

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, November 25, 2019

Applefield, Daniel (St. Joseph Oakland)	Louzon, Kathryn (Beaumont Royal Oak/Troy)
Anders, Megan (Maryland)	Loyd, Gary (Henry Ford)
Angel, Alan (Bronson Battle Creek)	Lucier, Michelle (Henry Ford)
Aziz, Mike (OHSU)	Mack, Patricia (Weill Cornell)
Bailey, Meridith (MPOG)	Malenfant, Tiffany (Beaumont Trenton/Wayne)
Biggs, Dan (Oklahoma)	Mathis, Mike (MPOG)
Bledsoe, Amber (Univ of Utah)	McKinney, Mary (Beaumont Dearborn/Taylor)
Buehler, Katie (MPOG)	Miliken, Christopher (Sparrow)
Chang, Joyce (UCSF)	Nanamori, Masakatsu (Henry Ford Detroit)
Chen, Lee-Lynn (UCSF)	Obembe, Samson (Weill Cornell)
Clark, David (MPOG)	Qazi, Aisha (Beaumont)
Collins, Kathleen (St. Joseph)	Quinn, Cheryl (St. Joseph Oakland)
Coons, Denise (St. Joseph Oakland)	Pardo, Nichole (Beaumont)
Cuff, Germaine (NYU)	Poindexter, Amy (Holland)
Davis, Quinten (Mercy Muskegon)	Poterek, Carol (Beaumont)
Doney, Allison (MGH)	Schmidt, Carol (Beaumont)
Drolett, Colleen (Henry Ford)	Schonberger, Rob (Yale)
Everett, Lucy (MGH)	Shah, Nirav (MPOG)
Gall, Glenn (St. Mary's Livonia)	Smith, Susan (Beaumont)
Harwood, Tim (Wake Forest)	Straight, Lindsay (MidMichigan)
Heiter, Jerri (St. Joseph A2)	Szymanski, Brooke (MPOG)
Hightower, William (Henry Ford)	Tingle, Sarah (UAMS)
Johnson, Ray (Beaumont Wayne)	Tyler, Pam (Beaumont Farmington Hills)
Jiang, Silis (Weill Cornell)	Vaughn, Shelley (MPOG)
Koning-Randall, Kimberly (St. Joseph)	Wood, Aaron (Beaumont)
Lacca, Tory (MPOG)	
Lins, Steve (Bronson)	

Agenda & Notes

1. **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.
2. **Minutes from September 23rd, 2019 meeting approved-** posted on the website for review. Recording available as well.
3. Upcoming Events
 - a. Quality Committee Meetings 2020:
 - i. February 24, 2020
 - ii. April 27, 2020
 - iii. June 22, 2020
 - iv. August 24, 2020
 - v. October 26, 2020
 - b. ASPIRE/MSQC Collaborative Meeting March 27, 2020

4. **OB and Peds Subcommittees**
 - a. Recruited providers through multiple routes.
 - b. Meetings to refine feedback and establish plans for 2020
 - c. Goal: build 1-2 measures each that are applicable to these areas specifically
 - d. If anyone else is interested in participating, please let us know at the coordinating center
 - e. Peds Subcommittee- December 17, 2020
 - i. Lead: Meredith Bailey
 - f. OB Subcommittee- December 11, 2020
 - i. Lead: Kate Buehler
5. **MPOG Retreat- Thank You!**
 - a. Thank you to everyone who came to Orlando
 - b. Next year is in Washington, DC
6. **MPOG Featured Member:** Dr. Bhiken Naik – UVA Health. Read more at:
<https://mpog.org/featuredmembers/>
7. **Registry integration**
 - a. Several sites are submitting NSQIP Data
 - b. 2 sites are currently submitting STS Data
 - i. Hoping to increase over the next couple of years
 - c. Different registries get different levels of data Viewing registry data in Case Viewer and Data Direct both on 2020 product planning
 - i. Want to have this data available for QI along with research
 - d. **Peds NSQIP**
 - i. 0 sites are submitting Peds NSQIP
 - ii. We did test if the Registry Integration App works for Peds NSQIP using University of Michigan Data
 - iii. If interested in submitting Peds NSQIP Data, please reach out to Meredith Bailey. Will also discuss as Peds subcommittee meeting in December
8. **Michigan P4P Update**
 - a. 2020 Scorecards are out for sites to view
 - b. Site directed measure selection form is due December 13, 2019
9. **Case Validation re: Home Meds**
 - a. The home med question on case validation may be not working appropriate for Import Manager sites
 - b. Case Validation application is only pulling home meds 4 hours before Anesthesia Start
 - c. Please ignore discrepancies in the “Home Meds” question
 - d. In the meantime, you can click “No” for that question
 - e. Will be fixed in April update
10. **Measure Specification Updates**
 - a. **General Updates**
 - i. **One pager removal-** One pagers are retired. Look to Measure Specs for any and all information on the measures. All links that once went to One Pagers now go to Measure Specs

