

# Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, January 26, 2015

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

P	Abdallah, Arbi 'Ben' (Wash U)	P	Lacca, Tory (Michigan)
A	Agarwala, Aalok (MGH)	A	Lagasse, Robert (Yale)
P	Ajja, Olivia (St. Joesph)	P	LaGorio, John (Mercy Muskegon)
P	Aziz, Michael (OHSU)	A	Levy, Warren (Pennsylvania)
P	Becker, Aimee (Wisconsin)	A	Lirk, Philipp (AMC)
P	Bell, Genevieve (Michigan)	A	Madden, Lawrence (Mercy Muskegon)
A	Berman, Mitch (Columbia)	A	Martin, Matt (Munson)
P	Biggs, Daniel (Oklahoma)	A	Morey, Timothy (Florida)
A	Bonifer, Thomas (Allegiance)	P	Naik, Bhiken (Virginia)
P	Buehler, Katie (A4)	A	Noles, Michael (OHSU)
P	Coffman, Traci (St. Joseph)	P	O'Donnell, Steve (Vermont)
P	Coyle, Nina (Phy Med – Nashville)	P	Osborne, Jaime (Michigan)
P	Cuff, Germaine (NYU Langone)	A	Pasma, Weize (Utrecht)
A	Cuffman, Natalie (Holland)	P	Pace, Nathan (Utah)
X	Dehring, Mark (Michigan)	P	Pagenelli, William (Vermont)
P	Domino, Karen (Washington)	P	Price, Matthew (Beaumont)
P	Eastman, Jaime (OHSU)	A	Ramachandran, Satya Krishna (Michigan)
P	Epps, Jerry, (Tennessee)	A	Robinowicz, David (UCSF)
A	Fleisher, Lee (Pennsylvania)	P	Ruiz, Joe (MD Anderson)
A	Fleishut, Peter (Weill Cornell)	P	Saager, Leif (Cleveland)
A	Haehn, Melissa (UCSF)	A	St. Jacques, Paul (Vanderbilt)
P	Harwood, Timothy (Wake Forest)	P	Segal, Scott (Tufts)
P	Jerri Heiter (St. Joseph)	P	Shah, Nirav (Michigan)
P	Hausman, Mark (Michigan)	P	Sharma, Anshuman (Wash U)
A	Ianchulev, Stefan (Tufts)	A	Smith, Jeffrey (McLaren)
A	Jacobson, Cameron (Utah)	A	Sommer, Richard (NYU Langone)
P	Jameson, Leslie (Colorado)	A	Soto, Roy (Beaumont)
A	Kappen, Teus (Utrecht)	P	Stefanich, Lyle (Oklahoma)
P	Kendale, Samir (NYU Langone)	A	Tom, Simon (NYU Langone)
X	Kheterpal, Sachin (Michigan)	P	Wedeven, Chris (Holland Hospital)
P	King, Lisa (Oklahoma)	A	Wilczak, Janet (Oakwood)
A	Kooij, Fabian (AMC)	A	Yasick, Tony (Holland)
P	Kuck, Kai (Utah)	A	Lagasse, Robert (Yale)
P	Kuhl, Mackenzie (Marquette)		

1. Approval of minutes from December meeting: Minutes were approved
2. March quarterly meeting agenda,
  - a. Meeting will be held at the University of Michigan on Monday, March 16, 2015
    - i. Please let Tory Lacca know if you would like to attend the meeting.
  - b. Morning Session will include talks from:
    - i. Leslie Jameson from University of Colorado– Experience with quality
    - ii. Greta Krahopol from MSQC– First two years as part of BCBS
  - c. Afternoon will be a quality committee meeting

- 3. QCDR update
  - a. Application process and timeline
    - i. Application is due January 31, 2015
  - b. Proposed measures
    - i. The measures have been sent via the forum and Nirav will keep everyone posted on the chosen measures.
  - c. Hospitals/ groups interested in 2015 QCDR
    - i. Any hospital interested in QCDR needs to let Nirav or Tory know.
    - ii. There will be about fifteen measures being sent to CMS
    - iii. If CMS approves we will submit detailed measure information.
      - 1. 2015 data will be sent to the CMS in 2016 and the payment adjustments will be submitted in 2017
      - 2. Dr. Jameson: Some providers may split off and report this way vs. their hospital. There is a lot of confusion on the best way to submit and whether we can submit at all. If nothing is submitted then there will be a 2% penalty for the hospital. The penalty applies to both physicians and CRNAs (anyone who provides care via Medicare)
- 4. Demo of feedback tool
  - a. The quality measures will be in the Galileo system.
  - b. We need to know who gets access. Please let Nirav or Tory know who will need access from your institution. Tory will send out an e-mail to get an idea of who needs access to the system.
  - c. Demo of the system by Nirav:
    - i. ASPIRE statistical staff is working providing a more comprehensive statistical comparison.
    - ii. While you are reviewing a measure a user can access a web based case viewer that will show the specific case. This will allow the user to determine the failure in the case and what went wrong from either a documentation or workflow perspective. The case viewer will be available for all the institutions that are submitting data.
    - iii. Tidal Volume: Changing reporting to looking at median tidal volume from anesthesia start/anesthesia end. The responsible provider is the person who signed in for the largest portion of the case.
      - 1. What is the ideal body weight based on?
        - a. Currently it is calculated based on gender and height of patient.
        - b. Nirav will add the calculations used in the one page summary for the measure
    - iv. Perioperative Glucose has been broken down to 1A and 1B.
      - 1. 1A timing issue based on anes start/end
      - 2. 1B is based on two hours before anes start/end
        - a. We included it two ways for those who are providing the additional data, so they can the additional information.
        - b. For the next year we need to brainstorm on how to document this information so all can use the measure that includes preop and postop areas.

3. Glucose Level: Currently we are using 200 as the measure
  - a. We may reduce the glucose level to 180 in the future, but group has decided that we should start with 200 first.
  - b. Dr. Saager: shouldn't we get this out of the literature rather than choosing a level?
    - i. There is nothing in the literature that we know of for now for the intraoperative glucose. Literature focuses on critical care and acute care population.
    - ii. Dr. Jameson: I have done research and the ABA and American College of Surgeons target 180
      1. Dr. Jameson will send the module to Nirav to read.
    - iii. We should be scientifically based and not consensus based.
    - iv. We discussed earlier to make some measures solely research/scientific based and others rooted in consensus to ensure that we do not set the bar too high for Year 1 and leave out participating institutions.
4. How we make the measures available.
  - a. Diagnostics and uploading will be done on a monthly basis
  - b. ASPIRE will update the measures monthly
5. What would be useful in email notification (QI champions +/- chairpersons)
  - a. Snapshot of the dashboard
  - b. Snapshot of individual tables
  - c. Short message that updates have been done?
    - i. In the interest of confidentiality, the short message with a login would be best.
    - ii. Academic institutions have security, so they can get it any way.