# Virtual Participant Housekeeping

Two ways to ask a question:

- **To speak**
  - Use the 'Raise Hand' button
  - The host will call your name and you will be enabled to speak
  - If you join the webinar by phone, dial *9 to raise your hand

- **Send Question via Chat**
  - Click the 'Chat' button to open the chat panel
  - Type your message in the text box and a member of the Coordinating Center will read your question
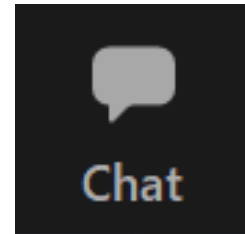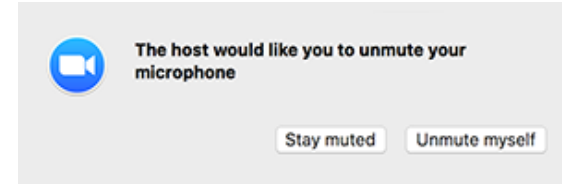
Annual Retreat QI Update

October 8th 2021, Afternoon

Gratitude

Agenda

What have we accomplished

Announce and describe new initiatives

Plans for 2022

New Measures Released This Year

ABX 01
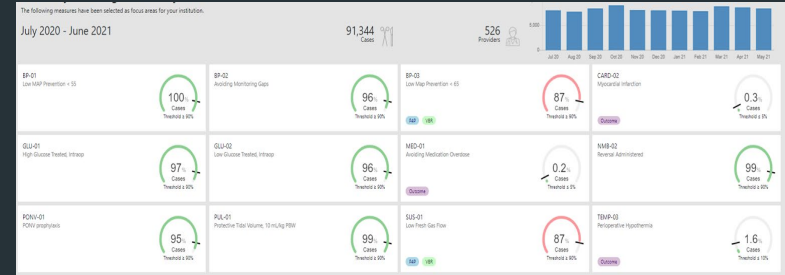
BP 04

GA 01

GA 02

PAIN 01
(peds)

PAIN 02

PONV 04
(Peds)

TEMP 04
(Peds)

GLU 05

Subcommittee focused, existing domains

QI Reporting Tool

Slowness when navigating through screens

Still working through issues

Have not been able to officially "retire" old dashboard

We understand this is causing challenges and are trying to resolve as soon as possible

Measure Review

In the last year, we have matured this process

Early communication, posting of reviews, voting on measures

Many thanks to the Quality Champions who took on this extra responsibility, and produced such excellent reviews

Thank You

September 2020
AKI 01
Mike Aziz
Mike Mathis
Bishr Haydar (peds)

January 2021
PUL 01 and 02
Avery Tung
Douglas Colquhoun
Wes Templeton (peds)

January 2021
TEMP 03
Simon Tom
Vikas O'Reilly Shah

March 2021
CARDS 02 and 03
Andrea Reidy
Michael Andrawes

May 2021
TRAN 01 and 02
Linda Liu
Masakatsu Nanamori
John Trummel

September 2021
**NMB 01 and 02**
Alvin Stewart
Peter Panagopoulos
Tim Dubovoy

Did we deliver on our 2021 plan?

|	
GLU 05 (Insulin) and GLU 06 (Preoperative Testing)	Completed GLU 05, GLU 06 on hold
Build respiratory bundle measure	No. Progress with phenotypes for pulmonary complications
Peds/OB/Cardiac measures	Yes
Registry outcomes on QI reporting tool	No
Share MPOG QI stories	Yes
More informational measures	Yes (PAIN 01 and 02)
SUS 02 and Risk adjustment	No. Progress with both

Subcommittees

2021 Pediatric Subcommittee
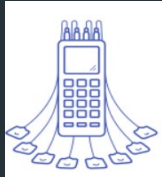
- Measures Reviewed
  - TOF Monitoring
  - Neuromuscular Blockade Reversal
  - Transfusion Vigilance
  - Overtransfusion

- NEW Pediatric Measures
  - Multimodal Analgesia (PAIN-01)

