

2020 Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Collaborative Quality Initiative Performance Index Scorecard

Cohort 1 - 4: 15 Sites (excludes Trinity sites)

Measurement Period: 01/01/2020 - 12/31/2020

Measure #	Weight	Measure Description	Points
1	10%	Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at collaborative meetings. Three total meetings with six opportunities for attendance.	
		5-6/6 Meetings	10
		4/6 Meetings	5
		3 or less Meetings	0
2	5%	Attend Webex ASPIRE Quality Committee Meetings: ASPIRE Quality Champion or ACQR attendance across five meetings	
		5 Meetings	5
		4 or less Meetings	0
3	5%	ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data by the third Wednesday of each month for January through November and by the second Wednesday of the month for December	
		10 - 11/12 Months	5
		9 or Less Months	0
4	10%	Site Based Quality Meetings: Sites to hold an onsite meeting following the three ASPIRE Collaborative meetings to discuss the data and plans for quality improvement at their site	
		3 Meetings	10
		2 Meetings	5
		1 or less Meeting	0
5	20%	Performance Measure: Cross Cohort Measure Pulmonary 02 (PUL 02) - percentage of patients with median tidal volumes less than or equal to 8 ml/kg (cumulative score January 1, 2020 through December 31, 2020)	
		13 - 15 sites (out of 15 total sites) ≥ 90%	25
		13 - 15 sites (out of 15 total sites) ≥ 80%	15
		Less than 12 sites (out of 15 total sites) ≥80%	0
6	30%	Performance Measure: Blood Pressure (BP 03) - Percentage of cases where intraoperative hypotension (MAP < 65 mmHg) was sustained for less than 15 minutes (cumulative score January 1, 2020 through December 31, 2020)	
		Performance is ≥ 90%	25
		Performance is ≥ 85%	15
		Performance is ≥ 80%	10
		Performance is < 80%	0
7	20%	Site Directed Measure: Sites choose a measure they are performing below national ASPIRE threshold by December 13, 2019 (cumulative score January 1, 2020 through December 31, 2020)	
		Performance is ≥ 90%; 10% or 5%	20
		Performance is ≥ 80%; 15% or 10%	10
		Performance is < 80%; 15% or 10%	0

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Measure Explanation: Cohorts 1 – 4: 15 Sites (excludes Trinity sites)

Measure #1: The ASPIRE Quality Champion (or a designated representative who must be an anesthesiologist) and the Anesthesiology Clinical Quality Reviewer (ACQR), combined must attend ASPIRE Collaborative Meetings in 2020. There are three total meetings with six opportunities for attendance. 2020 meeting dates:

1. Friday, March 27, 2020: MSQC/ASPIRE Collaborative meeting, Schoolcraft College, Livonia, Michigan
2. Friday, July 17, 2020: ASPIRE Meeting, Henry Executive Center at MSU, Lansing, Michigan
3. Friday, October 2, 2020: MPOG Retreat at ASA, Washington DC

Measure #2: There will be five Webex ASPIRE Quality Committee meetings in 2020. One representative (ASPIRE Quality Champion or ACQR) must attend the meetings. The 2020 meeting dates are as follows:

1. Monday, February 24, 2020 at 10:00 a.m.
2. Monday, April 27, 2020 at 10:00 a.m.
3. Monday, June 22, 2020 at 10:00 a.m.
4. Monday, August 24, 2020 at 10:00 a.m.
5. Monday, October 26, 2020 at 10:00 a.m.

Measure #3: Refer to the Maintenance Schedule located on MPOG website in the resources tab of the quality section.

Measure #4: The site is expected to schedule a local meeting following each ASPIRE/MPOG collaborative meeting (dates in Measure #1) to discuss site based and collaborative quality outcomes with clinical providers at their site. Sites must send the coordinating center the site-based collaborative meeting report located on the MPOG website in the P4P sub-tab of the quality section.

Measure #5: Sites will be awarded points for compliance with the cross cohort pulmonary measure PUL 02: percentage of patients with median tidal volumes less than or equal to 8 ml/kg (cumulative score January 1, 2020 through December 31, 2020).

Points will be determined across 15 Cohort 1 – 4 dashboards (excluding Trinity) on the following scale:

- 25 Points: 13 – 15 sites are performing equal to or above 90%, all 15 sites will receive 25 points
- 15 Points: 13 – 15 sites are performing equal to or above 80%, all 15 sites will receive 15 points
- 0 Points: 12 sites or less are performing equal to or above 80%, all 15 sites will receive 0 points

Measure #6: Sites will be awarded points for compliance with the blood pressure measure BP 03: Percentage of cases where intraoperative hypotension (MAP < 65 mmHg) was sustained for less than 15 minutes (cumulative score January 1, 2020 through December 31, 2020). Points will be determined on the following scale:

- 25 Points: Performance is $\geq 90\%$
- 15 Points: Performance is $\geq 85\%$
- 10 Points: Performance is $\geq 80\%$
- 0 Points: Performance is $< 80\%$

Measure #7: Sites will choose a measure they are performing below the ASPIRE threshold. Sites must submit the measure to the coordinating center by Friday, December 13, 2019 for review and approval (cumulative score January 1, 2020 through December 31, 2020). Points will be determined on the following scale:

Measures with Threshold 90%

- 20 Points: Performance is $\geq 90\%$
- 10 Points: Performance is $\geq 80\%$
- 0 Points: Performance is $< 80\%$

Measures with Threshold 10%

- 20 Points: Performance is $\leq 10\%$
- 10 Points: Performance is $\leq 15\%$
- 0 Points: Performance is $> 15\%$

Measures with Threshold 5%

- 20 Points: Performance is $\leq 5\%$
- 10 Points: Performance is $\leq 10\%$
- 0 Points: Performance is $> 10\%$