



TEMP 01 Review - July 25, 2022

Review TEMP 01 Measure Specification by selecting this [link](#)

Feedback from Measure Reviewers

Review of new literature (last review June 2019)

Dr. Sunny Chiao

Shaw CA, J Clin Anesth. 2017. doi: 10.1016/j.jclinane.2017.01.005. Meta analysis - Active warming superior to passive warming in neuraxial anesthesia.

Hoefnagel AL, Patient Saf Surg. 2020. <https://doi.org/10.1186/s13037-020-00241-x>

Dr. Aisha Qazi

Not much literature since June 2019. Effectiveness of active warming over passive warming has been proven. Also reviewed the article listed above by Shaw et al.

Appropriateness of rationale

Dr. Sunny Chiao

Sound.

Dr. Aisha Qazi

Active warming (AW) as opposed to passive warming (PW) has been proven to be the most effective intervention to prevent inadvertent perioperative hypothermia (IPH for general and neuraxial procedures. Perioperative hypothermia has been proven to worsen outcomes. Rationale is sound.

Evaluation of inclusion/ exclusion criteria

Dr. Sunny Chiao

Sound.

Dr. Aisha Qazi

Criteria appropriate.

Evaluation of definition of success or flagged cases

Dr. Sunny Chiao

There is inconsistency between TEMP-01 (≥ 36.0 = pass) and TEMP-03 (≤ 36.0 = fail). **[this is an issue in our measure spec and was corrected! Nirav]**

For patients undergoing cesarean section, fluid warmer is accepted as an active warming device. I question the validity of this as a sole mechanism of active warming (may be beneficial as adjunct, or in already warm patients).

Dr. Aisha Qazi

In our practice we have improved the accuracy of our core temperature readings by placing temperature sensing Foley catheters for all scheduled C sections and all patients who convert to C section if no Foley catheter is in place prior to OR. We use fluid warmers for these patients. Foley catheter temperature probe far better than axillary temperature to get accurate core

temperature reading for patients with their arms at 90 degrees. Considering implementing temperature sensing Foleys for all patients getting neuraxial where a Foley is placed at our institution.

Other feedback

Dr. Sunny Chiao

Attributable provider: Current state is for provider present at induction end. Should this be for the provider present for the longest time period during the case?

Dr. Aisha Qazi

Could consider the measure redundant to TEMP 03 as it has been proven that active warming is necessary to achieve perioperative normothermia. However, believe to maintain the practice of active warming, the measure should continue to encourage continued compliance and improved outcomes.

Recommendation from Dr. Sunny Chiao and Dr. Aisha Qazi for TEMP 01

	Dr. Sunny Chiao	Dr. Aisha Qazi
Keep as is: no changes at all	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Modify: changes to measure specifications	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Retire: eliminate entirely from dashboard and emails	<input type="checkbox"/>	<input type="checkbox"/>

Recommended modifications (if applicable)

Chiao:

Recommend choosing one minimum acceptable goal temperature. Is ≥ 36.0 what we are shooting for? If so, TEMP-03 will need to be adjusted. [measure spec adjusted - Nirav]

1. Make longest provider(s) in room the responsible provider(s).



Recommend discussing acceptability of fluid warmer alone as active warming in cesarean delivery. [will discuss at OB subcommittee - Nirav]