



ASPIRE Obstetric Anesthesia Subcommittee Meeting

November 3, 2021



Agenda

- Announcements
- August 2021 Meeting recap
- Glucose Measure Discussion
- Unblinded data review
- PONV measures (if time allows)



Announcements

- 2022 Meeting Dates
 - February 2nd, 1pm EST
 - August 3rd, 1pm EST
 - December 7th, 1pm EST
- GA 02-OB and TEMP 05-OB released to the dashboards



August Meeting Recap

- BP 04 filtering by neuraxial anesthesia type is available through the “Measure Case Report Tool”. Please reach out to the coordinating center if you do not have access to this tool and would like access or if you have any questions about how to download the reports
- Subcommittee confirmed interest in a review of unblinded institutional data at a future meeting
- Please continue to share your practices around standardization of documentation for reason to convert to general anesthesia for cesarean delivery cases
- Provider attribution for GA 01 was discussed - consensus to continue without attribution
- For TEMP 05 (hypothermia at the end of the case or in PACU), cases will be flagged if there are not temperatures taken during that time frame per the recommendation of the subcommittee

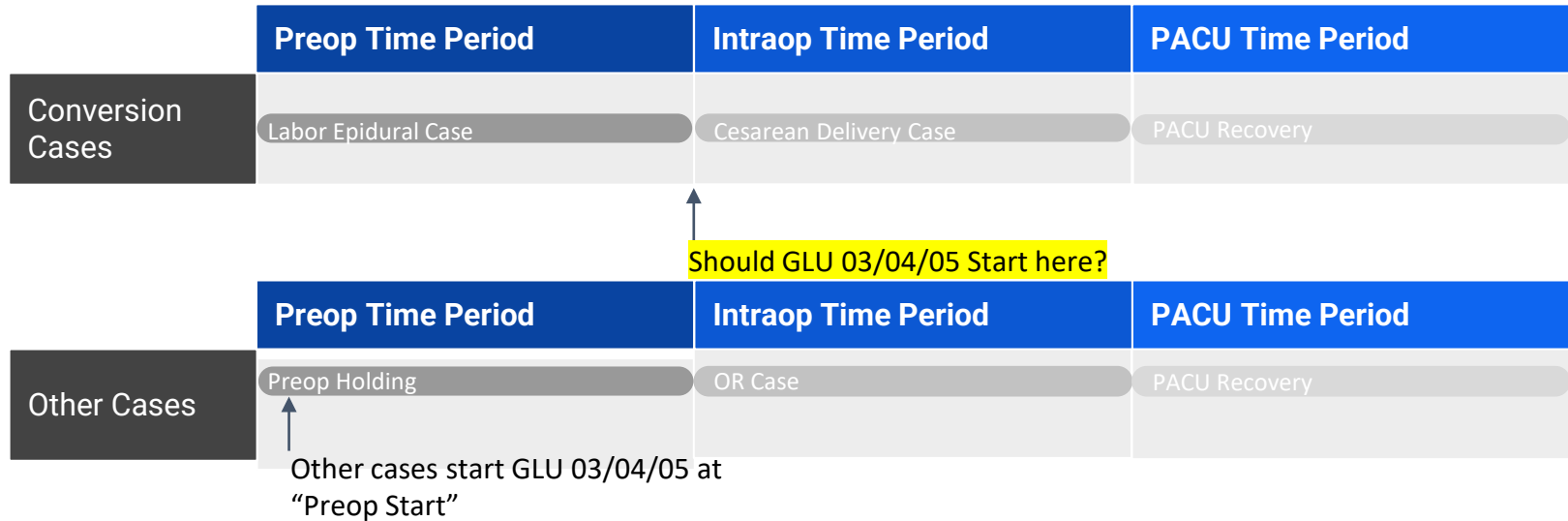


Recap of Perioperative Glucose Measures

	Preop Time Period	Intraop Time Period	PACU Time Period
GLU 01		>200 treated or rechecked in 90 minutes	
GLU 02		<60 treated or rechecked in 90 minutes	
GLU 03	>200 treated or rechecked in 90 minutes		
GLU 04	<60 treated or rechecked in 90 minutes		
GLU 05	>200 treated in 90 minutes		



Is Glucose Management a key focus area for OB anesthesia?



- If yes, we can modify GLU 03/04/05 to start at cesarean delivery start OR create separate OB glucose management measure(s)
- If no, should all cesarean delivery cases be excluded from the existing glucose measures for now?
- Note: labor epidural cases are excluded from the glucose measures



Unblinded Data Review



Reminders

- Per the terms and conditions outlined during the registration process:
 - A culture of openness and trust are critical to the development of such a collaborative effort to improve quality; and **a commitment for confidentiality is required to further the goals of ASPIRE.**
 - The following examples are to be considered privileged and confidential information and should be discussed only within the confines of the OB Subcommittee Meeting.
 - Any and all patient information.
 - Any and all patient identifiers/information which are considered privileged and protected health information as defined by current HIPAA laws.
 - Any specific MPOG QI registry case information.
 - Any information discussed regarding a specific site outcome.
 - Any reference to a specific MPOG site result or analysis.
 - All anesthesiology data presented including but not limited to outcome reports.
 - **Taking screenshots, pictures or videos of data slides is prohibited.**



Site Participation

- All sites that perform cesarean deliveries are presented on the slides to follow
- Only those sites with OB Subcommittee membership are unblinded
- Quality and OB Champions were notified that unblinded data would be shared and were given the opportunity to opt out
- No sites emailed us to express a desire to be excluded from this review



Unblinded Data Review Session: GA 01 and GA 02

Data was removed from the posted slide deck for confidentiality reasons. Please see the posted minutes for summary of topics discussed.

