ASPIRE Quality Committee Meeting

August 24, 2020

Agenda

- Announcements
- Measure Review Process: Follow Up
- Multimodal Pain Measure Vote
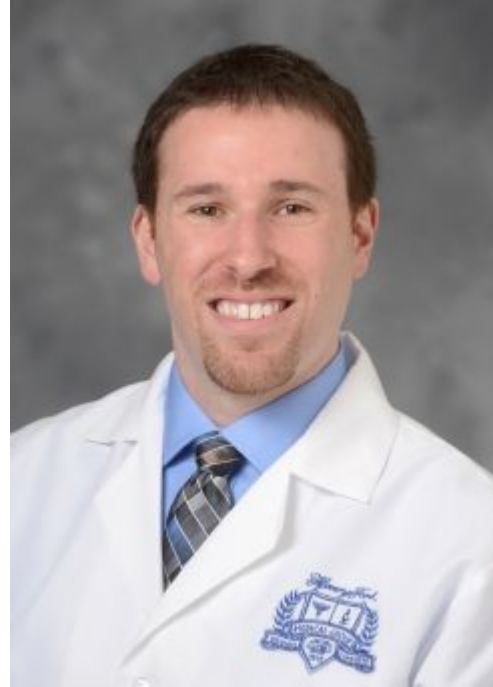- Data Review: New Measures
- Dashboard 2.0 Feedback

Meeting Minutes
June 2020

Roll Call – via webex or contact us

Congrats UAMS for IM conversion!
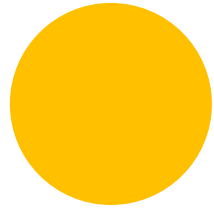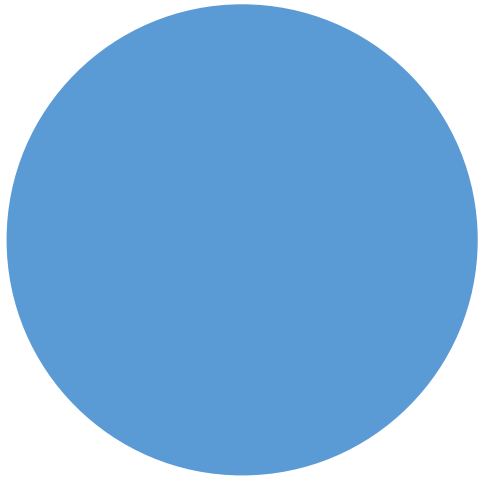
New QI Champions

Bryan Cohen, MD
Henry Ford West Bloomfield

Emily Drennan, MD
University of Utah

Special thanks to Amber Bledsoe and Billy Hightower for their contributions as MPOG QI Champions!

Upcoming Events

MPOG Annual Retreat

virtual

October 2nd 2020

10:00 - 2:30pm ET

Topics

CMS perspective on Quality Improvement

Perioperative Healthcare Disparities

Best of MPOG - Research and QI

MPOG Development, Research, and QI updates

2020 Quality Committee Meetings Remaining

- October 26, 2020

Measure Updates
GLU-05 in Development

Glycemic Management - Measure update plan

- Will keep hyperglycemia threshold at 200 mg/dL for glucose measures as opposed to lowering to 180 mg/dL (60% vs. 34%)

- Will keep timeframe for treatment of hyperglycemia at 90 minutes as opposed to shortening to 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

Measure Review Process

Thanks for participating!

Schedule released couple of weeks ago

Please review and let us know if you are unable to review your measure

Background

- MPOG QI measures need to be reviewed to stay current and relevant.
- MPOG QI measures may be "topped out" or no longer relevant for QI, and should be retired
- Should reflect latest evidence and consensus of the MPOG Quality Committee
- MPOG Quality Champions have tremendous experience and expertise that should be leveraged
- All MPOG measures should be reviewed every three years

Plan

- Coordinating Center will create a review schedule for all measures
- Coordinating Center will request MPOG Quality Champions and other MPOG members to sign up for measure review
- Coordinating Center may also assign/ request specific members to review measures in their area of expertise.
- Reviewers will make one of the following recommendations (with supporting information)
  - Continue measure as is
  - Modify measure
  - Retire measure

Considerations

- Coordinating Center will not assign more than 1-2 measures per year/ per Quality Champion

- Coordinating Center may assign multiple members for a single measure or group of measures

- Reviewers will be de facto members of MPOG Quality Improvement Measure Workgroup

- Coordinating Center team will assist reviewers as necessary to complete review process

- Check out the list [here](#)

Measure Proposal
Multimodal Pain Management

Multimodal Anesthesia - continue?

