



So Cal VOICE
 8th Semi-Annual Meeting
 1 May 2015
 Rancho Bernardo, California

Minutes

ATTENDEES

Institution	Representatives
Cedars Sinai Medical	Johnny Thomas
Hoag Memorial	Colleen Balius
Providence St. Joseph	Katrina Reeder
Providence Tarzana	Roberta Wright
Loma Linda	Ahmed Abou-Zamzam Jason Chiriano
USC	Laura Sjoberg Fred Weaver Monica Wong Karen Woo

Institution	Representatives
San Fernando Vascular	Fuad Rafidi
Sharp Chula Vista	Tess Jocson-Arzaga
Sharp Memorial	Carol Psahoulias
UCLA	Jane Yang
UCSD	Dennis Bandyk
Scripps Green	Ankur Chandra Jodi Hirsch
Sharp Grossmont	Shelley Berthiaume Wendy Chiodo Karen Heaney Vincent Guzzetta

SVS VQI Update (Fred Weaver)		
Topic	Comment	Action Item
Participating Centers	As of 3/1/15, 326 centers, 45 states + Ontario. Growth curve not leveling.	
Regional Groups	18 groups organized. Pacific NW group joined. Some in the middle states have not joined a group.	
Total procedures	203,850 total. CEA 48,882. CAS 7,462. EVAR 19,276. Open AAA 6,618. PVI 64,739. Infra-inguinal bypass 23,277. Supra-inguinal bypass 7,6488. TEVAR 3,883. HD access 17,401. Lower Extremity amputations 2,569. IVC Filter 2,469. New Varicose Vein Registry 156.	
New Hires	Analytic Director Dan Neal, MS from Florida. Nadine Caputo recently hired to direct quality. Megan Mathy full time support based in Chicago.	
Analytics Engine	Powerful tool with report feature can provide variation across centers in VQI or in a region. Can also show variation at the physician level.	
TEVAR 1 Year Project	200 patients enrolled. Reimbursement is \$400 for each procedure with a completed 1-year follow up. The 5-yr project has more data fields.	
Lombard Aorfix Surveillance Project	234 patients enrolled, 50 sites. \$1300 reimbursement for initial procedure, \$400 for follow up. Each re-intervention procedure post discharge is \$700 reimbursement. Data used as a post-market surveillance.	
VOICe attendance CME or Self-Assessment?	Physicians prefer self-assessment. Nurses prefer CME.	
Arterial Quality Committee Update (Karen Woo)		
QCDR Measures	QCDR is a quality improvement project from the government. VQI data for QCDR has been submitted and has been accepted by CMS	
COPI	Infra LOS to be released this Spring. Upcoming projects involve 1-year stroke/mortality after elective CEA/CAS for asymptomatic carotid stenosis, and, a 1-year mortality after open AAA/EVAR. Please submit suggestions for any other COPI reports you would like to see. Weaver: access site complications and access guidance.	
Regional Variation in postoperative myocardial infarction	Project reviewed- see slides	
IVC Filter Registry	There are now 2312 procedures and 56 centers.	

Varicose Vein Registry	250 procedures in 19 centers	
Regional Update (Fred Weaver)		
Centers	There are 12 current centers entering data in VQI Hoag Hospital has finished contracting. Scripps is done and will hope to start entering data in June. Irvine has been approved for funding, but has not started the contracting process.	
Procedure Volume	3995 as of 4/1/15.	
Administrative Issues	Sharps Grossmont creating a working group of data managers. Monthly Conference Calls for questions, issues, answers. June 2 nd , 3PM is the next Data Manager Conference Call.	
So Cal VOICE next meeting	November 2015 would be next meeting. Location is between USC or the VAS meeting in Rancho Bernardo, depending on if can get a comp'd conference room. Will ask for additional support from executive council of SCVSS. Previous support lasted 2 years and is almost gone.	
Medical Director	Medical Director is a 3 year term which has been completed by Weaver. Nominations will be sent out for a new medical director.	Follow-up with C Bosela (Woo)
Long Term Follow-Up Reports (Karen Woo)		
Regional LTFU	2012 is 68% follow-up in VQI. 2013 45%. Goal is set at 80%. Is this a realistic and worthwhile goal? Thoughts from participants: -If window for FU has not closed, patient should be excluded from analysis -Overall agreement that rate for LTFU should vary by registry -Overall agreement that rate of telephone FU should vary by registry -Push reports quarterly would help with compliance -Would also like a tab for patients needing LTFU. -Limit to essential fields	Report feedback to C Bosela (Woo)
EVAR LTFU Project	Jan to June 2013 there were 54 EVARs. 28 were no LTFU. Breakdown of surveyed reasons resulted in Lack of Resources was the majority (20 of 28). This suggests that LTFU was due more to no data entering issue vs actually not having a FU.	

