

2026 Anesthesiology Quality Improvement and Reporting Exchange (ASPIRE) Collaborative Quality Initiative Performance Index Scorecard Cohorts 1 - 7 Measurement Period: 10/01/2025 - 09/30/2026			
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	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 with >90% of all high priority and required 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 Meeting	5
		1 or less Meetings	0
5	25%	Global Warming Footprint (SUS 02): Increase 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 or the Total CO2 eq is less than 2.83 kg CO2 for the maintenance period of anesthesia. (Cumulative score October 1, 2025 through September 30, 2026)	
		Performance is >= 65%, Absolute performance improves by >= 20 percentage points or, if performance >= 40% and relative performance increases by >= 50%	25
		Performance is >= 60%, Absolute performance improves by >= 15 percentage points or, if performance >= 40% and relative performance increases by >= 40%	15
		Performance is >= 55%, absolute performance improves by >= 10 percentage points or, if performance >= 40% and relative performance increases by >= 30%	10
		Performance is < 55%, absolute performance improves by < 10 percentage points or, if performance >= 40% and relative performance increases by < 30%	0

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6	20%	Perioperative Hypothermia (TEMP 03): Reduce percentage of cases requiring general or neuraxial anesthesia for whom a body temperature ≥ 36 degrees Celsius (or 96.8 degrees Fahrenheit) was not recorded within 30 minutes before to 15 minutes after anesthesia end time. (Cumulative score October 1, 2025 through September 30, 2026)	
		Performance is $\leq 4.5\%$, Absolute performance improves by ≥ 4 percentage points or, if relative performance improves by $\geq 30\%$	20
		Performance is $\leq 5.5\%$, Absolute performance improves by ≥ 3 percentage points or, if relative performance improves by $\geq 20\%$	10
		Performance is $\leq 7\%$, Absolute performance improves by ≥ 2 percentage points or, if relative performance improves by $\geq 10\%$	5
		Performance is $> 7\%$, Absolute performance improves by < 2 percentage points or, if relative performance improves by $< 10\%$	0
7	25%	Site Directed Measure: Site chooses a measure they are performing below threshold for a process measure or above threshold for an outcome measure to improve for the year. (Cumulative score October 1, 2025 through September 30, 2026)	
		Performance is $\geq 90\%$ for process or $\leq 5\%$ for outcome, or shows $\geq 15\%$ improvement (absolute)	25
		Performance is $\geq 85\%$ for process or $\leq 10\%$ for outcome, or shows $\geq 10\%$ improvement (absolute)	15
		Performance is $\geq 80\%$ for process or $\leq 20\%$ for outcome, or shows $\geq 5\%$ improvement (absolute)	10
		Performance is $< 80\%$ for process or $> 20\%$ for outcome, or shows $< 5\%$ improvement (absolute)	0

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)
2026 Performance Index Scorecard Measure Explanation: Cohort 1 - 7
Measurement Period: 10/01/2025 - 09/30/2026

Measure number and description	Additional narrative describing the measure
Collaborative Meeting Participation: ASPIRE Quality Champion and Anesthesiology Clinical Quality Reviewer (ACQR) combined attendance at meetings. Three total meetings with six opportunities for attendance.	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 2025-26. There are three total meetings with six opportunities for attendance: 1. MPOG (Multicenter Perioperative Outcomes Group) Retreat: Friday, October 10, 2025 2. MSQC (Michigan Surgical Quality Collaborative) / ASPIRE Meeting: Friday, March 13, 2026 3. ASPIRE Collaborative Meeting: Friday, July 17, 2026
Attend ASPIRE Quality Committee e-meetings: ASPIRE Quality Champion or ACQR attendance across six meetings.	There will be six Quality Committee e-meetings in 2025-26. One representative (ASPIRE Quality Champion or ACQR) must attend the following 2025-26 meetings: 1. Monday, November 24, 2025 2. Monday, January 26, 2026 3. Monday, February 23, 2026 4. Monday, May 18, 2026 5. Monday, July 27, 2026 6. Monday, September 28, 2026
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 with >90% of all high priority and required diagnostics marked as 'Data Accurately Represented.'	Maintenance Schedule located on MPOG website in the resources tab of the quality section. Data must be of high quality upon submission, >90% of all 'High Priority' and 'Required' diagnostics marked as 'Data Accurately Represented.'
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.	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.

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Measure number and description	Additional narrative describing the measure
Global Warming Footprint (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 or the Total CO2 eq is less than 2.83 kg CO2 for the maintenance period of anesthesia. (Cumulative score October 1, 2025 through September 30, 2026)	Sites will be awarded points for compliance with the sustainability measure SUS 02 (cumulative score October 1, 2025 through September 30, 2026). If the performance threshold is not met, Coordinating Center will assess 12-month average score for October 1, 2025 – September 30, 2026 and compare to 12-month average score for October 1, 2024 – September 30, 2025. Coordinating Center will assign points based on either absolute percentage point improvement or relative performance improvement, prioritizing the method that results in the highest number of points to be awarded.
Perioperative Hypothermia (TEMP 03): Percentage of cases requiring general or neuraxial anesthesia for whom a body temperature ≥ 36 degrees Celsius (or 96.8 degrees Fahrenheit) was not recorded within 30 minutes before to 15 minutes after anesthesia end time. (Cumulative score October 1, 2025 through September 30, 2026)	Sites will be awarded points for compliance with the temperature measure TEMP 03 (cumulative score October 1, 2025 through September 30, 2026). If the performance threshold is not met, Coordinating Center will assess 12-month average score for October 1, 2025 – September 30, 2026 and compare to 12-month average score for October 1, 2024 – September 30, 2025. Coordinating Center will assign points based on either absolute percentage point improvement or relative performance improvement, prioritizing the method that results in the highest number of points to be awarded. will be evaluated to allocate points.
Site Directed Measure: Site chooses a measure they are performing below threshold for a process measure or above threshold for an outcome measure to improve for the year. (Cumulative score October 1, 2025 through September 30, 2026)	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 (August 1, 2024 through July 31, 2025) to the Coordinating Center by Friday, September 12, 2025, 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, Coordinating Center will assess 12-month average score for October 1, 2025 – September 30, 2026 and compare to 12-month average score for October 1, 2024 – September 30, 2025. Only absolute percentage point improvement will be evaluated to allocate points.