  - PONV Prophylaxis (PONV-04)
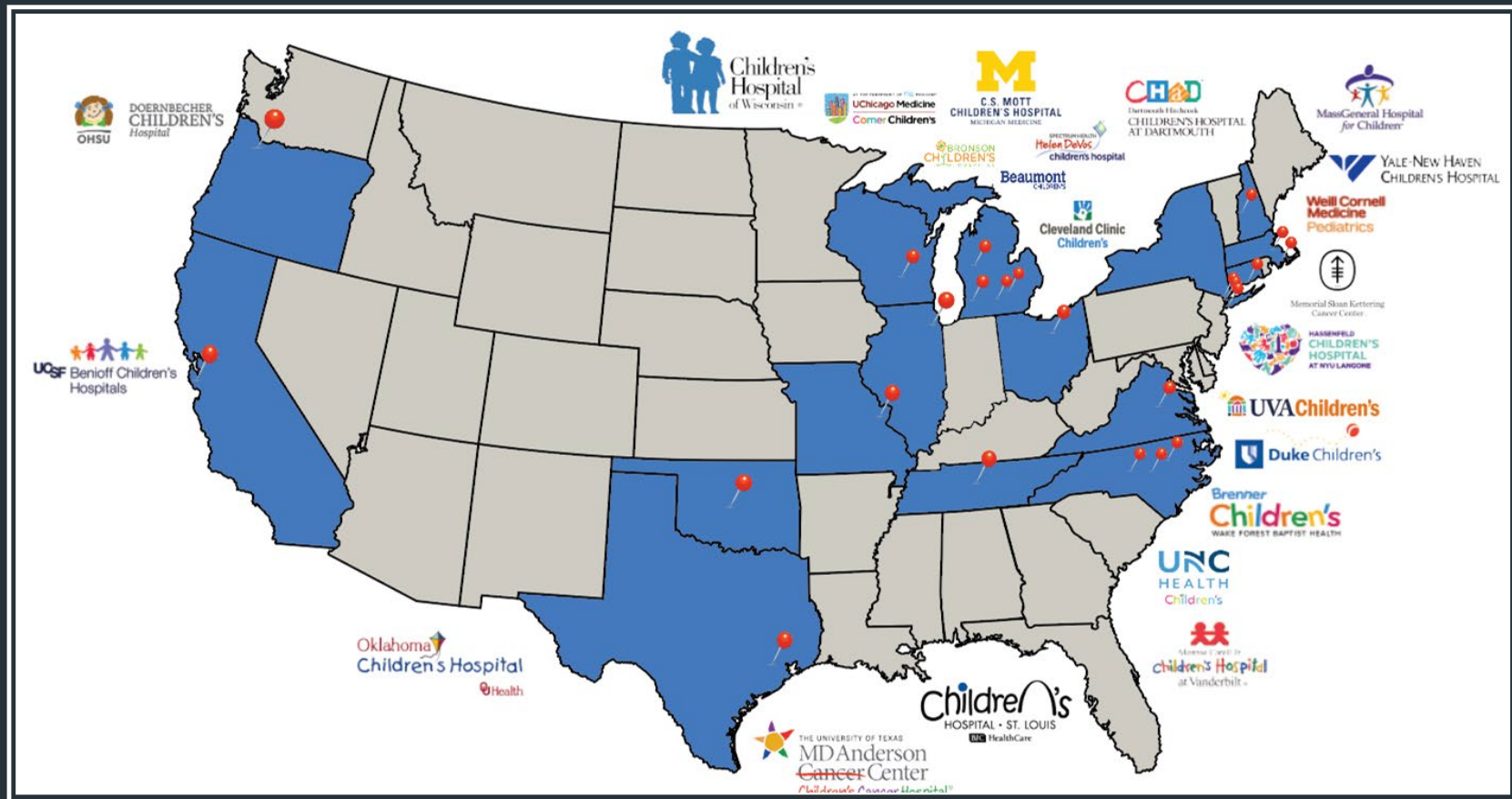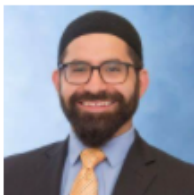
Bishr Haydar, MD

