

ASPIRE Hybrid ACQR Retreat September 17, 2021

General Housekeeping

- All participants will be muted on entry
- Unmute yourself to participate but remember to re-mute yourself when complete
- We encourage you to use video!
- Feel free to use Zoom chat during the meeting we will monitor



Agenda

	Agenda		
9:00 - 9:10	Welcome Nirav Shah, MD		
9:10 - 9:30	Announcements / Introductions Kate Buehler, MS, RN		
9:30 - 9:45	2022 P4P Scorecards Tory Lacca, MPOG Administrative Program Manager		
9:45 - 10:15	October 2021 Upgrade: Overview Andrew Zittleman, MSN, RN & Tiffany Malenfant, MSN, RN-BC		
10:15 - 10:30	Break		
10:30 - 11:15	THRIVE (25 minutes) - Sachin Kheterpal, MD MSTCVS/ASPIRE project (20 minutes) - Douglas Colquhoun, MD		
11:15 - 12:00	Measure Improvement Stories: - Antibiotic Compliance (ABX-01-OB): Amy Poindexter- Holland ACQR - Periop Glucose Management: Beaumont ACQRs		
12:00 - 1:00	In-person participants: Lunch (catered by hotel)		
1:00 - 2:00	 ACQR Roundtable How to disseminate information post-COVID New workflows given remote work How can the Coordinating Center better support QI work? Epic BPAs: Do they help? For which measures? Subcommittees: thoughts/feedback/engagement? 		
2:00 - 2:15	Reminders & Wrap-up		

Introductions

Welcome to our Newest ACQRs!

Metro Health / Spectrum

- Rebecca Johnson, Metro & Spectrum ACQR
- Rachel Toonstra, Spectrum Back-up ACQR
- Stacy Mockridge, Metro Back-up ACQR





New Coordinating Center Staff!



Ronnie Riggar ADMINISTRATIVE ASSISTANT



Tiffany Malenfant, MSN, RN-BC CLINICAL INFORMATICS SPECIALIST



Andrew Zittleman, MSN, RN CLINICAL INFORMATICS SPECIALIST







About Join Research Quality Tools Downloads Events / News

MPOG Featured Member September and October 2021 MORE INFO Henry Ford Hespital Jessica Wren, BSN Anesthesiology Clinical Quality Reviewer (ACQR) **Henry Ford Macomb and Wyandotte** 18 mar 00000



Announcements

MPOG Hybrid Retreat October 8, 2021

- Opportunities and Challenges with Data Sharing
 - Michelle Mello, JD, PhD (Stanford University)
- THRIVE Study; Sachin Kheterpal, MD, MBA (MPOG Director)
- Best of MPOG Research and QI



- Perioperative Outcomes Among Surgeons who Operated the Night Prior; Eric Sun, MD, PhD (Stanford)
- Adherence to Intraop Antibiotic Administration Guidelines; Amit Bardia, MD (Yale)
- Practice Patterns Regarding Benzodiazepine Use in Cardiac Surgery; Allison Janda, MD (Univ. of Michigan)
- Hypoxemia in Patients <3yo undergoing One Lung Ventilation; Wes Templeton, MD (Wake Forest)
- Artificial Intelligence in Medicine; Eric Topol, MD (Scripps Research)
- QI Update; Nirav Shah, MD (ASPIRE Director)
- Small Group Sessions



QI Needs Assessment Survey: Coming Soon!

- MPOG will be sending a short survey to Quality Champions and ACQRs next week
- Seeking understanding regarding:
 - QI work already being done in the department
 - How can ASPIRE help in 2022?
 - Reporting needs?
- Please let us know if you are interested in partnering on a QI project for your site



Congratulations!





BCBSM Sites 2021

IM Conversion

• Sparrow - In-progress

New Sites!

- Mid-Michigan Midland
- METRO Health

In-progress:

• Spectrum Health System





ACQR Home Page: <u>Shared Tools</u>

Collaborative QI Tools

This section is intended to help ACQRs who are interested in starting a quality improvement project, so we can all learn from each other's experiences and share materials that have been developed.

Have something to share? Send your QI materials or helpful data management tools to support@mpog.zendesk.com and we will post them here!



Can now access shared tools from an organized list

ACQR Shared Tools > *ASPIRE Education / Tools 👻 🚢



MPOG Publications 2021

University of Virginia

• Practice Patterns and variability in intraoperative opioid utilization: A report from the multicenter perioperative outcomes group. Naik BI, et al. Anesth Analg. 2021 <u>Article</u>

University of Michigan

• A lower tidal volume regimen during one-lung ventilation for lung resection surgery is not associated with reduced postoperative pulmonary complications. Colquhoun DA, et al. Anesthesiology. 2021 <u>Article</u>

<u>Yale</u>

• Variation in propofol induction doses administered to surgical patients over 65. Schonberger SB, et al. J Am Geriatr Soc. 2021 <u>Article</u>



Planned Measure Release

- 2021 (Q4)
 - TEMP 06-CARD: Hypothermia avoidance for open cardiac cases
 - CARD 04: Revised version of CARD 02
 - CARD 05: Revised version of CARD 03
 - PONV 05: Revised version of PONV 01

• 2022

- SUS 02: Percentage of patients undergoing general anesthesia and receiving inhaled halogenated gases and/or nitrous oxide where the mean efficiency (drug used multiplied by global warming potential normalized by hour) is equal to, or less than 1 MAC/hour of 1L fresh gas flow
- TEMP 06-CARD: On-bypass avoidance of hyperthermia
- More revisions to existing measures per Quality Committee review



Tobacco Mapping Update

We are working on the smoking collation and noticed that some mappings need to be updated. You may be receiving an email from us in the next few weeks about mapping updates to make it more standardized.

Social History Mapping	
70125history-social history-general	if ETOH/tobacco/drugs included in same variable
70126history-social history-alcohol	ETOH history
70127history- social history-illicit drug use	include Marijuana here
70128History - Social History - Tobacco	general tobacco use, other tobacco products (not cigarettes)
70160History-Social History-Tobacco (current smoker)	current cigarette smoker only
70161History-Social History-Tobacco (former smoker)	former cigarette smoker only
70162History-social history-Tobacco (non-smoker)	cigarette non smoker only
71100History-social history-tobacco details pack years	# of years smoked cigarettes, PPD, # cigarettes/day
71110History - Social History - Tobacco Details Current vs Past	date quit smoking, date quit tobacco, "Have you ever smoked?", history of smoking



P4P SCORECARDS



2022 P4P Scorecards

Draft version ONLY!

Submitted to BCBSM 9/13/2021, we're still waiting on approval



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2022 P4P Scorecards

Cohort 1 - 5 Sites: 30% Participation

- Measure 1:
 - Collaborative meetings
- Measure 2:
 - e-Meetings
- Measure 3:
 - Monthly uploads
- Measure 4:
 - Site based meetings
- Measure 5:
 - ACQR Retreat

	2022 Anesthesiology Quality Improvement and Reporting Exchange (ASPIRE)				
		Collaborative Quality Initiative Performance Index Scorecard			
		Cohorts 1 - 5			
		Measurement Period: 01/01/2022 - 12/31/2022			
Measure #	Weight	Measure Description	Points		
		Collaborative Meeting Participation: ASPIRE Quality Champion and			
		Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at			
1	5%	meetings. Three total meetings with six opportunities for attendance.			
		5 - 6 / 6 Meetings	5		
		4 or Less Meetings	0		
		Attend Webex ASPIRE Quality Committee Meetings: ASPIRE Quality			
2	5%	Champion or ACQR attendance across six meetings			
2	576	5 - 6 / 6 Meetings	5		
		4 or less Meetings	0		
		ACQR/ASPIRE Quality Champion perform data validation, case validation			
		and submit data by the 3rd Wednesday of each month for January -			
	5%	November and by the 2nd Wednesday of the month for December. Data			
3		must be of high quality upon submission, >90% of diagnostics marked as			
		'Data Accurately Represented.'			
		10 - 12/12 Months	5		
		9 or Less Months	0		
		Site Based Quality Meetings: Sites to hold an onsite in-person or virtual			
		meeting following the three ASPIRE Collaborative meetings to discuss the			
4	5%	data and plans for quality improvement at their site			
		3 Meetings	5		
		2 or less Meeting	0		
		ACQR attendance at Fall ACQR Retreat			
5	10%	Yes	10		
		No	0		



2022 P4P Scorecards

Cohort 1 - 5 70% Performance

- Measure 6:
 - PAIN 02: 75% threshold
- Measure 7:
 - SUS 01: 90% threshold
- Measure 8:
 - Site Directed Measure

