

**2024 Anesthesiology Quality Improvement and Reporting Exchange (ASPIRE)
Collaborative Quality Initiative Performance Index Scorecard
Cohorts 1 - 7
Measurement Period: 01/01/2024 - 12/31/2024**

Measure #	Weight	Measure Description	Points
1	10%	Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at meetings. Three total meetings with six opportunities for attendance.	
		6 / 6 Meetings	10
		5 / 6 Meetings	5
		4 or Less Meetings	0
2	5%	Attend ASPIRE Quality Committee e-meetings: ASPIRE Quality Champion or ACQR attendance across six meetings.	
		5 - 6 / 6 Meetings	5
		4 or less Meetings	0
3	5%	ACQR/ASPIRE Quality Champion perform data validation, case validation and submit data by the 3rd Wednesday of each month for January - November and by the 2nd Wednesday of the month for December. Data must be of high quality upon submission, >90% of diagnostics marked as 'Data Accurately Represented.'	
		10 - 12/12 Months	5
		9 or Less Months	0
4	10%	Site Based Quality Meetings: Sites to hold an onsite in-person or virtual meeting following the three ASPIRE Collaborative meetings to discuss the data and plans for quality improvement at their site.	
		3 Meetings	10
		2 Meetings	5
		1 Meeting	0
5	25%	Sustainability (SUS 02) Percentage of cases where carbon dioxide equivalents (CO2 eq) normalized by hour for cases receiving halogenated agents and/or nitrous oxide is less than CO2 eq of 2% sevoflurane at 2L FGF = 2.83 kg CO2/hr during the maintenance period of anesthesia OR the Total CO2e is less than 2.83 kg CO2. (cumulative score January 1, 2024 - December 31, 2024)	
		Performance is \geq 45% or show improvement of 10 percentage points	25
		Performance is \geq 40%	15
		Performance is \geq 35%	10
		Performance is $<$ 35%	0
6	20%	Postoperative Nausea and Vomiting (PONV 05) Percentage of patients who had a procedure requiring general anesthesia or cesarean delivery and administered appropriate prophylaxis for PONV. (cumulative score January 1, 2024 - December 31, 2024)	
		Performance is \geq 70% or improvement of 15 percentage points	20
		Performance is \geq 65%	15
		Performance is \geq 60%	10
		Performance is $<$ 60%	0
7	25%	Site Directed Measure: Sites choose a measure they are performing above/below ASPIRE threshold or needs improvement by December 8, 2023. (cumulative score January 1, 2024 through December 31, 2024)	
		Performance is \geq 90%; \leq 10%; \leq 5% or show \geq 15% improvement (absolute)	25
		Performance is \geq 85%; \leq 15%; \leq 10% or show \geq 10% improvement (absolute)	15
		Performance is \geq 80%; \leq 20%; \leq 15% or show \geq 5% improvement (absolute)	10
		Performance is $<$ 80%; $>$ 20%; $>$ 15% or show $<$ 5% improvement (absolute)	0

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

2024 Performance Index Scorecard

Measure Explanation: Cohorts 1 – 7 (2015 – 2022 start)

Measure #1: The ASPIRE Quality Champion (or a designated representative who must be an anesthesiologist) and the Anesthesiology Clinical Quality Reviewer (ACQR), combined, must attend ASPIRE Collaborative meetings in 2024. There are three total meetings with six opportunities for attendance:

1. MSQC (Michigan Surgical Quality Collaborative) / ASPIRE Meeting: Friday, April 12, 2024
2. ASPIRE Collaborative Meeting: Friday, July 12, 2024
3. MPOG (Multicenter Perioperative Outcomes Group) Retreat: Friday, October 18, 2024

Measure #2: There will be six Quality Committee e-meetings in 2024. One representative (ASPIRE Quality Champion or ACQR) must attend the following 2024 meetings:

1. Monday, January 22, 2024
2. Monday, February 26, 2024
3. Monday, May 20, 2024
4. Monday, July 22, 2024
5. Monday, September 23, 2024
6. Monday, November 25, 2024

Measure #3: Maintenance Schedule located on MPOG website in the resources tab of the quality section. Data must be of high quality upon submission, >90% of diagnostics marked as 'Data Accurately Represented.'

Measure #4: The site is expected to schedule a local meeting either in-person or virtually following each ASPIRE collaborative meeting (see Measure #1 for dates) to discuss site-based and collaborative quality outcomes with clinical providers at their site. Sites must send the coordinating center the site-based collaborative meeting report located on the MPOG website in the P4P sub tab of the Michigan hospitals tab of the quality section.

Measure #5: Sites will be awarded points for compliance with the sustainability measure SUS 02 (cumulative score January 1, 2024, through December 31, 2024). If the performance threshold is not met, Coordinating Center will assess initial 12-month average score for January – December 2023 and compare to 12-month average score for January – December 2024. Absolute percentage point improvement will be evaluated to allocate points. See P4P Scorecard for point distribution.

Measure #6: Sites will be awarded points for compliance with the postoperative nausea and vomiting PONV 05 (cumulative score January 1, 2024, through December 31, 2024). If the performance threshold is not met, Coordinating Center will assess initial 12-month average score for January – December 2023 and compare to 12-month average score for January – December 2024. Absolute percentage point improvement will be evaluated to allocate points. See P4P Scorecard for point distribution.

Measure #7: Sites will choose a measure where performance is above the ASPIRE threshold for inverse (outcome) measures (5 or 10%) or a process measure with performance less than threshold (90%) that needs improvement. Sites must submit their current measure score (November 1, 2022 through October 31, 2023) to the Coordinating Center by Friday, December 8, 2023, for review and approval. Measure selection form is located on the MPOG website in the P4P sub tab of the Michigan hospitals tab of the quality section. If the performance threshold is not met, ASPIRE Coordinating Center will assess initial 12-month average score for November – October 2023 and compare to 12-month average score for January – December 2024. Absolute percentage point improvement will be evaluated to allocate points. See P4P Scorecard for point distribution.