

October 2014 FGVSG Meeting Minutes

Welcome and FGVSG Update

The group introduced themselves and Dr. Beck reviewed the current data for the national VQI. The VQI is now comprised of 16 regional quality groups, over 300 medical centers, 45 states and 169,667 procedures, a sizable increase from our Spring 2014 meeting. The group then went through their packets and reviewed their own respective data while Dr. Beck pointed out the current FGVSG collective data.

The group also reviewed the ongoing registry improvements in VQI as well as the M2S Pathways recent updates. Dr. Beck highlighted the 30 day follow up infra-inguinal bypass which offered to all VQI members in August 2014. The group also discussed other upcoming VQI projects:

- Prospective, Non-Randomized, Multi-Center Evaluation of the long-term safety and effectiveness of the Lombard Medical Aorfix™ AAA Flexible Stent Graft System
- Society of Vascular Medicine joined VQI: PAD module 2015
- PVI Module enhancements: Increasing Devices in PVI module
- TEVAR Aortic Dissection Project-Gore and Medtronic PAS approved by FDA.
- Inclusive of both Acute (defined as <30 days) or Chronic Descending Aortic Dissections, the Non-identifiable data shared with FDA and Industry. Chaired by Dr. Richard Cambria; Project Manager: Nadine McLeod; please contact via TEVARproject@m2s.com if you interested in.

Dr. Beck reviewed the changes since incorporating the American Venous Forum into the VQI and briefly updated the group on the IVC Filter module, which was initiated in February, 2013. Over 1100 IVC filter cases have been submitted to date. He also mentioned Varicose Vein Module which currently under development. Group discussed the benefits of VQI Venous Participation including assistance with vein center certification using the data collected within the module.

UF Smoking Cessation QI Project was updated and VAPOR (Vascular Physician Offer and Report) trial, focusing on improved smoking cessation programs) was discussed.

Dr. Beck reviewed the regional data since our last meeting, and everyone was encouraged to review their own local data as we reviewed each of the regional registry reports.

M2S Analytics and Reporting; integrating VQI into your local M&M/QI processes

Anne Parker from M2S was able to join us from New Hampshire, and gave an update on the SVS VQI at the national level.

Ms. Parker went over the new improvements to the Analytics and Reporting Engine, highlighting the recently released advanced filter operators that are available in real time. Also, Ms. Parker demonstrated on how to run Analytics and Reporting Engine reports.

Merri Goodman from Memorial Regional Hospital raised the concern on entering patient social security number in VQI, which was discussed with the group.

Ms. Parker explained that at M2S, they understand the importance of security. To ensure security, they not only follow HIPAA guidelines, they have also certified to the

US-EU Safe Harbor Privacy Policy. In addition, they use military-grade components to protect data, including 1024-bit RSA public-key encryption and 256-bit Advanced Encryption standard (AES) data encryption. If you would like more information on M2S's HIPAA compliance efforts, please contact our HIPAA Compliance Officer at (603) 298-5509 or hipaa@m2s.com.

Emory Hyperglycemia protocol for surgical site infection prevention

Dr. Duwayri from Emory presented their local finding regarding perioperative management of hyperglycemia. The Emory project has concluded that hyperglycemia is common in both diabetic and non-diabetic hospitalized patients, and hyperglycemia increases the risk of adverse postoperative outcomes. Dr. Duwayri pointed out that intensive IV insulin therapy in ICU patients did not improve mortality and may result in hypoglycemia; moderate hyperglycemia management is better achieved with the basal-bolus method in non-ICU patients.

Dr. Duwayri discussed the possibility of collecting data on preoperative glucose level (0-30 days) and in hospital insulin use in VQI.

Dr. Beck recommended the Hashtag method for data collection as a possible pilot program to determine if this was a worthwhile regional or national project.

10 minutes break

Development of the VQI hemodialysis module: Challenges and future directions for dialysis access and the VQI

Dr. Huber discussed the current changes that are being implemented for the hemodialysis registry for the VQI, and the importance of long and short term follow-up for these patients. The group discussed the differences in practice patterns regarding hemodialysis patients and the difficulties with obtaining follow-up. Some groups reported using the patients' dialysis centers as a mode of continuous follow-up, rather than having the patient present for clinic appointments, which would be outside of many practitioners standard of care.

Integrating methods of capturing structured data with efficiency and accuracy

Dr. Chris Wixon from the Savannah Vascular Institute (Savannah, GA) reported his group's local experience with building a new electronic record for surgical procedures with the group, and how this might be integrated into their VQI efforts.

The link to view Dr. Wixon's presentation: <http://prezi.com/t5-ygldbzxe1>.

Lunch

Using Collaboration and Integration of Data Resources to Improve Quality in an Academic Medical Center

Cris Crippen, RN from UF Health discussed her efforts to integrate the various quality efforts throughout the Department of Surgery at UF Health. The group discussed the vision of VQI data to be shared by outside sources, and how this might be done with hospital administrators or department leadership. The group discussed that aggregate data could be released without physician/patient identifiers with the understanding that

any documents produced for that purpose would be patient safety work product (PSWP), and should be kept under lock and key or destroyed after review.

Understand the current and future CMS PQRS requirements

Dr. Rodney Bensley (Vascular Surgery Fellow, University of Florida) introduced the concept of the CMS program Physician Quality Reporting System (PQRS) to the group. The group discussed their own local efforts to participate in the PQRS program, and most in attendance reported that they use their group practice reporting option, rather than the VQI for PQRS reporting to CMS.

Dr. Bensley also discussed the concept of a QCDR (Qualified Clinical Data Registry), which the VQI is working to become. This allows specialty/procedure-specific input into the PQRS reporting methodology and allows vascular specialists the ability to report process measures and outcomes that are specifically important to their patients.

Discussion-Long-term follow-up: The Achilles heel of the VQI

Dr. Beck highlighted the most important part of our care, especially in patients undergo elective procedures—long-term follow up. At the inception of the VQI as the Vascular Study group of New England (VSGNE), the prescribed rate of 1-year follow-up was 80%; however there are less than 50% of Centers in the VQI (including the VSGNE) are able to meet that goal. We discussed the key and barriers to success. Yuming Lin shared the experience on how to increase the long-term follow up compliance rate at UF Health.

Dr. Beck pointed out that this is a major focus of the VQI leadership currently, and a committee has been formed including Jens Jorgensen from Main Medical Center and Jeb Hallett from Roper St. Francis in Charleston, SC to improve long term follow-up and determine ways to incentive centers to improve their follow-up. They are also working on ways to help centers determine what their local barriers to long-term follow-up success are, and how to overcome these barriers.

Data Abstractor Breakout

The Data Abstractor Breakout session was cancelled in favor of a continued open discussion regarding improving long-term follow-up. Our intention will be to have another Data Abstractor breakout at the next meeting as we have received very positive feedback about having these sessions.

Closing Remarks

Dr. Beck concluded the meeting by expressing enthusiasm for the future research studies, thanked everyone for their attendance, and the group agreed that the next meeting should be held in 6 months, and location will be announced later.

Meeting Adjourned.