



Multicenter Perioperative Outcomes Group (MPOG)  
& The Anesthesiology Performance Improvement and Reporting  
Exchange (ASPIRE)

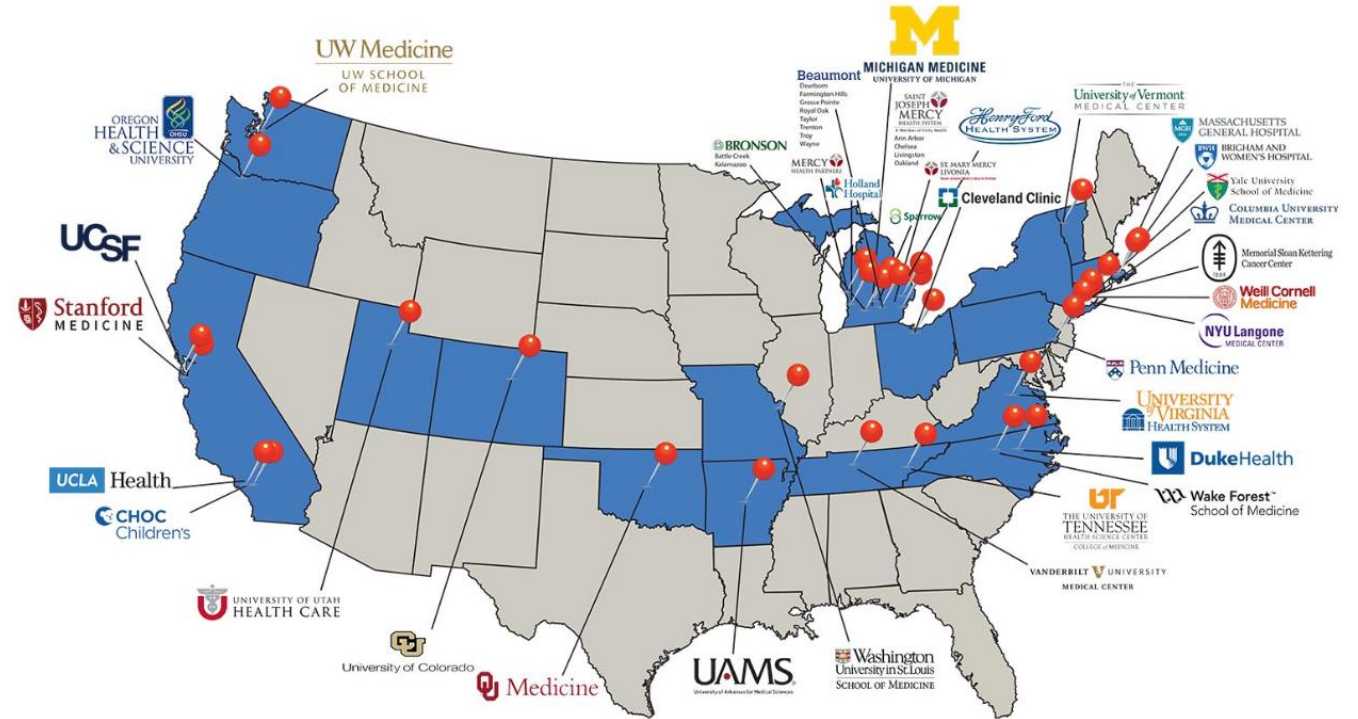
2020



# What is MPOG?

- Formed in 2008
- Academic and community hospital consortium. Includes over 50 hospitals across the country (and 2 in the Netherlands)
- MPOG aggregates data from multiple sites into one database and provides a read only perioperative “EHR” through standardization of variables

## Membership



# MPOG: What we have achieved so far

- Data Included (Anesthesia and Nursing Doc.)
  - Preop/Postop Data:
    - 4 hours prior Anes. Start → 6 hours after Anes. End (limited # of sites)
  - Intraoperative Data
- Demographic Information
- Medications/Infusions/Fluids/Outputs
- Physiologic/Laboratory values
- Intraoperative events
- Line Access
- Staff in/out
- Billing (CPT and Discharge codes)
- Outcome record / Outcome registry
  - NSQIP, STS

## Our Mission

We are a group of passionate individuals from more than 50 hospitals across 18 states and 2 countries, working together to improve care for patients undergoing surgery. Our members include clinicians, quality improvement experts, software developers, statisticians, researchers, and administrators.

Over the last decade, we have built a comprehensive perioperative patient registry based on electronic healthcare data to improve quality of care, conduct research, educate caregivers and guide healthcare administration.

Please [join us](#) on our mission.



11

Million  
Cases



140

Million  
Medication  
Records



21

Billion  
Physiologic  
Observations

# What are BCBSM Collaborative Quality Initiatives?

- Organizations that are developed and administered by providers and hospital partners, and funded in part, by BCBS of Michigan
- Support continuous quality improvement and the development of best practices
- Leverage multicenter data registries
- Able to track performance and provide incentives
- Focus on reduction of errors, prevention of complications, and improvement of patient outcomes

# ASPIRE is a Collaborative Quality Initiative (CQI)

- Anesthesiology Performance Improvement and Reporting Exchange
- Quality initiatives that were launched to address common and costly areas of surgical and medical care in Michigan.
- **Coordinating Center:** Each initiative uses a coordinating center that receives demographic and procedural data from participants to identify appropriate use and best practices. The center reviews data quality and monitors participating sites to ensure data validity. A physician champion serves as director of the coordinating center for each initiative.
- **Participants:** Participating hospitals submit timely and accurate data directly to the coordinating center or data warehouse. In addition, participants actively share data, cooperate with data audits, learn from best practices and implement improvement efforts within their facilities.

# Other BCBS Michigan CQIs

- **Bariatric Surgery – MBSC**
- **Cardiothoracic Surgery – MSTCVS**
- **Cardiovascular – BMC2**
  - Improving the quality of care for patients undergoing Angioplasty, Vascular Surgery and TAVR
- **Care Transitions – I-MPACT**
  - Reducing hospital re-admissions and improve post discharge care coordination
- **Emergency Medicine – MEDIC**
  - Improving appropriateness of diagnostic testing, treatment/process of care and transitions of care.
- **General Surgery – MSQC**
- **Knee and Hip Replacement – MARCQI**
- **Obstetrics – OBI**
  - Supports vaginal delivery and safely lowers the Cesarean delivery rate among low-risk patients
- **Oncology – MOQC**
  - promotes high-quality, effective and cost efficient care for medical and gynecological cancer patients
- **Radiation Oncology – MROQC**
  - Appropriateness of intensity modulated radiation therapy for breast and lung cancer patients
- **Spine Surgery – MSSIC**
  - Brings orthopedic surgeons and neurosurgeons together to study ways to improve spine surgery outcomes in Michigan
- **Trauma – MTQIP**
  - Aims to address inconsistencies and variations in patient outcomes related to trauma-based care
- **Urology – MUSIC**
  - Improving the quality of care for patients with prostate cancer, kidney stones and small renal mass diagnoses
- **Value Collaborative – MVC**
  - Uses claims data to help hospitals understand the variation in healthcare use and identify best practices

