

Anesthesiology Performance Improvement and Reporting Exchange (ASPIRE)

Quality Committee Meeting Notes – Monday, September 25, 2017

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

P	Abdallah, Arbi 'Ben' (Wash U)	P	Housey, Shelley (Michigan)
P	Ajja, Olivia (St. Joseph)	P	Horton, Brandi (A4)
P	Angel, Alan (Bronson Battle Creek)	P	Ianchulev, Stefan (Tufts)
P	Berris, Joshua (Beaumont Farmington Hills)	P	Kadry, Bassam (Stanford)
P	Biggs, Daniel (Oklahoma)	P	Kaye, Toni (ASA A4)
P	Bledsoe, Amber (Utah)	P	Kennedy, Jori (Sparrow)
P	Bornello, Laura (Beaumont)	P	Kheterpal, Sachin (Michigan)
P	Bornhoft, Katie (Michigan)	P	Lacca, Tory (Michigan)
P	Brightman, Deena (Henry Ford)	P	Ladd, Chris (Michigan)
P	Buehler, Katie (Michigan)	P	Lins, Steve (Bronson Battle Creek)
P	Carlington, Jen (St. Mary)	P	Louzon, Kathryn (Beaumont Royal Oak/Troy)
P	Chiao, Sunny (Virginia)	P	Mathis, Michael (Michigan)
P	Coffman, Traci (St. Joseph)	P	McKinney, Mary (Beaumont Dearbor/Taylor)
P	Colquhoun, Douglas (Michigan)	P	Nachamie, Anna (Weill Cornell)
P	Coons, Denise (Bronson Battle Creek/Kalamazoo)	P	Nanamori, Masakatsu (Henry Ford Detroit)
P	Crawford, Joan (Mercy Muskegon)	P	Pardo, Nichole (Beaumont Grosse Pointe)
P	Cuff, Germaine (NYU Langone)	P	Poindexter, Amy (Holland)
P	Davies, Eric (St. Joseph Oakland)	P	Rensch, Robert (Bronson)
P	Domino, Karen (U of Washington)	P	Quinn, Cheryl (St. Joes Oakland)
P	Ferro, Jason (Sparrow)	P	Schonberger, Robert (Yale)
P	Godbold, Michael (Tennessee)	P	Silvasi, Daniel (Beaumont Troy)
P	Heiter, Jerri (St. Joseph)	P	Tollinche, Luis (Memorial Sloan Kettering)
P	Jameson, Leslie (Colorado)	P	Tyler, Pam (Beaumont Farmington Hills)
P	Hightower, William (Henry Ford)	P	Wood, Aaron (Beaumont Farmington Hills)

Agenda & Notes

1. Minutes from August 28, 2017 meeting approved- posted on the website for review. Recording available as well.
2. Roll Call: Will contact QI Champions and ACQRs directly to inquire about participation status if missing. Other participants can review meeting minutes and contact Coordinating Center if missing from attendance record.
3. Items of Interest & Upcoming Events
 - a. ASA/MPOG Retreat will be in Boston in October 20, 2017. Agenda finalized and has been posted on the website.
 - b. Meetings for your calendar
 - i. 4/20/2018: Collaborative Meeting with MSQC at Schoolcraft College, VistaTech Center in Livonia
 - ii. 7/20/2018: Aspire Collaborative Meeting at Lansing Community College
 - iii. 10/12/2018: MPOG/ASPIRE Retreat at the American Society of Anesthesiologists Meeting in San Francisco
4. Announcements & ASPIRE Updates
 - a. ACQR Retreat Update
 - i. All ACQRs in attendance: 13 total
 - ii. Topic Highlights