Description: Percentage of patients ≥ 18 years old who undergo a surgical or therapeutic procedure and receive a non-opioid adjunct preoperatively and/or intraoperatively.

Measure Time Period: Preop Start → Anesthesia End

Success: At least one non-opioid adjunct medication was administered to the patient during the preoperative or intraoperative period.

Responsible Provider: Provider at the beginning of the case (prior to incision)

Exclusions:
- ASA 5 and 6
- Patients transferred directly to ICU
- Organ Harvest (CPT: 01990)
- Cardiac Surgery (CPT: 00561, 00562, 00563, 00566, 00567, 00580)
- Non-operative procedures and Radiology procedures.

Multimodal Anesthesia - considerations

10007	Acetaminophen
10222	Ibuprofen
10747	Naproxen
10116	Celecoxib
10239	Ketorolac
10238	Ketamine
10149	Dexmedetomidine
10199	Gabapentin
10570	Pregabalin
10132	Clonidine
10705	Magnesium
10477	Lidocaine (IV only)

1. How should regional/neuraxial techniques be incorporated into the measure?

2. Should opioid administration be an inclusion criteria (ie we exclude cases without no opioid administered)?

3. Which medications should be considered non-opioid adjuncts?

Perioperative Medicine | August 2020

Perioperative Use of Gabapentinoids for the Management of Postoperative Acute Pain: A Systematic Review and Meta-analysis

Michael Verret, M.D., M.Sc.; François Lauzier, M.D., M.Sc.; Ryan Zarychanski, M.D.,M.Sc.; Caroline Perron, M.Sc.; Xavier Savard, M.D. candidate; et al

Vote

Question

If yes, please let us know if interested in developing a measure spec with us

Data Review

In-Hospital Mortality
Antibiotic Timing
Pediatric Temperature Management
Opioid Equivalency: Tonsil/Adenoid

MORT 01: In-hospital Mortality

Description: Percentage of patients where inpatient death was reported within 30 days after anesthesia

Post Anesthesia Mortality Rate:

$$\frac{\text{\# of cases where pt died within 30 days (exclude subsequent cases, only count one case per pt)}}{\text{total \# of cases performed}}$$

Inclusions: All patients undergoing anesthesia

Exclusions: ASA 6

Responsible Provider: No provider attribution (Departmental only)

MORT 01 Institution Comparison

ABX 01 (OB) – Antibiotic Timing for Cesarean Delivery

- First obstetric-anesthesia MPOG measure

- Released July 15, 2020

- **Description:** Percentage of cesarean deliveries with documentation of antibiotic administration initiated within one hour before surgical incision

- **Inclusions:** Elective, urgent, or emergent cesarean delivery & patients undergoing cesarean section with hysterectomy

- **Exclusions:** Obstetric non-operative procedures & C-section with documented infection before incision

- **Success:** Documentation of at least one antibiotic administration within one hour of surgical incision