# ASPIRE: Quality Improvement branch of MPOG

- **What Is ASPIRE?**

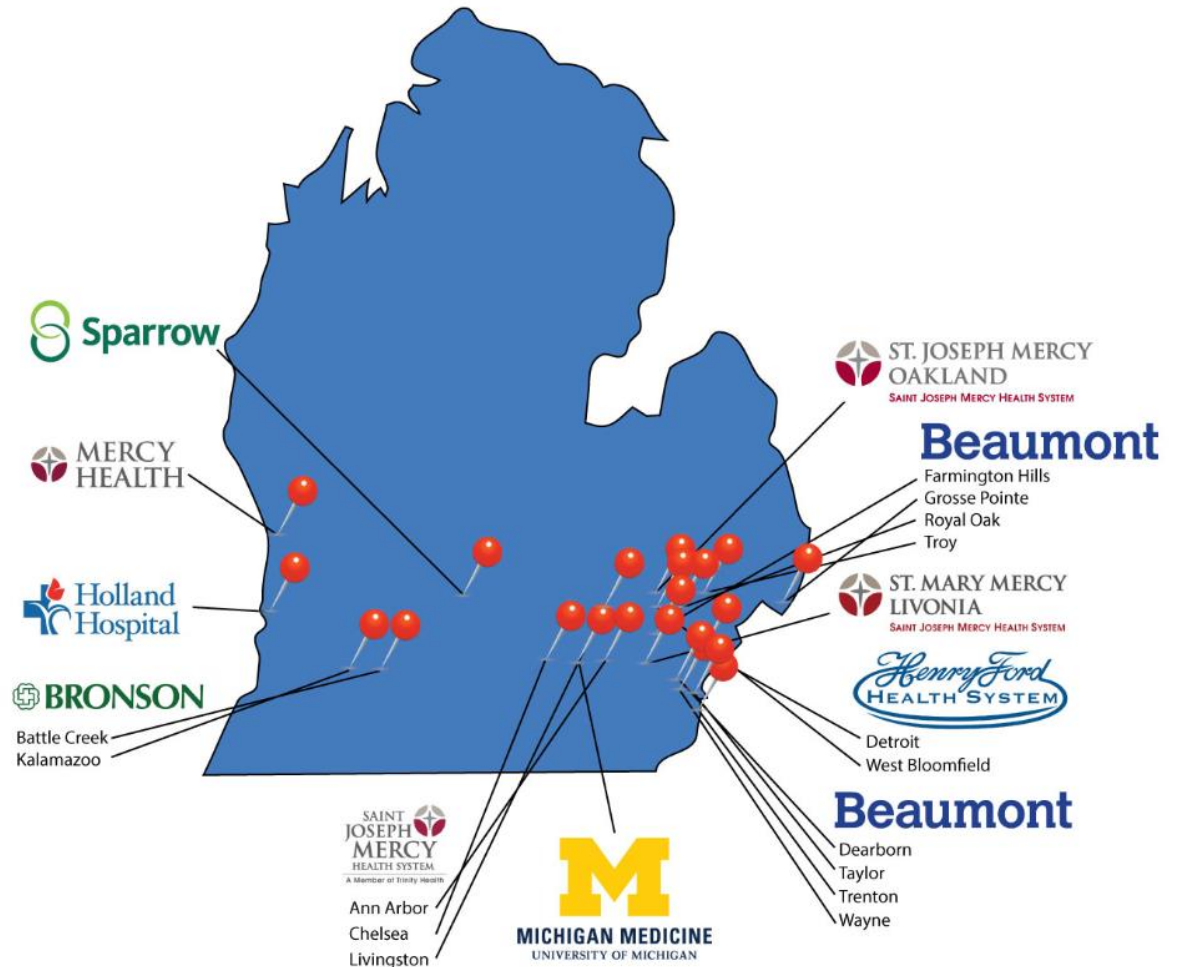
- Anesthesiology quality improvement CQI group serving hospitals within Michigan

- **Goal:** Study unexplained variation in practice and determine best practices for anesthesia providers

- Governed by the ASPIRE Quality Committee consisting of members from each hospital

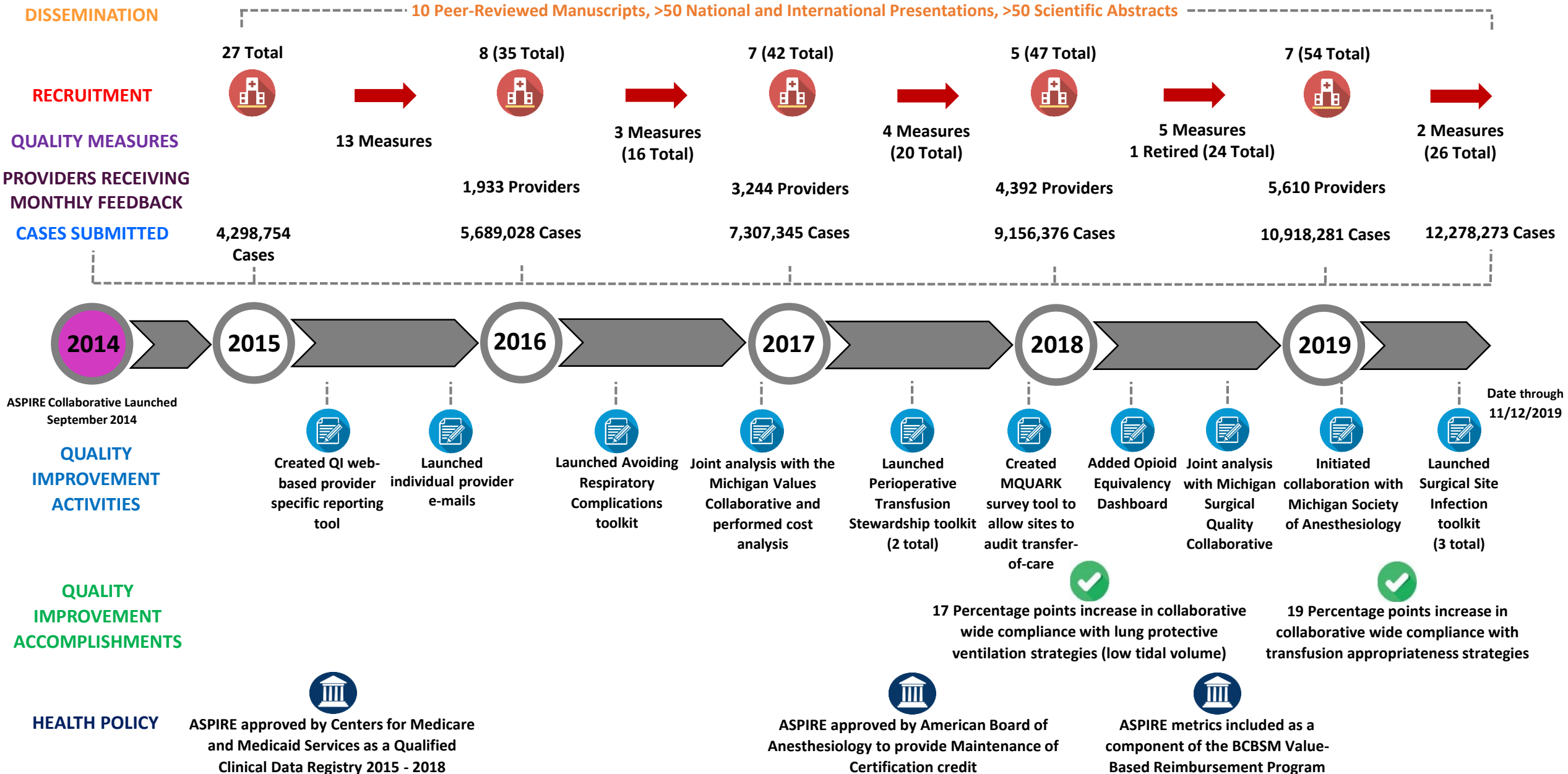
- Collaboration Meetings

- 5 Quality Committee virtual Webex meetings per year
- Quarterly in person meetings
  - April (ASPIRE/MSQC)
  - July (ASPIRE only)
  - October: Annual MPOG retreat before ASA



