



MERCY HEALTH

ASPIRE QI STORY

Mercy Health Muskegon

Managing Change: On-Boarding

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About our facilities...

- Member of Trinity Health
- Presently 2 Muskegon campuses, Hackley and Mercy, with a combined total of 21 ORs
- Currently under construction is a new facility to consolidate both campuses
- Completion is scheduled for the fall of 2019 with the ED and ORs opening in late fall of this year
- New building will have 20 ORs
- Currently 409 beds between the two campuses, most of which are semi-private
- Consolidation will give us 267 private rooms
- Will change to Epic EMR in 2020

About our providers...

- American Anesthesiology of Michigan-Lakeshore (AAMU)
- Our group provides services at 3 hospitals and 2 ambulatory surgical services centers in West Michigan
- 32 anesthesiologists and 23 CRNAs
- Perform about 30,000 cases/yr between Hackley and Mercy

About MPOG/ASPIRE...

- Cohort 1, started in 2015
- Since 2015: Significant staffing adjustments
 - 38 new providers (temp or permanent) were brought on-board
 - ACQR turned over 4 times
 - 29 providers activated their email
 - 3 providers enrolled in MOCA4 through MPOG
- MPOG has had new measures developed
- MPOG has had some specification changes with measures
- 2018 P4P site directed measure – TEMP 01

About all that change...

- Using the Provider list in Galileo we determined
 - PUL 01: new staff comprised 44% of all of providers in this measure and were responsible for 51% of the measure fails
 - TRAN 02: new staff comprised 43% of all providers in this measure and were responsible for 55% of the measure fails
 - TEMP 01: new staff comprised 45% of all providers in this measure and were responsible for 36% of the measure fails
 - Using this Galileo tool we were able to drill down and determine one long-term provider had 23% of the institutional fails
 - The provider did not document Bair huggers in the anesthesia record although the peri-op nursing record contained this information

About improvements...

- In April 2018 (borrowing Jerri's template) we updated the pocket measure card and distributed it to both new-hires and long term providers.
- The card is a tri-fold measuring approximately 5"x5"
- Contained all the measures current at that time
 - Inclusions
 - Exclusions
 - Compliance
- Included a link to the MPOG site for full specifications

