



# **MQUARK Audit Training Guide**

**For questions or comments, please contact:**

Multicenter Perioperative Outcomes Group  
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# MQUARK Audit Tool

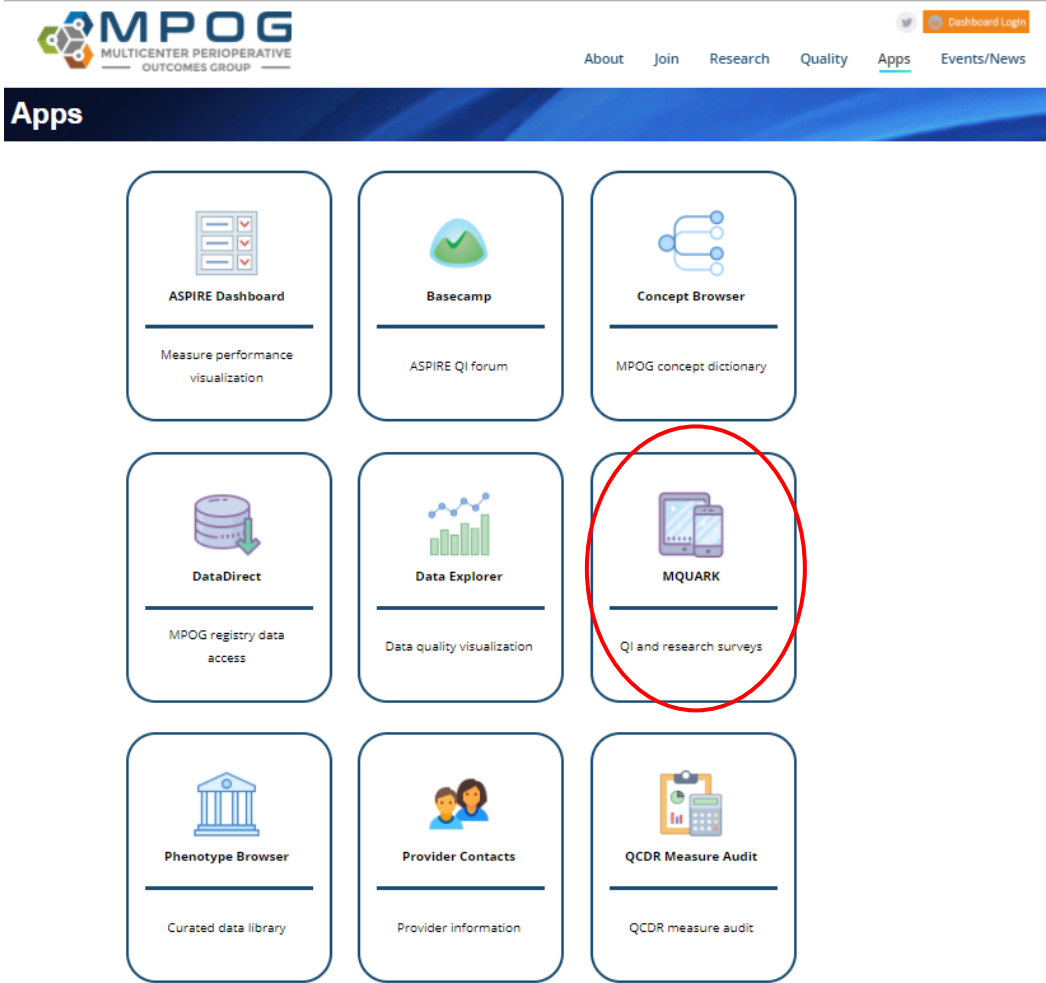
The MQUARK Audit Tool allows sites to collect additional data for research or quality purposes. In the phase one release of the application, the Coordinating Center will be responsible for building forms used for all quality audits. If you are interested in conducting an audit for a particular ASPIRE measure or research project, please contact the Coordinating Center (mpog-quality@med.umich.edu).

