

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday January 25, 2021

Attendees:

Abess, Alex (Dartmouth)	Lins, Steven (Bronson)
Anders, Megan (Maryland)	Lockwood, Holly (Henry Ford Allegiance)
Angel, Alan (Bronson)	Loyd, Gary (Henry Ford)
Applefield, Daniel (St. Joseph Oakland)	Malenfant, Tiffany (Beaumont Trenton/Wayne)
Aziz, Mike (OHSU)	Manders, Larry (Beaumont Taylor)
Bailey, Meridith (MPOG)	Mango, Scott (MidMichigan Midland)
Berndt, Bradford (Bronson)	McKinney, Mary (Beaumont Dearborn / Taylor)
Biggs, Dan (Oklahoma)	Mentz, Graciela (MPOG)
Bollini, Mara (Washington University)	Milliken, Christopher (Sparrow)
Boutin, Jimmy (Henry Ford)	Mockridge, Stacy (Metro)
Buehler, Kate (MPOG)	Mulder, Barb (Borgess)
Chen, Yunwei (WUSTL)	Nanamori, Masakatsu (Henry Ford Detroit)
Chen, Lee-Lynn (UCSF)	Overmyer, Colleen (University of Chicago)
Cloyd, Ben (Michigan)	Owens, Wendy (MidMichigan - Midland)
Cohen, Bryan (Henry Ford Detroit)	Pace, Nathan (Utah)
Coleman, Rob (MPOG)	Pardo, Nichole (Beaumont)
Collins, Kathleen (St. Mary Livonia)	Ping Yu, Shao (Weill Cornell)
Colquhoun, Douglas (MPOG)	Poindexter, Amy (Holland)
Coons, Denise (Bronson)	Poterek, Carol (Beaumont)
Cuff, Germaine (NYU Langone)	Pywell, Carol (Beaumont Troy)
Davies, Eric (HF Allegiance)	Quinn, Cheryl (St. Joseph Oakland)
Domino, Karen (UW)	Rubin, Daniel (University of Chicago)
Doney, Allison (MGH)	Ruiz, Joseph (MD Anderson)
Drennan, Emily (University of Utah)	Rutherford, Renee (Borgess)
Dubovoy, Tim (Michigan)	Schonberger, Rob (Yale)
Everett, Lucy (MGH)	Scranton, Kathy (Mercy St. Mary)
Fisher, Clark (Yale)	Shah, Nirav (MPOG)
Fisher, Garrett (Mid-Michigan)	Sinha, Anik (MPOG)
Forro, Jason (St. Joseph)	Stewart, Alvin (Arkansas)
Gall, Glenn (St. Mary Livonia)	Szymanski-Bogart, Brooke (MPOG)
Goatley, Jackie (Michigan Medicine)	Tingle, Sarah (Arkansas)
Hall, Kathleen (Borgess)	Tom, Simon (NYU Langone)
Heiter, Jerri (St. Joseph A2)	Tung, Avery (Chicago)
Harwood, Timothy (Wake Forest)	Tyler, Pam (Beaumont Farmington Hills)
Horton, Brandy (A4)	Vandervest, John (MPOG)
Janda, Allison (MPOG)	Vaughn, Shelley (MPOG)
Johnson, Rebecca (Spectrum & Metro)	Veach, Kristine (St. Joseph)
Kaper, Jonathan (Beaumont Trenton)	Vishneski, Susan (Wake Forest)
Kenron, Dan (OHSU)	Wethington, Kevin (Utah)

Kheterpal, Sachin (MPOG)	Wong, Brandon (Spectrum)
Lacca, Tory (MPOG)	Wren, Jessica (Henry Ford Wyandotte/Macomb)
Lagasse, Bob (Yale)	Zeldes, Daniel (Beaumont Grosse Pointe)
Lewandowski, Kristyn (Beaumont)	

