

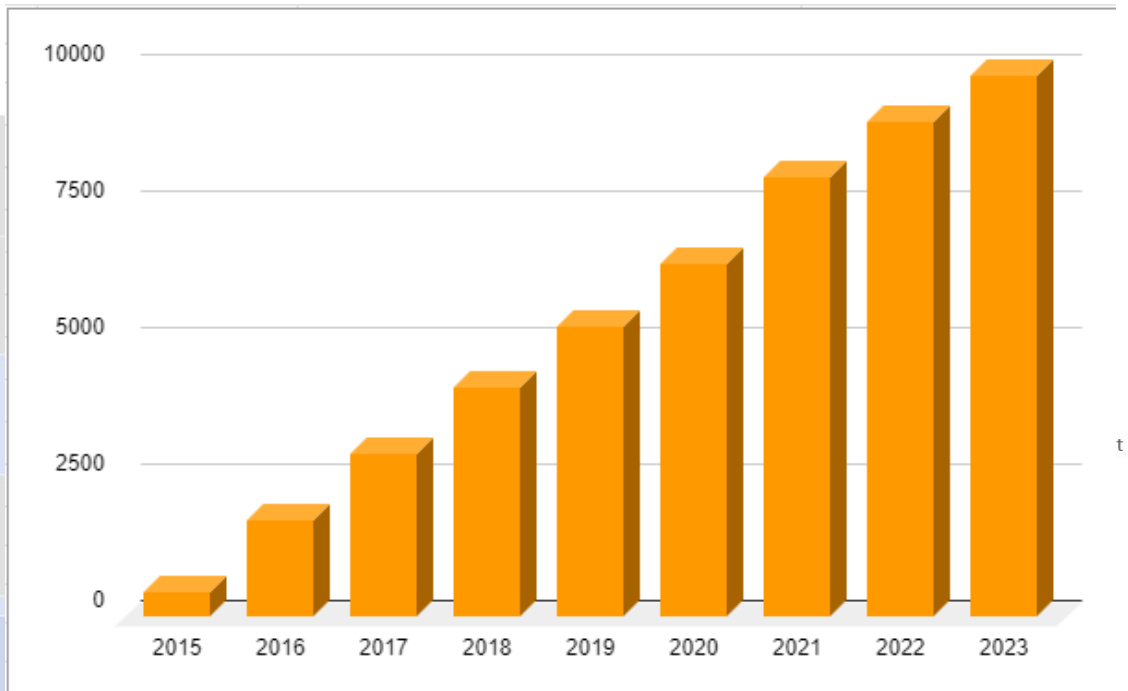
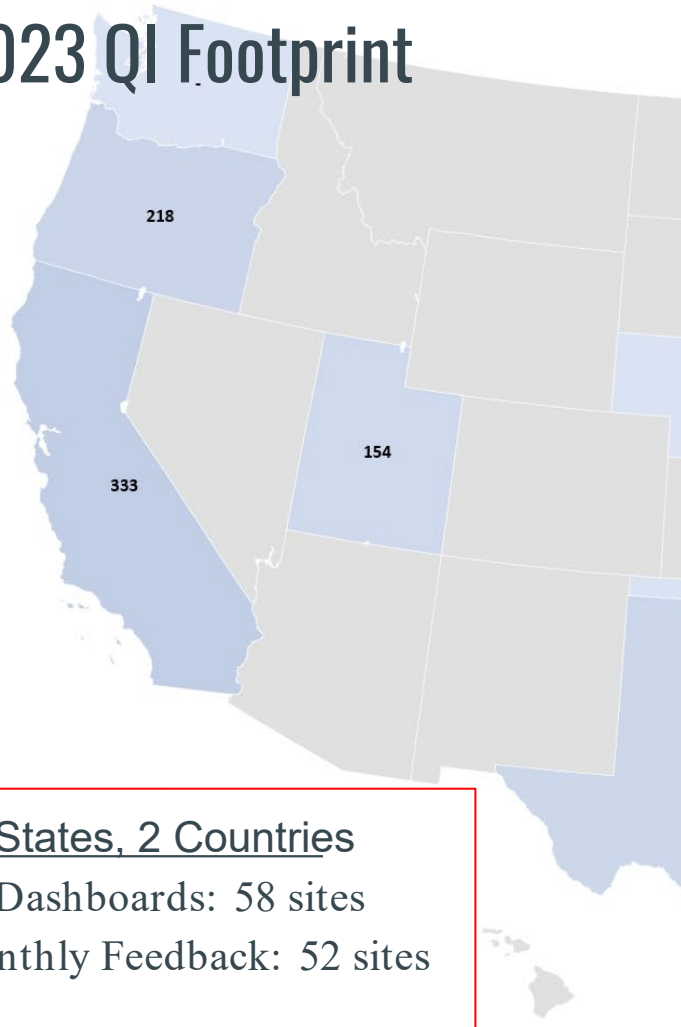
Agenda