- **Threshold:** 90%

MPOG

ABX 01 (OB): Institution Comparison
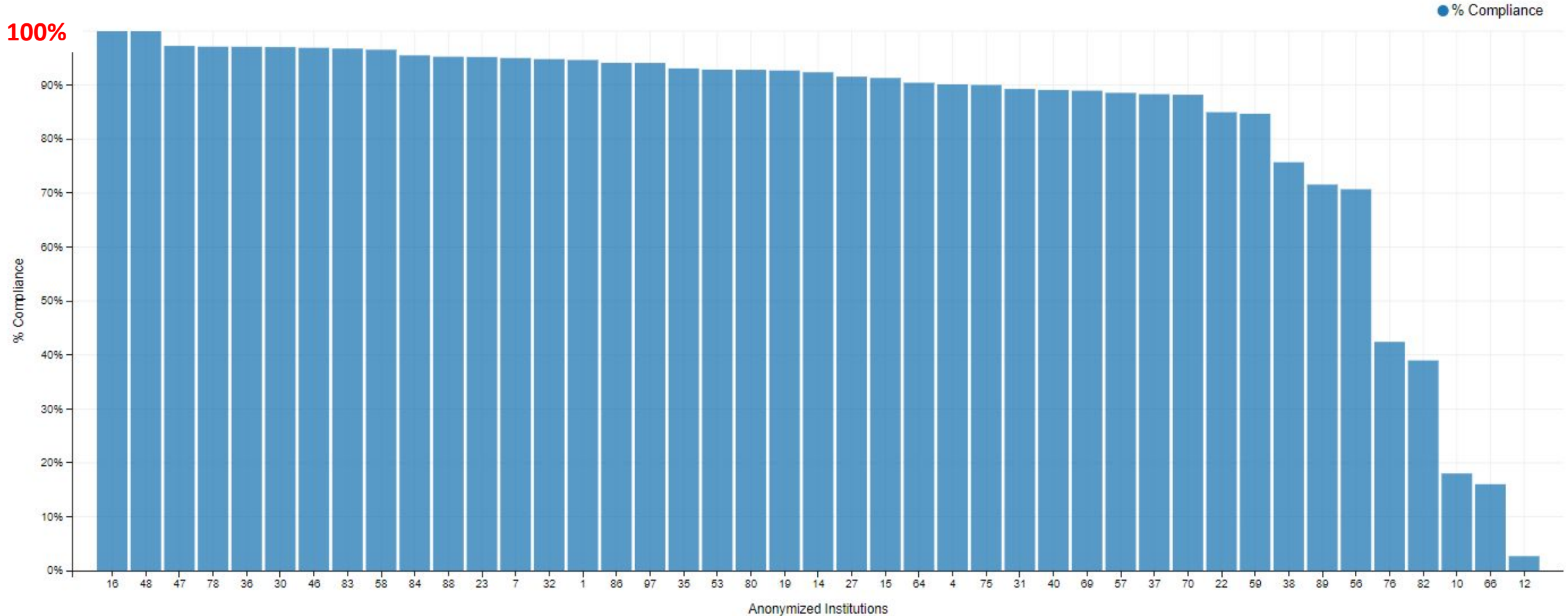
TEMP 04 (PEDS) – Pediatric Temperature Management

- Second pediatric-anesthesia specific MPOG measure

- Released June 29, 2020

- **Description:** 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)

- **Inclusions:** Patients < 18 years old who undergo any procedure including surgical, therapeutic, or diagnostic that requires general anesthesia.

- **Exclusions:** Cases ≤ 30 minutes duration, MAC/sedation cases, Cardiac surgery, Obstetric procedures, Radiology procedures and *cases without a core temp route documented.*

- **Success:** The median core or near core temperature intraoperatively is not less than 36 degrees Celsius (96.8F)

TEMP-04 Performance Comparison
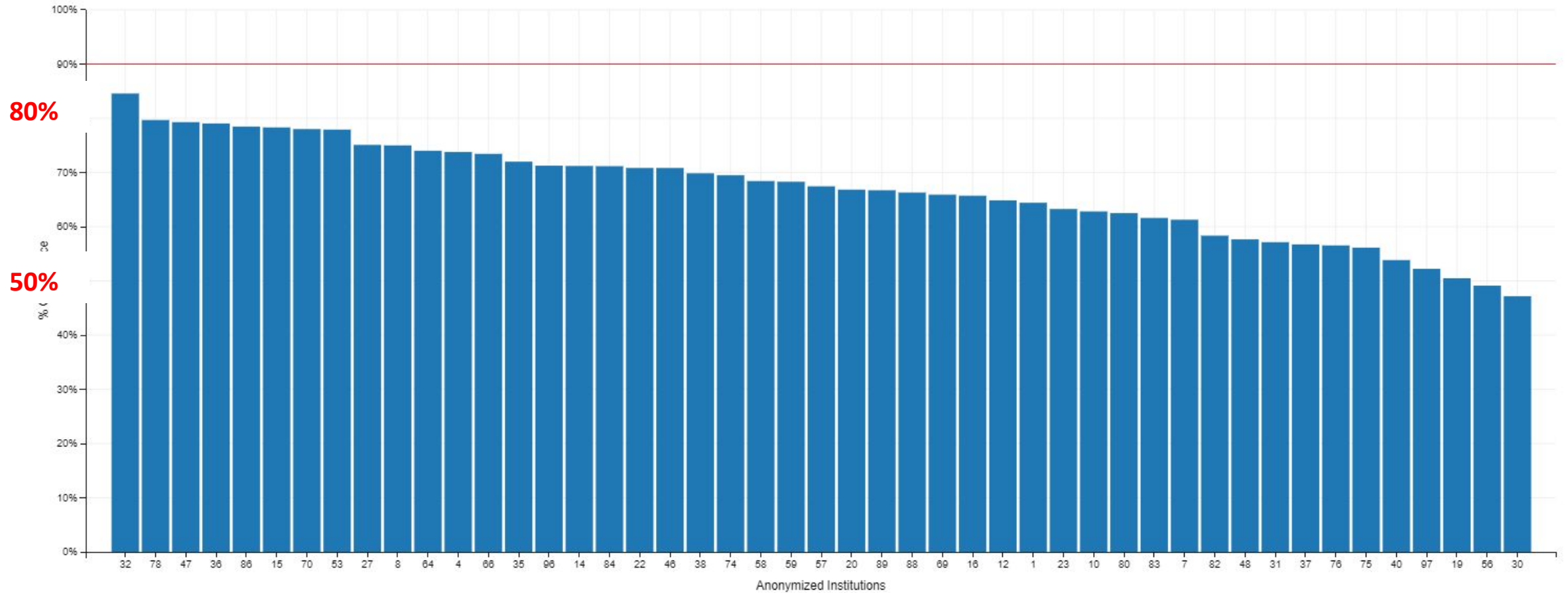
Percentage of patients < 18 years old who undergo a procedure greater than 30 minutes whom have a median core/near core temperature > 36C (96.8F).

