Quality Committee Meeting

February 28, 2022 @10:00 ET

MPOG
MULTICENTER PERIOPERATIVE OUTCOMES GROUP

Agenda

Announcements

- New Cardiac phenotype release
- Precision Feedback announcement
- Subcommittee Updates

ASPIRE Data and Joint Commission Visit

- Sunny Chiao, MD, University of Virginia

New measure discussion

- BP 05 - Rob Schonberger, MD, Yale University
- SUS 02

Measure Updates

- PONV Updates
- GLU 05

Meeting Minutes
January 2022

Roll Call – via Zoom or contact us

Announcements

Upcoming Events

2022 Calendar is up to date at mpog.org/calendar/

ASPIRE Quality Committee Meeting
Monday, March 28, 2022 (may cancel)

ASPIRE/MSQC Meeting:
Friday April 8th, 2022

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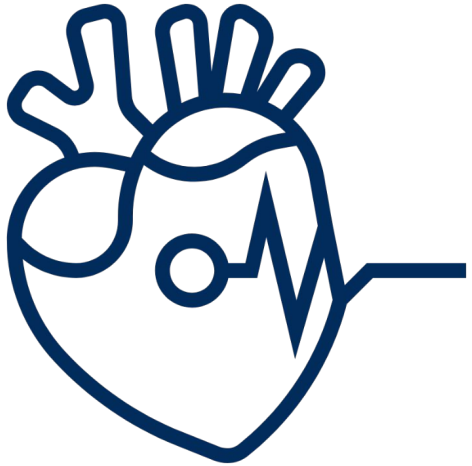
NEW Cardiac Procedure Type Phenotype



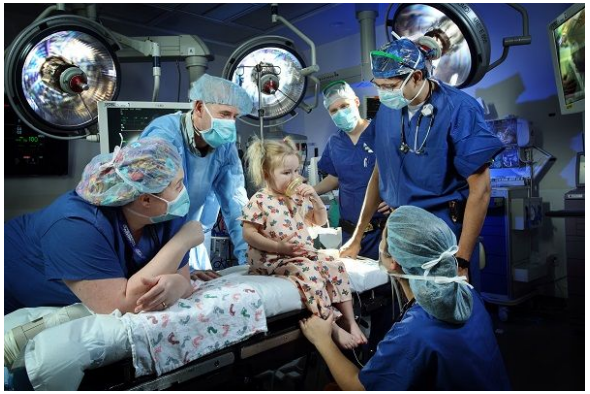
- **New Categories:**
  - Open Cardiac
  - Transcatheter/Endovascular
  - EP/Cardiac catheterization
  - Other Cardiac
  - No/Non-cardiac
  - Missing/unknown/unable to determine
- **Data Elements Utilized:**
  - Surgical CPTs (if present)
  - Anesthesia CPTs
  - Procedural Service IDs
  - CPB documentation concepts and phenotypes
  - Procedure text phrases

Precision Feedback Study Update - Aim 1

- Plan to conduct interviews over the next couple of months to determine preferences in feedback emails
- Have reached to Quality Champions to refer potential interviewees
- Criteria included:
  - Hospitals both within MI (BCBSM) and outside MI as well
  - Hospitals with and without residents
  - Community and med school affiliated hospitals
  - Range of hospital sizes
- If you are interested in participating in this phase of the project, please reach out to Allison Janda.
- More detailed information about future phases (trial where we randomize regular emails vs “precision feedback” emails) coming soon!

Subcommittee Updates

Pediatric Subcommittee



- Met on February 16th - 25 members attended

- **Finalized Measure Build for 2022**
  - NMB-03: Neuromuscular blockade dosing in patients < 1mo.
  - ABX-02: Antibiotic Timing, Pediatrics
  - FLUID-02: Minimizing Colloid Use, Pediatrics
  - TRAN-03/04: Pediatric Transfusion metrics (mirror TRAN-01/02)
- **Formation of Workgroups**
  - Pediatric Mortality (30 day in-hospital)
  - Surgical Site Infection
  - Normothermia
  - PONV
  - Pain Management
  - Peds Cardiac
- **Next Meeting, May 18th** - Unblinded data review