- 2023 QI Snapshot
 - Review 2023 themes shared at last year's Retreat
 - 2024 plans
-



2023 QI+ Update

2023 QI Footprint



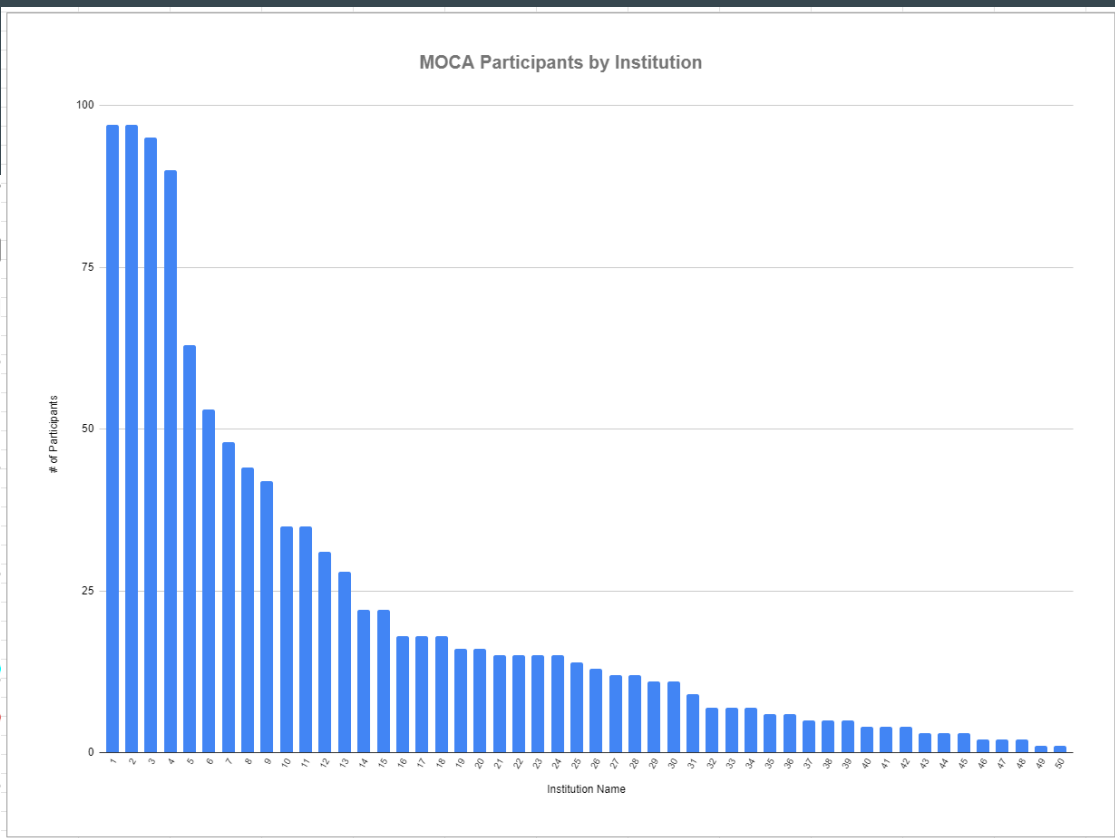
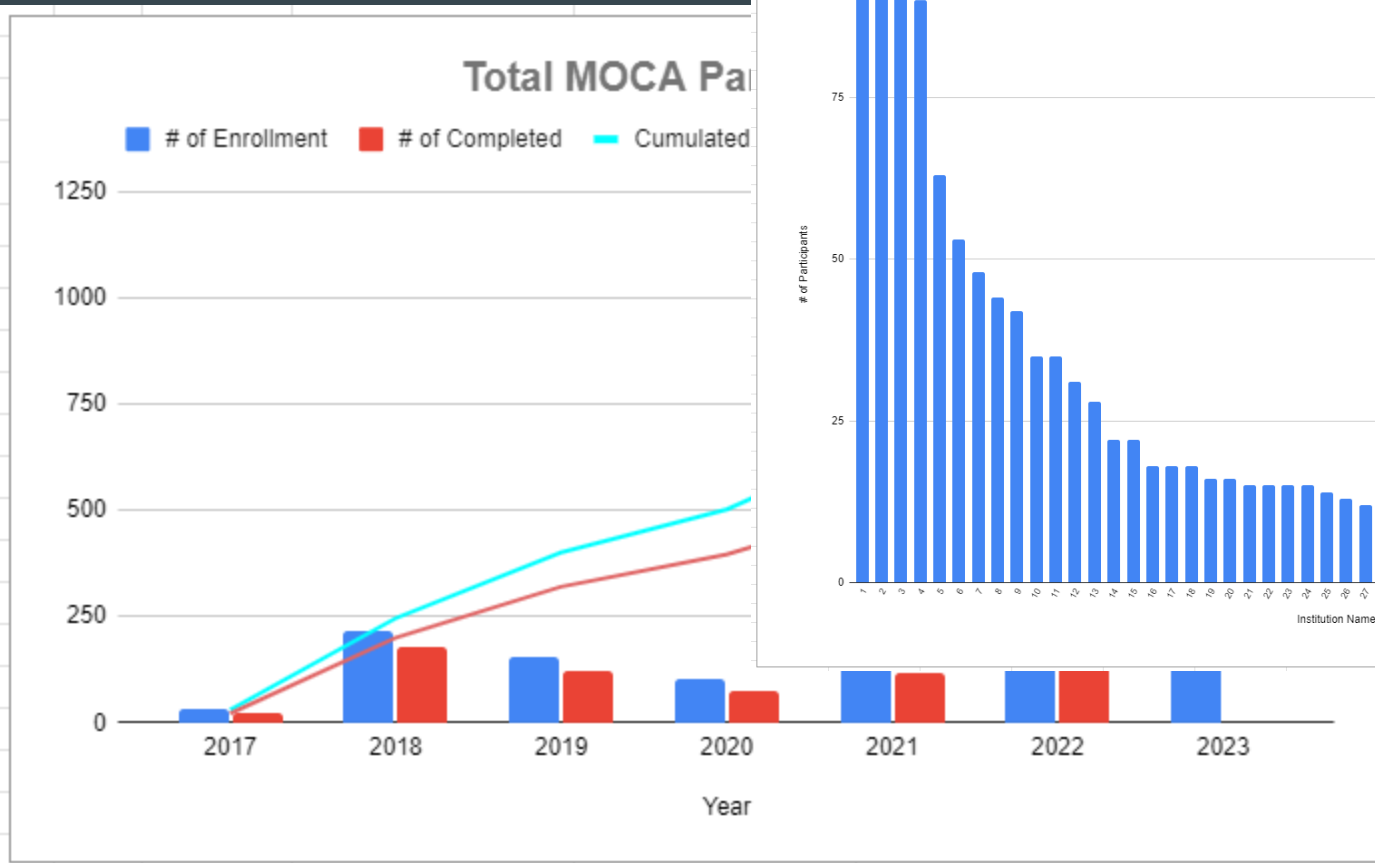
25 States, 2 Countries

