

Using Data to Improve Care In The NORA Setting



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Disclosures

No financial relationships with the manufacturers of health care products.

- Currently serving on
 - AQI Data Definitions Committee
 - AQI Data Use Committee
 - AQI Registry Operations Committee
- Prior support from
 - Support from NIH R01 EB020666-01A1 (Identification, Extraction and Display of Clinical Data Patterns with Application to Anesthesia Workflows)
 - Support from NSF 1526014 (Analysis and Tools for Auditing)
 - Funding from IBM as part of the

CMS Artificial Intelligence Health Outcomes Challenge



Foundation for Anesthesia Education and Research



Learning Objectives

- Describe how data can be extracted from the electronic health care record
- Understand the role of 3rd party systems in generating data for quality
- Review results from analyses of large NORA data sets



Our Data Conundrum

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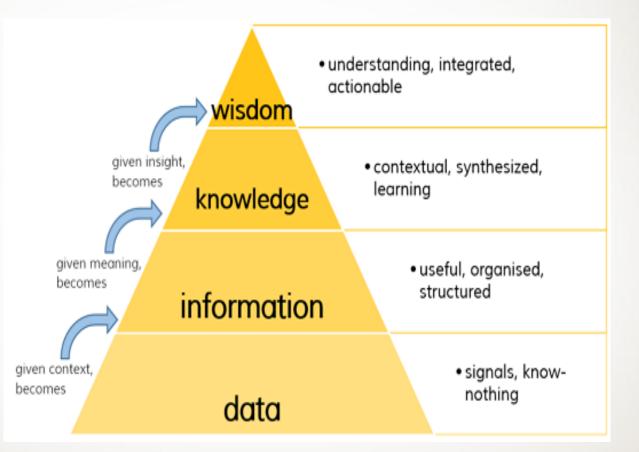
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Our Data Conundrum



...how can we make our data more useful?



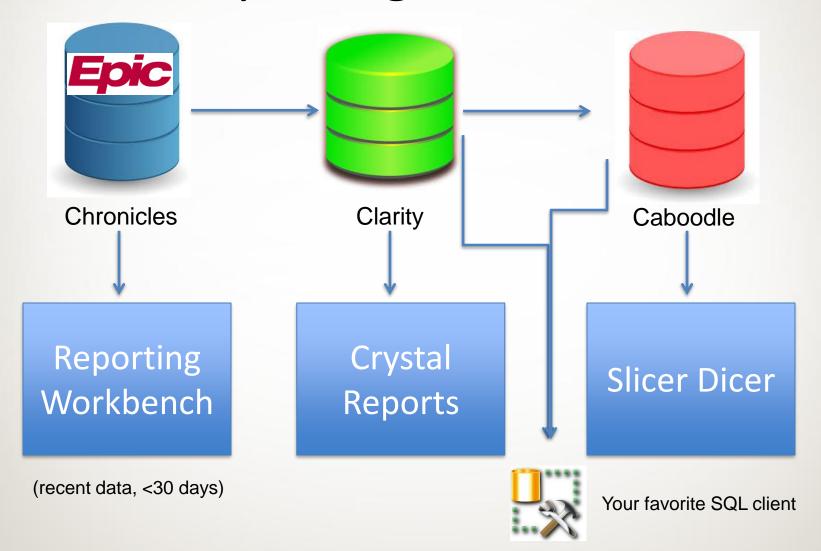
Build a Data Model

- VUMC Perioperative Data Warehouse Model
 - VPIMS + Clarity + Caboodle
 - Singular representation of cases from 2000 today
 - Patient: Demographics, comorbidities
 - Case: Times, meds, fluids, staff, etc
 - Outcomes: PONV, AKI, etc
 - Admission: Length of stay, mortality
 - Requires a lot of mapping and validation
- Other models: MPOG, NACOR, Caboodle



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Reporting Platforms





An Example

 How many times did we lose an airway in GI the past 30 days?

– Defined as any SpO2 < 50%</p>





Create a New Report

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Add location and dates

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Reporting Workbench

Add SpO2 < 50%

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Reporting Workbench

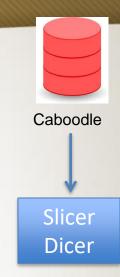
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An Example

 What's the NORA acuity like over the past 6 months, aside from GI?