### Considerations Prior to Conducting an Audit

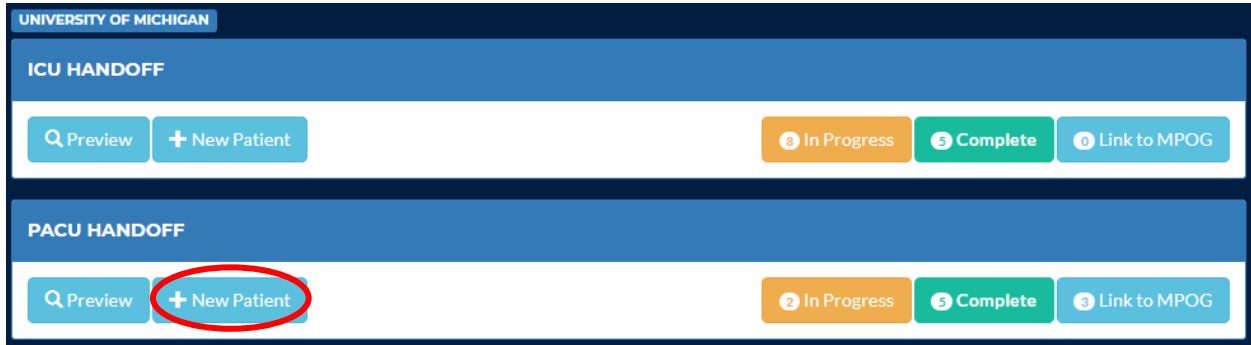
- 1. Notify administration of the unit you plan to conduct the audit on and complete any necessary paperwork for compliance.
- 2. Obtain a tablet or electronic device to conduct the audits with. The audit tool is compatible with both Apple and Android products.

### How to Conduct an Audit using MQUARK

- 1. To receive MQUARK login permissions, email the Coordinating Center: [MPOG-quality@med.umich.edu](mailto:MPOG-quality@med.umich.edu)
- 2. Once access has been granted, the MQUARK audit tool can be found in the 'Apps' tab on the website or via the following link: <https://mquark.mpog.org>



- Upon login to MQUARK, ensure your institution name is listed in the top left hand corner. To begin a new audit, click '+ New Patient' for the audit you are interested in.



- The selected audit form is then displayed and an anonymized patient ID will be assigned. While observing the handoff, select 'YES' as the listed topics are addressed. Once the handoff is complete, select 'NO' for items that were not discussed and select 'NA' if an item does not apply to that particular patient. As each line item is completed it will turn green to outline which items were completed.



7. Medications

	Yes	No	NA
Preoperative Meds	<input type="radio"/>	<input checked="" type="radio"/>	<input type="radio"/>
Sedations medications. Reversal administered? (if applicable)	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Muscle relaxants: Time Given. Reversal administered? (if applicable)	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>
Pain Management	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
PONV Hx & Meds Administered	<input type="radio"/>	<input checked="" type="radio"/>	<input checked="" type="radio"/>

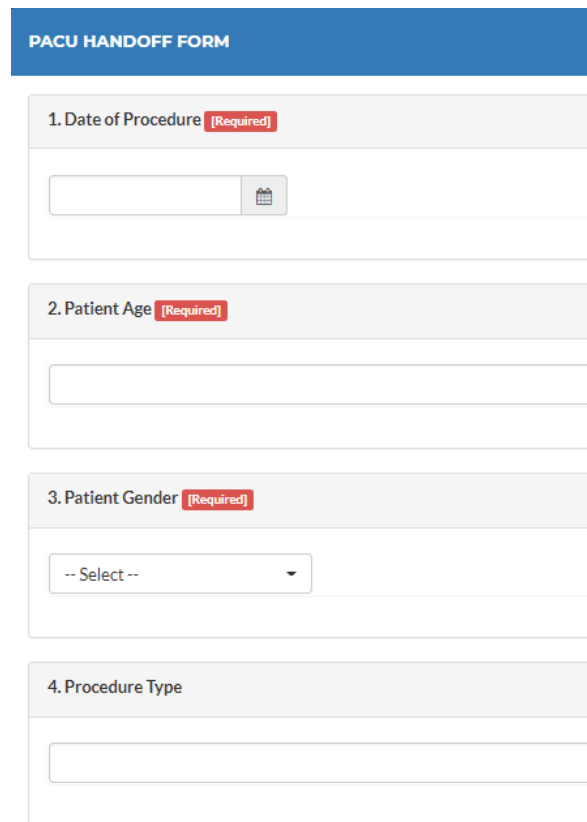
5. A comments section is available at the end of the audit and is optional if you wish to note any other pertinent information regarding the audit. Do NOT include any PHI in the comment section.