MICHIGAN MEDICINE

Co-Chair
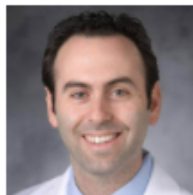
Brad Taicher, DO, MBA

DUKE MEDICINE

Co-Chair

Meridith Bailey, MSN, RN

MPOG

Pediatric Program Lead

Vikas O'Reilly Shah, MD, PhD
Seattle Children's, University of Washington

OB Anesthesia Subcommittee

Focused on processes and outcomes for cesarean deliveries: antibiotic timing, hypotension, rate of general anesthesia, and hypothermia

ABX 01-OB

Antibiotic Timing for Cesarean Delivery

BP 04-OB

SBP < 90 in Cesarean Deliveries

GA 01-OB

General Anesthesia During Cesarean Delivery

GA 02-OB

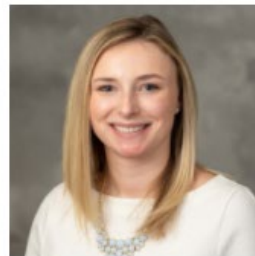General Anesthesia After Neuraxial in Cesarean Delivery

TEMP 05-OB

Bypass Hypothermia Avoidance

Monica Servin, MD

UNIVERSITY OF MICHIGAN

Chair

Brooke Szymanski-Bogart, MSN, RN

M P O G

Obstetric Program Leader

Thank you Drs. Dan Biggs and Rachel Kacmar!

Best Wishes Brooke! Congratulations on your new Nursing Supervisor role!

Cardiac Anesthesia Subcommittee

Focusing on temperature management (prevention of hypothermia and hyperthermia on bypass)

Involving perfusion colleagues

Helped release new cardiac case phenotype

TEMP 06

Post-Cardiopulmonary Bypass
Hypothermia Avoidance
Click to view draft specification

TEMP 07

Cardiopulmonary Bypass
Hyperthermia Avoidance
Click to view draft specification
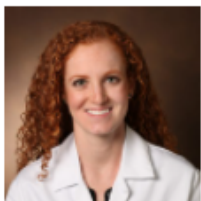
Allison Janda, MD

M P O G

Chair

Mike Mathis, MD

M P O G

Co-Chair

Kate Buehler, MS, RN, CPPS

M P O G

Clinical Program Manager

Phillip Vlisides, MD
University of Michigan

New QI Project to improve delirium screening in routine clinical setting

3 phased approach

Conduct surveys and focus groups with nursing colleagues to determine barriers to delirium screening practices on hospital wards.

Based on barriers identified, conduct a pilot implementation trial with the goal of improving delirium screening frequency and accuracy.

Collaborate with the Michigan Value Collaborative to determine the impact of delirium detection on healthcare value and costs during hospitalization
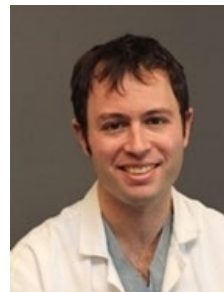
ASPIRE for Better Geriatric Care

Germaine Cuff
NYU Langone

Rob Schonberger
Yale University

Mark Neuman
U Pennsylvania

Xan Abess
Dartmouth Hitchcock

Ann Donovan
UCSF

Stacie Deiner
Dartmouth Hitchcock
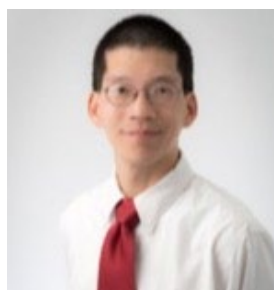
Lee-Lynn Chen
UCSF

Lucy Everett
MGH

Suggested Measures

Efforts informed by ASA Brain Health Initiative, IHI, ACS Geriatric Surgery Verification Program

- Percent of patients age >80 undergoing non-cardiac GA who received a benzodiazepine from anesthesia start to anesthesia end.