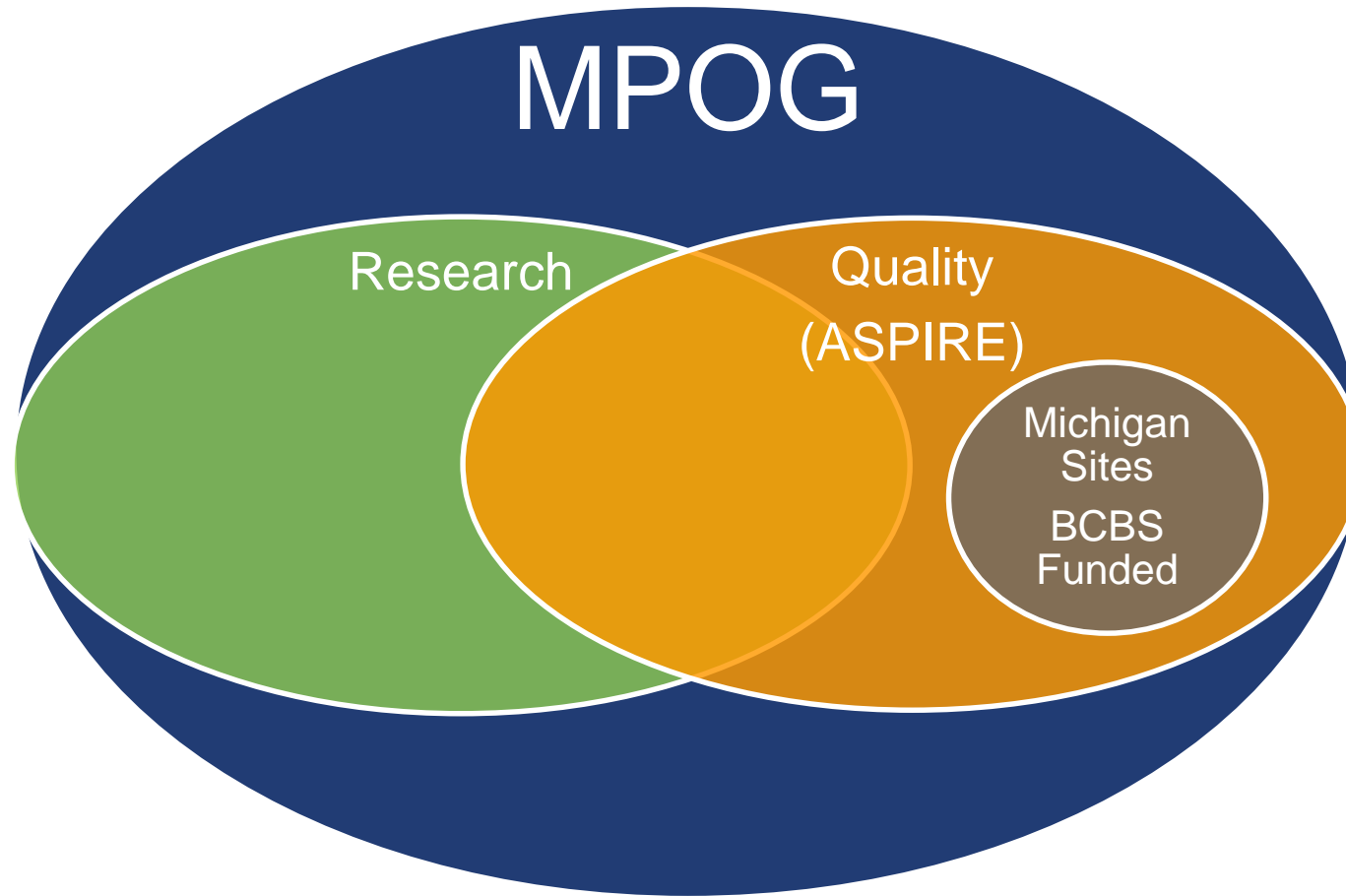


# ASPIRE 5-Year Timeline





# Dual Mission of Research and Quality



Not drawn to  
scale



Nonprofit corporations and independent licensees  
of the Blue Cross and Blue Shield Association



Our mission and challenge is to adopt measures and  
implement programs that improve care

# Site Roles

- **QI Champion**
  - Anesthesiologist who leads quality improvement initiatives at site
  - Validates/Uploads site data to MPOG monthly
- **Anesthesia Clinical Quality Reviewer (ACQR)**
  - Michigan Sites Only
  - RN or CRNA who validates and uploads site data to MPOG monthly
- **Research Champion (PI)**
  - Anesthesiologist who leads Research proposals with MPOG site data
- **Technical Support (TS)**

# Pay for Performance Requirements (P4P)

2020 Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE) Collaborative Quality Initiative Performance Index Scorecard Cohort 1 - 4: 15 Sites (excludes Trinity sites) Measurement Period: 01/01/2020 - 12/31/2020			
Measure #	Weight	Measure Description	Points
1	10%	Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at collaborative meetings. Three total meetings with six opportunities for attendance.	
		5-6/6 Meetings	10
		4/6 Meetings	5
		3 or less Meetings	0
2	5%	Attend Webex ASPIRE Quality Committee Meetings: ASPIRE Quality Champion or ACQR attendance across five meetings	
		5 Meetings	5
		4 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 three ASPIRE Collaborative meetings to discuss the data and plans for quality improvement at their site	
		3 Meetings	10
		2 Meetings	5
		1 or less Meeting	0
5	20%	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, 2020 through December 31, 2020)	
		13 - 15 sites (out of 15 total sites) ≥ 90%	25
		13 - 15 sites (out of 15 total sites) ≥ 80%	15
		Less than 12 sites (out of 15 total sites) ≥ 80%	0
6	30%	Performance Measure: Blood Pressure (BP 03) - Percentage of cases where intraoperative hypotension (MAP < 65 mmHg) was sustained for less than 15 minutes (cumulative score January 1, 2020 through December 31, 2020)	
		Performance is ≥ 90%	25
		Performance is ≥ 85%	15
		Performance is ≥ 80%	10
		Performance is < 80%	0
7	20%	Site Directed Measure: Sites choose a measure they are performing below national ASPIRE threshold by December 13, 2019 (cumulative score January 1, 2020 through December 31, 2020)	
		Performance is ≥ 90%; 10% or 5%	20
		Performance is ≥ 80%; 15% or 10%	10
		Performance is < 80%; 15% or 10%	0

## Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

2020 Performance Index Scorecard

Measure Explanation: Cohorts 1 – 4: 15 Sites (excludes Trinity sites)

**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 2020. There are three total meetings with six opportunities for attendance. 2020 meeting dates:

1. Friday, March 27, 2020: MSQC/ASPIRE Collaborative meeting, Schoolcraft College, Livonia, Michigan
2. Friday, July 17, 2020: ASPIRE Meeting, Henry Executive Center at MSU, Lansing, Michigan
3. Friday, October 2, 2020: MPOG Retreat at ASA, Washington DC

**Measure #2:** There will be five Webex ASPIRE Quality Committee meetings in 2020. One representative (ASPIRE Quality Champion or ACQR) must attend the meetings. The 2020 meeting dates are as follows:

1. Monday, February 24, 2020 at 10:00 a.m.
2. Monday, April 27, 2020 at 10:00 a.m.
3. Monday, June 22, 2020 at 10:00 a.m.
4. Monday, August 24, 2020 at 10:00 a.m.
5. Monday, October 26, 2020 at 10:00 a.m.

**Measure #3:** Refer to the 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 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 quality section.

