

# Quality Committee Meeting

January 26, 2026

10:00am - 11:00am Eastern Time

# Agenda

## 2026 Meeting Schedule

### Announcements

- **New Subcommittee Vice Chairs**
- **Glycemic management workgroup update**
- **AKI phenotype update**

**Measure Review - AKI 01 - Mike Mathis, MD, University of Michigan**

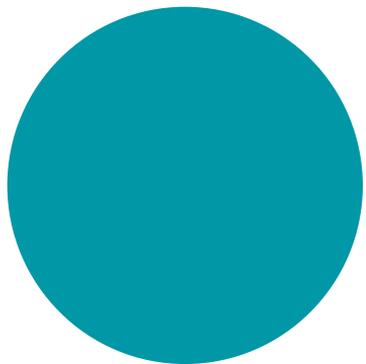
### 2026 Planning

- **Benchmarking graphs in QI Reporting Tool**
- **Best practices exchange proposal**

# Meeting Minutes

## November 24, 2025

Roll Call – via Zoom or contact  
MPOG



# Upcoming Events



# 2026 Meetings

**Friday, March 13, 2026**

MSQC / ASPIRE Collaborative Meeting  
Marriott, East Lansing, MI

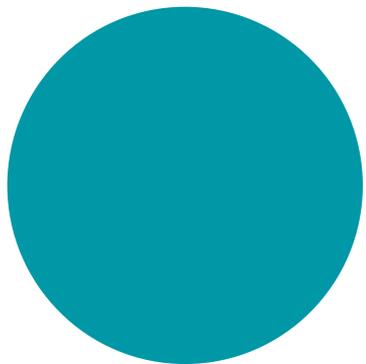
**Friday, July 17, 2026**

ASPIRE Collaborative Meeting  
Weber's Hotel, Ann Arbor, MI

**Friday, October 16, 2026**

MPOG Retreat, San Diego, CA





# Announcements



# Featured Member January and February

[MORE INFO](#)



**Bethany Pennington, PharmD, BCPS**  
Washington University, St. Louis

# Newest MPOG Site

Welcome to Indiana  
University Health - the  
newest health system to  
join MPOG!



# New Obstetric Subcommittee Vice Chair

**Congratulations  
Dr. Sharon Reale!**

**Dr. Sharon Reale is from Harvard Medical School's Brigham and Women's Hospital. She is the Brigham and Women's Hospital Obstetric Anesthesia Fellowship Program Director and the MPOG Research Lead. She has published several impactful obstetric anesthesia studies utilizing the MPOG database in the areas of failed and difficult intubation in obstetrics and management of maternal cardiac arrest.**

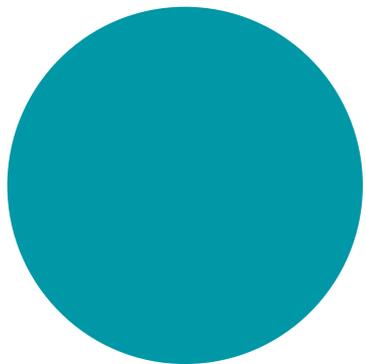


# New Pediatric Subcommittee Vice Chair

## Congratulations Dr. Eva Lu-Boettcher!

Dr. Eva Lu-Boettcher is a pediatric anesthesiologist at the University of Wisconsin, where she holds the role of Associate Vice Chair for Quality and Safety. She has served as the site Principal Investigator and MPOG Quality Champion since 2021, leading local efforts to leverage data for quality improvement. Her current efforts emphasize high-value, and environmentally sustainable anesthesia care and has served as a measure reviewer for SUS-02, SUS-03, SUS-05-Peds and SUS-06-Peds.