- Percent of patients age >80 undergoing GA with ETT who received more that 1.5mg/kg of single propofol dose for induction.

- Percent of patients age >65 without preoperative hypotension undergoing GA for non-cardiac surgery who had episode of MAP < 55 mmHg within 15 minutes of induction.

- The use of rescue Sugammadex following full reversal by neo/glycol.

MPOG Delirium Data

Delirium Concepts Built

Confusion Assessment Method

Cornell Assessment Pediatric Delirium - Postoperative Assessment

Clock Drawing - The patient is asked to draw a clock showing a certain time. Used as a screen for cognitive impairment and dementia

Mini Mental Status Exam - Cognitive function test measuring orientation, attention, memory, language, and visual-spatial skills

Mini-Cog: Used to detect cognitive impairment and consists of a 3-item recall test and a clock drawing test

Montreal Cognitive Assessment - MoCA - 30 item, 10 minute assessment of 8 cognitive domains

4AT - Rapid Test for Delirium, AD8 - Dementia Screening Test

Hopkins Frailty

Next Steps

Programs/processes to improve delirium screening

More sites need to map concepts

Evaluation and Improvement of Provider Feedback emails

Zach Landis-Lewis, PhD, MLIS
Assistant Professor of Learning Health Sciences

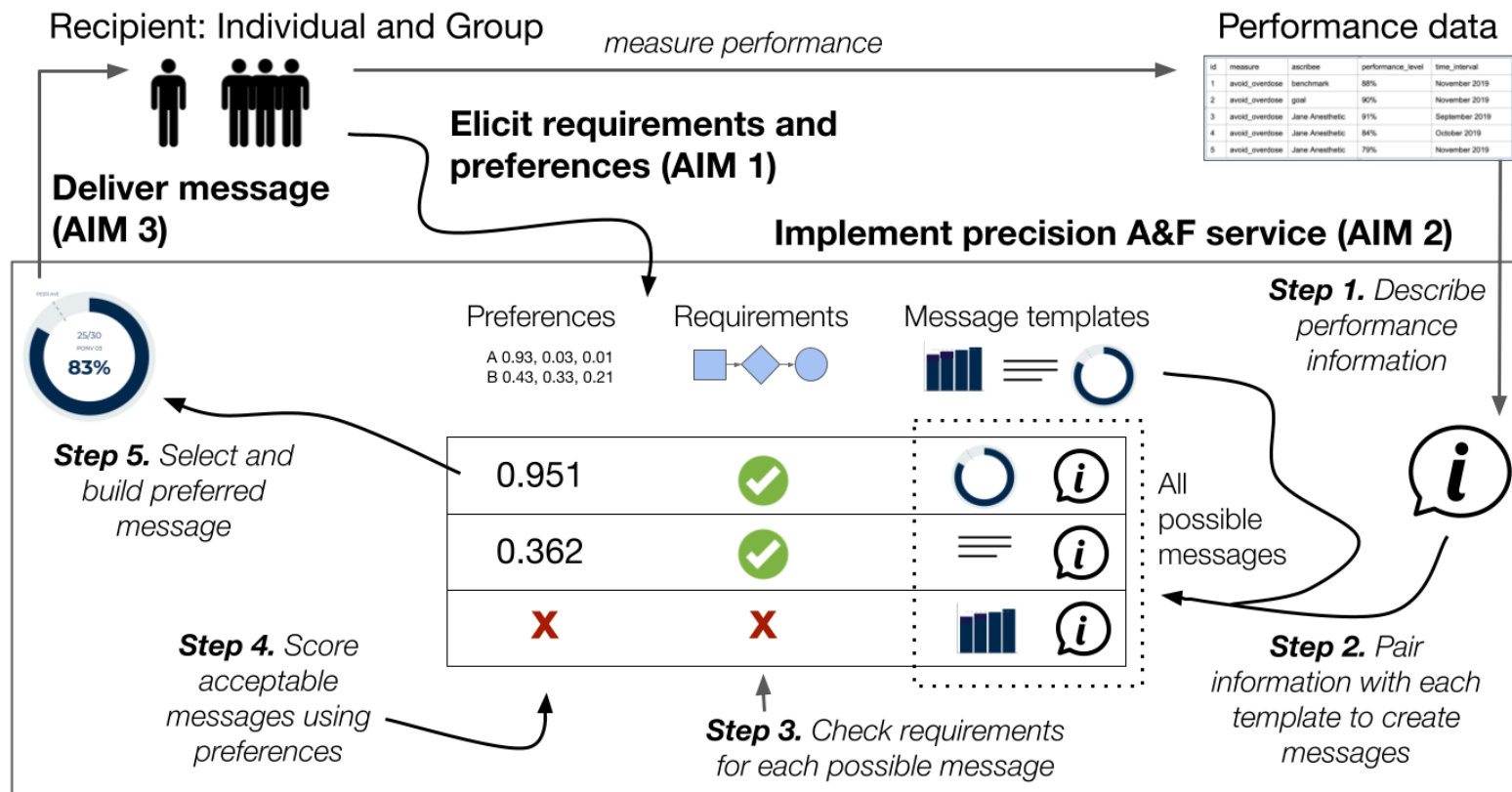Congratulations to Zach Landis Lewis and Team