Data Review – Regional Quality Reports (Karen Woo)		
Infraguinal Bypass	<p>Skin Prep: Issue raised that if there is an ulcer/open wound that is prepped with iodine- should that be recorded as all three? Even if Chlorhexidine and ETOH were used on the remainder of the surgical wound. Reporting all three would make that case look non-compliant. Need to clarify this in the variable definition.</p> <p>Major Complications: rare occasion but some patients have multiple bypasses and then die. Registry reports by procedure (denominator) and not by patient and so it looks like we have multiple deaths. This is also same for discharge medications.</p>	Report feedback to C Bosela (Woo)
Percutaneous Femoral PVI Procedures Using Ultrasound Guidance vs No Guidance or Fluoroscopy	<p>We are at 31% and regionally is high variation. This is something we can work as a region because it is relatively simple.</p> <p>Noted that the low usage of ultrasound guidance data could be related to not dictating vs not using ultrasound guidance. Shows how important it is that the physician is committed to the data collection, by making sure they dictate all the VQI fields that are not necessary part of normal dictation.</p>	
All reports	All reports reviewed- see slides	
Missing Data		
Regional Commitment	<p>We made a commitment as a region to input as much data as we can. Arbitrary made cut off at 25% Registries with missing data <25%: CAS, EVAR, Open AAA, Supra-inguinal bypass Registries with > 25% missing data: CEA (ipsi EDV 27%, ipsi ICA/CCA ratio 27%) CEA (contra PSV 31%, contra EDV 35%, contra ICA/CCA ratio 33%)</p> <p>Infra-inguinal bypass: ABI 31% PVI: ABI 36% Discussion regarding importance of a physiological measure prior to intervention to document ischemia.</p>	

Medications		
Antiplatelet and Statins (Randy DeMartino)	de Martino article and AQC practice recommendation reviewed- see slides. Compliance in So Cal VOICe reviewed over all registries and specifically by CEA, PVI and Infra. Doing relatively well with antiplatelet but can still improve on statins. Previously presented statin recommendations again presented.	
Endovascular Aneurysm Repair (EVAR) (Woo)		
Data reviewed	See slides for review of data. Discussion regarding new fields in the revised form. Difficult for data abstractors to obtain fields such as neck angles. Must have cooperation from physicians. Question regarding whether these fields are truly related to quality or are they related to research or post-market surveillance for industry. Suggestion that participants should get paid extra to enter this data. Discussion regarding possibility of short form. Unanimous agreement that if a short form existed, that is all everyone would want to do.	Feedback to C Bosela (Woo)
Research Update (Woo)		
RAC update	Approved Project List is online. 42 National and 80 Regional projects Reviewed application process to acquire datasets.	
CRP project	Recall that 6 centers said they were interested in the CRP project. Used hashtag method to report and collect data. Hashtag data reviewed and it is evident only one center entered data. Conclusion: -Hashtag method of obtaining extra data without having to build/add more fields worked. -The project chosen may have been too ambitious.	
30day LEB voluntary follow up form	We collectively agreed as a region to voluntarily do this to track readmissions 4 centers entered 23 cases from 10/14 - 2/15. 18 had 30 day FU records. Will continue to participate as a region	

Smoking Cessation (Ahmed AbouZamZam)

<p>Slides are reviewed</p>	<p>26% smokers 948 current smokers from all modules 331 with follow up data on smoking- 172 still smoking (52%)</p> <p>Average published cessation rate is 6% Tops the list of recommendations for risk factor modification Referral rates for smoking cessation are low 30-40%. Interaction with vascular surgeons is a teachable moment</p> <p>Comments: think this is a great QI project. Maybe create a SoCal VOICE pamphlet. Refer to state hotline. Talk to pt. And in registry, we hashtag to see if we did it.</p> <p>Potential study: Medication vs smoking cessation rates and education. Retrospective data pullers will have difficulty grabbing data.</p> <p>Overall, there is strong sense that this is worthwhile. So if everyone can get smoking cessation data at FU, that would be helpful.</p>	<p>Work on drafting a pamphlet and obtaining national data on smoking cessation (Woo and AbouZamZam)</p>
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