- Defined as
 - Interventional radiology
 - Fluoroscopy
 - MRI
 - CT (ED, main hospital)



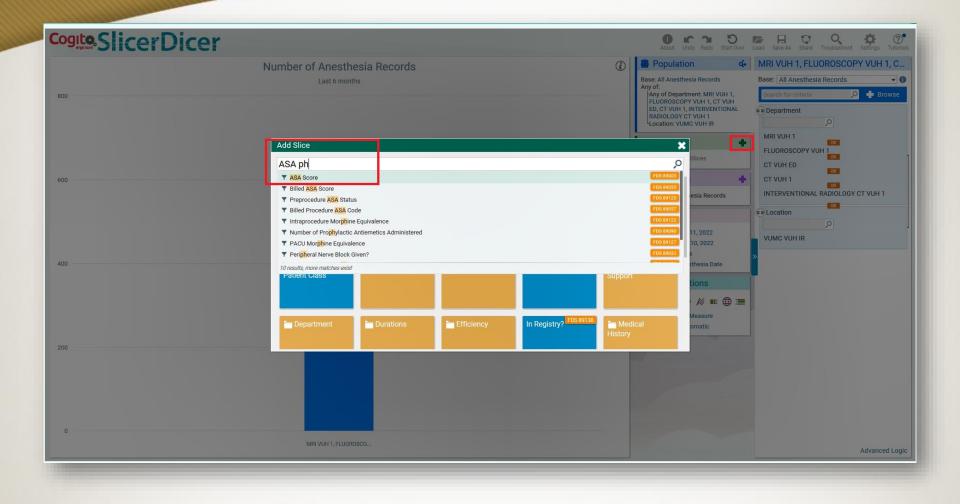
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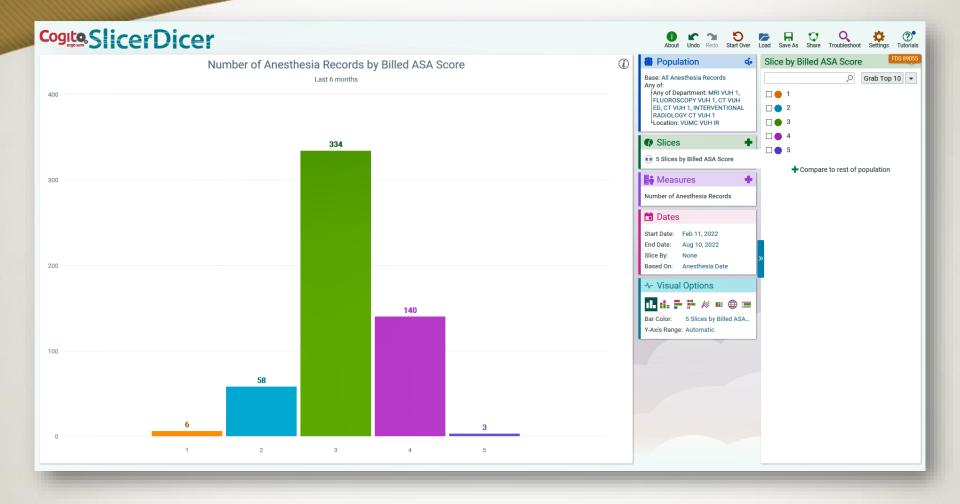
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Roadmap

- How to get quality data out of your EHR
- Systems for quality data capture
- Review of NORA "big data" analyses