9/26/2017

- a. MPOG Import Manager
 - b. ASPIRE Dashboard Enhancements & Feedback
 - c. ACQR/Programmer Q & A
 - d. Quality Improvement Stories
- b. QCDR Update
 - i. QCDR Agreements: Submit by **November 1, 2017**
 - ii. Mid-year performance summary distributed September 8th
 - iii. Monthly updated performance summaries will be sent until data submitted to CMS
 - iv. Continue to update Provider Contacts: Update by November 17th
 - v. Invoices will be generated November 17th based on consent & QCDR Agreement completion status. If you only want ASPIRE to report on a subset of your providers for individual reporting, send a list of providers we should report for to Katie Buehler (kjbucrek@med.umich.edu) at the Coordinating Center.
 - vi. QCDR Audit Tool will be released in October for sites to begin case review
 - vii. Group reporting practices:
 - a. Please complete consent and Improvement Activity attestation form and submit by November 17, 2017
 - viii. Individual reporting practices:
 - a. Continue to complete consents
 - b. Individual Improvement Activity attestation forms distributed last week- Submit by November 1, 2017
- 5. 2018 ASPIRE Updates
 - a. Welcome Beaumont Wayne & Trenton to ASPIRE
 - b. Start right after ASA
- 6. Measure Updates – OB
 - a. TRAN 01 & TRAN 02 Exclusions for OB Procedures (mainly C-sections)
 - i. ICD – 10 codes for postpartum hemorrhage
 - ii. Vital sign triggers:
 - a. Heart rate > 110 bpm
 - b. Blood pressure < 85/45
 - c. O2 saturation <95%
 - d. EBL > 1500mL
 - iii. Future: Change in baseline of >15% once admission/pre-op vitals available
 - b. TEMP 01
 - i. Add fluid warming as “active warming” for only C-section cases
 - c. AKI
 - i. Exclusions for patients with pre-eclampsia since AKI is part of natural progression of disease- will use ICD-10 codes to apply these exclusions
 - d. Q & A:
 - i. MSK- asked for adjustment to EBL exclusion for TRAN 01 & 02 to accommodate smaller patients. Similar to peds exclusion: kg based exclusion.
 - ii. Dr. Schonberger - BP 02 Monitoring gaps for labor epidurals that convert to C-section. Need to be able to change the start time to the second anesthesia start

time. Group collaborated on various ways to flag these cases. Some sites have two separate case IDs come over to MPOG, one for labor epidural and one for the c-section. Other sites have specific concepts for labor epidural start/end which would not be included as the 'start time' for the measure- only the c-section start time would start the measure clock. Other sites have a specific concept for converting a labor epidural to c-section. Could map that to the labor epidural end MPOG concept to start identifying these cases. Labor epidural cases should be excluded but c-sections included for BP 02 measure.

- iii. Dr. Hightower – intraoperative event documentation at HFHS is the note where labor epidural stops and C-section begins. Dr. Hightower to send epic concept to Coordinating Center for evaluation

7. Measure Updates

a. PONV 01 (MIPS 430) Update

- i. Percentage of patients, aged 18 years and older, who undergo a procedure under an inhalation general anesthetic, AND who have three or more risk factors for postoperative nausea and vomiting (PONV), who receive combination therapy consisting of at least two prophylactic pharmacologic antiemetic agents of different classes preoperatively and postoperatively.
- ii. The following risk factors for Post-Operative Nausea and Vomiting are included:
 - a. Female gender
 - b. History of PONV
 - c. History of motion sickness
 - d. Non-Smoker
 - e. Intended administration of opioids for post-operative analgesia. This includes use of opioids given intraoperatively and whose effects extend into the post anesthesia care unit (PACU)
- iii. Will be released to ASPIRE Dashboard in the next 2 weeks
- iv. Q & A:
 - a. Coordinating Center to evaluate exclusion based on risk factors visible in MPOG currently. We are not currently including 'PONV Risk Factor: 3' to include the case for PONV 01 since ASPIRE cannot determine from that documentation what the risk factors were. Can address if this is appropriate after measure is released to the dashboards.
 - b. Dr. Jameson mentions that preop nurse documents PONV risk factors at University of Colorado. Many other sites may have this issue as well. MPOG does not capture preop documentation but will likely begin to incorporate that data in the future. Can determine if nursing documentation is acceptable to determine risk factors for this measure once available.

b. TOC – Audit

- i. Audit tool development continues – release by end of November
- ii. Would like sites to start thinking about the process to complete the audits: who/when/how/many/where?

- iii. Tool does not require PHI to be entered but will allow sites to link to MPOG case ID.
 - iv. ASPIRE will display relevant information regarding audits on the dashboard but have not determined what elements will be displayed until data is available for review.
- c. Data Quality Emails Feedback
- i. Add UMHS & HFHS ACQRs to distribution list.
 - ii. University of Washington would like to meet this week to discuss.

Meeting concluded at 11:00.