**Measure #5:** Sites will be awarded points for compliance with the cross cohort pulmonary measure PUL 02: percentage of patients with median tidal volumes less than or equal to 8 ml/kg (cumulative score January 1, 2020 through December 31, 2020).

Points will be determined across 15 Cohort 1 – 4 dashboards (excluding Trinity) on the following scale:

- 25 Points: 13 – 15 sites are performing equal to or above 90%, all 15 sites will receive 25 points
- 15 Points: 13 – 15 sites are performing equal to or above 80%, all 15 sites will receive 15 points
- 0 Points: 12 sites or less are performing equal to or above 80%, all 15 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, 2020 through December 31, 2020). Points will be determined on the following scale:

- 25 Points: Performance is ≥ 90%
- 15 Points: Performance is ≥ 85%
- 10 Points: Performance is ≥ 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 13, 2019 for review and approval (cumulative score January 1, 2020 through December 31, 2020). Points will be determined on the following scale:

Measures with Threshold 90%

- 20 Points: Performance is ≥ 90%
- 10 Points: Performance is ≥ 80%
- 0 Points: Performance is < 80%

Measures with Threshold 10%

- 20 Points: Performance is ≤ 10%
- 10 Points: Performance is ≤ 15%
- 0 Points: Performance is > 15%

Measures with Threshold 5%

- 20 Points: Performance is ≤ 5%
- 10 Points: Performance is ≤ 10%
- 0 Points: Performance is > 10%



**GOAL:** Get Data from Source System → MPOG Central to use for Research/QI



# Data Maintenance Schedule

ASPIRE Maintenance Schedule				
Week 1	Case by Case Validation (10 cases/mo.)	Update Location Mapping	Mapping of Missing Concepts	
Week 2	Data Diagnostics & Attestation			
Week 3	PHI Scrubbing	Upload Cases to MPOG Central *Deadlines Below*		
Week 4	Content Synchronization	Update Provider Contacts	Provider Feedback Emails Sent *Dates Below*	Failed Case Review

## 2020 DATA UPLOAD SCHEDULE

Upload Deadline		Provider Emails	
1/15	3 <sup>rd</sup> Wednesday of January	1/22	4 <sup>th</sup> Wednesday of January
2/19	3 <sup>rd</sup> Wednesday of February	2/26	4 <sup>th</sup> Wednesday of February
3/18	3 <sup>rd</sup> Wednesday of March	3/25	4 <sup>th</sup> Wednesday of March
4/15	3 <sup>rd</sup> Wednesday of April	4/22	4 <sup>th</sup> Wednesday of April
5/20	3 <sup>rd</sup> Wednesday of May	5/27	4 <sup>th</sup> Wednesday of May
6/17	3 <sup>rd</sup> Wednesday of June	6/24	4 <sup>th</sup> Wednesday of June
7/15	3 <sup>rd</sup> Wednesday of July	7/22	4 <sup>th</sup> Wednesday of July
8/19	3 <sup>rd</sup> Wednesday of August	8/26	4 <sup>th</sup> Wednesday of August
9/16	3 <sup>rd</sup> Wednesday of September	9/23	4 <sup>th</sup> Wednesday of September
10/21	3 <sup>rd</sup> Wednesday of October	10/28	4 <sup>th</sup> Wednesday of October
11/18	3 <sup>rd</sup> Wednesday of November	11/25	4 <sup>th</sup> Wednesday of November
12/9	2 <sup>nd</sup> Wednesday of December	12/16	3 <sup>rd</sup> Wednesday of December



# ASPIRE Provider Dashboards

# ASPIRE Provider Access

Receive email from [donotreply@careevolution.com](mailto:donotreply@careevolution.com)



Dear Test User,

An ASPIRE account has been created for you. Your user name is **TestUser**.

You can activate your account and choose a new password by clicking on the link below:

<https://www.aspirecqi.org/HIEBus/AccountManagement/ActivateAccount?UserName=TestUser&Nonce=000-000-0000>

If clicking the above link does not work, please copy and paste the link into the address bar of your web browser.

The link above will expire within 168 hours.

Thanks,  
The ASPIRE Team

Click on link to  
activate account:  
Create password &  
select 3 security  
questions.



# Provider Dashboard

Overview
Neuromuscular Monitoring
NMB-01
NMB-02
Glucose Management
GLU-01
GLU-02
Transfusion Management
TRAN-01
TRAN-02
Blood Pressure
BP-01
BP-02
Pulmonary
PUL-01
PUL-02
Medication Overdose
MED-01
Fluids
FLUID-01-NC
FLUID-01-C
Normothermia
TEMP-01
TEMP-02
TEMP-03
Avoiding MI
CARD-01
AKI
AKI-01
Transfer of Care
TOC-02
PONV
PONV-01

## Neuromuscular Monitoring

NMB-01

✓ 98%

Target 90%

NMB-02

✓ 99%

Target 90%

## Glucose Management

GLU-01

✓ 97%

Target 90%

GLU-02

✓ 93%

Target 90%

## Transfusion Management

TRAN-01

✗ 82%

Target 90%

TRAN-02

✓ 91%

Target 90%

## Blood Pressure

BP-01

✓ 99%

Target 90%

BP-02

✓ 93%

Target 90%

## Pulmonary

PUL-01

✓ 98%

Target 90%

PUL-02

✗ 78%

Target 90%

## Fluids

FLUID-01-NC

ℹ 99%

FLUID-01-C

ℹ 84%

## Medication Overdose

MED-01

✓ 100%

Target 95%

## Normothermia

TEMP-01

✗ 90%

Target 90%

TEMP-02

✗ 86%

Target 90%

TEMP-03

✓ 99%

Target 90%

## Avoiding MI

CARD-01

✓ 100%

Target 95%

## AKI

AKI-01

✓ 94%

Target 90%

## Transfer of Care

TOC-02

✓ 96%

Target 90%

## PONV

PONV-01

✗ 82%

Target 90%

# Measure Overview

NMB-01: Train of Four Checked

Based on **UM Production v2.0**

Dependencies (9)

x NMB-01

+ Tag

+ Execution Group

The percentage of cases receiving a non-depolarizing neuromuscular blocker that have a TOF monitor documented. [More Details](#)

Overview
Neuromuscular Monitoring
NMB-01
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GLU-02
Transfusion Management
TRAN-01
TRAN-02
Blood Pressure
BP-01
BP-02
Pulmonary
PUL-01
PUL-02
Medication Overdose
MED-01
Fluids
FLUID-01-NC

## Overview

Overall Performance

x 82%

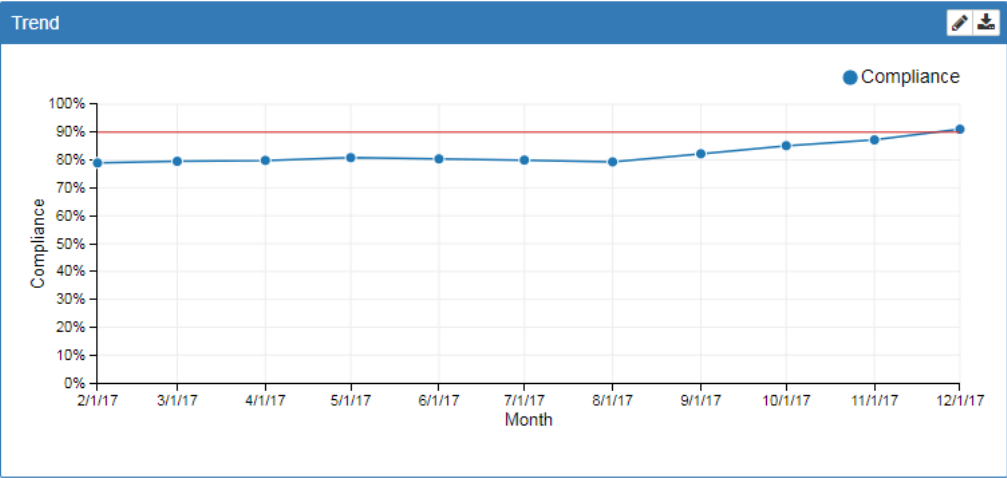
Target 90%

Counts

NMB-01 Result	Count
Passed	850,268
Failed	189,874
Excluded	3,430,688
	4,470,830

Breakdown of Primary Cause

NMB-01 Result	NMB-01 Result Reason	Case Count
Passed	Train of Four Taken	288,050
Failed	Train of Four Taken	67,736
Excluded	Extubation	782,583
Excluded	NMBs Administered	175,439
Excluded	Provider Signed in at Extubation	167,065
Excluded	Cardiac Case	31,291
Excluded	Valid Anesthesia Duration	5,183
Excluded	ASA Class	3,673
		1,371,186



