

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Pediatric Sub Group Meeting Minutes – April 24, 2017

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

A	Neil Patel, Pediatric Anesthesiologist, NYU
P	Chuck Schrock, Pediatric Anesthesiologist, Wash U
P	Anshuman Sharma, Pediatric Anesthesiologist, Wash U
P	Ronak Patel, Pediatric Anesthesiologist, UVA
A	Bill Feaster, Pediatric Anesthesiologist, CHOP
P	Paul Stricker, CHOP
P	Jorge Galvez, CHOP
A	Allan Sempao, CHOP
A	Paul Reynolds, Pediatric Anesthesiologist, UMHS
A	Shobha Malviya, Pediatric Anesthesiologist, UMHS
A	Wilson Chimbira, Pediatric Anesthesiologist, UMHS
A	Wenyu Bai, Pediatric Anesthesiologist, UMHS
A	Robert Christensen, Pediatric Anesthesiologist, UMHS
P	Nirav Shah, Associate Program Director, ASPIRE
P	Katie Buehler, QI Coordinator, ASPIRE

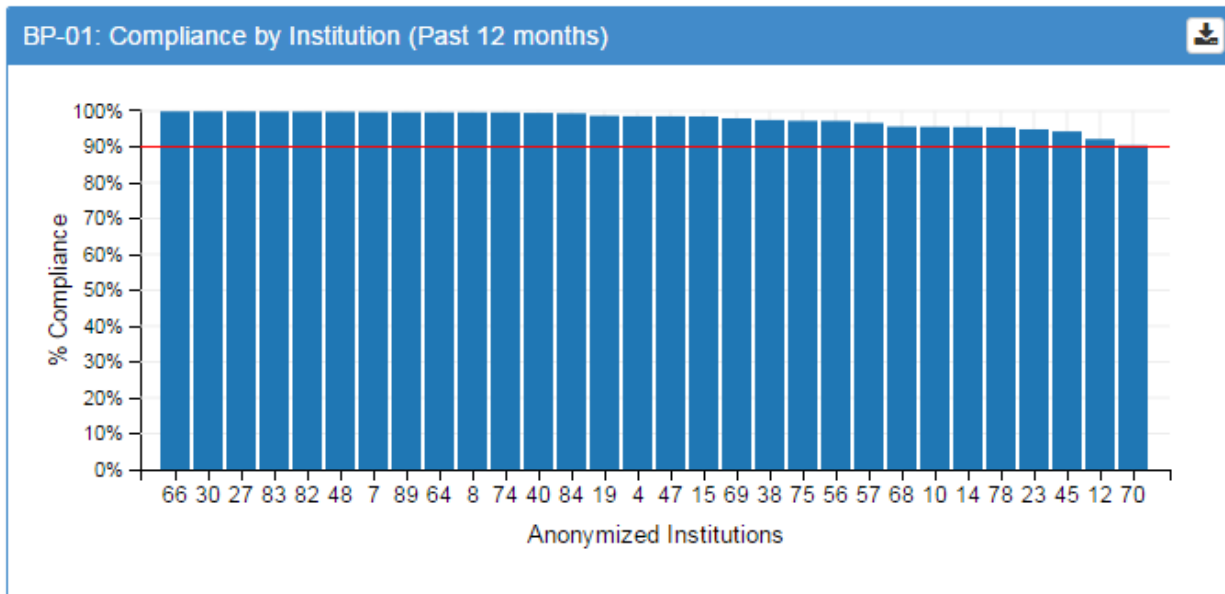
Agenda & Notes

1. Introductions & Background of ASPIRE measures
2. Review existing measures for applicability to pediatric anesthesiology population
 - a. BP 01: MAP<55 for cumulative total of 20 minutes or greater
 - i. UM Pediatric Anesthesia Department Recommendations:
 1. Adult criteria can be applied for patients >12 years;
 2. Age 1 to 12 years use $2N + 70$ = lower limit of normal systolic BP, where N is age in years
 3. Age 1 month to 12 months: Use systolic BP < 50 as hypotension
 4. 0-1 month, normal BP is the equal to gestational age
 - ii. Comments: 'Age' needs to be defined based upon gestational age for patients 1 month and younger. 1 month for a term infant can be very different from 1 month old for a child born pre-term.
 - iii. Suggestion to capture 20% less than baseline MAP though capturing a baseline MAP in pre-op may not be ideal. Some patients may have hypertensive in preop due to anxiety or pre-procedure routines which would not be a reliable MAP.
 - iv. Suggestion to accommodate the range of different BPs that may exist for children at various ages: Make the measure informational only. Present the range found within your institution for patients based upon age groups.
 - v. Suggestion to also capture amount of inotropes and vasopressors used for pediatric population.
 - vi. **Conclusion:** Keep existing exclusion and create a new descriptive measure for peds that allows for benchmarking across sites for patients less than 18.