Obstetric Anesthesia Subcommittee Updates

- Last meeting held on February 2022: 28 attendees
- Introduced unblinded performance review – GA 01/02 & PONV measures
- Recommends modification to PONV 05: include all cesarean delivery cases regardless of age
- Modified hyperglycemia measures to exclude cesarean deliveries
- Subcommittee members recently completed survey to determine future measure focus areas
- Next Meeting: **August 3rd, 1pm EST**

Cardiac Subcommittee

- December meeting minutes & slides available
- New post-bypass hypothermia avoidance measure is has been released to the ‘All Measures’ and ‘Cardiac’ Dashboards
  - **TEMP 06-C** is the percentage of adult patients who undergo open cardiac surgical procedures for whom the last non-artifact body temperature prior to anesthesia end was greater than or equal to 35.5 degrees Celsius. Additional measure specification details available here.
- A countermeasure for on-bypass hyperthermia avoidance is also being developed and we’re requesting perfusionist input
  - Please reach out to ajanda@umich.edu if you have any perfusionists who would like to join a subgroup to help develop this measure!
- Additional future measure topics include glucose management and AKI
- Next meeting: Scheduling poll to be sent - likely April, 2022

ASPIRE Data and Joint Commission Visit

Dr. Sunny Chiao
University of Virginia

Email request

- *”As you may recall, one of the findings […] related to (moderate) sedation providers and Dr. Y was found not to have privileges to provide sedation.”*

- *“I am not surprised a CRNA was pulled (in this light) and I would anticipate that more APPs will be pulled over time. I am guessing that quality info was pulled to show compliance with OPPE/FPPE requirements?”*

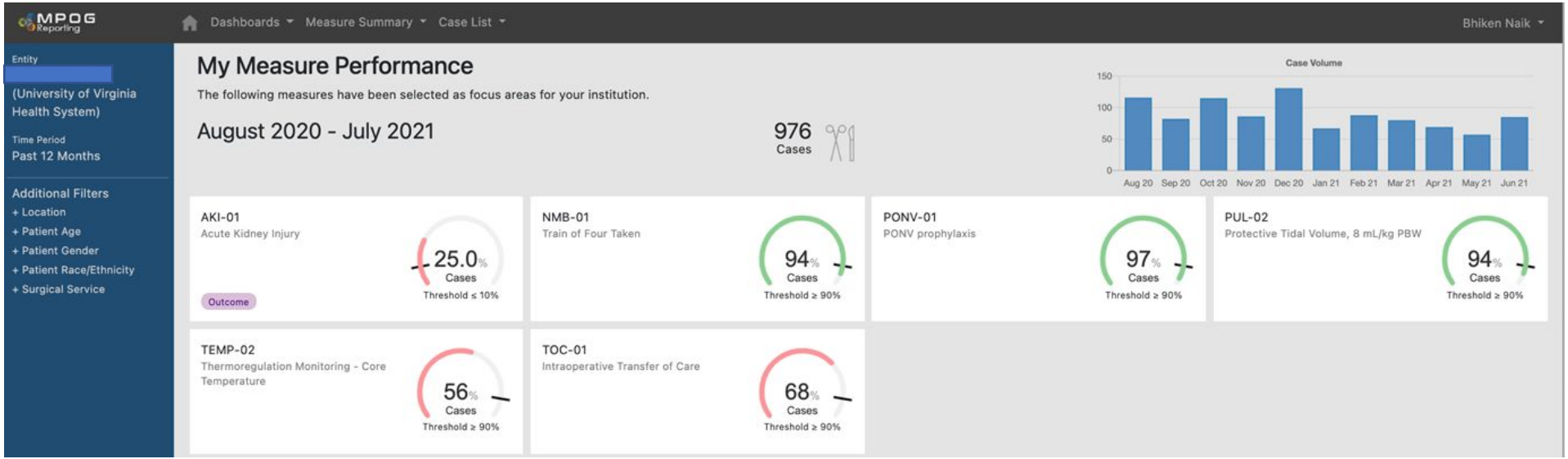
Overview

- What did JC request?
- What was provided
- Anesthesia staff perspectives/opinions
- Recommendations/lessons learned