		Pain (PAIN 02) Percentage of patients ≥ 18 years old who undergo a surgical or therapeutic procedure and receive a non-opioid adjunct preoperatively and/or intraoperatively. (cumulative score January 1, 2022 - December 31, 2022)	
6	25%	Performance is ≥ 75%	25
		Performance is ≥ 70%	15
		Performance is ≥ 65%	10
		Performance is < 65%	0
7	20%	Sustainability (SUS 01) percentage of cases with mean fresh gas flow (FGF) equal to, or less than 3L/min, during administration of halogenated hydrocarbons and/or nitrous oxide (cumulative score January 1, 2022 - December 31, 2022)	
		Performance is ≥ 90%	20
		Performance is ≥ 85%	10
		Performance is ≥ 75%	0
		Site Directed Measure: Sites choose a measure they are performing above/below ASPIRE threshold or needs improvement by December 10, 2022 (cumulative score January 1, 2022 through December 31, 2022)	
8	25%	Performance is ≥90%; ≤10%; ≤5% or show ≥25% improvement	25
		Performance is ≥85%; ≤15%; ≤10% or show ≥15% improvement	15
		Performance is ≥80%; ≤20%; ≤15% or show ≥10% improvement	10
		Performance is <80%; >20%; >15% or show <10% improvement	0



2022 P4P Scorecards - Cohort 6

80% Participation

- Measure 1:
 - Collaborative meetings
- Measure 2:
 - e-Meetings
- Measure 3:
 - Monthly upload
- Measure 4:
 - Site based meetings
- Measure 5:
 - ACQR Retreat

	202	2 Anesthesiology Quality Improvement and Reporting Exchange (ASPIRE) Collaborative Quality Initiative Performance Index Scorecard				
		Cohorts 6				
		Measurement Period: 01/01/2022 - 12/31/2022				
Measure #	Weight	Measure Description	Points			
		Collaborative Meeting Participation: ASPIRE Quality Champion and				
		Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at				
1	20%	meetings. Three total meetings with six opportunities for attendance.				
-	20/0	5 - 6 / 6 Meetings	20			
		4 / 6 Meetings	10			
		3 or Less Meetings	0			
		Attend Webex ASPIRE Quality Committee Meetings: ASPIRE Quality Champion				
		or ACQR attendance across six meetings	40			
2	10%	6 Meetings	10			
		5 Meetings	5			
		4 or Less Meetings	0			
		ACQR/ASPIRE Quality Champion perform data validation, case validation and				
		submit data by the 3rd Wednesday of each month for January - November and				
		by the 2nd Wednesday of the month for December. Data must be of high quality				
3	20%	upon submission, >90% of diagnostics marked as 'Data Accurately Represented.'				
		11 / 12 Months	20			
		10 / 12 Months	10			
		9 / 12 Months	5			
		8 Months or Less	0			
		ASPIRE Quality Champion and ACQR monthly meetings				
1	10%	12 / 12 Months	10			
-	10/0	11 / 12 Months	5			
		10 / 12 Months	0			
		Site Based Quality Meetings: Sites to hold an onsite in-person or virtual meeting				
		following the three ASPIRE Collaborative meetings to discuss the data and plans				
5	1.0%	for quality improvement at their site				
5	10/0	3 Meetings	10			
		2 Meetings	5			
		1 or Less Meetings	0			
		ACQR attendance at Fall ACQR Retreat				
6	10%	Yes	10			
		No	0			



2022 P4P Scorecards - Cohort 6

20% Performance

- Measure 7:
 - NMB 01: 90% Threshold
- Measure 8:
 - Site Directed Measure

10%	Neuromuscular Blockage (NMB 01) Percentage of cases with a documented Train of Four (TOF) after last dose of non-depolarizing neuromuscular blocker(cumulative score 1/1/2022 - 12/31/2022)	
Γ	Performance is ≥ 90%	10
	Performance is < 90%	0
	Site Directed Measure: Sites choose a measure they are performing	
	above/below ASPIRE threshold or needs improvement by December 10, 2022	
1.00/	(cumulative score January 1, 2022 through December 31, 2022)	
10% Performance is ≥90%; ≤10%; ≤5% or show ≥25% imp Performance <90%; >10%; >5% or show up to 25% imp	Performance is \geq 90%; \leq 10%; \leq 5% or show \geq 25% improvement	10
	Performance <90%; >10%; >5% or show up to 25% improvement	5
	Performance <90%; >10%; >5% or shows no improvement	0
1	.0%	Induromuscular Blockage (NVB 01) Percentage of cases with a documented Train of Four (TOF) after last dose of non-depolarizing neuromuscular blocker(cumulative score 1/1/2022 - 12/31/2022) Performance is ≥ 90% Performance is < 90%



October Upgrade Preview



October Upgrade

Infrastructure Improvements

• New concepts are being added, review your mapping when you receive the email at the end of the month

Data Diagnostics

• Expand case list to be 2 / 3 the size of the screen

Variable Mapping

• Variable Mapping History Export will now auto-format the date/time column so it can be sorted.

Case Validation

- Only <mark>5</mark> cases/month is required to be completed for all sites
- Yes/No answers have been changed to Correct/Incorrect

Case Viewer

• Additional Fields can be copied (Individual Billing Codes, AIMS IDs, & Concept IDs)

NSQIP

 Recognize Patient ID column, eliminating the need to manually update the column names from Patient ID to MRN





Infrastructure:

Add QI Reporting tool link to App suite menu

MPOG Application Suite	– 🗆 X
MULTICENTER PERIOPER OUTCOMES GROUP	Edit Connections About Connection: Local (IM)
Case Viewer	Concept Browser
Variable Mapping	STS Import
NSQIP Import	PHI Scrubber
Data Diagnostics	Case Validation
Transfer to MPOG Central	Batch MRN Lookup
Content Synchronization	Research Data Cleaning Disabled due to insufficient rights or miseling connection.
Location Mapping	Provider Contacts
Import Manager Assistant	QI Dashboard
Transfer to Central (New Beta)	



Infrastructure:

Rename some of the nursing concepts to be under a new concept type "Flowsheet"

Flowsheet [[-] Positioning	Lying right side	not turned
	Fall Risk: History of Falling		
	Fall Risk- Gait/Transferring		
	Braden Score: Friction and Shear		
	Braden Score: Sensory Perception		
	Braden Score: Mobility		
	Braden Score: Moisture		
	Braden Score: Activity		
	Braden Score: Nutrition		
	Pain Score (Generic)	8	
	Sedation Assessment (Pasero Opioid In		

sheet	[-] Positioning		Supine	
	Patient warming method - generic			Eye pro
	Fall Risk: History of Falling	0.000		
	Fall Risk- Secondary Diagnosis	15		
	Fall Risk- Ambulatory Aid	0.000		
	Fall Risk- IV/Hep Lock	0.000		
	Fall Risk- Gait/Transferring	0.000		
	Fall Risk- Mental Status	0.000		
	Braden Score: Friction and Shear	3		
	Braden Score: Sensory Perception	4		
	Braden Score: Mobility	4		
	Braden Score: Moisture	4		
	Braden Score: Activity	4		
	Braden Score: Nutrition	4		
	Pain Score (Generic)			
	Pain Score (Visual Analog Scale)			
	Pain Assessment Tool	No/de	nies pain	
	FLACC - Rest or Activity			
	FLACC Score: Face			
	FLACC Score: Legs			
	FLACC Score: Cry			
	FLACC Score: Consolability			
	Sedation Assessment (RAMSAY Scale)			
	RAMSAY Sedation Score			
	Sedation Assessment (Richmond Agitat			
	Sedation Assessment (Pasero Opioid Inc			
	Glasgow - Best Motor Response			
	Glasgow - Best Verbal Response			
	Level of Consciousness			

Flow



Data Diagnostics:

New Diagnostics

- New diagnostic: Surgical incision. Percentage of cases with Surgical Incision Time
 - 50235 Surgical Incision Time
- New diagnostic: Airway Placed. Percentage of cases with an airway note with an observed (or entered) time between anesthesia start and anesthesia end.
 - 50074 Airway Type
 - 50141 Airway Laryngeal Mask Airway Type
 - 50142 Airway Laryngeal Mask Airway Size
 - 50143 Airway Laryngeal Mask Airway Placement Difficulty
 - 50144 Airway Laryngeal Mask Airway Placement Technique
 - 50099 Intubation Nasal Approach Note
 - 50100 Intubation Videolaryngoscopy View
 - 50101 Intubation Observed to be Difficult
 - 50115 Intubation Laryngoscopy Blade Type and Size
- New extraneous diagnostic: Mapping to Airway Type
 - 50074 Airway Type
- Update current LMA and Intubation diagnostics to be extraneous



Data Diagnostics:

New concepts added to existing diagnostics

- Obstetric Notes
 - Add 3181 Frequency of contractions
 - Add 3188 Duration of contractions

- Inspired Gases have Flows
 - Add 3225 Flows Nitrous Oxide (L/min)



Data Diagnostics:

Add a description to the export file







Variable Mapping:

• New filter options

Mapping Type:						
lastance:					~	
Instance: Test	ting	<	Organization:	All Assigned Organizations (N	~	
Display Mode: All	Variables				•	
Search Filter: All	Variables					
Pre	-Mapped Variables Only					Help
Ma	pped Variables Only					
Unr	mapped Variables Only					
ID Exc	luded Variables Only					Туре



Variable Mapping:

- There will now be a description behind file names:
 - Observations (Events/Physiologic/Outcomes)
 - Observation Details (Event Details)
 - Administrations (Inputs/Outputs/Meds)

		_	
Mapping Type:		•	
Instance: Administration Route Admisistration Type [(Inputs/Outputs/Meds) Display Mode: Admission Type Ethnicity Search Filter: Gender Lab Type Observation Detail Type [Event Details] Observation Type [Events/Physiologic/Outcomes) Procedure Service Race Staff Type Units of Measurement (Administration) Type			
nstance: Administration Route Administration Type [Inputs/Outputs/Meds] Admission Type Ethnicity earch Filter: Gender Lab Type Observation Detail Type [Event Details] Observation Type [Events/Physiologic/Outcomes] Procedure Service Race Staff Type Units of Measurement (Administration)		1	
Display Mode:	Admission Type	1	
	Ethnicity	1	
Search Filter:	Gender	Help	
	Lab Type		
	Observation Detail Type (Event Details)	1	
	Observation Type (Events/Physiologic/Outcomes)	-	
U O	Procedure Service	Туре	
	Race		
	Staff Type		
	Units of Measurement (Administration)		
		_	



Case Validation:

- A new pop up added if a user accidentally 'exits' out of the app.
 - "You have uncommitted responses. Are you sure you want to leave this window and discard these answers?"

Case Lookup Information				Onen Care	. in
Patient MRN:				MPOG Case	linuar
Date of Operation:				WFOG Case	VIEWEI
MPOG Case ID:		and the second s			
Questions for Validation					
Case Information	No Time Restricti	on		Add co	mments here
Was the patient's name	?	Yes No			
Was the patient's age at the time of oper	ation 56 years?	🗌 Yes 🗌 No			
s the admission type correctly mapped a	s 'Outentine'?	Ver 🗆 No			
Was the ASA physical status of the patier	t 'AS	onses	×		
Is the following procedure description co LAPAROSCOPIC CHOLECYSTECT	OMY You lear	have uncommitted responses. Are you sure you want re this window and discard these answers?	to		
Was this procedure performed in proced	ure re				
Are the following tags correct for proced Facility type - Acute care hospit Other - Mixed use operating roo	ure n il om	OK Cano	el		
is the primary procedure service correctly	mapped as 'Trauma	1? Ves 🗌 No			
Preop	From 4 Hours Be	ore Anesthesia Start to Anesthesia Start		Add co	mments here
Nas Compliance - Patient identified usin	ID Band at 10:45?	3 🗌 Yes 🗌 No			
Perioperative Times	From 4 Hours Be	fore Anesthesia Start to Anesthesia End + 6 Hours		Add co	mments here
Was anesthesia start at '2020-06-23 12:1	1'?	0 🗌 Yes 🗌 No			
	ריר	A 🗆 Var 🗆 Ma		Save Answers	Cancel



Case Validation:

• The Os are now removed from the placeholder when searching for a case by case ID



• The baseline BP question has been removed

Preop Physiologic	From 4 Hours Before Anesthesia Start to Anesthesia Sta	art
Was the systolic blood pressu	re 113 at 10:34?	🜖 🗌 Yes 🗌 No 📲
Did the patient have no basel	ine blood pressure taken during this time period?	🜖 🗌 Yes 🗌 No
\bigcirc		



Case Viewer: Case Search

• Now able to add a search location for cases

	(No case loaded) X	+		
Fast Case Lookup	Find a Specific Case Enter patient ID / case ID / MRN			
Case Search	<			
	Browse for Case: Find cases by using one Age OT Code ICD Code ICD Code ICD Code Ocation MPOG Concept ID Opened Date Rang Primary Surgical Se Procedure Text	e rvice	ters below.	
	Registry Data Surgery Date Range Filter Shortcuts CABG Knee Arthroplasty Labor Epidural	Patient Age Pediatric Adult	Date of Surgery September 2021 August 2021 July 2021 Year to Date	Recently Opened Today Vieterday This Week Las: Week September 2021 August 2021
	Paste a list of MPOG Ca	ise IDs in the box I	below, each case on a separa	ate line.

- Additional Changes
 - Modifying CABG to search on 'Cardiopulmonary Bypass'
 - "Labor Analgesia" added as search criteria for Labor Epidural Cases
 - The error has been resolved for the issue of copying a list of case IDs when the last line is blank

Specific Case patient ID / case ID / MRN e for Cases s by using one or more of the cod	filters below.	Search Results Case Time	Servi
patient ID / case ID / MRN e for Cases s by using one or more of the code code ion of Concept ID ed Date Range ny Surgical Service dure Text	filters below. Viversity of Michigan Health System Ambulatory Care	<u>Case Time</u>	Servi
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ion G Concept ID ed Date Range iny Surgical Service idure Text	University of Michigan Health System		
ed Date Range ny Surgical Service edure Text	Ambulatory Care		
ny Surgical Service dure Text	Driver and Market Course		
dure Text	Briarwood Medical Group		
	Brighton Health Center		
try Data	East Ann Arbor Health and Geriatrics Center		
ay bate hange	Kellogg Eye Center		
ortcuts	Livonia Health Center		
e Patient Age	Ann Arbor - Main		
Arthroplasty Adult	C. S. Mott Children's Hospital		
Labor Epidural	Comprehensive Cancer Center ORs		
	Frankel Cardiovascular Center		
	University Hospital		
	Von Voigtlander Women's Hospital		
	Pedatic Arthroplasty Adult Epidural	Ann Arbor - Main Pediatric Arthroplasty Adult Epidural Epidural Adult Comprehensive Cancer Center ORs Frankel Cardiovascular Center University Hospital Von Voigtlander Women's Hospital Von Voigtlander Women's Hospital	Ann Arbor - Main Arthroplasty Adult Epidural C. S. Mott Children's Hospital Comprehensive Cancer Center ORs Frankel Cardiovascular Center University Hospital Von Voigtlander Women's Hospital



Case Viewer: Chart

• AIMS variable column now added to note details (on the right)

Back			
Concept	Intubation Tube Note		
Value	6.5 mm Single-lumen cuffe	ed pressure of: ; ET tu	ube taped @ 22 cm (Peds)
Observed Time	08-01-2021 07:38		
	Concept	Original Variable	Value
Detens	Endotracheal Tube Size	ET Tube Size	6.5
	Endotracheal Tube Type	ET Tube Type	Single-lumen cuffed pressure of:
		1	
Entered Time	08-01-2021 07:39		

 Noninvasive blood pressure cuff location (concept ID: 3266) is now listed above noninvasive blood pressure variables on the grid.

Physio	[-] Temperature - Nasopharyngeal		96.3	95.9 95.9
	Temp 1 - Unspecified Site			
	SpO2 Pulse Rate			
	EKG Pulse Rate	60	76	62 63
	Respiratory Rate - Unspecified source	0.000	12	15 15
	Noninvasive blood pressure cuff locatio	Arm R		
	BP Sys Cuff	136	130	116 113
	BP Dias Cuff	74	82	70 67
	BP Mean Cuff	89	95	81 79
	Cardiac Rhythm	NSR	NSR	Sinus bradycardia
	SpO2 %	97	98	. 99 99
	Train-of-four (subjective assessment)			



Case Viewer: Chart

Larger Graph for Physiologic Data

• 150% Larger

• Collapsed by Default





Case Viewer: Chart

Additional Changes

- New Obstetrics section
- New PAIN and Neuraxial sections added
- Staff notes and lab sections are now collapsed by default
- Calculations corrected for anesthesia duration on cases greater than 24 hours
- After clicking "back" from a note's details page, the note that was reviewed stays highlighted
- Within the ventilator section of the chart, the number of 0s after the decimal point will now be consistent with the site that submitted the data
 - Not the current standard 3 decimal places
- When viewing glucose labs in the note section (right side), the labs are limited to the day of the case
- PONV section updated to include dexamethasone and propofol infusion only
 - Propofol bolus and postop pain management removed


Case Viewer: H&P

- Assessment Section renamed to Assessment and Plan
- Sections reordered to follow the structure of an H&P
 - History, Medication, Review of Systems, Physical Exam, Assessment and Plan

Record Search	History
H & P	Medications
Outcomes	Review of Systems
Labs	Physical Exam
	Assessment and Plan



