Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, February 26, 2018

Attendees: P=Present; A=Absent; X=Expected Absence

Abdallah, Arbi 'Ben' (Wash U)	Kamdar, Nirav (UCLA)
Ajja, Olivia (St. Joseph)	Lacca, Tory (Michigan)
Angel, Alan (Bronson Battle Creek)	Lagasse, Bob
Aziz, Michael (Oregon)	Ladd, Chris (Michigan)
Bailey, Meridith (Michigan)	LaGorio, John (Mercy Muskegon)
Becker, Aimee (Wisconsin)	Lins, Steve (Bronson Battle Creek)
Berris, Joshua (Beaumont Farmington Hills)	Louzon, Kathryn (Beaumont Royal Oak/Troy)
Bledsoe, Amber (Utah)	Malenfant, Tiffany (Beaumont Trenton/Wayne)
Bornhoft, Katie (Michigan)	Mathis, Mike (Michigan)
Buehler, Katie (Michigan)	Methangkool, Emily (UCLA)
Burns, Mike (Michigan)	McKinney, Mary (Beaumont Dearbor/Taylor)
Chiao, Sunny (Virginia)	Moore, Jim (UCLA)
Collins, Kathleen (St. Mary)	Nachamie, Anna (Weill Cornell)
Coons, Denise (Bronson)	Nanamori, Masakatsu (Henry Ford Detroit)
Crawford, Joan (Mercy Muskegon)	Noles, Michele (Oregon)
Domino, Karen (U of Washington)	Obembe, Samson (Cornell)
Gates, Elizabeth (Beaumont)	Pardo, Nichole (Beaumont Grosse Pointe)
Goorin, Patricia (Sparrow)	Poindexter, Amy (Holland)
Harwood, Timothy (Wake Forest)	Quinn, Cheryl (St. Joes Oakland)
Heiter, Jerri (St. Joseph)	Schonberger, Robert (Yale)
Hightower, William (Henry Ford)	Saager, Leif (Michigan)
Hitti, Nicole (Weill Cornell)	Shah, Nirav (Michigan)
Housey, Shelley (Michigan)	Sharma, Anshuman (Wash U)
Johnson, Ray	Smith, Susan (Beaumont)
Kaye, Toni (ASA AQI)	Tyler, Pam (Beaumont Farmington Hills)
Kennedy, Jori (Sparrow)	Vitale, Katherine (Beaumont Dearborn/Taylor)

Agenda & Notes

1. **Minutes from January 22, 2018 meeting approved**- posted on the website for review. Recording available as well.
2. **Roll Call**: Will contact QI Champions and ACQRs directly to inquire about participation status if missing. Other participants can review meeting minutes and contact Coordinating Center if missing from attendance record.
3. **Upcoming Events**:
    a. *April 20th Joint Meeting with Surgical Quality Collaborative – Livonia, MI*
        i. Welcome ASPIRE and MSQC Membership (30min)
        ii. Pain Management/Reducing Opioid Use (45min)
            1. Melanie Simpson, PhD, RN-BC, OCN, CHPN, CPE: University of Kansas
        iii. Medical Cannabis Use for Chronic Pain Patient (30min)
            1. Kevin Boehnke, PhD: Michigan Medicine

iv.   A Patient's Experience with Enhanced Recovery (30min)
                1.   Robert Miller: National Geographic Book Author/Photojournalist.
        v.   ASPIRE only breakout session in afternoon (90 min)
                1.   QI Stories
                2.   Performance Measure Review
                3.   ASPIRE Future Direction
                        a.   Interested in hearing your thoughts on the future of ASPIRE as
                             well!
   b.   *April 28th IARS. MPOG/ASPIRE – Chicago, IL*
            i.   No formal meeting scheduled. Plan to have an informal meeting in lobby bar at
                 the Hyatt. More information to follow.
   c.   *July 20 – ASPIRE Collaborative Meeting – Lansing, MI*
            i.   Reach out with agenda items of interest
   d.   *October 12 – ASA Conference – San Francisco*

4. **BCBSM P4P Update**
   a.   P4P Scorecards complete
   b.   Sent out today
   c.   Email Questions to Tory Lacca (lacca@med.umich.edu

5. **Earning MOCA 2.0 Part IV Credit**
   a.   Eligible providers enrolled in the MOCA® ASPIRE Provider Feedback program can now
         begin the attestation process for earning MOCA® Part IV credit.
   b.   In the emails distributed on January 24th, providers will now see a MOCA® link that will
        direct them to the attestation page. Can use email feedback program for MOCA part 4
        credit. By attesting they have reviewed their cases.
   c.   Each month, providers will attest to reviewing the auto-populated failed cases for each of
        their selected MOCA® measures.
   d.   To earn the full five (5) points per measure, providers must review and attest to 12
        feedback emails and show improvement or maintain performance above threshold for
        each measure.
   e.   A maximum of 25 points can be earned upon completion of one 12-month period. ASPIRE
        will communicate the number of points received as well as final scores to the individual
        before attesting to the American Board of Anesthesiology (ABA) on the provider's behalf.
   f.   Fee: $150, payable when we submit data to ABA

6. **Application Updates: DataDirect Download**
   a.   Authorization form on MPOG website: Join → Downloads. Will require re-approval every
        6 months to ensure data downloaded is being used in a way consistent with what we've
        talked about.
   b.   Enables download of site specific data for QI. Allows sites to access
   c.   DataDirect Download will work in conjunction with the ASPIRE dashboard. Can identify a
        cohort of patients or download limited datasets for additional QI analysis or research.

