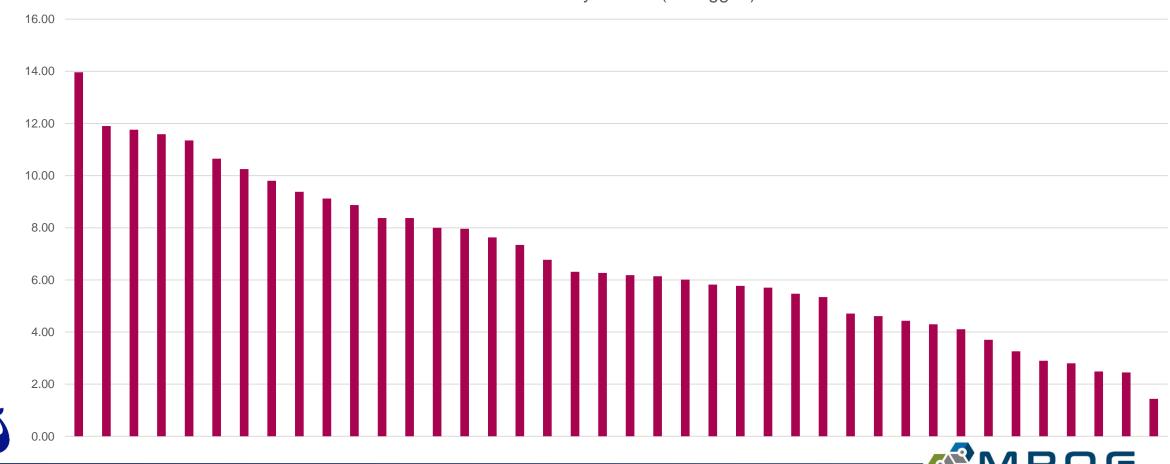




#### **GA 01**

- Responsible Provider: Which providers should be notified/listed in association with the case?
- Threshold: Should a success threshold be added to this measure?

GA 01 Preliminary Scores (% flagged)



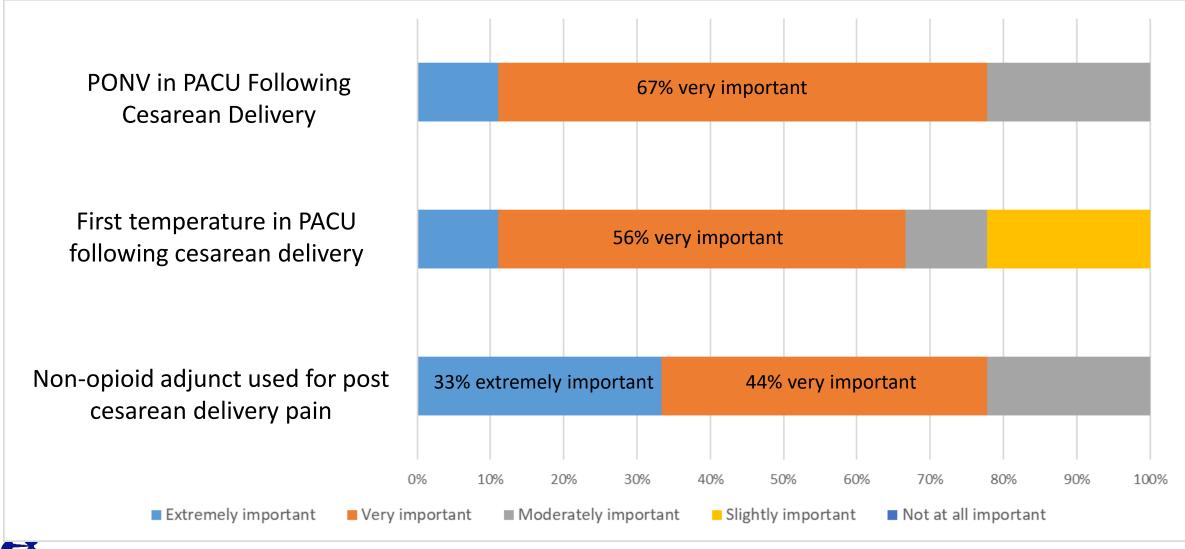
#### **2021 Planning Survey Results**

- 9 responses Thank you!
- Interest from the committee for measures on these topics:
  - PONV
    - PONV in PACU
    - PONV Prevention (antiemetics administered)
  - First temp in PACU following cesarean delivery
  - Non-opioid adjunct for cesarean delivery