QI Dashboards: 58 sites

Monthly Feedback: 52 sites



MOCA Part IV



Themes from last year's MPOG Retreat

Application Enhancements QI Reporting Tool, Measure Spec Browser, DataDirect

MOCA: Include CRNAs, CAAs

Precision Feedback Trial

Initiatives: Sustainability, renew focus on Risk Adjustment, Geriatric care

Measures Continue Measure Reviews & Revision New measures based on feedback and proposals from the Quality Committee and Subcommittee

Research Research on QI!

Application Enhancements: QI Dashboard, Measure Spec App, DataDirect

- Updated version of Data Direct including adding QI measures as filters and outputs
- Updated version of Measure Specification App
- Added ability for sites to self select measures in their provider feedback emails
- QI Dashboard: Bug fixes / QOL improvements released over last few months
- Hoping to speed up release of new QI Dashboard features

The screenshot displays the MPOG DataDirect application interface. The top navigation bar includes the MPOG DataDirect logo and a progress indicator with four steps: Step 1: Define Project, Step 2: Filter a Patient Population (currently selected), Step 3: Select Report Columns, and Step 4: Review and Finalize. Below the navigation bar, the 'Quality Measures' section is active, showing a list of available filter items. Each item includes a measure ID, a description, and a status icon (a question mark and a plus sign). The list includes measures such as ABX-01 (OB) Antibiotic Timing for Cesarean Delivery, AKI-01 Acute Kidney Injury, BP-01 Low MAP Prevention <55mmHg, BP-02 Avoiding Monitoring Gaps, BP-03 Low MAP Prevention < 65mmHg for greater than 15 minutes, BP-04 (OB) SBP <90mmHg in Cesarean Deliveries, BP-05 Low MAP Avoidance<55mmHg, induction, BP-06 BP-Low Map Prevention, CARD-02 Myocardial Injury, CARD-03 Myocardial Injury, High Risk Patients, and FLUID-01-C Minimizing Colloid Use (Cardiac).