- vii. **Action Item:** Coordinating Center to create a new descriptive measure for pediatrics (patients <18). Will build and bring back to this committee for review before release.
 - b. BP 02: BP Monitoring Gaps > 10 minutes
 - i. NO pediatric exclusions with measure as written.
 - ii. MRI and labor epidural cases excluded.
 - iii. **Conclusion:** No changes to the measure needed to accommodate peds.
 - c. TEMP 01: Active Warming for general and neuraxial procedures
 - i. Exclude cases less than 60 minutes, MRI, and labor epidural cases. No pediatric specific exclusions currently.
 - ii. Suggestion to make TEMP 01 a sub-measure based upon TEMP 02 and TEMP 03 'outcome' performance. Should apply active warming based upon the temperature value.
 - iii. Suggestion to create an upward bound for temperature measures.
 - iv. Comments that active warming may not be documented consistently.
 - v. **Conclusion:** No change at this time for pediatrics. As we modify the measure to marry the process measures to the outcome measure, will apply to peds patients as well.
 - d. TEMP 02: Core temperature Management
 - i. No pediatric exclusions currently; can measure core or near-core temperature for all patients regardless of age.
 - ii. Axillary counts as near core.
 - iii. **Conclusion:** No change at this time for pediatrics. As we modify the measure to marry the process measures to the outcome measure, will apply to peds patients as well.
 - e. CARD 01: Troponin >1.0 within 72 hours of the case
 - i. Cardiac case exclusions.
 - ii. No peds specific exclusions.
 - iii. Exclude outpatient cases.
 - iv. **Conclusion:** No change at this time for pediatrics.
3. Discuss AKI 01 and MED 01 via peds forum. Will add new members to ASPIRE Peds Forum.

Meeting concluded at 1236.

