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

Quality Committee Meeting Notes – Monday, January 26, 2015

**Attendees: P=Present; A=Absent; X=Expected Absence**

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| P | Abdallah, Arbi ‘Ben’ (Wash U) | P | Lacca, Tory (Michigan) |
| A | Agarwala, Aalok (MGH) | A | Lagasse, Robert (Yale) |
| P | Ajja, Olivia (St. Joesph) | P | LaGorio, John (Mercy Muskegon) |
| P | Aziz, Michael (OHSU) | A | Levy, Warren (Pennsylvania) |
| P | Becker, Aimee (Wisconsin) | A | Lirk, Philipp (AMC) |
| P | Bell, Genevieve (Michigan) | A | Madden, Lawrence (Mercy Muskegon) |
| A | Berman, Mitch (Columbia) | A | Martin, Matt (Munson) |
| P | Biggs, Daniel (Oklahoma) | A | Morey, Timothy (Florida) |
| A | Bonifer, Thomas (Allegiance) | P | Naik, Bhiken (Virginia) |
| P | Buehler, Katie (A4) | A | Noles, Michael (OHSU) |
| P | Coffman, Traci (St. Joseph) | P | O’Donnell, Steve (Vermont) |
| P | Coyle, Nina (Phy Med – Nashville) | P | Osborne, Jaime (Michigan) |
| P | Cuff, Germaine (NYU Langone) | A | Pasma, Weize (Utrecht) |
| A | Cuffman, Natalie (Holland) | P | Pace, Nathan (Utah |
| X | Dehring, Mark (Michigan) | P | Pagenelli, William (Vermont) |
| P | Domino, Karen (Washington) | P | Price, Matthew (Beaumont) |
| P | Eastman, Jaime (OHSU) | A | Ramachandran, Satya Krishna (Michigan) |
| P | Epps, Jerry, (Tennessee) | A | Robinowicz, David (UCSF) |
| A | Fleisher, Lee (Pennsylania) | P | Ruiz, Joe (MD Anderson) |
| A | Fleishut, Peter (Weill Cornell) | P | Saager, Leif (Cleveland) |
| A | Haehn, Melissa (UCSF) | A | St. Jacques, Paul (Vanderbilt) |
| P | Harwood, Timothy (Wake Forest) | P | Segal, Scott (Tufts) |
| P | Jerri Heiter (St. Joseph) | P | Shah, Nirav (Michigan) |
| P | Hausman, Mark (Michigan) | P | Sharma, Anshuman (Wash U) |
| A | Ianchulev, Stefan (Tufts) | A | Smith, Jeffrey (McLaren) |
| A | Jacobson, Cameron (Utah) | A | Sommer, Richard (NYU Langone) |
| P | Jameson, Leslie (Colorado) | A | Soto, Roy (Beaumont) |
| A | Kappen, Teus (Utrecht) | P | Stefanich, Lyle (Oklahoma) |
| P | Kendale, Samir (NYU Langone) | A | Tom, Simon (NYU Langone) |
| X | Kheterpal, Sachin (Michigan) | P | Wedeven, Chris (Holland Hospital) |
| P | King, Lisa (Oklahoma) | A | Wilczak, Janet (Oakwood) |
| A | Kooij, Fabian (AMC) | A | Yasick, Tony (Holland) |
| P | Kuck, Kai (Utah) | A | Lagasse, Robert (Yale) |
| P | Kuhl, Mackenzie (Marquette) |  |  |

1. Approval of minutes from December meeting: Minutes were approved
2. March quarterly meeting agenda,
	1. Meeting will be held at the University of Michigan on Monday, March 16, 2015
		1. Please let Tory Lacca know if you would like to attend the meeting.
	2. Morning Session will include talks from:
		1. Leslie Jameson from University of Colorado– Experience with quality
		2. Greta Krahpol from MSQC– First two years as part of BCBS
	3. Afternoon will be a quality committee meeting
3. QCDR update
	1. Application process and timeline
		1. Application is due January 31, 2015
	2. Proposed measures
		1. The measures have been sent via the forum and Nirav will keep everyone posted on the chosen measures.
	3. Hospitals/ groups interested in 2015 QCDR
		1. Any hospital interested in QCDR needs to let Nirav or Tory know.
		2. There will be about fifteen measures being sent to CMS
		3. If CMS approves we will submit detailed measure information.
			1. 2015 data will be sent to the CMS in 2016 and the payment adjustments will be submitted in 2017
			2. Dr. Jameson: Some providers may split off and report this way vs. their hospital. There is a lot of confusion on the best way to submit and whether we can submit at all. If nothing is submitted then there will be a 2% penalty for the hospital. The penalty applies to both physicians and CRNAs (anyone who provides care via Medicare)
4. Demo of feedback tool
	1. The quality measures will be in the Galileo system.
	2. We need to know who gets access. Please let Nirav or Tory know who will need access from your institution. Tory will send out an e-mail to get an idea of who needs access to the system.
	3. Demo of the system by Nirav:
		1. ASPIRE statistical staff is working providing a more comprehensive statistical comparison.
		2. While you are reviewing a measure a user can access a web based case viewer that will show the specific case. This will allow the user to determine the failure in the case and what went wrong from either a documentation or workflow perspective. The case viewer will be available for all the institutions that are submitting data.
		3. Tidal Volume: Changing reporting to looking at median tidal volume from anesthesia start/anesthesia end. The responsible provider is the person who signed in for the largest portion of the case.
			1. What is the ideal body weight based on?
				1. Currently it is calculated based on gender and height of patient.
				2. Nirav will add the calculations used in the one page summary for the measure
		4. Perioperative Glucose has been broken down to 1A and 1B.
			1. 1A timing issue based on anes start/end
			2. 1B is based on two hours before anes start/end
				1. We included it two ways for those who are providing the additional data, so they can the additional information.
				2. For the next year we need to brainstorm on how to document this information so all can use the measure that includes preop and postop areas.
			3. Glucose Level: Currently we are using 200 as the measure
				1. We may reduce the glucose level to 180 in the future, but group has decided that we should start with 200 first.
				2. Dr. Saager: shouldn’t we get this out of the literature rather than choosing a level?

There is nothing in the literature that we know of for now for the intraoperative glucose. Literature focuses on critical care and acute care population.

Dr. Jameson: I have done research and the ABA and American College of Surgeons target 180

Dr. Jameson will send the module to Nirav to read.

We should be scientifically based and not consensus based.

We discussed earlier to make some measures solely research/scientific based and others rooted in consensus to ensure that we do not set the bar too high for Year 1 and leave out participating institutions.

* + - 1. How we make the measures available.
				1. Diagnostics and uploading will be done on a monthly basis
				2. ASPIRE will update the measures monthly
			2. What would be useful in email notification (QI champions +/- chairpersons)
				1. Snapshot of the dashboard
				2. Snapshot of individual tables
				3. Short message that updates have been done?

In the interest of confidentiality, the short message with a login would be best.

Academic institutions have security, so they can get it any way.