

## Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, July 25, 2022

### Attendance:

Abess, Alex (Dartmouth)	Khan, Meraj (Henry Ford Macomb)
Agerson, Ashley (Spectrum)	Koltun, Ksenia (Beaumont Royal Oak)
Applefield, Daniel (St. Joseph Oakland)	Lacca, Tory (MPOG)
Bailey, Meredith (MPOG)	LaGorio, John (Trinity Muskegon)
Biggs, Dan (Oklahoma)	Lewandowski, Kristyn (Beaumont)
Bollini, Mara (WUSTL)	Lopacki, Kayla (Mercy Health - Muskegon)
Boutin, Jimmy (Henry Ford Wyandotte)	Loyd, Gary (Henry Ford)
Buehler, Kate (MPOG)	Lu-Boettcher, Eva (Wisconsin)
Charette, Kristin (Dartmouth)	Malenfant, Tiffany (MPOG)
Chiao, Sunny (Virginia)	Mathis, Mike (MPOG)
Clark, David (MPOG)	McKinney, Mary (Beaumont Dearborn / Taylor)
Cohen, Bryan (Henry Ford - West Bloomfield)	Milliken, Christopher (Sparrow)
Coleman, Rob (MPOG)	Neuman, Drex (Utah)
Collins, Kathleen (St. Mary Mercy)	Obembe, Samson (Weill Cornell)
Corpus, Charity (Beaumont Royal Oak)	O'Dell, Diana (MPOG)
Cuff, Germaine (NYU)	Overmyer, Colleen (University of Chicago)
Davies, Eric (Henry Ford Allegiance)	Owens, Wendy (MyMichigan - Midland)
Dewhirst, Bill (Dartmouth)	Pardo, Nichole (Beaumont)
Domino, Karen (University of Washington)	Pimental, Marc Phillip (Brigham and Women's Hospital)
Dutton, Richard (US Anesthesia Partners)	Ping Yu, Shao (Weill Cornell)
Eagle, Mary (Henry Ford Allegiance)	Poindexter, Amy (Holland)
Esmail, Tariq (University Health Network)	Qazi, Aisha (Beaumont Troy)
Finch, Kim (Henry Ford Detroit)	Quinn, Cheryl (St. Joseph Oakland)
Fisher, Garrett (MyMichigan Midland)	Riggan, Ronnie (MPOG)
Gall, Glenn (St. Mary Mercy Livonia)	Rozek, Sandy (MPOG)
Hall, Meredith (Bronson)	Ruiz, Joe (MD Anderson)
Heiter, Jerri (St. Joseph A2)	Schwerin, Denise (Bronson)
Henson, Patrick (Vanderbilt)	Scranton, Kathy (Mercy St. Mary)
Horton, Brandy (A4)	Shah, Nirav (MPOG)
Johnson, Rebecca (Spectrum & Metro)	Smith, Susan (St. Joseph A2)
Kaper, Jon (Beaumont Trenton)	Toonstra, Rachel (Spectrum)

Tyler, Pam (Beaumont Farmington Hills)	
Woody, Nathan (UNC)	
Wren, Jessica (Henry Ford Wyandotte/Macomb)	
Veach, Kristine (Trinity Ann Arbor, Chelsea, Livingston)	