Project Title: A scalable service to improve healthcare quality through precision audit and feedback

Direct Sponsor: Health and Human Services, Department of-National Institutes of Health, 1R01LM01389401

Project Dates: 9/2021 - 8/2025

NLM R01 Aims and key system functions

Precision feedback: Example 3 (text only)

Hello Dr. Jane,

Congrats on your high performance for avoiding postoperative nausea and vomiting (PONV-03)! You have stayed above the peer benchmark for 6 months!

Below is your MPOG quality performance report. For a case-by-case breakdown of any measures' result, click on the link at left to visit your quality dashboard.

Your Performance vs All Other Attendings

4/1/2019 to 4/30/2019

NMB-01: Train of Four Taken	You, 100% (9 / 9)
	All Other Attendings, 96% (2303 / 2389)
NMB-02: Reversal Administered	You, 100% (9 / 9)
	All Other Attendings, 99% (2367 / 2390)
PUL-01: Tidal Volume	You, 100% (9 / 9)
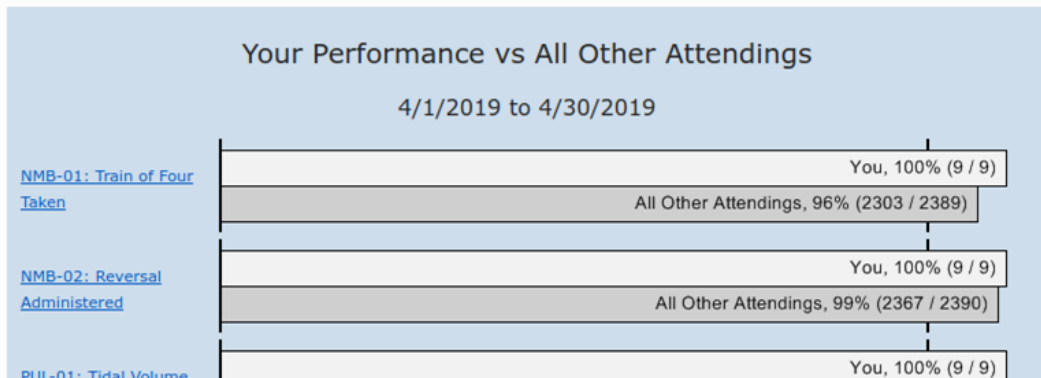
Plan for MPOG 2022

Fix QI Reporting App performance issues

Add QI Measures to Filters and Output to DataDirect

Continue Measure Review (OME, TEMP 01 and 02; BP 01, 02, 03; SUS 01; PONV 03)