## Failed Cases, Last Month

Case List
No results found

# Failed/Passed/Excluded Case Lists

## Failed Cases

Case List							
Link to Details	Date of Service	Operating Room	Procedure	BP-01 Result Reason	Attributable Attendings	Attributable CRNA/Residents	MPOG Case ID
<a href="#">View Details</a>		U-MRI Induction	MR SPINE THORACIC ANESTHESIA	Minutes below 55: 27			

## Passed Cases

Case List							
Link to Details	Date of Service	Operating Room	Procedure	BP-01 Result Reason	Attributable Attendings	Attributable CRNA/Residents	MPOG Case ID
<a href="#">View Details</a>		U-OR 05	RIGHT RUPTURED GLOBE REPAIR	Minutes below 55: 0			

## Excluded Cases

Case List							
Link to Details	Date of Service	Operating Room	Procedure	BP-01 Result Reason	Attributable Attendings	Attributable CRNA/Residents	MPOG Case ID
<a href="#">View Details</a>		M-OR 10	BILATERAL VENTRICULAR-PERITONEAL SHUNT PLACEMENT WITHOUT STEALTH	Patient Age: 0.166666			

# Measure Overview & Case List

PUL-01: Low Tidal Volume

Based on UM Production v2.0

☰ 🖨️ 📄 ⭐ ⬇️ 🗑️ ⚙️

Dependencies (9) ▾

✖ PUL-01 + Tag

+ Execution Group

The percentage of cases with median tidal volume less than 10 mL/kg.

More Details

Overview
Neuromuscular Monitoring
NMB-01
NMB-02
Glucose Management
GLU-01
GLU-02
Transfusion Management
TRAN-01
TRAN-02
Blood Pressure
BP-01
BP-02
Pulmonary
PUL-01
PUL-02
Medication Overdose
MED-01
Fluids
FLUID-01-NC
FLUID-01-C
Normothermia
TEMP-01

## Overview

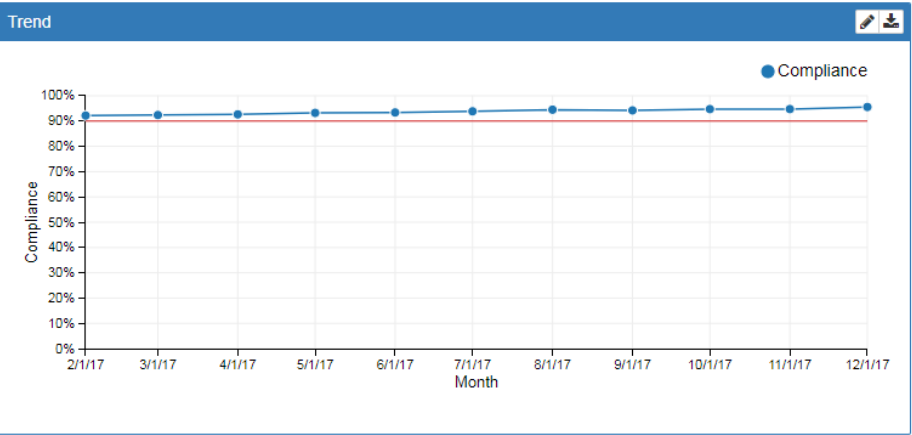
Overall Performance

✓ 94%

Target 90%

Counts	
PUL-01 Result	Count
Passed	601,446
Failed	40,936
Excluded	3,832,345
4,474,727	

Breakdown of Primary Cause		
PUL-01 Result	PUL-01 Result Reason	Case Count
Excluded	Admission Type	715,485
Excluded	Endotracheal Tube Used	207,550
Excluded	Patient Age	103,429
Excluded	Responsible Provider	100,613
Excluded	Height	70,416
Excluded	Ventilation Duration	41,901
Excluded	One Lung Ventilation Used	6,379
Excluded	Valid Anesthesia Duration	5,183
Excluded	ASA Class	3,500
Excluded	Weight (kg)	201
Excluded	Patient Sex	192
Failed	Median Tidal Volume:Ideal Body Weight Ratio	14,114
Passed	Median Tidal Volume:Ideal Body Weight Ratio	203,798
		1,372,162

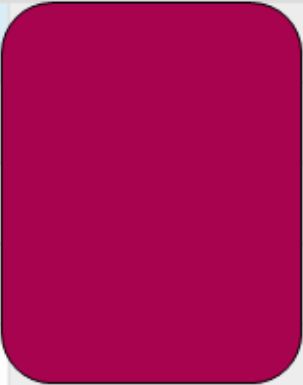


## Failed Cases, Last Month

Case List	
No results found	


# Failed/Passed/Excluded Case Lists

## Failed Cases

Case List						
Link to Details	Date of Service	Operating Room	Procedure	PUL-01 Result Reason	Attributable Attendings	
<a href="#">View Details</a>		U-OR 15	RIGHT INTRAMEDULLARY NAIL FEMUR	Median Tidal Volume:Ideal Body Weight Ratio: 17.6672	Name Hidden (ID: 40222)	
<a href="#">View Details</a>		U-OR 15	RIGHT INTRAMEDULLARY NAIL FEMUR	Median Tidal Volume:Ideal Body Weight Ratio: 17.6672	Name Hidden (ID: 40222)	
<a href="#">View Details</a>		U-OR 15	RIGHT INTRAMEDULLARY NAIL FEMUR	Median Tidal Volume:Ideal Body Weight Ratio: 17.6672	Name Hidden (ID: 40222)	
<a href="#">View Details</a>		U-OR 17	RIGHT EXTERNAL FIXATOR APPLICATION	Median Tidal Volume:Ideal Body Weight Ratio: 11.1704	Name Hidden (ID: 4486)	
<a href="#">View Details</a>		U-OR 17	RIGHT EXTERNAL FIXATOR APPLICATION	Median Tidal Volume:Ideal Body Weight Ratio: 11.1704	Name Hidden (ID: 4486)	



# Case Details

Details					
Link to Case	Order	Condition	Condition Value	Result	
<a href="#">View Case</a>	0	Valid Anesthesia Duration	Yes	Included	
<a href="#">View Case</a>	1	Patient Age	72	Included	
<a href="#">View Case</a>	2	ASA Class	3	Included	
<a href="#">View Case</a>	3	Weight (kg)	95.300	Included	
<a href="#">View Case</a>	4	Admission Type	Inpatient	Included	
<a href="#">View Case</a>	5	Patient Sex	Male	Included	
<a href="#">View Case</a>	6	Height	127.000	Included	
<a href="#">View Case</a>	7	Endotracheal Tube Used	Yes	Included	
<a href="#">View Case</a>	8	One Lung Ventilation Used	No	Included	
<a href="#">View Case</a>	9	Ventilation Duration	128 minute(s)	Included	
<a href="#">View Case</a>	10	Responsible Provider	Yes	Included	
<a href="#">View Case</a>	11	Ideal Body Weight	26.88600000	Info	
<a href="#">View Case</a>	12	Median Tidal Volume	475	Info	
<a href="#">View Case</a>	13	Median Tidal Volume:Ideal Body Weight Ratio	17.6672	Failed	