- ii. **Former MIPS measures**
 - 1. PONV 01/02, Temp 03, TOC 02/03
 - 2. Instead of excluding cases, they were spec'd by listing the CPT codes of all included cases to mimic the approved MIPS measure
 - 3. We can now revert to our standard methodology for writing specifications – listing the much shorter list of excluded cases
 - 4. Net result: easier to read specifications
- iii. All measure specifications now include a section highlighting the measure time period. Important now that we are getting preop and PACU data
- b. **AKI 01**- Exclude adult patients with a baseline creatinine ≤ 0.3 and pediatric patients with a baseline creatinine of ≤ 0.2 .
 - i. We recognize the remaining number of false positive cases, specifically with pts already on dialysis
 - ii. Thinking of ways to exclude these patients (creatinine a year in advance, digging through the rest of the EHR, etc)
 - iii. We do want to keep patients with some CKD who get an AKI on top of the CKD – still want to review these cases
- c. **CARD 02/03**- Conversion added to incorporate Troponin T results. Cases with a Troponin T value >91 pg/mL (91 ng/L) within 72 hours postop will be flagged for review.
 - i. Discussed with cardiology at UM to come up with the best conversion between Troponin I and Troponin T
 - ii. Not a direct conversion
 - iii. Not a lot of evidence with Troponin T and long term mortality like there is with Troponin I
 - iv. Made conversion based on expert consensus
 - v. For sites with Troponin T, measure will use this value instead
 - vi. Should not see much change in performance
 - vii. Goal is to include sites that use Troponin T
- d. **PONV 01 and 02**- Added artifact values to detect & exclude cases where no inhalational gas was given
- e. **PONV 03**- No longer consider dexamethasone as a treatment antiemetic in PACU (most often given on schedule for other reasons).
 - i. We don't have orders information to see if the med is PRN or scheduled, we only have administrations data
- f. **Tran 02**- Patient age exclusion for Congenital Heart Disease patients modified from <12 years old to <21 years old.
 - i. Based on feedback from pediatrics
- g. Keep the feedback coming!
- h. **GLU 01/02**
 - i. Short term plan to extend measures from preop to PACU
 - ii. On Dashboard, sites that contribute preop and PACU data will see updated measures

- iii. Sites that contribute intraoperative data only will see original GLU 01 and GLU 02
- iv. Longer term (probably spring 2020), will be having discussion about revamping Glucose management measures
 - 1. Separating treatment from glucose checking
 - 2. Accommodating different monitoring schedules for IV and SQ routes
 - 3. Ability to focus on specific comorbidities or procedures
 - 4. Please share any ideas on these measures or your existing glycemic management protocols that may be helpful
- v. Site selected measure – won't be released until January when P4P scores are in

11. Application updates

a. Case Viewer 2.0

- i. Please use and provide feedback for new CaseViewer
 - 1. Has placeholders for registry and outcome data
 - 2. Easier to conduct case validation and case review
 - 3. Please use as much as possible and provide feedback to the coordinating center re: bugs and usability issues
- ii. Old CaseViewer to be retired April 2020
 - 1. Still available for now
- iii. Anywhere CaseViewer is linked to another part of the MPOG app suite will utilize new CaseViewer by April

b. DataDirect 2.0

- i. New version out for beta testing
- ii. Please let me know if you'd like to be included
- iii. Improvements
 - 1. Usability – wizard format
 - 2. This version enhances the output components of DataDirect
 - a. Once you have created your filters, what does the output look like?
- iv. Next up: enhancing filtering (enabling filtering by measure performance)

c. Dashboard 2.0

- i. Goals
 - 1. Flexible
 - a. Ability to view measures in different ways
 - b. Accommodate site participation differences
 - 2. Visually Interesting
 - a. Changes to how we can manipulate and view the data
 - 3. Links to other MPOG apps
 - a. Ie phenotype browser and data direct
- ii. We want to hear your thoughts about what would be useful and what you envision
- iii. Hopes: tighter integration with feedback emails

12. Measure Review

a. **BP 03**

- i. Update of BP 01 – MAP change from 55 to 65 for 15 minutes
- ii. Similar inclusion / exclusion criteria as BP 01
- iii. Inclusions: All patients requiring general anesthesia or monitored anesthesia care (MAC)
- iv. Exclusions
 - 1. Patients <18 years old, ASA 5 and 6 cases, Baseline MAP <60 mmHG
 - 2. Labor Epidurals
 - 3. Cardiac surgery/ Lung Transplants / Heart Transplants
 - 4. Liver Transplant Surgery
- v. Not risk adjusted – process measure
- vi. Each BP counts for a max of 5 minutes
- vii. On P4P

b. **PONV 03**

- i. Available for sites with PACU data submitted
- ii. Difficult to tease out if meds were given for PONV, for prophylaxis, or for other reasons (dexamethasone for swelling)
- iii. Sites can download measure result reason data and filter by “Nausea/Vomiting” or “Received antiemetic” or “both” in order to understand what happened
- iv. Please let us know what you find so we can increase specificity

Meeting concluded at 10:59am