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 October 26, 2020 meeting approved-** minutes and recording posted on the website for review
- 3) **Announcements & Updates**
- 4) **Upcoming Events**
 - a) MSQC/ASPIRE Collaborative Meeting: April 23, 2021
 - b) ASPIRE Collaborative Meeting: July 16, 2021
 - c) MPOG Retreat: October 8, 2021
 - d) Quality Committee Meetings via Zoom
 - i) Monday, March 22, 2021
 - ii) Monday, May 24, 2021
 - iii) Monday, July 26, 2021
 - iv) Monday, September 27, 2021
 - v) Monday, November 22, 2021
 - e) Pediatric Subcommittee
 - i) February 17, 2021 at 1pm Eastern
 - f) Obstetrics Subcommittee
 - i) February 3, 2021 at 1pm Eastern
 - g) Cardiac Subcommittee
 - i) February meeting planned, be on the lookout for e-mail to set up meeting
 - (1) Temperature management
 - (2) Glucose management
- 5) **Conversion to Import Manager.**
 - a) Conversion deadline is December 31, 2021. All sites must convert from legacy to Import Manager by this deadline in order to continue uploading to MPOG. If your site is a legacy site and have not started the conversion, please contact the Coordinating Center as soon as possible.
 - b) Congratulations to the following sites to switch to Import Manager.
 - i) Bronson Health
 - ii) NYU Langone
 - iii) Trinity
 - iv) Yale Health
- 6) **Featured Member, January and February 2021**
 - a) Pam Tyler, RN, BSN (ACQR Beaumont Farmington Hills and Troy)
- 7) **New Michigan Sites – BCBSM 2021 Recruitment**

- a) Metro Health, Grand Rapids, Michigan
- b) MidMichigan, Midland, Michigan
- c) Spectrum Health, Grand Rapids, Michigan

8) **Dashboard 2.0**

- a) Transition from Beta to general release this week, the original dashboard will be available until OME moved to new app. We will notify sites prior to retiring the original dashboard.
- b) Updates include the following: specialty dashboards, one click navigation, easier filtering, measure labels and improved visualizations.
 - i) Sites will be able to choose site selected measures and will have more flexibility on how they view data.
 - ii) Navigation should be faster and if not, please contact the Coordinating Center.
- c) Release took a little longer because we had to link it to the provider e-mails. The link was completed and new monthly provider e-mails will start in February.
 - i) The e-mails will be the same so providers' workflow will stay the same
 - ii) New user guides are available on the website and Kate will post to the forum in case site champions want to make an announcement to their providers

9) **Michigan Sites P4P Scorecards**

- a) Available on the MPOG [website](#)
- b) Contact [Tory](#) for any question

10) **Provider Feedback E-mail Selection**

- a) Coordinating Center to send e-mail to Site Quality Champions 2X/per year to verify selected measures on their provider e-mails
 - i) Champions can respond either via e-mail or click on the link inside e-mail
- b) Michigan Sites -- Coordinating Center will let you know if your P4P measures are on the e-mails
- c) First opportunity to review or modify e-mails on February 1, 2021
 - i) If you think these e-mails should go out more frequently, contact the Coordinating Center

11) **New Measures**

- a) GLU 05 - link to [measure spec](#)
 - i) Focuses on elevated blood glucose with documentation of treatment, starts in Preop through PACU end
 - ii) Success: Administration of insulin within 90 minutes of blood glucose >200 mg/dL
 - iii) Measure build details:
 - (1) Each blood glucose is evaluated separately. One instance of untreated blood glucose >200mg/dL will flag the case
 - (2) Active infusion of an insulin infusion at the time of high glucose will count as treatment for this measure.
 - (3) If no end time is available for an insulin infusion, the 'measure end time' will be considered the insulin infusion end time
 - (4) Sites not contributing preop and PACU data are not eligible to participate in this measure
 - iv) Wide variation across sites. If you are submitting preop and PACU data, please review and submit any feedback
 - v) Question: Does this include overnight stays or discharge home? Whatever your site has mapped to outpatient will be included in this measure.

- b) PAIN 01 PEDS- link to [measure spec](#)
 - i) Based on feedback from Pediatric Subcommittee
 - ii) Patients < 18 years old who undergo any procedure requiring care by anesthesia providers
 - iii) Success: At least one non-opioid adjunct (medication, regional block, caudal, or epidural) was administered to the patient during the preoperative or intraoperative period.
 - iv) Would like feedback from sites to determine the usability of this measure, please contact the Coordinating Center with any feedback.
 - (1) Please note, the measure is only available departmentally and is not available on provider e-mails

12) Cost Avoidance Analysis

- a) Leverage payment data captured by Michigan Values Collaborative (MVC) to examine the difference in healthcare costs before and after ASPIRE participation for Michigan sites.
 - i) Results: For all payers across all procedure types, we found significantly greater reduction in post-discharge (-\$419.29, SE \$113.59, p=0.0002) and total episode payments (-\$718.62, SE \$316.94, p=0.02) for procedures performed in ASPIRE hospitals compared to non-ASPIRE control hospitals
 - ii) Coordinating Center will be circulating manuscript