Case Viewer: H&P

- Heart, Lung, Neuro, and Airway sections moved from assessment to the physical exam section
- Overall layout updated to include AIMS description
- Display order is the subsection gray header, MPOG concept description, value, and AIMS description
- All gray sections from each category will display even if empty
 - When empty, "none" will be displayed.
- All medication detail concepts removed from the medication section

ord Search	History		
ministrative	Family History	General - Family History of Anesthetic Problems	(None)
tcomes	History Of Present Illness	General - Surgical Diagnosis	Cataract, left eye
5	Past Medical History	General - Past Medical History Free Text Comments	Bilateral cataracts Chronic kidney disease Stage III Gout Hyperlipidemia Well controlled on dual therapy
	Past Surgical History	General - Past Surgical History	Colonoscopy Eyelid Surgery Knee Arthroscopy
		General - Surgical Diagnosis	Cataract, left eye
	Social History	History - Social History - General	TOBACCO: Tobacco Use: Former smoker, quit 30-40 years ago
	Medications		
	Current	General - Medications - Current	atorvastatin (LIPITOR) fenofibrate (LOFIBRA)
	Home	Nothing Documented	1995
4	Preop	General - Medications - Anticoagulation General - Medications - Beta Blocker General - Medications - Chronic Steroid Use	(None) N/A - Not on daily scheduled beta blocker (None)
	Review of Syst	ems	
	Cardiac	Cardiovascular - Congestive Heart Failure Cardiovascular - Conongy Artery Disease Cardiovascular - Amily Hr-CAD Cardiovascular - Myscardial Infarction Cardiovascular - Myscardial Infarction Cardiovascular - Other Cardiovascular - Symptoms Cardiovascular - Symptoms	(None) (None) (None) (None) (None) Hyperlipidemia (None) Functional Capacity: Moderate
	Endocrine	Endocrine - Diabetes Endocrine - Other	(None) (None)
	GI	GI - Liver Disease GI - Other GI - Symptoms	(None) (None) (None)
	GU	Renal / Urologic - Other Renal / Urologic - Renal Failure	(None) Type: Chronic Insufficiency
	GYN	Obstetrics / Gyn - Last Normal Menstrual Period Date Obstetrics / Gyn - Pregnant Obstetrics / Gyn - Benign Gynecology	NA No (None)
	Hem/Onc	Hematologic - Bleeding Disorder Hematologic - Other	(None) (None)



Case Viewer: Outcomes

- New "Registry Data" Section
 - Displays all registries linked to the case





Case Viewer: Record Search

- Will be able to search on 'section' concepts:
 - Example: All of the concept IDs associated with the NMB section will populate the record search box- pipe delimited.
- Will be able to add other concept IDs manually to the string as desired.







Case Viewer: Record Search

• Billing codes will display as hospital or profee billing when displaying the code rather than the generic label of 'billing diagnosis'

M	17	(What's This?)	Jump to s	urger
_	- No	v 02, 2017 (698 days before surgery)		
	00:00	Billing Diagnosis - Pro Fee	M17.12	+
	00:00	Billing Diagnosis - Pro Fee	M17.12	+
	13:41	Billing Diagnosis - Hospital Discharge	M17.12	+
	14:30	Billing Diagnosis - Hospital Discharge	M17.12	+

