Minutes of the Florida-Georgia Vascular Study Group Regional Meeting

October 25, 2012, 1000-1600, EST

The fall meeting of the Florida-Georgia Vascular Study Group (FGVSG) was held at Shands at UF, in the North Tower, HPNP Building in Room G112 in Gainesville, Florida, on Thursday, October 25, 2012.


Also Attending: Lindsey Allen, Jonathan Anderson, Carrie Bosela, Janie Bowman, Hallie Cason, Laura Brezinski, Philip M. Cox, Merri Goodman, Susan Graham, Nancy Hanson, Lauren Harvey, Philip Irwin, Megan Jansen, Zhihua Jiang, Timie Joyave, Christian Martinez, Gailine McCaslin, Ross Pantalla, Jennifer Rembisz, Vida Rosa Rivera, Cindy Stephens, Yvette Trahan, Sheryll Villavico, & Vicki White

Welcome and FGVSG Update – Adam Beck, MD

Dr. Beck welcomed everyone and gave an update on the number of sites and submitted procedures that Florida and Georgia have accomplished this past year. Dr. Beck demonstrated regional data benchmarked against national VQI data, and pointed out that the FGVSG is an outlier for length of stay after carotid endartectomy, which might be an area for quality improvement. Dr. Beck mentioned that he would contact the Medical Director for the Carolinas regional group to discuss the method they used to decrease their length of stay.

SVS VQI Update and Administrative Discussion – Carrie Bosela and Adam Beck, MD

- Ms. Bosela presented the rapid growth of the number of VQI participating sites, and expressed enthusiasm in the regional Quality Improvement Initiatives that the VSGNE has taken.
- Ms. Bosela introduced a potential partnership between the VQI, Medicare and the Medical Device Industry, and pointed out that funding from the medical device companies might decrease the cost of participation in the VQI in the future.
- Dr. Beck discussed the administrative structure of the FGVSG and the need to select an Executive Committee. He pointed out that as part of the post-meeting survey, a request for members of this committee would be included.
Dr. Beck held a discussion regarding the meeting schedule in the future, as well as future meeting locations. Everyone agreed that a dedicated meeting rather than trying to have a concomitant meeting with regional Societies would allow more focus on the FGVSG and its quality initiatives. Also, the group agreed that a bi-annual schedule would be favorable for meetings, and agreed that the group would try to meet twice yearly in the future. Dr. Yayan Duwayri from Emory agreed to host the next meeting at Emory in Atlanta, GA in April of 2013, with the exact date to be determined.

Advantages of the FGVSG: The GA perspective – Yayan Duwayri, MD

- Dr. Duwayri described the process by which Emory implemented EMR integration. He found it decreased the time commitment of VQI participating surgeons, and offered to share his H&P and Op note templates that incorporate VQI variables.

PSO: sharing information under the protection of the Patient Safety Quality Improvement Act – Phillip M. Cox, Esq.

- Mr. Cox presented the process by which voter initiative in Florida led to a loss of peer protection in the state of Florida. He discussed Amendment 7, colloquially known as “the patient right to know,” detailing legal arguments challenging the amendment that were brought before the Florida Supreme Court. The FL Supreme Court upheld the amendment.

- Mr. Cox described the Patient Safety and Quality Initiative improvement Act that President Bush signed into law in 2005 that provided Federal Peer Review Protection starting in 2009. He outlined the terminology in the Act and pointed out that this law protects “Patient Safety Work Product” or PSWP from being used against a medical provider in any way, including in litigation.

Lessons learned from the VSGNE – Salvatore Scali, MD and Catherine Chang, MD

- Dr. Scali presented publications from the VSGNE as examples of how the VQI can change surgeon behavior and clinical practices. The first paper evaluated if pre-operative Plavix increased bleeding, the second paper evaluated if pre-operative beta blocker use decreases peri and postoperative MI, and the third paper looked at insulin use and wound infection in both diabetics and non-diabetics. These presentations each led to a discussion among the group regarding their current practices and whether any of these were worth creating quality initiatives.

- The audience posed the question of whether someone other than the provider should be entering procedural and post-operative data, to protect against providers seeking favorable outcomes. Dr. Beck and Carrie Bosela outlined the current PSO Executive Council discussions regarding the same, and the possibilities of data auditing in the future.
Dr. Chang presented publications from the VSGNE on the use of protamine to reverse heparin after CEA, predictors of lower extremity bypass failure and predictors of one-year mortality after open AAA repair and EVAR.