7. **Transfer of Care Audits – MQUARK Update**
   a.   Method of using surveys to help improve measures.

b. Would like as many sites as possible to complete PACU audits throughout 2018.

c. Plan to post an MQUARK user guide this week.

8. **Measure Updates**

a. TOC 03 Released

   i. TOC 03 released - complimented with MQUARK survey/audit tool.

   ii. Percentage of patients, regardless of age, who undergo a procedure under anesthesia and are admitted to an Intensive Care Unit (ICU) directly from the anesthetizing location, who have a documented use of a checklist or protocol for the transfer of care from the responsible anesthesia practitioner to the responsible ICU team or team member

   iii. Essentially the ICU variant of TOC 02

b. Institutions can add this measure to emails. Reach out to coordinating center with interest.

9. **2018 Measure Development**

a. *PONV 02*: Peds PONV prophylaxis – released within a few weeks.

b. *PUL 03:* Informational measure analyzing PEEP usage – lung protective measure bundle.

   i. Will include ranges of PEEP usage (0-2, 3-5, 6-8) and will serve as an informational measure outlining how PEEP is being used at each institution. May change to a specific measure with a threshold in the future.

c. *CARD 03*: Percentage of patients with high risk comorbidities with severely elevated postoperative troponin levels (Troponin I > 0.6)

   i. No development yet but will begin after CARD 02 is released.

   ii. Looks into specific aspects of cases where an anesthesia provider could have had an attributable component of post op troponin elevation.

d. *TOC 01*: Percentage of intraoperative anesthesia staff changes where a formal transfer of care protocol or checklist which includes key transfer of care elements was utilized.

   i. Planning to look at shift relief handover (not meal/coffee breaks)

e. *PONV 03*: Incidence of PONV in PACU

   i. First PACU Measure! Working to extend data that comes into MPOG (Pre op and Post op)

f. *CARD 04 (MIPS 44):* Percentage of isolated Coronary Artery Bypass Graft (CABG) surgeries for patients aged 18 years and older who received a beta-blocker within 24 hours prior to surgical incision.

10. **Intraoperative Morphine Equivalent Measure**

a. Looking at how many opioids are given intraoperatively for different case type groupings. Plan to have a version of this dashboard by April 20th. Will give trends on an institution basis that can be used as a benchmark across other institutions.

b. Working on measures that look at total amount of morphine on a per hour basis adjusted for the case length.

c. Opioid Calculator

   i. Epic working to build an intraoperative calculator for opioids. MPOG members have been involved in those discussions.

ii. CDC Calculator: Contains a lot of medications that there is no consensus for: Alfentanil.

iii. MPOG has created conversions for those medications that are not included in the CDC tool. Goal is to use the same definitions across all MPOG sites and refine as necessary.

iv. Dr. Shonberger comments that it will be important to identify a way to handle instances in which no route is documented. Route is necessary to do proper conversion – MPOG will need to develop consensus on what to do when route not available.

d. Results will be presented as Case Groupings – Based on CPT codes
   i. Cardiac
   ii. Spine
   iii. Abdominal
   iv. Hysterectomy
   v. Arthroplasty (hip and knee)

11. **QI Stories**
    a. Added to our 2018 P4P requirement to increase collaborations on QI initiatives across sites. We want to hear about your great work!
    b. First presentation will occur during next month's QC meeting and continue throughout the year during QC meetings.
    c. Some Institutions may present at the in person collaborative meetings (April, July or ASA in October).

12. **Research Update:**
    a. *PROSPER STUDY*: Prospective Study of Perioperative Experience and Recovery
       i. Study that uses surveys and passively collected information from iPhones to track a patient's experiences throughout the perioperative period.
       ii. Starting at UM surgical clinics, and then moving to other interested centers. Looking at quality of life and patient reported outcomes via the survey/app.
       iii. Patient Reported Outcomes data will be linked to MPOG cases allowing for new types of research to be conducted
       iv. No active recruiting! Just posters in clinics/ clinic rooms.
          1. If you would like to participate and enroll patients, contact the coordinating center: Nicole Pescatore – nipescat@med.umich.edu

13. **Data Integration MSQC/MUSIC**
    a. Received approval from all Michigan ASPIRE hospitals to integrate data with MSQC (Michigan Surgical Quality Collaborative).
    b. First project – intraoperative opioid administration (from ASPIRE) combined with post-operative opioid administration (MSQC) and patient reported outcomes (MSQC)
    c. Looking for additional ideas. Please reach out to the coordinating center with suggestions.
    d. Already combined data with MVC (Michigan Value Collaborative)

e. Next CQI Data integration – MUSIC (Michigan Urological Surgery Improvement Collaborative)

Meeting concluded at 11:00am