G

Case Viewer: Administrative

• Present On Admission is now added to Billing codes

roression	al Fee Billing						
Procedure	Code	Description	Туре	Case-Linked?	Start Time	End Time	1
Codes (CPT)	99214	Unknown Code	Surgery Professional Fee Data		07-10-2018 00:00	07-10-2018 00:00	
Required	93010	Unknown Code	Surgery Professional Fee Data		07-10-2018 00:00	07-10-2018 00:00	
	99214	Unknown Code	Surgery Professional Fee Data		01-15-2019 00:00	01-15-2019 00:00	
	93010	Unknown Code	Surgery Professional Fee Data		01-15-2019 00:00	01-15-2019 00:00	
	99214	Unknown Code	Surgery Professional Fee Data		10-01-2019 00:00	10-01-2019 00:00	
	93010	Unknown Code	Surgery Professional Fee Data		10-01-2019 00:00	10-01-2019 00:00	
	76856	Ultrasound, pelvic (nc	Surgery Professional Fee Data		08-24-2020 00:00	08-24-2020 00:00	
	76830	Ultrasound, transvagii	Surgery Professional Fee Data		08-24-2020 00:00	08-24-2020 00:00	
	99205	Unknown Code	Surgery Professional Fee Data		12-04-2020 00:00	12-04-2020 00:00	
	94729	Unknown Code	Surgery Professional Fee Data		12-04-2020 00:00	12-04-2020 00:00	
	94010	Unknown Code	Surgery Professional Fee Data		12-04-2020 00:00	12-04-2020 00:00	
Diagnosis	Code	Description	Туре	Case-Linked?	Start Time	End Time	Present On Admit?
Codes	143	Cardiomyopathy in di	Unspecified Professional Fee		06-05-2018 00:00	06-05-2018 00:00	
(ICD-9/10)	R00.0	Tachycardia, unspecifi	Unspecified Professional Fee		06-05-2018 00:00	06-05-2018 00:00	Yes
	R00.2	Palpitations	Unspecified Professional Fee		06-05-2018 00:00	06-05-2018 00:00	Yes
					06-05-2018 00:00	06-05-2018 00:00	Yes
	R07.9	Chest pain, unspecifie	Unspecified Professional Fee		00 02 2010 00100		
Hospital D	R07.9 R07.9 Iischarge Billin	Chest pain, unspecifie Chest pain unspecifie	Unspecified Professional Fee Unspecified Professional Fee		06-12-2018 00-00	06-12-2018 00-00	
Hospital D	R07.9 R07 0 Pischarge Billin Code	Chest pain, unspecifie Chest pain unspecifie 19 Description	Unspecified Professional Fee Unonerified Drofessional Fee Type	Start Time	06-12-2018 00-00	06-12-2018 00-00	
Hospital D Diagnosis Codes	R07.9 Pn7 0 ischarge Billin <u>Code</u> 143	Chest pain, unspecifie Chest pain, unspecifie 19 Description	Unspecified Professional Fee Inconerified Professional Fee Type Hospital Discharge	Start Time	End Time 06-05-2018 00-00	06-12-2018 00-00 Present On Admit	
Hospital D Diagnosis Codes (ICD-9/10)	R07.9 R07 0 Pischarge Billin Code 143 R00.0	Chest pain, unspecifie Chest pain, unspecifie 9 Description Cardiomyopathy in di Tachycardia, unspecifi	Unspecified Professional Fee Innenarified Professional Fee Type Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30	End Time 06-05-2018 23:59 06-05-2018 23:59	06.12.2018 00:00 Present On Admit Yes	
Hospital D Diagnosis Codes (ICD-9/10) <i>Required</i>	R07.9 R07.0 Discharge Billin Id3 R00.0 R00.2	Chest pain, unspecifie Chest pain, unspecifie Oescription Cardiomyopathy in di Tachycardia, unspecifi Palpitations	Unspectified Professional Fee IIntenarifiad Drofestional Ees Type Hospital Discharge Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30	End Time 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59	06-12-2018 00-00 Present On Admit Yes Yes	
Hospital D Diagnosis Codes (ICD-9/10) Required	R07.9 Pischarge Billin Code 143 R00.0 R00.2 R07.9	Chest pain, unspecifie Chest pain, unspecifie Description Cardiomyopathy in di Tachycardia, unspecifi Palpitations Chest pain, unspecifie	Unspectited Professional Fee Unsnavified Drofessional Fee Type Hospital Discharge Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30	End Time 06-05-2018 20:00 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59	06-12-2018 00-00 Present On Admit Yes Yes Yes	
Hospital D Diagnosis Codes ((CD-9/10) <i>Required</i>	R07.9 Pischarge Billin 143 R00.0 R00.2 R07.9 143	Chest pain, unspecifie Chest pain unspecifie Description Cardiomyopathy in di Tachycardia, unspecifie Palpitations Chest pain, unspecifie Cardiomyopathy in di	Unspectined Professional Fee Unenarified Professional Fee Type Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 12:45	End Time 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-12-2018 12:59 06-2018 12:59	Present On Admit Yes Yes Yes Yes	
Hospital D Diagnosis Codes (ICD-9/10) <i>Required</i>	R07.9 R07.9 Discharge Billin 143 R00.0 R00.2 R07.9 143 R00.0	Chest pain, unspecifie Chest pain, unspecifie Description Cardiomyopathy in di Tachycardia, unspecifie Cardiomyopathy in di Tachycardia, unspecifie Cardiomyopathy in di Tachycardia, unspecifie	Unspectined Professional Fee Unsnear/field Brofessional Ees Type Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 12:45 06-12-2018 12:45	End Time 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-12-2018 12:59 06-12-	Present On Admit Yes Yes Yes	
Hospital D Diagnosis Codes (ICD-9/10) <i>Required</i>	R07.9 en7.0 iischarge Billin 143 R00.0 R00.2 R07.9 143 R00.0 R00.0 R00.2	Chest pain, unspecifie Chest pain unspecifie 19 Description Cardiomyopathy in di Tachycardia, unspecifie Palpitations Chest pain, unspecifie Cardiomyopathy in di Tachycardia, unspecifie Palpitations	Unspecting Professional Fee Iteracified Professional Ease Type Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45	End Time 06-05-2018 20:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59	Present On Admit Yes Yes Yes Yes Yes Yes	
Hospital D Diagnosis Codes (ICD-9/10) <i>Required</i>	R079 en75 ischarge Billin M3 R00.0 R00.2 R07.9 M3 R00.0 R00.2 R07.9 M3 R00.0 R00.2 R07.9	Chest pain, unspecifie Chast pain, unspecifie Cardiomyopathy in di Tachyardia, unspecifi Cardiomyopathy in di Tachyardia, unspecifi Cardiomyopathy in di Tachyardia, unspecifi Pajatations Chest pain, unspecifie	Unspectined Professional Fee Interactified Brofessional Ees Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45	End Time 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59	Present On Admit Yes Yes Yes Yes Yes Yes Yes	
Hospital D Diagnosis Codes (ICD-9/10) Required	R07.9 en7.6 ischarge Billin Id3 R00.0 R00.2 R07.9 Id3 R00.0 R00.0 R00.0 R00.2 R07.9 G89.29	Chest pain, unspecifie Chest pain, unspecifie Chart pain unspecifie Cardiomyopathy in di Tachycardia, unspecifie Cardiomyopathy in di Tachycardia, unspecifie Cardiomyopathy in di Tachycardia, unspecifie Cardiomyopathy in di Tachycardia, unspecifie Cardiomyopathy in di	Unspectified Professional Fee Ilternarified Professional Fee Internarified Professional Fee Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2019 09:59	End Time 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 23:59 06-12-2018 23:59	Present On Admit Yes Yes Yes Yes Yes Yes Yes Yes	
Hospital D Diagnosis Codes (ICD-9/10) Required	R07.9 en7.0 ischarge Billin 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R00.0 R00.2 R07.9 43 R07.9 80.0 R00.0 R00.0 R00.0 R00.2 R07.9 43 R07.9 80.0 R07.9 43 R07.9 80.0 R07.9 80.0 R07.9 80.0 R07.9 80.0 R07.9 80.0 R07.9 80.0 R07.9 80.0 R07.9 80.0 R07.9 80.0 R07.9 80.0 R07.9 80.0 80.0 R07.9 80.0 8	Chest pain, unspecifie Chest pain, unspecifie Cardiomyopathy in di Tachycardia, unspecifi Palptations Chest pain, unspecifie Other chronic pain Scheist pain, unspecifie Other chronic pain Scoliosis, unspecifie	Unspecting Professional Fee Iteractified Direferional Ease Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 10:30 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-10-2019 09:59 06-10-2019 09:59	End Time 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-10-2019 23:59	N6. 12-2018 MOAD Present On Admit Yes	
Hospital D Diagnosis Codes (CD-9/10) Required	R079 en70 ischarge Billin K00.0 R00.0 R00.0 R00.2 R07.9 K43 R00.0 R00.0 R00.0 R00.0 R00.0 R07.9 K43 K05.9 K07.9 K0.9 K0.9 K0.9 K0.9 K0.9 K0.9 K0.9 K0	Chest pain, unspecifie Chest pain, unspecifie Chart pain unspecifie Chart pain and paint Chest pain, unspecifie Chest pain, unspecifie Chest pain, unspecifie Other chronic pain Sociolis, unspecifie Unspecifie paint	Unspectified Professional Fee Ilternatified Direferional East Type Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-10-2019 09:59 06-10-2019 09:59 06-10-2019 09:59 06-10-2019 09:59 06-10-2019 09:59 06-10-2019 09:59 06-10-2019 09:59 06-10-2019 09:59	Bit State End Time 66-05-2018 23:59 66-05-2018 23:59 66-05-2018 23:59 66-05-2018 23:59 66-12-2018 12:59 66-12-2018 12:59 66-12-2018 12:59 66-12-2018 12:59 66-12-2018 12:59 66-12-2018 12:59 66-12-2018 12:59 66-12-2018 12:59 66-12-2018 12:59 66-12-2018 12:59 66-12-2019 23:59 66-10-2019 23:59 66-10-2019 23:59 66-10-2019 23:59 66-10-2019 23:59	Present On Admit Yes Yes Yes Yes Yes Yes Yes Yes Yes	
Hospital D Diagnosis Codes ((CD-9/10) <i>Required</i> Procedure	R07.9 ischarge Billin Code H3 R00.0 R07.9 H3 R00.0 R07.9 H3 R00.0 R00.2 R07.9 H3 R00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 H3 S00.0 R00.2 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R00.2 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.2 R07.9 S00.2 R07.9 S00.2 R07.9 S00.2 R07.9 S00.2 R07.9 S00.2 R07.9 S00.2 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 R07.9 S00.0 S0.	Chest pain, unspecific Chest pain, unspecific Chart pain, unspecific Chart pain, unspecific Chartions Chest pain, unspecific Cardiomyopathy in di Tachycardia, unspecific Cardiomyopathy in di Tachycardia, unspecific Chest pain, unspecific Other chronic pain Scoliotis, unspecific Unspecific Other chronic pain Scoliotis, unspecific Unspecific	Unspecting Professional Fee Ilucracified Professional Fee Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 00:59 06-10-2019 00:59 06-10-2019 00:59 Start Time	Bit Bit End Time 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59	Present On Admit Yes Yes Yes Yes Yes Yes Yes Yes Yes	
Hospital D Diagnosis Codes ((CD-9/10) Required Procedure Codes (CPT/	R07.9 en70 ischarge Billin Kalan R00.0 R00.2 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R07.9 K3 R00.0 R07.9 K3 R00.0 R07.9 K3 R07.9 R07.9 R07.9 K3 R07.9	Chest pain, unspecifie Chest pain, unspecifie Chart pain, unspecifie Cardiomyopathy in di Tachycardia, unspecifie Cardiomyopathy in di Tachycardia, unspecifie Cardiomyopathy in di Tachycardia, unspecifie Other chronic pains Scollosis, unspecifie Low back pain Description Unknown Code	Unspecting Professional Fee Ilteractified Direfersional East Type Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2019 09:59 06-10-2019 09:59 06-10-2019 09:59 06-10-2019 09:59 06-10-2019 02:59 06-10-2019 02:59 06-10-2019 02:59 06-10-2019 02:59 06-10-2019 02:59 06-10-2019 02:59 06-10-2019 02:59 06-10-2019 02:59 06-10-2019 02:59 06-10-2019 02:59 06-10-2019 02:21 21:33	Bit Bit End Time 66-05-2018 23-59 66-05-2018 23-59 66-05-2018 23-59 66-05-2018 23-59 66-05-2018 23-59 66-12-2018 12-59 06-12-2018 12-59 66-12-2018 12-59 06-12-2018 12-59 66-12-2018 12-59 06-12-2019 23-59 66-10-2019 23-59 06-10-2019 23-59 66-10-2019 23-59 06-10-2019 23-59 10-120-2021 15-21 10-20-2021 15-21	Present On Admit Yes Yes Yes Yes Yes Yes Yes Yes	
Hospital D Diagnosis Codes (ICD-9/10) <i>Required</i> Procedure Codes (CPT/ ICD9/CD10)	R07.9 R07.9 R07.9 R07.9 R00.0 R00.0 R07.9 H3 R00.0 R00.2 R07.9 H3 R00.0 R00.2 R07.9 H3 R00.0 R00.2 R07.9 G80.29 M41.9 M54.5 Code OUT90ZZ OUT90ZZ OUT90ZZ	Chest pain, unspecific Chest pain, unspecific Chart pain, unspecific archycardia, unspecific Ralpitations Chest pain, unspecific Cardiomyopathy indi Tachycardia, unspecific Other chronic pain Scoliosis, unspecifie Other chronic pain Scoliosis, unspecifie Unspecific Unspecific Unknown Code	Unspecting Professional Fee Ilteractified Direferional East Type Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 10:05:9 06-12-2019 10:05:9 </td <td>Bit Bit End Time 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 01-10-2021 15:21 01-20-2021 15:21 10-20-2021 15:21</td> <td>DE-12-2018 DNAD Present On Admit Yes Yes Yes Yes Yes Yes Yes Yes Yes Yes</td> <td></td>	Bit Bit End Time 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 01-10-2021 15:21 01-20-2021 15:21 10-20-2021 15:21	DE-12-2018 DNAD Present On Admit Yes	
Hospital D Diagnosis Codes (ICD-9/10) <i>Required</i> Procedure Codes (CPT/ ICD9/ICD10)	R07.9 R07.9 R07.9 R07.9 K3 R00.0 R07.9 K43 R00.0 R07.9 K43 R00.0 R07.9 K43 R00.0 R07.9 K43 R00.0 R07.9 K43 R00.0 R07.9 K43 R00.0 R07.9 K43 R00.0 R07.9 K43 R00.0 R07.9 K43 R00.0 R07.9 K43.9	Chest pain, unspecific Chest pain, unspecific Particular pain and paint Cardiomyopathy in di Tachycardia, unspecific Palpitations Chest pain, unspecific Cardiomyopathy in di Tachycardia, unspecific Chest pain, unspecific Other chronic pain Scolosis, unspecified Low back pain Description Unknown Code Unknown Code	Unspectined Professional Fee Iluncarified Professional Fee Hospital Discharge Hospital Discharge	Start Time 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-05-2018 10:30 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 06-12-2018 12:45 07-16-2021 21:33 07-16-2021 21:33 07-16-2021 21:33	Bit Bit End Time 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-05-2018 23:59 06-012-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-12-2018 12:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2019 23:59 06-10-2021 15:21 01-20-2021 15:21 01-20-2021 15:21 01-20-2021 15:21	NG-13-2018 NHAN Present On Admit Yes Yes Yes Yes Yes Yes Yes Yes	



