

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, July 24, 2023

Attendance:

Abou Nafeh, Nancy (AUB)	Loyd, Gary (Henry Ford)
Agerson, Ashley (Spectrum)	Lewandowski, Kristyn (Corewell)
Barrios, Nicole (MPOG)	Lopacki, Kayla (Mercy Health - Muskegon)
Bauza, Diego (Weill Cornell)	Lu-Boettcher, Eva (Wisconsin)
Benitez, Julio (MyMichigan)	Mack, Patricia (Weill Cornell)
Berndt, Brad (Bronson)	Malenfant, Tiffany (MPOG)
Berris, Josh (Corewell - Farmington Hills)	McKinney, Mary (Corewell Dearborn / Taylor)
Biggs, Dan (Oklahoma)	McFarland, P (Tennessee)
Bhavsar, Shreyas	Mentz, Graciela (MPOG)
Bollini, Mara (WUSTL)	Milliken, Christopher (Sparrow)
Boutin, Jim (Henry Ford - Wyandotte)	Nanamori, Masakatsu (Henry Ford Detroit)
Bowman-Young, Cathlin (ASA)	Nurani, Shafeena (Corewell Troy)
Buehler, Kate (MPOG)	O'Connor, Katie (Johns Hopkins)
Charette, Kristin (Dartmouth)	O'Dell, Diana (MPOG)
Clark, David (MPOG)	Owens, Wendy (MyMichigan - Midland)
Cohen, Bryan (Henry Ford - West Bloomfield)	Pace, Nathan (Utah)
Coleman, Rob (MPOG)	Pantis, Rebecca (MPOG)
Collins, Kathleen (St. Mary Mercy)	Pardo, Nichole (Corewell)
Corpus, Charity (Corewell Royal Oak)	Parks, Dale (UAB)
Crump, Joyce (AUB)	Perkaj, Megan (Corewell)
Cywinski, Jacek (Cleveland Clinic)	Quinn, Cheryl (St. Joseph Oakland)
Denchev, Krassimir (St Joseph Oakland)	Reale, Sharon (BWH)
Dewhirst, Bill (Dartmouth)	Riggat, Ronnie (MPOG)
Drennan, Emily (Utah)	Rozek, Sandy (MPOG)
Ellis, Terry (Henry Ford)	Saffary, Roya (Stanford)
Esmail, Tariq (Toronto)	Sakkab, Julie (AUB)
Finch, Kim (Henry Ford Detroit)	Schwerin, Denise (Bronson)
Goatley, Jackie (Michigan)	Scranton, Kathy (Trinity Health St. Mary's)

Goldblatt, Josh (Henry Ford Allegiance)	Shah, Nirav (MPOG)
Hall, Meredith (Bronson Battle Creek)	Smiatacz, Frances Guida (MPOG)
Harrison, Kelly (UAMS)	Spanakis, Spiro (U Mass)
Harwood, Tim (Wake Forest)	Stam, Benjamin (UMHS West)
Heiter, Jerri (St. Joseph A2)	Stewart, Alvin (UAMS)
Hubbert, Kate (Holland Hospital)	Tallarico, Roberta (UCSF)
Jervis, Karinne (Dartmouth)	Toonstra, Rachel (Spectrum Health)
Jiang, Silis (Weill Cornell)	Tyler, Pam (Corewell Farmington Hills)
Johnson, Rebecca (Spectrum & UMHS West)	VanTreese, PattiAnn (Henry Ford)
Kenron, Dan (OHSU)	Vaughn, Shelley (MPOG)
Kheterpal, Sachin (MPOG)	Vasquez, Mackenzie (Stanford)
Kumar, Sathish (Michigan)	Vitale, Katherine (Trinity Health)
Lacca, Tory (MPOG)	Woodbury, Jennifer (UCSF)
LaGorio, John (Trinity Muskegon)	Wade, Meredith (MPOG)
Langnas, Erica (UCSF)	Wedeven, Chris (Holland)
Lalonde, Heather (Trinity Health)	Zittleman, Andrew (MPOG)