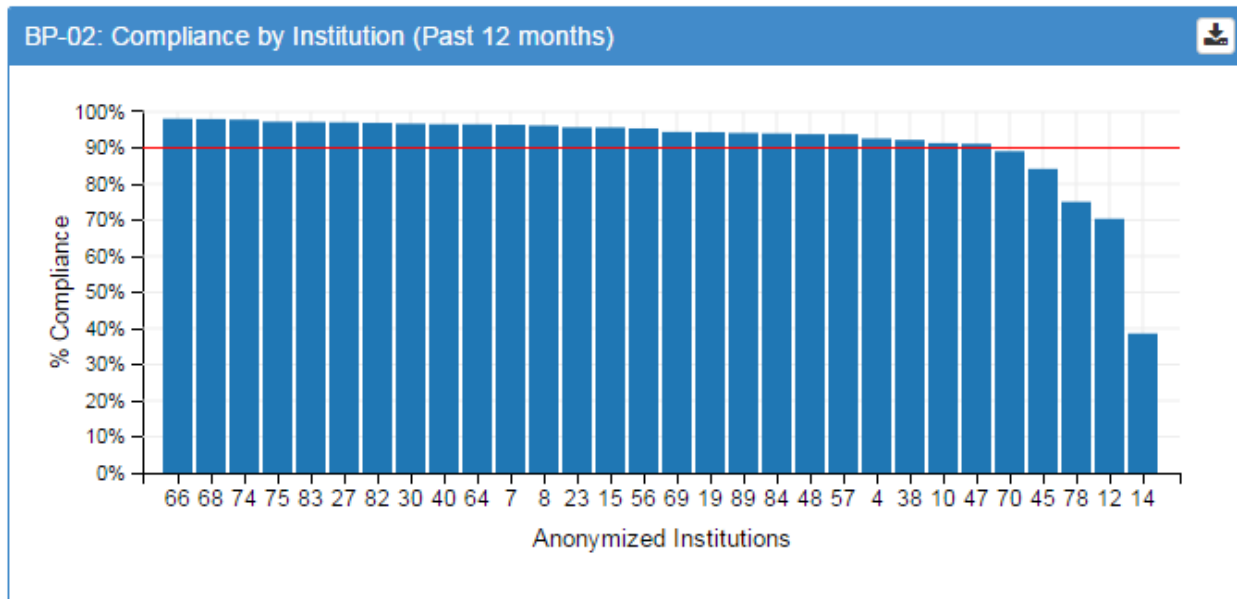
BP 01 Low MAP Prevention: All patients



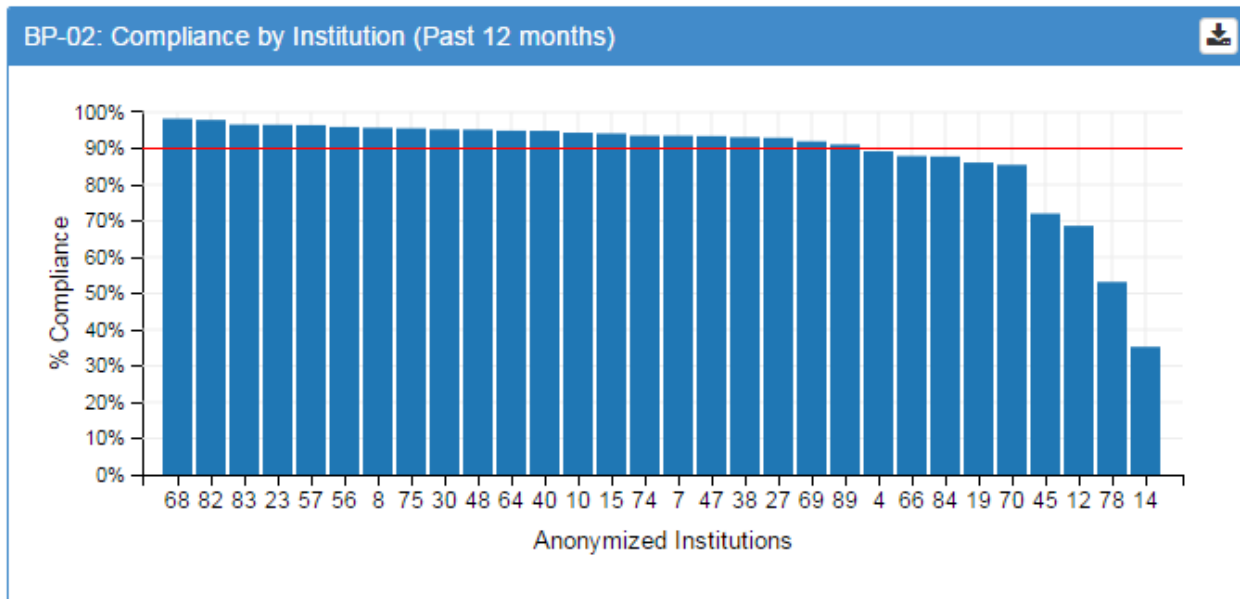
BP 01 Low MAP Prevention: Patients <12 years

Not applicable currently.

