

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday August 24, 2020

Abess, Alex (Dartmouth)	Kurz, Andrea (Cleveland Clinic)
Angel, Alan (Bronson)	Kucharski, Donna (Allegheny Health Network)
Applefield, Daniel (St. Joseph Oakland)	Lacca, Tory (MPOG)
Bailey, Meridith (MPOG)	LaGorio, John (Mercy Muskegon)
Berndt, Bradford (Bronson)	Lewandowski, Kristyn (Beaumont)
Bollini, Mara (Washington University)	Lins, Steven (Bronson)
Boutin, Jimmy (Henry Ford)	Lucier, Michelle (Henry Ford)
Bouwhuis, Alex (Holland)	Mack, Patricia (Weill Cornell)
Buehler, Kate (MPOG)	Malenfant, Tiffany (Beaumont Trenton/Wayne)
Charette, Kristin (Dartmouth)	Mathis, Mike (MPOG)
Chen, Lee-Lynn (UCSF)	McKinney, Mary (Beaumont Dearborn / Taylor)
Collins, Kathleen (St. Mary Livonia)	Milliken, Christopher (Sparrow)
Coons, Denise (Bronson)	Moody, Rebecca
Cuff, Germaine (NYU Langone)	Nanamori, Masakatsu (Henry Ford Detroit)
Davies, Eric (HF Allegiance)	Obembe, Samson (Weill Cornell)
Davis, Quinten (Mercy Muskegon)	Ostarello, Claire (Partners)
Dewhirst, William (Dartmouth)	Overmyer, Colleen (University of Chicago)
Drennan, Emily (Utah)	Pardo, Nichole (Beaumont)
Domino, Karen (Washington)	Quinn, Cheryl (St. Joseph Oakland)
Gall, Glenn (St. Mary Livonia)	Ruiz, Joseph (MD Anderson CC)
Goatley, Jackie (Michigan Medicine)	Rutherford, Renee (Borgess)
Hall, Kathleen (Borgess)	Saffary, Roya (Stanford)
Heiter, Jerri (St. Joseph A2)	Schonberger, Rob (Yale)
Harwood, Timothy (Wake Forest)	Scranton, Kathy (Mercy St. Mary)
Hightower, William (Henry Ford)	Shah, Nirav (MPOG)
Janda, Allison (MPOG)	Tollinche, Luis (Memorial Sloan Kettering)
Jacobson, Cameron (Utah)	Tyler, Pam (Beaumont Farmington Hills)
Kheterpal, Sachin (MPOG)	Wren, Jessica (Henry Ford Wyandotte/Macomb)

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 June 22, 2020 meeting approved-** minutes and recording posted on the website for review
3. **Announcements**
 - Congratulations UAMS for IM Conversion
 - December 31, 2021, we will stop supporting the legacy version of the MPOG extract so any sites still on the legacy system need to contact the Coordinating Center to begin the conversion process
 - New Quality Champions
 - Dr. Bryan Cohen – West Bloomfield West Bloomfield
 - Dr. Emily Drennan – University of Utah
 - Congratulations to Brooke Szymanski! She got married last Friday!

4. **Upcoming Events**

- 2020 Quality Committee Meetings
 - October 26, 2020 @ 10am EST
- MPOG Retreat – Friday, October 2, 2020
 - The meeting will be virtual and the length condensed.
 - More details to follow

5. **Measure Follow-up**

- GLU-05: Glycemic Management Measure in Development
 - Started measure development
 - Sent out a survey and talked about it at a previous quality committee meeting
 - Will keep at threshold at 200 mg/dL as opposed to lowering to 180 mg/dL (60% vs. 34)
 - Will keep timeframe at 90 minutes for treatment of hyperglycemia as opposed to shorted 60 minutes (63% vs. 34%)
 - Will develop treatment measure (54% support)
 - Will maintain institution level attribution only for hyperglycemia in preop and PACU for GLU 03
 - Will keep committee updated on future changes

6. **Measure Review Process**

- Quality Champions received an e-mail that outlined the process and included a link to a Google spreadsheet that listed all the ASPIRE measures. Quality champions are assigned to measures to assist with literature review and provide guidance to the Quality Committee regarding measure changes/status. If you have not taken a look at the Google sheet, please do so and let us know if you have any questions. First measure review due in December 2020 and schedule runs through 2023.
 - If you want to change your assigned measure or have any questions, please contact the Coordinating Center
 - Coordinating Center will reach out next month for those champions assigned for any measure requiring review between now and December 2020.