Measure ID	Description	Status
ABX-01 (OB)	Antibiotic Timing for Cesarean Delivery	? +
AKI-01	Acute Kidney Injury	? +
BP-01	Low MAP Prevention <55mmHg	? +
BP-02	Avoiding Monitoring Gaps	? +
BP-03	Low MAP Prevention < 65mmHg for greater than 15 minutes	? +
BP-04 (OB)	SBP <90mmHg in Cesarean Deliveries	? +
BP-05	Low MAP Avoidance<55mmHg, induction	? +
BP-06	BP-Low Map Prevention	? +
CARD-02	Myocardial Injury	? +
CARD-03	Myocardial Injury, High Risk Patients	? +
FLUID-01-C	Minimizing Colloid Use (Cardiac)	? +

MOCA: Include CRNAs, CAAs

- Limited interest from practicing CRNAs, CAAs due to different standards for MOCA Part IV and current low cost options
- Instead we focused on several usability improvements in our MOCA app

MOCA Part 4 ASPIRE Provider Feedback Activity Status

Nirav Shah (nirshah@med.umich.edu)

Institution : University of Michigan Health - Ann Arbor

Date of Enrollment : 10/26/2022 10:06:23 AM

Measures : AKI01,BP03,PONV03,PONV05,SUS01 [Change](#)

Start Month : 11/2022

Email Received: 9

Payment Information: \$250 paid (Confirmation #: 429980530, Date: 10/26/2022 10:07:51 AM)

Your attestation period is from **November 2022** to **April 2024**. To receive the full 5 points per measure, you must review your flagged cases for each selected measure and complete the attestation activity each month. You must complete 12 attestations within the 18-month time frame to receive full credit. Your MOCA progress is as follows:

MOCA Countdown	
Attestations Complete	9
Attestations Expired	2
Attestations Remaining	3
Remaining Months in Attestation Period	7

Attestation status

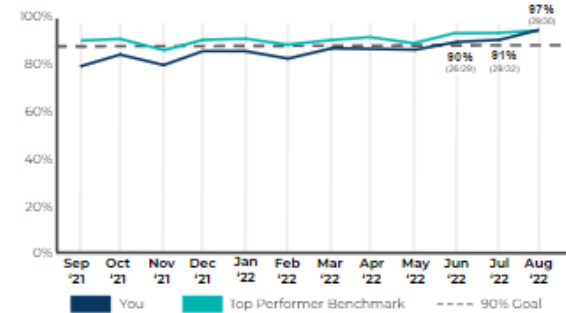


Precision Feedback Study

- Aim 1: Preference Survey: ~1k providers responded
- Aim 2: Precision Service application built by Department of Learning Health Sciences team

Hello Alex,

You reached the top performer benchmark this month for the measure [PUL-01: Protective Tidal volume, 10mL/Kg PBW.](#)



More information about the rationale for the measure PUL-01 and how it is calculated [is available here.](#)

Below is your MPOG quality performance report...

Initiatives: Sustainability, renew focus on Risk Adjustment, Geriatric care

- Sustainability Toolkit released this summer
- BRAIN 01 – variation in midazolam administration in elderly patients - informational measure in development
- Risk adjusted AKI on QI Dashboard – delayed, hoping to release in Q4

PROMOTING SUSTAINABLE ANESTHESIA

PRE-OPERATIVE CHECKLIST

- ❑ For cases using inhalational anesthesia, **ensure that desflurane has been turned off** in favor of sevoflurane or isoflurane
- ❑ CO2 absorbents are free of strong bases (NaOH, KOH)
- ❑ The minimum fresh gas flow has been estimated using an accredited formula or simulation software