Case Viewer: Administrative

• The MPOG concept name and ID are now added for surgical service in the demographics section.

fbb607ab-9f5d-eb11-a2fd-00155de846bb	
Intramural and subserous leiomyoma of uterus [D25.1, D25.2]	
Z000000	
123456789	
123456789	
Inpatient	
Obstetrics-Gynecology	
Obstetrics / Gynecology (80004)	
1/19/2021 12:00:00 AM	
Missing	
	fbb607ab-9f5d-eb11-a2fd-00155de846bb Intramural and subserous leiomyoma of uterus [D25.1, D25.2] 2000000 123456789 123456789 Inpatient Obstetrics-Gynecology Obstetrics / Gynecology (80004) 1/19/2021 12:00:00 AM Missing



Transfer Application

• New Transfer to Central button in the Application Suite



 The current preset option is now highlighted (Recommended, Previous Month, Historical)

Data	base Sele	ection						
Pro	duction							~
Case	Selection	n						
Ther	e are 652	2633 cases	that need	d to be PHI s	crubbed.		Prese	ts:
	ases awa	aiting uplo	ad			0	Reco	mmenaea
	ui cases					8025	Previ	ous Month
	Snecify D	ate Range					Histo	rical
· · ·	pecity o	ate nange				1		
Fro	om 8/1/	2021	15 To	8/31/2021	15			
Blind	ed Recor	d Index						
Note	: You mu	st be runn	ing a BRI	service in or	der to use	this.		
v (Create/up	date the l	blinded re	cord index f	or this pati	ent		
	Update	BRI only ([Do not up	load case da	ta)			



Import Manager Assistant:

Overview tab sections are resizable to see errors or month view more clearly

Log Viewer	Instance/Destination Data	abase: (All)						Ň	Mod	dule:	(AII)						~	Sour	ce Sy:	sten	n: 0	AII)			Ň				
Overview	Module	Source System	05-	06-19	07-19	08-19	09-19	10-19	11-19	01-20	02-20	03-20	04-20	05-20	06-20	07-20	08-20	09-20	10-20	02-11	12-20	01-21	02-21	03-21	04-21	05-21	06-21	08-21	09-21
	CaseCrosswalk	Centricity																		ī.									
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	Patients	Centricity																											
	PeriopAdministrations	Centricity																											
	PeriopAdministrations	EpicClarity																											
	PeriopObservationDetails	Centricity																											
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	Procedures	Centricity																											
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Question for April Upgrade

We have received requests from some of our sites to rearrange the order of the apps. Would you want the order to be changed? What order would make more sense?





Break: Start again at 10:30



THRIVE



MSTCVS / ASPIRE



Quality Improvement Stories





ASPIRE

September 17, 2021







ABX 01

Numerator: C section patients who had documentation of at least one antibiotic within 1 hour of surgical incision Denominator: Elective, urgent and emergent C section patients

Holland Hospital



Practice Review:

1. Nursing staff documents antibiotic on MAR

2. Anesthesia staff documents antibiotic in a note on the Anesthesia record





Disparity found between antibiotic times during Failed Case Review:

		MAR			MAR #		Anesthesia
	Emergency	Antibiotic	Incision		minutes	Anesthesia note	documentation
Date of Service	Case	time	time	Antibiotic	early	documentation	on time
2020-01-16 12:15:50	No	11:27	12:30	Ancef	0:03	Ancef 12:17	yes
2020-01-29 08:18:00	No	7:19	8:38	Ancef	0:19	Ancef 8:32	yes
2020-01-30 09:13:01	No	none on MAR	9:38			Ancef 9:13	yes
2020-02-06 09:15:16	No	8:16	9:43	Ancef	0:27	Ancef 9:16	yes
2020-02-12 16:04:27	Yes	14:36	16:20	Ancef	0:44	Ancef 15:55	yes
2020-02-26 08:56:14	No	6:59	9:14	clinda	1:15	Clinda 7:15	yes
2020-02-28 08:33:41	No	10:12	8:55	Ancef	after	Ancef 8:33	yes
2020-03-02 08:26:33	No	7:21	8:46	clinda	0:25	Clinda 08:26	yes
2020-03-06 09:01:00	No	7:57	9:21	Ancef	0:24	Ancef 08:58	yes
2020-03-17 07:42:40	No	7:01	8:02	Ancef	0:01	Ancef 07:42	yes
2020-03-28 16:51:07	Yes	16:24	17:35	Ancef	0:11	Ancef 16:54	yes
2020-03-28 19:28:00	Yes	18:22	19:46	Ancef	0:24	Ancef 19:30	yes
2020-04-06 16:34:41	Yes	15:50	17:06	Ancef	0:16	Ancef 16:34	yes
2020-04-14 07:29:27	No	6:45	7:49	Gent	0:04	Gent 07:29	yes
2020-04-20 18:11:10	Yes	17:28	18:52	Ancef	0:24	Ancef 18:11	yes
2020-04-21 07:34:09	No	6:31	7:51	clinda	0:20	Clinda 07:34	yes
2020-04-22 07:30:00	No	6:40	7:49	Ancef	0:09	ancef 07:43	yes
2020-05-11 07:32:28	No	8:43	7:51	Ancef	after	ancef 07:32	yes





Interventions:

- 1. Meeting with ACQR, Anesthesia and Birth Center Leadership
- 2. Education to Birth Center staff
- 3. Monthly Failed cases sent to Birth Center leadership who pursues individual staff education
- 4. ABX 01 Graph added to Peri-Natal Safety Committee Agenda







Numerator: C section patients who had documentation of at least one antibiotic within 1 hour of surgical incision Denominator: Elective, urgent and emergent C section patients

Holland Hospital



ASPIRE/MPOG Overview

Beaumont Health ACQRs



beaumont.org

Why involve Pre-op and Recovery Nurses?

- Our Dearborn champ wanted to talk about the Glucose measures with the nursing staff in pre-op and recovery and realized they had no idea about Aspire or measures???
- He contacted me and asked how could we get the information out to staff to help with creating a glucose protocol for retest/treatment that would be good for the patient and a success for the measures.
- We realized that we needed to get these nurses on board for Quality Improvement! As a former Pre-op/Recovery Nurse I knew that sharing knowledge would lead to better patient care/outcomes for many of our measures!



Beaumont



The Power of Education!

- Beaumont ACQR's discussed and determined that we should provide information to all our sites including these nurses that are an important part of the Anesthesia team.
- It was also an opportunity to educate nurses about quality, many don't really know what we do or why we do it!
- We were headed to Dearborn for our post collaborative meeting and knowing that this is an education day for pre-op/recovery nurses I emailed the manager of the department and asked about talking with the group. The Nurse Educator got back with me and was very interested in having her nurses learn about Aspire. We were booked for 2 meetings at Dearborn!
- The feedback was positive from the group, and we are now in the process of setting up meetings at each of the Beaumont sites to share this information.
- We are planning on finishing this up late 2021/early 2022 depending upon meeting availability.



Lessons learned

-That pre-op and recovery nurses are interested in Quality Improvement!

-If nurses have a rationale for why we need certain tasks and how they help patients, they are more inclined to comply.

-Those doing the work everyday can provide a lot of guidance on ways to meet the measures!



- This is a <u>brand-new</u> project, starting at the beginning of August, therefore we have not had opportunity to measure our success. We started the first week in August and have meetings scheduled throughout the fall. We will share our results on the Forum once we have some solid information.
- We created a Measures Perioperative Guide (cheat sheet) that consists of those measures that are affected by POPA.
- Going forward we will be including the Manager and Educator in our monthly reporting so they can evaluate the need to follow up on a process and celebrate our improvement.