Pocket Measure Card

<p>AKI 01 (QCDR Measure ID: ASPIRE 19)</p> <p>INCLUSIONS All anesthetic cases</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *ASA 5 & 6 *Pre-existing renal (Stage IV or V) failure *Procedures affecting kidneys *Patients with no baseline creatinine 60 days pre-op or 7 days post-op *Case duration < 45 minutes <p>COMPLIANT</p> <ol style="list-style-type: none"> 1) Creatinine does not go above 1.5x the baseline within 7 days post-op 2) Creatinine does not increase by ≥ 0.3 mg/dL within 48 hours post-op <p>BP 01</p> <p>INCLUSIONS All patients requiring general anesthesia or MAC</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Age < 18 years *ASA 5 & 6 *Baseline MAP < 60 mmHG *Labor Epidurals *Cardiac procedures with pump <p>COMPLIANT Periods of Low MAP (< 55 mmHG) is < 20 cumulative minutes</p> <p>BP 02</p> <p>INCLUSIONS All patients receiving anesthesia care by an Anesthesiology Provider, regardless of primary anesthesia technique</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *ASA 5 & 6 *Labor epidurals *MRI cases <p>COMPLIANT Blood pressure monitoring with ≤ 10 minute measurement interval</p> <p>CARD 01 (Avoiding MI)</p> <p>INCLUSIONS All patient undergoing anesthesia under the care of an Anesthesia Provider</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Troponin I > 0.01 within 42 days prior to Anesthesia Start *ASA 5 & 6 *Outpatients <p>COMPLIANT Troponin I is ≤ 1.00 within 72 hours of Anesthesia End <u>OR</u> no Troponin is measured</p>	<p>FLUID 01 – Non-Cardiac</p> <p>INCLUSIONS All patients undergoing general, spinal, epidural anesthesia</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Cardiac cases *ASA 5 & 6 *EBL ≥ 2000 ml *Transfusion $\geq 4u$ PRBC <p>COMPLIANT No colloids were administered</p> <p>FLUID 01 – Cardiac</p> <p>INCLUSIONS All patients undergoing general, spinal, epidural anesthesia</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Non-cardiac cases *ASA 5 & 6 *EBL ≥ 2000 ml *Transfusion > 4u PRBC <p>COMPLIANT No colloids were administered</p> <p>GLU 01</p> <p>INCLUSIONS Patients with/without diabetes with glucose > 200 between Anesthesia Start and Anesthesia End</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Outpt cases with Anesthesia Start to Anesthesia End time < 4 hours *Glucose > 200 less than 90 minutes before Anesthesia End *ASA 5 & 6 <p>COMPLIANT Administration of insulin within 90 minutes (IV or sub Q) <u>OR</u> recheck glucose level within 90 minutes</p> <p>GLU 02</p> <p>INCLUSIONS Patients with/without diabetes with glucose < 60 between Anesthesia Start and Anesthesia End.</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Glucose < 60 less than 90 minutes before Anesthesia End *ASA 5 & 6 <p>COMPLIANT IV administration of dextrose containing solution within 90 minutes <u>OR</u> recheck of glucose level within 90 minutes</p>	<p>MED 01 (Medication Overdose)</p> <p>INCLUSIONS All cases in which opioids or benzodiazepines were administered intraop</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Patients NOT given opioids or benzodiazepines intraoperatively *ASA 5 & 6 *Patients still intubated at Anesthesia End <p>COMPLIANT Naloxone and flumazenil are NOT administered</p> <p>NMB 01 (QCDR Measure ID: ASPIRE2)</p> <p>INCLUSIONS All patients that received, either by bolus or infusion, a non-depolarizing neuromuscular blocker (NMB) AND extubated post-op or in PACU.</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Patients not extubated in the immediate post-op period *ASA 5 & 6 *Patients not given NMBs *Cardiac surgeries on/off pump <p>COMPLIANT Documentation of TOF (1, 2, 3, or 4) or sustained tetany, or TOF ratio after last dose/stopping infusion of NMB & before earliest extubation. TOF value of zero (0) is accepted if Sugammadex is given).</p> <p>NMB 02</p> <p>INCLUSIONS All patients that have received, either by bolus or infusion, a non-depolarizing neuromuscular blocker (NMB) AND were extubated post-op or in PACU.</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Patients not extubated in immediate post op period *ASA 5 & 6 *Patients not given NMBs *Cardiac Bypass *Patients age > 12 who received defasciculating doses of : Vecuronium ≤ 1mg/Cisatracurium ≤ 2mg/Rocuronium ≤ 10 mg <p>COMPLIANT Neostigmine, edrophonium, or Sugammadex BEFORE extubation <u>OR</u> >3 hrs between last dose of NMB & extubation for patients ≥ 12 years <u>OR</u> >2 hrs between last dose of NMB & extubation for patients <12 years.</p>