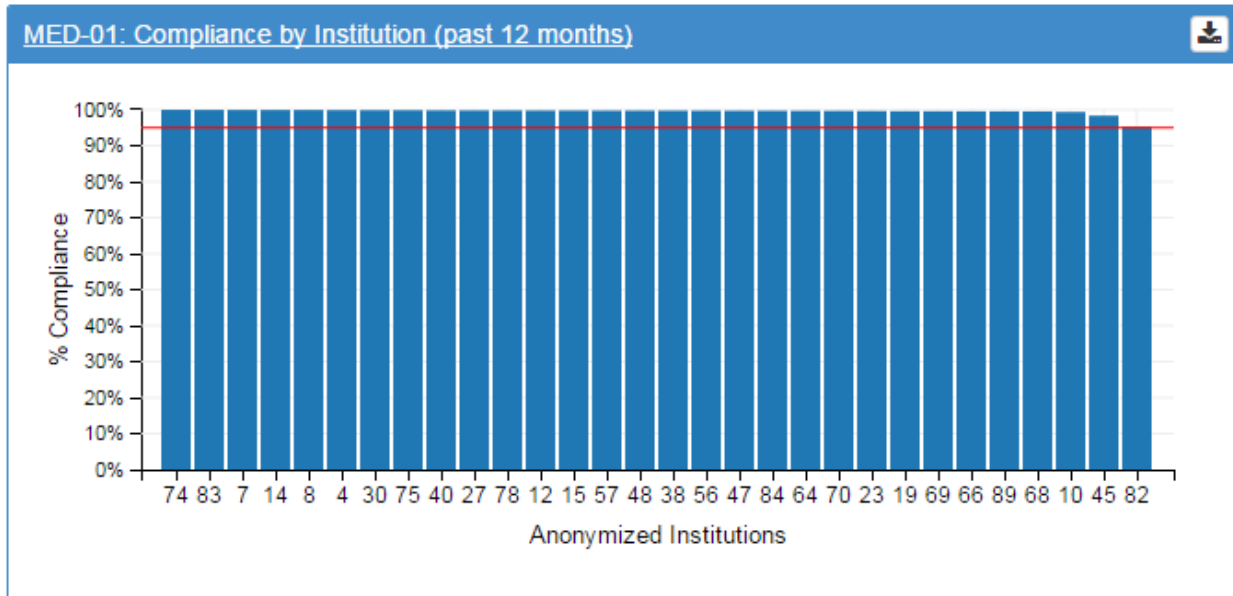
BP 02 Monitoring Gaps: All patients



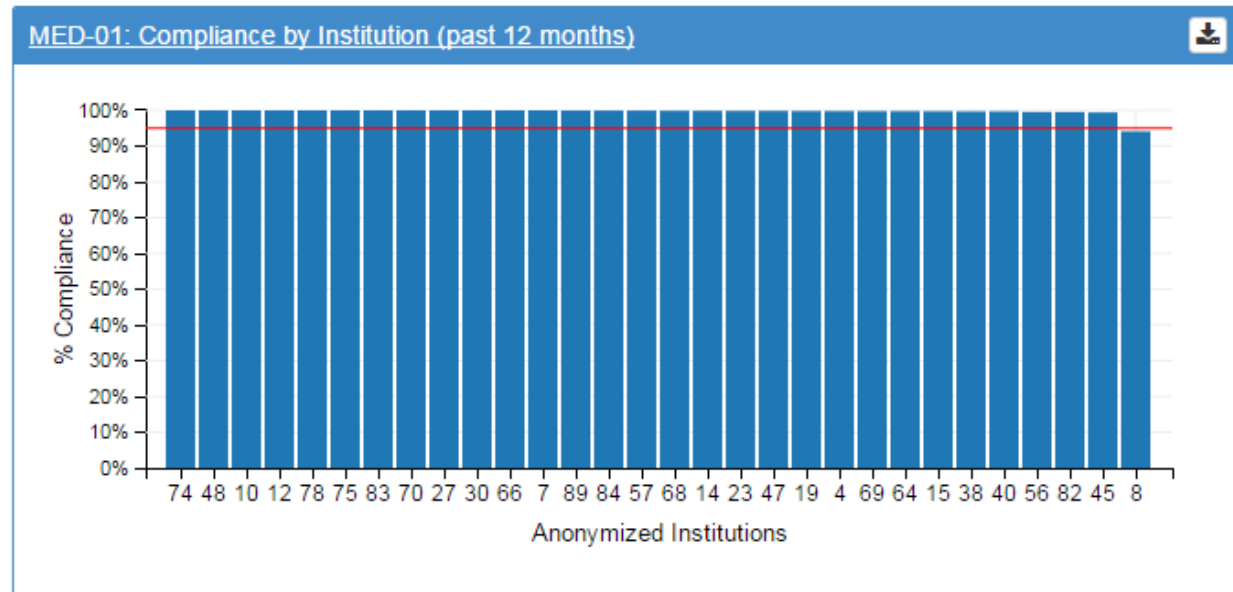
BP 02 Monitoring Gaps: Patients <12 years



