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## ANESTHESIA QUALITY: MSA/ASPIRE Collaboration to Improve Michigan Patient Safety

**T**he leaders of the MSA and ASPIRE are excited to announce a new collaboration between the two organizations. The goal is to improve anesthesia quality in the state by providing MSA members with education and benchmarking that has not previously been available to non-ASPIRE members.

### WHAT IS HEALTHCARE QUALITY?

The Institute of Medicine defines health care quality as "the degree to which health care services for individuals and populations increase the likelihood of desired health outcomes and are consistent with current professional knowledge."

As anesthesiologists, we have brief interactions with our patients, and frequently aren't aware of their ultimate surgical outcome. Furthermore, many of us don't have a firm understanding of how perioperative interventions affect broader surgical outcomes. We all assume we are providing quality care, but how do our assumptions align with actual outcomes? And for that matter, what outcomes are we interested in? Survival? PONV? Pain? 30d mortality? Readmissions? Return to baseline standard of living?

If we want to track our performance, we have two choices...measure the processes (e.g. how often are we prophylaxing against PONV) and measure the outcomes (how often do our patients develop PONV). These process and outcome measures can be difficult to collect, analyze, and interpret, and various organizations have taken different approaches towards tackling this problem.

### HISTORY OF QUALITY INITIATIVES

The Society of Thoracic Surgeons (STS) National Database was established in 1989 as an initiative for quality improvement and patient safety among cardiothoracic surgeons. Today, any patient can visit the STS website and find data for their particular procedure listed by hospital and/or surgery group. Although an excellent example of a quality reporting database, its applicability to anesthesia is unclear. A heart operation tends to be a somewhat standardized procedure in patients with commonly similar comorbidities. An anesthetic can involve a myriad of comorbidities, techniques, medications, weights, and ages, and teasing out anesthetic contributions to surgical morbidity can be challenging, at best.

The Anesthesia Quality Institute (AQI) was established by the American Society of Anesthesiologists in October of 2008 to improve quality through education and data feedback.

AQI's vision is "to be the primary source of information for quality improvement in the clinical practice of anesthesiology." Participating groups and individuals can access compliance with a variety of self-reported quality measures and adjust performance accordingly.

### **HISTORY OF ASPIRE/MPOG**

The Multicenter Perioperative Outcomes Group (MPOG) was formed in Michigan in 2008 to enable research and quality improvement. MPOG uses electronic health data (vs. self-reported data) to populate its registry, which now contains approximately 10 million cases with 20 billion physiologic observations. Since 2015, Blue Cross/Blue Shield of Michigan has funded, quality improvement efforts of MPOG for Michigan hospitals. This effort, ASPIRE (Anesthesiology Performance Improvement and Reporting Exchange), has over 20 participating hospitals

### **THE DIFFERENCE BETWEEN ASPIRE AND OTHERS**

As with AQI, ASPIRE allows members to view adherence to best practices and improve quality for their patients. Unlike AQI, however, ASPIRE data points are collected directly from the anesthesia record allowing for rapid benchmarking and reporting of performance. ASPIRE calculates performance on over 20 measures, primarily focused on process of care, including those governing ventilation strategies, neuromuscular blockade, transfusion management, PONV management, handovers, and glycemic management (full list available at <https://mpog.org/quality/our-measures/>) ASPIRE, furthermore, allows for provider, group, and hospital leader collaboration via web-based meetings and quality summits, and performance is shared with each of its member institutions and the anesthesia providers who practice within these institutions.

### **OUR PLAN GOING FORWARD**

The infrastructure and collaborative nature of ASPIRE has led to improved care in the state of Michigan, particularly to participating providers, groups, and institutions. It is time to apply the lessons learned from ASPIRE to non-participating anesthesiologists as well. Starting with our next issue of the Ventilator, we will be providing educational measure summaries, allowing non-participating hospitals to improve their own practices using ASPIRE data. We will augment these articles with emails and website offerings allowing any MSA member to improve their own quality of care via ASPIRE benchmarking. It is our pleasure to offer this new benefit to our membership, and to improve the quality and safety of care offered in our state.

## **CALENDAR OF EVENTS**

# **2018**

**October 12**

**MPOG RETREAT**  
**SAN FRANCISCO**

**October 13-17**

**ANESTHESIOLOGY ANNUAL MEETING**  
**SAN FRANCISCO**

**October 24-27**

**MSMS ANNUAL SCIENTIFIC MEETING**  
**NOVI**

**November 17-18**

**ANESTHESIA QUALITY MEETING**  
**SCHAUMBURG**