<p>PONV 01 (MIPS 430)</p> <p>INCLUSIONS All patients ≥ 18 years of age, any procedure under an inhalational general anesthetic and have 3 or more risk factors for PONV</p> <ul style="list-style-type: none"> • Female • Hx of PONV • Hx of motion sickness • Non-smoker • Intended use of opioids intra or post-op <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *<18 years of age *Labor epidurals *OB non operative procedures <p>COMPLIANT Patient receives combination n of at least 2 prophylactic anti-emetic agents of different classes pre- or intra-op</p> <p>PUL 01 (Tidal Volume < 10)</p> <p>INCLUSIONS Patients undergoing endotracheal intubation</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *ASA 5 & 6 *Patients without endotracheal intubation during procedure *Patients < 12 years of age *Patients < 20 kg <p>COMPLIANT Median tidal volume < 10 ml/kg Ideal Body Weight</p> <p>PUL 02 (Tidal Volume < 8)</p> <p>INCLUSIONS Patients undergoing endotracheal intubation</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *ASA 5 & 6 *Patients without endotracheal intubation during procedure *Patients < 12 years of age *Patients < 20 kg <p>COMPLIANT Median tidal volume ≤ 8 ml/kg Ideal Body Weight</p>	<p>TEMP 01 (Active Warming)</p> <p>INCLUSIONS Cases with general or neuraxial anesthesia technique</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Cases < 60 minutes *Obstetric Non-Operative Procedures *ASA 5 & 6 *MRI cases <p>COMPLIANT Cases with documentation of active warming device applied <u>OR</u> without device, one temp $\geq 36^{\circ}\text{C}$ (96.8F) 30 min. before extubation (Fluid warmer accepted for c-secs)</p> <p>TEMP 02 (Core Temp)</p> <p>INCLUSIONS All surgical patients receiving general anesthesia</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Neuraxial as primary technique *ASA 5 & 6 *Cases ≤ 30 minutes *MRI <p>COMPLIANT One core temp between Anesthesia Start and Anesthesia End</p> <p>TEMP 03 (MIPS 424)</p> <p>INCLUSIONS All patients under general or neuraxial anesthesia ≥ 60 minutes</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *MAC *Peripheral nerve block only *Cardiac *OB operative procedures *Emergency procedures <p>COMPLIANT ≥ 35.5 30 minutes before or 15 minutes after Anesthesia End time</p> <p>*To pass all three temperature measures for general/neuraxial cases</p> <ul style="list-style-type: none"> • Include cases ≥ 30 minutes • Use active warming • Use a core temp source • Document PACU temp in anesthesia notes (SAM) 	<p>TOC 02 (MIPS 426)</p> <p>INCLUSIONS All patients cared for by an anesthesia practitioner & directly transferred to PACU or other non-ICU location</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Cardiac surgery *OB operative procedures *Labor epidurals <p>COMPLIANT A Transfer of Care protocol or handoff tool/checklist with key handoff elements is used/documented</p> <p>TOC 03 (MIPS 427)</p> <p>INCLUSIONS All patients who undergo anesthesia and are admitted directly to ICU</p> <p>EXCLUSIONS *Anesthesia for diagnostic or therapeutic nerve blocks/injections</p> <p>COMPLIANT A Transfer of Care protocol or handoff tool/checklist with key handoff</p> <p>TRAN 01</p> <p>INCLUSIONS All surgical pts receiving anesthetics who receive PRBCs /whole blood</p> <p>EXCLUSION</p> <ul style="list-style-type: none"> *Transfusion of ≥ 4 units of blood during case *EBL ≥ 2000 mL *Age < 2 years *c-sec with EBL > 1500 *c-sec with HR > 110, SBP < 85, DBP < 45, O₂ < 95 *postpartum hemorrhage *ASA 5 & 6 <p>COMPLIANT Documentation of hgb and/or hct prior to each blood transfusion</p> <p>TRAN 02</p> <p>INCLUSIONS Any patient that receives PRBC or whole blood</p> <p>EXCLUSIONS</p> <ul style="list-style-type: none"> *Same as TRAN 01 *No hgb or hct checked within 6 hours of Anesthesia End time <p>COMPLIANT Hgb ≤ 10 or hct ≤ 30 up to 6 hours after Anesthesia End</p> <p>For full specifications, please go to https://mpog.org/quality/our-measures/</p>

