



Minutes: Virginias Vascular Study Group Spring 2015 meeting

Thursday 16 April 2015

Hosted by the University of Virginia on the Grounds of the University, Charlottesville

ATTENDANCE

VVSG MEMBERS

GUESTS

NAME	INSTITUTION	NAME	INSTITUTION
Gilbert R. Upchurch, MD Mary Baldwin	UVA	John W. (Jeb) Hallett	Roper St. Francis Physician Network, Charleston, SC
David J. Spinosa, MD Paul Gentile	INOVA	Deborah MacAuley	M2S
Chris Sytsma Karen Bowen	Winchester Medical Center	Umashankar Ballehaninna	MCV
Carolyn Moseley Jackie Dunford Laura Hulse	Sentara Healthcare – Hampton Roads, VA	Kevin Pauley	Lombard representative, central VA
Charles Goff, MD Carol DeMacio Vicki Taylor	Augusta Medical Center		
Gregory Montgomery, MD Gloria R. Martin Patricia C. Farrell	Sentara Healthcare – Rockingham, VA		
Cathy Fisher Sandy Sayre Linda Brown Elvir Sabanovic	Carilion Roanoke		
Patricia Eichenlaub	CJW		
Kenneth J. Cherry, MD Megan Clarke-Tracci, MD Tanya R. Flohr, MD Jason Perry, MD J. Hunter Mehaffey, MD Julie Armatas, ACNP David Strider, ACNP, DSN	UVA		

Catherine Ratliff, Ph.D. Suzanne Fuhrmeister Danielle Moses Marian Lawson Beth Turrentine Aarti Ailawadi Kirk Barbieri Mary Farsetta Jennifer Johnson Jaclyn Bartemeyer Tamara Dailey Douglas C. Spaulding Ray Norby Adrienne Stimson Mike Cosner			
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GENERAL SESSION MINUTES

ITEM	DISCUSSION	ACTION
Welcome and Introductions <i>Gilbert R. Upchurch, Jr., MD</i>	<ul style="list-style-type: none"> - Dr. Upchurch welcomed everyone to the VVSG meeting and provided a brief description of our mission - Introductions were made 	NONE
National SVS PSO Update <i>Gilbert R. Upchurch, Jr., MD</i> <i>Ms. Mary Baldwin, BS</i>	<ul style="list-style-type: none"> - New personnel: Dan Neal, PSO Analytic Director, replacing Karen Homa - TEVAR Type B dissection surveillance project: 1 YR F/U still accepting sites - Lombard: EVAR device surveillance project still accepting sites - Enhance regional meeting attendance with CME or self-assessment 	
VVSG Dialogue with SVS & M2S <i>Gilbert R. Upchurch, Jr., MD</i> <i>Ms. Mary Baldwin, BS</i>	<p>What will help us, both as institutions and a regional group, meet our outcomes goals?</p> <ol style="list-style-type: none"> 1. M2S: establish set dates for Procedure Billing Audit/Reconciliation 2. SVS PSO & M2S focus on EXCLUDED, rather than INCLUDED procedures which form the basis for outcomes data <ul style="list-style-type: none"> - Agreement for idea that sites be permitted to enter excluded procedures at the time that they determine VQI eligibility - Double work that is very labor intensive <ol style="list-style-type: none"> 3. Annual data validation process for all VQI procedure modules 4. Consideration of an annual VQI meeting to occur the day prior to the VAM 5. When unexpected downtime with the VQI server occurs, communicate event and 	