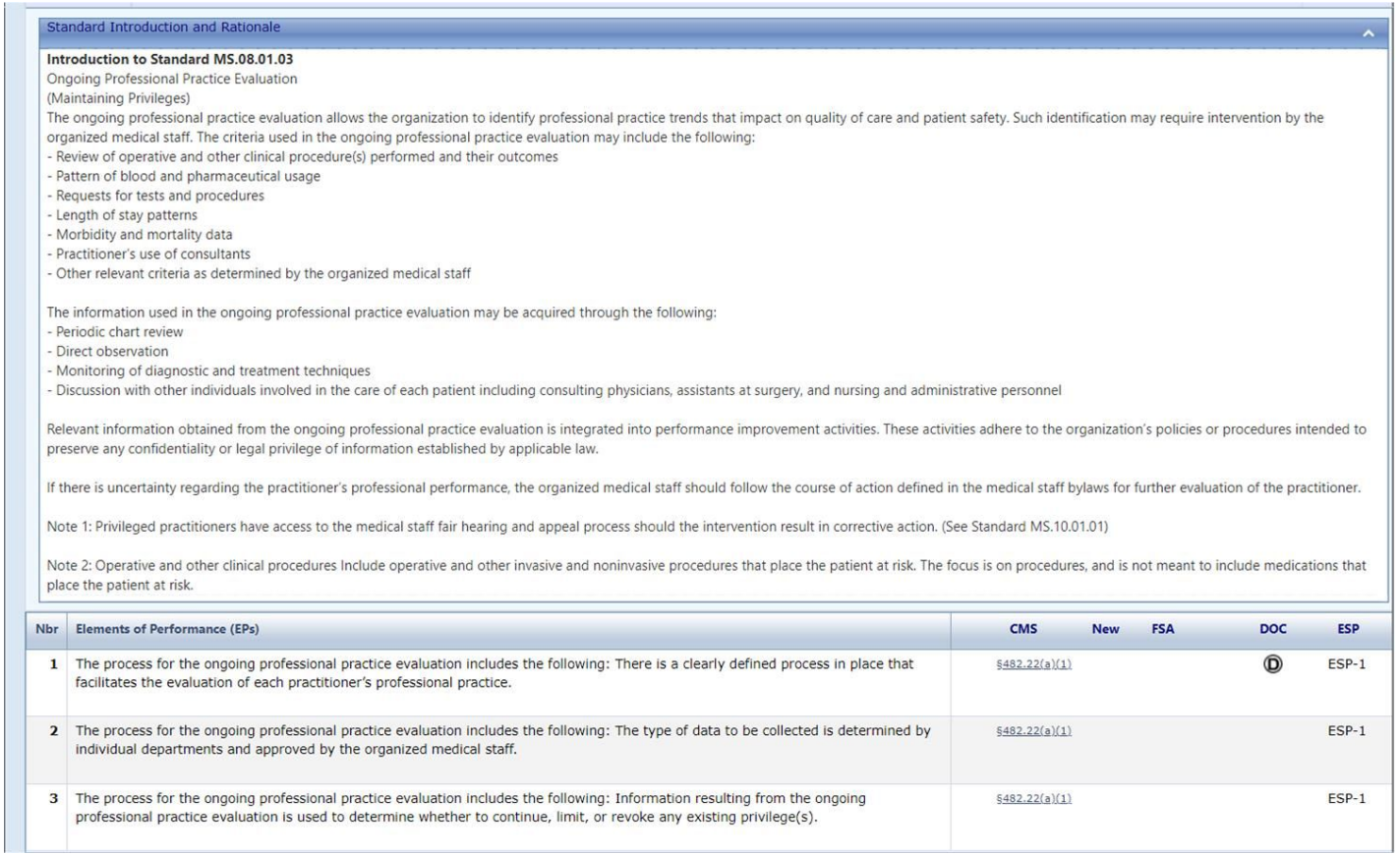
JC Ask

- “Provide quality data for a CRNA over a period of a few months.”