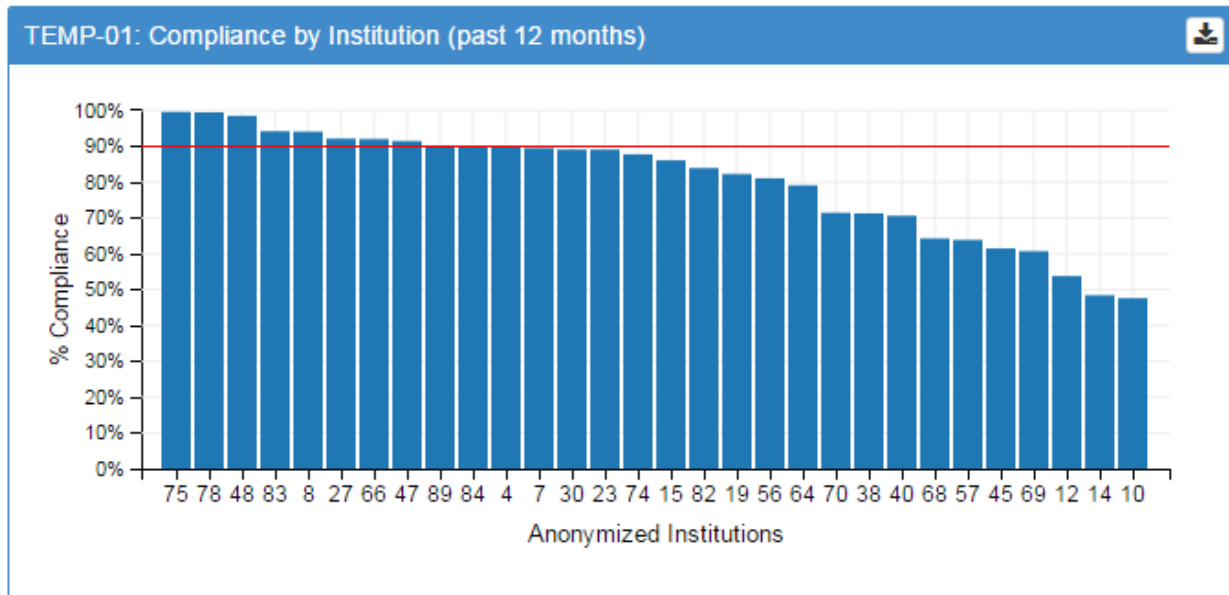
MED 01 Medication Overdose: All patients



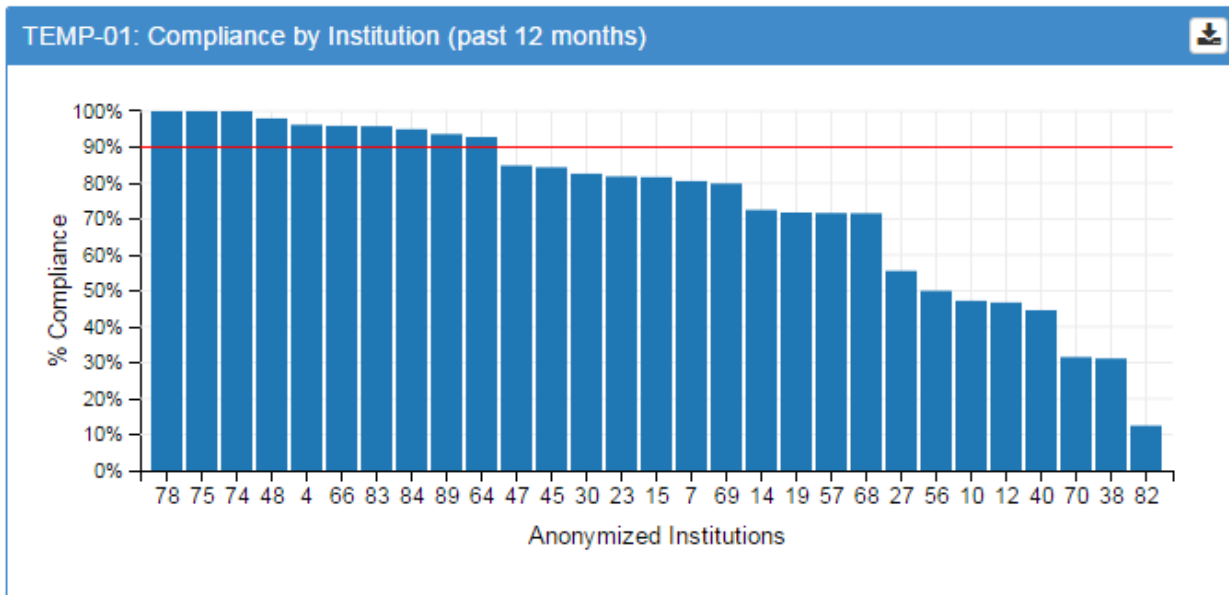
MED 01 Medication Overdose: Patients < 12 years