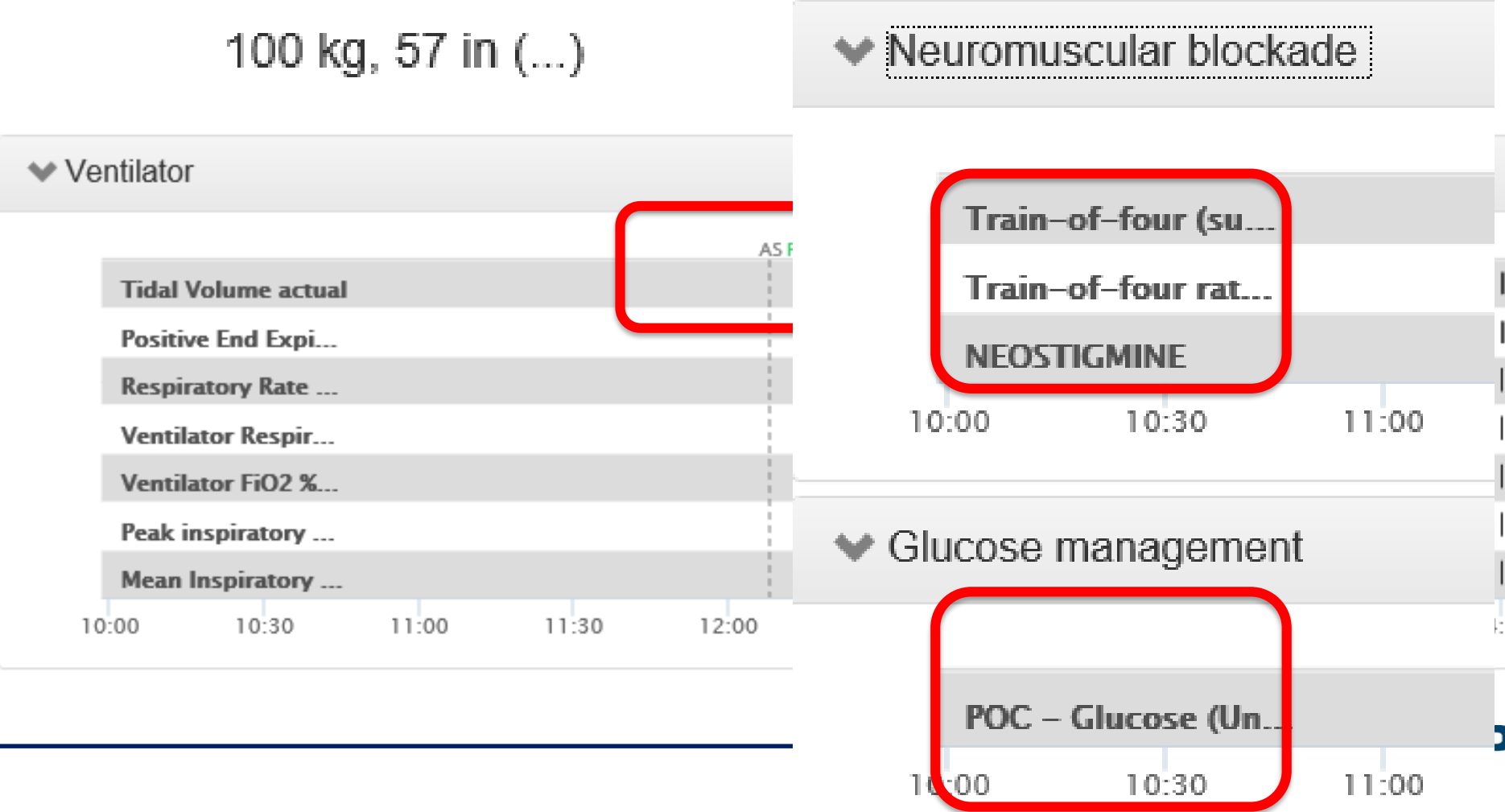
# Easy access to actual intraoperative record

▼ Ventilator

	AS	PIR				PS									PE	POR	AE
Tidal Volume actual		0	205	529	515	503	482	476	483	467	482	475	474	428	317	521	
Tidal Volume Set		500	500	500	500	500	475	475	475	475	475	475	475	425		500	
Positive End Expiratory...		0	2.6	5.1	5.2	5	5.1	5.2	5	5	5	5.1	4.9	5	5.1	5	
Respiratory Rate Actual...		0	25	12	12	12	12	12	12	12	12	12	12	12	9	13	
Ventilator Respiratory ...		1	17	12	12	12	12	12	12	12	12	12	12	12	9	13	
Ventilator Respiratory ...		12	12	12	12	12	12	12	12	12	12	12	12	12	5	5	
Ventilator FiO2 % Measu...		100	100	50	50	50	50	50	50	50	50	50	50	50	100	100	
Peak inspiratory pressure		0	23	20	20	20	20	19	20	20	20	20	19	19	12	17	
Mean Inspiratory Pressure		0	6	11	11	11	11	10	11	11	11	11	10	10	7	8	
	07:00	07:15	07:30	07:45	08:00	08:15	08:30	08:45	09:00	09:15	09:30	09:45	10:00				

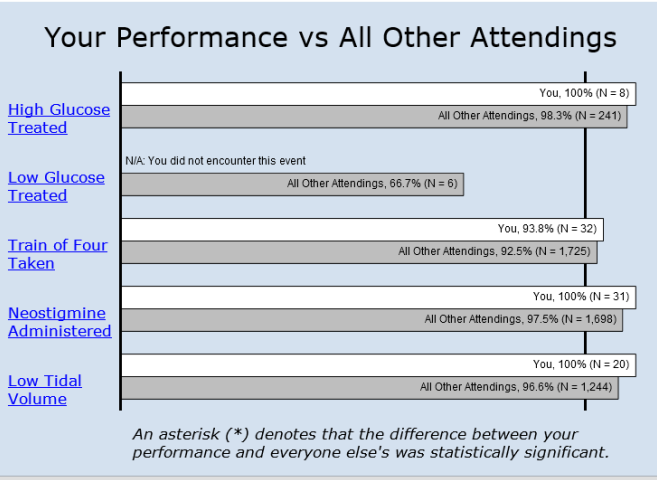
# Case Viewer Template per Measure

67 years old, F  
ASA Status: ASA 3  
100 kg, 57 in (...)



Our goal is to easily enable clinicians to understand why certain cases did not pass a measure.