Data Provided



JC standard: Ongoing Professional Practice Evaluation (OPPE)



Standard Introduction and Rationale

Introduction to Standard MS.08.01.03
Ongoing Professional Practice Evaluation
(Maintaining Privileges)
The ongoing professional practice evaluation allows the organization to identify professional practice trends that impact on quality of care and patient safety. Such identification may require intervention by the organized medical staff. The criteria used in the ongoing professional practice evaluation may include the following:
- Review of operative and other clinical procedure(s) performed and their outcomes
- Pattern of blood and pharmaceutical usage
- Requests for tests and procedures
- Length of stay patterns
- Morbidity and mortality data
- Practitioner's use of consultants
- Other relevant criteria as determined by the organized medical staff

The information used in the ongoing professional practice evaluation may be acquired through the following:
- Periodic chart review
- Direct observation
- Monitoring of diagnostic and treatment techniques
- Discussion with other individuals involved in the care of each patient including consulting physicians, assistants at surgery, and nursing and administrative personnel

Relevant information obtained from the ongoing professional practice evaluation is integrated into performance improvement activities. These activities adhere to the organization's policies or procedures intended to preserve any confidentiality or legal privilege of information established by applicable law.

If there is uncertainty regarding the practitioner's professional performance, the organized medical staff should follow the course of action defined in the medical staff bylaws for further evaluation of the practitioner.

Note 1: Privileged practitioners have access to the medical staff fair hearing and appeal process should the intervention result in corrective action. (See Standard MS.10.01.01)

Note 2: Operative and other clinical procedures include operative and other invasive and noninvasive procedures that place the patient at risk. The focus is on procedures, and is not meant to include medications that place the patient at risk.

Nbr	Elements of Performance (EPs)	CMS	New	FSA	DOC	ESP
1	The process for the ongoing professional practice evaluation includes the following: There is a clearly defined process in place that facilitates the evaluation of each practitioner's professional practice.	§482.22(a)(1)			D	ESP-1
2	The process for the ongoing professional practice evaluation includes the following: The type of data to be collected is determined by individual departments and approved by the organized medical staff.	§482.22(a)(1)				ESP-1
3	The process for the ongoing professional practice evaluation includes the following: Information resulting from the ongoing professional practice evaluation is used to determine whether to continue, limit, or revoke any existing privilege(s).	§482.22(a)(1)				ESP-1

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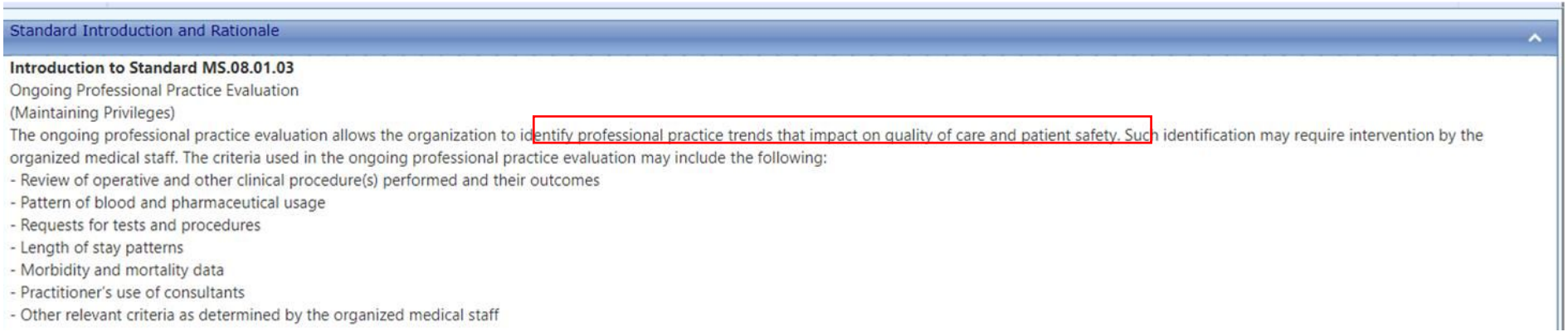

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- 1. Your credentialing committee must have a process to evaluate professional practice. What that process is, is up to you.

