

# Quality Committee Meeting

February 23, 2026

10:00am - 11:00am Eastern Time

# Agenda

**Announcements - New Subcommittee Vice Chair**

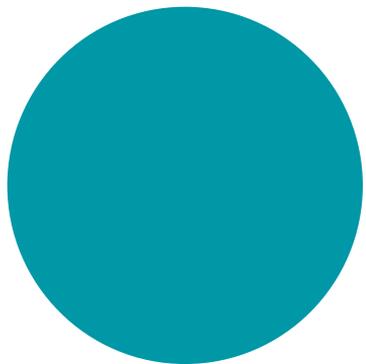
**Measure Review - TOC-02/03 - Alvin Stewart, MD, UAMS**

**Measure Updates**

# Meeting Minutes

## January 26, 2026

Roll Call – via Zoom or contact  
MPOG



# Upcoming Events



# 2026 Meetings

**Friday, March 13, 2026**

MSQC / ASPIRE Collaborative Meeting  
Marriott, East Lansing, MI

[Registration](#)

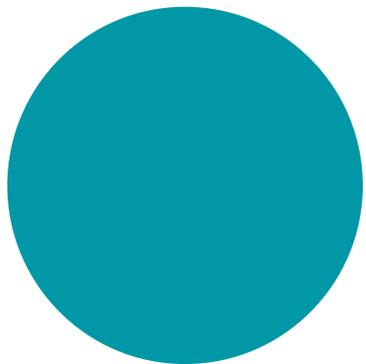
**Friday, July 17, 2026**

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

**Friday, October 16, 2026**

MPOG Retreat, San Diego, CA





# Announcements

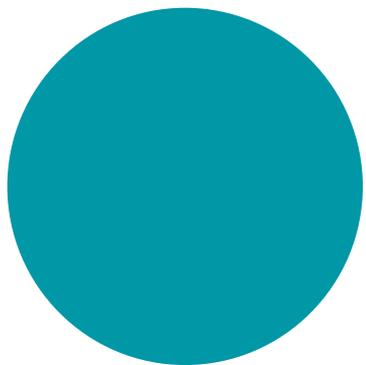


# New Cardiac Subcommittee Vice Chair

## Congratulations Dr. Ashan Grewal!

Dr. Grewal is a cardiothoracic anesthesiologist at the University of Maryland. An active member of the MPOG Cardiac Anesthesia Subcommittee, he has contributed to cardiac measure development and review, including proposing the GLU-14-C measure and reviewing TEMP-07-C, while also serving on MPOG Quality and PCRC committees. As Associate Director of Quality in his department, he leads efforts to translate MPOG data into meaningful clinical change.





New Measures



## AKI-03-Peds : Acute Kidney Injury, Peds Cardiac

### Measure ID

AKI-03-Peds

### Description

Percentage of pediatric patients undergoing cardiopulmonary bypass with more than a 1.5x increase in baseline creatinine within 7 postoperative days or the baseline creatinine level increases by  $\geq 0.3$  mg/dL within 48 hours postoperatively.

### Measure Type

Outcome

### Available for Provider Feedback

Yes

### MOCA Measure

Yes

### Threshold

$\leq 20\%$

## NCR-01-OB : Neuraxial Catheter Replacement for Childbirth

### Measure ID

NCR-01-OB

### Domain

Obstetrics

### Description

Percentage of patients undergoing neuraxial anesthesia for labor or cesarean delivery with evidence of neuraxial catheter replacement.

