

**2017 Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)**

Collaborative Quality Initiative Performance Index Scorecard

Cohort 1 - Year 3 (2015 start) - St. Joseph Ann Arbor, Chelsea and Livingston

Measure #	Weight	Measure Description	Points
1	10%	Quarterly and Annual Meeting Participation - Anesthesiology Quality Champion or designated backup - 3 Meetings Total	
		3/3 Meetings	10
		2/3 Meetings	5
		1 or less Meetings	0
2	10%	Quarterly and Annual Meeting Participation - Anesthesiology Clinical Quality Reviewer (ACQR) - 3 Meetings Total	
		2 - 3/3 Meetings	10
		2/3 Meetings	5
		1 or less Meetings	0
3	10%	Attend Monthly Webex ASPIRE Quality Committee Meetings	
		9 - 10 meetings	10
		7 - 8 meetings	5
		6 or less meetings	0
4	10%	ACQR/Anesthesiology Champion performing data validation, case validation and submitting data on a monthly basis by the 17th of each month	
		11/12 months	10
		10 months	5
		9 or less months	0
5	10%	ACQR and Anesthesiology Quality Champion monthly meetings	
		12/12 months	10
		11/12 months	5
		10/12 months	0
6	20%	Site based quality meetings - sites to hold an onsite meeting following the ASPIRE Collaborative meetings to discuss the data and plans for quality improvement	
		3/3 Meeting	20
		2/3 Meeting	10
		1 or less Meetings	0
7	15%	Performance Measure: NMB 01: cases receiving non-depolarizing neuromuscular blocker that have a Train of Four (TOF) monitor documented	
		Performance is > 90% by month 12	15
		Performance is < 90% but shows meaningful improvement from month 1 to 12 (defined at >10% absolute increase)	10
		Any improvement (1 to 10% absolute increase)	5
8	15%	Performance Measure: TRAN 01: Percentage of cases with a blood transfusion that have a hemoglobin or hematocrit value documented prior to transfusion	
		Performance is > 90% by month 12	15
		Performance is < 90% but shows meaningful improvement from month 1 to 12 (defined at >10% absolute increase)	10
		Any improvement (1 to 10% absolute increase)	5
		No performance improvement or decline	0



2017 Performance Index Scorecard  
Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)  
Cohort 1 – Year 3 (2015 start)

Measure # 1: The ASPIRE Quality Champion (or a designated representative who must be an anesthesiologist) must attend 3 of the 3 ASPIRE Collaborative and Annual Meetings for 2017:

- Friday, April 28, 2017 in conjunction with MSQC, Schoolcraft Community College, Livonia, MI
- Friday, July 21, 2017 ASPIRE Meeting, Lansing Community College, Lansing, Michigan
- Friday, October 20, 2017 – MPOG/ASPIRE Annual Retreat at ASA, Boston, MA

Measure # 2: The Anesthesiology Clinical Quality Reviewer (ACQR) will need to attend 2-3 of the 3 ASPIRE Collaborative and Annual Meetings for 2017:

- Friday, April 28, 2017 in conjunction with MSQC, Schoolcraft Community College, Livonia, MI
- Friday, July 21, 2017 ASPIRE Meeting, Lansing Community College, Lansing, Michigan
- Friday, October 20, 2017 – MPOG/ASPIRE Annual Retreat at ASA, Boston, MA

Measure # 3: ASPIRE Monthly Quality Committee meetings are held the fourth Monday of each month at 10:00am via Webex. One representative from each site will need to attend the meeting. There will be ten meetings in 2017 there will be no meeting in October due to ASA and December due to the holiday.

Measure # 4: For detailed monthly upload schedule, please refer to the ASPIRE Maintenance Schedule on ASPIRE website: [www.aspirecqi.org/resources](http://www.aspirecqi.org/resources).

Measure # 5: ACQR and the ASPIRE Quality Champion need to meet on a monthly basis to discuss the data and plans for quality improvement. A log of the meeting dates/times need to be submitted to the ASPIRE Coordinating Center. The log is available on the ASPIRE website [www.aspirecqi.org/p4p](http://www.aspirecqi.org/p4p).

Measure # 6: The site is expected to schedule a local meeting following each ASPIRE Collaborative meeting to discuss site based and collaborative quality outcomes with all clinical providers at their site. The physicians will participate in discussion of the data and plans for quality improvement. The site will provide the agendas, presentation and attendance list from the meeting to the ASPIRE Coordinating Center. The log is available on the ASPIRE website [www.aspirecqi.org/p4p](http://www.aspirecqi.org/p4p).

Measure # 7: Sites will be awarded points for compliance with ASPIRE NMB 01 Quality Measure (see [www.aspirecqi.org/aspire-measures](http://www.aspirecqi.org/aspire-measures) for more detail). To be awarded full points, compliance greater than threshold value by end of year is required.

Measure # 8: Sites will choose a measure they are performing below threshold (see [www.aspirecqi.org/aspire-measures](http://www.aspirecqi.org/aspire-measures) for list of measures). Sites must submit the measure to the ASPIRE Coordinating Center by Friday, December 16, 2016 for review and approval. To be awarded full points, compliance greater than threshold value by end of year is required.