Opioid Equivalency - Tonsil/Adenoid (pediatrics)

- Patients < 18 years old

- Anesthesia for intraoral procedures, including biopsy; not otherwise specified (CPT: 00170)

- Procedure text includes "tonsil" or "adenoid"

- Intraoperative opioid equivalency displayed in mg/kg/hr.

- Preoperative or PACU opioids were not included
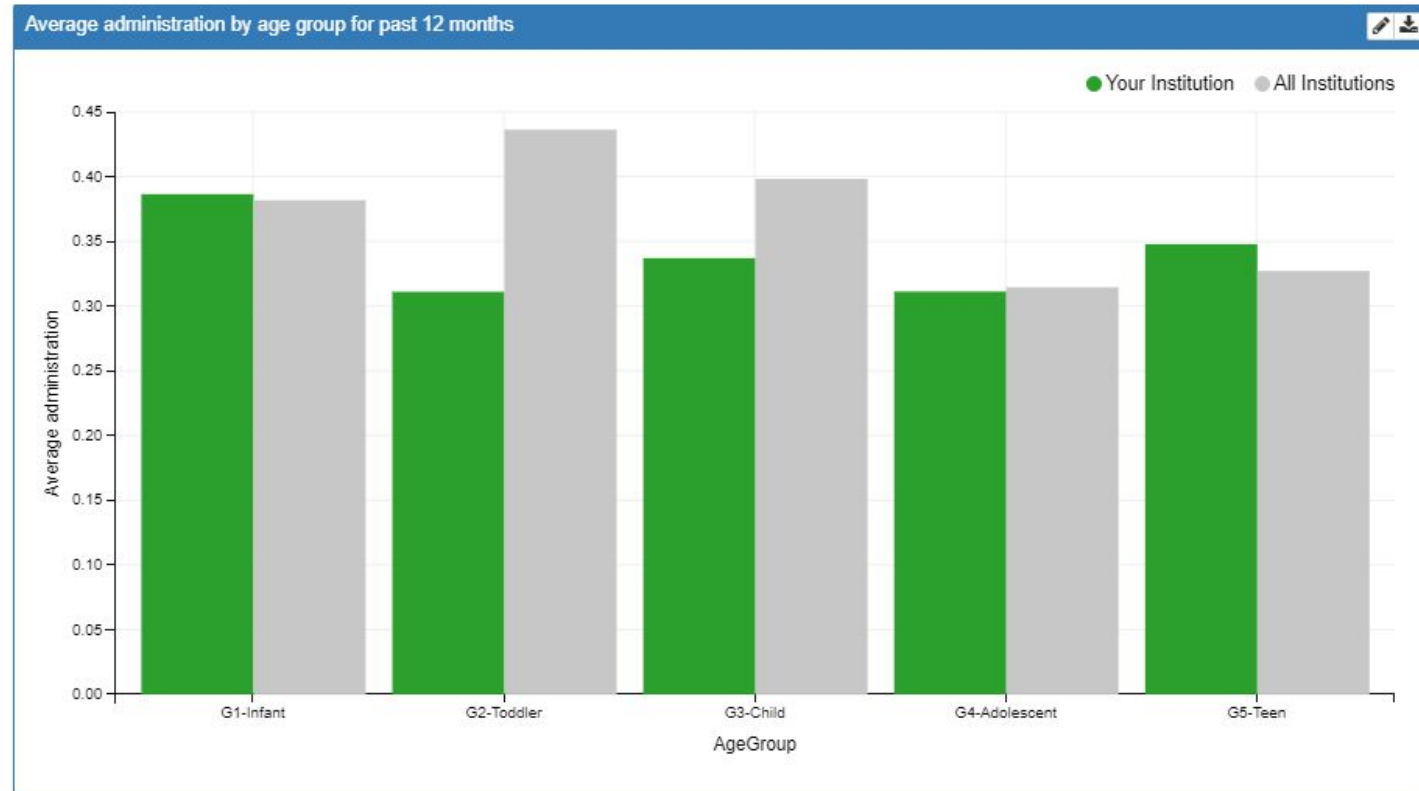
Average administration by age group for past 12 months