# Key Operational Updates



# Glycemic Management Workgroup Update

Workgroup met on 12/15/25 to develop feasible, clinically meaningful metrics addressing hyperglycemia thresholds and treatment timing in ambulatory surgery

## Key Discussion Themes

- Strong consensus that patients *without diabetes* should be included, with recognition that a meaningful subset of non-diabetic patients present with elevated glucose.
- **Threshold debate:** Extensive discussion around 180 vs 250 mg/dL as treatment thresholds, balancing clinical ideals with operational feasibility and clinician buy-in.
- **Process focus:** Emphasis on measuring timely treatment and reassessment, not insulin dosing accuracy.
  - consider excluding IV insulin given rarity in ambulatory settings. Analyze data
  - consider excluding Capillary glucose monitors; finger-stick/arterial values only due to accuracy / correlation with POC devices

**Decision:** Build two outpatient hyperglycemia treatment measures:

- **GLU-15:** Treatment of BG > **250 mg/dL** within 60 minutes
- **GLU-15b:** Treatment of BG > **180 mg/dL** within 60 minutes (sub-measure)

**Next Meeting 1/27/26** to refine outpatient hyperglycemia assessment (blood glucose checking) measure



# MPOG Phenotype - AKI Complication Update

- MPOG recently implemented some improvements to accurately capture AKI using the [MPOG Complication - AKI](#) phenotype.
- Updates are scheduled to be released on February 2nd and [AKI-01](#) and [AKI-02-C](#) scores have been impacted.
- Will finalize [AKI-01](#) risk adjustment model once these updates are released.

# MPOG Phenotype - AKI Complication Update

## Summary of Changes:

### 1. **Preoperative Creatinine Source**

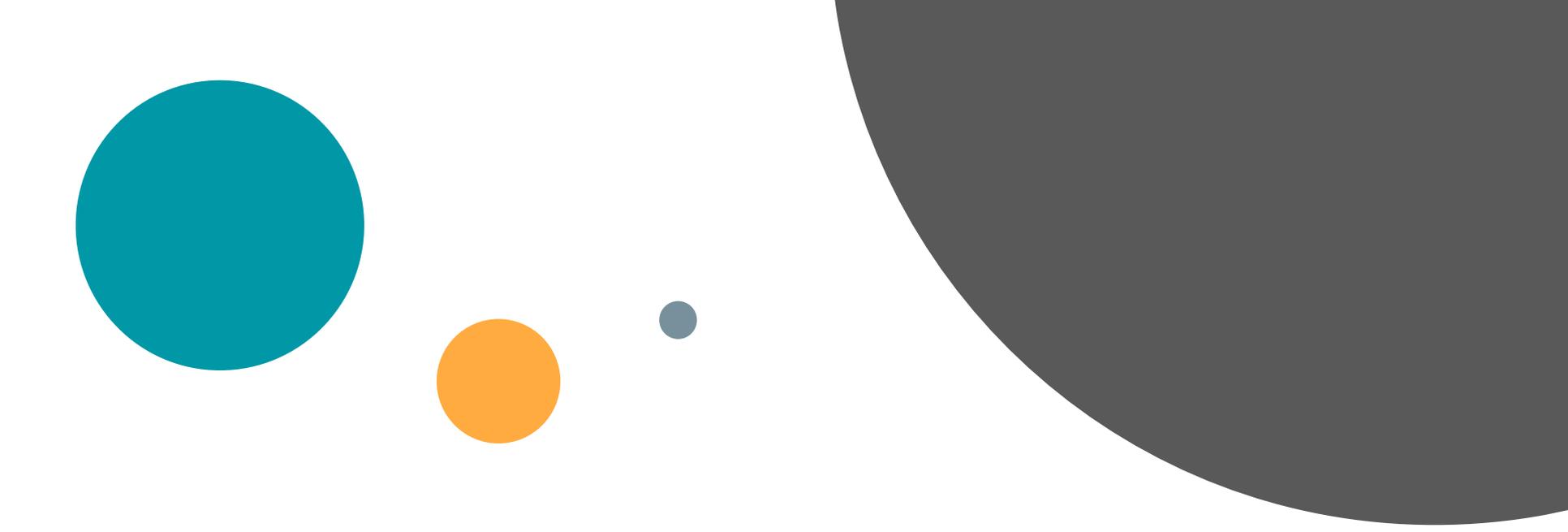
- Previously referenced the *highest* preoperative creatinine value.
- Updated to reference the *most recent* preoperative creatinine value.

### 2. **Postoperative Creatinine Selection**

- Previously the logic didn't check for a  $\geq 0.3$  mg/dL rise from the 0-2 day creatinine if the 3-7 day creatinine was higher. Now even if the 3-7 day creatinine higher it will still evaluate a 0-2 day creatinine for a  $\geq 0.3$  mg/dL rise and assign AKI 1 accordingly.