7. **Multimodal Pain Measure: Vote to Proceed**

- Not voting on completed specification, instead this vote will be on whether the Coordinating Center should focus efforts on creating a new measure examining non-opioid adjunct utilization
 - Percentage of patients ≥ 18 years old who undergo surgical or therapeutic procedure and receive a non-opioid adjunct
 - Should the Coordinating Center consider taking on this measure?
 1. Rob Schonberger (Yale): JAMA just had a negative study on Acetaminophen
 2. Eric Davies (Henry Ford Allegiance): All ASPIRE measures up until now have been binary (pass/fail) results - this will not fit into that model. Many factors to examine with non-opioid use: medications, blocks, type of block, etc.

- a. We need to make sure this measure provides information on what was done or not done.
 3. Carol Poterek (Comment in Chat): My concern is that what is selected for this measure may impact surgical CQI's that promote multimodal pain management...not sure if all CQI's will be updating the multimodal pain management options...just worried that if the peri-operative orders won't align with what the surgical CQI's are looking for
 - a. We need to consider the surgical CQIs and confirm we are on the same page in Michigan. We are working on putting DUA Amendments in place to share across surgical CQIs. ASPIRE has also been working with them to align best practices recommendations
 4. Comment in Chat: There is SO much work around opioids I can't keep up!
 5. Mike Mathis (Michigan Medicine): Regarding binary results for this measure: I think it can still be binary, if we think having a measure that just sets the minimum floor (i.e. one single adjuvant) is useful
 6. **Voting Results:** Yes, Coordinating Center should move forward with building a measure specification for a non-opioid adjunct measure for adults (31/62 in favor; 5/62 vote no; 26/62- did not respond)
8. **Data Review: New Measures**
- [MORT 01](#): Percentage of patients with in hospital death reported within 30 days after procedure.
 - Please look at your data and let the Coordinating Center if you see any errors or give us any feedback you may on this measure.
 - [ABX 01](#): Percentage of cesarean deliveries with documentation of antibiotic administration initiated within one hour before surgical incision.
 - First OB-specific measure: OB champions at each site should review performance and provide feedback to the Coordinating Center if results are not accurate
 - [TEMP 04](#) Percentage of patients < 18 years old who undergo any procedure greater than 30 minutes and have a Median core/near core body temperature > 36C (96.8F)
 - Developed by Pediatric Subcommittee
 1. Eric Davies (Henry Ford Allegiance): You listed as a process measure when it's an outcome. Temperature management should be an outcome measure just as it is for TEMP 03. Putting a warming blanket on a patient is process but whether it works or not is an outcome.
 - a. We are displaying as a process but this is an outcome of what a provider is doing in the operating room
 - b. Should we invert the score where a lower score is better? Meridith will want to bring this up in the Pediatric Subcommittee to determine how they want to categorize the measure.
 - [OME Tonsil/Adenoid](#) Cases are grouped by surgical site using CPT groupings (see below). Opioid equivalents are calculated using conversions derived from literature and given between anesthesia start and anesthesia end for each case. This value is normalized to patient weight (kg) and duration of anesthetic (anesthesia end – anesthesia start, hours as a decimal).

- Interest from Pediatric Subcommittee to add this measure. There are clusters of opioid administrations across our institutions. If you are interested in your practice, take a look at your institution dashboard.

9. **Dashboard 2.0 Review**

- Provided overview of the new dashboard
- Coordinating Center is seeking feedback on the overall design of the new dashboard. Please send feedback to the QI Coordinators or via email: support@mpog.zendesk.com
- Goal: Retire the existing dashboard by the end of the year

Meeting concluded at 10:58am