CaseViewer for Web

Measures: SUS 02, Risk Adjustment, Registry Outcome on QI Reporting Tool (start with MI sites)

Continue review and validation for Length of Stay phenotype

Thank You

Small Group Sessions Next

1:45 - 2:15
Viewing Measure Performance: How to improve our QI visualizations and QI Reporting Tool - Kate Buehler (Harbor C)

Self Service Data Tools: How to use the new Standardized Data File and improve Data Direct – Dr. Douglas Colquhoun (Harbor A/B - main room)

2:15 - 2:45
Improving our MPOG Quality Committee meetings: Time to rethink our approach? - Nirav Shah (Harbor C)

Feedback on proposed MPOG fellowship - Sachin (Harbor A/B - main room)

1:45 - 2:45 (Virtual)
Rapid fire feedback on your proposed research project - Dr. Mike Mathis/Shelley Vaughn

Improving our MPOG Quality Committee meetings: Time to rethink our approach?

Current features of our QC meetings

Participants: MI + non MI Quality Champions

Frequency: 6x/year

Measure Review

Measure Updates

Items of Interest

MPOG QI Coordinating Center

Build platform

Build and validate measures

Provider feedback

MOCA

QI Toolkits

Ideas?

Focus on single/fewer QI Initiatives (ie delirium)

Adverse event reporting and workflow

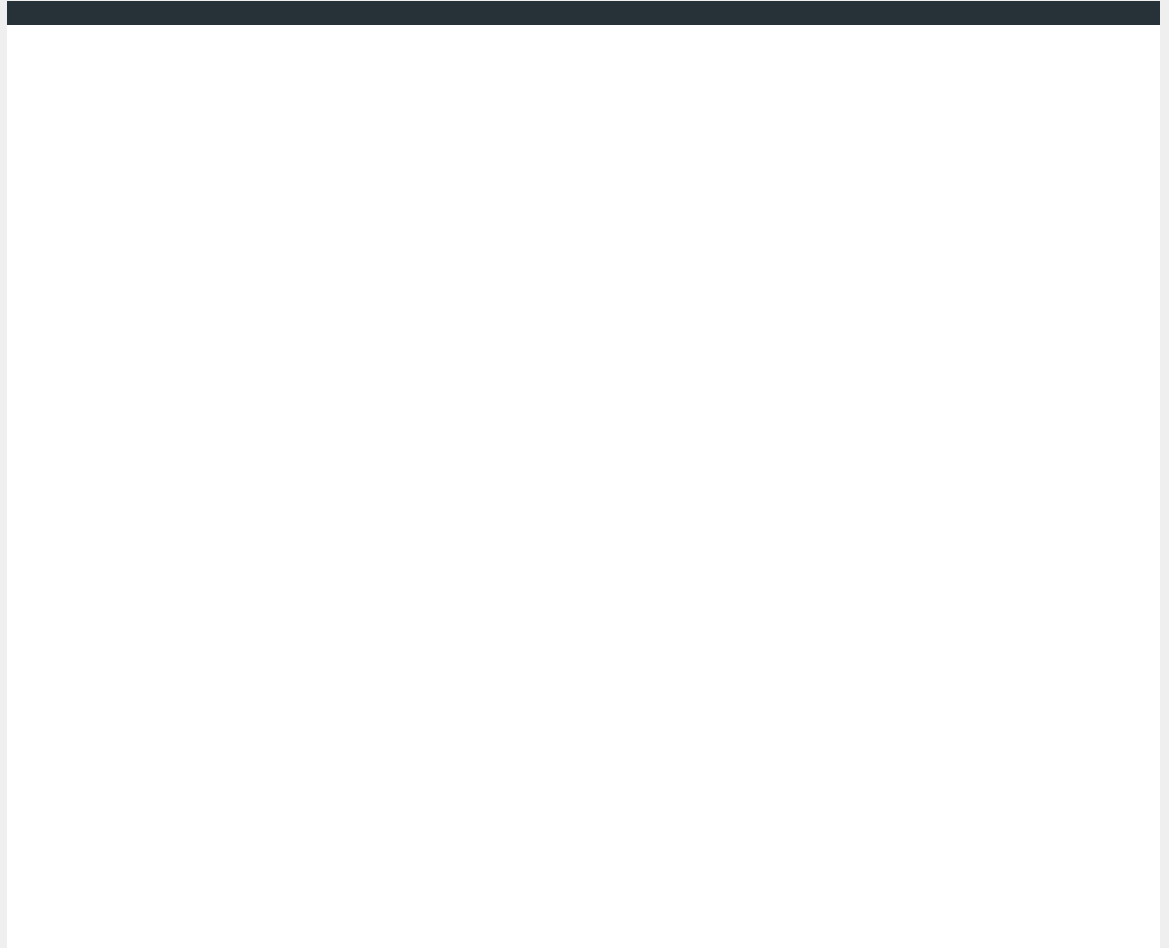Measures - certification process - MIPS/NQF. Technical Expert Panel