1

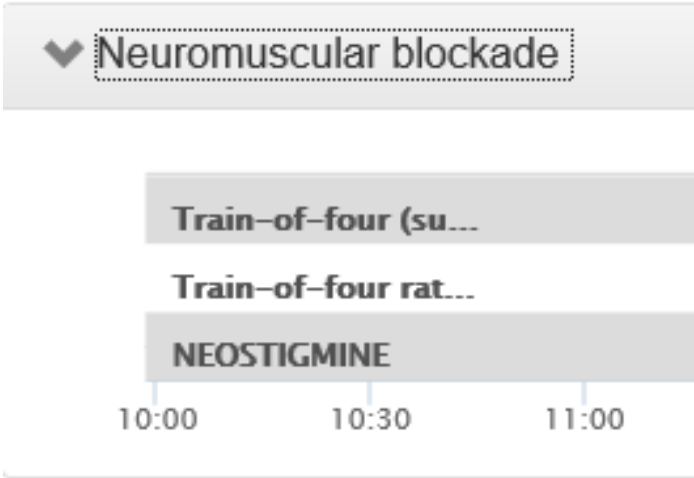


2

**ed PUL-01 Cases**

	Link to Case	MPOG Case ID
<a href="#">View Case</a>		b5dc36cd-8c8a-e411-ba4e-00215a9b0a8c
<a href="#">View Case</a>		764aab2c-955a-e411-ad8d-00215a9b0a8c
<a href="#">View Case</a>		ec80500f-9318-e411-b96d-00215a9b0a8c

3



# ASPIRE Provider Feedback Emails

# Individual Provider Feedback

- Non-punitive
- Spirit of quality improvement
- Each hospital/ department chooses measures to focus on



Hello Jane,

Below is your new MPOG Quality performance report. For a case-by-case breakdown of each measure's result, click on the graph's label and you will be taken to our reporting website (login required).

If you have any questions, please read our [FAQ](#) or send them to [REDACTED] Thank you for your participation in MPOG Quality.

Sincerely,  
The MPOG Team

## Your Performance vs All Other Attendings 10/1/2017 to 10/31/2017

[NMB-01: Train of Four Taken](#)

You, 100.0% (8 / 8), Previous month: 60.0%

All Other Attendings, 90.2% (1154 / 1280), Previous month: 82.9%

[NMB-02: Reversal Administered](#)

You, 100.0% (8 / 8), Previous month: 90.0%

All Other Attendings, 95.6% (1268 / 1326), Previous month: 94.6%

[BP-01: Low MAP Prevention](#)

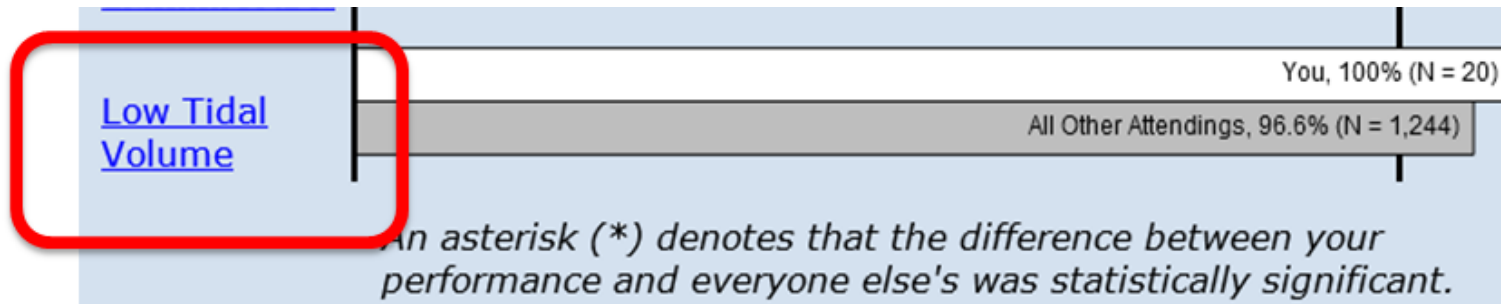
You, 100.0% (83 / 83), Previous month: 100.0%

All Other Attendings, 99.5% (4092 / 4113), Previous month: 99.3%



# Accessing Case Lists from Email

- Click on blue hyperlink for any measure in the email



- Directed to ASPIRE log in screen: sign in using ASPIRE username (email address) and password

The screenshot shows the MPOG (Multicenter Perioperative Outcomes Group) login screen. At the top is the MPOG logo. Below it is the text 'Login to ASPIRE'. A welcome message reads: 'Hello Welcome to ASPIRE. Log in with your username and password below.' There are two input fields: 'User Name' and 'Password'. Below these fields is a 'Login' button with a lock icon. At the bottom of the login area is a link: 'Forgot your password?'. The entire login form is enclosed in a light green border.

**MPOG**  
MULTICENTER PERIOPERATIVE  
OUTCOMES GROUP

**Login to ASPIRE**

Hello Welcome to ASPIRE. Log in with your username and password below.

User Name

Password

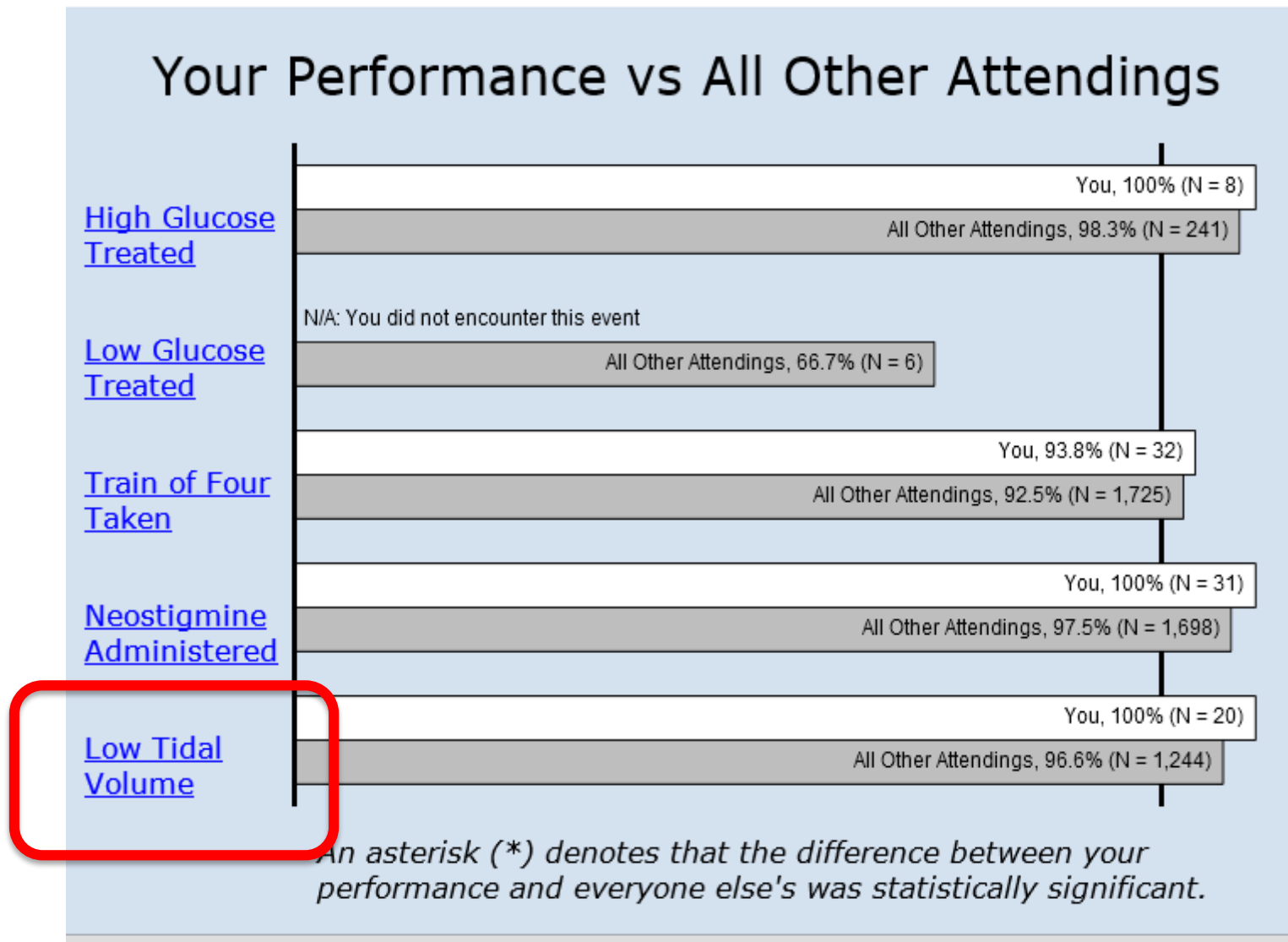
**Login**

[Forgot your password?](#)

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HEALTHCARE TECHNOLOGY



# Individual Performance E-mail



\*Providers compared to peer group within their organization:

- CRNAs to CRNAs
- Attendings to Attendings
- Residents to Residents

**Thank you!**

# ASPIRE Measures

# Measure Specifications

**Measure Abbreviation:** TEMP 02

**Data Collection Method:** This measure is calculated based on data extracted from the electronic medical record combined with administrative data sources such as professional fee and discharge diagnoses data. This measure is explicitly not based on provider self-attestation.

