

**2021 Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)  
Collaborative Quality Initiative Performance Index Scorecard  
Cohort 1 - 4 (2015 - 2019 Start)  
Measurement Period: 01/01/2021 - 12/31/2021**

Measure #	Weight	Measure Description	Points
1	5%	<b>Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at meetings. Three total meetings with six opportunities for attendance.</b>	
		5 - 6 / 6 Meetings	5
		4 or Less Meetings	0
2	5%	<b>Attend Webex ASPIRE Quality Committee Meetings: ASPIRE Quality Champion or ACQR attendance across six meetings</b>	
		5 - 6 / 6 Meetings	5
		4 or less Meetings	0
3	5%	<b>ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data by the 3rd Wednesday of each month for Jan. - Nov. and by the 2nd Wednesday of the month for Dec.</b>	
		10 - 12/12 Months	5
		9 or Less Months	0
4	5%	<b>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 for quality improvement at their site</b>	
		3 Meetings	5
		2 or less Meeting	0
5	25%	<b>Performance Measure: Cross Cohort Measure 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 Jan. 1, 2021 - Dec. 31, 2021)</b>	
		17 - 19 sites (out of 19 total sites) ≥ 85%	25
		17 - 19 sites (out of 19 total sites) ≥ 80%	15
		17 - 19 sites (out of 19 total sites) ≥ 75%	10
		Less than 16 sites (out of 19 total sites) < 75%	0
6	25%	<b>Performance Measure: Blood Pressure (BP 03) percentage of cases where intraoperative hypotension (MAP &lt; 65 mmHg) was sustained for less than 15 minutes (cumulative score Jan. 1, 2021 - Dec. 31, 2021)</b>	
		Performance is ≥ 87%	25
		Performance is ≥ 85%	15
		Performance is ≥ 80%	10
		Performance is < 80%	0
7	30%	<b>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)</b>	
		Performance is ≥90%; ≤10%; ≤5%	30
		Performance is ≥85%; ≤15%; ≤10%	20
		Performance is ≥80%; ≤20%; ≤15%	10
		Performance is <80%; >20%; >15%	0

# Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

2021 Performance Index Scorecard

Measure Explanation: Cohorts 1 – 4 (2015 – 2019 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 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:** Maintenance Schedule located on MPOG website in the resources tab of the quality section.

**Measure #4:** 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 #5:** Sites will be awarded points for compliance with the cross cohort sustainability measure (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, 2021 - December 31, 2021). Points will be determined across 19 Cohort 1 – 4 dashboards on the following scale:

- 25 Points: 17 – 19 sites are performing equal to or above 85%, all 19 sites will receive 25 points
- 15 Points: 17 – 19 sites are performing equal to or above 80%, all 19 sites will receive 15 points
- 10 Points: 17 – 19 sites are performing equal to or above 75%, all 19 sites will receive 10 points
- 0 Points: 16 sites or less are performing less than 75%, all 19 sites will receive 0 points

**Measure #6:** Sites will be awarded points for compliance with the blood pressure measure BP 03: Percentage of cases where intraoperative hypotension (MAP < 65 mmHg) was sustained for less than 15 minutes (cumulative score January 1, 2021 through December 31, 2021). Points will be determined on the following scale:

- 25 Points: Performance is  $\geq 87\%$
- 15 Points: Performance is  $\geq 85\%$
- 10 Points: Performance is  $\geq 80\%$
- 0 Points: Performance is  $< 80\%$

**Measure #7:** Sites will choose a measure they are performing below the ASPIRE threshold. Sites must submit the measure to the coordinating center by Friday, December 11, 2020 for review and approval (cumulative score January 1, 2021 through December 31, 2021). Points will be determined on the following scale:

## Measures with Threshold 90%

- 30 Points: Performance is  $\geq 90\%$
- 20 Points: Performance is  $\geq 85\%$
- 10 Points: Performance is  $\geq 80\%$
- 0 Points: Performance is  $< 80\%$

## Measures with Threshold 10%

- 30 Points: Performance is  $\leq 10\%$
- 20 Points: Performance is  $\leq 15\%$
- 10 Points: Performance is  $\leq 20\%$
- 0 Points: Performance is  $> 20\%$

## Measures with Threshold 5%

- 30 Points: Performance is  $\leq 5\%$
- 20 Points: Performance is  $\leq 10\%$
- 10 Points: Performance is  $\leq 15\%$
- 0 Points: Performance is  $> 15\%$