Opioid Equivalency - Tonsil/Adenoid (pediatrics)
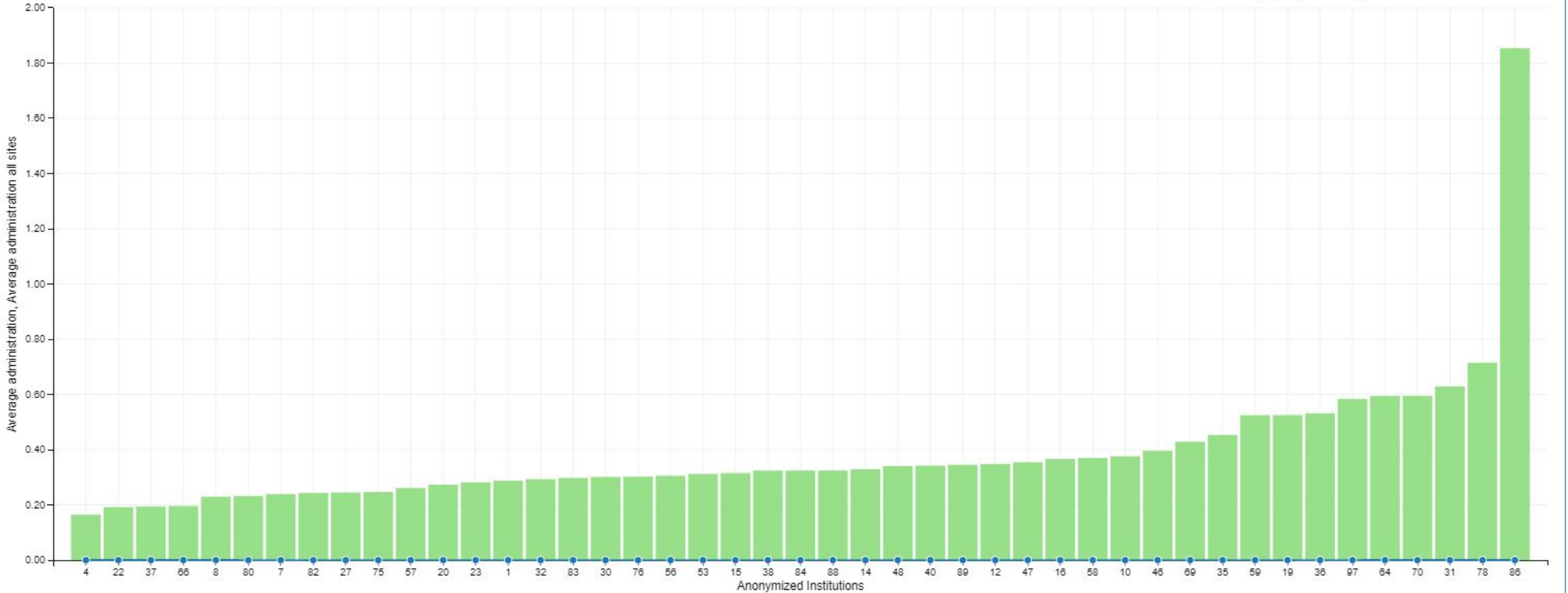
Dashboard 2.0

Dashboard 2.0

- Available for beta testing now
- Provider emails still link to existing dashboard displaying individual provider performance
- Existing dashboard still available - will retire later this year
- Submit feedback to Coordinating Center: support@mpog.zendesk.com

Departmental Dashboard: Selected Measures

Navigation: Filters

Measure Summary

Case List

New Dashboard Feedback

General thoughts - frank feedback appreciated!

Run time/performance

Ease of navigation

Too cluttered?

Not enough information displayed?

Next Steps

Subcommittee specialty Dashboards (including access)

Individual dashboards

Special Measures (OME, SSI)

Bug fixes and usability enhancements

Thank you