Measure management

QC meeting: more/less? MI only meetings? Too many people?

How to integrate/ align more closely with your sites QI efforts?

More technical services? QI services?

Appendix

- ASA - Brain Health Initiative - Mission: to arm anesthesiologists and other clinicians involved in perioperative care, as well as hospitals, patients and their families caring for older surgical patients with the tools and resources necessary to optimize the cognitive recovery and perioperative experience for adults 65 years and older undergoing surgery.
  - https://www.asahq.org/brainhealthinitiative

- IHI – Age Friendly Health Systems Initiative - is an initiative of The John A. Hartford Foundation and the Institute for Healthcare Improvement in partnership with the American Hospital Association and the Catholic Health Association of the United States to help deliver age-friendly care.
  - https://www.johnahartford.org/grants-strategy/current-strategies/age-friendly/age-friendly-health-systems-initiative

- ACS – Geriatric Surgery Verification Program - Developing surgical standards (2 of which are optional) designed to systematically improve surgical care and outcomes for the aging adult population. The standards provide a framework for hospitals to take an interdisciplinary approach to continuously optimize surgical care for older adults.
  - https://www.facs.org/quality-programs/geriatric-surgery

Clock Drawing - The patient is asked to draw a clock showing a certain time. Used as a screen for cognitive impairment and dementia

Institutions	Case Counts
Dartmouth-Hitchcock, University of Chicago, MD Anderson Cancer Center, University of Michigan, Bronson Healthcare Group	1-14

Mini Mental Status Exam - Cognitive function test measuring orientation, attention, memory, language, and visual-spatial skills

Institutions	Case Counts
University of Michigan	20

Mini-Cog: Used to detect cognitive impairment and consists of a 3-item recall test and a clock drawing test

Institutions	Case Counts
University of Florida Health Jacksonville, Bronson Healthcare Group	3-303

Montreal Cognitive Assessment - MoCA - 30 item, 10 minute assessment of 8 cognitive domains

Institutions	Case Counts
University of Michigan Health System	2583

4AT - Rapid Test for Delirium

Institutions	Case Counts
Dartmouth-Hitchcock	~520

Cornell Assessment Pediatric Delirium - Postoperative Assessment

Institutions	Case Counts
University of Michigan Health System, MD Anderson Cancer Center	943-1031

Confusion Assessment Method - Delirium Screening Tool

Institutions	Case Counts
Beaumont, Bronson Healthcare Group, Dartmouth-Hitchcock Medical Center, Duke University, Holland Hospital, Trinity, UCLA Medical Center, University of Florida Health Jacksonville, University of Michigan Health System, University of Virginia Health System	7 - 52,000

Hopkins Frailty

Institutions	Case Counts
University of Florida Health Jacksonville	~1000

AD8 - Dementia Screening Test

Institutions	Case Counts
Dartmouth-Hitchcock	2

Cognition Assessment

Institutions	Case Counts
Bronson, MD Anderson Cancer Center, Henry Ford, Trinity	180 - 48,000