



Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)
 OB Subgroup Meeting Minutes – May 24, 2023

Attendance:

Sharon Abramovitz, Weill Cornell	Tiffany Malenfant, MPOG
Henrietta Addo, MPOG	Graciela Mentz, MPOG
Nicole Barrios, MPOG	Umma Munnur, Baylor
Dan Biggs, University of Oklahoma	Diana O'Dell, MPOG
Kate Buehler, MPOG	Sandy Rozek, MPOG
Ruth Cassidy, MPOG	Denise Schwerin, Bronson Battle Creek
Johanna Cobb, Dartmouth	Monica Servin, University of Michigan
Rob Coleman, MPOG	Nirav Shah, MPOG
Carlos Delgado Upegui, Washington	Preet Singh, Washington University
Kim Finch, Henry Ford Health System	Frances Guida Smiatacz, MPOG
Ron George, UCSF	Kathleen Smith, University of North Carolina
Josh Goldblatt, Henry Ford Health System	Brandon Togioka, OHSU
Ashraf Habib, Duke University	Sushma Vallamkonda, MPOG
Wandana Joshi, Dartmouth-Hitchcock	Christine Warrick, Utah
Rachel Kacmar, Colorado	James Xie, Stanford
Tom Klumpner, University of Michigan	Andrew Zittleman, MPOG
Tory Lacca, MPOG	

Announcements

- Meeting dates posted to basecamp. Also see [website](#) for 2023 meeting schedule
- Feb meeting recap:
 - Last meeting was held on February 15th. Slides and recording posted to basecamp.
 - ABX-01 QI story shared by Dr. Robert Nicholson from Bronson-Kalamazoo.
 - Dr. Mike Mathis, MPOG Research Director shared a brief overview of the PCRC process for those interested in conducting research using MPOG data. Please visit the MPOG website for steps to begin your proposal: <https://mpog.org/write-a-research-proposal/>
 - Reviewed oxytocin survey results and determined there is wide variation in oxytocin dosages and rates of administration across sites. More research is needed in this area before standardization can occur.

Measure Updates:

- GA-03-OB is on your dashboard now. Percentage of cesareans where GA was administered after epidural injection.
- Contact nicbarri@med.umich.edu regarding access to the QI Reporting Dashboard
- Anonymized site performance shared with the group

Discussion:

- *Dr. Ashraf Habib (Duke)*: Are DPE cases included in the GA-03 measure?
 - *Kate Buehler (MPOG Coordinating Center)*: Not sure...would assume they are included in this measure as epidurals but we haven't tested this out. May need to develop a new phenotype.
- *James Xie (Stanford)*: The denominator does NOT include epidurals that ended up vaginally delivering right? Only epidurals that went to c-section AND converted to GA
- *Ron George (UToronto)*: I would hope DPE and CSE are included in all epidurals. failure of epidural service? not necessarily the technique
- *Dan Biggs (UOklahoma)*: Most common reason for conversion to GA following epidural at our institution is emergent C-section. Inadequate time to bolus epidural.
- *James Xie (Stanford)*: I can speak offline to how DPEs are charted in Epic - totally depends on how you set it up (as part of CSE vs epidural procedure note) and whether you have a custom smart data element to flag that it was a DPE. At the last two institutions I've worked in, DPE was counted as an epidural (not a CSE)

In the news: Oxytocin labeling practice was the topic of a recent Twitter discussion focused on patient safety in obstetrical anesthesia practice

- What color are your labels?

Discussion

- *Christine Warrick (Utah)*: We recently updated the color tubing to yellow
- *Kathleen Smith (UNC)*: We could also benefit from that as the bag has recently changed and caused some confusion
- *Carlos Delgado Upegui (University of Washington)*: Pink oxytocin labels on tubing
- *Brandon Togioka (OHSU)*: We are putting a "hazardous medication" sticker on each bag. OHSU considered creating greater restriction, which we fought. I gathered a group at OHSU and wrote this letter to ensure continued easy access to oxytocin on labor and delivery.

