

**2023 Anesthesiology Quality Improvement and Reporting Exchange (ASPIRE)
Collaborative Quality Initiative Performance Index Scorecard
Cohort 7**

Measurement Period: 01/01/2023 - 12/31/2023

| Measure # | Weight | Measure Description | Points |
|-----------|--------|--|--------|
| 1 | 20% | Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at meetings. Three total meetings with six opportunities for attendance. | |
| | | 6 / 6 Meetings | 20 |
| | | 4 - 5 / 6 Meetings | 10 |
| | | 3 or Less Meetings | 0 |
| 2 | 10% | Attend ASPIRE Quality Committee e-meetings: ASPIRE Quality Champion or ACQR attendance across six meetings | |
| | | 6 Meetings | 10 |
| | | 5 Meetings | 5 |
| | | 4 or Less Meetings | 0 |
| 3 | 20% | ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data by the 3rd Wednesday of each month for January - November and by the 2nd Wednesday of the month for December. Data must be of high quality upon submission, >90% of diagnostics marked as 'Data Accurately Represented.' | |
| | | 11 / 12 Months | 20 |
| | | 10 / 12 Months | 10 |
| | | 9 / 12 Months | 5 |
| | | 8 Months or Less | 0 |
| 4 | 10% | ASPIRE Quality Champion and ACQR monthly meetings | |
| | | 12 / 12 Months | 10 |
| | | 11 / 12 Months | 5 |
| | | 10 / 12 Months | 0 |
| 5 | 10% | Site Based Quality Meetings: Sites to hold an onsite in-person or virtual meeting following the three ASPIRE Collaborative meetings to discuss the data and plans for quality improvement at their site | |
| | | 3 Meetings | 10 |
| | | 2 Meetings | 5 |
| | | 1 or Less Meetings | 0 |
| 6 | 10% | ACQR attendance at Fall ACQR Retreat | |
| | | Yes | 10 |
| | | No | 0 |
| 7 | 10% | Neuromuscular Blockage (NMB 01) Percentage of cases with a documented Train of Four (TOF) after last dose of non-depolarizing neuromuscular blocker(cumulative score 1/1/2022 - 12/31/2022) | |
| | | Performance is \geq 90% | 10 |
| | | Performance is < 90% | 0 |
| 8 | 10% | Site Directed Measure: Sites choose a measure they are performing above/below ASPIRE threshold or needs improvement by December 9, 2023 (cumulative score January 1, 2022 through December 31, 2022) | |
| | | Performance is \geq 90%; \leq 10%; \leq 5% or show \geq 25% improvement | 10 |
| | | Performance <90%; >10%; >5% or show up to 25% improvement | 5 |
| | | Performance <90%; >10%; >5% or shows no improvement | 0 |

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

2023 Performance Index Scorecard
Measure Explanation: Cohort 7 (2022 Start)

Measure #1: The ASPIRE Quality Champion (or a designated representative who must be an anesthesiologist) and the Anesthesiology Clinical Quality Reviewer (ACQR), combined, must attend ASPIRE Collaborative meetings in 2023. There are three total meetings with six opportunities for attendance:

1. MSQC (Michigan Surgical Quality Collaborative) / ASPIRE Meeting: Friday, April 21, 2023
2. ASPIRE Collaborative Meeting: Friday, July 14, 2023
3. MPOG (Multicenter Perioperative Outcomes Group) Retreat: Friday, October 13, 2023

Measure #2: There will be six Quality Committee e-meetings in 2023. One representative (ASPIRE Quality Champion or ACQR) must attend the following 2023 meetings:

1. Monday, January 23, 2023
2. Monday, February 27, 2023
3. Monday, May 22, 2023
4. Monday, July 24, 2023
5. Monday, September 25, 2023
6. Monday, November 27, 2023

Measure #3: The Maintenance Schedule is located on the MPOG website in the resources tab of the quality section. Data must be of high quality upon submission, >90% of diagnostics marked as 'Data Accurately Represented.'

Measure #4: ASPIRE Quality Champion and ACQR need to meet monthly to discuss the data and plans for quality improvement. A log of the meeting must be submitted to the ASPIRE Coordinating Center each month. Logs are located on the MPOG website in the P4P sub tab of the Michigan hospitals tab of the quality section.

Measure #5: The site is expected to schedule a local meeting either in-person or virtually following each ASPIRE collaborative meetings (see Measure #1 for dates) to discuss site based and collaborative quality outcomes with clinical providers at their site. Sites must send the coordinating center the site-based collaborative meeting report located on the MPOG website in the P4P sub tab of the Michigan hospitals tab of the quality section.

Measure #6: ACQR must attend the fall ACQR Retreat to be held on Friday, September 15, 2023.

Measure #7: Sites will be awarded points for compliance with the neuromuscular blockade NMB 01 measure (cumulative score January 1, 2023, through December 31, 2023). See P4P Scorecard for point distribution.

Measure #8: Sites will choose a measure where performance is above/below the ASPIRE threshold or a measure that needs improvement. Sites must submit their current measure score (November 1, 2021, through October 31, 2022) to the Coordinating Center by Friday, December 9, 2023, for review and approval (cumulative score January 1, 2023, through December 31, 2023). Measure selection form is located on the MPOG website in the P4P sub tab of the Michigan hospitals tab of the quality section. See P4P Scorecard for point distribution.

How to calculate percentage increase: Subtract the original value from the new value, then divide the result by the original value. Multiply the rest by 100, see example:

$$\% \text{ Increase} = 100 \times \frac{(\text{Final} - \text{initial})}{\text{initial}}$$

Calculating Percent Increase

Calculate the percent increase:

60 ← Initial Value

90 ← Final Value

STEP 1: Find the difference

$$90 - 60 = 30$$

STEP 2: Divide by the initial value.

$$30 \div 60 = 0.50$$

STEP 3: Multiply by 100

$$0.50 \times 100 = 50\% \text{ increase}$$