Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, August 27, 2018

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

Applefield, Daniel (St. Joseph Oakland)	LaGorio, John (Mercy Muskegon)
Angel, Alan (Bronson Battle Creek)	Lins, Steve (Bronson Battle Creek)
Aziz, Mike (Oregon)	Louzon, Kathryn (Beaumont Royal Oak/Troy)
Bailey, Meridith (Michigan)	Lucier, Michelle (Henry Ford)
Bhavsar, Shreyas (MD Anderson)	Mathis, Mike
Biggs, Dan (Oklahoma)	Malenfant, Tiffany (Beaumont Trenton/Wayne)
Bledsoe, Amber (Utah)	Mathis, Mike (Michigan)
Bonello, Laura (Beaumont)	McKinney, Mary (Beaumont Dearborn/Taylor)
Burns, Mike (Michigan)	Nachamie, Anna (Weill Cornell)
Chiao, Sunny (Virginia)	Nanamori, Masakatsu (Henry Ford Detroit)
Collins, Kathleen (St. Mary)	Obembe, Samson (Cornell)
Coons, Denise (Bronson)	Paganelli, William (Vermont)
Crawford, Joan (Mercy Muskegon)	Pardo, Nichole (Beaumont Grosse Pointe)
Cuff, Germaine (NYU Langone)	Poindexter, Amy (Holland)
Harwood, Tim (Wake Forest)	Poterek, Carol (Beaumont)
Haus, Jason (Beaumont Troy)	Quinn, Cheryl (St. Joes Oakland)
Hightower, William (Henry Ford W. Bloomfield)	Rensch, Robert (Bronson Kalamazoo)
Heiter, Jerri (St. Joseph A2)	Schonberger, Rob (Yale)
Hitti, Nicole (Weill Cornell)	Shah, Nirav (Michigan)
Horton, Brandy (A4)	Smith, Susan (Beaumont)
Jameson, Leslie (Colorado)	Tollinche, Luis (Memorial Sloan Kettering)
Kaye, Toni (	Tyler, Pam (Beaumont Farmington Hills)
Lacca, Tory (Michigan)	Vaughn, Shelley (Michigan)
Ladd, Chris (Michigan)	Wood, Aaron (Beaumont Farmington Hills)

Agenda & Notes

1. **Minutes from June 25, 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. *October 12 – MPOG Retreat/ASA Conference – San Francisco*
        i. Registration is open! https://mpog.org/events-news/mpogretreat2018/
        ii. Featured Speakers
            1. Dr. Robert Wachter (UCSF)
            2. Dr. Thomas Insel (Mindstrong)
            3. Dr. Elizabeth Whitlock (UCSF)
        iii. QI Stories
            1. Dr. Timur Dubovoy (University of Michigan)

4. **Survey results from ASPIRE Collaborative meeting on 7/20**
    a. Overall very positive feedback
    b. Many were inspired by Dr. Bagian and agreed he gave a phenomenal talk.
    c. Thank you to those who presented site QI stories.

5. **Welcome New Sites!**
    a. Beaumont Trenton, Dr. Ashvin Patel
    b. Beaumont Wayne. Dr. Marina Dyment
    c. Tiffany Malenfant, MSN is the ACQR for both sites