### Measure Type

Outcome

### Available for Provider Feedback

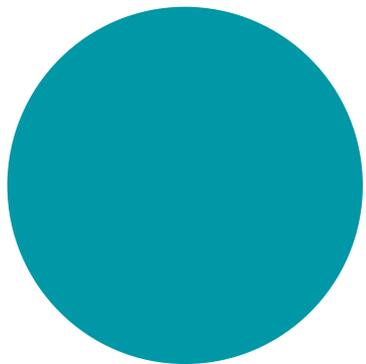
No - Departmental Only

### MOCA Measure

No

### Threshold

$<6\%$



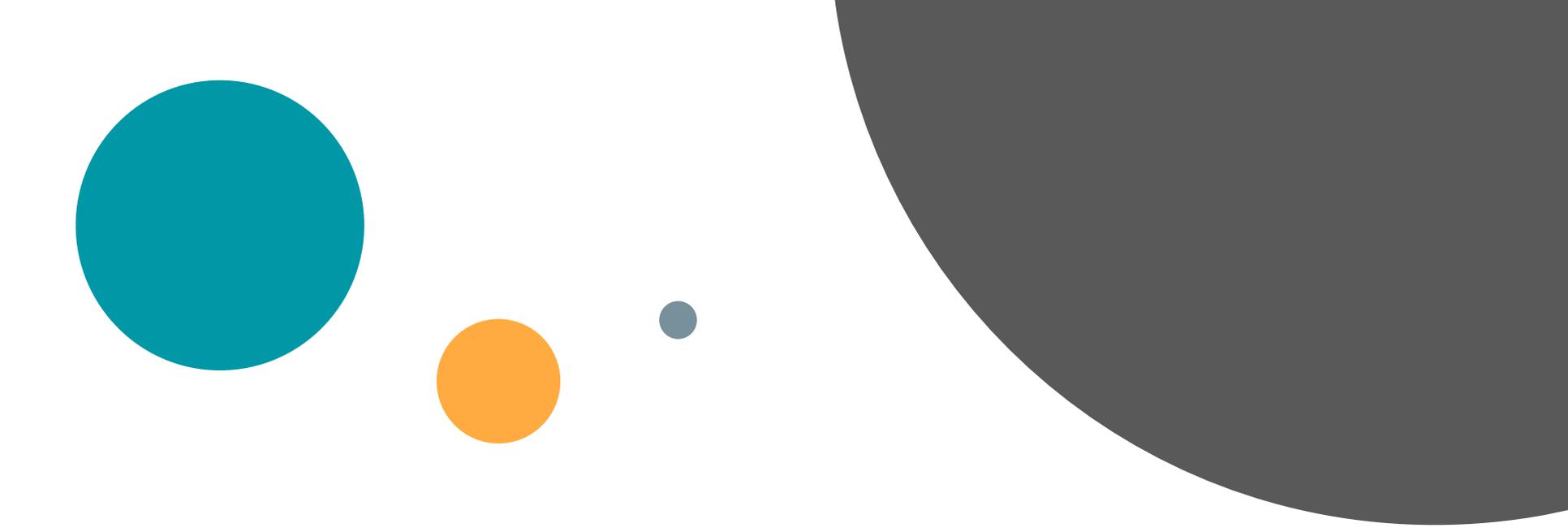
# Key Operational Updates



# Glycemic Management Workgroup Update

## Hyperglycemia Assessment, Outpatients

- Plan to develop multiple standalone assessment measures (e.g., preop diabetic glucose check, recheck after hyperglycemia, post-insulin monitoring) plus a composite “hyperglycemia assessment bundle” and dashboard views.
  - i. Preoperative glucose check for diabetic patients
  - ii. Recheck after perioperative BG > 180 mg/dL
  - iii. Glucose check after IV insulin within 90 minutes
  - iv. Glucose check after SQ insulin within 120–150 minutes
  - v. (Tentative) PACU glucose check after intraoperative insulin
- **Diabetes phenotype:** Build and validate a multisource diabetes phenotype using problem list, preop history, and diagnosis codes with site input.
- **Development & validation:** MPOG Coordinating Center will refine specifications and begin coding once feedback is incorporated, then share case lists with volunteer sites for chart-level validation.