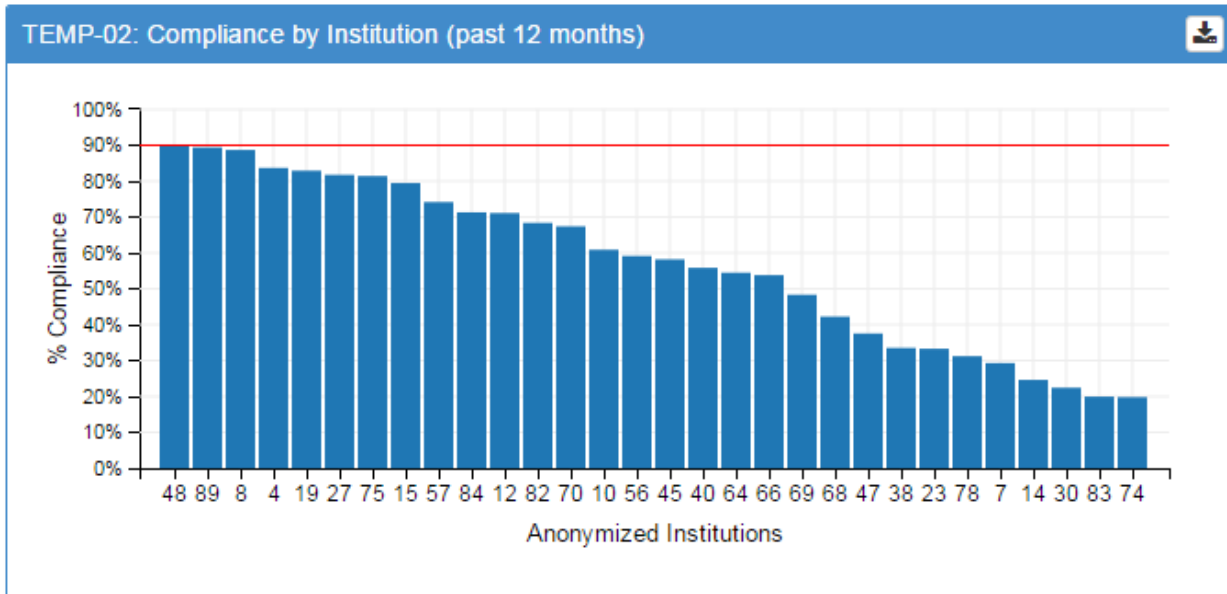
TEMP 01 Active Warming: All patients



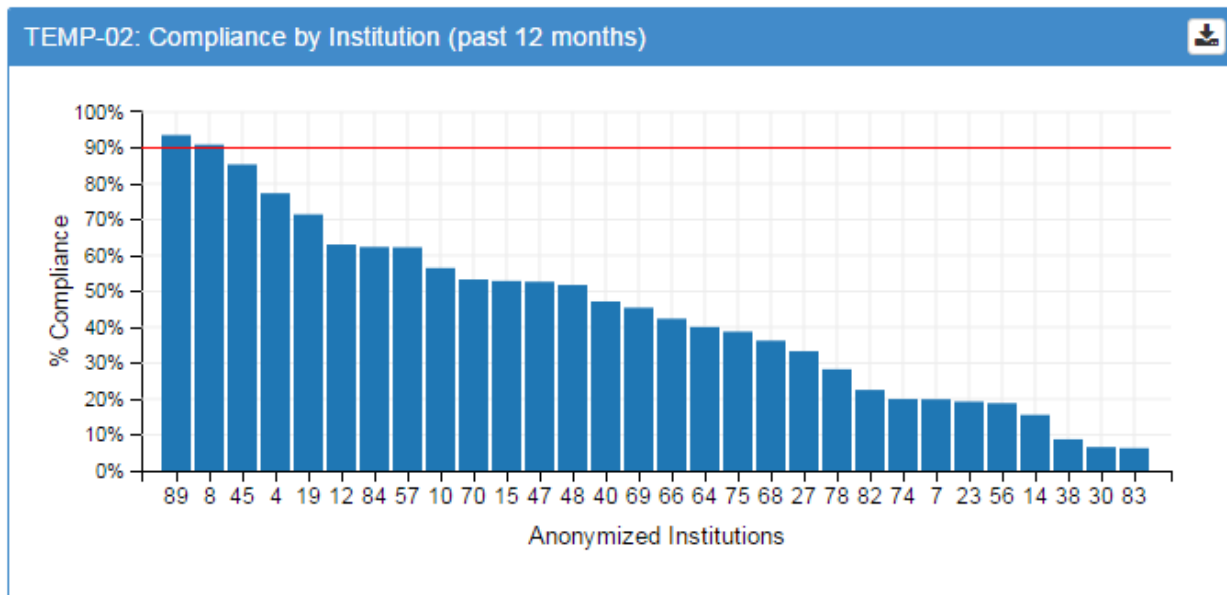
TEMP 01 Active Warming: Patients <12 years