4. COMMENTS: \*\*\*DO NOT INCLUDE ANY PHI \*\*\*


A large, empty text input field for entering comments.

6. Once the handoff is complete, enter the required patient specific information: date of procedure, patient age and patient gender. \*\*In order to link an audit to an MPOG Case ID you must complete these fields. Procedure type is an optional field and is helpful when returning to review the audit.



**PACU HANDOFF FORM**

1. Date of Procedure [Required]



2. Patient Age [Required]

3. Patient Gender [Required]

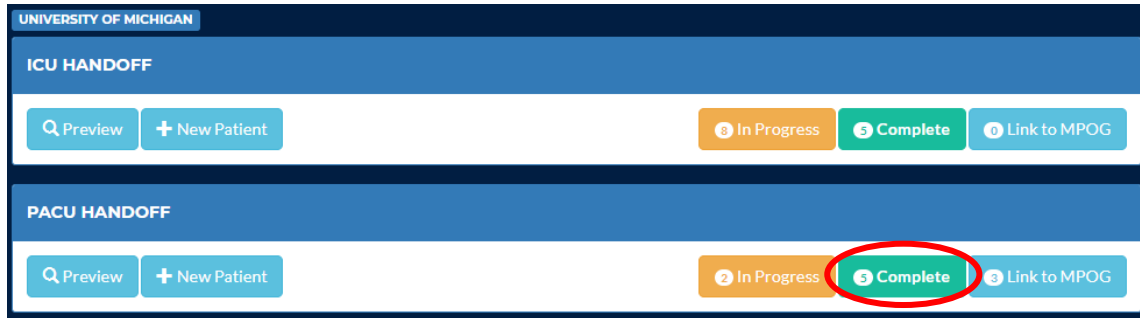
-- Select --

4. Procedure Type

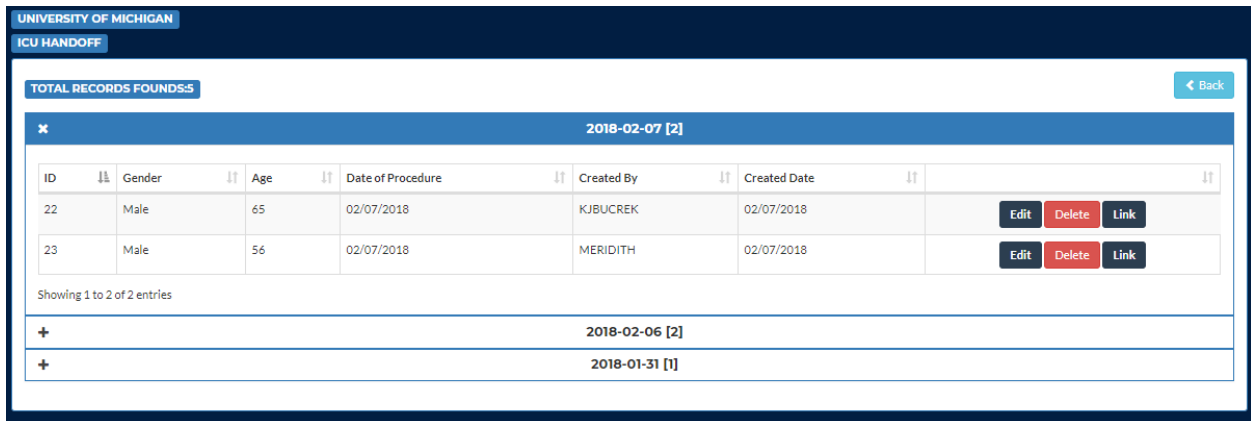
7. Click 'Save' to finish the audit.



