

2026 Anesthesiology Quality Improvement and Reporting Exchange (ASPIRE)
Collaborative Quality Initiative Performance Index Scorecard
Cohorts 8
Measurement Period: 10/01/2025 - 09/30/2026

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
		5 / 6 Meetings	10
		4 or Less	0
2	10%	Attend ASPIRE Quality Committee e-meetings: ASPIRE Quality Champion or ACQR attendance across six meetings.	
		5 - 6 / 6 Meetings	10
		4 Meetings	5
		3 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 with >90% of all high priority and required diagnostics marked as 'Data Accurately Represented.'	
		11 / 12 Months	20
		10 / 12 Months	15
		9 / 12 Months	10
		9 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 Meeting	5
		1 Meetings	0
6	10%	ACQR Attend the 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 October 1, 2025 - September 30, 2026)	
		Performance is \geq 90%	10
		Performance is < 90%	0

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8	10%	Site Directed Measure: Site chooses a measure they are performing below threshold for a process measure or above threshold for an outcome measure to improve for the year. (Cumulative score October 1, 2025 through September 30, 2026)	
		Performance is $\geq 90\%$ for process or $\leq 5\%$ for outcome, or shows $\geq 15\%$ improvement (absolute)	10
		Performance is $\geq 80\%$ for process or $\leq 10\%$ for outcome, or shows $\geq 10\%$ improvement (absolute)	5
		Performance is $< 80\%$ for process or $> 10\%$ for outcome	0

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Measure number and description	Additional narrative describing the measure
Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at meetings. Three total meetings with six opportunities for attendance.	<p>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 2025-26. There are three total meetings with six opportunities for attendance:</p> <ol style="list-style-type: none"> 1. MPOG (Multicenter Perioperative Outcomes Group) Retreat: Friday, October 10, 2025 2. MSQC (Michigan Surgical Quality Collaborative) / ASPIRE Meeting: Friday, March 13, 2026 3. ASPIRE Collaborative Meeting: Friday, July 17, 2026
Attend ASPIRE Quality Committee e-meetings: ASPIRE Quality Champion or ACQR attendance across six meetings.	<p>There will be six Quality Committee e-meetings in 2025-26. One representative (ASPIRE Quality Champion or ACQR) must attend the following 2025-26 meetings:</p> <ol style="list-style-type: none"> 1. Monday, November 24, 2025 2. Monday, January 26, 2026 3. Monday, February 23, 2026 4. Monday, May 18, 2026 5. Monday, July 27, 2026 6. Monday, September 28, 2026
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 with >90% of all high priority and required diagnostics marked as 'Data Accurately Represented.'	<p>Maintenance Schedule located on MPOG website in the resources tab of the quality section. Data must be of high quality upon submission, >90% of all 'High Priority' and 'Required' diagnostics marked as 'Data Accurately Represented.'</p>
ASPIRE Quality Champion and ACQR monthly meetings	<p>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.</p>
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.	<p>The site is expected to schedule a local meeting either in-person or virtually following each ASPIRE collaborative meeting (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.</p>

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Measure number and description	Additional narrative describing the measure
ACQR Attend the Fall ACQR Retreat.	ACQR must attend the fall ACQR Retreat to be held on Friday, September 11, 2026.
Neuromuscular Blockage (NMB 01) Percentage of cases with a documented Train of Four (TOF) after last dose of non-depolarizing neuromuscular blocker (Cumulative score October 1, 2025 - September 30, 2026)	Sites will be awarded points for compliance with the neuromuscular blockade monitoring measure NMB 01 (cumulative score October 1, 2025 through September 30, 2026).
Site Directed Measure: Site chooses a measure they are performing below threshold for a process measure or above threshold for an outcome measure to improve for the year. (Cumulative score October 1, 2025 through September 30, 2026)	Sites will choose a measure where performance is above the ASPIRE threshold for inverse (outcome) measures (5 or 10%) or a process measure with performance less than threshold (90%) that needs improvement. Sites must submit their current measure score (August 1, 2024 through July 31, 2025) to the Coordinating Center by Friday, September 12, 2025, for review and approval. Measure selection form is located on the MPOG website in the P4P sub tab of the Michigan hospitals tab of the quality section. If the performance threshold is not met, Coordinating Center will assess the 12-month average score for October 1, 2025 – September 30, 2026 and compare to 12-month average score for October 1, 2024 – September 30, 2025. Absolute percentage point improvement will be evaluated to allocate points. See P4P Scorecard for point distribution