# Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, September 8, 2014

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

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

**1. Review of minutes from 7/28 and 8/1 – minutes approved**

**2. Review Dashboard**

Based on feedback from the previous meetings we have added the attending status filter, which gives the user the ability to add who was being supervised at the time. This filter gives each site the flexibility to determine what filters they want to apply to their institution. This creates more specificity on the measures sites are interested in viewing.

- How many filters can you apply at once, is there a limit?
    - There are no limits to the filters
- Can we see individual failures and track it back to the case?

    - We have created reports, but you cannot get to the PHI, but if a site wants to get into the specific case, you can use the MPOG or AIMS number to go back to the case in your local system. In spring, we are hoping to be able to give you a web case viewer. Short-term fix will be for the site to open up each case in your local viewer and medium long-term fix (spring) fix will be to provide a web case viewer.
- Assigning the appropriate attending
    - We want to get into the right level of detail to ensure the data makes sense
    - The goal is to choose measures we can achieve in year one.

**3. Discuss Assignment of Responsibility of Measures**

- Process of Care – SCIP:
    - For the vast number of cases during the day, there is only one attending in each case. If there are three more attendings, then the one who was logged in for 50% or more of the case should be listed as the primary attending. If no attendings were listed for more than 50% then the cases should not count.
        - There should be a primary attending for each case, because we do not want a bunch of orphan cases. Use the attending with the most time in the case as the primary.
        - Normothermia and warming: The attending at the beginning of the cases should be the one attributable to that measure.
        - Beta Blockers, in Europe the beta blocker administration was attributable to the person who does the preop screening. You could also assign this measure to the one who didn't give the rescue dose.
            - Do we know who does the preop screening? Not always
            - The beta blocker will be attributed to the attending who starts the case
        - Neuromuscular Blockade: If responsible attending is the one at end of surgery, then it may be too late. If we choose surgery end, then we have anesthesia end as a back up if surgery end time is not available.
            - Feedback: If we can get anesthesia end 100% of the time, then we should use that for this measure.
            - Feedback: How are we documenting extubation? There is a concept id for patient extubated awake, deep, etc. Make the responsible attending as the attending present at time of extubation.
            - The problem is that at some institutions they have inconsistent end of case documentation, because people forget to document extubation.
        - Monitoring vigilance: No issue, agree with attending at the time of event
        - Transfusion management: What if you are basing this decision on a Massimo device? Can it be a point-of-care hemoglobin, a lab or could be the Massimo device (if it's mapped). Can we use any of these if documented?
- Are antibiotics based on the initial dose or subsequent doses?
    - This is the initial dose