	restoration of server to data managers	
<p>QA/QI at the local level Tanya R. Flohr, MD J. Hunter Mehaffey, MD Julie Armatas Catherine Ratliff, Ph.D. Suzanne Fuhrmeister Danielle Moses</p>	<p>VVSG standard feature in which sites within the regional group inform the group of their recent local QA/QI initiatives</p> <ul style="list-style-type: none"> - posters on <i>wound care</i> – Catherine Ratliff, Ph.D. UVA - poster on <i>glycemic management in the vascular population</i> – Suzanne Fuhrmeister – UVA - poster on <i>smoking cessation</i> – Danielle Moses – UVA - presentation: '<i>Pre-operative Risk Factors Associated with SSI in LEB</i>' – Tanya R. Flohr, MD – UVA <p>Preliminary Results to data are:</p> <ul style="list-style-type: none"> • Patients with infections were more likely to have undergone sequential open vascular interventions compared to no infection patients • Recent IR procedures appear to be protective • Patients with clinical signs of infection (infection +? Infection) had a higher BMI • A higher percentage of patients with infections were wheelchair bound as compared to patients without infections • More patients with infections were unable to see their incision • Patients with clinical signs of infection (infection + ? Infection) were more likely to have a prior graft infection • Patients with clinical signs of infection (infection + ? Infection) were more likely to be diabetic • Patients with infections were more likely to be IDDM • Patients with clinical signs of infection (infection + ? Infection) were more likely to have a higher Hemoglobin A1C and pre-op blood glucose <ul style="list-style-type: none"> - presentation: '<i>Enhanced Recovery After Surgery (ERAS)in LE Amputation</i>' – Julie Armatas – UVA - presentation: '<i>Targets to Prevent Prolonged LOS after EVAR</i>' – J. Hunter Mehaffey, MD – UVA 	
<p>KEYNOTE ADDRESS John W. (Jeb) Hallett, MD Medical Director, Roper St. Francis Heart & Vascular Center Medical Director, Carolinas Vascular Quality Group</p>	<p><i>'How Regional Vascular Groups can improve care: embracing failure'</i></p> <p>Dr. Hallett's presentation is attached.</p>	
PRESENTATION of Regional	<u>Long-term Follow-up</u>	SVS PSO & M2S

Data <i>Gilbert R. Upchurch, Jr., MD</i> RAC, AQC and VQC UPDATES <i>Gilbert R. Upchurch, Jr., MD</i>	<ul style="list-style-type: none"> - Telephone F/U relates positively to pt. satisfaction - Discussed the role of telemedicine in obtaining face-to-face F/U as well as access to imaging studies performed @ OSH - CMS willing to reimburse for telemedicine 	<ul style="list-style-type: none"> - Variation in x axis, WHY? - Overlay observed/expected over ALL graphs.
Research, Arterial and Venous Committee Updates	<p><u>VVSG Research Projects</u></p> <p>Lily E. Johnston, MD – UVA. Use of Antiplatelet Agents in Patients Receiving Lower Extremity Endovascular Interventions</p> <p>Albeir Mousa, MD – CAMC. Perioperative outcomes after CEA for asymptomatic patients in chronic renal insufficiency</p> <p>Albeir Mousa, MD – CAMC. Predictors of Readmission (Early/Late) after EVAR</p> <p>Albeir Mousa, MD – CAMC. Perioperative outcomes after CEA for asymptomatic patients in chronic renal insufficiency</p> <p>Albeir Mousa, MD – CAMC. Short-term outcomes for Thoracic endovascular aortic repair after blunt traumatic aortic injury</p> <p>Megan Tracci-Clarke, MD – UVA. Variation In Reported Postprocedure Mortality Rates Based on Data Source - Institutional Data Compared with the Social Security Death Master File</p>	
ELECTION of MEDICAL DIRECTOR	Will occur at Fall 2015 meeting. Copies of VVSG by-laws to EC members.	
FUTURE MEETINGS	<p><u>Fall 2015:</u> Friday 11 September 2015 Tides Inn, Irvington, VA Hosted by the Virginia Vascular Society</p> <p><u>Spring 2016:</u> Hilton Virginia Beach Oceanfront Hosted by Sentara Healthcare, Hampton Roads</p> <p><u>Fall 2016:</u> 15-16 or 22-23 October, 2016 The Greenbrier Hosted by the 26th Annual WV Vascular & Endovascular Symposium</p>	
ADJOURN	Dr. Upchurch thanked everyone for coming. The meeting was adjourned at 1145AM.	
ATTACHMENTS for VVSG members	<ol style="list-style-type: none"> 1. VVSG Regional Mtg. presented by Dr. Upchurch 2. Keynote Address presented by John W. (Jeb) Hallett, MD 	