

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Obstetric Sub Group Meeting Minutes – September 20, 2017

Attendees: P=Present; A=Absent; X=Expected Absence

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| P | Angel Martino- Sparrow Hospital |
| P | Joanna Kountanis- University of Michigan |
| P | Melissa Bauer- University of Michigan |
| A | Traci Coffman- St. Joseph Mercy Health System |
| A | Janet Wilczak- Beaumont Dearborn |
| A | Ami Attali, Henry Ford Health System |
| A | Joshua Younger- Henry Ford Health System |
| P | Nirav Shah, Associate Program Director, ASPIRE |
| P | Katie Buehler, QI Coordinator, ASPIRE |

Agenda & Notes

1. Introductions & Background of ASPIRE measures
2. Review existing measures for applicability to obstetric anesthesiology population
 - a. TRAN 01: Hgb/hct documented before each transfusion & TRAN 02: Post-transfusion hgb/hct value less than 10/30.
 - i. Dr. Melissa Bauer (University of Michigan) shared the obstetric hemorrhage bundle from the Alliance for Innovation on Maternal Health that recommends different transfusion triggers based on vital sign changes and EBL>1500cc. Data from the California Maternal Quality Care Collaborative (CMQCC) shows decreased maternal mortality from 7.3 deaths per 1000 to 6.2 deaths per 1000 patients after implementation of the obstetric hemorrhage bundle.
 - ii. Dr. Bauer proposes that ASPIRE add exclusion criteria to exclude postpartum hemorrhage patients. Exclusion criteria will incorporate ICD-10 code for postpartum hemorrhage, EBL ≥1500cc, >15% change in VS from baseline or any case with the following changes in VS: HR>110, BP≤85/45, O2 Sat<95%.
 - iii. Dr. Shah comments that ASPIRE can exclude based on ICD-10 codes if we receive them from the participating organization and VS: HR>110, BP≤85/45, O2 Sat<95%. However, ASPIRE does not currently capture preop baseline vital signs and therefore will not be able to build that into the measure at this time.
 - iv. **Conclusion:** Modify exclusion criteria for TRAN 01/02 to exclude as follows:
 1. ICD 10 codes for postpartum hemorrhage
 2. VS Changes (HR>110, BP≤85/45, O2 sat<95%) or EBL ≥1500cc for patients undergoing caesarean section (CPT: 01961, 01968, 019262, 01963, 01969)
 3. Exclude labor epidural cases.
 4. In the future will account for ≥ 15% change in vital signs from baseline. Currently, MPOG does not capture preop baseline vital signs reliably.
 - b. TEMP 01: Active Warming
 - i. Dr. Bauer (University of Michigan) proposes accepting fluid warming as ‘passing’ for caesarean section patients.

- ii. Rationale: For these cases, typically caesarean section patients receive large quantities of warmed fluid in a short period of time and can decrease the risk of hypothermia. Shared review article from the British Journal of Anaesthesia in which researchers concluded that forced air warming or warmed fluid should be used for elective Caesarean delivery (Sultan, Habib, Cho, & Carvalho, 2015).
- iii. **Conclusion:** Modify Success Criteria for TEMP 01 to include fluid warming as an acceptable means warming for patients undergoing Caesarean section.
- c. AKI 01: Avoiding Acute Kidney Injury
 - i. Dr. Bauer proposes that pre-eclampsia and eclampsia patients be excluded for the AKI 01 measure as creatinine typically is elevated postoperatively as a natural progression of the disease.
 - ii. Dr. Kountanis and Bauer to review ICD 10 codes and identify which codes should be used for excluding patients with eclampsia and pre-eclampsia.
 - iii. Dr. Shah requests that Dr. Bauer or Kountanis send supporting literature for this measure change so ASPIRE can add to the measure specification document.
 - iv. **Conclusion:** Modify exclusion criteria for AKI 01 to exclude patients diagnosed with pre-eclampsia or eclampsia using ICD 9/10 codes.
- 3. Dr. Shah to present OB measure changes to the larger Quality Committee during the September 25th meeting. Will be shared as an update rather than as a topic for debate since the subgroup as already conducted the necessary literature review.
- 4. ASPIRE should be able to implement all OB measure changes in 4-6 weeks.
- 5. Dr. Bauer has been in contact with President of American Congress of Obstetricians and Gynecologists (ACOG)- Michigan Chapter and will notify them of the changes to be made to the ASPIRE metrics.
- 6. Subgroup will meet in the future to discuss the creation of new ASPIRE metrics relevant to OB anesthesia.

Meeting concluded at 1554.