What is ASPIRE/MPOG?

- Established in June 2014 under the sponsorship of BCBSM/BCN
- Based at U of M
- Focus: the improvement of perioperative outcomes
- Aspire has expanded on the mature MSQC (Surgical Improvement) infrastructure to build an anesthesiology collaborative
- Goal is to study variation in practice and determine best practices for anesthesia providers utilizing data from all anesthesia cases
- Governed by the ASPIRE Quality Committee which consists of members of each institution (55)
- Data abstraction is completed electronically using EMRs

Changes in 2020:

• ASPIRE started to extract data from preop and recovery. This allowed for the development of measures that are based on the processes of the entire perioperative experience.

All 8 Beaumont Hospitals participate in ASPIRE/MPOG

Our mission and challenge is to adopt measures and implement programs that improve care

What is a Quality Measure?



Quality measures are standards for measuring the performance of healthcare providers to care for patients and populations. Quality measures can identify important aspects of care like safety, effectiveness, timeliness, and fairness.

Frequently used Acronyms

ACQR: Anesthesiology Clinical Quality Reviewer

ASPIRE: Anesthesiology Performance Improvement and Reporting

Exchange

BCBSM: Blue Cross Blue Shield Michigan

CQI: Collaborative Quality Initiative

MPOG: Multicenter Perioperative Outcomes Group

P4P: Pay-for-Performance

ACRONYMS

	Acronyms (A)					
AAMOF	=	As A Matter Of Fact				
• AAP	=	Always A Pleasure				
• AAR	=	At Any Rate				
AEAP	=	As Early As Possible				
AFAIAC	= .	As Far As I Am Concerned				

What is my role?

- Validate that the right information is being pulled from our EMR.
- Review the failed/flagged cases (those that don't meet the measure requirements) for the various measures and provide this information to the providers.
- Report to the various departments dependent on Quality Improvement data
- Support the team with trouble shooting processes and protocols based on best practices.
- Transfer data monthly to MPOG which is processed and returned in a dashboard format.





Time Period

Year 2021

Additional Filters + Location

+ Patient Age

+ Patient Gender

+ Surgical Service

A



Entity Beaumont Dearborn

Time Period Year 2021

- Additional Filters
- + Location
- + Patient Age
- + Patient Gender
- + Patient Race/Ethnicity
- + Surgical Service

TOC-01: Intraoperative Transfer of Care More Info

🛖 Dashboards 👻 Measure Summary 👻 Provider List 🍷 Case List 👻

The percentage of cases with permanent intraoperative transfers of care where a formal transfer of care protocol or checklist including the key transfer of care elements is utilized





Result Reasons

Result	Reason	Case Count
Passed	Transfer of Care	1,292
Flagged	Transfer of Care	618
Excluded	Number of permanent transfers of care	9,611
Excluded	Labor Epidural	922
Excluded	Is Valid Case	16
Total		12,459



Mary McKinney -



Breakdown by Location

Individual Provider Feedback

- All activated Anesthesia providers receive an email that show their individual performance scores and have a link directly to their cases.
- Non-punitive
- Spirit of quality improvement
- All measures are based on "evidencebased research"
- Each hospital chooses a measure to focus on and 2 measures are assigned by MPOG
 - All 8 Beaumont Hospitals chose the same measure, Transfer of Care.

The following measures are not displayed since they were not encountered during this time period: TRAN-02, GLU-03, GLU-04, GLU-05

An asterisk (*) denotes that the difference between your performance and everyone else's was statistically significant.

BP-02: Avoiding	You, 100% (4	9 / 49)
Monitoring Gaps	All Other CRNAs, 98% (2103 / 2	138)
<u>BP-03: Low Map</u> Prevention < <u>65</u>	You, 85% (41 / 48) All Other CRNAs, 87% (1893 / 2183)	
<u>NMB-01: Train of Four</u> <u>Taken</u>	You, 67% (2 / 3) All Other CRNAs, 97% (460 / 4	472)
<u>NMB-02: Reversal</u> <u>Administered</u>	You, 100% All Other CRNAs, 96% (447 / 41	(2 / 2) 64)
<u>SUS-01: Low Fresh Gas</u> <u>Flow</u>	You, 93% (14 / 15) All Other CRNAs, 95% (1080 / 113	;1)
<u>TEMP-01:</u> Thermoregulation <u>Vigilance - Active</u> Warming	You, 38% (3 / 8) ★ All Other CRNAs, 89% (587 / 659)	
TEMP-02: Thermoregulation	You, 100%	(9 / 9)
<u> Monitoring - Core</u> <u>Temperature</u>	All Other CRNAs, 90% (701 / 775)	
<u>TOC-01: Intraoperative</u> <u>Transfer of Care</u>	You, 71% (10 / 14) All Other CRNAs, 88% (507 / 573)	
TOC-02: Postoperative Transfer of Care to PACU	You, 100% (3 All Other CRNAs, 100% (1618 /	9 / 39) 1620)
PONV-01: PONV	You, 100%	(7 / 7)
prophylaxis	All Other CRNAs, 91% (290 / 320)	

ASPIRE Measures



Acute Kidney Injury AKI-01: Acute Kidney injury



Blood Pressure

BP-01: Low MAP Prevention < 55 BP 02: Avoiding Monitoring Gaps EP-03: Low Map Prevention < 65



Fluids

FLUID-01-C: Minimizing Colloid Use FLUID 01 NC: Minimizing Colleid Use (Non Cardiac)

Glucose Management

GLU-01: High Glucose Treated Intraop GLU 02: Low Glucose Treated, Intraco GLU-03: High Glucose Treated, Periop GI U-04: Low Glucose Treated, Periop GLU 05: Escalated High Glucose



Medication Overdose

MED-01: Avoiding Medication Overdose



Mortality

MORT-61: 30 Day Post-Op in-Hospital Montality Rate





Monitoring

Myocardial Injury Neuromuscular CARD-02: Myocardial Infarction NMB-01: Trein of Four Taken CARD 03: Myocardial Infarction, High **Risk Palients** NMB-02 Reversal Administered



Obstetrics ABX-01-OB Antibiotic Timing for Cessrean Delivery BP 01 OB. SBP < 90 in Cesarean Deliveries GA-01-OE: General Anesthesia During Cesarean Delivenes



FAIN-02: Multimodal Analgesia

Pain Management Postoperative Nausea OPIOID: Opioid Equivalency PAIN 01 Peds: Multimodal Analgesia, Pediatrics

and Vomiting PONV-01: PONV prophylexis PONV-02 PONV prophylaxis, Pediatrics

PONV 03: Post Operative Nausea or Vomiting



PUI -01: Protective Tidal Volume 10 mL/kg PBW PUL 02. Protective Tidal Volume, 8 mL/kg PBW



Sustainability SUS-01: Low Fresh Gas Flow



Temperature

TEMP-01: Thermoregulation Vigilance -Active Warming TEMP-02: Thermoregulation Monitoring - Core Temperature TEMP-03: Perioperative Hypothermia TEMP-04-Peds: Pediatric Temperature Management



Transfer of Care

TOC-01: Intraoperative Transfer of Care TOC-02: Postoperative Transfer of Care to PACU

TOC-03: Postoperative Transfer of Care to ICU



Transfusion

TRAN-01: Transfusion Management Vigilance

TRAN-02: Overtransfusion



PUL-03: Administration of PEEP

Measure Specs

Measure Abbreviation

TEMP-03

Data Collection Method

This measure is calculated based on data extracted from the electronic medical record combined with administrative data sources such as professional fee and discharge diagnoses data. This measure is explicitly not based on provider self-attestation.

Measure Type

Outcome

Description

Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom no body temperature was greater than or equal to 36 degrees Celsius (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time

Measure Time Period

Case Start to Case End

Inclusions

 All patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer.

Exclusions

- · Cases <60 minutes duration between anesthesia start and anesthesia end.
- MAC cases
- Peripheral Nerve Block only cases
- Radical clavicle or scapula surgery (CPT: 00452)
- Thoracolumbar sympathectomy (CPT: 00622)
- Lumbar chemonucleolysis (CPT: 00634)
- Diagnostic arteriography/venography (CPT: 01916)
- Organ harvest (CPT: 01990)
- · Anesthesia for diagnostic or therapeutic nerve blocks/injections (CPT: 01991, 01992)
- Other anesthesia procedure (CPT: 01999)
- Cardiac surgery (CPT: 00561, 00562, 00563, 00566, 00567, 00580, 01920)
- Acute Pain Management (CPT: 01996)
- Obstetric Non-Operative Procedures (CPT: 01958)
- Labor Epidurals (as determined by the MPOG 'Obstetric Anesthesia Type' Phenotype results 'Labor Epidural' and 'Conversion (Labor Epidural Portion)')
- · Cases with an intraoperative note mapped to intentional hypothermia (MPOG concept: 50037)
- Emergency cases (MPOG concepts: 70142 or 515)
- · Invalid cases where Measure End results prior to Measure Start

Success

At least one body temperature measurement equal to or greater than 36 degrees Celsius (or 96.8 degrees Fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time. This measure is expressed as an outcome or inverse measure, where a lower score means success.

