

**2021 Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)
Collaborative Quality Initiative Performance Index Scorecard
Cohort 5 (2020 Start)
Measurement Period: 01/01/2021 - 12/31/2021**

Measure #	Weight	Measure Description	Points
1	20%	Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at meetings. Three total meetings with six opportunities for attendance.	
		5 - 6 / 6 Meetings	20
		4 / 6 Meetings	10
		3 or Less Meetings	0
2	10%	Attend Webex ASPIRE Quality Committee Meetings: ASPIRE Quality Champion or ACQR attendance across six meetings	
		6 Meetings	10
		5 Meetings	5
		4 or Less Meetings	0
3	20%	ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data by the third Wednesday of each month for Jan. - Nov. and by the second Wednesday of the month for Dec.	
		11 / 12 Months	20
		10 / 12 Months	10
		9 / 12 Months	5
		8 Months or Less	0
4	10%	ASPIRE Quality Champion and ACQR monthly meetings	
		12 / 12 Months	10
		11 / 12 Months	5
		10 / 12 Months	0
5	10%	Site based meetings: Sites to hold an onsite meeting following the ASPIRE Collaborative meetings to discuss the data and quality improvement	
		3 Meetings	10
		2 Meetings	5
		1 or Less Meetings	0
6	10%	Quality Improvement project presentation at ASPIRE monthly Quality Committee e-meeting or ASPIRE Collaborative Meeting	
		Yes	10
		No	0
7	10%	Performance Measure: Pulmonary (PUL 01) Percentage of cases with median tidal volumes less than 10ml/kg (cumulative score Jan. 1, 2021 through Dec. 31, 2021)	
		Performance is \geq 90%	10
		Performance is $<$ 90%	0
8	10%	Site Directed Measure: Sites choose a measure they are performing below national ASPIRE threshold by Dec. 11, 2020 (cumulative score Jan. 1, 2021 through Dec. 31, 2021)	
		Performance \geq 90%; \leq 10%; \leq 5% by month 12	10
		Performance $<$ 90%; $>$ 10%; $>$ 5% but shows improvement month 1 to 12	5
		Performance $<$ 90%; $>$ 10%; $>$ 5% and shows no improvement month 1 to 12	0

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

2021 Performance Index Scorecard

Measure Explanation: Cohort 5 (2020 Start)

Measure #1: The ASPIRE Quality Champion (or a designated representative who must be an anesthesiologist) and the Anesthesiology Clinical Quality Reviewer (ACQR), combined must attend ASPIRE Collaborative Meetings in 2021. There are three total meetings with six opportunities for attendance:

1. MSQC / ASPIRE Meeting: Friday, April 23, 2021
2. ASPIRE Collaborative Meeting: Friday, July 16, 2021
3. MPOG Retreat: Friday, October 8, 2021

Measure #2: There will be six ASPIRE Quality Committee e-meetings in 2021. One representative (ASPIRE Quality Champion or ACQR) must attend the following 2021 meetings:

1. Monday, January 25, 2021
2. Monday, March 22, 2021
3. Monday, May 24, 2021
4. Monday, July 26, 2021
5. Monday, September 27, 2021
6. Monday, November 22, 2021

Measure #3: The Maintenance Schedule is located on the MPOG website in the resources tab of the quality section.

Measure #4: ASPIRE Quality Champion and ACQR need to meet on a monthly basis to discuss the data and plans for quality improvement. A log of the meeting must be submitted to the ASPIRE Coordinating Center each month. Logs are located on the MPOG website in the P4P sub tab of the Michigan hospitals tab of the quality section.

Measure #5: The site is expected to schedule a local meeting either in-person or virtually following each ASPIRE/MPOG collaborative meeting (dates in Measure #1) to discuss site based and collaborative quality outcomes with clinical providers at their site. Sites must send the coordinating center the site-based collaborative meeting report located on the MPOG website in the P4P sub tab of the Michigan hospitals tab of the quality section.

Measure #6: A designated member of the site will present a 'Quality Improvement (QI) Story' at either a ASPIRE Collaborative meeting or at one of the monthly Quality Committee e-meetings. The presentation will be approximately 15-minutes and will highlight the important QI work being done at the site. Presentations can be made by the ASPIRE Champion, ACQR or a site designee that is confirmed by the ASPIRE Coordinating Center.

Measure #7: Sites will be awarded points for compliance with the pulmonary (PUL 01) measure: Percentage of cases with median tidal volumes less than 10ml/kg (cumulative score January 1, 2021 through December 31, 2021). Points will be determined on the following scale:

- 10 Points: Performance is $\geq 90\%$
- 0 Points: Performance is $< 90\%$

Measure #8: Sites will choose a measure they are performing below the ASPIRE threshold (cumulative score January 1, 2020 through December 31, 2020). Sites must submit the measure to the Coordinating Center by Friday, December 11, 2020 for review and approval, report log is located on the MPOG website in the P4P sub tab of the Michigan hospitals tab of the quality section. Points will be determined on the following scale:

Measures with Threshold 90%

- 10 Points: Performance is $\geq 90\%$
- 5 Points: Performance is $< 90\%$ but shows improvement from month 1 to 12
- 0 Points: Performance is $< 90\%$ and shows no improvement from month 1 to 12

Measures with Threshold 10%

- 10 Points: Performance is $\leq 10\%$
- 5 Points: Performance is $> 10\%$ but shows improvement from month 1 to 12
- 0 Points: Performance is $> 10\%$ and shows no improvement from month 1 to 12

Measures with Threshold 5%

- 10 Points: Performance is $\leq 5\%$
- 5 Points: Performance is $> 5\%$ but shows improvement from month 1 to 12
- 0 Points: Performance is $> 5\%$ and shows no improvement from month 1 to 12