

2018 Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Collaborative Quality Initiative Performance Index Scorecard - Cohort 3

| Measure # | Weight | Measure Description | Points |
|-----------|--------|--|--------|
| 1 | 10% | Collaborative Meeting Participation: ASPIRE Quality Champion | |
| | | 3/3 Meetings | 10 |
| | | 2/3 Meetings | 5 |
| | | 1 or less Meetings | 0 |
| 2 | 10% | Collaborative Meeting Participation: Anesthesiology Clinical Quality Reviewer (ACQR) | |
| | | 2 -3/3 Meetings | 10 |
| | | 1/3 Meetings | 5 |
| | | 0 Meetings | 0 |
| 3 | 10% | Attend Monthly Webex ASPIRE Quality Committee Meetings | |
| | | 9 - 10 Meetings | 10 |
| | | 7 - 8 Meetings | 5 |
| | | 6 or less Meetings | 0 |
| 4 | 20% | ACQR/ASPIRE Champion perform data validation, case validation and submit data on a monthly basis by the 17th of each month | |
| | | 11/12 Months | 20 |
| | | 10 Months | 10 |
| | | 9 Months | 5 |
| | | 8 Months or Less | 0 |
| 5 | 10% | ASPIRE Quality Champion and ACQR monthly meetings | |
| | | 12/12 Months | 10 |
| | | 11/12 Months | 5 |
| | | 10/12 Months | 0 |
| 6 | 10% | Site based 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 |
| | | 1/3 Meetings | 0 |
| 7 | 10% | Quality Initiative project presentation at ASPIRE Monthly Quality Committee Meeting or ASPIRE Collaborative Meeting | |
| | | Presentation Completed | 10 |
| | | No Presentation Completed | 0 |
| 8 | 10% | Performance Measure: Transfusion O2 (TRAN O2) - 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% by month 12 | 10 |
| | | Performance is < 85% but shows improvement month 1 to 12 | 5 |
| | | Performance < 85% and shows no improvement month 1 to 12 | 0 |
| 9 | 10% | Site Directed Measure: Sites choose a measure they are performing below national ASPIRE threshold by December 15, 2017 (cumulative score through December 2018) | |
| | | Performance > 90% by month 12 | 10 |
| | | Performance < 90% but shows improvement month 1 to 12 | 5 |
| | | Performance < 90% and shows no improvement month 1 to 12 | 0 |

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2018 Performance Index Scorecard

Measure Description

Cohort 3

Measure #1: The ASPIRE Quality Champion (or a designated representative who must be an anesthesiologist) must attend Collaborative Meetings for 2018. Meetings dates:

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

Measure #2: The Anesthesiology Clinical Quality Reviewer (ACQR) must attend Collaborative Meetings for 2018. Meetings dates:

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

Measure #3: 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 #4: Refer to the ASPIRE Maintenance Schedule on ASPIRE website for detailed schedule.

Measure #5: 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 #6: 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 #7: 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 #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.