INDUCTION REMINDERS

- During intubation, leave the fresh gas flow off/ vaporizer on
- Pediatric Induction:
 - Limit nitrous oxide unless medically necessary
 - Incorporate IV anesthetics
 - Minimize fresh gas flow for the duration of induction
- For a sevoflurane mask induction, use distraction techniques such as electronic media, conversation, and premedication

MAINTENANCE REMINDERS

- Minimize fresh gas flow
- Avoid nitrous oxide unless clinically preferred
- Set the vaporizer to deliver a concentration greater than intended
- Closely monitor O2, CO2, and anesthetic concentrations while delivering gas at minimum FGF

LEARN MORE ABOUT SUSTAINABLE ANESTHESIA ON OUR WEBSITE:

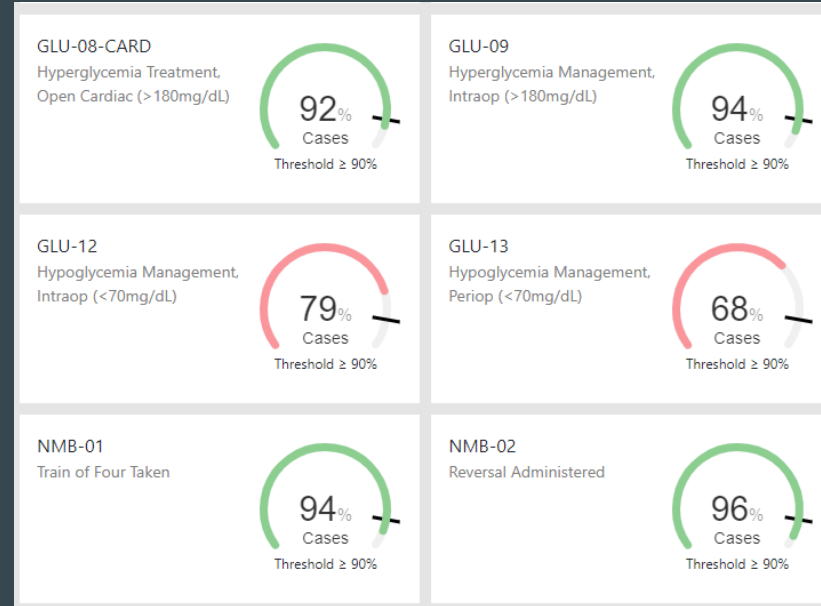
Measures: Continue Measure Reviews & Revisions

NEW

- BP 06, PAIN 03, GLU 09, GLU 10, GLU 11, GLU 12, SUS 03, SUS 07
- FLUID 02 Peds, SUS 06 Peds
- GLU 06 Cards, GLU 07 Cards, GLU 08 Cards, TEMP 07 Cards
- GA 03 OB

REVISED

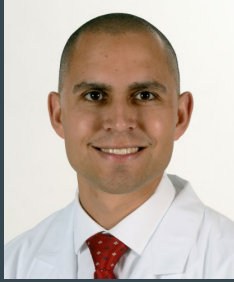
- AKI 01, GLU 03, PAIN 01 Peds, PAIN 02, PONV 03, PONV 05, SMOK 01, SMOK 02, SUS 02, TEMP 01, TEMP 02



Measure Reviewers – Thank you!



Mike Burns
University of Michigan
OME



Alvin Stewart
University of Arkansas
TOC 03



Vikas O'Reilly Shah
University of Washington
TEMP 04 Peds



Patrick Henson
Vanderbilt University
GLU 01, 03, 05



Karen Domino
University of Washington
MED 01



Tim Harwood
Wake Forest University
GLU 02, 04



Monica Servin
University of Michigan
ABX 01 OB



Brandon Togioka
OHSU
ABX 01 OB



Marc Pimental
Brigham and Women's
BP 02

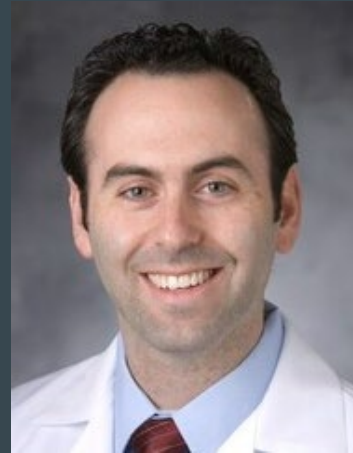
Subcommittees Chairs – Thank You!