**Measure Description:** Percentage of cases with increased risk of hypothermia that the anesthesia provider documented core temperature.

**NQS Domain:** Effective Clinical Care

**Measure Type:** Process

**Scope:** Calculated on a per case basis.

**Measure Summary:** TEMP 02 is the core temperature monitoring measure that will identify the percentage of cases where the anesthesia provider documented at least one core temperature intraoperatively for any patient receiving a general anesthetic.

Core or Near Core Temperature Monitoring Includes:

- Pulmonary Artery Temperature
- Distal Esophageal Temperature
- Nasopharyngeal Temperature
- Tympanic Membrane Temperature
- Bladder Temperature
- Rectal Temperature
- Axillary Temperature (arm must be at patient side)
- Oral Temperature

Peripheral Temperatures (not compliant):

- Skin Temperature
- Temporal Artery Temperature

## Rationale:

General and neuraxial anesthesia causes vasodilation thus redistributing body heat from the core to peripheries. This redistribution can cause hypothermia. Core temperatures outside the normal range pose significant risks to patients. Pediatric patients are more likely to develop perioperative hypothermia due to a high surface area to weight ratio and inability to regulate their own temperature.<sup>1</sup> Published research has correlated impaired wound healing, adverse cardiac events, altered drug metabolism, and coagulopathies with unplanned perioperative hypothermia. These adverse outcomes resulted in prolonged hospital stays and increased healthcare expenditures. The mortality rate is almost 20% higher only monitoring skin temperature rather than a core temperature for those who experience malignant hyperthermia during surgery.<sup>2</sup> Core temperature measurements are less variable than skin temperature measurements and more accurately represent body temperature.<sup>3-5</sup>

# Measure Specifications

## Inclusions:

All surgical patients receiving general anesthesia

## Exclusions:

- ASA 5 and 6 cases
- Cases with neuraxial anesthesia as the primary technique
- Cases with regional anesthesia as the primary technique
- Obstetric Non-Operative Procedures (CPT: 01958, 01960, 01967)
- Obstetric Non-Operative Procedure Rooms (Rooms tagged as OB-GYN – Labor and Delivery)
- Obstetric Non-Operative Procedures with procedure text: “Labor Epidural”
- Diagnostic Procedures (CPT: 01922)
- MRI Rooms (Rooms tagged as Radiology-MRI)
- MRI with procedure text:
  - MRI
  - MR Head
  - MR Brain
  - MR Chest
  - MR Torso
  - MR Abdomen
  - MR Lumbar
  - MR Spine
  - MR Knee
  - MR Femur
  - MR Abdomen
  - OFFSITE - RADIOLOGY PROCEDURE
- Cases ≤30 minutes between Case Start and Case End.  
\*Algorithm for determining Case Length:  
*Case Start*
  1. Anesthesia Induction End. If not available, then
  2. Anesthesia Induction Begin. If not available, then
  3. Procedure Start. If not available, then
  4. Patient in Room. If not available, then
  5. Anesthesia Start*Case End*
  1. Patient Extubated. If not available, then
  2. Procedure End. If not available, then
  3. Patient Out of Room. If not available, then
  4. Anesthesia End

## • Inclusion/Exclusion Criteria Considerations

- Anesthesia CPT Billing Codes
- Procedure Text
- Procedure Room (Location) Mapping
- Phenotypes: Bundles of MPOG Concepts

# Measure Specifications

## MPOG Concept IDs Used:

Temperature MPOG Concept IDs		Case Time MPOG Concept IDs	
3031	Temperature- Temporal Artery	50002	AACD Anesthesia Start Date/Time
3050	Temp 1- Unspecified Site	50003	AACD Patient in Room Date/Time
3051	Temp 2- Unspecified Site	50004	AACD Induction Start Date/Time
3052	Temp 1- Monitoring Site	50005	AACD Induction End Date/Time
3053	Temp 2- Monitoring Site	50006	AACD Procedure Start Date/Time
3054	Temperature- Skin	50007	AACD Procedure Finish Date/Time
3055	Temperature- Esophageal	50008	AACD Patient out of room Date/Time
3056	Temperature- Blood	50009	AACD Anesthesia End Date/Time
3057	Temperature- Tympanic		
3058	Temperature- Bladder		
3059	Temperature- Nasopharyngeal		
3060	Temperature- Axillary		
3061	Temperature- Rectal		
3062	Temperature - Myocardial		
3533	Temperature Route		
50191	Monitoring- Temperature Probe Placed		
50192	Monitoring- Temperature Probe Location/Type		
50174	Postoperative Vital Signs		

- Concepts that must be mapped for site documentation to be considered for measure
- Ex: Site AIMS concept for Axillary Temp must be mapped to MPOG concept 3060

# Measure Specifications

## Data Diagnostics Affected:

- Percentage of Cases with a Temperature Observation
- Percentage of Cases with an Extubation Note
- Percentage of Cases with Anesthesia Induction End Documented
- Percentage of Cases with Temperature Location Documented

## Collations Used:

- AnesthesiaStart
- AnesthesiaEnd
- AnesthesiaTechniqueGeneral
- CaseStart
- ASA5or6
- ProcedureTypeMri

- If Measure performance is poor or inaccurate, certain Diagnostics will be affected allowing sites to target data issues.
- Collations/Phenotypes considered for each measure



# Measure Specifications

## Other Measure Build Details:

- Artifact algorithm:
  - Less than 32.0°C (89.6F)
  - Greater than 40.0°C (104.0F)
  - Any minute-to-minute jumps >0.5°C equivalent.  
Example: 0.125°C / 15s, 0.25°C / 30s, 1°C / 2mins
- Conversion from F to C:  $F=32 + 9/5 (^{\circ}\text{C})$
- If temperature site not present in physiologic concept, refer to intraop notes.

**Success:** Cases with at least one core temperature documented between Anesthesia Start and Patient out of Room. If not available then, Anesthesia End.

**Threshold:** 90% success.

**Responsible Provider:** Provider present at induction end.

## Method for determining Responsible Provider:

1. Provider signed in at Anesthesia Induction End. If not available then,
2. Provider signed in at Anesthesia Induction Begin. If not available then,
3. Provider signed in at Procedure Start. If not available then,
4. Provider signed in at Patient in Room. If not available then,
5. Provider signed in at Anesthesia Start

## Risk Adjustment (for outcome measures):

*Not applicable.*

- Other Measure Build details includes additional algorithms considered and other helpful information for determining why a case passed/failed
- Responsible Provider: Describes how individual providers are attributed for a specific case.
- “Case as Provider”:  
Pass/Failed/Exclusions are applied at both the provider and case level