Measure Review: [TOC-02](#)  
Alvin Stewart, MD  
University of Arkansas

# TOC-02 - Dr. Alvin Stewart Review February 202626

## TOC-02: Transfer of Care, PACU

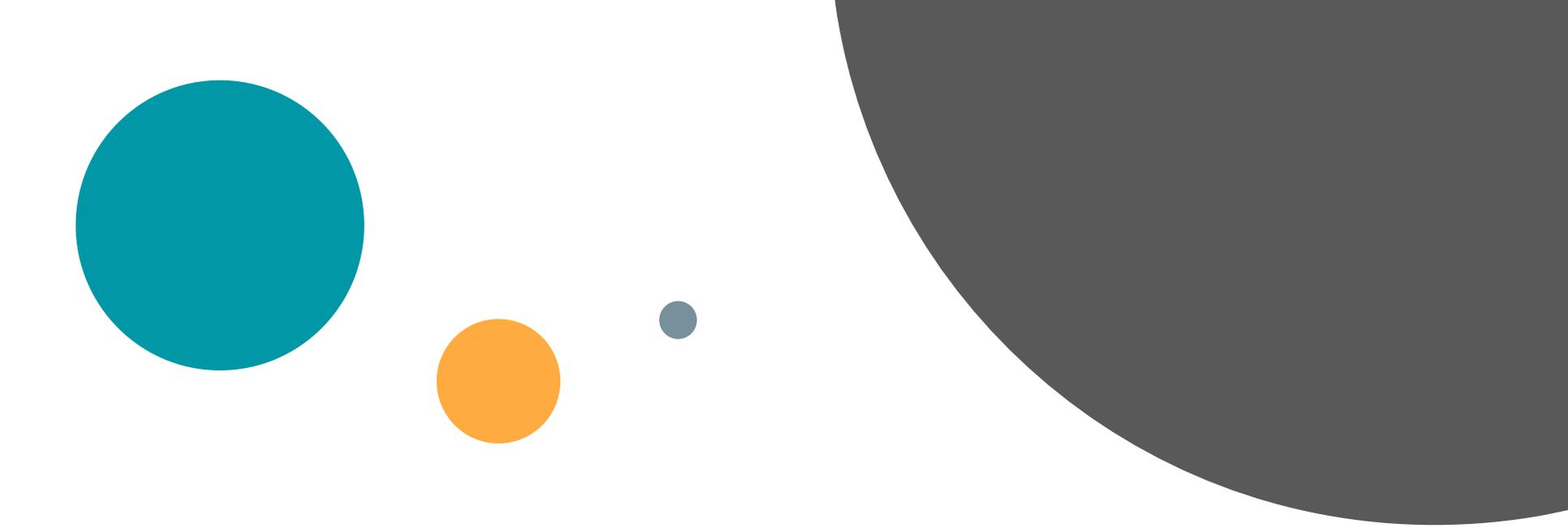
1 vote/ site

Continue as is/ modify/ retire

Need > 50% to retire measure

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





Measure Review: [TOC-03](#)

Alvin Stewart, MD

University of Arkansas

# TOC-03 - Dr. Alvin Stewart Review February 2026

# TOC-03: Transfer of Care, ICU

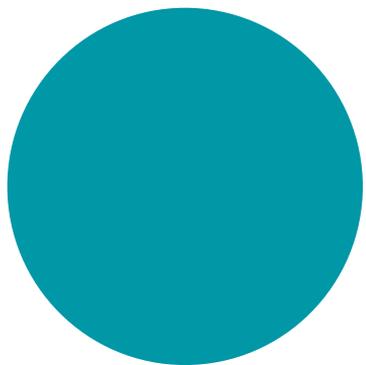
1 vote/ site

Continue as is/ modify/ retire

Need > 50% to retire measure

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





Measure Updates



# Measures Updated January and February

TRAN-03-P -  
Transfusion  
Vigilance (peds)

Transfusion vigilance - Include cases with any PRBC transfusion (remove 15 mL/kg rule) to catch all clinically significant events

