

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, September 23, 2019

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| Abdallah, Arbi (Wash U St. Louis) | Louzon, Kathryn (Beaumont Royal Oak/Troy) |
| Applefield, Daniel (St. Joseph Oakland) | Loyd, Gary (Henry Ford) |
| Angel, Alan (Bronson Battle Creek) | Lucier, Michelle (Henry Ford) |
| Bailey, Meridith (MPOG) | Mack, Patricia (Weill Cornell) |
| Biggs, Dan (Oklahoma) | Malenfant, Tiffany (Beaumont Trenton/Wayne) |
| Bledsoe, Amber (Univ of Utah) | McKinney, Mary (Beaumont Dearborn/Taylor) |
| Buehler, Katie (MPOG) | Miliken, Christopher (Sparrow) |
| Chang, Joyce (UCSF) | Nanamori, Masakatsu (Henry Ford Detroit) |
| Chen, Lee-Lynn (UCSF) | Obembe, Samson (Weill Cornell) |
| Clark, David (MPOG) | O'Reilly-Shah, Vikas (Emory) |
| Collins, Kathleen (St. Joseph) | Quinn, Cheryl (St. Joseph Oakland) |
| Cywinski, Jacek (Cleveland Clinic) | Pardo, Nichole (Beaumont) |
| Davis, Quinten (Mercy Muskegon) | Poindexter, Amy (Holland) |
| Domino, Karen (Washington) | Poterek, Carol (Beaumont) |
| Egnatoski, Deborah (Beaumont Royal Oak) | Rensch, Robert (Beaumont Kalamazoo) |
| Forro, Jason (Sparrow) | Schmidt, Carol (Beaumont) |
| Gall, Glenn (St. Mary's Livonia) | Schonberger, Rob (Yale) |
| Gray, Holly (Univ of Michigan) | Shah, Nirav (MPOG) |
| Harwood, Tim (Wake Forest) | Smith, Susan (Beaumont) |
| Heiter, Jerri (St. Joseph A2) | Studt, Lindsay (Beaumont) |
| Horton, Brandy (A4) | Tingle, Sarah (UAMS) |
| Jameson, Leslie (Colorado) | Turnbull, Zack (Weill Cornell) |
| Janda, Allison (MPOG) | Tyler, Pam (Beaumont Farmington Hills) |
| Johnson, Ray (Beaumont Wayne) | Yu, Shao Ping (Weill Cornell) |
| Jiang, Silis (Weill Cornell) | Vaughn, Shelley (MPOG) |
| Kaye, Toni (ASA) | Wood, Aaron |
| Koning-Randall, Kimberly (St. Joseph) | |
| Lacca, Tory (MPOG) | |
| Lins, Steve (Bronson) | |

Agenda & Notes

1. **Minutes from June 24th, 2019 meeting approved**- posted on the website for review.
Recording available as well.
2. **Roll Call:** Will contact QI Champions and ACQRs directly to inquire about participation status if missing. Other participants can review meeting minutes and contact Coordinating Center if missing from attendance record.
3. **Announcements**
 - a. **ACQR Retreat** occurred Friday September 22nd in Ann Arbor, MI
 - i. Full day of collaboration between Michigan site ACQRs, ASPIRE QI coordinators, physicians and programmers.
 - ii. Discussed measure updates, using MPOG data for research and round table discussion with programmers and SSI toolkit feedback
 - b. **MPOG Featured Member for September/October 2019:** Dr. John Lagorio – St. Joseph Mercy Muskegon. Read more at: <https://mpog.org/featuredmembers/>