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 22, 2023 meeting approved** - minutes and recording posted on the website for review
3. **Announcements**
 - **Featured Members - July & August**
 - Wendy Owens, MSN, RN – MyMichigan Health
 - **Welcome New Associate QI Director, ASPIRE**
 - Dr. Tony Edelman, MD - University of MI
4. **Upcoming 2023 Meetings**
 - July 14: ASPIRE Collaborative Meeting, Henry Executive Center, Lansing, MI
 - Thank you to all our speakers
 - Post Meeting Wrap-up on website – slides, presentation recording and CME information
 - September 15: ACQR Retreat, DoubleTree hotel in Ann Arbor, MI
 - October 13: MPOG Retreat in San Francisco, CA
5. **Welcome UMASS Memorial Health!**

- Chair: Dr. Matthias Walz
- Quality Champion: Dr. Spiro Spanakis
- PI: Dr. Guido Musch
- IT Champion: Dr. Gregory Mitchon

6. Precision Feedback Study Update

- A Scalable service to improve healthcare quality through precision audit and feedback
- **Aim 1:** 35 provider interviews, 3 design iterations of prototype messages
 - Preference survey completed
- **Aim 2:** Software development, performance testing, and integration of Precision Feedback Service nearing completion
- **Aim 3:** Assess the effects of a precision feedback service
 - Preparation for pilot study in 2023, cluster-randomized trial in 2024

7. Subcommittee Updates

- **Cardiac Subcommittee**
 - Next meeting: September, date TBD
 - GLU-07: Hypoglycemia avoidance for open cardiac procedures - Specification & prelim data review
 - GLU-08: Hyperglycemia treatment for open cardiac procedures - Specification & prelim data review
 - GLU-06: Hyperglycemia management measure currently available on 'All Measure' & 'Cardiac' dashboards!
- **Obstetric Subcommittee**
- Next meeting: November 8th, 1pm ET
 - Measure Review: BP-04
 - ABX-03-OB: Azithromycin administration for cesarean delivery

8. Brain Health/Geriatric Workgroup

- Interested group of MPOG participants have met virtually on an ad hoc basis over the last couple of years
- Focus on both brain health (delirium / cognition) & geriatric measures
- Email discussions re: midazolam use in geriatric population
- Current Research project (PCRC 0170): Variation in cognition / delirium / frailty assessments across MPOG
- Please contact Henrietta Addo (addo@med.umich.edu) via email if interested in joining this workgroup!

9. QI Dashboard Updates

- Releases scheduled periodically over the coming months
- Starting with quirks (bug fixes), then moving to new features
- Release notes will be available on the website as changes are pushed to Production.
- Performance scores will not be impacted.

- Thanks to everyone for their feedback over the last couple of years!

10. Measure Updates

- **SUS-07: Nitrous Oxide Avoided**
 - Description: Percentage of adult cases where nitrous oxide is avoided during anesthesia
 - Inclusion: Patients ≥ 18 years old undergoing any procedure requiring anesthesia (see SUS-05 for pediatric measure)
 - Now available on 'All Measure' & 'Sustainability' dashboards - if interested in adding to Provider Feedback Emails - available in new Measure Selection Tool
- **New Glycemic Management Measures**
 - Per Quality Committee approval at the May meeting, new glycemic management measures are now available:
 - GLU 09: Hyperglycemia Management, Intraop
 - updates GLU 01 with new threshold of 180 mg/dL
 - GLU 10: Hyperglycemia Management, Periop
 - updates GLU 03 with new threshold of 180 mg/dL
 - GLU 11: Hyperglycemia Treatment, Periop
 - updates GLU 05 with a new threshold of 180 mg/dL
 - GLU 12: Hypoglycemia Management, Intraop
 - updates GLU 02 w/ new threshold of 70 mg/dL and recheck / dextrose within 30 minutes
 - GLU 13: Hypoglycemia Management, Periop
 - updates GLU 04 w/ new threshold of 70 mg/dL and recheck / dextrose within 30 minutes
 - Quality Committee also requested a 'recheck only' measure as part of the measure review discussion. Peds Subcommittee also in favor of recheck only measure.
 - Next Steps
 - Specify and build new recheck measure (convene a small workgroup)
 - Once recheck measure(s) are built, consider retiring GLU 09 and 10
 - Recheck related to hyperglycemia only?
 - How to deal with recheck in preop / PACU?
 - How to account for insulin treatment?
 - **DISCUSSION:**
 - *Roya Saffary (Stanford)* - If these metrics have been included in provider emails, will they automatically switch to the new measure?
 - *Kate Buehler (MPOG)* - Hi Dr. Saffary, No - won't auto-replace the existing measures in provider feedback emails as not all sites may opt for the new version of the measure. However, you can now use the measure selection application within the QI Reporting Tool to update your site measure selection for provider feedback emails pretty quickly! Let me or Nicole know if you need help accessing the new measure selection app!
 - *Tim Harwood (Wake Forest)*: I understand the technical difficulties of getting the glucose labs in the system within 15 minutes but believe the Level 2 (BG<54) values should be rechecked within 15 minutes for the measure. Level 1 rechecks within 30 minutes is