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- 2. What data is collected to make assessment is also up to the department.

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- 3. This info can be used to continue, limit, or revoke privileges.

Focused/Ongoing Professional Practice Evaluation Process (FPPE/OPPE)

- At our institution, we have a Professional Practice Evaluation Subcommittee (PPES) that reports to the Credentialing Committee
- Currently working to establish a Advanced Practice Providers Subcommittee (APPS) committee to mirror the physician standard

University of Virginia MC Policy

UVAHealth
MEDICAL CENTER POLICY

Policy No: MCP-0279
Revised Date: January 1, 2021

A. TITLE: Professional Practice Evaluations for Privileged Providers

B. RATIONALE: Define the process for evaluating the quality of clinical practice and competency of privileged providers

C. DEFINITIONS:

1. Focused Professional Practice Evaluation ("FPPE") A process whereby the Clinical Staff of the Medical Center evaluates the privilege-specific competence of a privileged provider. FPPEs are conducted at initial hire, at the time a privileged provider requests privileges, and in response to a single or sentinel event and/or patterns or trends that indicate potentially unsafe patient care ("for cause"), see Section E.1.b. Focused professional practice evaluation may be undertaken in a number of ways, including but not limited to chart review, proctoring, monitoring of clinical practice patterns, internal or external peer review, and discussion with other care givers of specific patients (e.g., consulting physicians, nurse or administrative personnel).

2. Ongoing Professional Practice Evaluation or Ongoing Evaluation ("OPPE") A process whereby the Medical Center 1) identifies professional practice trends of privileged providers that impact quality of care and patient safety; and 2) assesses the professional behavior and competence related to clinical privileges of each privileged provider more frequently than every 12 months.

3. Peer: A privileged provider whose interest and expertise, as documented by clinical practice or academic rank and/or post graduate degree(s), is reasonably determined to be equivalent in scope and emphasis to that of another privileged provider.

Initial FPPE

D. POLICY:

In order to improve and promote safe, high quality clinical care and to comply with regulatory requirements, the Medical Center shall evaluate the competence of all privileged providers (hereafter referred to as "Practitioners") in the Medical Center through Professional Practice Evaluations. All Practitioners with clinical privileges in the Medical Center, as a condition to receiving and continuation of those privileges, shall be subject to Focused Professional Practice Evaluations and Ongoing Professional Practice Evaluations in accordance with the procedures set forth in this policy.

The Professional Practice Evaluation Subcommittee ("PPES"), a subcommittee of the Credentials Committee, is responsible for reviewing and making recommendations in evaluating the quality of Practitioner professional clinical practice and competency. This includes oversight of the Professional Practice Evaluations processes in accordance with the responsibilities defined in this policy.

c) review of practitioner-specific quality data with the practitioner 90 days after the initial appointment by the Department Chair, Division Chief, Department Quality Officer or equivalent Medical Center leader. If the practitioner is the Chair of a clinical department, review by the Dean of the School of Medicine or designee is required.

FPPE for cause

e) concerns about patterns or trends in rate-based indicators in the Practitioner Quality Dashboard showing significant variance from the institutional peer group;

f) practices that deviate significantly from established clinical practice or operational standards/guidelines;

g) any area of competency regularly reviewed as a component of an OPPE for which an individual Practitioner is outside the Clinical Department or Division clinical performance expectations.

OPPE Process

The OPPE process requires the Department Chair or equivalent Medical Center leader (or their designee) to:

1) regularly review department/division practitioner-specific quality data;

2) review and respond in writing to the Professional Practice Evaluation Subcommittee's annual review letter regarding the professional practice of all Practitioners in the Department/division;

3) confirm in writing that the clinical practice, complaints and professional behavior of each of the department/division's Practitioners have been reviewed; and, as applicable,

4) complete a Low Volume Assessment for Practitioners with annual RVUs less than 10% of the UHC specialty specific median.

b. At the time of re-privileging of an individual Practitioner, all of the practice evaluation data will be reviewed by the Clinical Department Chair, the Division Chief, the Department Quality Officer or equivalent Medical Center leader and compared with the performance of Peers.