### 3. **Significant score changes due to evaluating day 2 increase in creatinine**

- [AKI-01](#): ~2-3 percentage points increase in AKI across MPOG
- [AKI-02-C](#): percentage point changes more significant due to low open cardiac case volumes. ~2-13 percentage point increase in AKI



Measure Review: [AKI-01](#)  
Mike Mathis, MD  
University of Michigan

[AKI - Mike Mathis Review 1.26.26 - Google Docs](#)

# AKI-01: Acute Kidney Injury

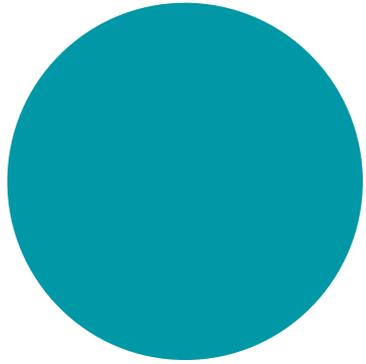
1 vote/ site

Continue as is/ modify/ retire

Need > 50% to retire measure

Coordinating center will review all votes after meeting to ensure no duplication





# 2026 Measure Review Plan

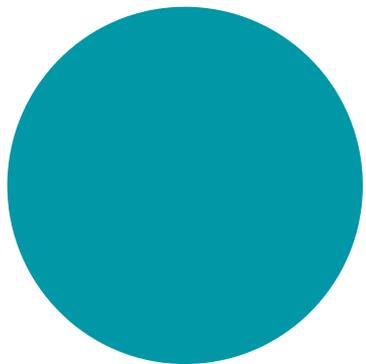


# 2026 Quality Committee Review Plan

| Date      | ID     | Topic                             | Presenter          | Organization  |
|-----------|--------|-----------------------------------|--------------------|---|
| 1/26/2026 | AKI-01 | Acute Kidney Injury               | Mike Mathis, MD    | University of Michigan Health                                     |
| 2/23/2026 | TOC-02 | PACU Handoff                      | Alvin Stewart, MD  | University of Arkansas for Medical Sciences (UAMS) Medical Center |
| 2/23/2026 | TOC-03 | ICU Handoff                       | Alvin Stewart, MD  | University of Arkansas for Medical Sciences (UAMS) Medical Center |
| 5/18/2026 | GLU-09 | Hyperglycemia management, Intraop | Patrick Henson, MD | Vanderbilt Health   |
| 5/18/2026 | GLU-10 | Hyperglycemia management, Periop  | Patrick Henson, MD | Vanderbilt Health   |
| 5/18/2026 | GLU-11 | Hyperglycemia treatment, Periop   | Patrick Henson, MD | Vanderbilt Health   |
| 5/18/2026 | GLU-12 | Hypoglycemia management, Intraop  | TBD                |   |

# 2026 Quality Committee Review Plan

| Date       | ID          | Topic                                    | Presenter              | Organization                                   |
|------------|-------------|--|------------------------|--|
| 7/27/2026  | OME         | Opioid Equivalency                       | Clark Fisher, MD, PhD  | Yale New Haven Health                          |
| 7/27/2026  | PONV-03     | Postoperative Nausea or Vomiting Outcome | Tariq Esmail, MB Bch   | University Health Network                      |
| 9/28/2026  | BP-01       | Low MAP Prevention <55 (20 minutes)      | Jonathan Paul, MD      | Columbia University Medical Center             |
| 9/28/2026  | BP-03       | Low MAP Prevention <65 (15 minutes)      | Jonathan Paul, MD      | Columbia University Medical Center             |
| 9/28/2026  | BP-06       | Low MAP Prevention <55 (10 minutes)      | Jonathan Paul, MD      | Columbia University Medical Center             |
| 11/23/2026 | FLUID-01-NC | Minimizing Colloids                      | Ayesha Bryant, MD, MPH | University of Alabama Birmingham Health System |
| 11/23/2026 | NMB-04      | NMB-04 Variation in Sugammadex Dosing    | Megan Anders, MD       | University of Maryland                         |