13) Measure Updates

- a) SUS 01 – should we exclude cases with **nitric** oxide administration? link to [measure spec](#)
 - i) Dr. Lagasse (Yale) suggested exclude nitric oxide, seems reasonable, will exclude cases with nitric oxide unless there is objections
- b) TEMP 02 – should we add a concept for Zero flux thermostat, based on recent Temperature Monitoring Review article? Are sites using these new thermostats? link to [measure spec](#)
 - i) Dr. McCormick (MSK) Submitted study from Dr. Sessler and suggested we add zero heat flux temperature source into the measure so we will add zero heat flux temperature source if any site uses it

14) Measure Review and Vote:

- a) History: MPOG QI needs to review measures to ensure they stay current and relevant. Reviews should reflect latest evidence and consensus of the MPOG Quality Committee. All MPOG measures will review every measure once every three years and will assign experts from across the collaboration to review measures. Reviewers will make recommendations to determine if we should 1) continue the measure, 2) modify measure or 3) retire measure
- b) PUL 01 and 02 – Drs. Tung and Colquhoun – link to measure spec for [PUL 01](#) and [PUL 02](#)
 - i) Link to Dr. Tung's **excellent** podcast on lung protective ventilation: <https://depthofanesthesia.com/do-lower-intraoperative-tidal-volumes-reduce-postoperative-pulmonary-complications/>
 - (1) Literature review shows there has been changes in literature in the last few years.
 - (a) We need to determine if we are we targeting the right parameter. Single intervention has limited evidence...PEEP, Tidal volume, recruitment maneuvers all struggle to show efficacy alone.
 - (b) Do we need to consider the lungs and how they interact with MV?
 - (c) Does OR practice over a couple of hours' matter?
 - (2) Recommendations:
 - (a) PUL 01: Keep and remain the same because measuring 10ml/kg is entirely reasonable

- (i) Evidence shows we should not go any lower.
- (b) Modify PUL 02: Make measure informational and develop site specific histogram of Tidal Volumes to show distributions of practice.
 - (i) Tim at Wake Forest, agrees with Douglas, anything that happens in ICU does not transmit well to the OR. Forcing this practice to all types of cases is not helpful. Agree with PUL 01 recommendations and the idea of making PUL 02 informational.
 - (ii) Avery Tung: Downside risk of dropping tidal volumes is low risk. What happens when you force it down? Having PUL 02 to help us to obtain the information will help from both a QI and research prospective. See link above to Dr. Tung's podcast above (14.b.i).
 - (iii) Dr. Davies: Henry Ford Allegiance picked PUL 02 as target before the article was published. The science does change and I agree, we need to change the measure(s).
 - (iv) Nirav: If we make PUL 02 informational, we will remove from e-mails
- (c) **Voting:**
 - (i) PUL 01: Continue as is 88%
 - (ii) PUL 02: Modify as recommended by reviewers 50%
- c) TEMP 03 – Drs. Tom and O'Reilly-Shah – link to [measure spec](#)
 - i) Conclusion: Measure has been determined to be fine as listed.
 - (1) Increasing emphasis on patient satisfaction/experience
 - (2) Literature review from last years
 - (a) NICE guidelines (2016); update on appropriate measurement sites (axilla, sublingual)
 - (b) Studies in obstetrics and peds subspecialty
 - ii) Questions/potential updates to metric content
 - (1) Timing/nature of measurement, currently single point measurement, vs. AUC
 - (2) Suggest adding section to each measure to include history of the measure ('version control') and an area for debates to help guide future discussions
 - (a) Coordinating Center will make sure we have version control and add an area for debate into the measure.
 - (3) Role of subspecialties committees (cardiac, peds, and OB) is important for temperature measures
 - (4) Question from Utah: They have been trying to address for the last year and have been struggling. How are others addressing this measure? Is there a way to find out who is doing well and see how they are being successful?
 - (a) Nirav: Either post question on forum or reach out to Coordinating Center who can make a connection with sites who are doing particularly well. We have been thinking of un-blinding to see how we can make it more broadly applicable.
 - (5) **Voting:**
 - (a) Continue as is 83%

Meeting concluded at 11:02 am