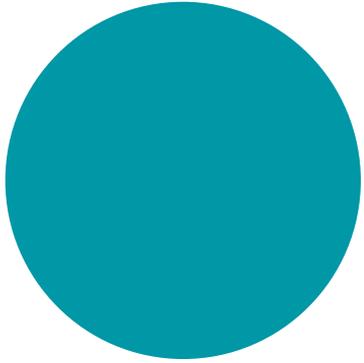
PUL-01 -  
Protective Tidal  
Volume

Exclude patients undergoing “bronchoscopy only” procedures

TEMP-01 - Active  
Warming

Updated case start algorithm for 60-minute exclusion

Revision to use the organ procurement phenotype rather than ASA 6 alone



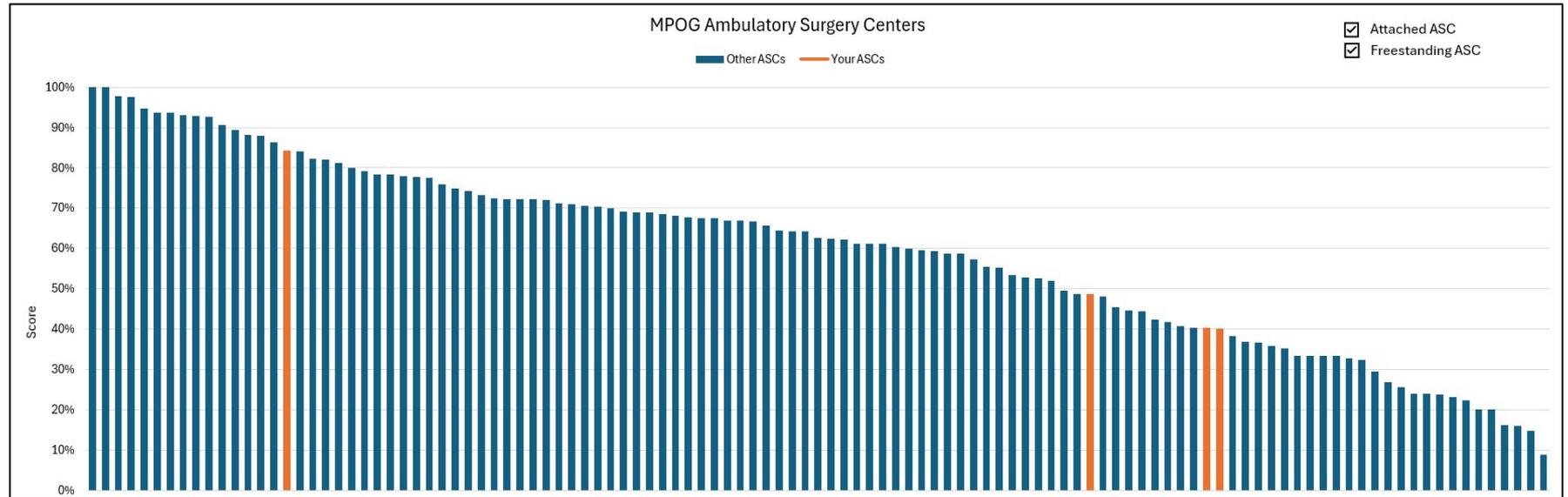
# 2026 Anonymized Benchmarking Plan

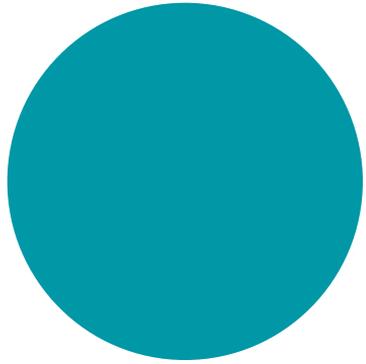


# Anonymized Benchmarking - 2026

Based on previous QC discussion, we will be building the following additional anonymized benchmarking visualizations in the QI Reporting Tool:

- Case volume tranche indicators
- Ambulatory Surgery Centers
- Health Systems (~ MPOG Institutions)
- Not in 2026: Academic Hospitals vs Community Hospitals (future)





# 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”

## Plan

1. Start with May Quality Committee Meeting
2. Glucose measures

Thank you!