- This will bring you back to the home page where you will see a running tally of 'Complete' or 'In Progress' tab increase. The 'Complete' tab tally will have increased if all items in the audit were addressed (minus procedure type). If any items are missing, your audit is sent to the 'In Progress' tab. By clicking this tab, you may edit the additional information necessary to complete.



- Clicking on the 'Complete' tab will bring up a comprehensive list of audits organized by date that have had all questions completed. The 'Progress' tab will show a list of audits that do not have all fields completed. Both tabs have the option to edit the audit form answers if necessary.



### Auditing Tips:

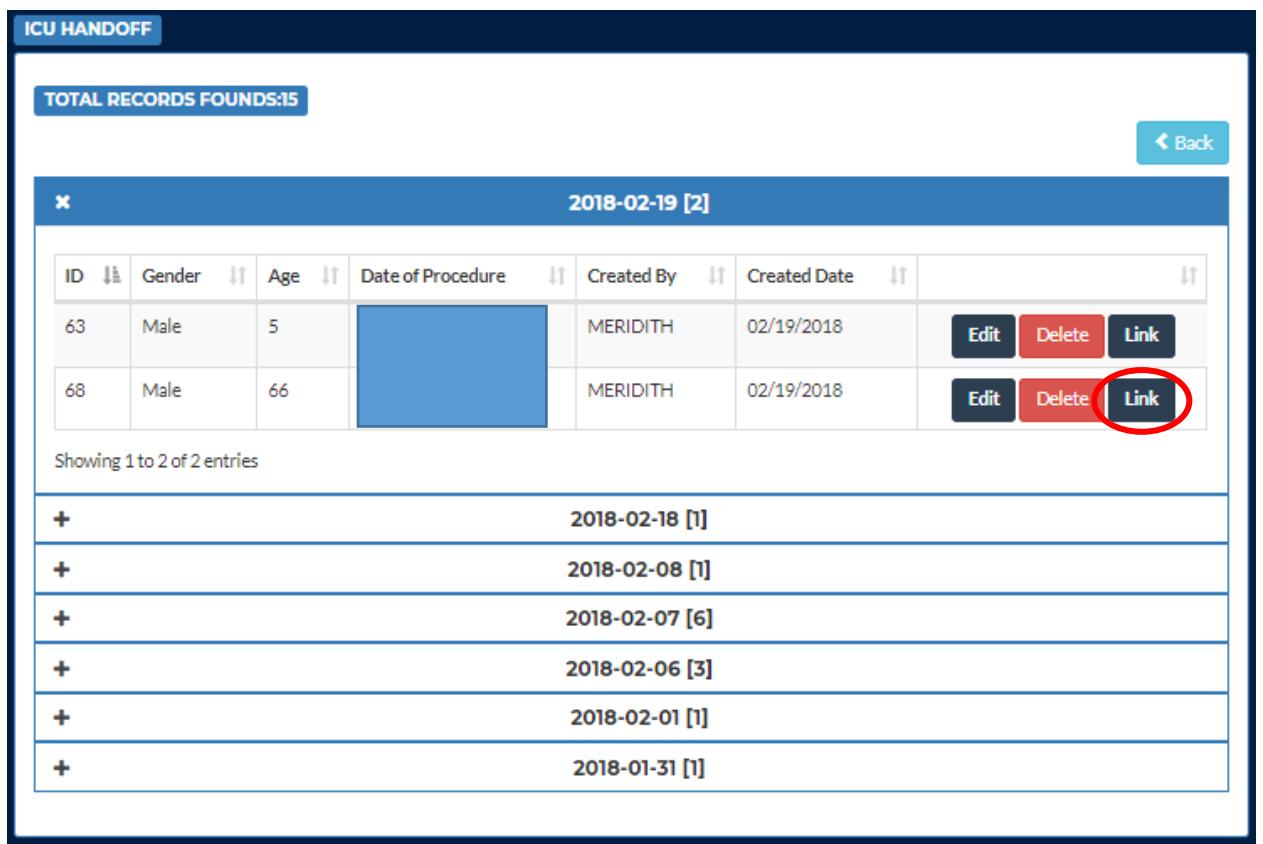
- Review the audit form and how to grade providers prior to observation day to familiarize yourself with the items you are listening for.
- If you know the patient specific information for cases you plan to audit ahead of time (age, gender, procedure type), it may be helpful to start a form for each patient. This will save the forms in the 'In Progress' tab where you can quickly access at the time of audit.
- While conducting an audit, wear similar scrubs/clothing to blend in with the clinical team. Follow the team into the patient room, discretely listen to the handoff that takes place and exit the room once the handoff is complete.
- When entering any patient room or bay, follow hand washing protocols of washing in and washing out.