Other Measure Build Details

Temperature documented in within the postop vital sign note in the anesthetic record or temperatures documented and mapped to the temperature physiologic concepts are acceptable sources for this measure. Conversion from F to C: F=32 + 9/5 (°C)

For sites that do not contribute PACU data to ASPIRE, this measure will only capture data documented by the anesthesia provider on the intraoperative anesthetic record.

References

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2. National Collaborating Centre for N, Supportive C. National Institute for Health and Clinical Excellence: Guidance. . London: Royal

College of Nursing (UK)National Collaborating Centre for Nursing and Supportive Care.; 2008. *The Management of Inadvertent Perioperative Hypothermia in Adults*

3. Kim P, Taghon T, Fetzer M, Tobias JD. Perioperative hypothermia in the pediatric population: a quality improvement project.

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5. Sun Z, Honar H, Sessler DI, et al. Intraoperative core temperature patterns, transfusion requirement, and hospital duration in patients warmed with forced air. 2015;122(2):276-285.

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6. Carpenter L, Baysinger CL. Maintaining perioperative normothermia in the patient undergoing cesarean delivery. *Obstetrical & gynecological survey*. 2012;67(7):436-446.

Every measure has references included on the spec sheet. These documents are available to the public at:

https://spec.mpog.org/Measures/Public

GLU-03: High Glucose Treated, Periop More Info

Result Counts

The percentage of cases with perioperative high glucose (>200mg/dL) appropriately treated or rechecked



Result	Case Count
Passed	52
Flagged	115
Excluded	12,292
Total	12,459

Description

Percentage of cases with perioperative glucose > 200 mg/dL with administration of insulin or glucose recheck within 90 minutes of original glucose measurement.

Success

• Administration of insulin within 90 minutes (either IV or sub Q routes) or

Recheck of glucose level within 90 minutes
Percentage of glucose labs with perioperative glucose >200 with administration of insulin or glucose recheck within 90 minutes of original glucose measurement for the time period encompassing preop to PACU.

• If two blood glucose levels are documented in the same minute, the lower blood glucose will be considered for this measure

• Measure start time is determined by MPOG Phenotype '<u>Preop Start Time</u>'

• Meaure end time is determined by MPOG Phenotype '<u>PACU End Time</u>'



GLU-04: Low Glucose Treated, Periop More Info

The percentage of cases with perioperative low glucose (<60mg/dL) appropriately treated or rechecked

Overall Score 91% Cases Threshold: ≥ 90%	Result Counts	
	Result	Case Count
	Passed	21
	Flagged	2
	Excluded	12,436
	Total	12,459

Description

Percentage of cases with perioperative glucose <60 with administration of glucose or dextrose containing solution or glucose recheck within 90 minutes of original glucose measurement.

Success

• Administration of glucose or dextrose containing solution within 90 minutes (IV)

OR

• Recheck of glucose level within 90 minutes

• Measure start time is determined by MPOG Phenotype 'Preop Start Time'

• Meaure end time is determined by MPOG Phenotype 'PACU End Time"


TEMP-03: Perioperative Hypothermia More Info

The percentage of cases with hypothermia (< 36°C (or 96.8°F)) at the end of case

Overall Score - 12.8% Cases Threshold: ≤ 10%	Result Counts		
	Result	Case Count	
	Passed	4,968	
	Flagged	730	
	Excluded	6,761	
	Total	12,459	

Description

Percentage of patients, regardless of age, who undergo surgical or therapeutic procedures under general or neuraxial anesthesia of 60 minutes duration or longer for whom no body temperature was greater than or equal to 36 degrees Celsius (or 96.8 degrees Fahrenheit) recorded within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time

Success

At least one body temperature measurement equal to or greater than 36 degrees Celsius (or 96.8 degrees Fahrenheit) achieved within the 30 minutes immediately before or the 15 minutes immediately after anesthesia end time. This measure is expressed as an outcome or inverse measure, where a lower score means success.



PONV-03: Post Operative Nausea or Vomiting More Info

PONV-03b: Post Operative Nausea or Vomiting More Info

The percentage of patients with postoperative nausea or vomiting as defined by documentation of nausea/ vomiting in the EHR OR administration of antiemetic in the The percentage of patients with postoperative nausea or vomiting as defined by documentation of nausea/ vomiting in the EHR immediate postoperative period

Overall Score

0.9

Cases

Threshold: < 10%

Overall Score 10.0% Cases Threshold: ≤ 10%	Result Counts		
	Result	Case Count	
	Passed	9,975	
	Flagged	1,113	
	Excluded	1,371	
	Total	12,459	

Baaula	
Result	Case Count
Passed	10,992
Flagged	96
Excluded	1,371
Total	12,459

Description

PONV 03: Percentage of patients, regardless of age, who undergo a procedure and have a documented nausea/emesis occurrence OR receive a rescue antiemetic in the immediate postoperative period. **PONV 03b**: Percentage of patients, regardless of age who undergo a procedure and have a documented nausea/emesis occurrence with or without receiving an antiemetic in the immediate postoperative period.

Success

Patient does not report nausea, have an emesis event or receive an antiemetic during the immediate postoperative period.

Patient does not have a documented event of emesis during the immediate postoperative period.



TRAN-01: Transfusion Management Vigilance More Info

The percentage of cases with a blood transfusion that have a hemoglobin or hematocrit value documented prior to transfusion

Overall Score

Threshold: ≥ 90%

Result Counts

Result	Case Count
Passed	2
Flagged	28
Excluded	12,429
Total	12,459

Description

Percentage of cases with a blood transfusion that have a hemoglobin or hematocrit value documented prior to transfusion.

Measure Time Period

Up to 36 hours prior to the first transfusion during the case

Inclusions

All surgical patients receiving anesthetics who receive a transfusion of red blood cells.

Success

• Documentation of hemoglobin and/or hematocrit prior to blood transfusion

• Considerations:

- For the first unit of transfusion, a hemoglobin or hematocrit of any value should be checked in a time period of 0 to 90 minutes before the transfusion, or the most recent documented hemoglobin or hematocrit of less than 8/24 should be within 36 hours of the transfusion.
- If the last hemoglobin or hematocrit drawn before the first transfusion is \leq 5/16, a second unit could be administered without rechecking hemoglobin/hematocrit.
- If multiple units are administered, documentation of a hemoglobin or hematocrit value must be present within 90 minutes before each administration.
- For pediatric cases (patients < 12 years old): Pretransfusion hemoglobin/hematocrit required before the first unit and an additional recheck after 15cc/kg of PRBCs have been administered.
- For cardiopulmonary bypass cases, all transfusions administered between cardiopulmonary bypass start and end will not be included for determining measure results for the case.

TRAN-02: Overtransfusion More Info

The percentage of cases with a post transfusion hemoglobin or hematocrit value greater than 10/30



ResultCase CountPassed21Flagged10Excluded12,428Total12,459

Description

Percentage of cases with a post transfusion hemoglobin or hematocrit value greater than or equal to 10 g/dL or 30%.

Measure Time Period

90 minutes before the last intraoperative transfusion to 18 hours after Anesthesia End **Inclusions**

Any patient that receives a red blood cell transfusion. Transfusion is defined as packed red blood cells or whole blood. See MPOG Concept IDs below for complete list.

Success

• Hematocrit value documented as less than or equal to 30% and/or hemoglobin value documented as less than or equal 10 g/dL <u>OR</u> • No hematocrit or hemoglobin checked within 18 hours of anesthesia engineerations: All hemoglobin/hematocrit lab values drawn after the last transfusion and within 18 hours after anesthesia end will be evaluated. If the lowest of these values is ≤ 10 g/dL or ≤ 30 %, the case will pass.

• If the hemoglobin or hematocrit at the time of the last transfusion (within 90 minutes before) is less than or a 4/24 the case will



Questions?





Round Table Discussion





Round Table Discussion

- How to disseminate information post-COVID
- New workflows given remote work
- How can the Coordinating Center better support QI work?
- Epic BPAs: Do they help? For which measures?
- Subcommittees: thoughts/feedback/engagement?
- Open Discussion...



Reminders and Wrap-Up

MPOG Application Suite upgrades

- Scheduled for the week of October 18th, the suite might be temporarily inaccessible during that time. MPOG technical team will schedule a 30 minute meeting with each site's technical team to apply upgrade.
- Continue to update Provider Contacts
- Mark Your Calendars!!
 - 2022 ACQR Retreats
 - Spring 2022?
 - Fall September 16, 2022
- Q & A