## Agenda & Notes

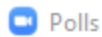
1. **Roll Call:** Will contact QI Champions and ACQRs directly to inquire about participation status if missing. Other participants can review meeting minutes and contact the Coordinating Center if they are missing from the attendance record.
2. **Minutes from May 23, 2022 meeting approved-** minutes and recording posted on the website for review
3. **Announcements & Updates**
  - MPOG Featured Member (July - August 2022): Jerri Heiter, RN - Trinity St. Joseph Ann Arbor, Chelsea & Livingston
  - ASPIRE July Collaborative Meeting occurred on July 17, 2022. Meeting summary can be found on our [website](#)
    - QI stories from UM Health West (Ben Stam, MD - SUS01) and Bronson Health (Meredith Hall, MD - GLU05)
    - Hypotension associated outcomes (Kamal Maheshwari, MD - Cleveland Clinic) and Rational vasopressor selection (Allison Janda, MD - UM Health Ann Arbor)
    - ASPIRE Performance review
  - **PONV Toolkit is complete! Includes:**
    - [PONV Overview: Impact, Pathophysiology, and Risk Factors](#)
    - [Prophylaxis Recommendations](#)
    - [Treatment Recommendations](#)
    - [PONV Reference Guide](#)
4. **Upcoming Events**
  - Committee Meetings
    - August 17th - Pediatric Subcommittee
    - August 22nd - Cardiac Subcommittee
    - September 26th - Quality Committee Meeting
    - December 7th - Obstetric Subcommittee
  - Annual ACQR Retreat - September 16, 2022 (DoubleTree Hotel, Ann Arbor)
  - Annual MPOG Retreat - October 21, 2022 (New Orleans, LA)
5. **Obstetric Subcommittee Update**
  - Met this past week with 20 participants in attendance
  - Slides, minutes, and recording posted on the [website](#)
    - Reviewed results of the measure build survey that was sent in February

- Subcommittee voted to build a measure examining the percentage of cesarean delivery cases that converted to GA from an epidural (GA-03-OB)
- Next meeting: December 7, 2022 1pm EST
- If interested in joining the Obstetric Subcommittee, please contact Kate Buehler ([kjbucrek@med.umich.edu](mailto:kjbucrek@med.umich.edu))

**6. Measure Review: [TEMP01 - Drs. Sunny Chiao \(UVa\) and Shafeena Nurani \(Beaumont\)](#)**

- **DISCUSSION:**
  - *Nirav Shah (MPOG QI Director)*: Fluid warmers are markers of success for cesarean deliveries and was determined by quality committee in the past. We will run by the OB subcommittee now that it is established to see if this still makes sense.
  - *Aisha Qazi (Beaumont Health)*: Responsible provider should be the person signed in at induction end since that is when you are placing the Bair Hugger. I think this is more appropriate than provider signed in for longest duration
  - *Tim Harwood (Wake Forest)*: With major burn cases sometimes we will raise the room temperature. Could that be counted as active warming method for these cases.
    - *Nirav Shah (MPOG QI Director)*- There is nothing we document with how the room temperature has been set. Often times might be free text in a quick note which is hard to capture.
    - *Aisha Qazi (Beaumont Royal Oak)*- It seems like extensive burn cases should be excluded from this measure given the TBSA%
    - *Mike Mathis (U of M Ann Arbor) via chat* - Not to be too contrarian, but burn cases might be the \*most\* important cases to include in this measure
    - *Kate Buehler (MPOG Coordinating Center)* - Would echo what Dr. Mathis just put in the chat- may be the most important patient population to warm and therefore include in this measure. Will do a literature review to determine best practice specifically for burn patients & how to warm in the OR
    - *Marc Pimentel (Brigham and Women's)*- we have a hypothermia prevention project for a few years now. We rolled out an underbody warming device and next month are doing prewarming gowns so all patients receive a gown to be prewarmed before going into the OR to help reduce hypothermia intraop and postop. A [paper came out recently in Lancet](#) looking at 35.5 vs. 37C doesn't improve outcomes. Most still agree hypothermia is something we are all concerned with but how does this paper influence the current measures in MPOG?
    - *Nirav Shah (MPOG QI Director)*: I think we need to revisit TEMP-03 as more studies like this come out and consider updating the threshold as necessary. Are you able to use the ASPIRE measures as part of your hypothermia prevention effort at your site?
    - *Marc Pimentel (Brigham and Women's)* - Yes. We've been using mostly TEMP-03. For most of our cases we use active warming so didn't find too much value in TEMP-01. We were at 25% for TEMP-03 and then improved but are now back at 25% so I am not sure that it is accurate or potentially a data/monitoring issue.
    - *Nirav Shah (MPOG QI Director)* - We do have an MPOG concept for zero heat flux monitors. I would be interested in looking at some preliminary data regarding how well

we are capturing this.

