

2018 Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Collaborative Quality Initiative Performance Index Scorecard

Cohort 1 & 2

Measure #	Weight	Measure Description	Points
1	10%	Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR)	
		Perfect or Nearly Perfect Attendance at Meetings	10
		Good Attendance at Meetings	5
		Attendance Needs Improvement at Meetings	0
2	10%	Attend monthly Webex ASPIRE Quality Committee Meetings	
		9 - 10 Meetings	10
		7 - 8 Meetings	5
		6 or less Meetings	0
3	5%	ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data monthly by the 17th of each month	
		10-11/12 Months	5
		9 or Less Months	0
4	10%	ASPIRE Quality Champion and ACQR monthly meetings	
		12/12 Months	10
		11/12 Months	5
		10/12 Months or Less	0
5	10%	Site Based Quality Meetings: Sites to hold an onsite meeting following the ASPIRE Collaborative meetings to discuss the data and plans for quality improvement	
		3/3 Meeting	10
		2/3 Meeting	5
		1 or less Meetings	0
6	10%	Quality Initiative project presentation at ASPIRE Monthly Quality Committee Meeting or ASPIRE Collaborative Meeting	
		Yes	10
		No	0
7	15%	Performance Measure: Pulmonary 01 (PUL 01) - percentage of cases with median tidal volumes less than 10 ml/kg (cumulative score through December 2018)	
		Performance is > 97.5%	15
		Performance is 95.0 - 97.5%	10
		Any improvement	5
		No performance improvement or decline	0

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Measure #	Weight	Measure Description	Points
8	15%	Performance Measure: Transfusion 02 (TRAN 02) - percentage of cases with a post transfusion hemoglobin or hematocrit value less than or equal to 10 g/dL or 30% (cumulative score through December 2018)	
		Performance is > 85%	15
		Performance is 80 - 85%	10
		Any improvement	5
		No performance improvement or decline	0
9	15%	Site Directed Measure: Sites choose a measure they are performing below national ASPIRE threshold by December 15, 2017 (cumulative score through December 2018)	
		Performance is > 90%	15
		Performance is 85 - 90%	10
		Any improvement	5
		No performance improvement or decline	0

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Measure Description

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Measure #1: The ASPIRE Quality Champion (or a designated representative who must be an anesthesiologist) and the Anesthesiology Clinical Quality Reviewer (ACQR) must attend ASPIRE Collaborative Meetings for 2018.

Scoring:

1. Perfect or Nearly Perfect Attendance: 0 – 1 absence between ASPIRE Quality Champion and ACQR across three meetings
2. Good Attendance: 2 absences between ASPIRE Quality Champion and ACQR across three meetings
3. Attendance Needs Improvement: 3 or more absences between ASPIRE Quality Champion and ACQR across three meetings

Meeting Dates:

1. Friday, April 20, 2018 in conjunction with MSQC, Schoolcraft Community College, Livonia, MI
2. Friday, July 20, 2018 ASPIRE Meeting, Lansing Community College, Lansing, Michigan
3. Friday, October 12, 2018 – MPOG/ASPIRE Annual Retreat at ASA, San Francisco, CA

Measure #2: ASPIRE Monthly Quality Committee meetings are held the fourth Monday of the month at 10:00am via Webex. There will be ten meetings in 2018; no meetings will be held in May due to Memorial Day and December due to the holiday. One representative (ASPIRE Champion or ACQR) must attend the meeting.

Measure #3: Refer to the ASPIRE Maintenance Schedule on ASPIRE website for detailed schedule.

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.

Measure #5: The site is expected to schedule a local meeting following each ASPIRE Collaborative meeting (meeting dates listed above) to discuss site based and collaborative quality outcomes with clinical providers at their site. Sites to provide the agenda, presentation and attendance list from the meetings to the ASPIRE Coordinating Center.

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 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 prior to the presentation.

Measure #7: Sites will be awarded points for compliance with Pulmonary 01 (PUL 01) quality measure. To be awarded full points, compliance greater than the Michigan ASPIRE hospital threshold value of 97.5% by end of year (cumulative score through December).

Measure #8: Sites will be awarded points for compliance with ASPIRE Transfusion 02 (TRAN 02) quality measure. To be awarded full points, compliance greater than the Michigan ASPIRE hospital threshold value of 85% by end of year is required (cumulative score through December).

Measure #9: Sites will choose a measure they are performing below national ASPIRE threshold. Sites must submit the measure to the ASPIRE Coordinating Center by Friday, December 15, 2017 for review and approval. To be awarded full points, compliance greater than threshold value (cumulative score through December) by end of year is required.