Data collection methods and materials / EMR Integration / M2S capabilities – Vida Rosa Rivera, BA and Adam Beck, MD
-Dr. Beck discussed the three methods by which data can be entered into M2S including the progressive method, “split” data entry and data abstraction, and then discussed the possible benefits of Electronic Medical Record integration.

-Ms. Rivera presented the progressive method used by the University of Florida, and demonstrated the current capabilities of the analytics and reporting engine M2S released in September 2012. Dr. Beck and Ms. Rivera offered to send any of the paper form or database templates to sites interested in using the University of Florida templates.

Carotid Endarterectomy at Florida Hospital – Robert Winter, MD
-Dr. Winter presented his own hospital’s data on the use of patches and shunts during carotid endarterectomy, and demonstrated data regarding postoperative stroke rates. Ms. Bosela and others commented that this local quality initiative was exactly the type of projects that the VQI sought to inspire.

Hemodialysis and the VQI – Thomas S. Huber, MD, PhD
-Dr. Huber began his presentation by outlining changes to the hemodialysis module in M2S. He stressed that the “Achilles heel” of the module was the follow up form, which led to a discussion on the obstacles of seeing patients in the vascular clinic who already dialyze three times a week at another facility. Ms. Bosela asked the Research Coordinators for Dr. Huber’s HFM NIH grant if they thought it would be possible to get the hemodialysis centers involved. Ms. Jansen explained that many hemodialysis centers have a high employee turnover rate, rendering getting information on specific patients difficult or impossible. Ms. Bosela asked if partnering with hemodialysis centers would be easier if we offered the centers data as incentive, and the group did not have any objections. Ms. Bosela reported that she would investigate whether this would be a possibility for future VQI collaboration.

QI Initiatives and Future Endeavors – Adam Beck, MD, Gabriela Velazquez-Ramirez, MD, Robert J. Feezor, MD, FACS
Dr. Beck began by presenting data developed by Karen Homa at Dartmouth demonstrating the benefits of using either chlorhexadine or chlorhexadine and alcohol versus iodine. This opened the floor to an open discussion of the different types of skin prep surgeons use, on both open wounds and healthy skin, and whether this would be a worthwhile improvement initiative. Interestingly, all of the surgeons present use Chlorhexadine as their surgical prep. Dr. Beck reported that a survey would be put together to determine if this was true of all institutions within the FGVSG, and we would then determine if this might be an area for improvement.

Dr. Velazquez presented methods to identify DVT with screening to identify high risk patients, and that the rate of post-operative DVT in open AAA, EVAR and amputation patients is quite high. She noted that DVT information is not currently collected in M2S, and proposed that it might be a useful data point to add to the follow up forms. Dr. Velazquez also proposed DVT prophylaxis (either pre-operatively as is used with bariatric procedures, or after discharge as is used with surgical oncology patients) as a regional Quality Initiative.

Dr. Feezor discussed smoking cessation as a potential QI initiative. Dr. Feezor discussed the obstacles patients face when trying to quit smoking, and presented data on the number of patients that have severe operative and post-operative complications as a result of smoking. He concluded by showing the Shands website has a full-time employee dedicated to smoking cessation of Shands patients, and telling the group he already set up a meeting with her next week to discuss ways that she can help vascular patients quit smoking. Dr. Beck pointed out that questions regarding methods of smoking cessation counseling would be included in the post-meeting survey, and consideration would be given to this as a quality improvement initiative.

Quality Improvement Initiative Summary

The group decided on four regional initiatives: DVT prophylaxis, chlorhexadine skin prep, decrease carotid endarterectomy length of stay, and methods to decrease smoking. Ms. Bosela agreed to contact major hemodialysis centers in an effort to capture follow up information for hemodialysis patients.

In follow-up after the meeting, Dr. Beck contacted Dr. Jeb Hallett at Roper St. Francis after the FGVSG meeting to ask him to share how his region decreased post-CEA length of stay. Dr. Hallett reported that Roper St. Francis started this initiative in 2005 with three tactics:

1. Surgeons informed patients to plan for discharge by 11am the morning after surgery.
2. All surgeons used the standard order/care pathway.
3. Each surgeon’s LOS was reviewed quarterly, and the surgeon with the shortest LOS discussed how it was accomplished with the surgical team.
- The FGVSG wants to increase the communication and sharing of templates between participating sites. Dr. Duwayri offered to share his templates for EMR integration, and Ms. Rivera offered to share her paper form and database template.

- Ms. Bosela is willing to update VQI variables based upon surgeon recommendations, including addition of DVT to the post-operative follow-up forms.

**Adjournment – Adam Beck, MD**

The meeting was adjourned at 1600.

The next meeting will be held in April, 2013, at Emory in Atlanta.