

# Southeastern Vascular Study Group/VQI Spring Meeting

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Difficult Data Definition Discussion

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# General

- When a patient is D/C to Hospice we are told to collect home.
  - Is hospice included in mortality rates?
  - Should it be?

# Questions on Follow-Up

- Follow up dates for procedures say approximately 12 months post procedure yet we are told 9-21 months.
  - Reports show follow-ups outside of 12-15 months are not counted, yet our % completion has increased using the 12-15 month rule, can you explain?
- If there is no follow-up, which date do we enter for the contact date?
- Why are we asked to complete follow-up forms on patients discharged Dead?
  - Why will pathways not accept the date of death as the same date of discharge?

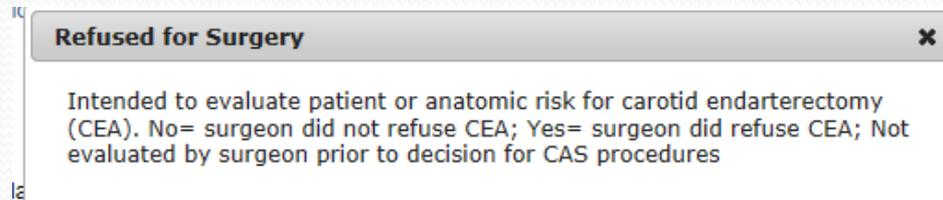
# CAS

- If ICA tortuosity is not noted should we be choosing none/mild? Or leave it blank? Why is this relevant?

## Help Text

None or mild ICA distal tortuosity is defined as no S-curve or a minor S-curve with bends  $\leq 75$  degrees. Moderate ICA distal tortuosity is defined as an S-curve with 2 bends  $> 75$  degrees or 1 bend  $> 90$  degrees. Severe ICA distal tortuosity is defined as an S-curve with 2 bends  $> 90$  degrees or redundant loops and coils.

- When do you utilize “refused for surgery” on the history tab? High risk?



- Why is arch atherosclerosis only asked when a CT/CTA is chosen as pre-treatment imaging?
  - Is everyone finding it there?

# CAS/CEA

- CEA and CAS ask about a prior Stroke or TIA but differ in how they allow you to respond. If you choose yes on CEA you must then address each type by answering yes or no. Where the CAS lists each with a box to check. Can these be made to look the same?

# CEA/CAS

## Neurologic Event:

Prior Neurologic Event  ▼

Prior Right Eye Event  ▼

Prior Left Eye Event  ▼

Prior Right Cortical Event  ▼

Prior Left Cortical Event  ▼

Prior Vertebrobasilar Event  ▼

Prior Non-Specific/Other Event  ▼

Pre-op Modified Rankin Score  ▼

## Other History Info:

Prior Right CEA  ▼

Prior Left CEA  ▼

Prior Right CAS  ▼

Prior Left CAS  ▼

Previous Radiation  ▼ Anatomic High Risk [

## Pre-op Imaging:

## Previous:

Prior CABG  ▼

Prior PCI  ▼

Previous Leg Bypass/Endarterectomy/PVI  ▼

Prior Amputation (Leg, Foot, Toe)  ▼

## Symptoms:

Prior TIA or Stroke  ▼

Prior TIA  No  Right Retinal  Left Retinal  Right Cortical  Left Cortical  Vertebrobasilar

Date of TIA  

Prior Stroke  No  Right Retinal  Left Retinal  Right Cortical  Left Cortical  Vertebrobasilar

# CEA

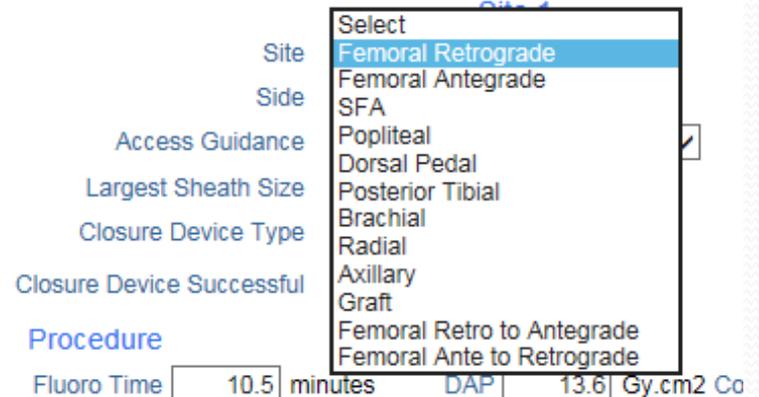
- If prior stroke and/or TIA is known but type is not how do we answer the questions in the CEA form?
  - Enhancement Request: Need an unknown category for prior TIA and/or Stroke type and/or date. As often times patients nor physicians know.

# CEA

- Our physicians are asking (for complex surgical cases) why one patient may go into multiple modules/registries?
  - I have one case that a surgeon performed a CAS and CEA but felt it should not go into the CAS because it was not “comparable” to other straightforward CAS cases entered.

# PVI

- Pre procedure medications: Taken within 36 hours of surgery. Is that 36 hours before and/or after the surgery?
- If a patient has TPA infusing from a prior procedure, for thrombolysis only, what do we choose as the site access when the access has already been done and they are accessing the sheath?