Data from Patients

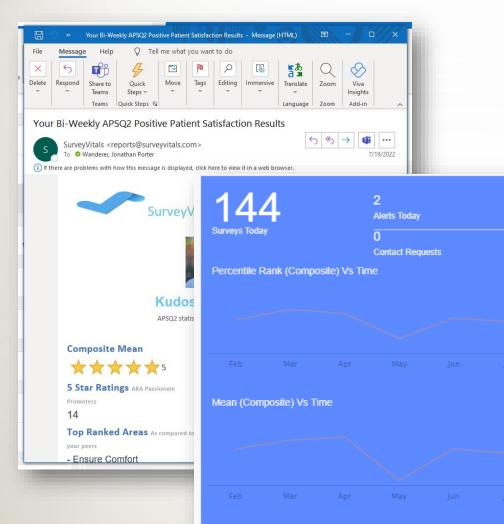


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Data from Patients

80 %

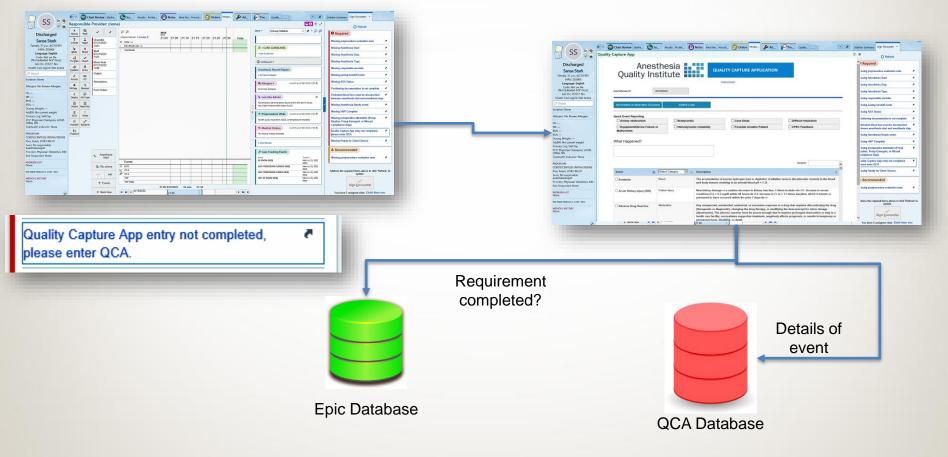


APSQ2 Experience 76 % Composite Rank (30 days) Feb M	Details 63 88 % ar Apr May Jun Jul
Composite Mean - 0.00	Surveys Response* 2,636 51.1%
Question Areas	Low Score 64
Best Overall Worst Communication Improved Decision Prep	Contact Requests 12
Top & Bottom Divisions	Data Sources Upload Quality
99% Rads	90.70% 🕹 0.96%
41% VWCH	Successfully Processed
	6,156 1,219



Non-EHR Data from Providers

Quality Capture Application





Non-EHR Data from Providers

QCA Dashboard, NORA Filtered

	Undo → Redo	→ Replay ▼	← Revert 🕞 Refresh 🕞	Pause					1	🕕 View: Original 🛆 Alerts 🖂 Metrics 🖾 Subscribe 🦯 Edit 🖧 Share	LJ Download LJ Comments	
							Qua	ality Capture App			Surgery Dat	
	Service Date	Medical Record Number	Primary Surgeon	OR Site	Primary Anes Attending	Patient Sex	Patient Age	combined Outcome Name	Rank	Outcome Category]	
				GI	Jonathan, Wanderer	Male	50	Possible aspiration as pt had new O2 requirement and pleuritic chest pain following uneventful proceduresee attending postop note for details.; Aspiration	1	Aspiration	OR Site	
Database	7/25/2022			GI	Jonathan, Wanderer	Male	77	Called to room for L AC IV infiltration at time of induction and difficult IV access; I placed a R AC PIV under U/S.; IV Infiltration	3	IV infiltration	(Multiple values)	
				GI	Jonathan, Wanderer	Male	73	Called to room to assist with airway rescue; per CRNA Sp02 was in 70s although not reading when I arrived. Able to mask ventilate with oral airway, Sp02 was in 80s when reading obtained and rose to 97% quickly. Continued with	3	Airway obstruction	Event Sever	
	-							Please disregard the QI report submitted for this patient and case. It was submitted in error Lusine Danakian; Equipment/Device Failure or Malfunction	1	Equipment/Device Failure or Malfunction	(AII)	
				GI		Female	47	Pulse oximeter (module, not the cable or sensor) failed during this patient's procedure. We switched to a portable monitor after trouble-shooting the failure. There was no apparent harm done, however, this failure occured in the	1	Equipment/Device Failure or Malfunction		
\land	7/22/2022 -			GI		Female	55	Pulse oximeter module failed during complex case with LVAD patient. With troubleshooting, we determined the module itself had failed, and not the cable or the probe. Once we determined the absence of pulse ox reading was	1	Equipment/Device Failure or Malfunction	(AII)	
				GI		Female	74	Patient arrived from the floor with 3 PIVs. RUE was flushed by RN in GI preop and 5% albumin given via that IV. After completion of albumin, RUE was noted to be taught and swollen. MD examined IV under ultrasound and found to b	3	IV infiltration		
	7/18/2022			VUH IR SUITE		Female	68	minor bruising at sight of eye tape, bilateral	5	not specified		
								Airway obstruction	3	Airway obstruction		

Perioperative Data Warehouse

Use a Data Model



Perioperative Data Warehouse

 Automated system that retrieves EHR data for postoperative outcomes, detecting

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– PONV

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- Reintubation
- Care escalation
- Positive troponin
- Acute kidney injury
- Rapid response calls
- In-hospital mortality
- Feedback provided
 - Weekly summary email