# Linking Audits to MPOG Case IDs

1. After uploading data to the MPOG Central Database, you can link the completed audits to an MPOG Case ID. Based on the minimal case data that is provided at the end of each audit form (date of procedure, patient age and patient gender), MPOG is able to provide potential cases for linking.
2. To link a handoff audit click “Link to MPOG”



3. Locate the case that you audited by patient information and click “Link”.



4. A list of cases that were audited on that date with the same case data (age and gender) will populate. Find the correct Procedure and click "Link"

**ICU HANDOFF**

**TOTAL RECORDS FOUND : 1** [← Back](#)

**Patient ID**  
68

**Date of Procedure**  
[REDACTED]

**Age**  
66

**Gender**  
Male

Date of Procedure	Age	Gender	MPOG Case ID	Procedure Text	
12/22/2017 9:30:00 AM	66	M	9045a443-c8e7-e711-bece-00215a9b0a8c	EP ICD IMPLANTATION	<a href="#">Link</a>

5. The Procedure will then turn green, confirming that your audit has been successfully linked to the MPOG Case ID. Click "Back" to return to the linking page.

**UNIVERSITY OF MICHIGAN HEALTH SYSTEM**

**ICU HANDOFF**

**TOTAL RECORDS FOUND : 1** [← Back](#)

**Patient ID**  
68

**Date of Procedure**  
[REDACTED]

**Age**  
66

**Gender**  
Male

Date of Procedure	Age	Gender	MPOG Case ID	Procedure Text
[REDACTED]	66	M	9045a443-c8e7-e711-bece-00215a9b0a8c	EP ICD IMPLANTATION

- Once the audit is successfully linked to an MPOG Case ID, the link button will turn green. Click 'Back' to return to the home page.

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ICU HANDOFF

TOTAL RECORDS FOUND: 18

← Back

+ 2018-02-20 [2]  
x 2018-02-19 [3]

ID	Gender	Age	Date of Procedure	Created By	Created Date	
63	Male	5		MERIDITH	02/19/2018	Edit Delete Link
68	Male	66		MERIDITH	02/19/2018	Edit Delete Link
75	Male	24		ANIKS	02/19/2018	Edit Delete Link

Showing 1 to 3 of 3 entries

+ 2018-02-18 [1]  
+ 2018-02-08 [1]  
+ 2018-02-07 [6]  
+ 2018-02-06 [3]  
+ 2018-02-01 [1]  
+ 2018-01-31 [1]

- As more audits are linked to MPOG Case IDs you will see the "Link to MPOG" tally increase on the home page.

PACU HANDOFF

Preview Enroll New Patient

1 In Progress 2 Complete 2 Link to MPOG

- MPOG is currently working on creating an analytics page within MQARK that will transfer directly to the ASPIRE dashboard allowing each site to see a visual representation of the quality of their handoff process



# PACU Audit: Handoff Assessment

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When conducting a PACU handoff audit, please use the following as a guide when determining if an element of handoff was discussed. It is expected that monitors are placed and patient is stabilized prior to starting the handoff process. \*MPOG recommends auditors focus on more extensive cases first as more audit elements may apply to those cases

\***RED** indicates line item required by national quality measure (MIPS 426) specification.

1. **ALL STOP:** Identify which providers should be present for the PACU handover (i.e. PACU nurse, anesthesia provider, surgical representative...). Once all have arrived, acknowledge that everyone stops and directs attention to the provider leading the handoff.