GA-01 & GA-02 Measure exclusion: Placenta Accreta

- Recent request for placenta accreta cases to be excluded from GA measures.
- Would rely on ICD-10 codes to exclude placenta accreta

Discussion

- *Christine Warrick (U. Utah)*: I do think these cases should be excluded as many of these cases will go to GA and it will trigger these cases to be flagged.
- *Kathleen Smith (UNC)*: I agree with excluding accreta cases. At least from GA-02. It is usually our plan for NA then GA in accreta
- *Sharon Abramovitz (Weill Cornell)*: I agree with excluding PAS from GA-02 too
- *Ashraf Habib (Duke)*: No consensus on this practice so would also recommend excluding placenta accreta from these measures
- *Ron George (U.Toronto)*: Question - do we want to exclude placenta accreta cases that did not require hysterectomy? I'm worried we may be over excluding cases

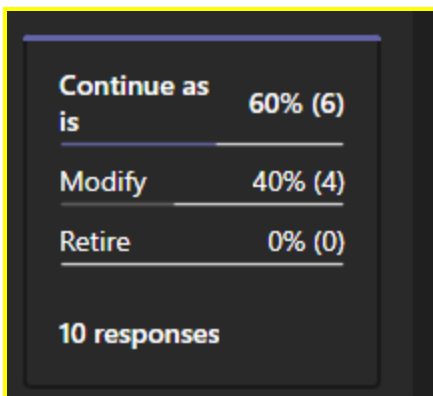
- *Kathleen Smith (UNC)*: I did not realize these measures already exclude c-section hysterectomy cases
- *Ashraf Habib (Duke)*: We have used these codes for our MPOG study and there are different degrees of accreta. We use neuraxial anesthesia for our placenta accreta cases but there isn't consensus across the country about the appropriate anesthesia technique for these cases.
 - *Kate Buehler (MPOG Coordinating Center)*: We can apply the exclusion to the GA measures at the coordinating center and determine how many cases would be excluded as a result. Not sure how well our codes will capture this and properly exclude. Based on that analysis, we can bring it back to the subcommittee and determine if this exclusion makes sense to the group based on counts.

Measure Review: ABX-01- Drs. Monica Servin and Brandon Togioka

Discussion:

- Should the measure end time for emergent cases align with non-emergent cases? Is the current measure too lenient?
- Should patient weight be considered in antibiotic dosing?
- Should azithromycin be required for unscheduled cesarean delivery?
- Potential inclusion criteria for adjunctive azithromycin are ruptured membranes or high BMI (> 35 kg/m²). Perhaps another measure?
- If clindamycin was administered, should success require co-administration of an aminoglycoside?
- *Josh Goldblatt (HF Allegiance)*: Should our measure align with other SSI standards around assessing if the antibiotic is fully administered within 15 minutes?
- *Ron George (U. Toronto)*: Would argue that this is getting a little too detailed as far as discussion around a measure. I would think we could spend committee time focusing on building new measures rather than getting into the weeds on existing measures. I would argue this measure performance across sites is not as successful as it should be given how simple this measure should be.
- *Brandon Togioka (OHSU)*: What are the group's thoughts around administering an aminoglycoside if clindamycin was given?
 - No comments.
- **Brandon Togioka and Monica Servin's Recommendation: Continue Measure As Is**

VOTE:



Conclusion:

- **Continue Measure as is - no changes**

Measure Review Schedule

Measure review

- BP-04 will be reviewed at the November meeting.
- The measure review schedule is posted on Basecamp. Please also check your emails for the measure review schedule.
- [Template form](#)

Measure	Published date	Present at OB subcommittee	Assigned to
ABX-01	July 2020	May 2023	Monica Servin and Brandon Togioka
BP-04	Feb 2021	Nov 2023	Preet Singh and Dan Biggs
GA-01	Feb 2021	Feb 2024	Melinda Mitchell and Sharon Abramovitz
GA-02	Aug 2021	Feb 2024	Melinda and Sharon
TEMP-05	Aug 2021	Feb or May 2024	Wandana Joshi and Christine Warrick



BMI Stratification & Use of Second Line Uterotonic Agents

WILL PRESENT AT NOV MEETING

Meeting End Time: 1401