Surgery Date	Description	Length Of Stay	Patient Outcomes
	64yo F with Gamboa	No d/c found	RIFLE Risk Within 07 Days
222	34yo F with Wiese	0.31	
100	31yo F with Bream	No d/c found	Repeat Anesthetic Within 7 Days; RIFLE Risk Within 07 Days
100	70yo F for THROMBOENDARTERECTOMY, W/PATCH GRAFT; CAROTID, VERTEBRAL, SUBCLAVIAN, BY NECK INCISION (35301)(35301) with Garrard	No d/c found	PACU PONV; PACU PONV Rx
202	70yo F for ABDOMINAL TUMOR EXCISION & DEBULKING (49205) (49205) with Idrees	No d/c found	
52	69yo F for EXPLORATORY LAPAROTOMY (49000)(49000) with Garrard		Death in Hospital; RIFLE Injury Within 07 Days; RIFLE Risk Within 07 Days
12	59yo M for LAPAROTOMY FOR OPEN ABD (49002)(49002) with Hopper	No d/c found	Repeat Anesthetic Within 7 Days
	56yo M for EXPLORATORY LAPAROSCOPY (49320)(49320) with Idrees	0.33	Elevated PostOperative Troponin within 7 days

Wanderer JP, Fowler L, Ehrenfeld JM, Kappen T, Sandberg WS, McEvoy MD. Association of University Anesthesiologists Annual Meeting. Washington, District of Columbia. 2017 May; Automated Feedback Improves Perioperative Outcomes Awareness.



Roadmap

- How to get quality data out of your EHR
- Systems for quality data capture
- Review of NORA "big data" analyses





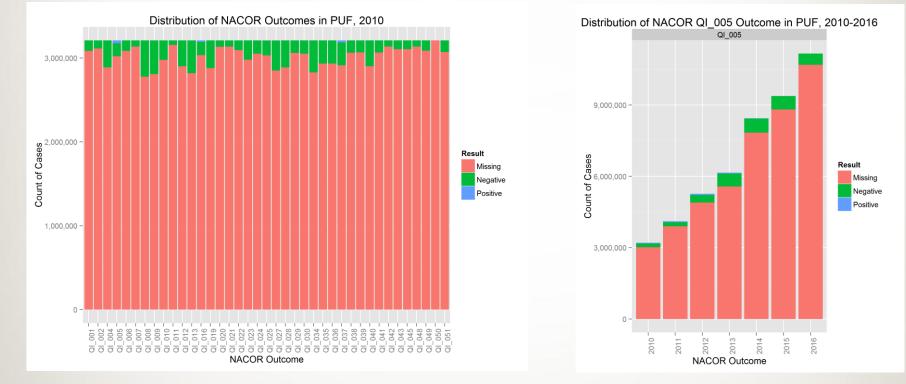
NACOR

- AQI chartered in 2008 by ASA to develop the National Anesthesia Clinical Outcomes Registry
- Millions of cases from thousands of practices
 - "Mile wide"
- Minimal Data Elements
 - Staff information
 - Anesthesia dates/times
 - Patient characteristics
 - Procedure codes
 - Anesthesia type
 - Diagnosis codes
 - Payment type
 - "Inch deep"

Data Element	Location in	NACOR	Qualified	Qualified
	XML Schema	(Declined QR or QCDR)	Registry	Clinical Data Registry
Unique Anesthesia Episode of Care ID	<anesthesiarecordid></anesthesiarecordid>	~	\checkmark	\checkmark
Staff ID	<staffid></staffid>	\checkmark	\checkmark	\checkmark
Staff Role (MD, DO, CRNA, AA)	<staffrole></staffrole>	\checkmark	\checkmark	\checkmark
Staff NPI Number	<npi></npi>	\checkmark	\checkmark	\checkmark
Facility ID	<facilityid></facilityid>	\checkmark	\checkmark	\checkmark
Date of Service	<anesthesiastarttime></anesthesiastarttime>	\checkmark	\checkmark	\checkmark
Anesthesia Start Time	<anesthesiastarttime></anesthesiastarttime>	\checkmark	\checkmark	\checkmark
Anesthesia End Time	<anesthesiaendtime></anesthesiaendtime>	1	\checkmark	1
Patient Gender	<gender></gender>	¥	V	V
Patient age or Date of Birth	<dob> or <age></age></dob>	\checkmark	\checkmark	\checkmark
Anesthesia Type (General, MAC, etc.)	<anesthesiacategory></anesthesiacategory>	\checkmark	\checkmark	\checkmark
ASA Physical Status (E Designator when appropriate)	<asaclass></asaclass>	\checkmark	\checkmark	\checkmark
Surgical CPT Code	<cptvalue></cptvalue>	\checkmark	\checkmark	1
Payment Code (I.e., Medicare)	<paymentcode></paymentcode>	1	\checkmark	1
PQRS Measure Number *	<qcdrmeasure></qcdrmeasure>		\checkmark	\checkmark
ASA Measure Number	<qcdrmeasure></qcdrmeasure>			1
PQRS Measure Code* (i.e., 0581F)	<qcdrcodevalue></qcdrcodevalue>		\checkmark	1
ASA Measure Code (i.e., ASA10A)	<qcdrcodevalue></qcdrcodevalue>			\checkmark
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ASA CPT Code (If billing vendor does not collect Surgical CPT codes ok to send ASA CPT code)	<cptanesvalue></cptanesvalue>	\checkmark	\checkmark	\checkmark
ICD10 (Required if part of the denominator criteria for a measure) Note: Measures reported for Qualifie	<icdvalue></icdvalue>		\checkmark	\checkmark



