Southeastern Vascular Study Group/VQI Spring Meeting

Friday April 28, 2017

Difficult Data Definition Discussion

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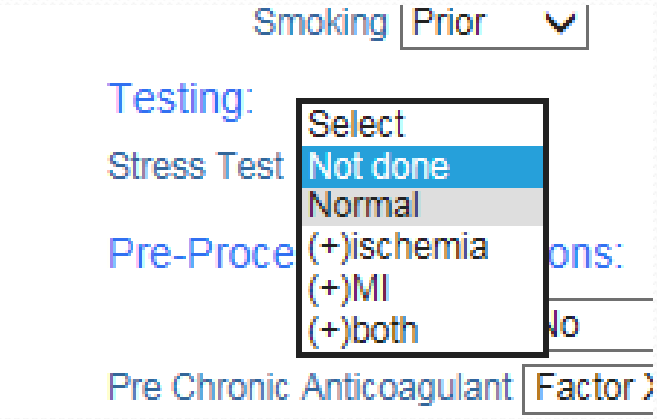
General

- If stress test is reported as abnormal without mention of ischemia or MI what do we choose?



Stress Test

Use most recent study, includes stress EKG, stress echo, nuclear stress scans, within 2 years of surgery, assuming no intervening coronary intervention. If there has been coronary intervention and no new stress test then code as not done.

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?

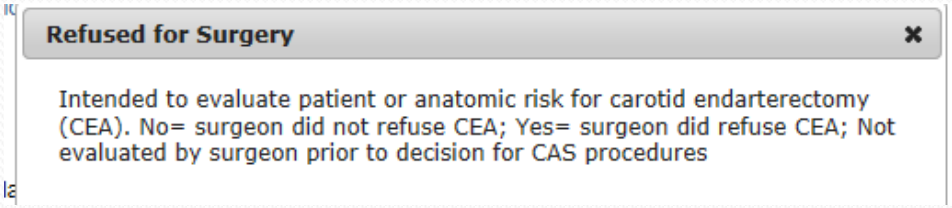
CAS

- 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 <=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?