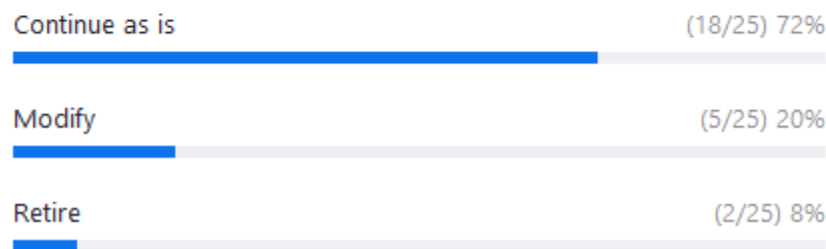


## 07.25.22 - TEMP 01 - Vote

0:37 | 1 question | 25 of 60 (41%) participated

1. Please select one of the following options for TEMP 01 (Single Choice) \*

25/25 (100%) answered



○ **VOTE:**

- **Continue as is: No updates to measure specification**

7. **Measure Review:** [TEMP02 - Dr. Jonathan Kaper \(Beaumont Trenton\)](#)

○ **DISCUSSION:**

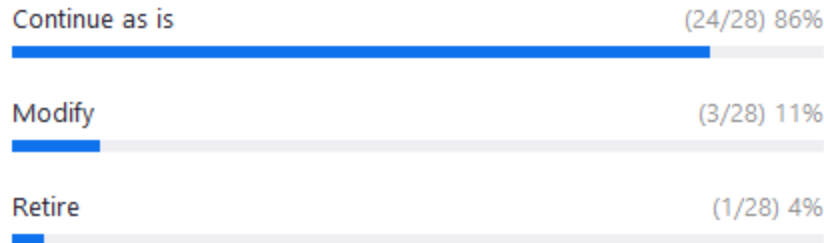
- *Jon Kaper (Beaumont Trenton)* - In my opinion we should include patients who receive neuraxial and regional anesthesia
  - *Kathleen Collins (Trinity Livonia)* via chat: Issue with obtaining core temp is unchanged. No access
- *Marc Pimental (Brigham and Women's)* - core temperature is important to monitor in neuraxial/regional but am not sure the best way to measure core temperature in these cases. zero heat flux monitor may be an option but somewhat expensive
- *Jon Kaper (Beaumont Trenton)* - There is new literature showing that bladder and rectal temperatures are less reliable as both sites are poorly perfused and lag core temperature. I recommend excluding those routes from the 'near core' definition. Article Referenced: <https://pubs.asahq.org/anesthesiology/article/134/1/111/108291/Perioperative-Temperature-Monitoring>
  - *Kathleen Collins (Trinity Livonia)* via chat: No foleys in ortho cases. Zero-flux temps are cost-prohibitive in light of healthcare system deficits.
  - *Nirav Shah (MPOG QI Director)* - I'm curious what others think about bladder temperature vs. axillary as core temp and which is more accurate given the hair hugger use.
  - *Karen Domino (University of Washington)* - we routinely use bladder temp as it's convenient when you're doing head and neck work and is the preferred temp route at our institution.

## 07.25.22 - TEMP 02 - Vote

Poll | 1 question | 28 of 60 (46%) participated

1. Please select one of the following options for TEMP 02 (Single Choice) \*

28/28 (100%) answered



- **VOTE: Continue as is: No updates to measure code - will add new reference from 2021 Sessler *Anesthesiology* article to the specification**

### 8. Web Case Viewer

- A new version of web case viewer will be released by August 2022 and available for providers after feedback emails are sent on 8/24/22
- Includes updated UI

### 9. MPOG QI Tools

- **Measure Case Report Tool**
    - Standard columns for patient, procedure and anesthesia type
    - Predetermined columns specific to measure to assist in flagged case review
    - Not customizable by the end user
  - **Data Direct - Quality Mode**
    - All measures now available as filters and outputs
    - Customizable columns
    - Current Limitations:
      - Limited to measure result; does not include other measure details
      - Columns limited to phenotypes and their definitions
      - Exports results on multiple spreadsheets
  - **Next Steps:**
    - What modifications would be helpful in Data Direct?
    - Are there additional visualizations/filters that would be helpful in QI Reporting?
    - In general, are there additional reporting needs that MPOG could meet?
- DISCUSSION:**
- *Jessica Wren (Henry Ford Macomb/Wyandotte) via chat:* Visualization by service in the QI Reporting Tool would be great

**Meeting concluded at 1057 EST**