reasonable but would like to hear other members' thoughts on the Level 2 recheck timeframe.

- *Josh Goldblatt (Henry Ford Allegiance)*: If we could have a column within the case list for the expected time for the recheck, then we can quickly analyze the actual recheck times and determine which opportunities exist. Also, where did we land for a decision on formal labs as they result within 45 minutes? Did we decide to exclude those?
- *Kate Buehler (MPOG)* – Yes, we can take a look at adding this to the measure case report as a column.
- *Nirav Shah (MPOG)*: We decided to include formal labs for now to allow sites the opportunity to review those cases and determine what structural issues may need to be addressed to allow providers to be notified timely when formal labs are resulted to allow for proper treatment. Can revisit this as necessary after the measure is in production and sites have had a chance to do some review.

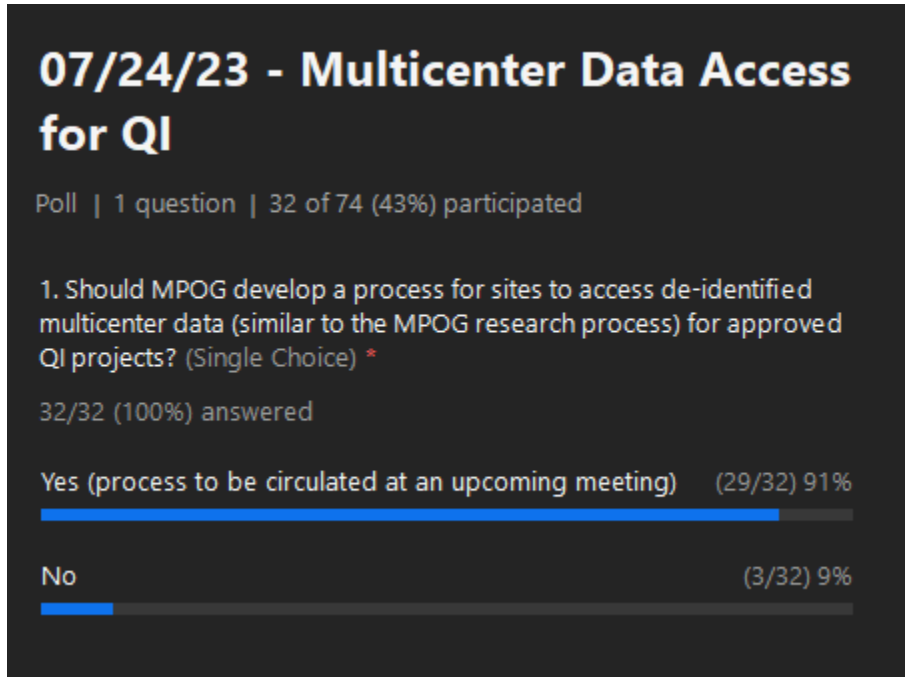
11. Multicenter QI Measure Proposal

- Situation
 - A site recently proposed a project to examine compartment syndrome related to patient positioning in the OR
 - After viewing local data, Data Direct query revealed cohort level counts, but no detailed information
 - Desire to review more granular multicenter data to benchmark and identify risk factors
- Background
 - MPOG Research has a well-defined process for site access to multicenter data
 - Includes PCRC proposal and approval, data access, and dissemination protocols
- Assessment:
 - There may be demand from sites to access MPOG Registry data for QI purposes (rare diseases or complications, or areas outside of current MPOG coordinating center focus).
 - Coordinating Center should develop a process for sites to analyze registry data for QI purposes
- Recommendation:
 - Site completes QI proposal based on MPOG template
 - After presentation to MPOG Quality Committee and approval, coordinating center generates dataset and stores at MPOG Central
 - Site QI team provided access to the dataset using existing approval process
 - Site conducts analysis based on approved proposal
 - Site uses results for own QI project, and must disseminate to other MPOG sites via Quality Committee meeting
 - If site wishes to publish, then can develop PCRC proposal, or hand off to another interested site
- **DISCUSSION:**
 - *Tariq Esmail (University Health Network- Toronto)*: Great proposal but by definition, when we talk about rare cases, even if deidentified, the cases would be deidentified but would the institutions be deidentified also?

- *Nirav Shah (MPOG)*: Great question. It would be deidentified by both patient and location perspective. Similar to how we do this for a research proposal- using an anonymized institution ID.
- *Dan Kenron (OHSU)* - deidentified refers both to PHI and site/location, correct?
 - *Nirav Shah (MPOG)*: Correct (addressed in response to Dr. Esmail's question)
- *Shafeena Nurani (Corewell East)* – I would support it
- *Josh Goldblatt (Henry Ford Health, Jackson)* - QI is typically an internal process. Analysis is typically pre-post intervention. I can't picture a case where we would need data from other sites. Can you give an example?