4. **Upcoming Events:**
 - a. *October 18, 2019 – MPOG Retreat*
 - i. Orlando, Florida
 - ii. Registration is available on our website: <https://mpog.org/mpogretreat2019/>
 - b. Remaining Quality Committee meetings in 2019:
 - i. Monday, November 25, 2019 at 10:00 a.m. Eastern
5. **Site Recruitment:**
 - a. **5 New Michigan Sites Joining in 2020. Congratulations to:**
 - i. Henry Ford Allegiance, Macomb, Wyandotte
 - ii. St. Mary's Mercy Health (Grand Rapids, MI)
 - iii. Ascension Borgess (Kalamazoo, MI) - Tentative
6. **Pediatric and OB subcommittee Reconvening**
 - a. Planning a meeting for both subcommittees prior to 2020 to discuss creating specific quality improvement metrics for pediatrics and OB.
 - b. If you would like to continue participating or join either subcommittee, please email the coordinating center (mpog-admin@med.umich.edu).
7. **Ongoing Measure Review**
 - a. Requesting help from Quality Champions via a new MPOG Measure Review Committee
 - i. Want to take advantage of the expertise that resides in our membership.
 - b. Purpose of Committee: Ensure measures stay current; reflect evidence and consensus of the MPOG/ASPIRE Quality Committee.
 - c. Review Measures every 3 years
 - i. Recommendations on measure changes and whether they should be retired or not.
 - ii. Coordinating Center will send out request to all Quality Champions with list of measures.
8. **What Happens when feedback emails are not sent?**
 - a. Feedback emails are usually not sent due to a site data or extract issue
 - b. Current process is for Coordinating Center to notify Site Quality Champion and ACQR
 - c. Now, with many ASPIRE MOCA enrollees, more providers than ever "need" the emails to get credit
 - d. *Question:* In the event feedback emails will not be sent, would sites like automated alerts sent to providers from MPOG, or should this come from the site Quality Champion?
 - i. *No comment.* MPOG will continue to send email to QI Champion and ACQR when feedback emails are not sent as scheduled.
9. **Measure Discussion**
 - a. **PONV 01 Current**
 - i. New – exclude patients who go to ICU directly (ie intubated)
 - ii. Largely follows MIPS measure
 - b. **PONV 01 Future**
 - i. Informed by PONV 03 (outcomes measure): identifies the percentage of patients who undergo a surgical procedure and experience postoperative nausea/emetis or receive an Anti-emetic in PACU.

- ii. Initial data review shows most patients experiencing PONV in PACU are excluded from PONV 01/02. We plan to revise PONV 01/02 exclusion criteria after release of this measure to broaden our scope of patients included.
- c. **Outcome Measures displayed inversely on the dashboard**
 - 1. Included: CARD 02, CARD 03, AKI 01, MED 01
 - 2. *Question for Quality Committee: Should we display TRAN 02 and TEMP 03 as inverse measures?*
 - a. Consensus was YES. Will move forward with this change.
- d. **BP 03: MAP < 65 is present for 15 minutes or less**
 - 1. BP 01 (<55 for 20 min) has topped out on performance for all sites. Most current practice is consistent with keeping MAPs above 65.
 - 2. BP 03 will have similar inclusion/exclusion criteria
 - a. Inclusions: All patients requiring general anesthesia or monitored anesthesia care (MAC)
 - b. Analysis of current data for BP 03 is variable. All scores seem to be high with still room for improvement
 - 3. There was a hypotension measure submitted to CMS (and probably soon NQF) that is similar to this proposal. That measure also includes risk adjustment as well as based on age, BMI, sex, duration of surgery, and ASA status.
 - 4. Feedback
 - a. *Dr. Karin Domino (University of Washington)*: in favor of BP-03. Over half of their cases have hypotension with the BP 03 parameters and providers are seeing this clinically. Mathematica data too preliminary to include risk adjustment as part of the measure.
 - b. *Dr. Patricia Mack (Weill-Cornell)*: Review exclusion criteria as providers are noticing they are required to follow parameters that think they should have been excluded.
 - c. *Dr. Glen Gall and Kathleen Collins, CRNA (St. Mary Mercy Livonia)*: Retire BP 01.
- e. **AKI 01: Cases With Low Creatinine**
 - 1. Current AKI Success Criteria: Percentage of cases that the baseline creatinine increases more than 1.5 times within 7 postoperative days or the baseline creatinine level increases by > .3 mg/dL within 48 hours postoperatively
 - 2. Failed case reviews have highlighted instances where baseline creatinine started below normal. (i.e. baseline creatinine .3, and postop creatinine .5)
 - a. Previously over included cases without billing codes - CPT prediction tool will help with missing procedure data
 - 3. Is this AKI? – it definitely could be...
 - a. Example: Frail or elderly population with a “sub normal” Cr due to atrophied muscle mass
 - b. The Chronic Renal Insufficiency Cohort (CRIC) study group assessed the variability between and within different laboratories for creatinine values – variance observed (SD creatinine 0.039 mg/dL)

- c. *Dr. Allison Janda (University of Michigan)*, reviewed cases across ASPIRE that failed AKI with baseline Cr .2-.6 mg/dL
 - i. For cases where the Cr was between .3 and .6, we noted that they had recent preoperative AKI, but excluding for that is complicated and of debatable value.
- d. AKI 01 Plan: Exclude adult patients with baseline creatinine <.3 mg/dL and pediatric patients with baseline < .2 mg/dL → Review cases again to ensure that we optimize our inclusion/exclusions
- e. Feedback:
 - i. *Dr. Rob Schonberger (Yale)*: Do we have a percentage of cases where we saw this? Sample seems diluted.
 - 1. *Dr. Alison Janda (University of Michigan)*: Do not have an exact percentage but further review is warranted
 - ii. *Dr. Mike Mathis (University of Michigan)*: Using the data we have available we can take this data pretty far. We should never get to 100% and should consider these cases are flagged for review.

Meeting concluded at 10:50am