Site

Select

- Femoral Retrograde
- Femoral Antegrade
- SFA
- Popliteal
- Dorsal Pedal
- Posterior Tibial
- Brachial
- Radial
- Axillary
- Graft
- Femoral Retro to Antegrade
- Femoral Ante to Retrograde

Fluoro Time  minutes DAP  Gy.cm2 Co

# PVI

- When do you utilize “not able to treat” vs. Technical failure?
  - Both say lesion could not be crossed.

# PVI

- Both not able to treat and technical failure have the same definition

## Treatment Type

List up to 3 treatments in the order in which they were performed. Note that 3 different treatment types can be selected for each artery treated. If more than 3 types were used, please select the 3 that most contributed to the final outcome in the opinion of the interventionalist. Treatment types should always include any implanted devices. If additional treatment types, include in order of impact.

For example, if 2 stents, atherectomy and PTA were done, include in order of treatment: atherectomy, stent 1, stent 2. Plain balloon = balloon without drug coating or special construction, Special Balloon includes drug coated balloon, cutting balloon, or any balloon with unique construction details tracked in the registry. Stent includes both bare metal and drug eluting/coated stent. Stent graft includes vascular device with fabric such as PTFE or dacron supported by a stent. Bailout for stent or stent graft is used when the device was not planned, but had to be used after balloon angioplasty or atherectomy when the result was sub-optimal. Atherectomy devices are usually used over the wire after a lesion has been crossed and remove plaque, includes laser, and mechanical. If there was technical failure, i.e., unable to cross lesion or immediate occlusion, enter treatment type attempted. If only wire was used, with no balloon, stent or atherectomy, and lesion could not be crossed resulting in technical failure, enter Not able to treat.

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Select  
Plain Balloon  
Special Balloon  
Stent  
Stent Graft  
Atherectomy  
Not Able to Treat  
Bailout Stent  
Bailout Stent Graft

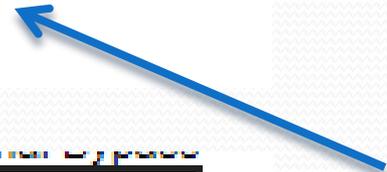


# PVI

- Technical Failure

## Final Technical Result ✕

At the completion of all treatment, Diameter residual stenosis  $\leq 30\%$  or  $> 30\%$ . Record dissection if clearly visible related to target lesion treatment. Target lesion occlusion = initially patent target lesion became occluded as result of treatment. If intervention is attempted, but cannot cross lesion, enter "technical failure."



Final Technical Result

Select  
Successful (stenosis  $\leq 30\%$ )  
Stenosis  $> 30\%$  or 10mm Gradient  
Target Lesion Occlusion  
Technical Failure

Subsequent Treatment

Select ▼

# Various Additional Questions

- Can we have a benchmark for return to the OR for CEA?
- CEA - Why will pathways not accept an occluded vessel when documented, you have to enter not completed??
- Hemo - Why does Pathways not allow you to access a patient's hemodialysis graft prior to the discharge date?
- Open AAA- IMA at completion

Anesthesia	General + Epidural
Exposure	Anterior
Graft Type	Reopen - w/vein
IMA at Completion	Select Occluded Ligated Reimplanted
Mannitol	
Autotransfusion	300 ml

# Enhancement Request

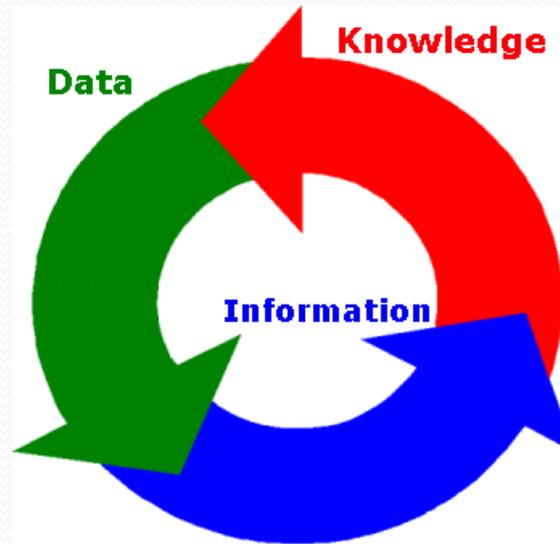
- On any data item that has an implant or device noted can we have it standardized to have the option as **other**?  
Example; IVC filter has that option; Hemoaccess does not.
  - The implant device we use for hemoaccess is not a selection. We have to leave that item as select which makes us submit without validation.
- On infra-inguinal's, ABI's and TBI's Post-op. Some vascular surgeons refuse to do the measurements on a fresh graft. Can we have **not measured** as an option?
  - This would prevent us from submitting these cases always as not validated.

# Enhancement Requests

- On by pass if Diabetes is chosen we are asked to collect HbA1c can we have a **not done or unknown category**?
- PVI- carry the selected arteries treated from the procedure tab onto the occlusive disease tab.
- PVI Follow-up: when you indicate a leg has been amputated can we eliminate current patency and patency judged by?

# Resources

- Data variable dictionary and help text
- VQI FAQ's



Without a systematic way to start and keep data clean, bad data will happen." — Donato Diorio

**"That's  
all  
folks!"**