6. **QI Story – Dr. Steven Lins (Bronson Battle Creek)**
    a. Pain management for hip fracture patients: switched from femoral nerve blocks with low dose spinal anesthetics to continuous fascia iliaca blocks
        i. Problem: Patients continued to receive high doses of narcotics between ED and surgery with frequent delirium on arrival to surgery where many could not sign their own consent.
        ii. QI initiative: placed continuous fascia iliaca blocks upon arrival to ED and continued for up to three days post-op. Avoided narcotics which reduced opioid consumption and post op delirium.
            1. Increased communication with ER physicians before they give narcotics so anesthesiology could do a baseline assessment and perform block in the ED.
        iii. Results: Patients do much better with block placed in ED, decrease length of stay after surgery, greater patient/family satisfaction and decreased narcotic use.
    b. Discussion
        i. Buy in obtained with smaller anesthesia staff. Providers were able to see the results of pain scores first hand while placing the block.
        ii. Currently documenting blocks in Epic. MPOG interesting in capturing this data.
7. **Updates**
    a. **Opioid Equivalency**
        i. OME dashboard is now available. Informational metric only.
        ii. Results are grouped by case groupings through CPT codes.
            1. May break out into specific groups in the future based on feedback.
        iii. Comparisons across institutions and within specific institutions as well
            1. Trending graphs available comparing your institution to all ASPIRE institutions.
            2. Provider specific comparisons available
        iv. Ability to filter average administration and case length times by month, day or case. Flags cases that received Remi and/or an unknown dose.
        v. **Discussion**
            1. It would be useful to know if patient is already on chronic opioid use.
            2. Epic workgroup definition of common opioid equivalency is in the works

b. **Dashboard Improvement**
    i. Case details – moving from dashboard to case viewer
    ii. Data lookback will be increased from 1 to 2 years
    iii. Improved dashboard performance
c. **CPT Prediction**
    i. Measures that need CPT codes for inclusion and exclusion will now use CPT prediction code until actual pro fee billing information is submitted. Once the actual billing codes are submitted they will be swapped in for the earlier predicted codes.
d. **Pulmonary 02 – Tidal volume less than 8cc/kg IBW**
    i. Had same exclusion list as PUL 01.
    ii. A lot more variation seen in PUL 02. 40-80% range of compliance across all institutions
        1. Potential area to focus on as a collaborative next year as a bundled measure or on its own.
        2. Working to refine the exclusion criteria.
            a. Mike Aziz (OHSU) suggests bundle PUL 02 with PEEP measures and exclude intracranial cases.
            b. Kathleen Collins (St. Joes, Livonia) consider excluding bariatric cases.
e. **TRAN 02 -** Identifies blood transfusion cases when the hematocrit was <30% or hemoglobin was <10g/dL post-transfusion
    i. Current Success: Hematocrit value documented as less than or equal to 30% and/or hemoglobin value documented as less than or equal 10g/dL **OR** if no hematocrit or hemoglobin checked within 6 hours of anesthesia end
    ii. Proposed change: If no hemoglobin value within the immediate postop period, should be excluded rather than marked as a success.
        1. Will look into how many cases this will effect and move forward with this update.

8. **Coming Up**
    a. **PEEP (PUL-03):** an informational measure that analyzes PEEP usage across patients undergoing mechanical ventilation during anesthesia. PUL 03 will determine if any PEEP was administered (as defined by median PEEP >2) and also analyzes the level of PEEP administration
        1. No PEEP (<2 cm H20)
        2. Low PEEP (2-4 cm H20)
        3. Moderate PEEP (>4 to <8 cm H20)
        4. High PEEP (>8 cm H20)
    ii. Trending towards a bundle lung protective measure and PUL 03 would be included in this.

b. **CARD 03 - Myocardial Injury for High risk Patients**
    i. Plan to release in Q4 after ASA
    ii. Outcome measure that identifies high cardiac risk patients that have severely elevated troponin levels (Troponin I >.60 mcg/L) within 72 hours postoperatively
    iii. Inclusions
        1. All high risk surgeries* OR
        2. All anesthetic cases performed on patients with history of ischemic heart disease, congestive heart failure, cerebrovascular disease, diabetes requiring preop insulin, or chronic kidney disease
        3. *High-risk surgeries include intraperitoneal, intrathoracic, or suprainguinal vascular procedures, as adapted from the Revised Cardiac Risk Index (RCRI) and identified by Anesthesia CPT codes.
            a. Definition of high risk patients is based on comorbidities not current medications.

Meeting concluded at 11:02am