

## *Carolina's Vascular Quality Study Group*

*May 1, 2015*

*At The Grove Park Inn*

**Presiding:** John “Jeb” Hallett, MD

**Members Present:** Julius Babb, MD; Timothy Roush, MD; Britt Tonnessen, MD; Thomas Brothers, MD; Lance Diehl, MD; Phillip Moore, MD; Rhabuveer Vallabhaneni, MD; Jeff Lanford, MD; Brian Chen, MD; Chris Dickson, MD; Lem Kirby, MD; Pierre DeMatos, MD; Frank Parker, MD; Charles Roberts, MD; Matthew Corriere, MD; Gabriela Velazquez, MD; Tom Draper, Leslie Doyle, RN, BSN; Debbie Denton; Cindy Lindsay, RN, BSN; Renee Wilson, RN; Stephanie Van Der Kraan, RN, BSN, BA; Dawn McElfresh, RN, BSN, MBA; Meredith Weiner, RN, BSN; Jackie Davis, RVT, RDCS; Debbie Harling, RN; Hope Pruitt, CPC; Karen Smith; Theresa Morton; Susan Pickle, VP Quality; Theresa Summerfield, RN; Megan Lorenzen; Wade Austin, RN; Chandel Dundee, RN, CNOR; Linda Kindell, RN, BSN; Stephanie Freeman, RN, BSN, CCRN; Donna Keith, MSP, MAH, CCRP; Lorri Bennett, RN, MSN, CCRC- Regional Coordinator/Recorder.

**Guest:** Carrie Bosela, RN, BSN, National SVS/PSO; Beth Wolf, MD (Speaker) ; Johanne Brautigam, RN, BSN, CCDS (Speaker).

Topic	Discussion	Action/Responsible	Timeline/Status
Welcome	Welcome by Dr. Hallett; membership introduced themselves and named what they plan to “take away” from meeting/ how many years have attended meeting.	~~~	~~~
Dr. Hallett: “Is the CVQG being true to the mission of improving care?”	See attached PowerPoint Presentation. Overview of slides: *using VQI data to improve care. *Ways to change variation- History- the creation of NNECVSG then the NNEVSG. *Transplanting the NNEVSG to the south... now national!	Membership to reflect on mission/goals of the CVQG and how they relate to improvements made/in progress at their respective facilities.	Post-meeting.

	<ul style="list-style-type: none"> <li>*Measuring and reporting Outcomes- three main challenges: funding for program, entering/analysis of data, benefit analysis.</li> <li>*Data makes a difference.</li> <li>*m2s Software Program makes the difference.</li> <li>*Using a common operation (CEA) to compare within regional groups then compare nationally.</li> <li>*Long Term Follow-Up- what sets our process apart from all the others.</li> <li>*Hardwiring follow-up...a process in motion.</li> <li>*Keep regional meetings simple and focused.</li> <li>*Focus on EVAR.</li> </ul>		
<p>Carrie Bosela: National PSO Update</p>	<p>See attached PowerPoint Presentation.  Overview of slides:</p> <ul style="list-style-type: none"> <li>*membership</li> <li>*Welcome Dan Neal (Analytic Director) and Megan Mathy (Admin.)</li> <li>*Analytics Engine new report feature.</li> <li>*Projects you can join</li> <li>*Two new reports (IVC, CEA op time).</li> <li>*Discussion of national Long</li> </ul>	<p>Membership to discuss with their group at their facility, and contact Carrie with any questions/comments.</p>	<p>Post-meeting.</p>