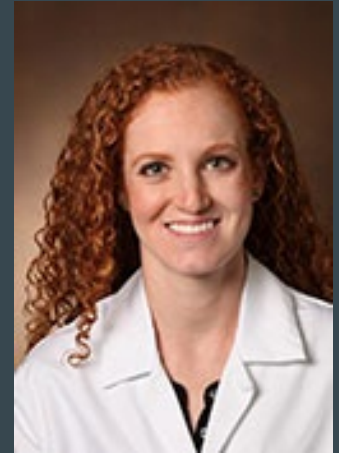
Monica Servin
University of Michigan
Obstetric Anesthesia



Vikas O'Reilly Shah
University of Washington
Pediatric Anesthesia



Brad Taicher
Duke University
Pediatric Anesthesia



Allison Janda
University of Michigan
Cardiac Anesthesia

Research on QI

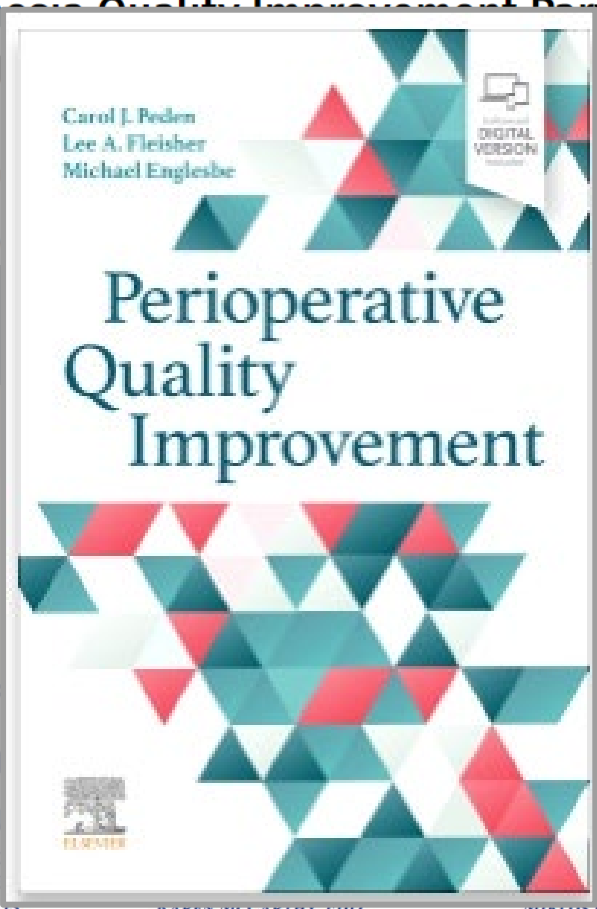
Book Chapter: Quality Improvement through the lens of the Multicenter Perioperative Outcomes Group.

PCRC 193 (OB Anesthesia Best Practices, 9/11/2023)

PCRC 180 (Association of guideline prophylaxis with PONV, 8/14/2023)

Does Anesthesia Quality Improvement Participation Lead to Incremental Population? Collaborative Study

Janda, Allison M. MD*; Va Buehler, Kathryn MS, RN, Sachin MD, MBA*; Shah, N



MPH*; Mentz, Graciela PhD*; Jamaki, John MPH*; Kheterpal,



Improving Train of Focus
POOJA SANTAPURAM, MD
LESLIE COKER FOWLER, MD
KIM V. GARVEY, PhD, MLES
MATTHEW D. McEVoy, MD

