

2019 ASPIRE Collaborative Quality Initiative Performance Index Scorecard

Cohort 1 - 4

Measurement Period: 01/01/2019 - 12/31/2019

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	5%	Attend Webex ASPIRE Quality Committee Meetings (6 Meetings)	
		6 Meetings	5
		5 or less Meetings	0
3	5%	ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data by the third Wednesday of each month for January through November and by the second Wednesday of the month for December	
		10 - 11/12 Months	5
		9 or Less Months	0
4	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 Meetings	10
		2 Meetings	5
		1 or less Meetings	0
5	10%	Sites must perform 10 Transfer-of-Care 02 (TOC 02) Audits on a Monthly Basis	
		11 or 12/12 Months	10
		8 - 10/12 Months	5
6	10%	Performance Measure: Cross Cohort Measure Pulmonary 02 (PUL 02) - percentage of patients with median tidal volumes less than or equal to 8 ml/kg (cumulative score January 1, 2019 through December 31, 2019)	
		90% of sites above 75%	10
		Collaborative Score Shows Improvement	5
		No Performance Improvement or Decline	0
7	25%	Performance Measure: Transfusion 02 (TRAN 02) - percentage of cases with a post transfusion hemoglobin or hematocrit value less than or equal to 10g/dL or 30% (cumulative score January 1, 2019 through December 31, 2019)	
		Performance is > 85%	25
		Performance is 75 - 85%	15
		Any Improvement	10
8	25%	Site Directed Measure: Sites choose a measure they are performing below national ASPIRE threshold by December 15, 2018 (cumulative score January 1, 2019 through December 31, 2019)	
		Performance is > 90%	25
		Performance is 80 - 90%	15
		Any Improvement	10
		No performance improvement / Below 75%	0

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

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Measure Explanation

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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 in 2019.

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 5, 2019: MSQC / ASPIRE meeting, Schoolcraft Community College, Livonia, Michigan
2. Friday, July 26, 2019: ASPIRE Meeting, Henry Executive Center / MSU, Lansing, Michigan
3. Friday, October 18, 2019: MPOG Retreat at ASA, Orlando, Florida

Measure #2: There will be six Webex ASPIRE Quality Committee meetings in 2019. One representative (ASPIRE Quality Champion or ACQR) must attend the meetings. The 2019 meeting dates are as follows:

1. Monday, January 28, 2019 at 10:00 a.m.
2. Monday, February 25, 2019 at 10:00 a.m.
3. Monday, April 22, 2019 at 10:00 a.m.
4. Monday, June 24, 2019 at 10:00 a.m.
5. Monday, September 23, 2019 at 10:00 a.m.
6. Monday, November 25, 2019 at 10:00 a.m.

Measure #3: Refer to the Maintenance Schedule located on MPOG website under the resources tab of the quality section.

Measure #4: The site is expected to schedule a local meeting following each ASPIRE / MPOG Collaborative meeting (meeting dates listed above in Measure #1) to discuss site based and collaborative quality outcomes with clinical providers at their site. Sites must send the ASPIRE Coordinating Center the site-based collaborative meeting report (located on MPOG website), agenda, presentation(s) and attendance list from the meetings.

Measure #5: A hospital must perform 10 Transfer-of-Care 02 (TOC 02) audits on a monthly basis using the MQUARK application. The MQUARK user guide is located on MPOG website under the resources tab of the quality section.

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Measure #6: Sites will be awarded points for compliance with the Cross Cohort Pulmonary measure: PUL 02. To be awarded full points, 90% of all sites must achieve the 75% threshold by end of year (cumulative scores January 1, 2019 through December 31, 2019).

There are 19 dashboards across 21 sites. The coordinating center will determine the number of sites who are performing above 75% using cumulative 12-month scores. If 17 of the 19 dashboards are performing above 75% for PUL 02, all 19 sites will receive the full 10 points. If less than 17 dashboards show performance above 75%, the scores across 19 dashboards will be added and divided by 19 to obtain an average score. If the beginning cumulative 12-month score is greater than the cumulative 12-month final score, all sites will receive 5 points. If the beginning cumulative 12-month score is less than the cumulative final score, all sites will receive 0 points.

Measure #7: Sites will be awarded points for compliance with the Transfusion Outcome measure: TRAN 02. To be awarded full points, sites must have compliance greater than the threshold value of 85% by end of year (cumulative score January 1, 2019 through December 31, 2019).

Measure #8: Sites will choose a measure they are performing below the ASPIRE threshold. Sites must submit the measure to the ASPIRE Coordinating Center by Friday, December 14, 2018 for review and approval. To be awarded full points, compliance greater than threshold value (cumulative score January 1, 2019 through December 31, 2019) by end of year is required.