#### **2021 Planning Survey Results**







#### 2021 Planning Survey Results – "Write Ins"

Suggestion	Rating
Rate of epidural replacement in labor	Very important
Need for blood product transfusion if intra-procedure PPH	Very important
Regular patient checks for parturients with labor epidurals	Extremely important
Failed extension of epidural for CD	Very important
Accidental Dural Puncture / PDPH	Extremely important
Adherence to ERAS	Very important
incidence of dural puncture with epidural	Extremely important
Antiemetics administered preop/intraop	Very important
ERAS milestones (time to d/c foley, time to ambulation)	Very important
Appropriate addition of azithromycin for cesarean sections	Extremely important
GA for elective and urgent/emergency cases	Extremely important
Pain >= 3 during labor with epidural (within 60 minutes of initiation)  Phenylephrine infusions and regulatory requirements	Extremely important Very important
incidence of bloodpatch	Extremely important





## Interest from the committee for measures on these topics:

- PONV (Prevention or in PACU)
- First temp in PACU following cesarean delivery
- Non-opioid adjunct for cesarean delivery

#### **SOAP ERAC Elements**

- Prevent and treat spinal anesthesia induced hypotension (BP04 in dev)
- Antibiotic prophy (ABX 01)
- IONV and PONV prophy and treatment
- Maintain normothermia
- Initiate multimodal analagesia
- IV fluid optimization limit IV fluids to
   43 L for routine cases
- Optimal uterotonic administration- use the lowest effective dose necessary
- Promote breastfeeding and maternalinfant bonding
- Delayed cord clamping





#### **Existing related MPOG Measures**

- TEMP 01: Percentage of cases that active warming was administered by the anesthesia provider
  - Cesarean deliveries are included
  - Labor epidurals are excluded
  - Success: documentation of an active warming device (including fluid warmer for CD) OR temp ≥ 36.0 within
     30 minutes before case end
- TEMP 02: Percentage of cases with at least one core temp documented intraoperatively for any patient receiving a general anesthetic
  - Cesarean deliveries included, but this measure is <u>limited to only those that received general anesthesia</u>
  - Cases <= 30 minutes are excluded</li>
- TEMP 03: The percentage of cases with hypothermia (< 36) within 30 minutes before or 15 minutes after anesthesia end</li>
  - Limited to cases >60 minutes in duration
  - Excludes labor epidurals and labor epidurals converted to cesarean deliveries





#### Proposed OB Temp Measure

• "TEMP 05-OB" First temperature in PACU following cesarean deliveries





#### **Existing related MPOG Measures**

- PONV 01- The percentage of cases with appropriate antiemetic administration for postoperative nausea and vomiting prophylaxis
  - Inclusions: patients receiving inhalational general anesthesia with three or more risk factors for PONV
  - Include cesarean deliveries, but is limited to only those that received inhalational general anesthesia
- PONV 03- Percentage of patients who undergo a procedure and have a documented nausea/emesis occurrence OR receive a rescue antiemetic in the immediate postoperative period.
  - Includes cesarean deliveries
  - Excludes labor epidurals
  - Modifications for OB?





#### Proposed next measure

- Which measure is the top priority for development in 2021?
  - "PONV 04- OB" PONV in PACU
    - Include antiemetic administration as criteria for flag?
    - Merge into PONV 03?
  - "TEMP 05-OB" First temperature in PACU following cesarean deliveries
  - "PAIN 02 OB" Multimodal analgesia for cesarean deliveries





## THANK YOU!

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