

2017 Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Collaborative Quality Initiative Performance Index Scorecard

Cohort 2 - Year 2 (2016 start) - Bronson Kalamazoo

| Measure # | Weight | Measure Description | Points |
|-----------|--------|---|--------|
| 1 | 10% | Collaborative and Annual Meeting Participation - Anesthesiology Quality Champion or designated backup | |
| | | 3/3 Meetings | 10 |
| | | 2/3 Meetings | 5 |
| | | 1 or less Meetings | 0 |
| 2 | 10% | Collaborative and Annual Meeting Participation - Anesthesiology Clinical Quality Reviewer (ACQR) | |
| | | 2 -3/3 Meetings | 10 |
| | | 1/3 Meetings | 5 |
| | | 0 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 | 20% | ACQR/Anesthesiology Champion performing data validation, case validation and submitting data on a monthly basis by the 17th of each month | |
| | | 11/12 months | 20 |
| | | 10 months | 10 |
| | | 9 months | 5 |
| | | 8 or less | 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 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 |
| | | 1/3 Meetings | 0 |
| 7 | 10% | Performance Measure: NMB 01: cases receiving non-depolarizing neuromuscular blocker that have a TOF monitor documented | |
| | | Performance is > 90% by month 12 | 10 |
| | | Performance is < 90% but shows improvement month 1 to 12 | 5 |
| | | Performance < 90% and shows no improvement month 1 to 12 | 0 |
| 8 | 10% | Performance Measures: PUL 01: Percentage of cases with median tidal volumes less than 10 ml/kg | |
| | | Performance > 90% by month 12 | 10 |
| | | Performance < 90% but shows improvement month 1 to 12 | 5 |
| | | Performance < 90% and shows no improvement month 1 to 12 | 0 |



2017 Performance Index Scorecard
Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)
Cohort 2 – Year 2 (2016 start)

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

- a. Friday, April 28, 2017 in conjunction with MSQC, Schoolcraft Community College, Livonia, MI
- b. Friday, July 21, 2017 ASPIRE Meeting, Lansing Community College, Lansing, Michigan
- c. 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:

- a. Friday, April 28, 2017 in conjunction with MSQC, Schoolcraft Community College, Livonia, MI
- b. Friday, July 21, 2017 ASPIRE Meeting, Lansing Community College, Lansing, Michigan
- c. 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, no meeting will be held 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 document on ASPIRE website: 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.

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.

Measure # 7: Sites will be awarded points for compliance with ASPIRE NMB 01 Quality Measure (see 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 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.