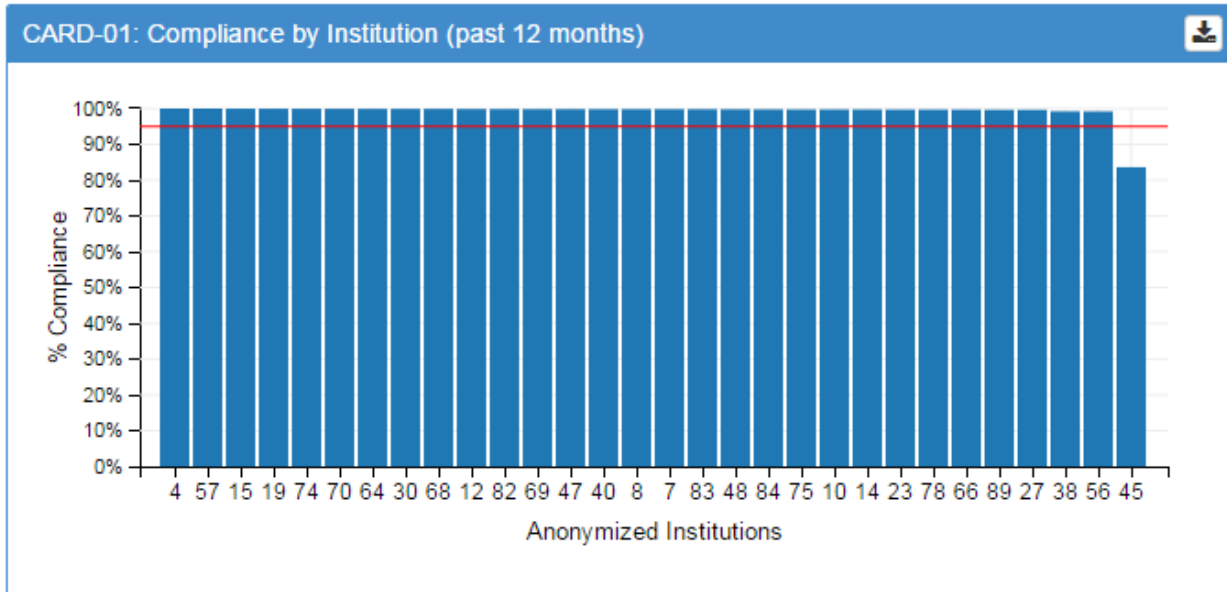
TEMP 02 Core Temperature: All patients



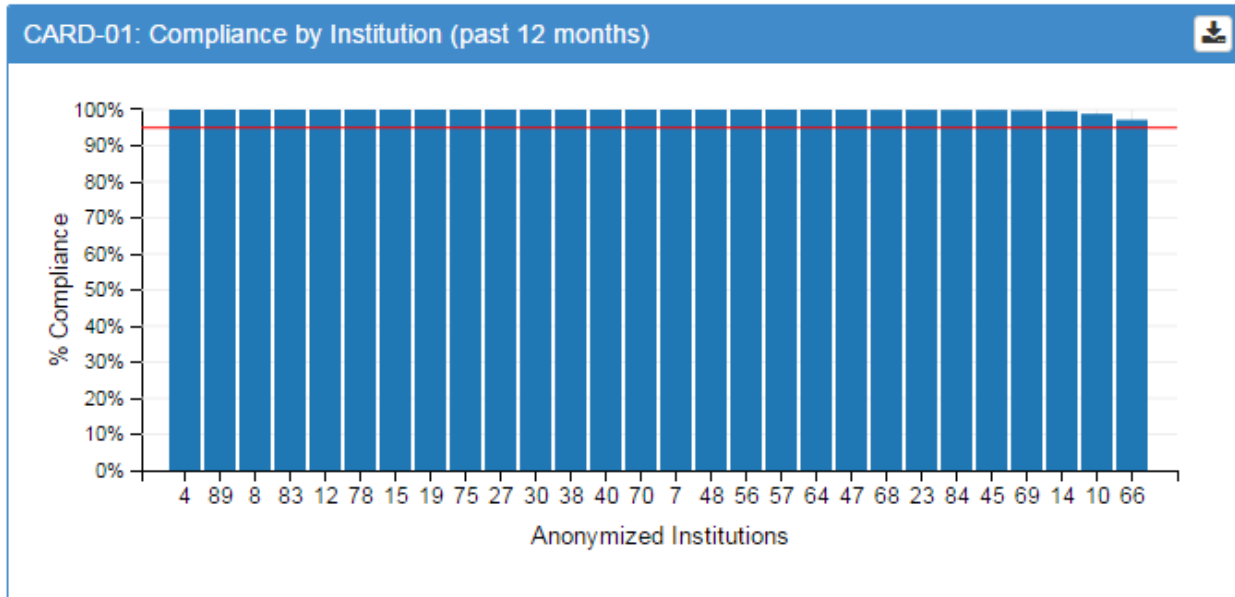
TEMP 02 Core Temperature: Patients <12 years