Takeaways

- JC more interested that we maintain a process and track it, but do not care what the specifics are
- MPOG provider dashboard is well equipped to fulfill these requirements
- Be familiar with your institutional credentialing FPPE/OPPE standard
- What will your credentialing committee do with ASPIRE data?

Where do we go from here?

- Initiating feedback…
  - Low-hanging fruit for metrics (process vs outcomes? Things you already do well?)
  - Allow staff to become accustomed to this process
  - Incentivize anesthesiologists with MOCA Part 2 credit
- Going forward….
- What to do with underperformers?
  - Mandatory QI/PBLI?
  - Tied with performance bonus?
  - Discussion at annual review?
  - Triggered FPPE?

New Measure: BP 05

Context: Measure “sources”

Feedback from Quality Champions, individual providers, and sites

Coordinating Center

Subcommittees

Research projects

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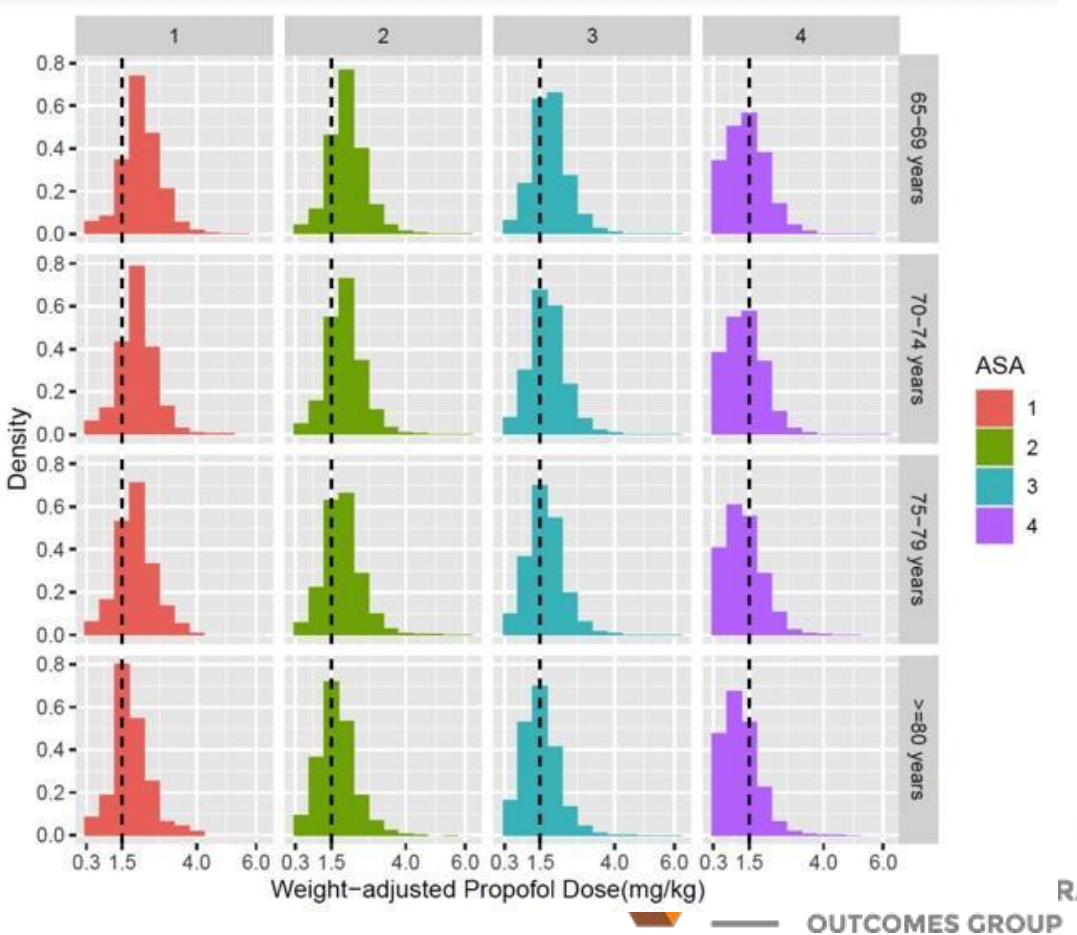
Rob Schonberger
Yale University