NACOR: The outcome part



Zapf M, Grant B, McEvoy M, Wanderer JP. International Anesthesia Research Society Annual Meeting. Chicago, Illinois. 2018 Apr; An Analysis of the Utilization of Anesthesia Quality Measures using the Anesthesia Quality Institute's National Anesthesia Clinical Outcomes Registry.

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NACOR

Strengths

- Great capture of anesthetics across the US
- Longitudinal data
 - (10+ years)
- Represents different types of practices
- Supported by the ASA

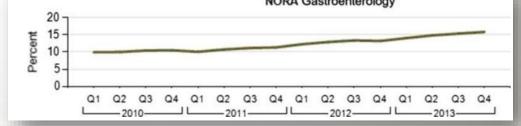
Limitations

- Significant missingness for some data elements
- Not much granular data
- Data is variable by practice



NORA Complications

- NACOR 2010-2013
 - 12,252,846 cases
 - Most common complication PONV (1.06%)
 - Lower overall mortality than OR locations (0.02% vs 0.04%, P<0.0001)
 - Higher mortality in cardiology and radiology (0.05%)
 - Growth in GI cases



Chang B, Kaye AD, Diaz JH, Westlake B, Dutton RP, Urman RD. Interventional Procedures Outside of the Operating Room: Results From the National Anesthesia Clinical Outcomes Registry. J Patient Saf. 2018 Mar;14(1):9-16.

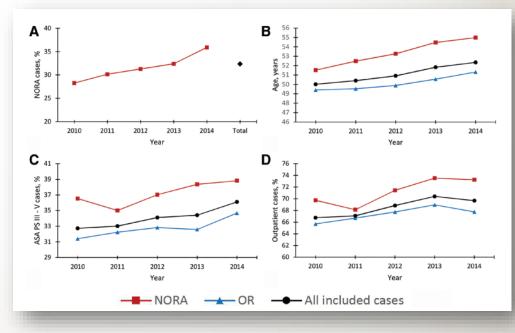
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Growth of NORA

- NACOR 2010-2014
 - 5,929,953 NORA; 12,387,574 OR cases

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- Older patients
- Sicker patients
- More outpts
- More NORA



Nagrebetsky A, Gabriel RA, Dutton RP, Urman RD. Growth of Nonoperating Room Anesthesia Care in the United States: A Contemporary Trends Analysis. Anesth Analg. 2017 Apr;124(4):1261-1267.

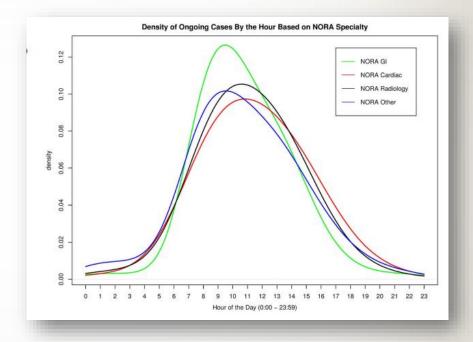
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NORA By Day and Night

- NACOR, 2010-2015
 - 4,948,634 cases
 - 4.3% during after hours

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- Higher ASA scores
- Longer cases
- GI cases least frequent



Gabriel RA, Burton NN, Tsai MH, Ehrenfeld JM, Dutton RP, Urman RD. After-hour Versus Daytime Shifts in Non-Operating Room Anesthesia Environments: National Distribution of Case Volume, Patient Characteristics, and Procedures. J Med Syst. 2017 Sep;41(9):140.



The Conclusion Slide

- You too can get useful data out of your EHR
- You can do much more with modeled data
- You can get useful data from systems interfaced with your EHR
- NACOR can tell us a bit about NORA



Thanks!

jon.wanderer@vumc.org