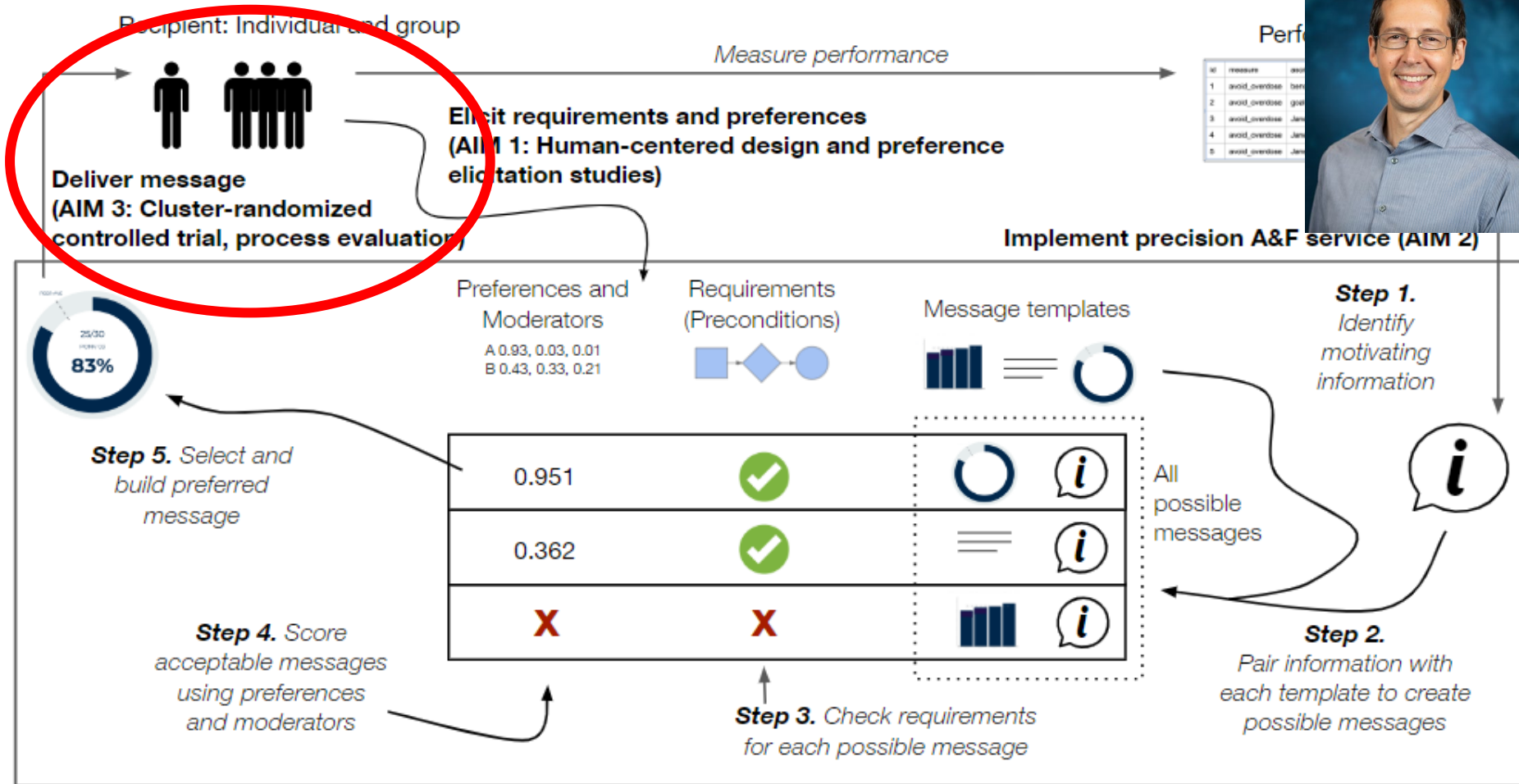
Performance on
FREUNDLICH, MD, MS, MSCI
S. ALLEN, MD
MIREOS D. KERTAL, MD, MMHC, PhD

2024 Plans

- Precision Feedback Trial Pilot this fall, Trial late spring 2024
- Retire Measures!!!
- Continue progress with QI Dashboard
- Registry integration for QI
- Support Education (GME + CME) as a new focus for MPOG



Research Aims, Methods, and Precision feedback service



Measure Lifecycle



building

retiring



- Reduce dashboard clutter
- Example: retiring initial glucose measures, and MED 01
- Retiring PUL 02 once Dashboard updates are in place to enhance PUL 01
- Will keep codeof retired measures

QI Reporting Tool

MPOG Reporting

Dashboards ▾ Measure Summary ▾ Provider List ▾ Case List ▾

Entity
University of Michigan
Health - Ann Arbor

Time Period
Past 12 Months

Patient Gender
Male

Patient Race/Ethnicity
Bi or Multi Racial

PAIN-02: Multimodal Analgesia [More Info](#)

Percentage of patients ≥ 18 years old who undergo a surgical or therapeutic procedure and preoperatively and/or intraoperatively

better visualizations

Overall Score

84% Cases

Threshold: ≥ 85%

Result Counts

Entity: University of Michigan Health - Ann Arbor

Time Period: Past 12 Months

Additional Filters

- + Location
- + Patient Age
- + Patient Gender
- + Patient Race/Ethnicity
- + Surgical Service