Prevalent Propofol Dosing Practices at MPOG institutions 2014-2018

The mean (SD) weight-adjusted propofol dose was 1.7 (0.6) mg/kg. The mean prevalent propofol induction dose exceeded the upper bound of what has been described as the typical geriatric dose requirement across every age category examined. The percent of patients receiving propofol induction doses above the described typical geriatric range was 64.8% (95% CI 64.6-65.0), varying from 73.8% among patients aged 65-69 to 45.8% among patients aged 80 and older.

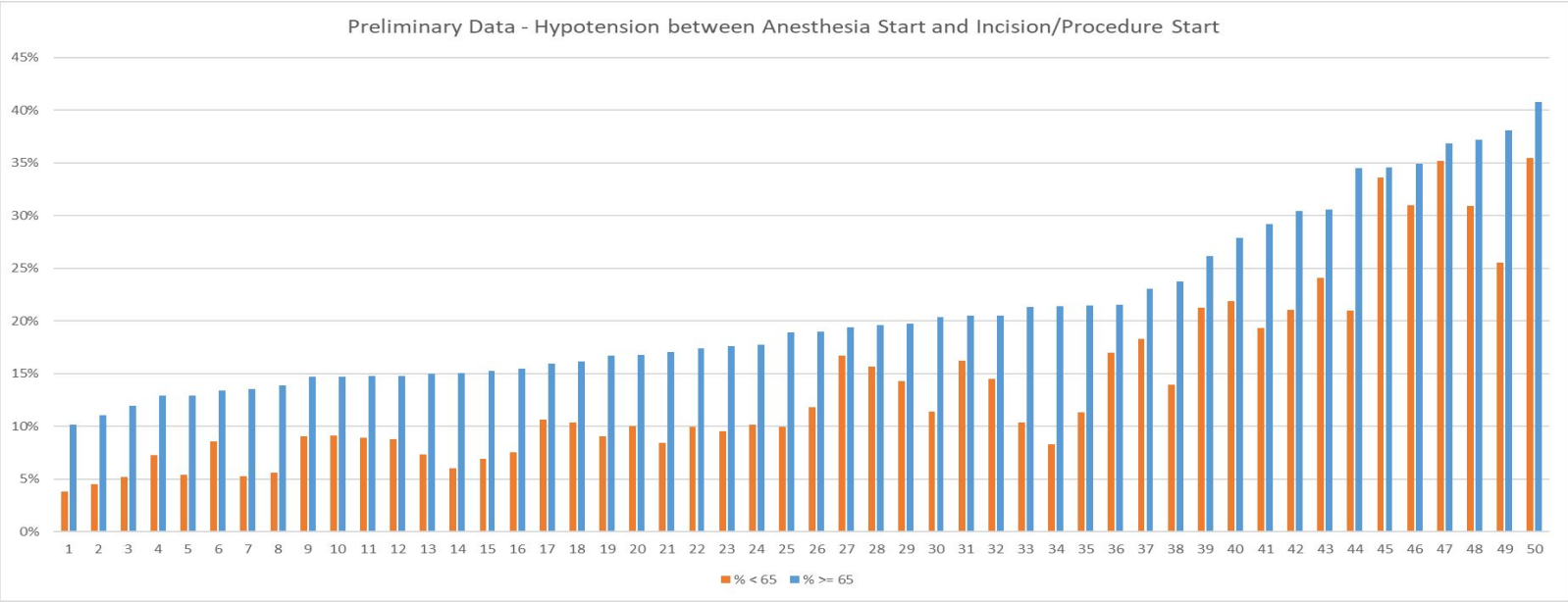
RATIVE OUTCOMES GROUP

Induction medications and dosing are both attributable and modifiable

- Among 320,585 total patients, 22.6% experienced the outcome of pre-incision severe hypotension (MAP≤55mmHg).
- 20.7% with non-invasive blood pressure measurements
- 35.0% with invasive blood pressure measurements had the outcome.
- Propofol induction dose (considered both as a continuous variable and as yes/no >1.5mg/kg) was associated with pre-incision hypotension (MAP<55mmHg)
- However, a multitude of other factors both captured and not captured within MPOG may mediate this relationship.