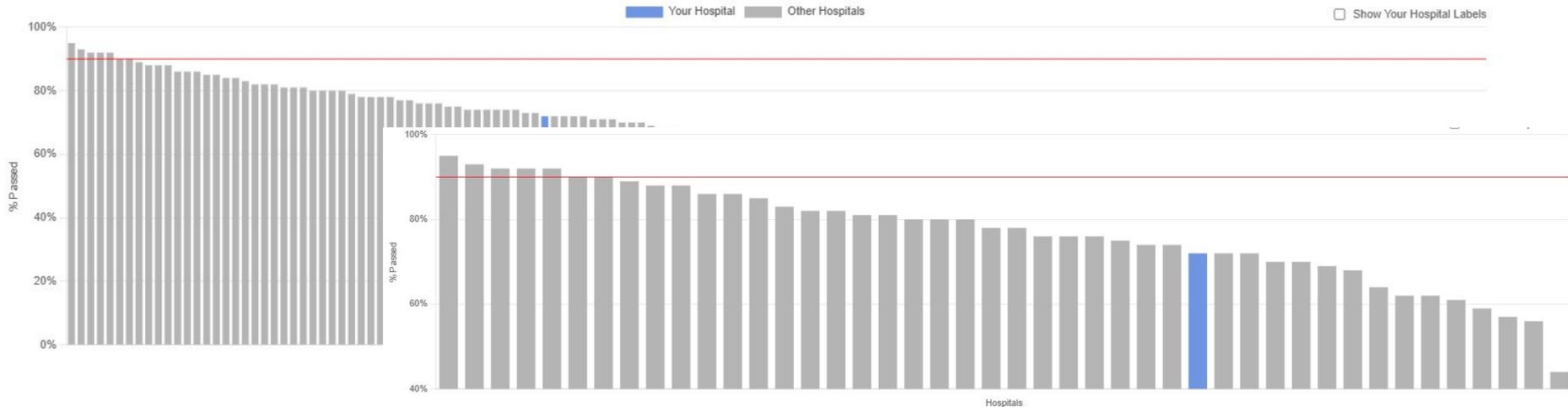
# 2026 Anonymized Benchmarking Plan



# Anonymized Benchmarking - 2026

Based on your feedback, we are investigating building additional anonymized benchmarking visualizations in the QI Reporting Tool:

- Case volume
- Ambulatory Surgery Centers
- Health Systems
- Academic Hospitals vs Community Hospitals (future)

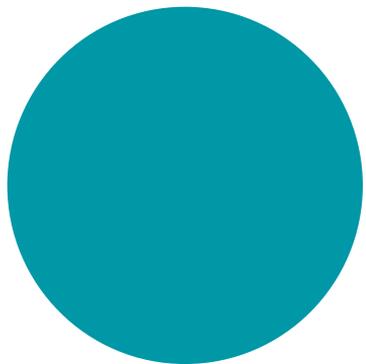


# Discussion Points / Areas of Feedback

Have (or will need to determine) definitions for each location type (ie what is a community hospital?)

Planning on exposing these visualizations to all sites. Sites that have a location included in the visualization will be able to identify their own site (the blue bar), but others will be anonymized

Other subgroups that folks are interested in? Small hospitals, large hospitals?



# 2026 Best-Practices Exchange Proposal



## Concept

- Identify high performers during measure review
- Add short, low-prep “how we do it” spotlights during Quality Committee (or adjacent forums) where a high-performing site or a “big mover” briefly shares workflow/policies/culture that drove success on a measure
- Consider two lenses: (1) always-high performers (culture/process) and (2) intentional QI improvers (PDSA, reminders, education).
- Interested sites can connect offline for deeper dives

## Why?

- May be useful especially for newer sites or areas with stalled traction

## Proposal

- Format: less than 10 minutes. Slides optional, but some material encouraged
- Cadence: aim for ~2x/year to start, at Quality Committee meeting
- Topic pipeline: align with measure review + call for topics (site initiated) + coordinating center
- Who: quality champion or designee

## Vote

1. Should we identify high performers during measure review?
2. Should we create a new QC segment “Best Practice Xchange”

Thank you!