 - *Nirav Shah (MPOG)* - Site example was interested in looking at compartment syndrome and if the incidence at their site was like other MPOG sites. Similarly, this would allow sites to analyze data for a potential new QI measure and the feasibility of this.
- *Silis Jiang (Weill Cornell)*: Any thoughts on requiring an IRB non-human subjects determination?
 - *Nirav Shah (MPOG)*: As most QI work is usually exempt by IRB standards, I think this would fall into that category and also be exempt but would be governed by the Quality Committee and would seek IRB approval for studies if there was human subject involvement beyond our current performance measurement.
- *Dan Biggs (University of Oklahoma)* - If you identify an event that is rare enough, would that allow us to identify the place?
 - *Nirav Shah (MPOG)* - One of the ways we would want this approved is through quality committee to discuss and manage that risk
 - *Kathleen Collins (Trinity Health – Livonia)* - This might allow sites to check the frequency of supposed/assumed rare cases or outliers. Some might be more frequent than we expect
 - *Tariq Esmail (University Health Network- Toronto)* - On the research side, is there a minimum case number that needs to be achieved to be revealed?
 - *Nirav Shah (MPOG)*: If you look at this in Data Direct at the cohort level, we have a minimum threshold of cases to show up to reinforce the fact that there may be some variation in quality
 - *Sachin Kheterpal (MPOG)*: This group is going to guide what that threshold is
 - *Tariq Esmail (University Health Network- Toronto)*: It sounds like this discussion is just to determine if we should move forward and not the specific definition of process but if one site has a complete outlier, we would need a process in place to determine what to do with these types of circumstances to notify the site to let them know. If the site has a rare event and is unaware of it, the Coordinating Center would need to reach out to the site.
 - *Nirav Shah (MPOG)*: Yes correct. At the coordinating center we would want to know we have approval from the quality committee to identify and reach out to the site
 - *Sachin Kheterpal (MPOG)*: What we're discussing today is whether or not we should allow QI project proposals. The specifics are very helpful to address any nuances.
 - *Shreyas Bhavsar (MD Anderson)* – Thank you for bringing this forward. We originally were looking at our local site data for compartment syndrome and with limited number of cases were interested in the incidence of this complication among all MPOG sites.
 - *Kim Finch (Henry Ford Health System)* - Is compartment syndrome something that would be identified MPOG in the data? It seems like healthcare risk reporting system is where that

info would live. Then you have to worry about discoverability

- *Nirav Shah (MPOG)* - Thanks, Kim. Yes – it would definitely live in other places but this proposal process would allow sites to access this data via MPOG as it may live within the MPOG data as well.
- *Sachin Kheterpal (MPOG)* - this would only include data within MPOG, therefore, already in the EHR and "discoverable"



Meeting concluded at 1057