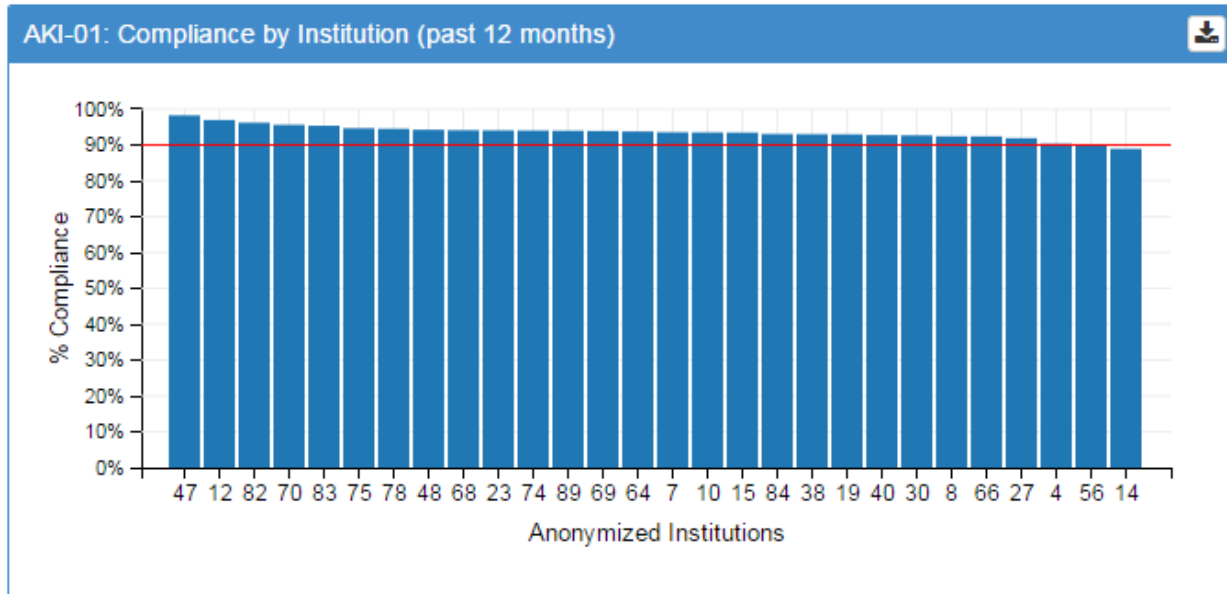
CARD 01 Avoiding MI: All patients



CARD 01 Avoiding MI: Patients <12 years



AKI 01 Avoiding AKI: All patients



AKI 01 Avoiding AKI: Patients <12 years