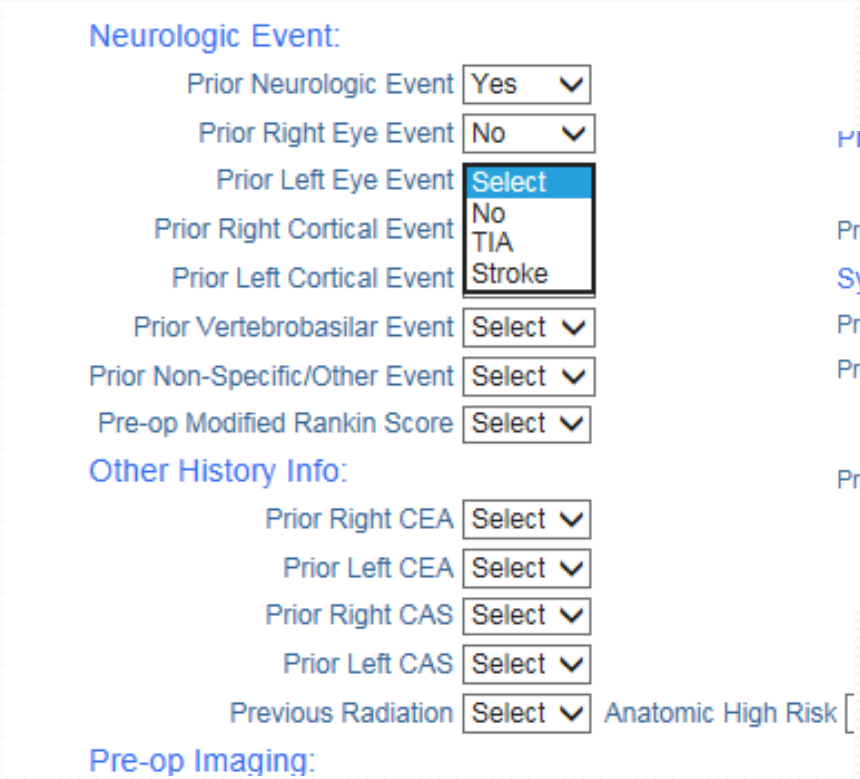


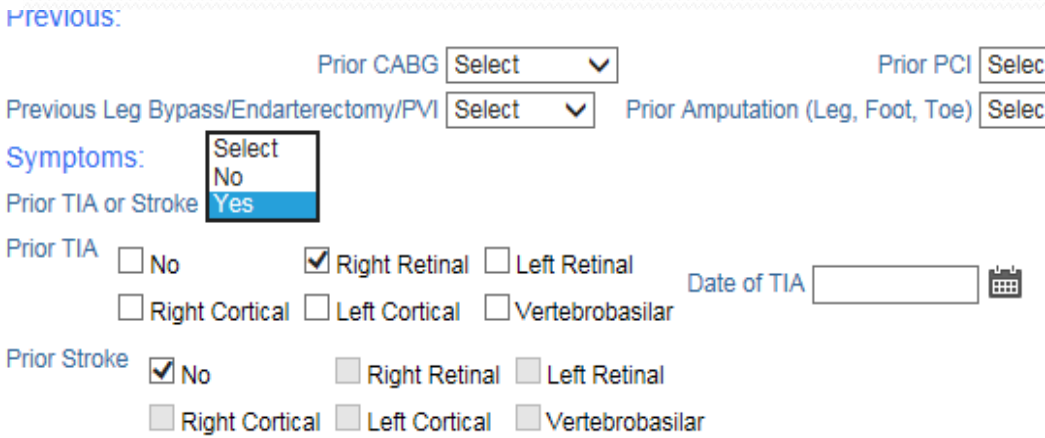
- Why is arch atherosclerosis only asked when a CT/CTA is chosen as pre-treatment imaging?
  - Is everyone finding it there?

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
Yes
Prior Right Eye Event
No
Prior Left Eye Event
Select
No
TIA
Stroke
Prior Right Cortical Event
Prior Left Cortical Event
Prior Vertebrobasilar Event
Select
Prior Non-Specific/Other Event
Select
Pre-op Modified Rankin Score
Select
Other History Info:
Prior Right CEA
Select
Prior Left CEA
Select
Prior Right CAS
Select
Prior Left CAS
Select
Previous Radiation
Select
Anatomic High Risk
Pre-op Imaging:


Previous:
Prior CABG
Select
Prior PCI
Selec
Previous Leg Bypass/Endarterectomy/PVI
Select
Prior Amputation (Leg, Foot, Toe)
Selec
Symptoms:
Select
No
Yes
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

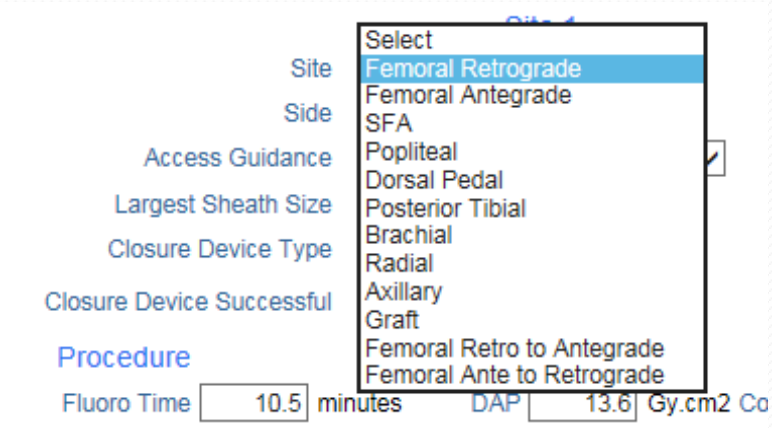
- If prior stroke and/or TIA is known but type is not how do we answer the questions in the CEA form?
  - Enhancement Request: Need an unknown category for prior TIA and/or Stroke type and/or date. As often times patients nor physicians know.

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?