Result Reasons

Result	Reason
Passed	Multimoda

MPOG Reporting

Dashboards ▾ Measure Summary ▾ Provider List ▾ Case List ▾

Meredith Wade ▾

Average CO2e

5.63 kg/hr

MPOG Average 4.22 kg/hr

SUS-01: Low Fresh Gas Flow

3.7 l/min

88% Cases

1.9 l/min

SUS-02: CO2 Equivalents

4.78 kg/min

92% Cases

20.9 kg/min

Global Warming Impact, Year to Date

- Miles Driven: 67,892
- Gallons of Gasoline Consumed: 89,298
- Gallons of Trash Recycled: 62,767

Global Warming Impact by Year

Global Warming Impact by Service

Cardiac	35%
General	65%
Neurosurgery	20%
Obstetrics	68%
Orthopedics	20%
Otolaryngology	80%

CO2 (Equivalent) kg/Min by Anesthesiologist

Kilograms per Minute

MEAN: 0.26

Mean CO2e by Gas

50,000kg

40,000kg

30,000kg

20,000kg

10,000kg

0

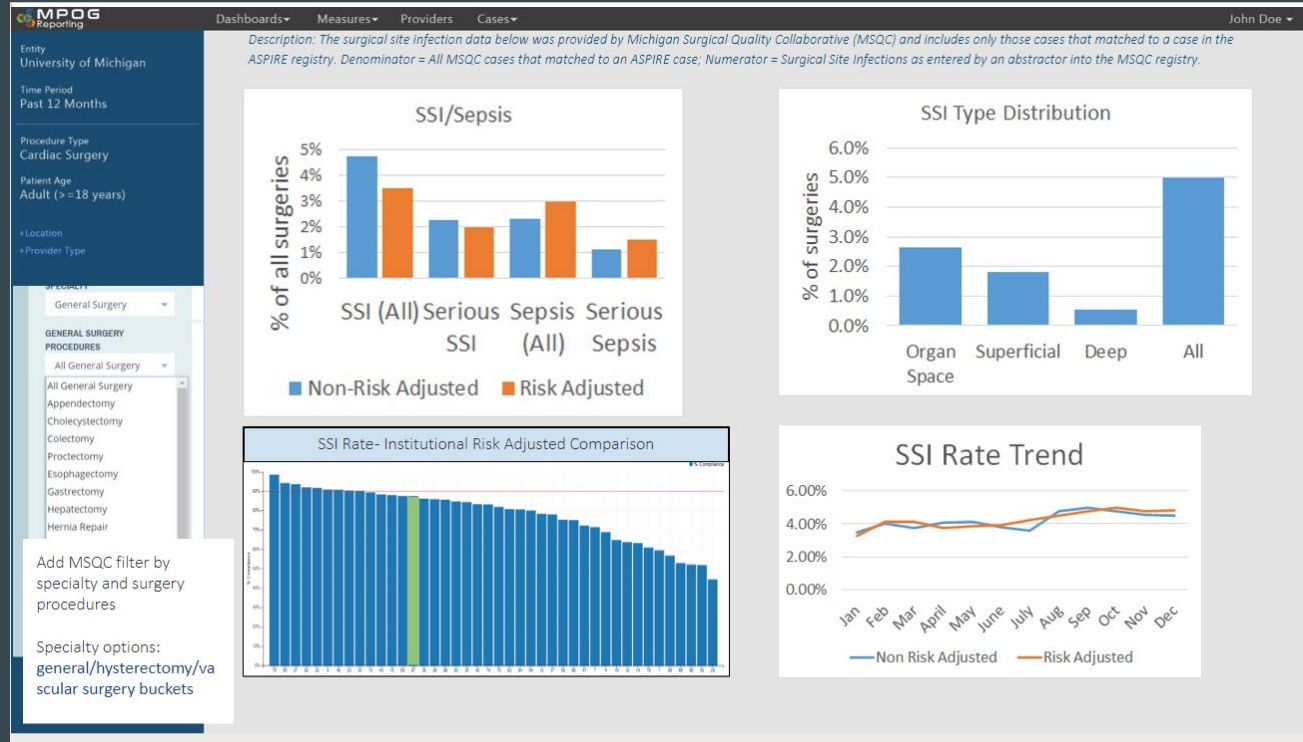
Jun Feb Mar Apr May Jun Jul Aug Sep Oct Nov Dec

• Nitrous • Sevoflurane • Isoflurane • Desflurane

more filters

Registry Integration for QI

- Start with Michigan Surgical Quality Collaborative
- Leverage QI Reporting Tool
- Learn and expand



MPOG as a platform for education

- More this afternoon!
- Can MPOG's culture, infrastructure, applications be used for enable education initiatives?





Thank you! Next: Lunch