## BACKGROUND

2. **Introductions:** Following pt. stabilization, Anesthesia/Surgical/PACU team introduces themselves
  - a. Anesthesia provider must give name and contact info
  - b. Identify contact info for primary service.
3. **Identification of Patient:** Check patient ID band. Verify Name and DOB.
4. **Discussion of Procedure Performed:** What procedure(s) did the patient undergo?
  - a. Surgical course may be discussed by surgical resident or attending.
5. **Pertinent PMH/PSH:** Discuss past medical/surgical history
6. **Allergies:** Discuss allergies. Verbalize “no allergies” if there are none.
7. **Contact Precautions:** Discuss if applicable.

## ANESTHETIC MANAGEMENT

8. **Type of Anesthetic:** General, MAC, Regional, Sedation.
  - a. If sedation case, do not need to discuss airway management.
  - b. Do not need to mention specific medication
9. **Airway Management:** State airway type if applicable (ETT vs LMA). If airway was difficult provide details.
10. **Anesthetic Complications or primary concerns**
  - a. If no complications verbalize “No other complications”

- b. Discuss variations from baseline vital signs if applicable

## MEDICATIONS

11. **Preoperative Meds:** Discuss medications that were given to patient in pre-op area and relevant home meds that should be given postoperatively.
12. **Sedation Medications:** Discuss if applicable OR verbalize “None given”
  - a. State which medications were administered.
  - b. Administering reversal medications (flumazenil or narcan) is rare. If given, the provider must communicate time of last dose and patient response.
13. **Antibiotics Administered:** Discuss antibiotics given
14. **Muscle Relaxants:** Discuss if applicable **OR** verbalize “None given”
  - a. Medication administered and time last dose was given
  - b. If muscle relaxant given, provider must verbalize if the patient was reversed and the reversal agent administered.
15. **Pain Management:** Discuss pain medications given intra-op and pain management plan.
  - a. Must include specific medication and last dose administered.
16. **PONV Hx and Meds Administered:** Discuss anti-emetics given and any history of PONV if applicable.

## FLUIDS

17. **Vascular Access:** Discuss line access (Type, location, gauge, status)
  - a. Marking “NA” is acceptable if the patient’s only line access is peripheral IV
18. **Fluids/Blood Administered:** Discuss amount of fluids and intraop blood products (if applicable)
19. **Intraoperative Labs:** Discuss if applicable.
  - a. If no intra-op labs were drawn, provider should verbalize “No intraop labs drawn intraop”

## EXPECTATIONS/PLANS

20. **Post-operative plans:** identify patient disposition (discharge to home, floor, etc).
21. **Allow Opportunity for Questions:** Anesthesia provider asks if PACU team has any questions.



# MQUARK

MPOG QUALITY & RESEARCH KIT

Date of Procedure:
Patient Age:
Patient Gender:
Procedure Type:
Handoff Start Time:
Handoff Stop Time:

ALL STOP	YES	NO	
<b>BACKGROUND</b>			
Introductions	YES	NO	
Identification of Patient	YES	NO	
Discussion of Procedure Performed	YES	NO	
Pertinent PMH/PSH	YES	NO	
Allergies	YES	NO	
Contact Precautions	YES	NO	NA
<b>ANESTHETIC MANAGMENT</b>			
Type of Anesthetic	YES	NO	
Airway Management	YES	NO	NA
Anesthetic Complications/Primary Concerns	YES	NO	
<b>MEDICATIONS</b>			
Preoperative Meds	YES	NO	
Sedation Meds. Reversal administered?	YES	NO	NA
Antibiotics Administered	YES	NO	
Muscle Relaxants: Time Given. Reversal Administered?	YES	NO	NA
Pain Management	YES	NO	
PONV Hx & Meds Administered	YES	NO	
<b>FLUIDS</b>			
Vascular Access (other than IV)	YES	NO	NA
Total Intraop Fluids/Blood	YES	NO	
Intraop Labs	YES	NO	NA
<b>EXPECTATIONS/PLANS</b>			
Postop Disposition	YES	NO	
Allow opportunity for questions	YES	NO	