About Improvements (cont)

- Each new provider receives a welcome letter from the anesthesia practice's QA Manager outlining her role in the practice's compliance, risk metrics and MPOG
- The one-pagers for the 3 MPOG measures (PUL 01, TRAN 02 and TEMP 01) were included
- A monthly score card goes out as well
- New providers are clinically on boarded with a mentor
 - ASPIRE metrics reviewed

Score Card

July-18					Jul 2017-Jun 2018					ICD 10 MODULE	
PROVIDER	POSTOP NOTES	ANESTHESIA CONSENT			SAM ISSUES		NARC LOG	ASPIRE PASS 12 MO Rolling RATE			Incomplete ICD 10 Module
NAME	# Incomplete Charts Including Wrong Encounter	Sign	Date	Time	# Charts Incomplete DOS	# Charts Incomplete 2 Wks	# Narcotics Issues Pharmacy	Pul-01 goal 97.5%	Temp-01 goal 90%	Tran-02 goal 90%	
	0	0	0	0	0	0	0	98%	96%	100%	
	0	1	1	1	3	0	2	93%	90%	60%	
	0	0	0	0	1	0	0	99%	89%	33%	
	0	0	0	0	2	1	0	NA	NA	NA	
	1	0	0	0	4	0	4	98%	95%	70%	
	0	0	0	0	0	0	0	NA	NA	NA	
	0	0	0	1	0	0	0	96%	95%	75%	
	1	0	0	0	0	0	0	93%	98%	100%	
	0	0	0	1	0	0	1	96%	95%	NA	
	0	0	0	0	0	0	0	96%	78%	NA	
	1	0	0	0	0	0	3	95%	87%	100%	
	0	0	0	0	0	0	0	93%	82%	NA	
	0	0	0	0	0	0	0	99%	81%	0%	
	1	0	0	2	0	0	0	95%	97%	100%	
	0	0	0	0	0	0	0	100%	100%	NA	
	1	0	0	0	1	1	0	97%	97%	58%	
	1	0	0	0	2	0	0	92%	94%	0%	
	0	0	0	2	3	3	0	94%	92%	100%	
	0	0	0	0	0	0	0	85%	95%	NA	
	0	0	0	0	0	0	0	95%	97%	100%	
	0	0	0	0	5	5	3	92%	98%	80%	
	0	0	0	0	1	1	1	99%	95%	100%	
	0	0	0	0	0	0	2	98%	98%	91%	
	0	0	0	0	0	0	0	94%	88%	100%	
	0	0	0	0	0	0	0	97%	81%	100%	
	0	0	0	0	0	0	0	99%	96%	100%	
	1	0	0	0	0	0	0	97%	97%	100%	
	0	0	0	0	0	0	1	100%	98%	100%	
	0	0	0	0	1	0	0	79%	93%	100%	
	2	0	0	0	1	0	0	95%	82%	100%	
	1	0	0	1	1	0	1	95%	81%	67%	
	0	0	0	0	1	0	1	97%	94%	67%	
	0	1	1	1	0	0	0	98%	97%	100%	
	0	1	1	1	1	0	0	93%	94%	80%	
	0	0	0	0	0	0	3	93%	75%	75%	
	0	0	0	0	0	0	0	97%	97%	100%	
TOTAL FALLOUT	10	3	3	10	27	11	24				0
# REVIEWED CHARTS	288	300	300	300							
% FALLOUT	3%	1%	1%	3%							

PUL 01: Low Tidal Volume <10 mL/kg

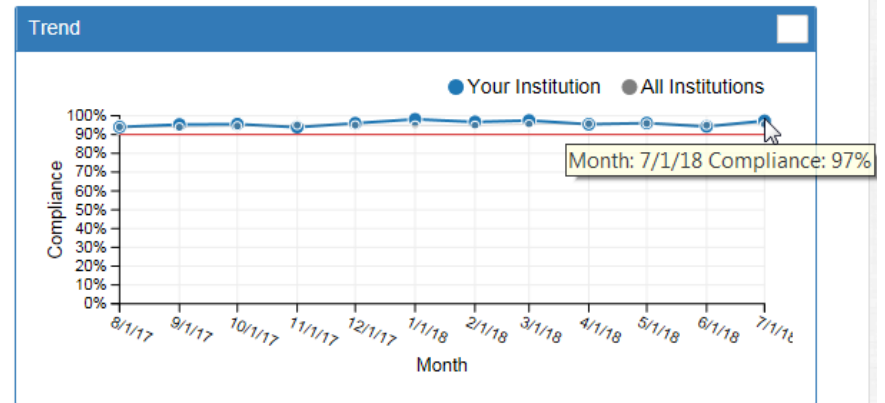
Our institutional compliance for the past 12 months:

Overall Performance

96% Target 90%

Counts

PUL-01 Result	Count
Passed	7,071
Failed	305
Excluded	22,029
Total	29,405



Breakdown of Primary Cause

PUL-01 Result	PUL-01 Result Reason	Case Count
Excluded	Ventilation Duration	12,787
Excluded	Endotracheal Tube Used	7,981
Excluded	Patient Age	820
Excluded	Height	354
Excluded	One Lung Ventilation Used	69
Excluded	ASA Class	11

The four new providers:

Overall Performance

100% Target 90%

Counts

PUL-01 Result	Count
Passed	5
Excluded	36
Total	41

Overall Performance

95% Target 90%

Counts

PUL-01 Result	Count
Passed	18
Failed	1
Excluded	13
Total	32

Overall Performance

100% Target 90%

Counts

PUL-01 Result	Count
Passed	5
Excluded	36
Total	41

Overall Performance

100% Target 90%

Counts

PUL-01 Result	Count
Passed	2
Excluded	1
Total	3

TRAN 02: Post transfusion monitoring

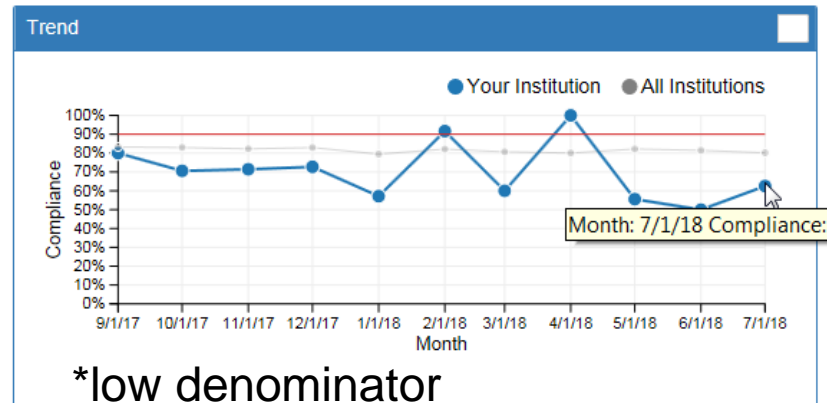
Our institutional compliance for the past 12 months:

Overall Performance

71% Target 90%

Counts

TRAN-02 Result	Count
Passed	86
Failed	35
Excluded	26,701
	26,822



Breakdown of Primary Cause

TRAN-02 Result	TRAN-02 Result Reason	Case Count
Excluded	Transfusion Case	26,543
Excluded	Age	115
Excluded	FBI	18

The four new providers (no included cases):

Overall Performance

0% Target 90%

Counts

TRAN-02 Result	Count
Excluded	41
	41

Overall Performance

0% Target 90%

Counts

TRAN-02 Result	Count
Excluded	32
	32

Overall Performance

0% Target 90%

Counts

TRAN-02 Result	Count
Excluded	1
	1

Overall Performance

0% Target 90%

Counts

TRAN-02 Result	Count
Excluded	3
	3

TEMP 01: Active Warming

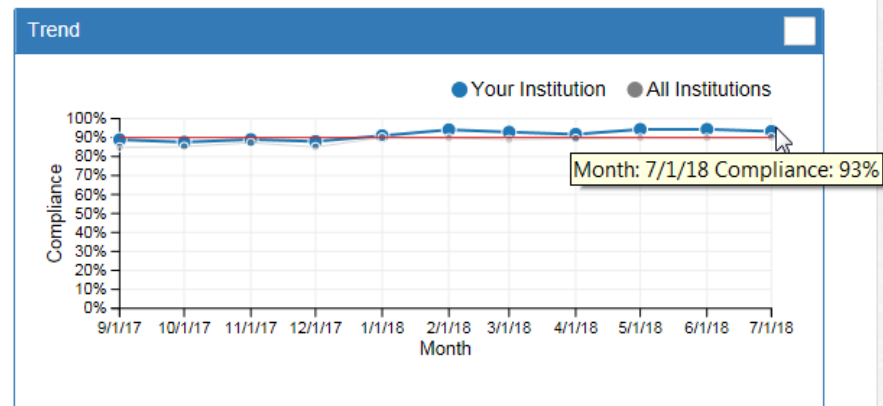
Our institutional compliance for the past 12 months:

Overall Performance

91% Target **90%**

Counts

TEMP-01 Result	Count
Passed	6,007
Failed	567
Excluded	20,248
Total	26,822



Breakdown of Primary Cause

TEMP-01 Result	TEMP-01 Result Reason	Case Count
Excluded	Case Length	19,981
Excluded	Anesthesia Technique: General o...	143
Excluded	Labor Epidural Cases	71

The four new providers:

Overall Performance

100%
Target **90%**

Counts

TEMP-01 Result	Count
Passed	13
Excluded	28
Total	41

Overall Performance

94%
Target **90%**

Counts

TEMP-01 Result	Count
Passed	17
Failed	1
Excluded	14
Total	32

Overall Performance

0% Target **90%**

Counts

TEMP-01 Result	Count
Excluded	1
Total	1

Overall Performance

100%
Target **90%**

Counts

TEMP-01 Result	Count
Passed	2
Excluded	1
Total	3

About the future...

- Surgical Review Committee – ACQR to begin presenting at these staff meetings, first presentation in December
- Revise Welcome Letter to include
 - links to MPOG
 - sign up for provider emails
 - link to MOCA4 participation

THANK YOU!

QUESTIONS?