	<p>Term Follow-up metrics.</p> <ul style="list-style-type: none"> <li>* discussion for LTF- ? what should the % benchmark be?</li> <li>*Importance of 1 year follow-up metrics.</li> <li>*Telephone follow-up.</li> <li>*Telephone % followup acceptable discussion.</li> <li>*Followup discussion.</li> <li>*Other improvements to be made (meds,cc,etc.).</li> <li>*Updates from national Quality Committees.</li> <li>*RAC update (national/regional).</li> <li>*Closing comments.</li> <li>*PowerPoint Presentation attached to minutes.</li> </ul>		
Dr. Hallett: The Quality Regional Reports	<ul style="list-style-type: none"> <li>* Each site has their facility specific report to compare to regional and national benchmarks.</li> </ul>	<ul style="list-style-type: none"> <li>* Membership to take back reports to their respective facilities to: <ul style="list-style-type: none"> <li>(1) share and implement processes for improvement and</li> <li>(2) assist with the creation/continuation of scorecard (with suggested use of m2s Analytics Engine for reporting).</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>* Membership to act on at their respective facilities.</li> </ul>
Physicians Luncheon: Facilitator: Dr. Jeb Hallett	<p>Regional RAC Reports:</p> <ul style="list-style-type: none"> <li>*Overview by Dr. Britt Tonnessen and Dr. Thomas Brothers.</li> <li>* “Modeling for Independent</li> </ul>	<p>Consideration by physician membership.</p>	<ul style="list-style-type: none"> <li>* Membership to act on at their respective facilities.</li> </ul>

	<p>Predictors of Outcome for Open Surgical or Endovascular Intervention of the Infrapopliteal Vessels for CLI in the SVS-VQI”.</p> <p>* Dr. Rhabuveer Vallabhaneni  “Update on Smoking and PAD”.</p>		
<p>The Coordinator’s Luncheon:  Facilitator: Lorri Bennett</p>	<p>Long Term Follow-up Discussion:  *( minutes pending.)</p>	<p>“Star” site with 90+% follow-up to send to Lorri suggestions on how they achieved LTF success to be added to minutes. Recommendations given to Carrie to bring back to national VQI.</p>	<p>Coordinators continue to assist their facilities to achieve <math>\geq 80\%</math> LTF, and work together as a team to share thoughts/ideas on how to accomplish this task.</p>
<p>Dr. Hallett: “Future Initiatives that will Impact Vascular Surgery”.</p>	<p>Discussion:  *LTF Goal of 80%-membership agreed “ideal”, but should not be punitive, not reasonable/realistic for rural communities.  *Integrity of database could be at risk if emphasis “fill in database”.  *Need of vascular surgeon to see pt in clinic emphasized (vasc labs, exam, etc).  *Telephone follow-up should be &lt; 20% overall.  *EVAR should not have telephone follow-up as an option- need to see those patients.</p>	<p>*Carrie Bosela will take back recommendations to national VQI Committee for consideration in making their decisions.</p>	

	<ul style="list-style-type: none"> <li>*Accept letters of follow-up from other physicians only as last resort, but acceptable (esp. for rural/long distance pts).</li> <li>*PQRS now has 15 measures available in m2s database.</li> </ul>		
<p>Guest Speakers: Dr. Beth Wolf and Johanne Brautigam, and Lorri Bennett. “Improving Documentation in Vascular Care and the Impact of ICD-10”.</p>	<ul style="list-style-type: none"> <li>* Initiatives for the improvement of coding for vascular surgery/procedures, the impact of outside grading/reporting, and the future impact of ICD-10 discussed.</li> <li>* PowerPoint presentation attached to minutes.</li> </ul>	<ul style="list-style-type: none"> <li>* Members to discuss with their own CDI/coding departments to discuss ways that they can improve coding/prepare for ICD-10.</li> </ul>	<ul style="list-style-type: none"> <li>* Membership to act on at their respective facilities-- suggested prior to October 2015.</li> </ul>
<p>Dr. Hallett/Membership: Strategic Planning for the CVQG.</p>			<ul style="list-style-type: none"> <li>* Membership to act on at their respective facilities</li> </ul>
<p>Dr. Hallett/Membership: Closing Statements/Adjourn.</p>	<ul style="list-style-type: none"> <li>* Next meeting Nov. 13<sup>th</sup> good for majority of membership.</li> <li>* May meeting to continue to be held at The Grove Park Inn.</li> <li>*Successful meeting!</li> </ul>		<ul style="list-style-type: none"> <li>* Next meeting: November 13, 2015 in Charleston, SC, at Roper Hospital.</li> </ul>