Informational ASPIRE Metric **BP-05**

Percent of patients age >65 without preoperative hypotension undergoing GA who had an episode of MAP<55mmHg within 15 minutes of induction and prior to surgical incision.



New Measure: BP 05 (informational measure)

Percentage of cases where severe hypotension during anesthesia induction (defined as MAP < 55 mmHg) was avoided

Measure Time Period: Induction Start through Surgery Start

Inclusions: All patients requiring general anesthesia

Exclusions:

- Patients <18 years old
- ASA 6 cases/ Organ Harvest
- Baseline MAP <60 mmHG
- Labor Epidurals / Obstetric Non-Operative Procedures
- Anesthesia Procedures

Success Criteria: MAP > 55 mmHG throughout induction time period

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New Measure:
SUS 02

Thank you Dr. Jodi Sherman (Yale University)

Purpose today is to introduce the measure in its current form and discuss how to approach this measure (specifically, are we targeting “acceptable” or “ideal” practice.

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Questions

Should the threshold be 2 l/min or 1 l/min or something else?

Should the measure start time begin at inhalation agent start or intubation or some other time?

If we include induction, do we exclude or include short cases?

Next Steps

Circulate specification for comment, update measure based on comments

Schedule meeting of interested folks if appropriate for further discussion

Share timeline for measure development

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GLU 05 Update

Current State

- Percentage of cases with a blood glucose >200 mg/dL with documentation of insulin treatment
- Subcutaneous insulin dosing intervals are up to every 3 hours
- Many institutional protocols recommend hourly glucose checks in the periop time period when insulin is administered
- GLU 05 flags cases with high glucose & no treatment within 90 minutes
- Inappropriate flagging of cases where subcutaneous insulin administered, follow up glucose > 200 mg/dL, but no additional insulin sq given within 90 minutes because still within the 3 hour window

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Proposed Updates

- If insulin SQ is administered, we will not require elevated blood glucose values to be treated within a 3 hour time frame of the insulin administration
- This update assumes we are receiving insulin administration data up to 4 hours before anesthesia start (ie preop holding)

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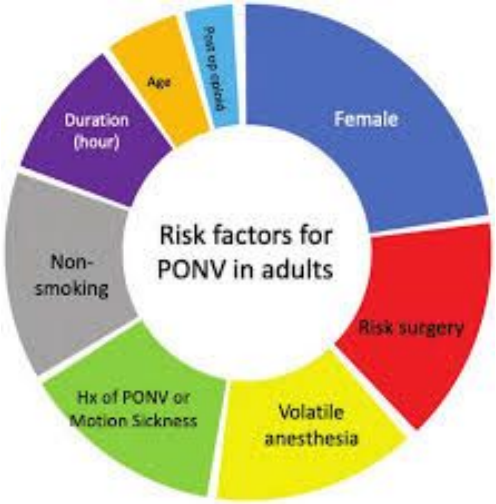
PONV 05 Updates

PONV 05 Released!

- New Adult PONV prophylaxis measure released last month
- Site Champions and ACQRs actively reviewing cases
- Please continue to submit feedback to the Coordinating Center
- Will vote on proposed changes at the May Quality Committee meeting:
  - Add midazolam as a potential antiemetic
  - Add exclusion for endoscopy procedures (regardless of GA)
  - Remove CPT prediction from procedure type risk factor (rely on actual codes only)
  - Trigger ERCP as cholecystectomy risk factor (or only 'true' cholecystectomy)
  - Adjust fentanyl as 'trigger' for the opioid administration risk factor
  - Include all cesarean delivery cases, regardless of age



Source: Fourth Consensus Guidelines for the Management of PONV

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Thank You!