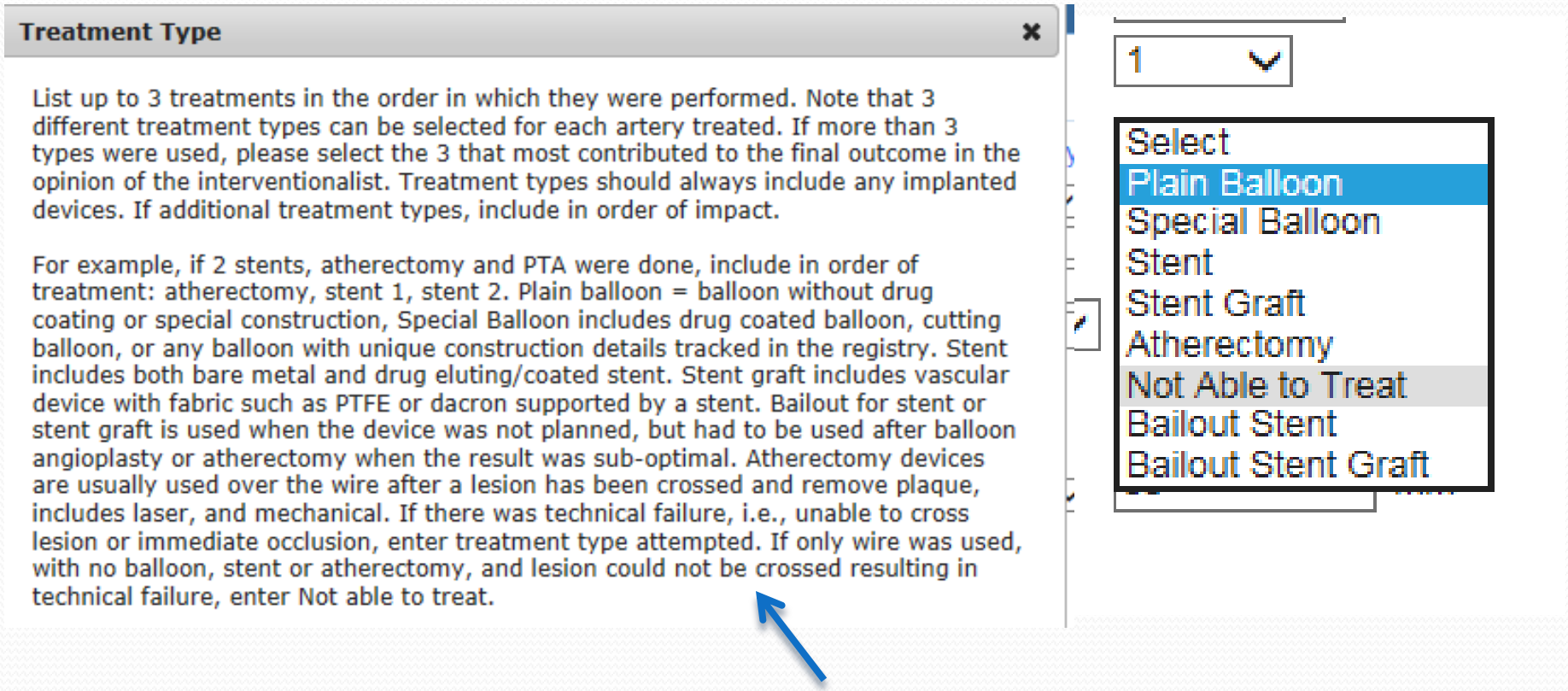


PVI

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

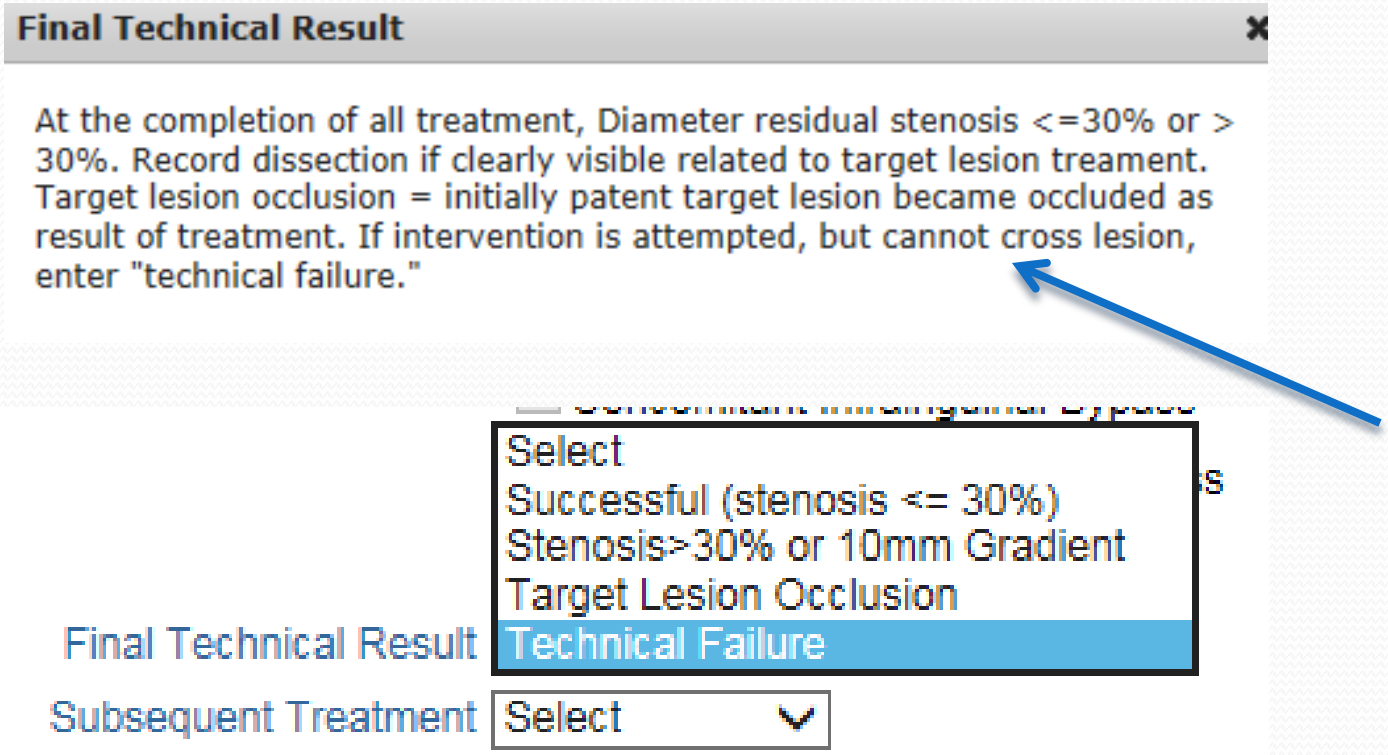
PVI

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



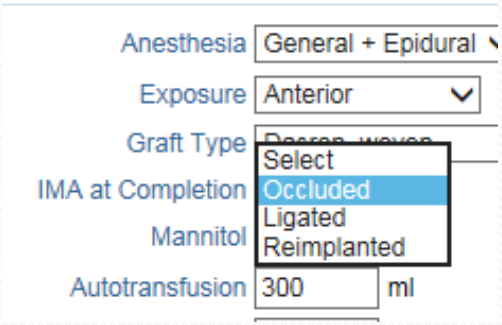
PVI

- Technical Failure



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



Enhancement Request

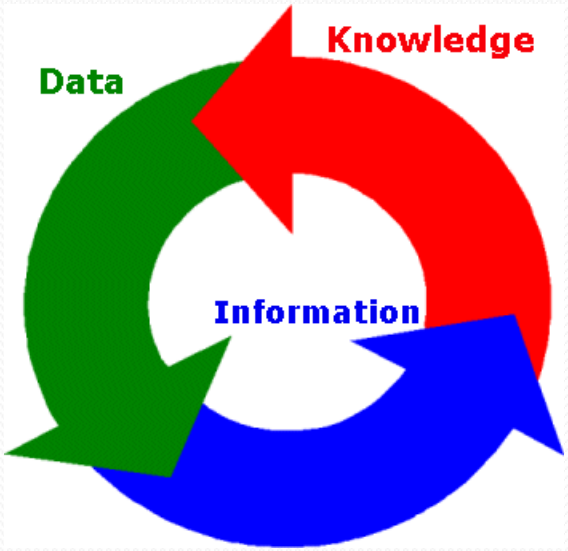
- On any data item that has an implant or device noted can we have it standardized to have the option as **other**? Example; IVC filter has that option; Hemoaccess does not.
  - The implant device we use for hemoaccess is not a selection. We have to leave that item as select which makes us submit without 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!"